Derby and Derbyshire Serious Violence Board

Serious Violence

Derbyshire Strategic Needs Assessment

Derby & Derbyshire Safer Communities

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Contents

Foreword

Serious violence has a devastating impact on the lives of victims and families, instils fear within communities, and has wider costs for all of society. It is a growing problem, with incidents of serious violence increasing in England and Wales since 2014 (UK Government, 2022). Between 2019 and 2022, serious violence increased by 11% in Derbyshire. Serious violence is a complex problem, with many risk and protective factors, but it is not inevitable. In recent years, increased research into the causes of, approaches to, and interventions for, serious violence has led to increased knowledge and strategies to address the issue.

The Government introduced the Serious Violence Duty to take a multi-agency approach to understand the causes and consequences of serious violence, focusing on prevention and early intervention, and informed by evidence. As part of this national investment in addressing serious violence, we are committed to taking a public health approach through multi-agency working to reduce the problem of serious violence both within Derby City and Derbyshire County. This is led by local evidence, utilising data from numerous sources to provide key information on what, where, when, who and why of serious violence to ensure an informed response to intervene and prevent serious violence at all levels.

As part of the Serious Violence Duty, we have produced this Strategic Needs Assessment to describe the problem of serious violence within the county and inform the serious violence strategy. This Strategic Needs Assessment is the first in-depth analysis of serious violence within the County, providing context to the occurrence of serious violence, identifying populations and geographical hotspots, and describing the landscape of services, agencies and interventions available. We are committed to using this Strategic Needs Assessment to coordinate our multi-agency public health approach, guide our work in all areas, and inform the development of our Serious Violence Strategy. It will be a key tool in the monitoring and reduction of serious violence, improving lives for all living within Derbyshire.

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Executive Summary

Nationally and locally, serious violence is a growing area of concern and between 2019 and 2022 serious violence increased in Derbyshire by 11%. To address this issue, in 2018, the Government introduced their Serious Violence Strategy. Since then, local areas across the country have been focusing work to prevent and reduce serious violence.

Derbyshire's Strategic Needs Assessment (SNA) has been developed using data from a variety of different sources. This will help the Derby and Derbyshire Serious Violence Board understand the problems associated with serious violence in the County as well as meeting the requirements of the Government's Serious Violence Duty introduced in January 2023 as part of the Police, Crime, Sentencing and Courts Act 2022. The SNA considers the types of serious violence that arise, where and when incidents happen, who is involved, and in accordance with our Public Health approach, reflects why serious violence occurs thereby helping us to understand the causes of the causes.

This partnership approach to understanding serious violence in our area will allow us to develop an effective response strategy which will set out how we intend to address the issues by working together in partnership to reduce and prevent serious violence in Derbyshire.

In response to the Duty, the Derby and Derbyshire Serious Violence Board (the Board) implemented a Strategic Needs Assessment sub-group. The makeup of the sub-group included specified authorities who have responsibilities under the Serious Violence Duty. Working together, the sub-group sourced and analysed relevant quantitative data sets, which in turn helps enable the Board to understand the gravity of serious violence across the County.

In addition, qualitative research was undertaken to support the quantitative data analysis in the SNA. Using the Serious Violence Home Office 2022/23 funding, two charities, Catch 22 and Safe and Sound were commissioned to undertake engagement work with young people affected by serious violence. A survey was also developed by the Board's Serious Violence Stakeholder and Community Engagement sub-group and was directed at professionals from across the County and City who worked directly or indirectly with/for people who may have been affected by serious violence. These three pieces of qualitative data have proved invaluable as we start to understand the experiences and challenges that people face in relation to serious violence and their perception of violence.

The Board decided to use the labour element of the 2023/24 Serious Violence Home Office funding to create a mini-Violence Reduction Unit, with staff due to commence in their roles from October 2023. The mini-Violence Reduction Unit will work closely with the established partnership in Derby and Derbyshire to drive forward the work that is now required to reduce and prevent serious violence, and they will use the SNA to lead that work.

Analysis of both quantitative and qualitative data available for this SNA has led to several conclusions and recommendations that will be taken forward by the Board's

Strategy Development sub-group to produce a joint Derby and Derbyshire Serious Violence Response Strategy, outlining how the partners will address the issues around serious violence which have been identified.

Following this, a detailed delivery plan will focus on the actions required to achieve this, through interventions and other work to reduce and prevent serious violence. Work is ongoing to establish a performance and monitoring framework using key performance indicators and other measures that will assess performance against our longer-term priorities.

Some of the key recommendations to come out of this SNA include concerns around knife crime. Knife crime is increasing, and whilst it is not as prevalent as it is in other areas of the country, we do need to treat it as an emerging issue given the devastation it can cause to people's lives. We will continue build upon the good work that is already in place and will seek to increase future activity and interventions across communities to reduce serious violence.

Across the County, many serious violence assaults do not involve a weapon. We need, therefore, to focus on reducing and preventing this type of serious violence, with particular focus on assaults against public sector staff as our data shows that this is an area of concern.

There are clear links between the night-time economy (NTE) and serious violence. We will collaborate closely with the Neighbourhood Crime and Anti-Social Behaviour Board, and the NTE sub-group of that Board, to develop inter-linking actions and ensure that serious violence in the NTE is addressed. In addition, drugs and alcohol misuse has clear links to serious violence over and above that linked to the NTE, therefore we will work closely with substance misuse partners and agencies to reduce/prevent this.

The County area is split into eight district/borough local government administrative areas, each with their own Community Safety Partnership. Community safety priorities vary across each area, particularly in relation to serious violence and it is clearly more prevalent in some areas than others. Our data shows that interventions to prevent and reduce serious violence should be focused in urban areas, particularly the deprived areas within Chesterfield, Erewash and Amber Valley.

Interventions need to focus on young men aged 20-34 as they are most likely to be involved in serious violence. However, we have seen a significant increase in the number of young people aged 10-14 involved in serious violence, so we must focus activity on young people, both in mainstream schools and alternative settings. Young people and professionals have identified that there is a lack of provision, to help to keep our young people safe and diverted away from serious violence and this has been endorsed throughout our engagement work. These issues need to be addressed and we must include young people in the design and decision-making process for interventions. We will work closely with young people and with schools and other education settings, to address some of the risk factors associated with serious violence and will look to try and increase the protective factors.

Further engagement work within communities is required and must be broader to include adults affected by serious violence.

As the SNA has been developed some significant data gaps within the County have been identified. We will, therefore, collaborate with partners and the mini-Violence Reduction Unit to address the data gaps and put in place further processes for the collection and analysis of data that will help to address future issues with serious violence. We must also do more to understand the provision of existing services and how these are funded. Further work is required to extensively map existing services and identify local interventions that can help to steer people within our communities away from involvement in serious violence.

Introduction

This Strategic Needs Assessment (SNA) is a process for determining the needs, or the gaps, between the current situation and the desired outcome. The SNA will guide the work of the Derby and Derbyshire Serious Violence Board in their public health approach to tackling, reducing and preventing serious violence. The SNA will assist the Board to make strategic decisions about how to tackle serious violence in Derby and Derbyshire, and where best to direct resources to do so. The SNA will inform the development of Derby and Derbyshire's Serious Violence Strategy for 2023 onwards in response to the Government's Serious Violence Duty, contained within the Police Crime Sentencing and Courts Act 2022.

Background

In 2018 the Government published its Serious Violence Strategy and announced funding for several Violence Reduction Units in areas across the country that were most affected by serious violence. Derby and Derbyshire were not identified to receive this funding, but nonetheless Derbyshire Constabulary, Derby City Council and Derbyshire County Council came together to begin to consider how to address the issue of serious violence in Derby and Derbyshire. The Covid-19 global pandemic delayed some of this work, but during 2021 the three organisations agreed that Derbyshire Constabulary would commission work within the Police Force to look at the problem with serious violence in Derby and Derbyshire through strategic analysis of the available data relating to serious violence.

During the first half of 2022, the three organisations worked together to develop Derby and Derbyshire's first Serious Violence Strategy for 2022-2023, which outlines the public health approach to tackling serious violence and the expectations of the partners in Derby and Derbyshire who are identified as specified authorities under the Serious Violence Duty (the Duty). The first strategy used the initial strategic analysis work, completed in January 2022, to highlight potential key areas of concern for Derby and Derbyshire in relation to serious violence, and to recommend by way of an action plan, the next steps required to enable the specified authorities to meet the requirements of the new Duty. For the purposes of this SNA, that initial strategic analysis has been refreshed and now includes data for the full calendar years 2019 – 2022.

One of the key outcomes from the first strategy was the creation of the Derby and Derbyshire Serious Violence Board (the Board) – made up of strategic leads from the specified authorities within Derby and Derbyshire. Another key recommendation was further analytical work to build on the initial strategic analysis work, which would drill down further into the strategic and tactical analytical work already completed, to further understand the causes and drivers of serious violence in Derby and Derbyshire and consider the risk and protective factors in more depth. It was agreed that this would be done through the SNA, which, in addition to a greater understanding around the quantitative data available to the partnership, would include engagement with people and communities affected by serious violence.

In turn, the SNA will inform the Board's strategic and operational response to the issues with serious violence that are specific to Derby and Derbyshire, and that response will be detailed in Derby and Derbyshire's Serious Violence Strategy for 2024 onwards, which will also evidence the partnership's commitment to the statutory Serious Violence Duty which came into effect on 31st January 2023.

Purpose and scope

This SNA will help to increase understanding about the types and extent of serious violence incidents in Derby and Derbyshire, and who engages in these incidents as either victims, perpetrators, or both. It will also identify the distribution of incidents across the City and County areas. In turn this will allow partners involved in the local response to identify people and groups who are most at risk of becoming victims or perpetrators of serious violence and respond accordingly with a range of evidence-based preventative measures, interventions and actions which will be identified and detailed in the partnership's Serious Violence Strategy for 2024 onwards.

Aims

The aim of this SNA is to give partners a clear understanding of the issues relating to serious violence in Derby and Derbyshire. Having this clear understanding and evidence base will allow partners to appropriately direct funding and resources through a clear response Strategy to tackle the issues, and work together to reduce and prevent serious violence in the area.

Public Health Approach

We will adopt a public health approach, which aims to bring together the whole system to identify, understand and address serious violence in our communities. We will develop a range of preventative interventions that operate at primary, secondary and tertiary levels that aim to reduce risk factors and increase protective factors that surround individuals, families, and communities, therefore improving their resilience.

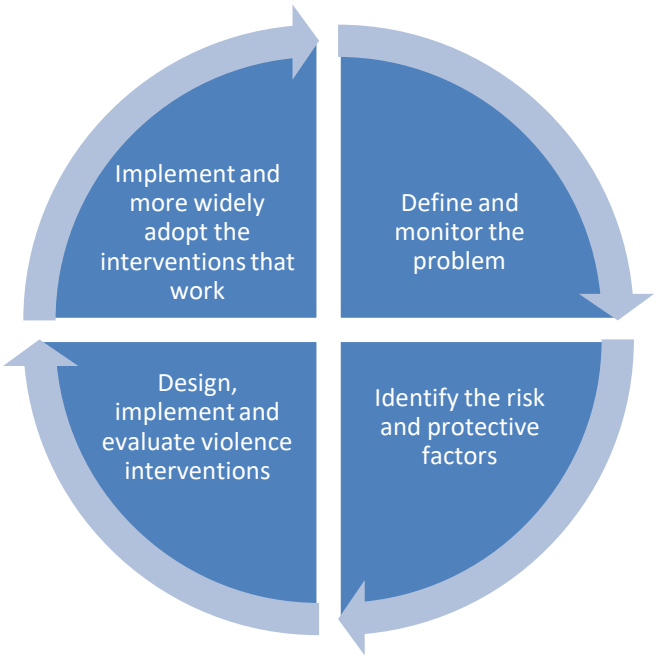
Greater Manchester VRU: why violence is bad for health

Greater Manchester Violence Reduction Unit (2023) explain why violence is bad for health; violence is a major public health problem, affecting many people's lives through death, injury and harmful effects on health and wellbeing. Violence is strongly related to other socioeconomic inequalities and carries its own financial impact across health services, criminal justice system and the wider economy. Because of its complexity it requires a whole system approach which recognises the contribution of the four levels of the social ecology framework developed by the World Health Organization, and addresses both risk and protective factors (WHO, 2023). This inclusion of multi-agency partners and considering the needs of the population, rather than the individual, targeting upstream factors and with a focus on prevention, is known as the public health approach.

The public health approach to reducing violence seeks to improve the health and

safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim of perpetrator of violence. Primary prevention measures based on the public health approach are designed to reduce and prevent violence at a population level (WHO, 2023).

The World Health Organisation developed a four-step process for implementing a public health approach to violence reduction:



This Strategic Needs Assessment will provide a comprehensive summary of the available data to define the scale of the problem of serious violence within Derbyshire. A literature review will bring together the best available evidence to recognise the risk and protective factors contributing to serious violence. Partnership data will be used to identify the most vulnerable and at-risk populations within the county. Combining this data with that on serious violence will allow us to identify and map priority areas for increased focus and investment and allow the design and implementation of interventions that operate at primary, secondary and tertiary levels. These in turn will be monitored and evaluated to measure effectiveness, and upscaled where appropriate. Bringing all partners and stakeholders with us on this journey will create a true multi-agency environment to generate solutions to those problems that tackle root causes and prevent serious violence to improve the health of a population in the long term.

Serious Violence – The National Picture

Nationally, the level of crime has fallen rapidly over the last 20 years - violent crime has seen substantial reductions since its peak in the mid-1990s. Despite this, some serious violent offences have been on the increase since 2014 – homicide, knife crime and gun crime – which typically make up about 1% of crime recorded by the police. While these offences make up only 1% of total crime, they are among the most harmful to society with significant and disproportionate economic, health and

societal implications (HMG, 2018).

The Government estimates that the economic cost of all crime to the country per year is £50bn, with homicide, sexual offences, violence and robbery accounting for £36.8bn. Violence where injury is caused as a crime type alone accounts for £15.5bn (Heeks et al, 2018). This is not to mention the huge impact that these crime types can have on individuals, families and communities in ways that are harder to quantify.

With respect to knife crime more specifically, since 2014, the number of violent incidents involving knives or sharp objects has risen year-on-year in England and Wales - by 84 percent between 2014 and 2020 - with 2019/20 witnessing the largest number of police recorded knife offences in the past decade (Allen & Harding, 2021).

Governance

Serious Violence is cross-cutting and links with many other types of crime and disorder. In light of national priorities and new legislation, the Safer Communities Board (City/County) has recently introduced a new thematic community safety structure. The structure is made up of eight thematic Boards attended by all the key partners.

The Safer Communities Board recognises the importance of investment in these priorities, and this will be maintained to ensure that performance is sustained, and areas identified for further development will continue to be progressed, whereby ensuring a comprehensive and coordinated response. The eight thematic boards are:

- Domestic and Sexual Abuse
- Neighbourhood Crime and Anti-social Behaviour (includes Hate Crime and Night-Time Economy)
- Online Harms
- Prevent
- Resettlement, Cohesion and Integration
- Serious Organised Crime and Exploitation (includes County Lines and Modern Slavery)
- Serious Violence (includes Night-Time Economy)
- Violence Against Women and Girls (includes Night-Time Economy)

In delivery of the priorities outlined above, there will be a specific focus on: Prevention and Early Intervention and Data and Information Sharing.

The Serious Violence Board is made up of statutory partners (specified authorities under the Serious Violence Duty) – it meets quarterly and is chaired by the Director of Public Health at Derbyshire County Council. The Board drives the work of the partnership and will soon be complemented by the creation of a mini-VRU in Derby and Derbyshire using Home Office serious violence staffing funding for 2023/24 and 2024/25.

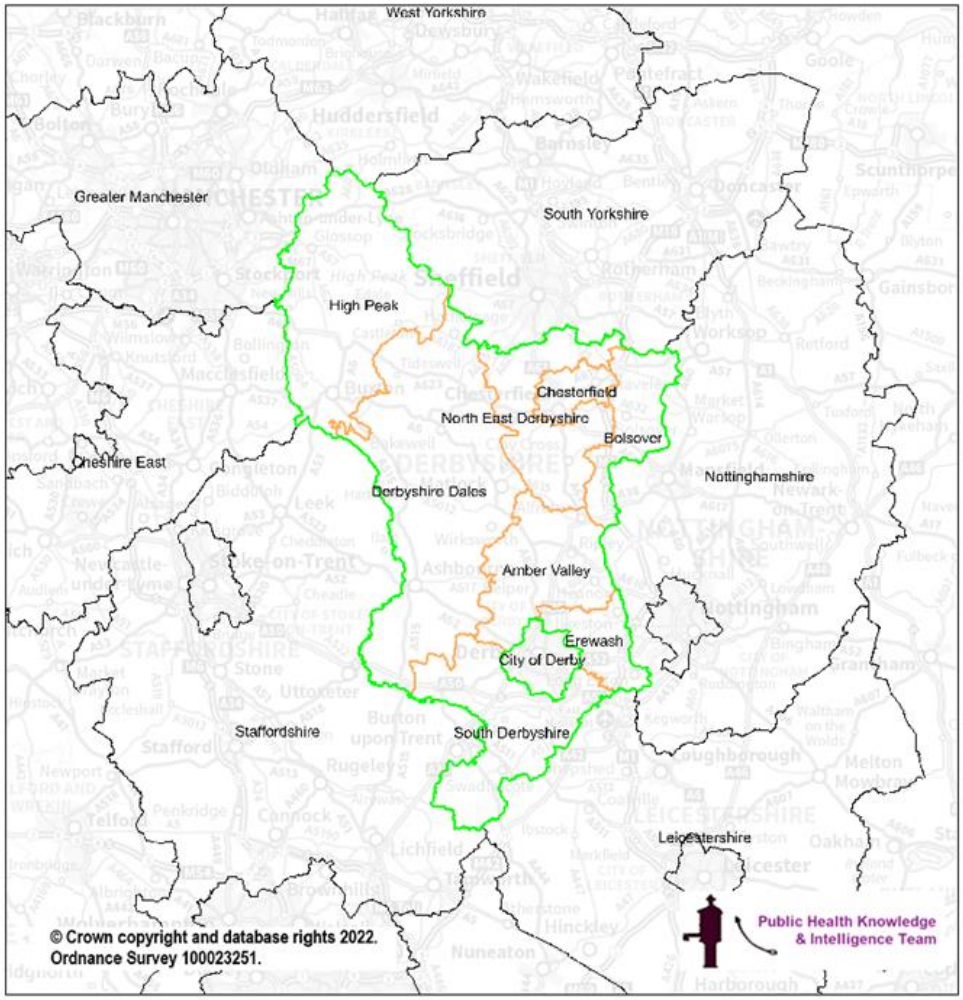
Overview of population profile

A detailed demographic breakdown of Derbyshire can be found in Appendix A.

In summary Derbyshire is a diverse mix of expansive rural extents and village locations, as well as more bustling market towns, such as Chesterfield, and urban conurbations close to major transport links and other cities.

While overall less deprived than England as a whole, there are areas of high deprivation clustered in the east of the county and scattered pockets across the piece. Approximately 16.3% of children live in low-income families and life expectancy for both men and women is worse than for England, and the gap in life expectancy is 13.7 years for men and 13.5 years for women between the most and least deprived areas. The health of the population of Derbyshire varies greatly between areas as compared with the England average. The rates of hospital admission for self-harm and alcohol-related conditions are significantly higher than the England average. The prevalence of both obesity and smoking in pregnancy is also higher than average.

Derbyshire and surrounding Local Authority areas



Initial problem profile

Derbyshire Constabulary's Analytical Services Team, with input from partners, produced a three-year (October 2018 – September 2021) strategic profile following a full review of the strategic picture of serious violence, including knife crime, in Derby and Derbyshire. The purpose of this analytical work was to guide the strategic direction both in terms of policing and partnership activity. This strategic work informed the hotspot area tactical analysis.
The strategic profile considers where offences are taking place; it looks at socio-economic mapping in relation to offence location; it includes a literature review and a review of current/historic preventative and reassurance activity. The strategic profile also makes recommendations that can be incorporated into a strategic plan to tackle serious violence in Derbyshire.

Following the results of the analysis of this strategic profile, the following recommendations were given:

To identify initiatives to focus on younger age groups – in particular, with the 10-14 age group – both as victims and as offenders.

Continued analysis of hotspot mapping in the form of tactical intelligence analysis – with activity to be focused on those areas already highlighted by the tactical analysis undertaken as this time.

The production of a Power BI dashboard specifically for serious violence and knife crime offences for policing purposes.

A review of this profile 12 months from now, including a review of the impact of any activity undertaken following the results of this profile. Also, to review the data trends in order to fully establish any impact that Covid-19 and national lockdowns have had on crime numbers.

The possible targeting of preventative activity to also encompass open spaces due to the shift in offences away from the street as identified from GIS analysis.

To review the measurement strategy and KPI definition associated with any preventative and reassurance activity.

The hotspot area tactical analysis work was completed by Derbyshire Constabulary's Intelligence Research and Analysis Team, with input from partners. It focused on a number of geographical areas where the greatest risk and threat was identified through the strategic analysis work. Initially two Lower Super Output Areas (LSOAs) were analysed in Chesterfield as these were shown to be the most problematic areas for serious violence in Derbyshire Constabulary's North Division.

The following recommendations target the four main types of offences/offenders seen across the analysis. Most of the recommendations have been chosen as they take a proactive approach to Serious Violence and Knife Crime, and therefore look to the 4 P's – Pursue, Prevent, Protect and Prepare. Recommendations which would work both short-term and long-term have been favoured in order to avoid a 'knee-

jerk reaction' method and to instill confidence in the Police from members of the community, however those which should be weighted the most priority are those which are targeted at:

- Reducing violence and improving safety within Chesterfield's night-time economy. This includes working with partners and club/bar/pub owners to improve communication and create a cohesive environment in which violent individuals can be removed safely from the area. Ultimately, this could lead to banning repeat violent offenders from drinking establishments in the area and collaborating with the owners of drinking establishments to improve the safety of their venue.

- Raising awareness amongst the community, including young people on how to stay safe on a night out. This includes addressing violent and aggressive behaviour, over consumption of alcohol and the consequences of this, awareness of drink spiking, highlighting the dangers of carrying a knife or other weapon, and guiding the community on the help and resources available to them including online reporting tools.

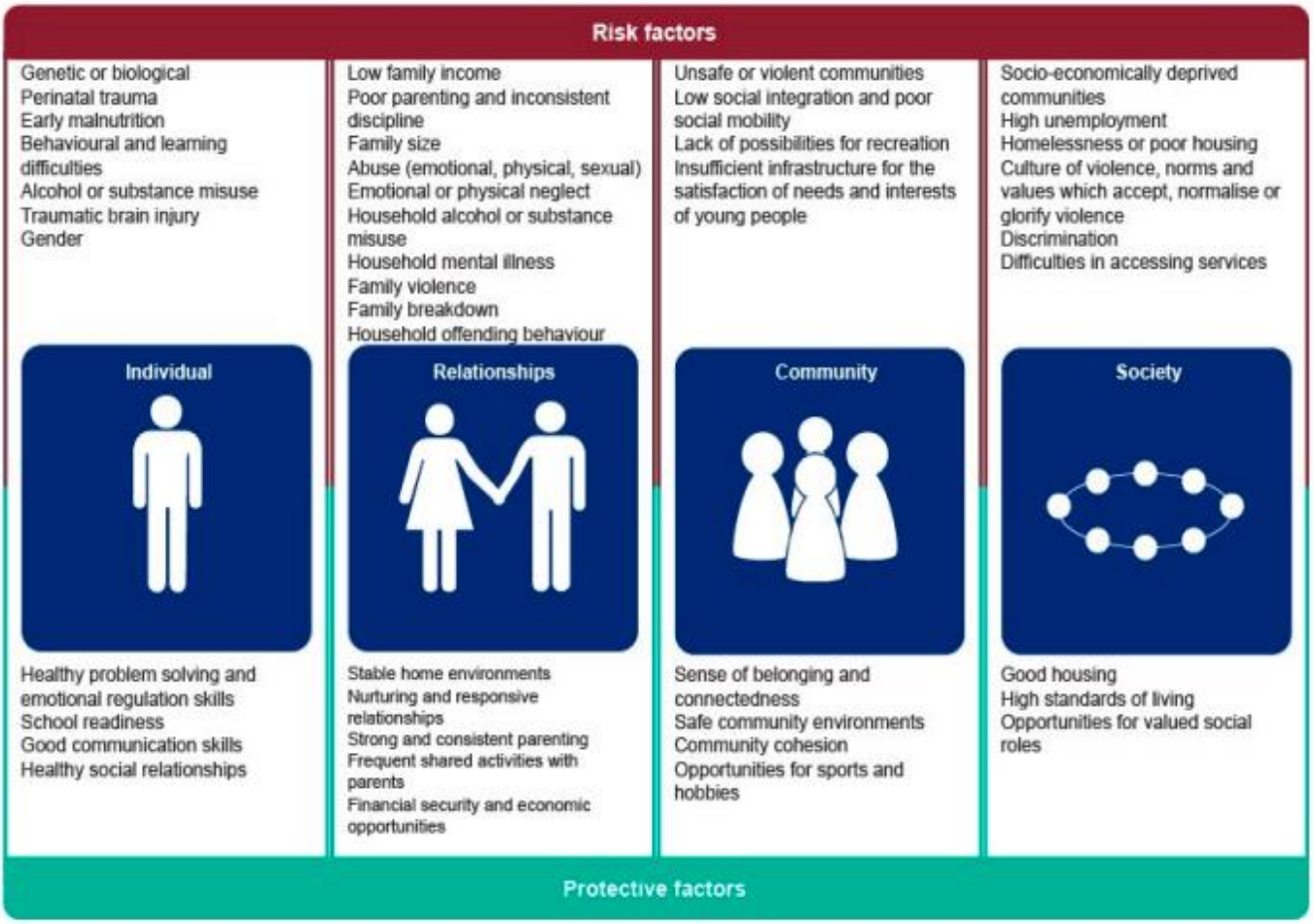
- Improve/efficiently utilise the available resources and staffing available for conducting stop and searches in the area, as well as to provide prolonged engagement in the community in order to improve communication and confidence in the Police and Partners.

- Improving the force's evaluation process through increasing accountability and evidencing the preventative and tactical measures pursued when aiming to reduce Serious Violence and Knife Crime in a given area.

Literature Review

A literature review is a comprehensive search of all the available published articles in the scientific literature, bringing together findings to demonstrate the current knowledge on a topic, and highlighting consensus where it exists. This literature review looks to explore the causes of serious violence, factors that increase and decrease risk, and those that can be modified through intervention. It is a synthesis of the work that has been published on violence since the Government's Serious Violence Strategy in 2018 and updates the comprehensive literature review conducted by Nottingham's Violence Reduction Unit in November 2019.
The findings of the literature review presented here are a summary of the full results, which are available in Appendix B, alongside the full methodology used for the literature search.

In summary, research into violence has led to an appreciation of the factors that increase and decrease risk and has helped identify those factors which may be modifiable through intervention. They are well summarised in this infographic (PHE, 2019).



Individual

Adverse childhood experiences

Adverse childhood experiences (ACE) have been well recognized as increasing the risk of being both a victim and perpetrator of violence. ACEs have been shown to have strong associations with involvement in young and gang violence (Haylock 2020) and increase vulnerability towards knife carrying and knife crime (Youth Select Committee 2020 and Coid et al 2021). Recent literature highlights how the COVID-19 pandemic has not only increased ACEs for many children but interrupted much needed service that provided protected factors and resilience. As such there is growing need for provision in this area (UK Trauma Council, 2020 and Paterson-Young 2021)).

Given that ACES can provide a foundation for youth violence a coordinated public health approach across sectors is required, with investment to reduce risk factors and increase early identification and intervention for those at risk (RCPCH, 2020). There is evidence of work being undertaken within the police and safeguarding arena to improving identification of individuals or families with multiple ACEs to allow targeted support. The police TIPPS (Tool for intervention and Prevention Triggers) program is one example of this (Chandan et al 2020). Challenges remain however given the non-deterministic nature of ACES.

Interventions found to provide resilience against ACEs included those offering positive interactions with trusted adults, cognitive behaviour therapy, parent/carer training, and community and recreational activity that improve self-confidence and build identity (Lester 2019). The importance of adopting a trauma informed, ACE aware approach to practice across sectors is discussed throughout the literature, with a call for a roll out of trauma-informed training to law enforcement and other services who encounter perpetrators or victims of violence (Crest 2021).

Disability, Mental health, and Alcohol misuse

Studies have described the link between disability and increased vulnerability to victimization (Anastasia and Andros 2021, Childrens Society, 2018), as well as an association between severe head injury and a history of violent offences within a female prison population (McMillan et al., 2021). Alcohol use has been shown to have a robust association with intimate partner violence perpetration and victimization (Jones and Grey 2019). Youth gang involvement and violence involving a weapon showed strong associations with mental health problems ((Haylock, 2020, Youth select committee, 2020 and Coid et al 2021), but identifying those with mental disorders who would benefit from interventional strategies to reduce violence is challenging (Druggan et al 2019). However, increasing training for frontline workers to enhance recognition of ideas, beliefs and intentions for violence is considered beneficial (Druggan et al 2019).

Homelessness

One in five females who experience violence become homeless (Bimpson et al 2021), with homelessness leaving people vulnerable to poor mental and physical

health, addiction, and exploitation. These factors further increase the risk of victimization (Crawford and Dougall, 2019).

Relationships

Domestic and family violence

Domestic violence is an important ACE, creating overlap with youth criminality and offending behavior. Seeking alternative relationships outside the home leaves children vulnerable to sexual and criminal exploitation (Wedlock and Molina, 2020). There is poor identification of children who are at risk or experiencing domestic violence, with a reporting rate of around 18%, lower still with honour abuse (Justice, 2022), on the background of prevalence rate in UK children of one in five (Roy et al 2022). Familial abuse in the form of child and adolescent abuse towards parents was considered in the literature as being a possible 'stepping stone' to later intimate partner violence (IPV) (Baker and Bonnick, 2021), while experience of dating and relationship violence in adolescences predicts both victimization and perpetration of intimate partner violence in adults (Meiksin et al., 2019). *Further in-depth analysis of causal factors for domestic abuse can be found in the relevant needs analysis*.

Interventional approaches for domestic violence that adopt an advocacy approach appear to have more impact and are more sustainable and enhance multi-agency working when co-located with statutory or voluntary services (Cleaver et al., 2019). Flexible key worker leadership, group work and therapeutic models suitable for the needs of family are beneficial elements for services supporting children living with domestic violence (McCarry et al., 2021). For families exposed to intimate partner violence intervention needs to target both child and familial factors, namely emotional intelligence, maladaptive parenting and parenting stress (Carter et al., 2022).

Domestic homicide review research has highlighted the need to improve shared learning practice (Dheensa and Feder, 2022), transfer and utilisation of lessons between specialities (Haines-Delmont et al., 2022), and improving collaboration amongst service systems (Jaffe et al., 2020). Inclusion of domestic violence in school curriculums is another opportunity to raise awareness and identification (Sivarajasingam et al., 2022). For all intervention strategies the voices of children and young people must be fundamental to their development and evaluation (Carter, 2021).

Community

Night-time economy

Serious violence is a concern within the nighttime economy. A pilot utilising breathalysers for entry to clubs and bars saw a reduction in violent crimes and alcohol related injuries (Farrimond et al., 2018). Public intervention can disrupt violent interactions; however, the research currently only discusses sexual violence bystander programs which are being implemented with good effect (Quigg et al., 2022).

County lines, gangs, and knife crime

There is a consensus in the literature that drug markets and associated county line activity is a key driver of serious violence (Grimshaw and Ford, 2018) (Havard, 2022). Criminal exploitation of children into gangs is well recognized and there are growing numbers of children referred to children's services for gang related concerns, along with rising numbers of missing children (Children's Commissioner For England, 2019). Alongside this, knife crime is increasing, with gangs being linked to around half of knife crime that results in injuries (Centre for Social Justice, 2018). Research utilizing health data has demonstrated that victims of knife crime tend to be from areas with increased deprivation and lower income and employment (Reilly et al., 2022) (Hodgson et al., 2022) (Goodall et al., 2019). Perpetrators are noted to have reduced education attainments , poorer health and increased disability (Reilly et al., 2022). Quantification of youth violence in joint strategic needs assessments, tracking risk factors associated with exploitation such a school exclusions, missing children numbers and children experiencing substance misuse, has been shown to improve local authority responses (Children's Commissioner for England, 2021). Research into interventional strategies for knife crime feature highly in the literature. Whilst youth groups report a broad support for stop and search as an intervention (Michelmore, 2019), the impact on crime is reported as marginal and has a negative impact on relationships between police and community (Tiratelli et al., 2018). The Group Violence Intervention Model 'It Can Be Stopped' that focused on law enforcement and community support was not shown to be effective (Grimshaw and Ford, 2018), but it was recognized that interventions should target both violent offenders and victims, utilising police data that demonstrates susceptibility to knife crime (Bailey et al., 2020).

Programmes that look to support parents and legal guardians to recognise involvement in knife crime and provide signposting to services that support intervention are welcomed by youths, along with support for the reporting of knife crime by doctors and nurses (Youth Select Committee, 2020).

Knife amnesties are reported as having limited known effectiveness, with short-term impact at best (McNeill and Wheller, 2019). Where anti-knife carrying slogans are used, those depicting physical trauma and injury were more persuasive, emotive, and believable than those depicting death or prison (Palasinski et al., 2021). Studies looking at these interventions highlight the risk of blanket campaigns, with concerns raised that they risk the mental health and wellbeing of some individuals. The research also noted that some campaigns have risked further stigmatization of communities and failed to include recognition of the drivers of knife violence (Cogan and et al., 2022) (Hobson, 2022).

Neighbourhoods

Income deprivation is reported to be the strongest predictor for neighborhood vulnerability to violence, with higher crime rates seen where there are fewer labour market opportunities (Wishmann et al 2020). London-based research has commonly cited housing and cuts to policing and local youth services as influencing violence within neighborhoods (Roberts, 2019). Declining policing numbers have contributed to an erosion in trust between communities and police (Irwin-Rogers et al 2020a),

and the risk of knife carrying was higher for individuals with peers who had police involvement and where there was a lack of trust in the police (Breenan, 2019). For individuals with mental health needs their risk of violence victimization and perpetration is increased when growing up in socially adverse neighborhoods (Newbury et al 2018) where there is often a notable lack of protective factors such as education, employment and training (Crest, 2021). High levels of community violence and economic hardship have also been implicated in the risk of interpersonal partner violence perpetration (Travers et al 2022). The shame, anger and resentment that can be felt by young people from socioeconomic deprived communities with poor, unsafe and squalid housing associated with lack of opportunity has also been shown to drive violence (Irwin-Rogers et al 2020a). Resilience to neighborhood violence was reported to come from community cohesion and social trust (Wishmann et a 2020).

Education

Schools are recognizing the growing numbers of pupils at risk or involved in gangs and youth violence but are challenged to identify and support those at risk. Multiagency working has been found to be complicated by changing eligibility criteria and varying referral pathways which can be difficult to access (Waddell and Jones, 2018). There was noted variability in the ways schools both respond to and teach the risks of knife carrying (GOV.UK, 2019), and providing evidence-based interventions for violence within school is affected by externally commissioned services not being universally available, along with short term funding streams (Waddell and Jones, 2018) (Waddell, 2020). Anti-bullying campaigns delivered through a whole school approach have been shown to reduce victimisation and weapon carrying (Waddell and Jones, 2018), and challenging misconceived codes of silence was felt to be important in tackling weapon carrying within schools (Perkins et al 2020).

Young people recognised the value in schools teaching healthy relationships and how to manage emotions to reduce youth violence. However, lessons on dangers of knife carrying should be delivered by police, youth workers or speakers with personal experience if they are to be effective (Michelmore, 2019). School exclusion is a well-recognised factor for gang-involvement and serious violence, damaging self-esteem and identity. Both the Children's Commissioner and Youth Violence Council call for exclusion to be the last resort; requesting prioritisation of alternative provisions, along with strengthening routes back into mainstream education (Children's Commissioner for England, 2021) (Irwin-Rogers et al., 2020a).

Youth work

Young people reported the importance of having positive role models and mentors with whom they have trusted relationships (Williams et al., 2020, Willis, 2019, Michelmore, 2019). Young people report a preference to talking to youth workers instead of alternative support offers, especially where these include therapy and mental health which have negative connotations (Williams et al., 2020).

Local authority funding of youth services declined by 40% in the years 2018 - 2020 (All-Party Parliamentary Group on Knife and Violence, 2020) with a strong association found between the decline in youth centres numbers and increased knife

crime (All-Party Parliamentary Group on Knife and Violence, 2020).

Society

Violence is considered by many to have become normalised in society, with social and cultural violence being embedded within communities and transmitted across generations (Willis, 2019). Media, music, and the arts can aid the understanding of lived experiences, but there was also concern that social media is implicated in the normalisation of violence and criminal lifestyles. Social media has been shown to escalate gang rivalries, though these influences are not considered a root cause of violence (Willis, 2019, (Youth Select Committee, 2020).

Public spending cuts and social policy reforms have exacerbated serious violence in recent years (Irwin-Rogers et al., 2020b), with the Youth Select Committee calling for poverty, injustice and socioeconomic issues to be put at the heart of much needed intervention for violence and knife crime (Youth Select Committee, 2020). Violence reduction requires development and implementation of social and economic policies that harbor inclusion, safeguard dignity, and ensure young people feel valued and have hope for the future (Irwin-Rogers et al., 2020b).

There is evidence of successful violence policy transfer between areas. However, success relies on the application to areas with similar social economic and crime context between settings and an understanding of the nature of the population and offending behaviour (Graham and Robertson, 2022).

Literature review conclusion

While this refresh of the literature has shown that there have been many further examples of evidence which add weight to the risk and protective factors relating to serious violence, it is difficult to find consensus in the interventions which are most effective. Although some elements are able to be generalised to suit most settings, some are specific to certain cultures, populations or locations, and so may be difficult to transfer between contexts. There is also a lack of robust evaluations of small-scale or pilot projects in the scientific literature which could be used as an evidence base for bespoke interventions at a local level. By ensuring interventions adopted within this mini–Violence Reduction Unit have clear outcome measures, with monitoring procedures in place that allow evaluation we hope to address this and contribute to the evidence base moving forward.

What?

Definition of Serious Violence

The Government has given guidance on what crime types should be included within a serious violence definition but has also given autonomy and flexibility to specified authorities to set their own definition locally. The definition we are working to for the purpose of this Strategic Needs Assessment is:

"Violence resulting in, or potential to result in, significant injury with or without weapons."

The definition includes crime groups of robbery, violence with injury (Grievous Bodily Harm (GBH) and above), any offence involving a knife and homicide. It also does not discriminate by age, meaning these crime types affecting all ages are included.

The definition excludes sexual violence, domestic abuse, modern slavery and human trafficking.

In Derbyshire there are different strategies and governance structures that exist for crime types such as violence against women and girls, domestic abuse, modern slavery, and children at risk of exploitation, therefore the definition adopted by Derby and Derbyshire excludes these crime types. However, we acknowledge that serious violence cross-cuts with these other crime types so we will ensure that our work in this area is closely aligned to the existing strategies and governance structures already in place for these crime types within Derby and Derbyshire.

Details of sub-set of serious violence where knives are involved

For this assessment, in addition to setting out details of serious violence crimes a sub-set of these crimes has been examined which specifically relates to serious knife violence (i.e., serious violence crimes where a knife is recorded as being involved). This allows for any specific aspects of serious knife violence which differ from those of serious violence as a whole to be highlighted.

Reason for including Domestic abuse serious violence separately

As serious violence in domestic settings including domestic abuse is excluded from the definition of serious violence, a separate assessment of serious domestic abuse violence will be produced and reported to the Domestic and Sexual Abuse Thematic Board for their consideration.

Reason for including rapes and sexual assaults separately

As serious violence incidents of rape and sexual assault are excluded from the definition of serious violence, a separate assessment of rapes and sexual assaults will be produced and reported to the Violence Against Women and Girls Thematic

Board for their consideration.

Volume of crimes by crime type group

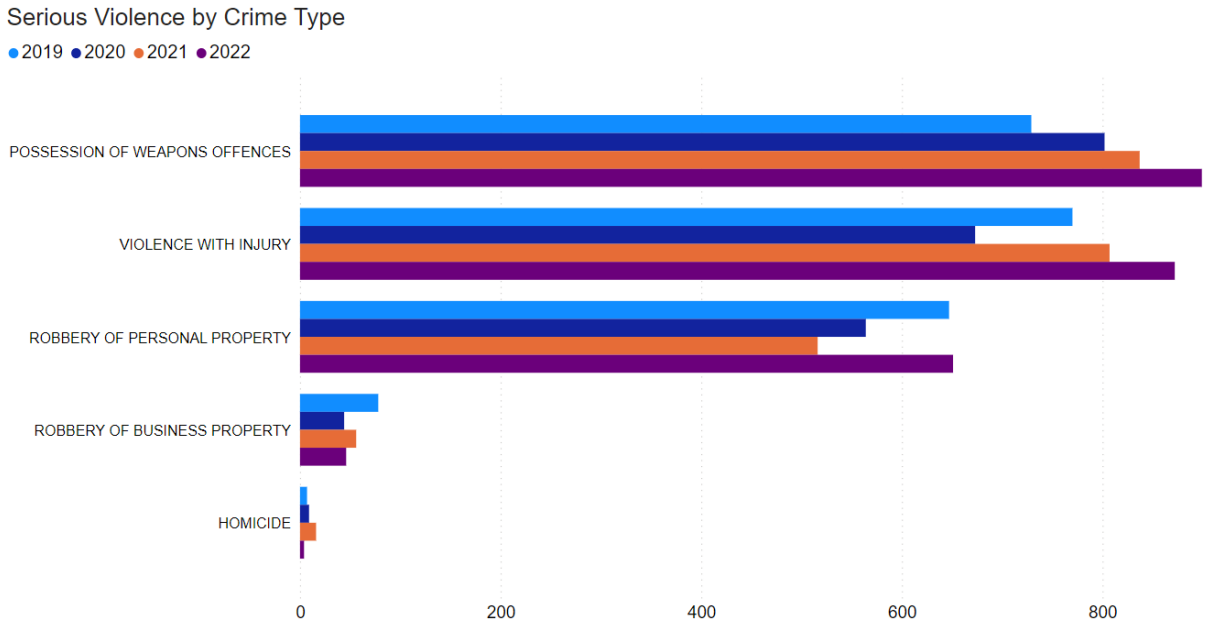
Derbyshire Police data shows us that the volume of serious violence is increasing.

Serious Violence	2019	2020	2021	2022
Volume	2,231	2,092	2,231	2,473
Change		-139	139	242
% Change		-6%	7%	11%

Overall, there was an 11% rise in 2022 following a drop in 2020 due to the pandemic, and an increase back to the 2019 level in 2021.

On average, there were 188 serious violence crimes per month over the last 4 years, varying from 174 per month in 2020 to 206 per month in 2022.

Possession of weapons offences have seen a steady rise in each of the last 3 years, with a 23% increase in 2022 compared to 2019. There has also been a 13% rise in serious violence resulting in injury in 2022 compared to 2019. Robbery of personal property fell in 2020 and in 2021 but rose in 2022 back to the 2019 level. Robbery of business property fell in 2020 and although it rose in 2021, has fallen back again in 2022 resulting in a 41% reduction since 2019.



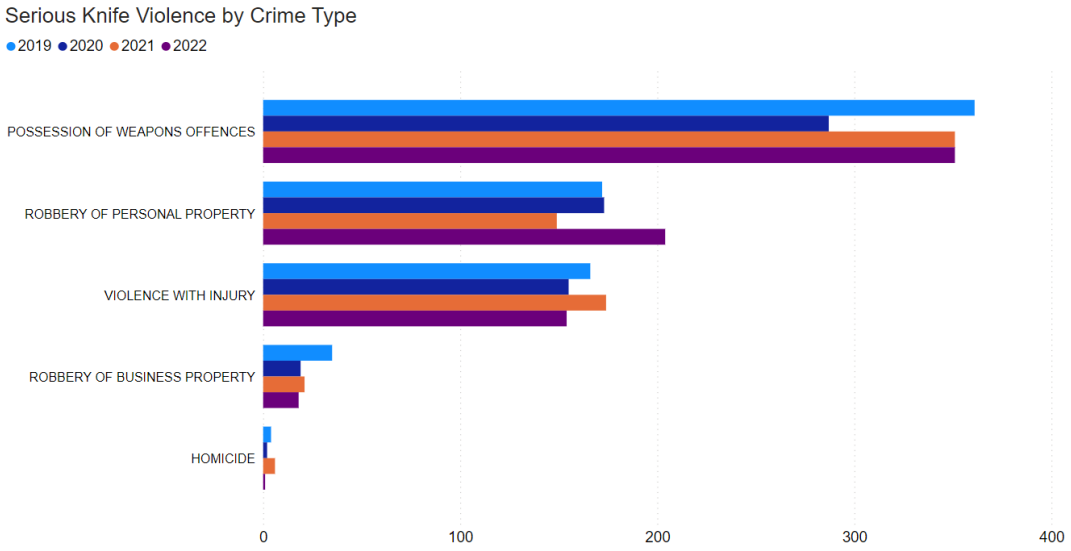
Serious knife violence fell more sharply during the pandemic and has only returned (almost) to the 2019 levels in 2022. This may, at least in part, reflect the efforts conducted to date specifically to reduce knife crime.

Serious Knife Violence	2019	2020	2021	2022
Volume	738	636	701	730
Change		-102	65	29
% Change		-14%	10%	4%

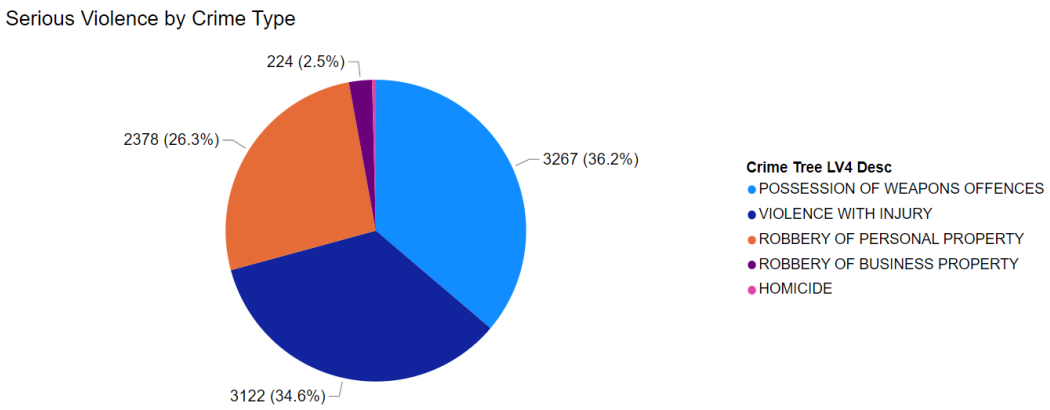
On average, there were 58 serious knife violence crimes per month over the last 4 years, varying from 53 per month in 2020 to 61 per month in 2022.

Possession of a knife offences in 2022 were at a similar level to that in 2019. There has been a sharp rise, particularly in 2022, however, in personal robberies involving a knife, which are now 19% higher than they were in 2019.

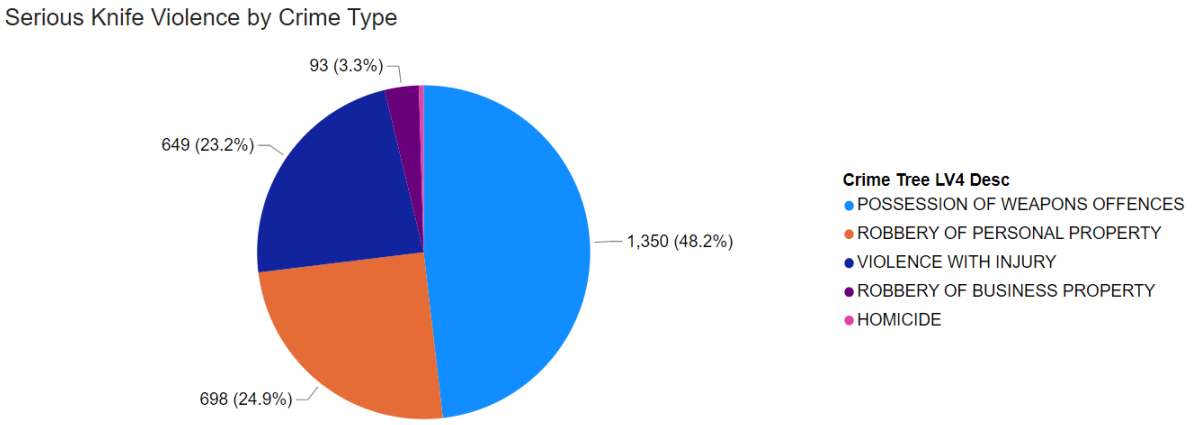
Serious knife violence resulting in injury, although rising in 2021 to above the 2019 level, has subsequently fallen in 2022 back to the 2020 level. Robberies of business property involving a knife fell significantly in 2020, and although rising again in 2021, have subsequently dropped back and are at half the 2019 level.



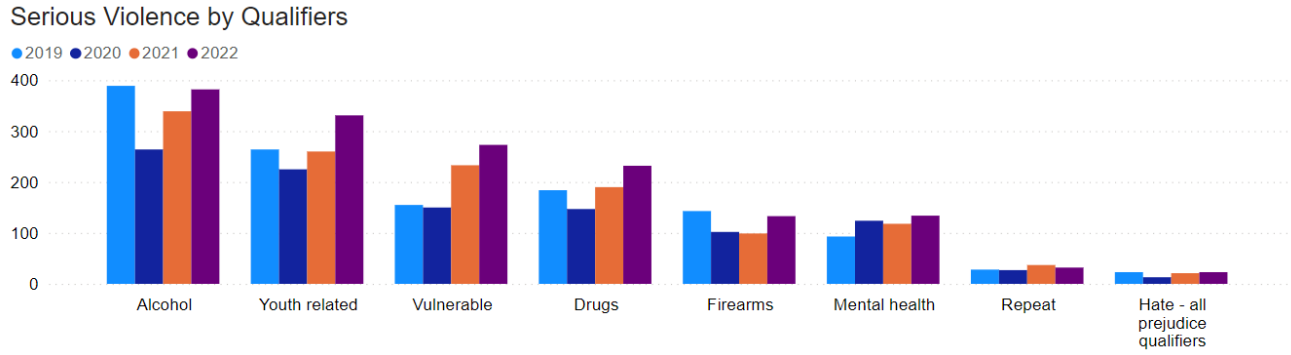
Over the past 4 years, possession of weapon offences made up 36% of serious violence, closely followed by violence with injury (which made up 35%), and robbery of personal property which made up just over a quarter of offences.



For serious knife violence, nearly half of offences related to possession of a knife. Robbery of personal property (at 25% of the total) was slightly more likely than violence with injury (at 23%). The differences between the types of serious knife violence and of serious violence overall may reflect the impact of activities conducted specifically to reduce knife crime.



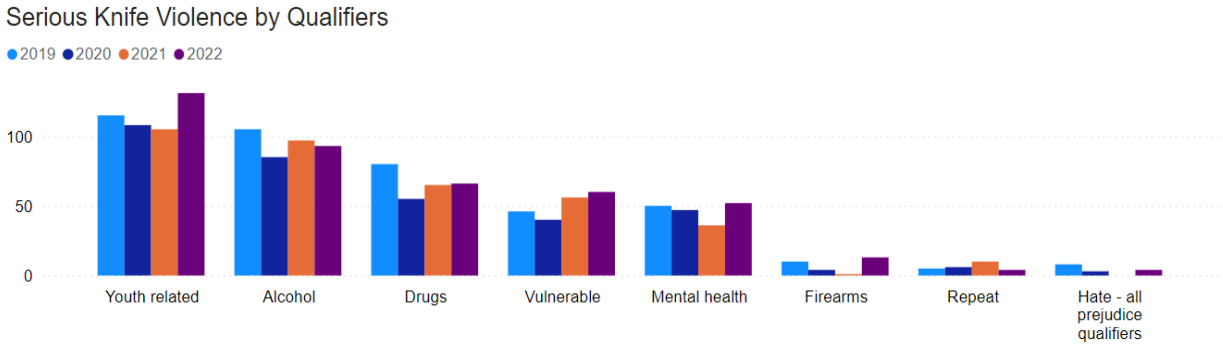
Qualifiers can be added to a crime record to identify factors that are relevant to that crime. The most common qualifiers present on serious violence crimes are set out below.



This shows that, over the 4-year period, 15% of serious violence crimes were flagged as being alcohol related, indicating the link with the Night-Time Economy. Twelve percent were youth related, with an increase in the proportion of youth related serious violence in 2022. There has also been an increase in vulnerabilities, which is thought to be as a result of the better identification and recording of vulnerabilities since 2021.

Serious Violence Qualifiers as percentage of all Serious Violence	2019	2020	2021	2022	2019-2022
Alcohol	17.4%	12.6%	15.2%	15.4%	15.2%
Youth related	11.8%	10.8%	11.7%	13.4%	12.0%
Vulnerable	6.9%	7.2%	10.4%	11.0%	9.0%
Drugs	8.2%	7.0%	8.5%	9.4%	8.3%
Firearms	6.4%	4.9%	4.4%	5.4%	5.3%
Mental health	4.2%	5.9%	5.3%	5.4%	5.2%
Repeat	1.3%	1.3%	1.7%	1.3%	1.4%
Hate - all prejudice qualifiers	1.0%	0.6%	0.9%	0.9%	0.9%

For serious knife violence, the same qualifiers were the most common, although the volumes of each varied from those for serious violence overall.



Serious knife violence that was youth-related made up a higher proportion than serious violence overall. This is likely to reflect the higher proportion of serious knife violence that is made up of possession of a knife offences and the work done with young people around knife crime.

Serious Knife Violence Qualifiers as percentage of all Serious Knife Violence	2019	2020	2021	2022	2019-2022
Youth related	15.6%	17.0%	15.0%	17.9%	16.4%
Alcohol	14.2%	13.4%	13.8%	12.7%	13.5%
Drugs	10.8%	8.6%	9.3%	9.0%	9.5%
Vulnerable	6.2%	6.3%	8.0%	8.2%	7.2%
Mental health	6.8%	7.4%	5.1%	7.1%	6.6%
Firearms	1.4%	0.6%	0.1%	1.8%	1.0%
Repeat	0.7%	0.9%	1.4%	0.5%	0.9%
Hate - all prejudice qualifiers	1.1%	0.5%	0.0%	0.5%	0.5%

In addition to the above nationally defined qualifiers, Derbyshire Police record local qualifiers where other factors exist.

For serious violence crimes between 2019 and 2022, these mainly relate to child safeguarding referrals, which are recorded on 985 (11%) of the serious violence crimes in the period; and child concerns, which are recorded on 532 (6%) of the crimes.

For serious knife violence, child safeguarding referrals are recorded on 427 (15%) of the serious knife violence crimes between 2019 and 2022 (which has increased to 20% in each of the last 2 years); child concerns, which are recorded on 255 (9%) of the crimes; and adult safeguarding referrals, which are recorded on 153 (5%) of the crimes.

Youth Justice Service (YJS) data for the County of Derbyshire tells us more about young people's involvement in serious violence. There were 38 YJS clients who engaged in some form of serious violence in the 3 years to 2022. Most commonly, their involvement was in robbery.

Offence Category	2020	2021	2022	Total Offences
Assault with intent to cause serious harm	5	0	0	5
GBH without intent	5	2	2	9
Manslaughter	0	1	0	1
Robbery	10	8	5	23
Grand Total	**20**	**11**	**7**	**38**

There were 75 YJS clients who engaged in some form of knife crime in the 3 years to 2022. Most commonly, their involvement was in the possession of a knife. This is similar to the findings from the Police crime data.

Offence Category	2020	2021	2022	Total Offences
Criminal damage under £5000	0	1	1	2
Manslaughter	0	1	0	1
Possession of knives and similar	21	25	22	68
Possession of other weapons	2	1	0	3
Threats to kill	0	1	0	1
Grand Total	**23**	**29**	**23**	**75**

Data from Health services gives us further information about 'what' is happening in Derbyshire in relation to serious violence. East Midlands Ambulance Service (EMAS) data shows that the Covid lockdown restrictions reduced the levels of EMAS attendances at incidents classified as assault/sexual assault (Hospital/EMAS data includes sexual assault), which are now only slightly higher than pre-pandemic.

On average, there were 124 assault/sexual assault attendances per month over the last 2 years, compared to 119 per month in the 2 years pre-pandemic.

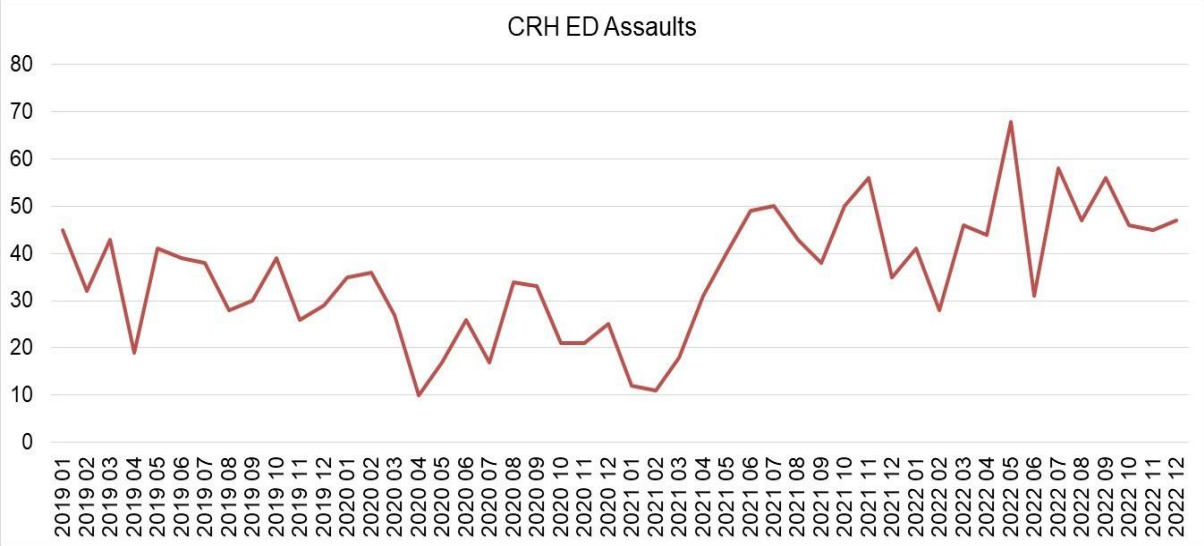
Assault/Sexual Assault	2020	2021	2022
Volume	1,246	1,553	1,422
Change		307	-131
% Change		25%	-8%

Incidents classified as Stab/Gunshot/Penetrating Trauma were less affected by the pandemic and have remained reasonably stable over the past 5 years.

On average, there were 21 Stab/Gunshot/Penetrating Trauma incidents per month over the last 5 years.

Stab/Gunshot/Penetrating Trauma	2020	2021	2022
Volume	262	253	261
Change		-9	8
% Change		-3%	3%

'Cardiff Data' from Chesterfield Royal Hospital tells us that after the reduction in the volume of assaults reported during the Covid lockdown periods, increased levels have been seen since the start of 2021-2022.



On average, there were 46 assaults reported each month in 2022, compared to 34 in 2019. This 36% increase in reported assaults in 2022 compared to 2019 is a greater rise than the 11% increase in serious violence reported to the Police over the same period.

Eight in every ten assaults in 2022 were carried out by using body parts only as a weapon. Fifty-four percent of these assaults involved only fists. These proportions have not changed.

Of concern is the increased use of a knife where a weapon was used during the assault. In 2022, 15 of the 99 assaults with a weapon involved the use of a knife. In 2019, of the 65 assaults where the type of assault / weapon was recorded, only 5 involved a knife.

Hospital admissions for violence

Definition: The number of first finished emergency admission episodes in patients (episode number equals 1, admission method starts with 2), with a recording of violent crime classified by diagnosis code (X85 to Y09 occurring in any diagnosis position, primary or secondary) in financial year in which episode ended.

Source: Office for Health Improvement & Disparities. Public Health Profiles. 28/02/2023. https://fingertips.phe.org.uk © Crown copyright 2023.

Directly standardised rates per 100,000 population.

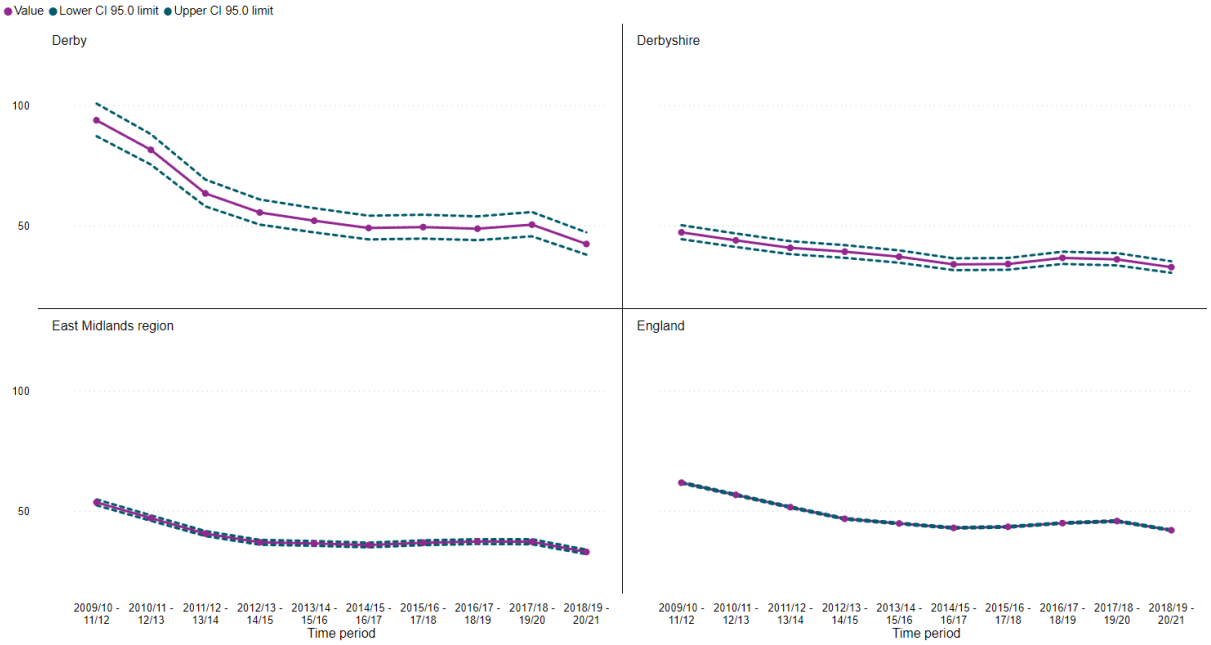
<u>Persons</u>

Derby has previously had significantly higher rates than England but following a downward trend the rate has recently converged with the England rate. Derby's rate is however significantly higher than Derbyshire's.

The rate in Derbyshire is consistently statistically lower than the England rate and displays no significant trend. The rates equate to just over 110 and just under 250

admissions per year in the latest period for Derby and Derbyshire, respectively.

Area Name	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	61.7	56.7	51.5	46.7	44.8	42.9	43.4	44.9	45.8	41.9
East Midlands region	53.5	47.0	40.5	36.9	36.4	35.8	36.7	37.2	37.1	32.9
Derbyshire	47.1	43.8	40.7	39.1	37.0	33.8	34.0	36.5	35.9	32.7
Derby	93.8	81.5	63.4	55.4	52.0	49.0	49.3	48.7	50.4	42.3



Between 1st April 2018 and 31st March 2021, there were a total of 1069 hospital admissions for assault in the area: 733 in Derbyshire and 336 in Derby.

Alcohol, drugs and mental health

628 (59%) of 1069 hospital admissions for assault had mental health and behavioural problems mentioned in the diagnosis fields, 258 (24%) had alcohol issues and 236 (22%) had substance misuse issues.
236 (22%) had a combination of mental health and alcohol issues, 233 (22%) had a combination of mental health and substance misuse issues, 32 (3%) had alcohol and substance misuse issues and 30 (3%) had all three.

Mortality

Primary Care Mortality Database

Deaths from assault

There was a total of 78 deaths over the 5-year period, 27 (35%) of Derby residents and 51 (65%) of Derbyshire residents, of which 51 (65%) were males and 27 (35%) were females.

In Derby 37% of male deaths were in the 20-29 age group, whereas male deaths in

Derbyshire and female deaths overall were more evenly spread across the age groups, albeit 24% of the male deaths in Derbyshire were in the 20-29 age group.

10 (12.8%) deaths occurred in the home of the deceased, 34 (43.6%) in hospital and 34 (43.6%) at other locations. More than a quarter of women (25.9%, 7) died at home, in contrast to only 1 in 7 men (5.9%, 7). The remaining deaths divide equally between hospital and other locations for both sexes. It is not possible to say from the data where the assault occurred.

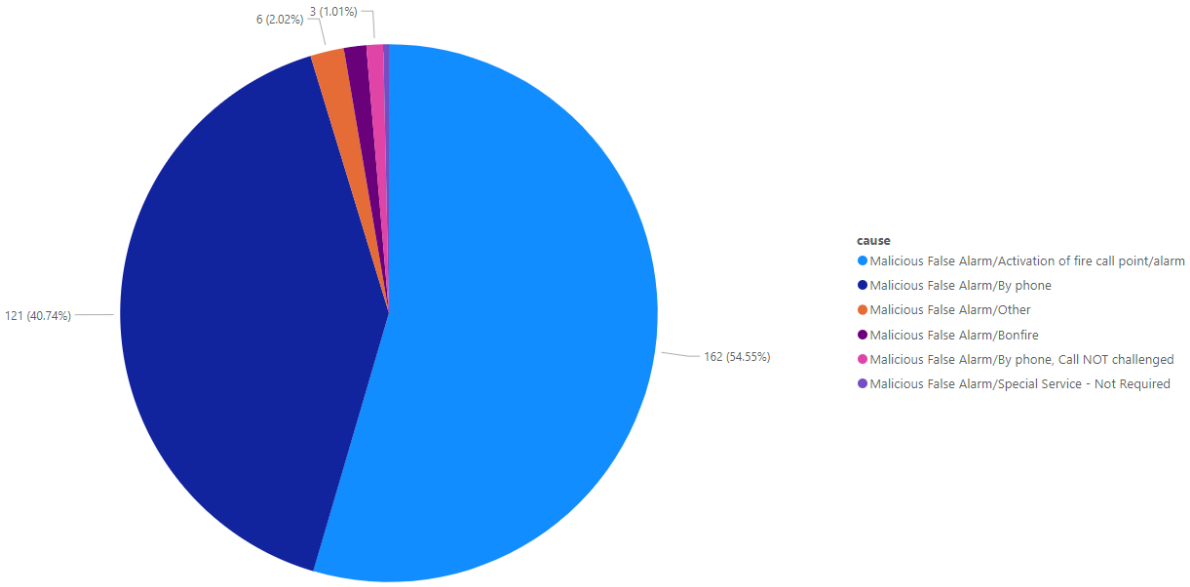
Around half of all the deaths involved blunt force trauma and around 1 in 6 involved stabbing, rising to 3 in 5 and 1 in 5 in males alone. Two thirds of female deaths involved blunt force trauma, but only 1 in 9 involved stabbing. Nothing stands out in terms of the age of the deceased.

A large proportion of deaths remain under investigation, implying that intent has yet to be ascertained.

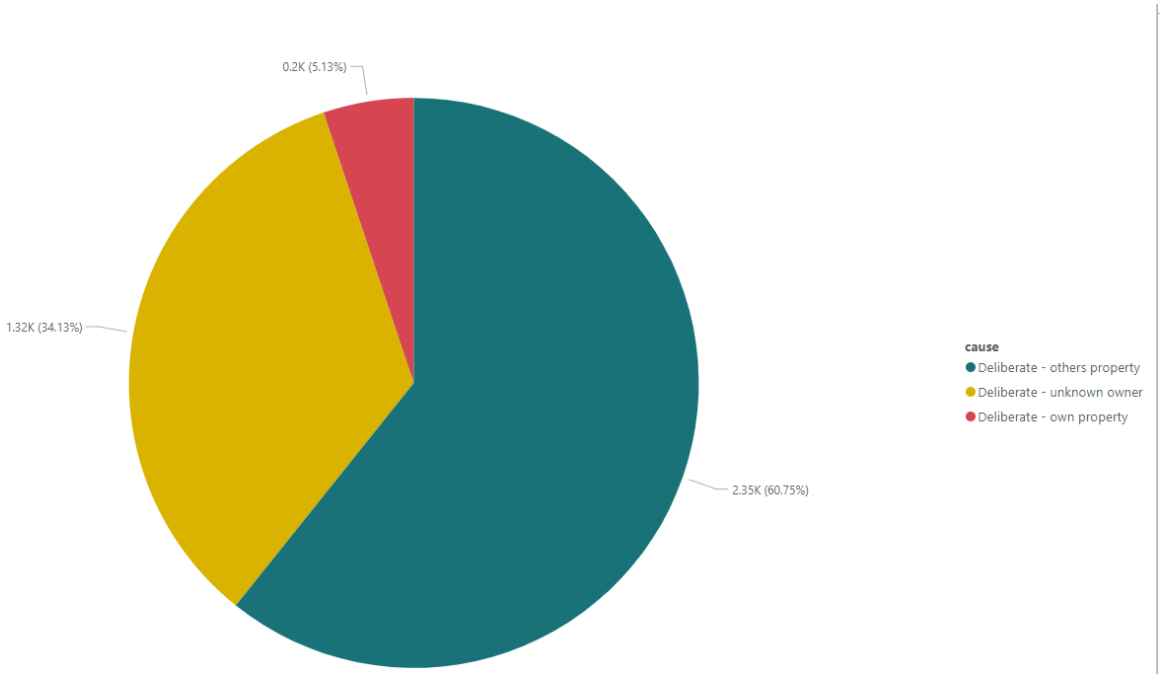
Fire Service Data

Whilst some of the Derbyshire Fire Service data is not linked to serious violence, it is useful to consider it within the context of this SNA.

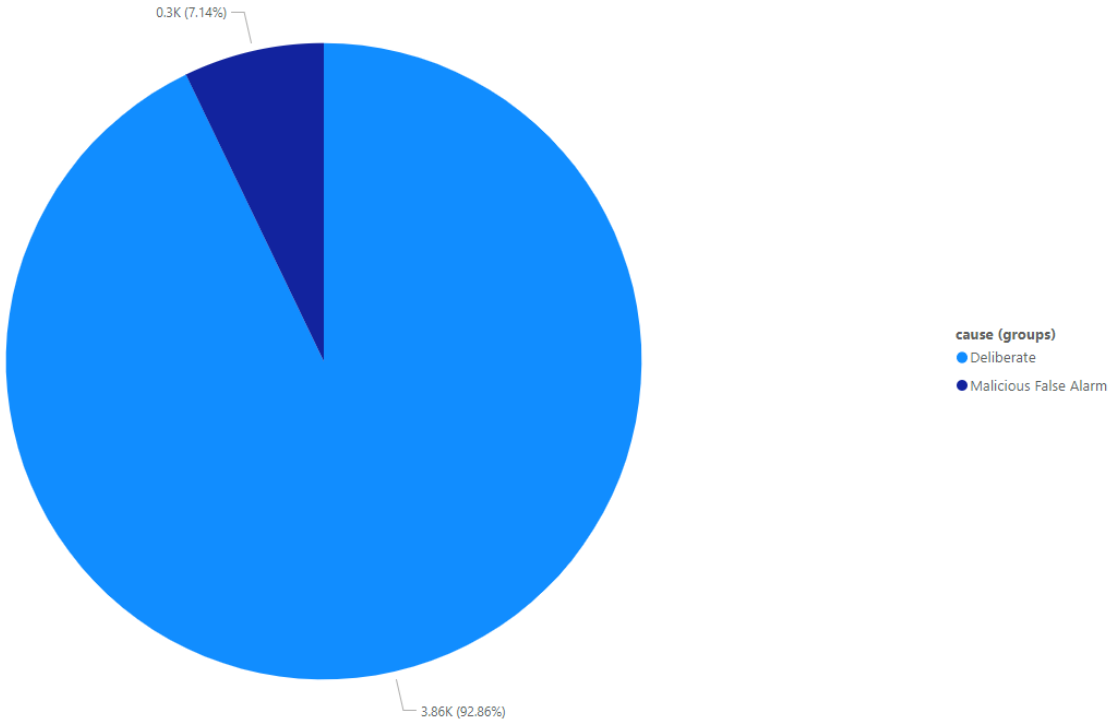
Over half of malicious (hoax) calls were performed by use of the fire alarm/fire call point and many malicious calls were over the phone.



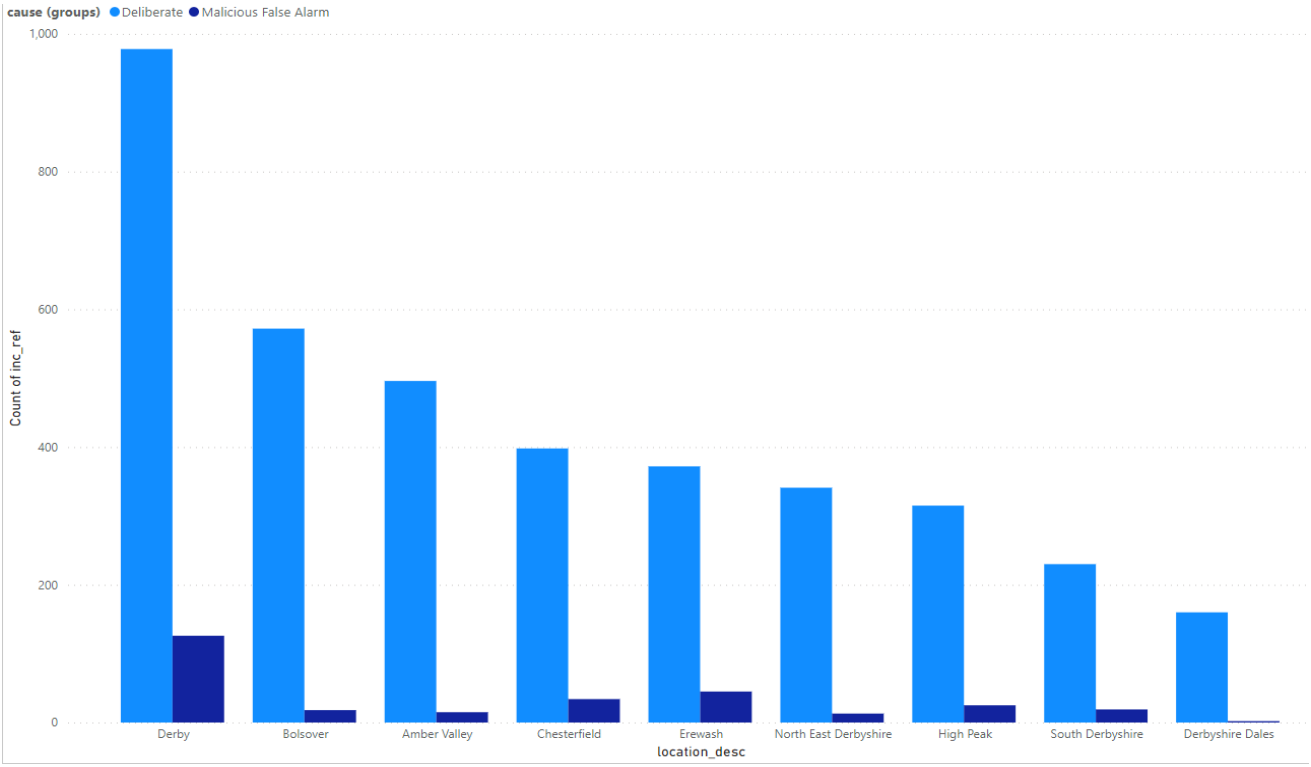
Over half of deliberate fires were at other people's property, followed by deliberate fires at locations with unknown owners. Only 5% of deliberate fires were at the person's own property.



Of malicious (hoax) calls and deliberate fires, nearly 93% of calls were for deliberate fires with malicious calls only making up 7% of these calls.



Most calls come from Derby, Bolsover and Amber Valley but more malicious false alarms come from Erewash, Chesterfield and High Peak, compared to other areas.



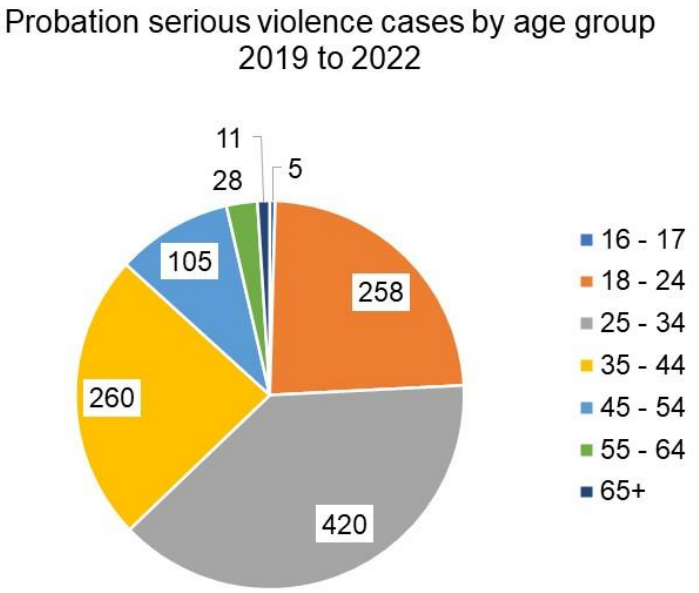
Probation data

There were 1,087 Derbyshire cases under the supervision of the Probation service where the main offence was a serious violence offence between 2019 and 2022.

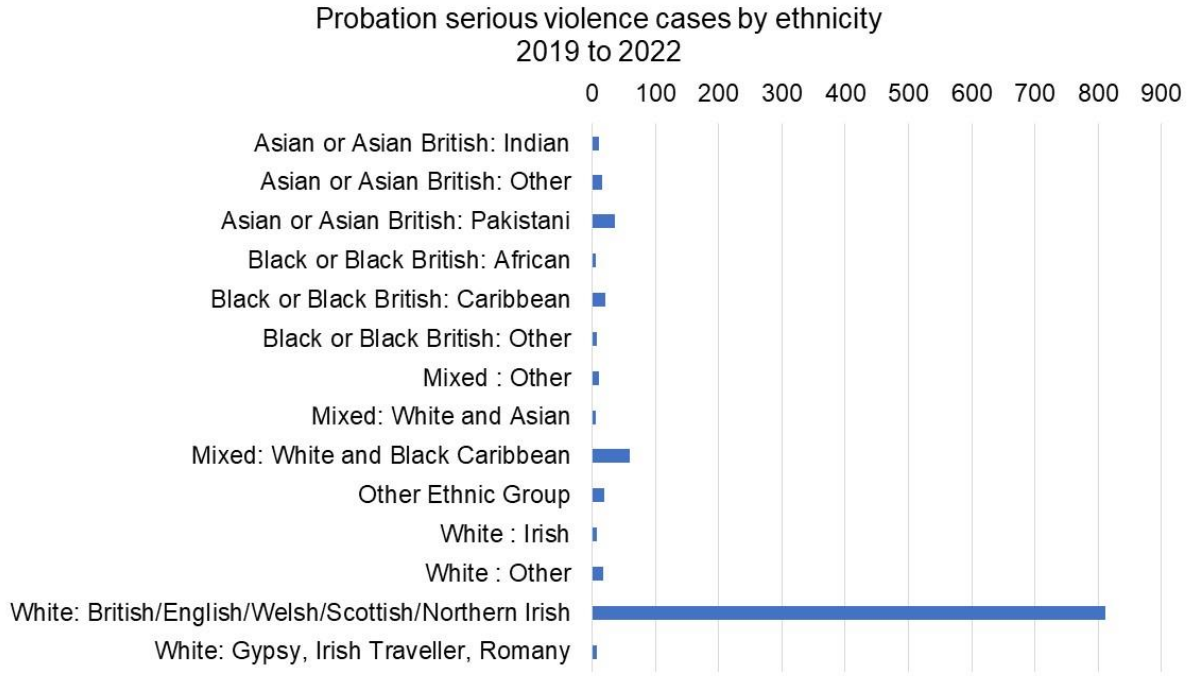
Of these cases, 148 featured a re-offence of any type. 15 of the cases had a serious violence re-offence (although for more-recently supervised cases, there has been less time / opportunity for re-offending, so inevitably re-offending rates are lower).

Probation serious violence cases 2019 to 2022	Probation cases	% of total cases	Serious violence crimes	% of serious violence crimes
Amber Valley	103	9%	757	8%
Bolsover	64	6%	496	6%
Chesterfield	114	10%	983	11%
Derby	498	46%	4,169	46%
Derbyshire Dales	19	2%	267	3%
Erewash	139	13%	811	9%
High Peak	35	3%	516	6%
North East Derbyshire	53	5%	428	5%
South Derbyshire	62	6%	541	6%

Males make up 90% of the probation cases. Forty percent are aged between 25 and 34 years at the start of their supervision, with a quarter aged 18 to 24 and a further quarter aged 35 to 44.



The spread of Probation serious violence cases by ethnicity are broadly in line with the population, with the exception of those from 'Mixed' communities who are over-represented, and from 'White' communities who are under-represented.



The spread of Probation serious violence cases by sexual orientation are in line with the population.

Assaults on staff

Assaults on public sector staff, including emergency workers, are happening. For this SNA we have gathered various pieces of data from the different public sector agencies in the area which demonstrates this. Further investigative work is required to understand the scale of this problem in Derbyshire and to ascertain whether preventative interventions could be used to reduce these numbers. Further work is also required with agencies to further break down the data so that serious violence offences can be identified.

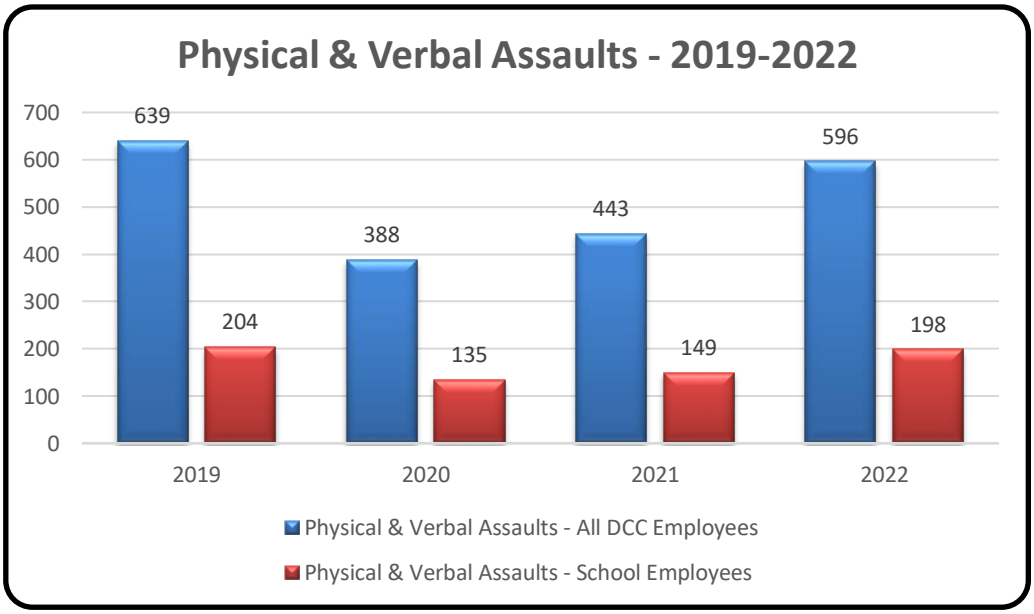
Derbyshire Fire and Rescue Service staff

Between 2018 and 2023 there have been 74 assaults on Derbyshire Fire and Rescue Service staff.

Count of inc ref	Column Labels						
Row Labels	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**Grand Total**
Verbal abuse	6	13	12	7	13	4	55
Other acts of aggression	0	1	4	0	1	1	7
Harassment	2	0	1	0	2	0	5
Objects thrown at firefighters/ appliances	0	1	0	1	1	2	5
Physical abuse	0	2	0	0	0	0	2
Grand Total	**8**	**17**	**17**	**8**	**17**	**7**	**74**

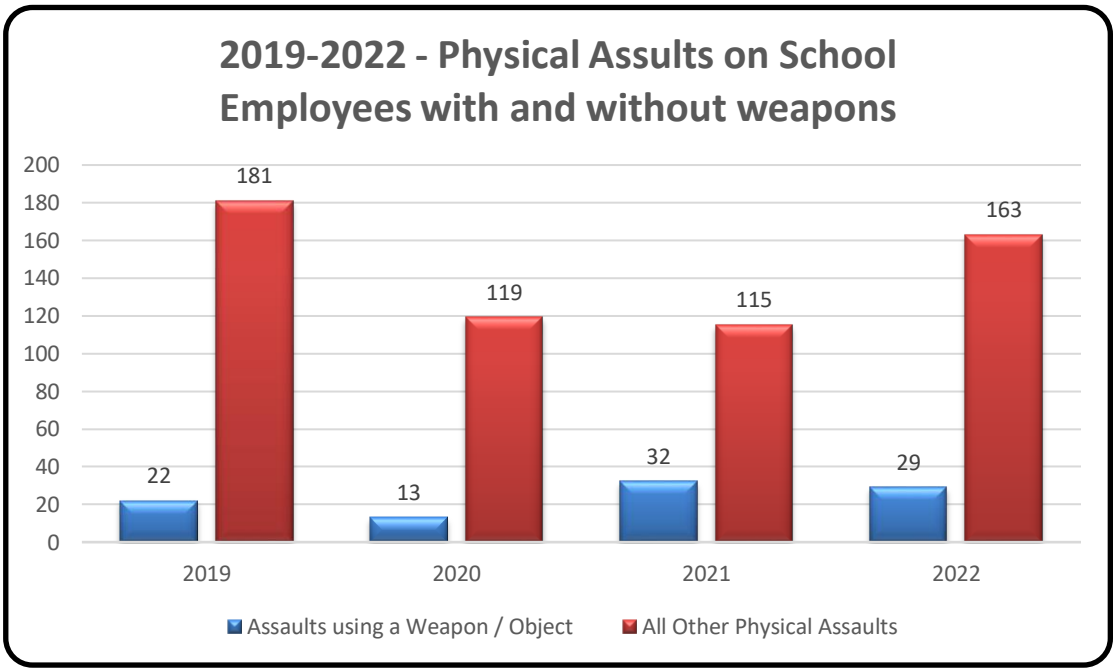
Council staff

The chart below shows the levels of assault on Derbyshire County Council staff, including Teaching and School staff, between 2019 and 2022.



The data shows that assaults on staff are rising again, and were almost back to pre-pandemic levels during 2022, after a fall during the pandemic years. Particularly in terms of physical assault, this could be a result of less face-to-face contact during 2020 and 2021.

The following chart shows physical assaults, with and without weapons, on school staff. The volume of assaults is rising again, after a period of decline during 2020 and 2021 – it is expected that this decline was largely due to school closures during the Covid lockdowns.

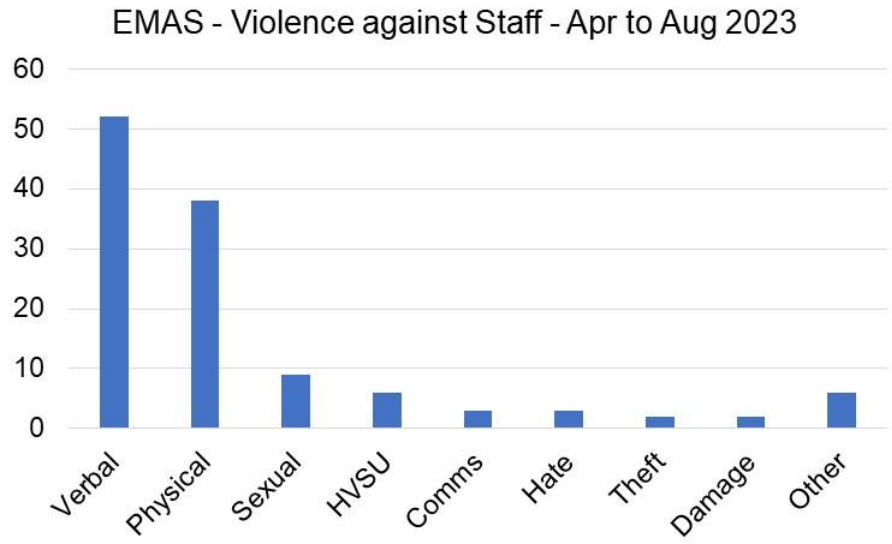


Hospital staff

To date, during the 2023/2024 financial year, there have been 77 assaults on Chesterfield Royal Hospital staff. Of these 77 there were only 4 where the patient was considered to have capacity.

Emergency workers

There were 121 incidents involving some form of violence against EMAS staff in the period April to August 2023.

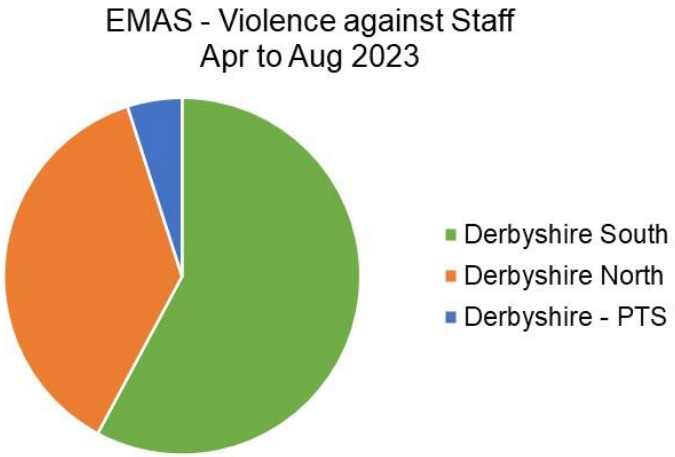


Note: Caution should be exercised in interpreting these data, due to the short time frame covered.

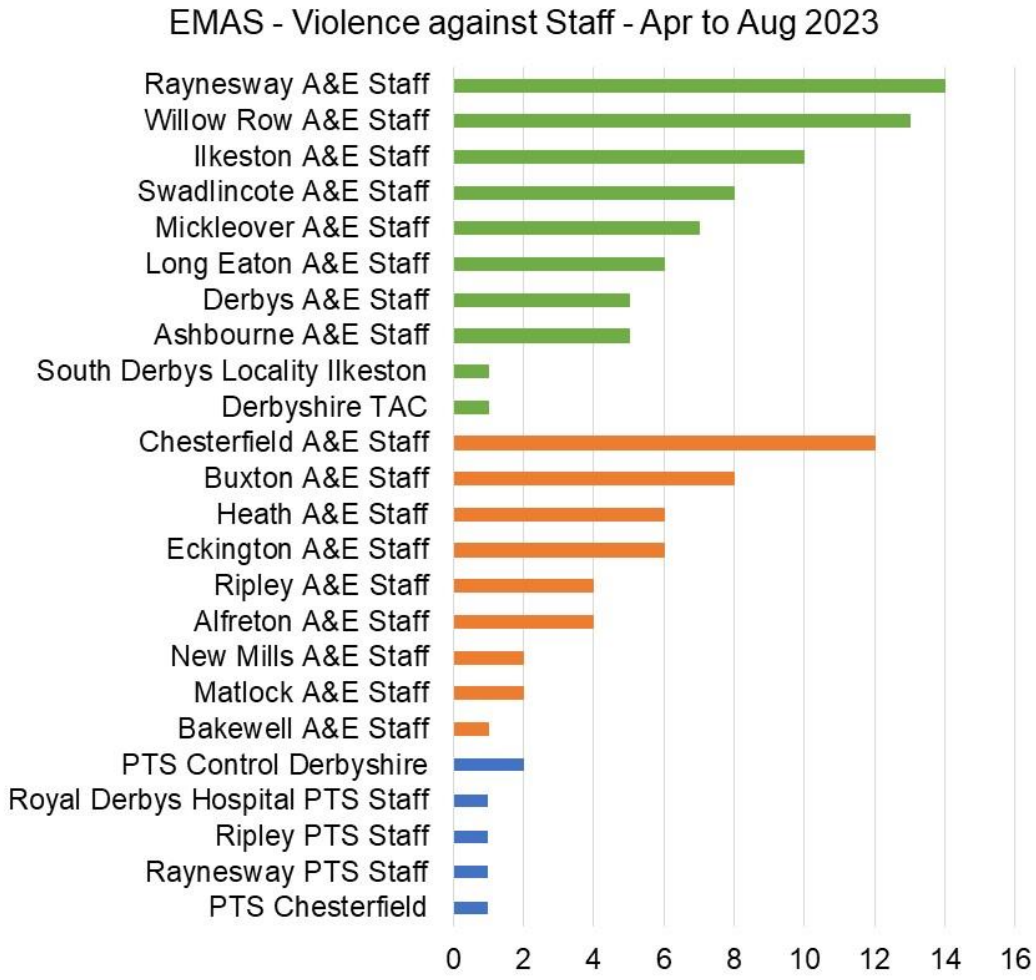
The most common form of violence consisted of verbal abuse, making up 43% of the total. Three in every ten incidents involved physical violence. Ten of the 38 incidents involving physical violence resulted in injury.

9 of the incidents were of a sexual nature. 7 of these were classed as being disruptive behaviour, with 2 of them being classed as abuse. Five percent of the incidents involved a High-Volume Service User (HVSU).

The majority of incidents take place against staff in the South Division.



The Sections with the highest volume of incidents were in Raynesway, Willow Row, Chesterfield, Ilkeston, Buxton and Swadlincote.



Police recorded crimes of assault on Emergency workers in the County area is as follows;

Crimes of assault on emergency workers – Derbyshire County	2019	2020	2021	2022
Serious violence assaults on Police Officers	7	10	8	16
Serious violence assaults on other Emergency workers	0	0	0	1
Other assaults on Police Officers	256	329	343	318
Other assaults on other Emergency workers	32	65	105	77

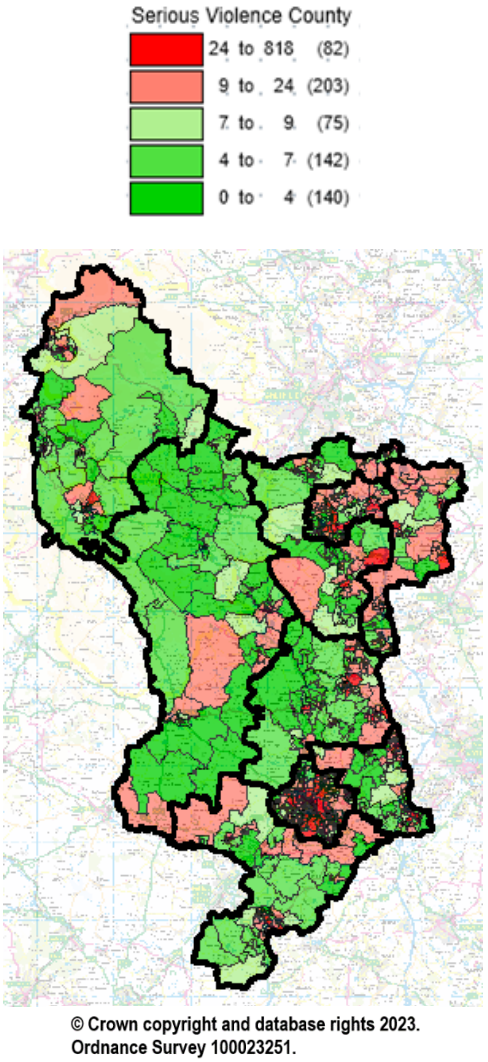
Whilst the overall volume of assaults decreased in 2022 compared to 2021, the number of serious violence assaults increased.

Where?

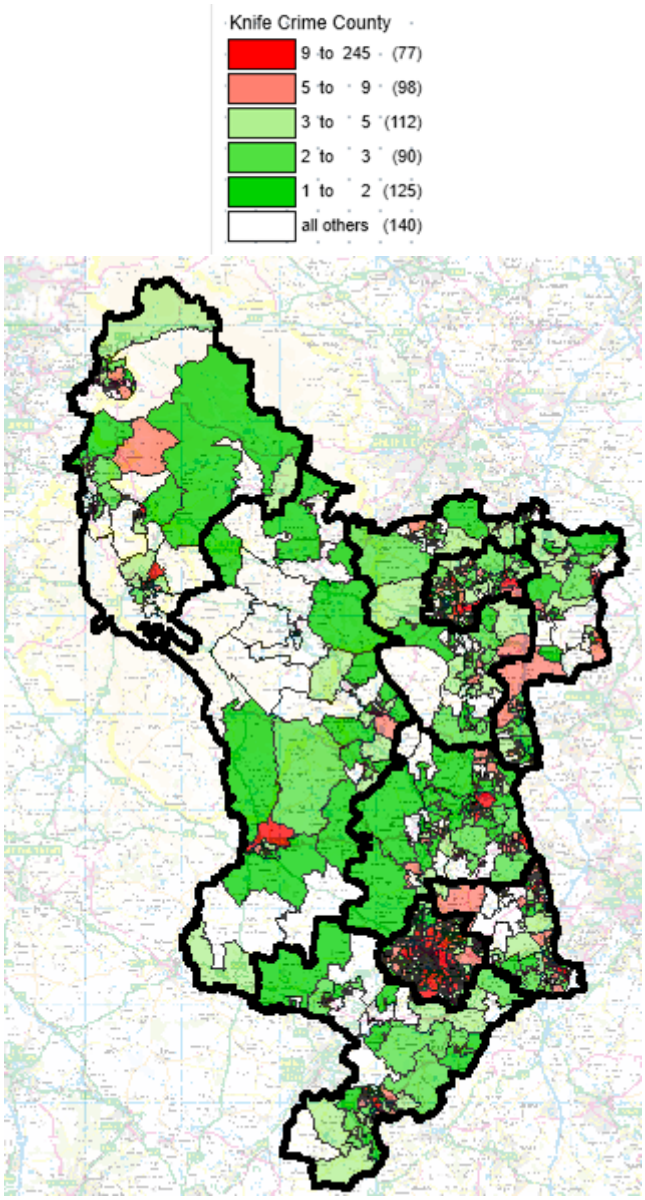
Hotspot areas of crimes

Serious violence is concentrated in and around the town centres and areas where there are higher concentrations of people. This indicates the link with the night-time economy.

Although serious violence is concentrated in these areas, it is found across all of the Lower Super Output Areas (LSOAs) in the county, as shown on the map below which covers the 4-year period of 2019 to 2022.



Although there are fewer instances of serious knife violence, and areas with no serious knife violence during the 4-year period, the pattern is broadly similar.



Nearly half of serious violence is committed within Derby City. Chesterfield, Erewash, and Amber Valley account for over a quarter of the remaining serious violence.

Within these Districts, there are particular concentrations around the centres of Derby City, Chesterfield, Long Eaton, Ilkeston, Ripley, and Langley Mill.

2019 to 2022	Serious Violence Crimes	Percentage of Serious Violence
Amber Valley	757	8.5%
Bolsover	496	5.6%
Chesterfield	983	10.7%
Derby	4,169	46.6%
Derbyshire Dales	267	3.0%
Erewash	811	9.1%
High Peak	516	5.8%
North East Derbyshire	428	4.8%
South Derbyshire	541	6.1%

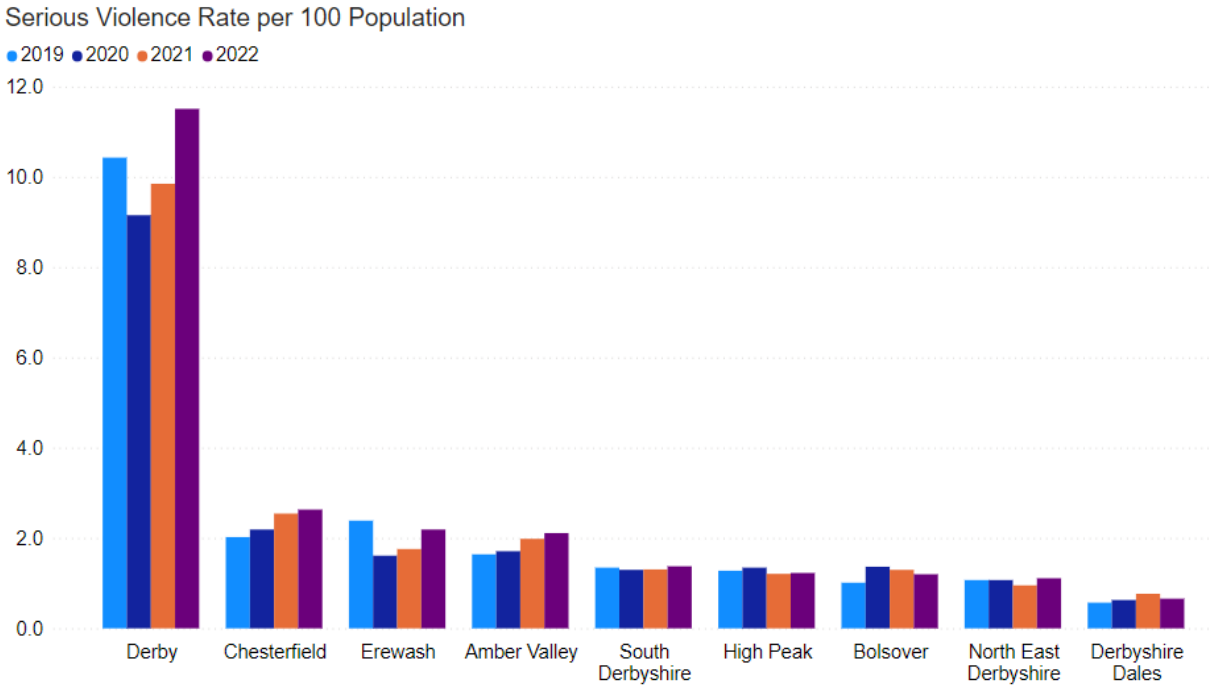
The distribution of serious knife violence is similar, with Derby City accounting for just over half of serious knife violence and Chesterfield, Erewash, and Amber Valley accounting for just over a quarter of the remainder.

As with serious violence overall, the distribution within these Districts is more concentrated around the centres of Derby City, Chesterfield, Long Eaton, Ilkeston, Ripley, and Langley Mill.

2019 to 2022	Serious Knife Violence Crimes	Percentage of Serious Knife Violence
Amber Valley	194	7.0%
Bolsover	114	4.1%
Chesterfield	269	9.7%
Derby	1,460	52.4%
Derbyshire Dales	71	2.6%
Erewash	263	9.4%
High Peak	151	5.4%
North East Derbyshire	104	3.7%
South Derbyshire	158	5.7%

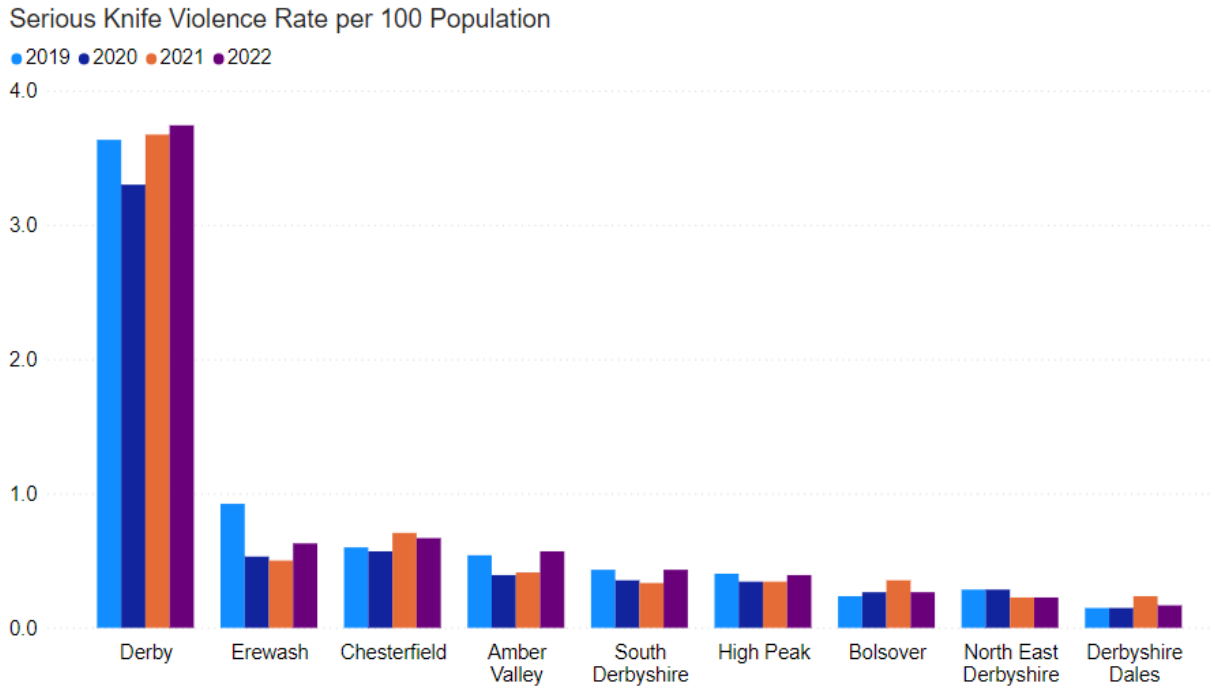
The order of the districts by serious violence volume is the same as that for the serious violence rate by population. This indicates that the volume of serious violence within each District is in line with their population.

There are variances by year, however, within the top 4 Districts, with Derby City and Erewash showing lower levels in 2020 and 2021, and Chesterfield and Amber Valley showing steady increases each year.



When looking at the relative serious knife violence rates by population, Erewash moves above the rate for Chesterfield. Although the volumes are quite close, with a lower population Erewash has a slightly higher rate than Chesterfield.

The patterns by year also vary more than for serious violence overall, with Erewash seeing a lower rate in 2022 than it did in 2019, and Chesterfield seeing a lower rate in 2022 than it did in 2021.



The top 3 Wards for each District by volume of serious violence over the last 4 years emphasise that serious violence is concentrated in and around the town centres,

linked to the night-time economy. 19 of these 27 Wards had a higher volume of serious violence in 2022 than in 2019. Only 7 of the Wards had lower volumes than 3 years earlier.

Overall, serious violence in the top 3 Wards for each District accounted for 44% of all serious violence.

Serious Violence volumes in 2019 to 2022				
Top 3 Wards in Amber Valley (36.2% of District total)	2019	2020	2021	2022
Ripley	25	24	45	40
Alfreton	15	20	21	21
Langley Mill and Aldercar	6	8	23	26

Top 3 Wards in Bolsover (34.5% of District total)	2019	2020	2021	2022
Shirebrook North	13	29	17	18
Elmton-with-Creswell	10	14	20	12
Bolsover South	11	10	9	8

Top 3 Wards in Chesterfield (43.3% of District total)	2019	2020	2021	2022
St Leonard's	64	71	63	73
Rother	15	15	32	20
Dunston	13	14	19	27

Top 3 Wards in Derby (51.3% of District total)	2019	2020	2021	2022
Arboretum	396	296	344	479
Abbey	80	67	78	89
Alvaston	74	78	86	74

Top 3 Wards in Derbyshire Dales (41.2% of District total)	2019	2020	2021	2022
Matlock All Saints	8	6	13	13
Matlock St Giles	12	8	12	8
Ashbourne South	6	10	6	8

Top 3 Wards in Erewash (38.8% of District total)	2019	2020	2021	2022
Awsworth Road	35	24	25	33
Long Eaton Central	28	24	24	38
Little Hallam	21	10	22	31

Top 3 Wards in High Peak (37.0% of District total)	2019	2020	2021	2022
Buxton Central	21	20	23	29
Howard Town	18	16	10	13
Barms	17	12	8	4

Top 3 Wards in North East Derbyshire (28.5% of District total)	2019	2020	2021	2022
Clay Cross North	20	10	10	7
Holmewood & Heath	8	15	6	11
Eckington South & Renishaw	5	9	9	12

Top 3 Wards in South Derbyshire (43.3% of District total)	2019	2020	2021	2022
Swadlincote	29	27	28	33
Newhall and Stanton	23	24	11	13
Woodville	10	9	12	15

The top 3 Wards for each District by volume of serious knife violence over the last 4 years generally indicate a similar picture, albeit based on lower volumes.

Serious Knife Violence volumes in 2019 to 2022

Top 3 Wards in Amber Valley (36.1% of District total)	2019	2020	2021	2022
Ripley	7	5	10	10
Langley Mill and Aldercar	3	1	6	9
Alfreton	6	6	4	3

Top 3 Wards in Bolsover (40.4% of District total)	2019	2020	2021	2022
Elmton-with-Creswell	3	3	8	3
Shirebrook North	2	5	3	5
South Normanton West	5	4	1	4

Top 3 Wards in Chesterfield (44.2% of District total)	2019	2020	2021	2022
St Leonard's	17	14	12	21
Dunston	4	7	9	8
Rother	5	2	11	9

Top 3 Wards in Derby (49.8% of District total)	2019	2020	2021	2022
Arboretum	117	99	124	148
Darley	35	27	37	26
Alvaston	34	25	33	23

Top 3 Wards in Derbyshire Dales (53.5% of District total)	2019	2020	2021	2022
Matlock St Giles	5	2	6	4
Ashbourne North	3	2	6	1
Ashbourne South	1	3	2	3

Top 3 Wards in Erewash (38.8% of District total)	2019	2020	2021	2022
Awsworth Road	14	5	9	11
Long Eaton Central	8	8	9	8
Little Hallam	8	7	9	6

Top 3 Wards in High Peak (37.7% of District total)	2019	2020	2021	2022
Buxton Central	6	6	10	7
Barms	7	4	3	0
Chapel West	4	5	2	3

Top 3 Wards in North East Derbyshire (38.5% of District total)	2019	2020	2021	2022
Clay Cross North	4	4	1	4
Eckington South & Renishaw	0	3	3	3
North Wingfield Central	4	1	2	2
Holmewood & Heath	3	3	0	3

Top 3 Wards in South Derbyshire (64.6% of District total)	2019	2020	2021	2022
Swadlincote	8	9	12	12
Newhall and Stanton	9	11	5	6
Woodville	5	0	4	6
Church Gresley	3	5	2	5

Rural Trend

Around 70% of Derbyshire as a whole is classified as rural, with 20% of the population living in these rural areas.

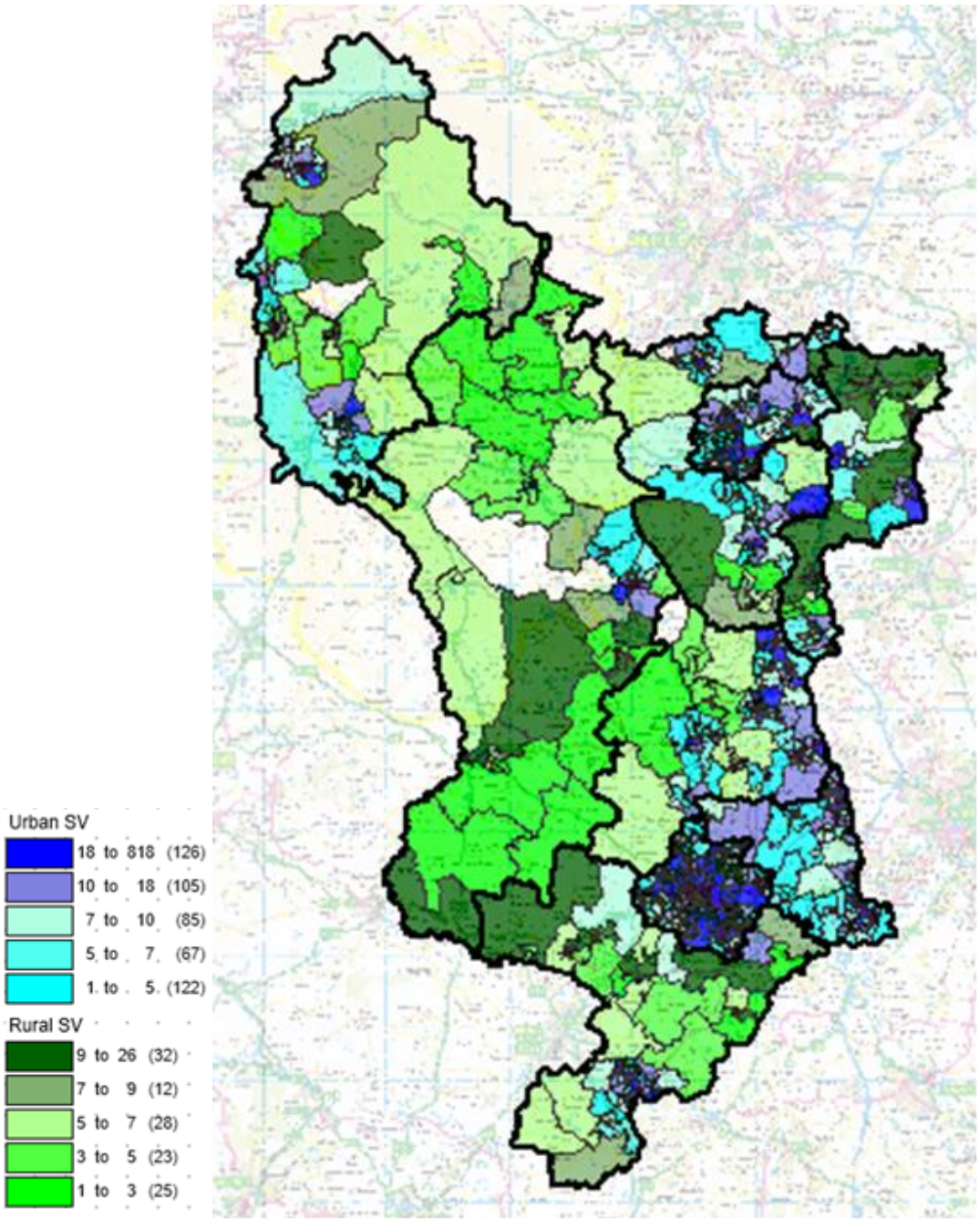
Serious violence predominantly takes place in urban areas, accounting for 91% of these crimes over the 4-year period. During 2020 and 2021, the proportion of serious violence in rural areas increased from 8% in 2019 to 10% in 2020, falling slightly to 9% in 2021. Through 2022, the proportion fell back to that seen in 2019. This is likely to reflect the impact of the pandemic, where people tended to remain closer to home and away from the town centres during the periods of 'lockdowns.'

The rural areas with higher volumes of serious violence were mainly in Bolsover, Derbyshire Dales, and South Derbyshire, where rural areas make up a higher proportion of the district.

Serious knife violence saw a similar trend, with serious knife violence in rural areas accounting for 7% of the total in 2019, rising to 8% in 2021 before falling back down to 7% in 2022.

To identify those rural areas where serious violence is more likely to take place than in other rural areas, the rural areas on the map below are shaded green. The darker

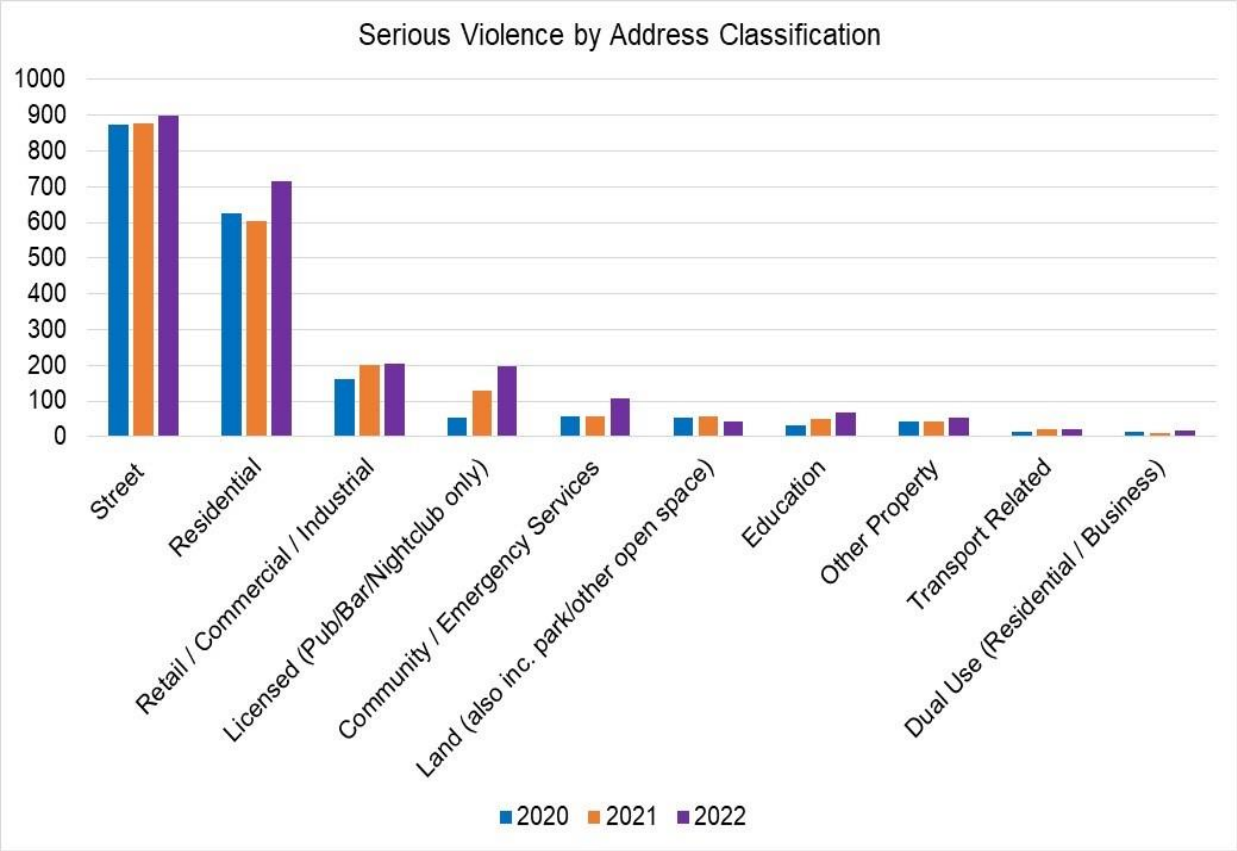
green areas mark rural areas with higher concentrations of serious violence crimes in 2019 to 2022. The lighter the shade of green, the lower the levels of serious violence in those rural areas. Similarly, urban areas are shaded in blue. The darker blue areas mark urban areas with higher concentrations of serious violence crimes. The lighter the shade of blue, the lower the levels of serious violence in those urban areas.



Address Classifications

The most common places for serious violence to take place is on the street (accounting for 42% of these crimes) or in a residential setting (accounting for 31%). Serious violence in licensed premises accounts for only 6% of serious violence, but in many cases, the incident takes place outside the licensed premise rather than within it.

Although rising in volume, the proportion of serious violence taking place on the street has fallen in each of the last 2 years, with noticeable increases in 2022 of serious violence in licensed premises (as the night-time economy picks up after Covid), in residential settings, and in community services venues.



The majority of robberies of personal property occur on the street. Serious violence resulting in injury is almost as likely to take place in a residential setting as on the street (even though domestic abuse cases are excluded from the data).

Nearly half of the serious violence offences taking place in a residential setting are possession of weapons offences, with a third of offences being violence with injury.

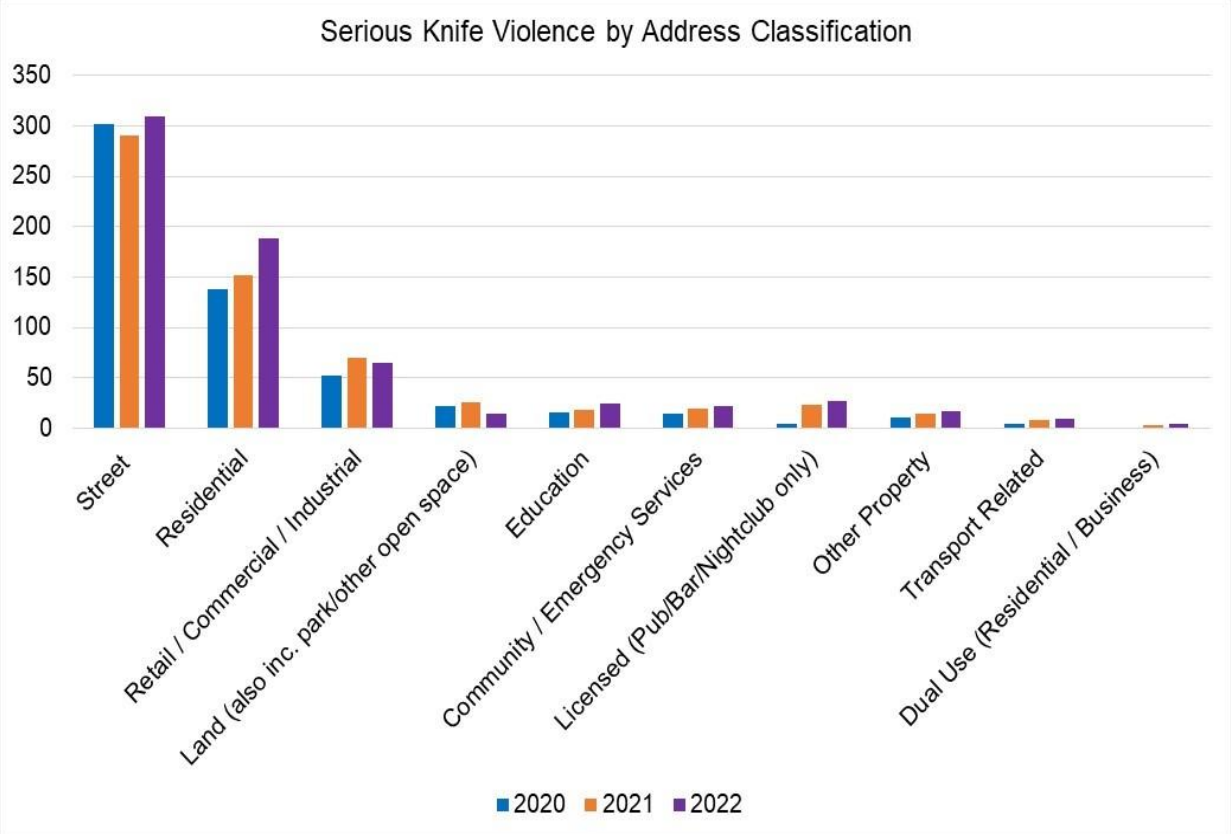
Eight in every ten offences taking place in licensed premises are violence with injury offences. Sixty-three percent of robbery of personal property offences take place on open land (including parks and other open spaces). Fifty-nine percent of offences taking place in educational establishments are possession of weapons offences with a further third being violence with injury offences.

Nearly half of serious knife violence takes place on the street, with a further quarter in a residential setting. Serious knife violence involving injury is more likely to take place in a residential setting, accounting for 43% of all serious knife violence involving injury.

Half of serious knife violence on the street consists of possession of weapons offences. In residential settings, the serious knife violence is more likely to be violence resulting in injury.

Nearly half (47%) of serious knife violence taking place in licensed premises consists of violence with injury, with a further 44% consisting of possession of a knife offences.

Over three-quarters (78%) of serious knife violence in educational establishments consists of possession of a knife offences.



Stop and Search Data

Between 2019 and 2022, Derbyshire Police data shows us that stop and searches for bladed articles mainly took place in areas where serious knife violence occurred.

Generally, there is a correlation between the share of serious knife violence for each District and the share of these stop and searches. The volume of stop and searches in the North East part of the County (Chesterfield, North East Derbyshire, and Bolsover), however, is lower than their share of serious knife violence.

Stop and Searches for Bladed Articles by Police area - 2019 to 2022

Section	Number of Stops	Initial Find Rate	Overall Find Rate	Arrest Rate	NFA Rate	Positive Outcome (incl. Primary and Secondary)
Amber Valley	50	24 %	30 %	12 %	84 %	28%
Chesterfield	49	8 %	18 %	4 %	92 %	27%
Derby East	105	12 %	13 %	8 %	90 %	16%
Derby North	260	8 %	15 %	9 %	91 %	20%
Derby South	71	8 %	11 %	6 %	92 %	14%
Derby West	134	10 %	19 %	7 %	91 %	24%
Derbyshire Dales	25	20 %	24 %	16 %	84 %	36%
Erewash	57	4 %	14 %	0 %	98 %	14%
High Peak	49	6 %	16 %	6 %	94 %	24%
North East & Bolsover	35	11 %	14 %	9 %	91 %	17%
Total	**835**	**10 %**	**17 %**	**8 %**	**91 %**	**21%**

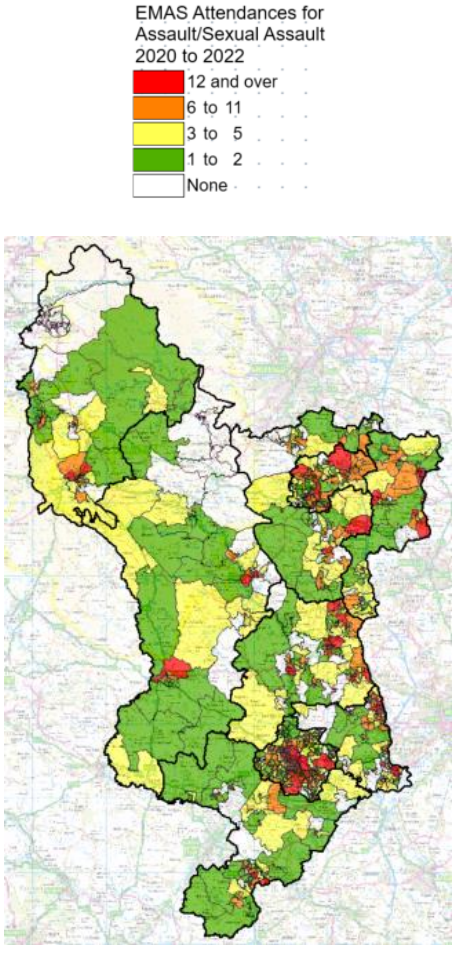
In the County Council area, YJS data tells us that youths involved in serious violence were more likely to reside in Erewash, South Derbyshire, or Amber Valley. This contrasts with the volume of offences occurring in Chesterfield, indicating that young people may travel to Chesterfield from these other areas to commit offences.

Locality	2020	2021	2022	Total Offences
Amber Valley	3	2	2	7
Bolsover	1	0	1	2
Chesterfield	2	0	1	3
Erewash	4	4	0	8
High Peak	4	1	0	5
North East Derbyshire	0	0	2	2
Other (Not Resident in YOT Area)	2	0	0	2
South Dales	0	1	0	1
South Derbyshire	4	3	1	8
Grand Total	**20**	**11**	**7**	**38**

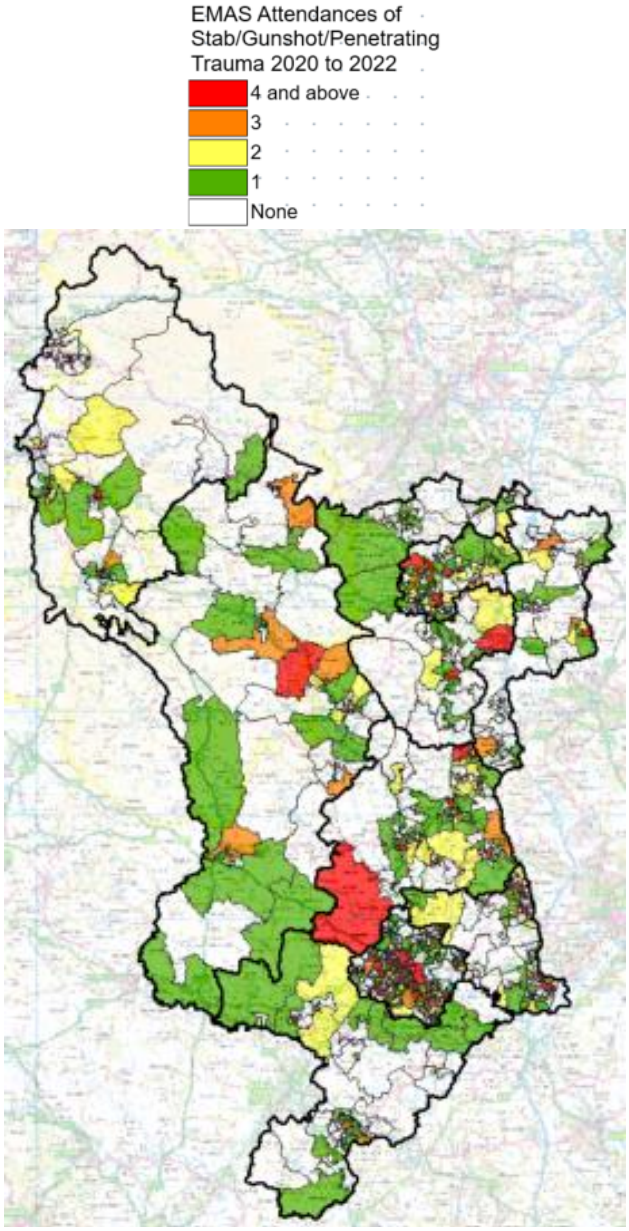
YJS data also shows that in the County Council area, youths involved in knife crime were more likely to reside in High Peak, South Derbyshire, or Erewash. As with serious violence overall, this contrasts with the volume of offences occurring in Chesterfield, indicating that young people may travel to Chesterfield from these other areas to commit knife crime offences.

Locality	2020	2021	2022	Total Offences
Amber Valley	2	4	4	10
Bolsover	3	3	2	8
Chesterfield	2	2	2	6
Erewash	6	3	3	12
High Peak	6	5	3	14
North Dales	0	0	2	2
North East Derbyshire	0	3	4	7
Other (Not Resident in YOT Area)	1	2	0	3
South Derbyshire	3	7	3	13
Grand Total	**23**	**29**	**23**	**75**

EMAS attendances for assault/sexual assault incidents occur generally in similar places to the locations of serious violence crimes. As not all serious violence requires the assistance of an ambulance, there are fewer calls to EMAS than there are crimes, and the spread of EMAS calls is therefore thinner. The hotspots for EMAS calls are, however, in similar places to those for serious violence crimes.



The hotspot locations of EMAS attendances for Stab/Gunshot/Penetrating Trauma incidents are like those for serious knife violence, although there are some other ‘warm spot’ areas based on the EMAS incidents that are less ‘warm’ based on the serious knife violence.



In terms of EMAS data, the lower volume of calls in the northern part of the High Peak (Glossop) area is due to this area being covered by the North West Ambulance Service.

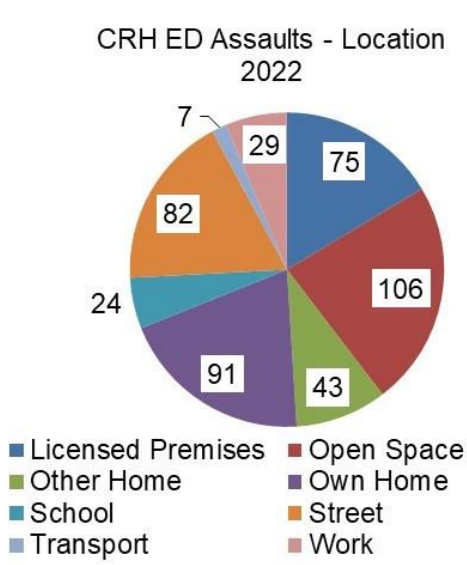
EMAS are more likely to be called to assault/sexual assault incidents in Amber Valley and Chesterfield than in other areas of the county. Although there are more calls to Derby than elsewhere, these calls are lower than could be expected based on the level of serious violence in the city.

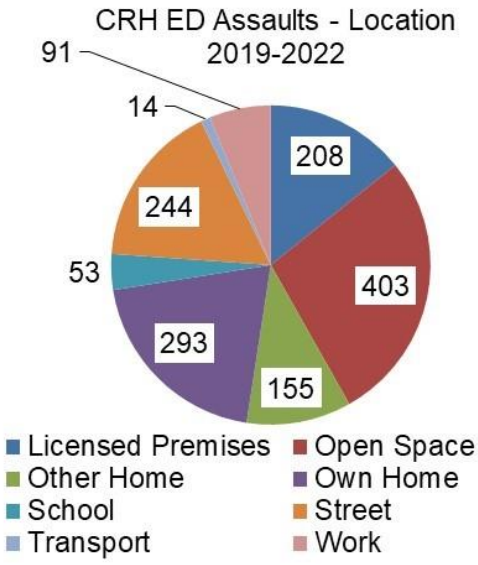
Assault/Sexual Assault	2020 to 2022	Percentage of total
Amber Valley	508	12.1%
Bolsover	259	6.2%
Chesterfield	571	13.6%
Derby	1,685	40.1%
Derbyshire Dales	138	3.3%
Erewash	443	10.5%
High Peak	189	4.5%
North East Derbyshire	215	5.1%
South Derbyshire	198	4.7%

Based on the level of serious knife violence, EMAS are more likely to be called to Stab/Gunshot/Penetrating Trauma incidents in Amber Valley and Chesterfield, and less likely to be called to incidents in Derby and South Derbyshire.

Stab/Gunshot/Penetrating Trauma	2020 to 2022	Percentage of total
Amber Valley	84	10.9%
Bolsover	32	4.2%
Chesterfield	99	12.9%
Derby	327	42.5%
Derbyshire Dales	43	5.6%
Erewash	78	10.1%
High Peak	39	5.1%
North East Derbyshire	34	4.4%
South Derbyshire	33	4.3%

'Cardiff data' from Chesterfield Royal Hospital tells us that in 2022, 16% of the assaults occurred at licensed premises (a similar proportion to that pre-pandemic). Compared to 2019, fewer of the assaults took place in an open space (public space and parks), and more took place in the street.





Hospital admissions

Definition: The number of first finished emergency admission episodes in patients (episode number equals 1, admission method starts with 2), with a recording of violent crime classified by diagnosis code (X85 to Y09 occurring in any diagnosis position, primary or secondary) in financial year in which episode ended.

Source: Office for Health Improvement & Disparities. Public Health Profiles. 28/02/2023. https://fingertips.phe.org.uk © Crown copyright 2023.

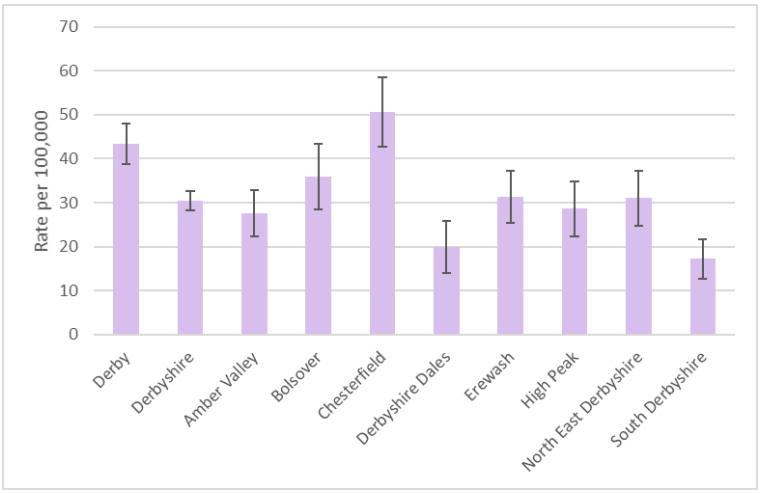
Directly standardised rates per 100,000 population.

Smaller numbers at district level make analysis more difficult and no significant trends are detectable. However, Chesterfield consistently has significantly higher rates than the England, county average and all of the other districts, but similar to Derby's, while South Derbyshire consistently has rates which are significantly lower.

Area Name	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
Amber Valley	50.30	44.59	35.90	33.05	32.44	34.00	31.93	30.24	28.70	29.94
Bolsover	54.08	53.82	46.50	47.25	39.45	39.56	38.46	45.93	42.06	36.87
Chesterfield	75.07	66.50	59.00	53.87	49.57	49.22	47.60	53.77	54.60	53.57
Derbyshire Dales	30.17	27.74	27.15	28.56	26.20	27.60	28.72	33.31	30.11	22.70
Erewash	40.07	42.61	44.92	43.31	38.03				32.69	32.22
High Peak	39.82	31.21	37.35	35.76	39.18	29.89	33.95	31.73	35.26	30.97
North East Derbyshire	39.58	35.34	40.71	39.99	43.63	33.47	38.74	41.15	43.67	34.31
South Derbyshire	40.76	40.79	28.39	28.11	24.26	22.15	22.11	23.03	21.94	18.27

<u>Crude rates – persons</u>

Chesterfield's rate was significantly higher than the county average and significantly higher than those of the other districts except Bolsover. South Derbyshire had a significantly lower rate than all but Derbyshire Dales.



Location

Overall, 57% of assaults leading to a hospital admission occurred at an unspecified location: 61% in Derby and 55% in Derbyshire. In Derby, of those where a location was recorded 33% occurred within the 'home' and 24% on the 'street or highway'. 52% of these assaults on women occurred in the 'home'; only 22% for men. Men were more likely to have been assaulted on the 'street' (27%) or a 'trade or service area' (19%) than women. In Derbyshire, 44% of assaults occurred within the 'home' and 24% on the 'street or highway'. 56% of these assaults on women occurred in the 'home'; only 31% for men. Men were more likely to have been assaulted on the 'street' (25%) or a 'trade or service area' (20%) than women. Amongst the districts, South Derbyshire stands out as having 83% of assaults on women leading to a hospital admission where a location was specified occurring in the 'home' – the remainder occurring in 'residential institutions. For men, Bolsover stands out as having the majority of assaults occurring in the 'home.'

Persons

Of known locations the most frequent was the 'home,' most notably in South Derbyshire. Little else stands out bar Bolsover's low percentage of 'street' assaults and high percentage in 'residential institutions.

Males

For males, the most common location for the assault was the 'home,' but closely followed by the 'street and highway.' Bolsover stands out for its particularly high proportion in the 'home' and its low proportion in the 'street.' Derby and Derbyshire Dales stand out for their high proportions in 'school etc,' but for Derbyshire Dales this is a small number.

Females

The location with the highest proportions was the 'home,' with the majority of the assaults occurring there in all but Bolsover and Chesterfield. The highest was in South Derbyshire, where the only other location recorded was 'residential institution.' In Bolsover half of the assaults occurred in 'residential institutions' – far higher than anywhere else. Chesterfield and Derby had high proportions 'in the street and highway.'

Method of assault

Persons

In the following tables Other recorded includes assault by hanging, strangulation and suffocation; crashing of motor vehicle; pushing from high place; steam, hot vapours and hot object; rifle, shotgun and larger firearm discharge; other and unspecified firearm discharge; drowning and submersion; corrosive substance; other specified chemicals and noxious substances; neglect and abandonment.

Assault by bodily force accounts for the majority of admissions in all of the areas

except for Derbyshire Dales. North East Derbyshire has by far the highest proportion in this category, but conversely the smallest proportion of assaults ‘by sharp object.’ Derby, Derbyshire Dales and Erewash all have similarly high proportions of assault ‘by sharp object.’

Males

Assault ‘by bodily force’ accounts for the majority of admissions in all of the areas and is a particularly high proportion in North East Derbyshire. Derby, Derbyshire Dales and Erewash all have similarly high proportions of assault ‘by sharp object,’ while this is quite low in North East Derbyshire.

Females

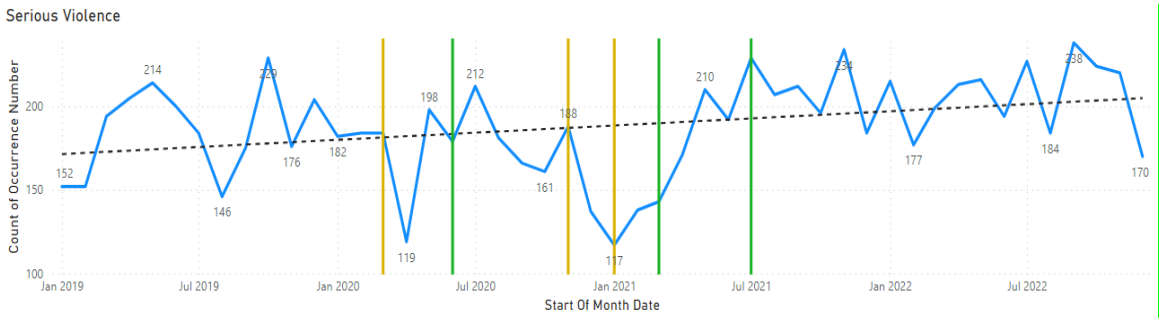
Assault by bodily force accounts for the majority of admissions in all of the areas except Bolsover and Derbyshire Dales. Females would seem to be more likely to suffer ‘by other maltreatment’ and less likely to be stabbed than men. South Derbyshire had the highest proportion for bodily force but no admissions at all for by ‘other maltreatment.’

When?

Monthly pattern

Whilst there was a significant drop in serious violence crimes during the pandemic, the trend is an increasing one, as shown in the graph below by the dotted linear trend line. (The yellow lines relate to the start of national Covid-19 lockdowns; the first two green lines relate to the reopening of schools; and the final green line relates to 'Freedom Day').

There was less seasonal variation in 2022 compared to 2019, although the first 2 months and the summer months saw heightened levels. It is likely that this pattern will continue in the future as the volumes are no longer affected by the pandemic and the Night-Time Economy and holiday periods see greater activity levels.



The monthly pattern for serious knife violence in 2022 has returned closer to the 2019 pattern, although the heightened levels seen in the spring and late autumn seem to have shifted towards the early summer and early winter, respectively.

Day and time

The link between serious violence and the Night-Time Economy (NTE) is clear from the days and hours when increased levels of serious violence occurred in 2022.

Fridays, Saturdays, and Sundays accounted for half of serious violence, with Saturdays having the highest volume. Fifty-six percent of serious violence occurred between the hours of 18:00 and 06:00, with peak hours being between the hours of 21:00 to 22:00, 15:00 to 16:00 and 23:00 to midnight.

Serious Violence in 2022							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
0:00 to 02:59	41	33	38	38	65	63	47
03:00 to 05:59	22	19	18	18	30	61	47
06:00 to 08:59	12	5	15	8	20	31	25
09:00 to 11:59	30	23	32	26	30	38	39
12:00 to 14:59	51	43	47	50	60	66	44
15:00 to 17:59	47	50	55	43	76	62	57
18:00 to 20:59	47	53	56	57	54	71	51
21:00 to 23:59	62	57	60	54	66	68	64

Serious knife violence shows a similar pattern, but with Friday being the peak day,

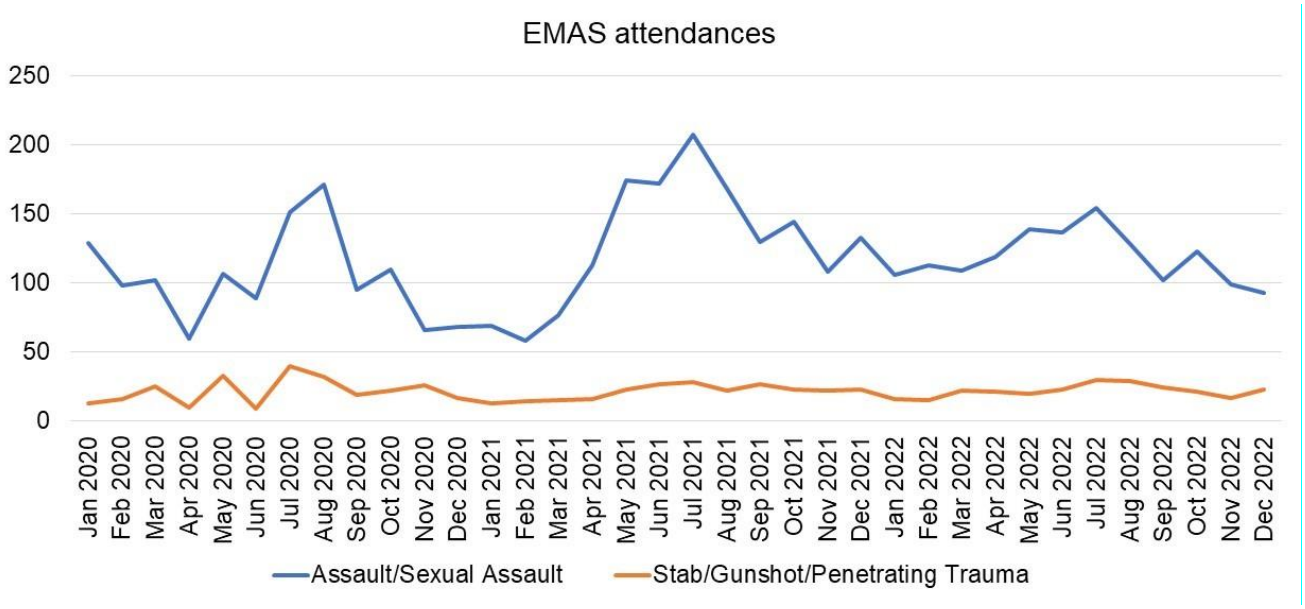
and the hours of 15:00 to 16:00, 23:00 to midnight, and 01:00 to 02:00 being the peak hours.

Serious Knife Violence in 2022							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
0:00 to 02:59	19	13	19	9	23	26	18
03:00 to 05:59	12	6	4	7	12	13	14
06:00 to 08:59	2	2	5	0	6	6	8
09:00 to 11:59	9	11	6	6	11	11	7
12:00 to 14:59	14	15	14	7	17	13	8
15:00 to 17:59	17	16	15	16	22	15	15
18:00 to 20:59	18	14	14	16	14	14	17
21:00 to 23:59	12	21	23	14	20	18	23

East Midlands Ambulance Service (EMAS) data

Monthly pattern

The impact of the Covid restrictions on EMAS attendances for assault/sexual assault incidents was more acute than on serious violence crimes. Since the lifting of the restrictions, the pattern has been a reducing one, in contrast to that of serious violence crimes.



The pattern for EMAS attendances for Stab/Gunshot/Penetrating Trauma incidents has been more stable through the pandemic and thereafter.

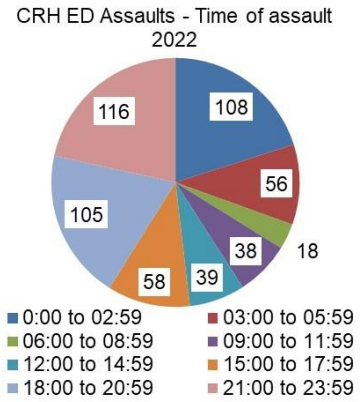
Day and Time

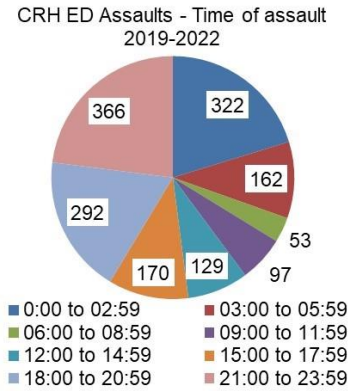
The link between EMAS attendances for assault/sexual assault incidents and the night-time economy (NTE) is clear, with increased calls on Friday and Saturday nights through to the early hours of the following morning.

EMAS attendances for Stab/Gunshot/Penetrating Trauma incidents show a similar pattern.

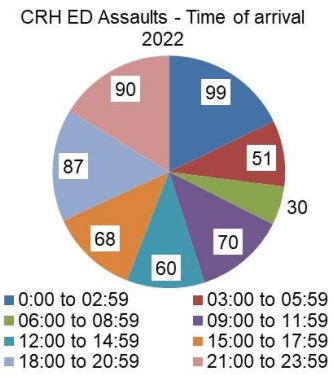
‘Cardiff data’ from Chesterfield Royal Hospital

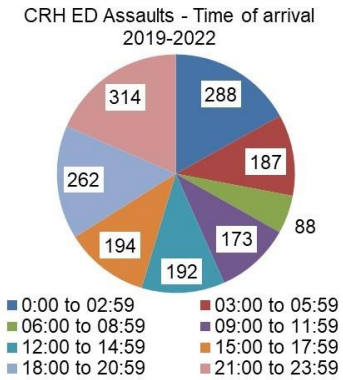
Since the pandemic, violent assaults resulting in hospital attendance are more likely to take place earlier in the evening (between 6pm and 9pm) than when the night-time economy was fully active.



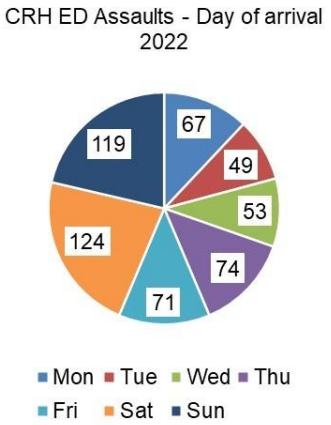


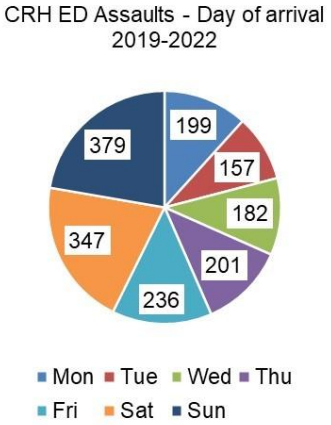
In addition, the proportion of patients seeking help for their injuries in the morning of the following day has increased. The proportion of assaults arriving between 9am and midday accounted for 13% of the total in 2022, up from 10% in 2019.





This is reflected in the pattern of the day of arrivals, which has shifted slightly compared to the pre-pandemic period, with more arrivals on Saturdays and fewer arrivals on Fridays and Sundays.



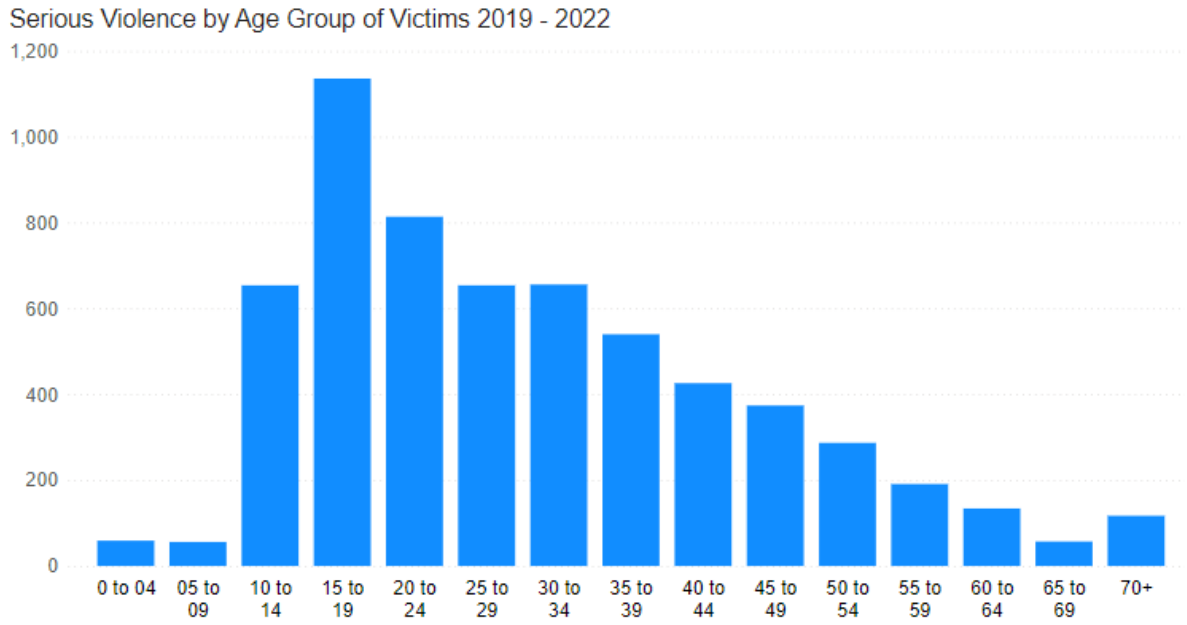


Who?

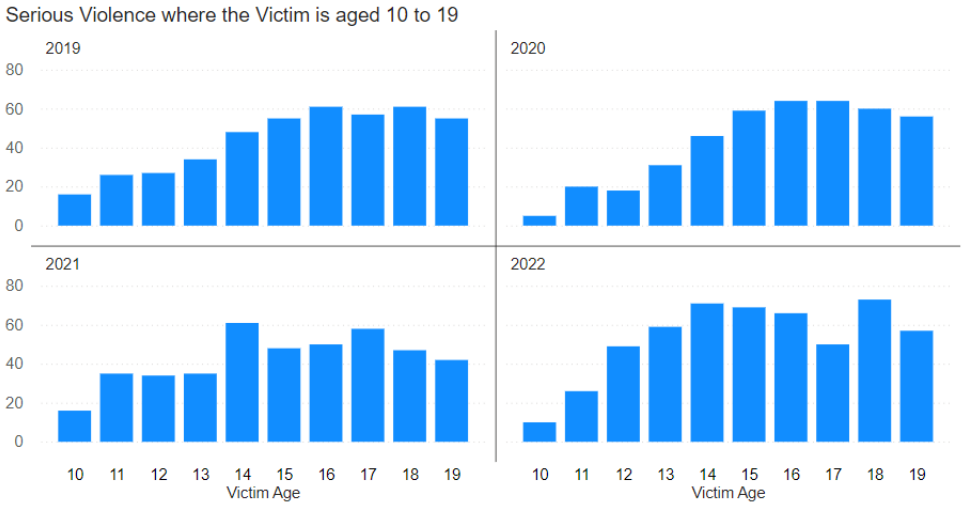
Who are Victims and Offenders?

Age groups

For both serious violence and serious knife violence, the make-up of victims by age group is similar. The peak ages are between 15 and 19, after a sharp rise between the ages of 10 to 14. After plateauing from the mid-20's to mid-30's, it falls thereafter with age. Victims of serious violence aged 12 to 14 have seen the largest volume increase in 2022 compared to 2019. For serious knife violence, the largest increase was in victims aged 15.



For victims aged between 10 and 19, the steady rise between the ages of 10 and 16 seen in 2019 has changed to a steeper rise between the ages of 11 and 14 in 2022.

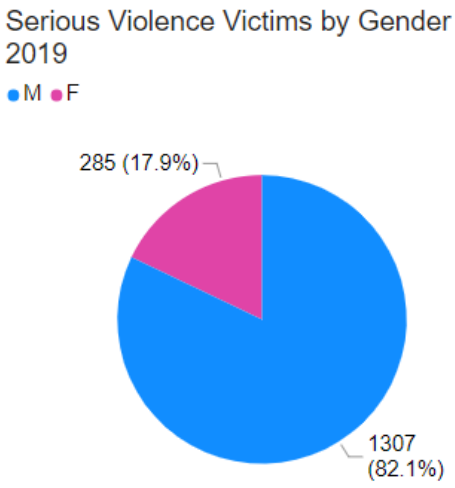


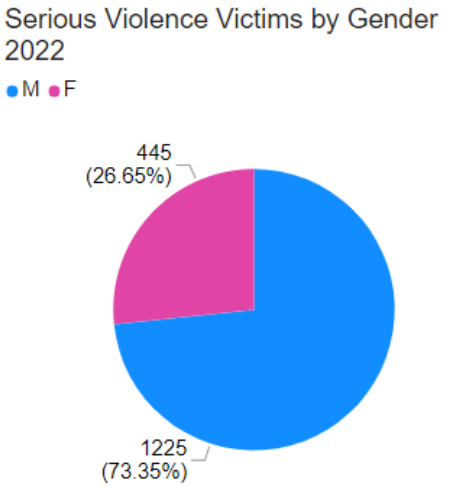
There has also been a shift in the types of offences experienced by victims between the ages of 10 to 19. Possession of weapons offences peaked at the age of 15 in 2022; previously there was a more even spread. The most significant rise in robbery of personal property was where the victim was between 12 and 14. Violence with injury offences have risen where the victim is aged 15, 18 or 19.

There has been a sharp increase in 15-year-old victims of serious knife violence in 2022, with levels dropping for victims aged 16 and 17. The rise in 15-year-old victims was due to increases in possession of weapons offences and in violence with injury.

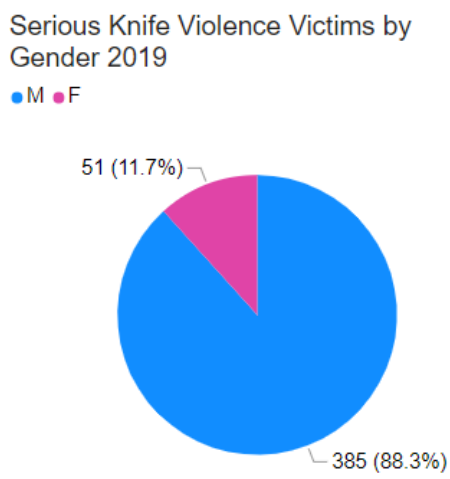
Gender

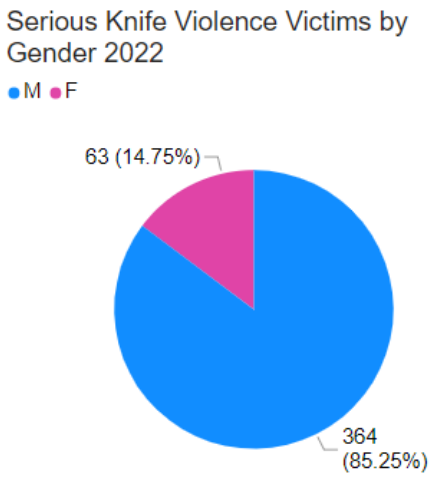
In terms of gender, there has been a shift over the four years towards female victims of serious violence, although males still make up nearly three-quarters of victims.





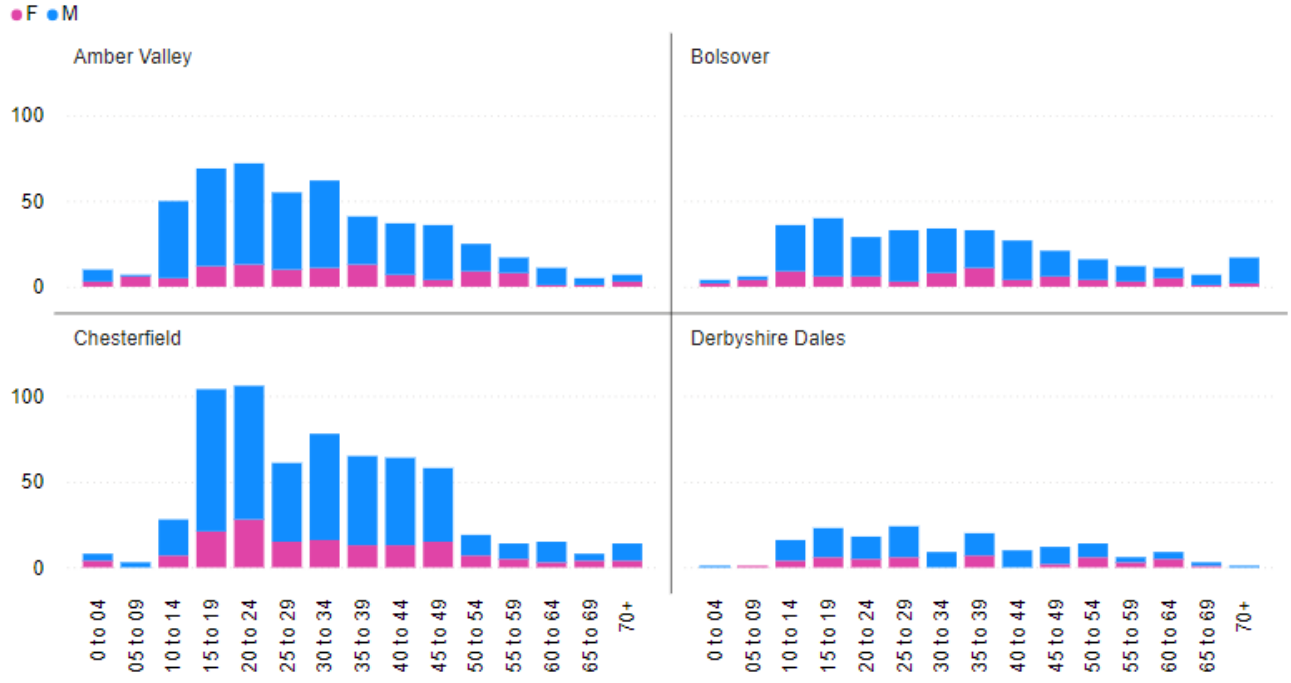
There has been less of a shift towards female victims for serious knife violence, with males making up 85% of the victims in 2022.



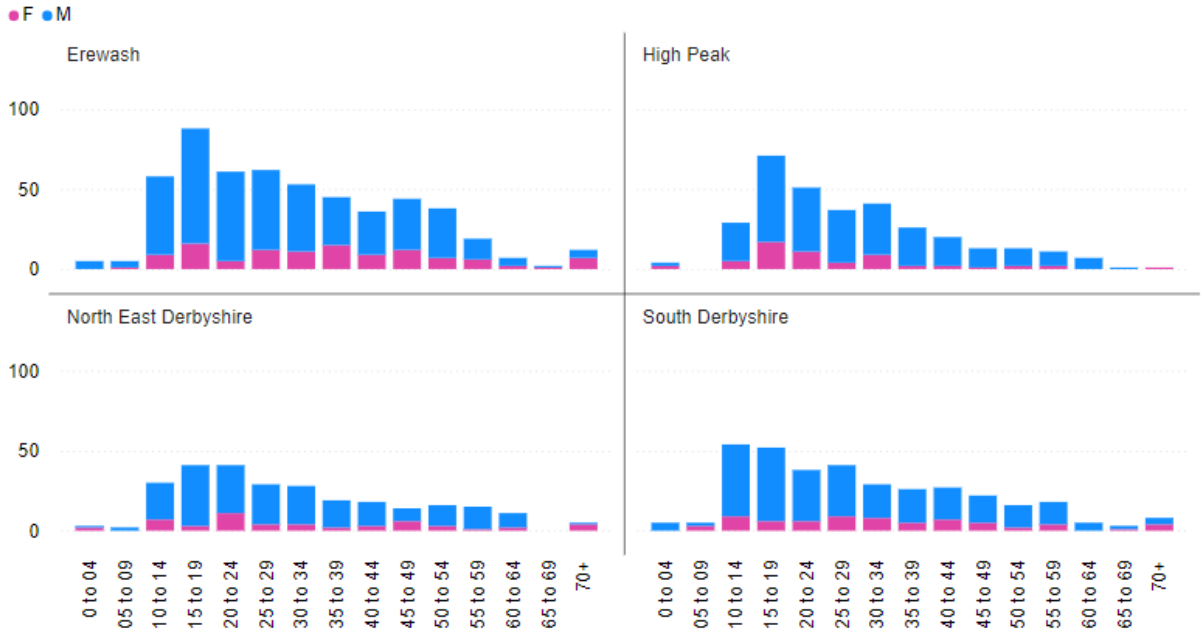


The pattern of victims by age and gender varies by district for both serious violence and for serious knife violence. These breakdowns should therefore be considered when targeting specific groups or specific areas.

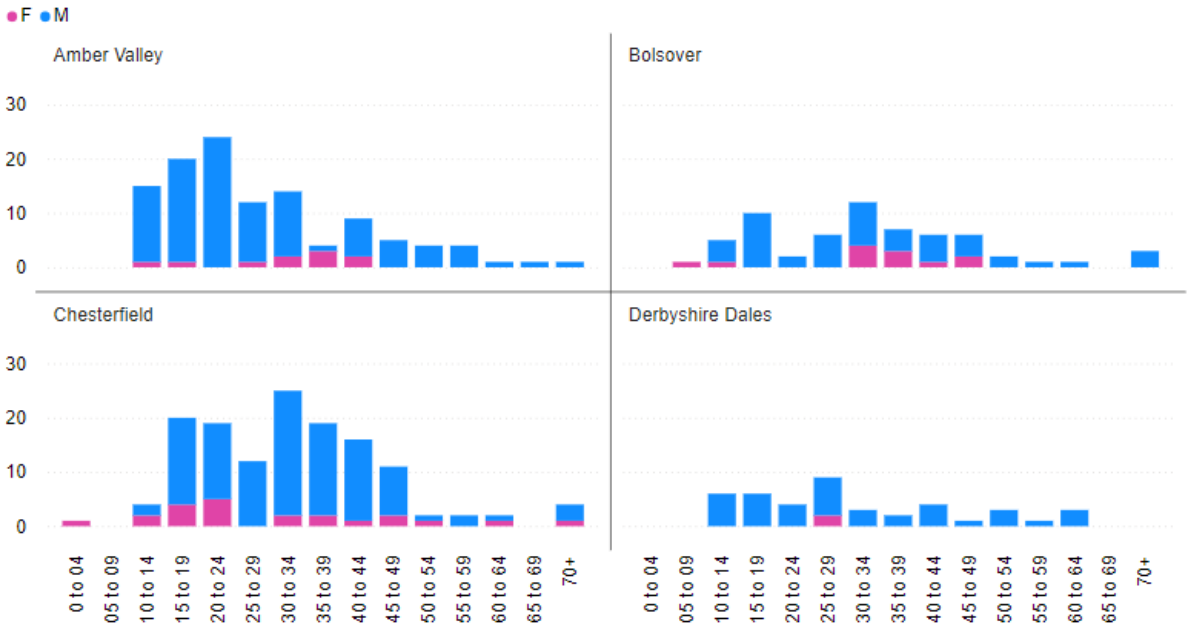
Serious Violence Victims by Age and Gender by District 2019 - 2022



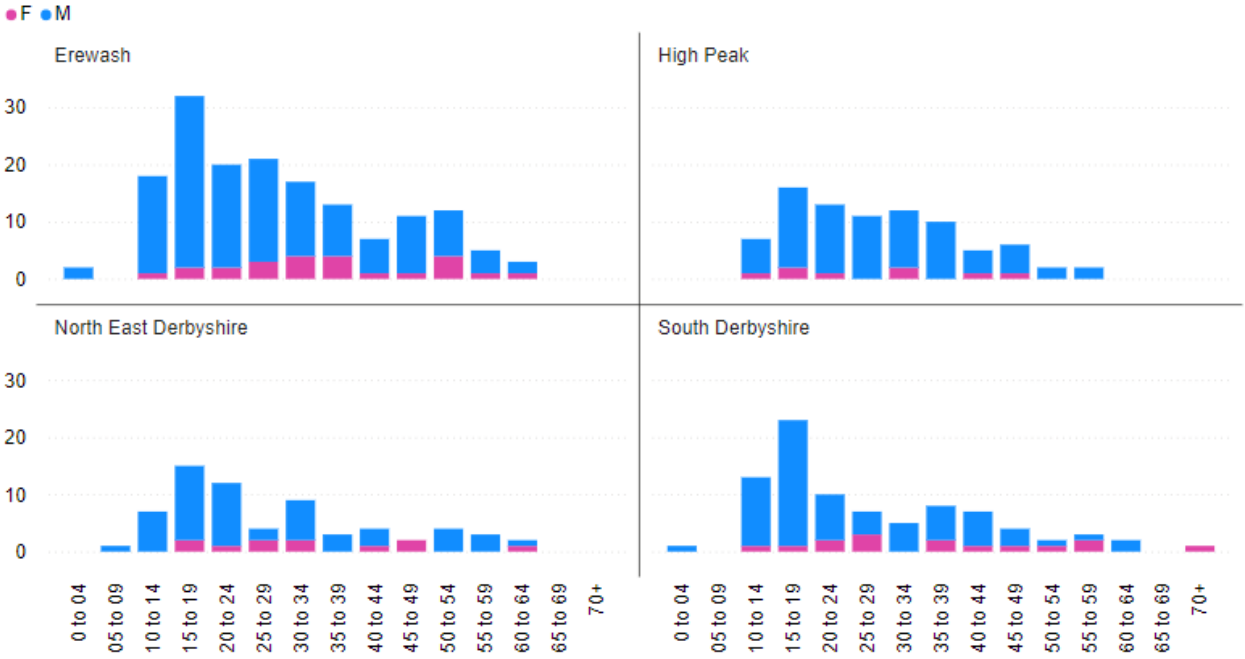
Serious Violence Victims by Age and Gender by District 2019 - 2022

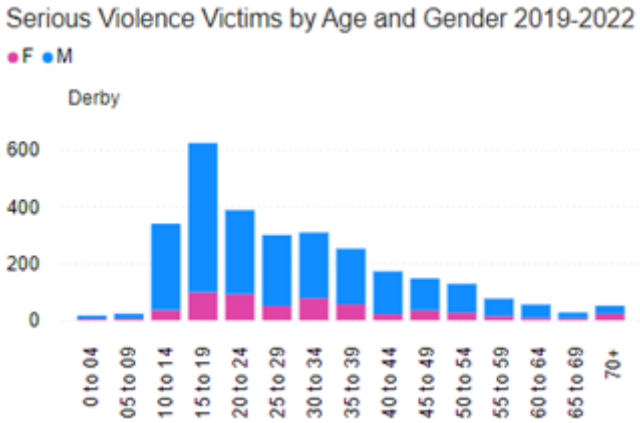


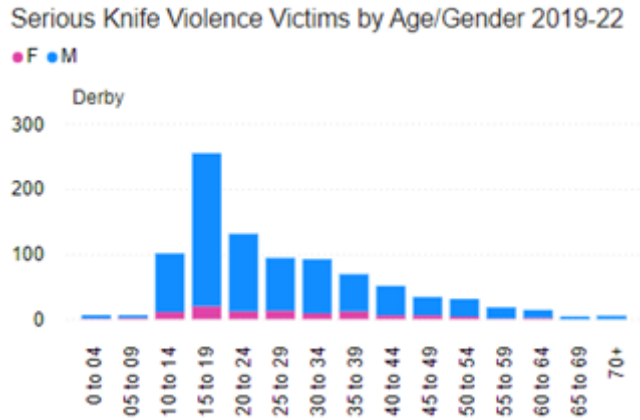
Serious Knife Violence Victims by Age and Gender by District 2019 - 2022



Serious Knife Violence Victims by Age and Gender by District 2019 - 2022





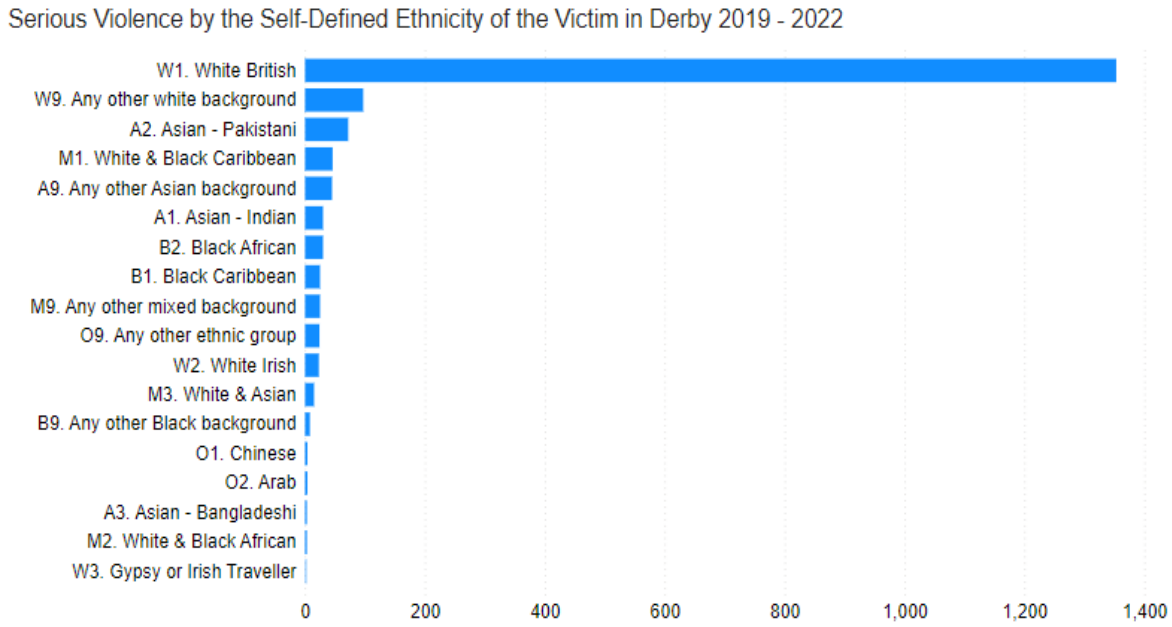


Ethnicity

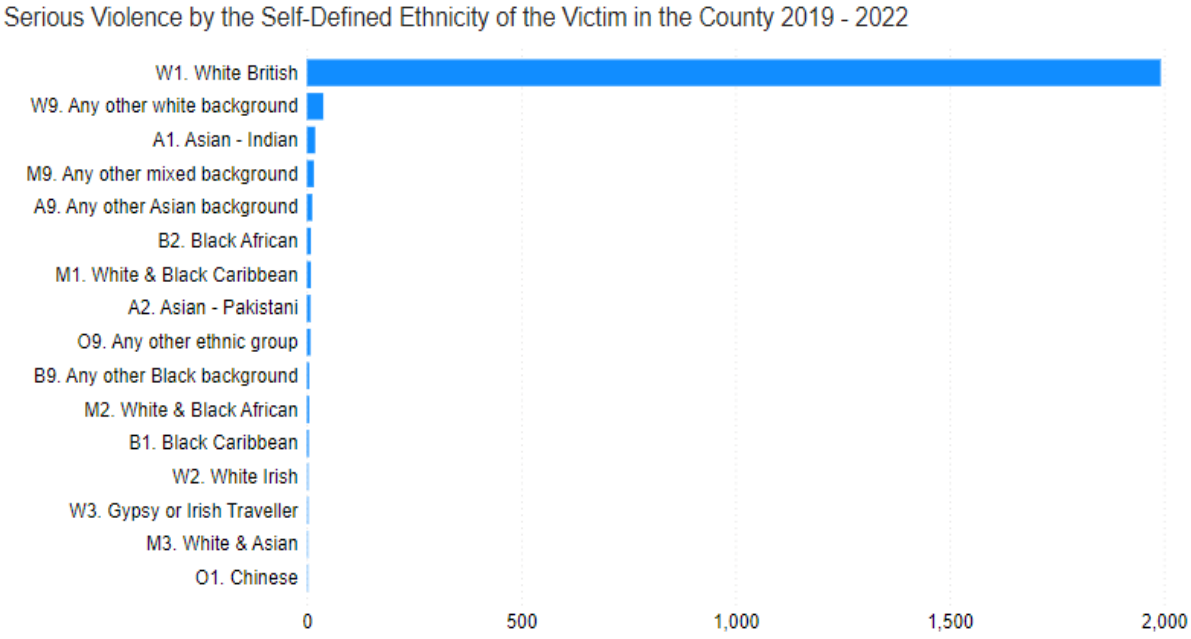
Care should be exercised when considering the ethnicity of victims, as a significant minority of victims do not provide these data.

Although 40% of serious violence victims in Derby City in the four years did not state their ethnicity, where it is stated 75% of victims stated their ethnicity as ‘White British’.

This is disproportionate compared to the 66% of the population who are ‘White British’. Other ethnicities that are disproportionately affected (although the numbers are much lower) are ‘White and Black Caribbean,’ ‘Any other Asian background,’ ‘White Irish’ and ‘Black Caribbean.’



Within the County Council area, 34% of serious violence victims did not state their ethnicity. Where they did, those ethnicities disproportionately affected compared to the population were those within the Asian communities, the Black communities, and those defined as 'Any other mixed background.' The numbers are small, however, as these communities collectively account for only 2% of the population.



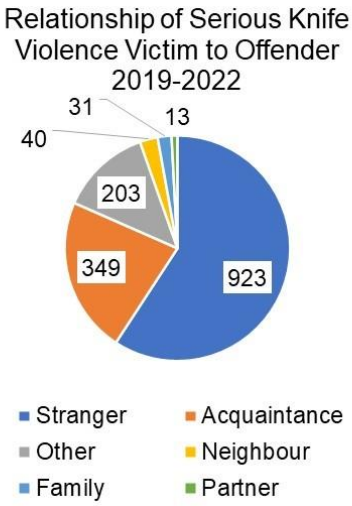
For serious knife violence in the City area over the four-year period, 39% of victims did not state their ethnicity. Where they did, however, the ethnicities disproportionately affected were those from the 'White and Black Caribbean,' 'White British,' 'Any other mixed background,' and 'Any other white background' communities.

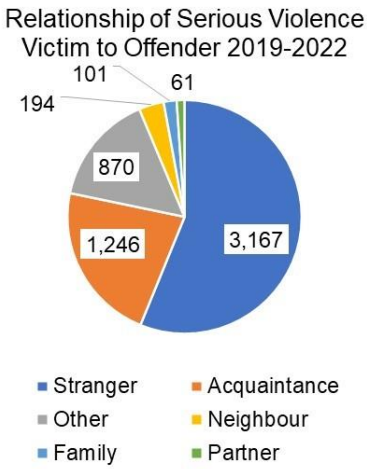
Within the County Council area, a third of serious knife violence victims did not state

their ethnicity. With the low volumes of serious knife violence, it is not possible to identify any disproportionality.

Relationship between Victim and Offender

In the majority of serious violence and serious knife violence offences, the parties are not known to one another. In a further 22% of cases, the victim and offender are acquaintances. The next most common category is that of 'Other,' which includes those whose contact takes place in a professional / working capacity.

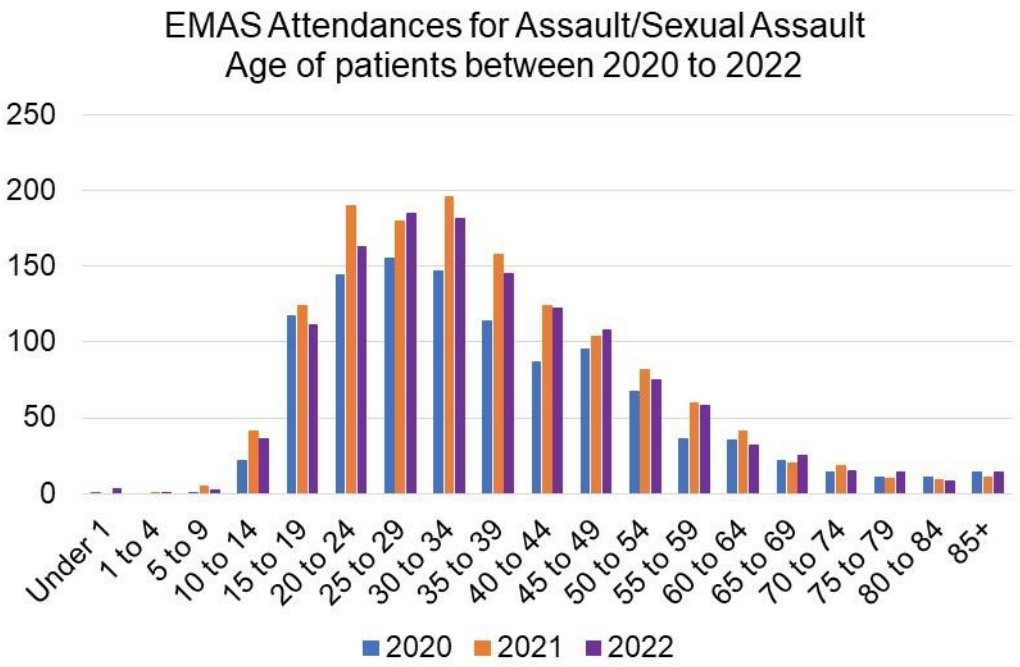




East Midlands Ambulance Service (EMAS) data

Age groups

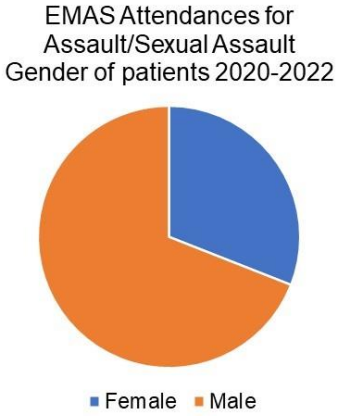
The ages of patients dealt with by EMAS for assault/sexual assault incidents in the last 3 years peak between the ages of 20 and 34 (who account for 41% of all patients); a slightly older age range than the victims of serious violence crimes.



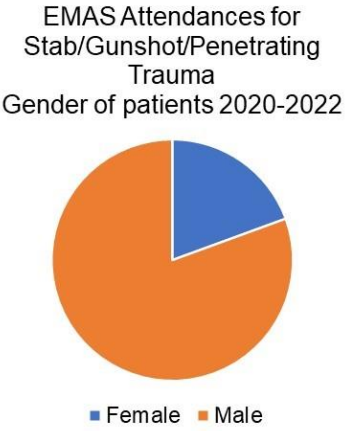
The ages of patients dealt with by EMAS for Stab/Gunshot/Penetrating Trauma incidents in the last 3 years paint a similar picture, with the peak between the ages of 20 and 34.

Gender

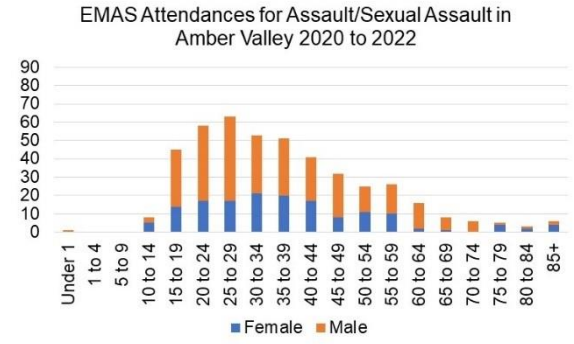
Overall, just over two-thirds of patients of EMAS attendances for assault/sexual assault incidents over the last 3 years were male. In 2021, however, males accounted for a higher proportion, reaching nearer three-quarters of patients. This is likely to reflect the impact of Covid, and the proportion is therefore expected to continue closer to the split of two-thirds male and one-third female in the future.

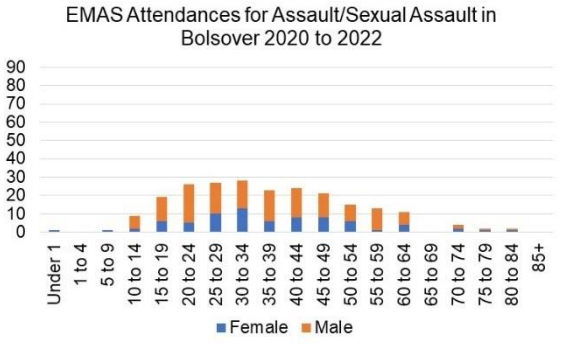


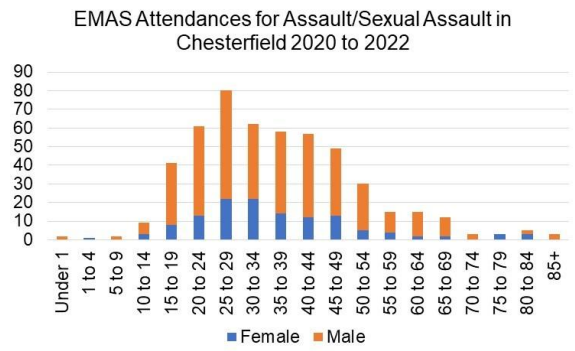
Overall, eight in every ten patients of EMAS attendances for Stab/Gunshot/Penetrating Trauma incidents were male over the 3 years. In a similar way for assault/sexual assault patients, the proportion of male patients increased in 2021, but is expected to continue at the rate of around 80% in the future.

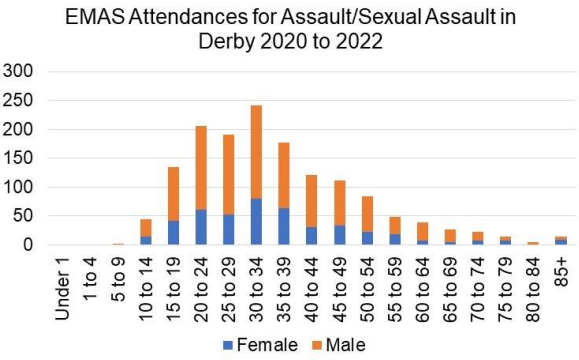


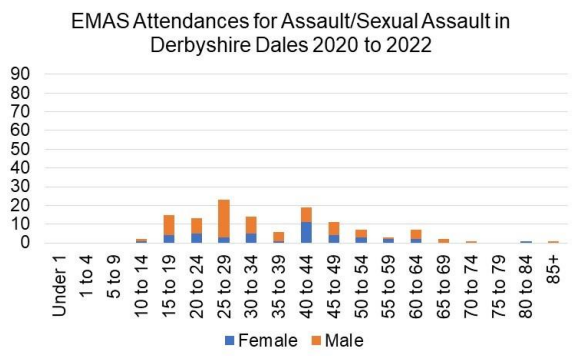
The pattern of patients by age and gender varies by district for both EMAS attendances for assault/sexual assault incidents and for EMAS attendances for Stab/Gunshot/Penetrating Trauma incidents. These breakdowns should therefore be considered when targeting specific groups or specific areas.

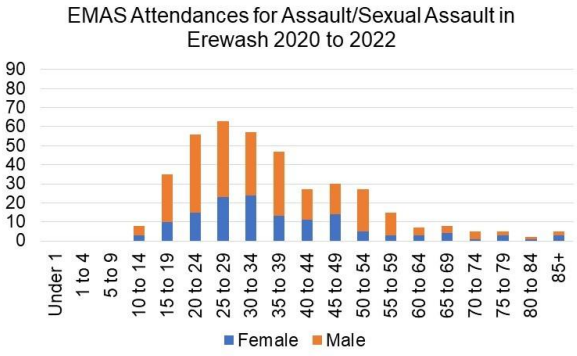


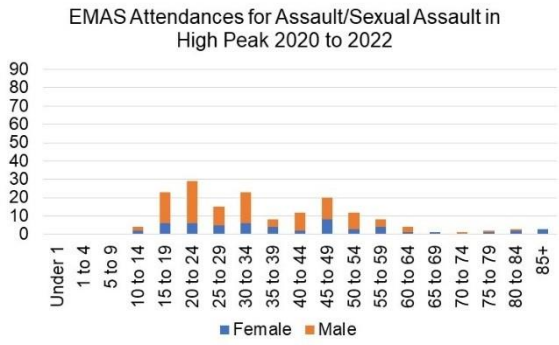


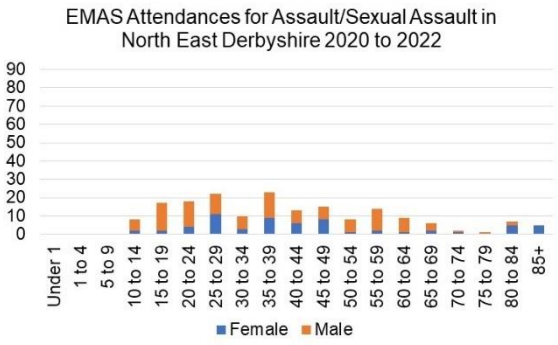


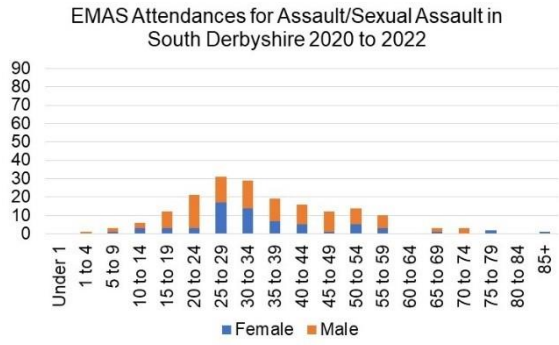


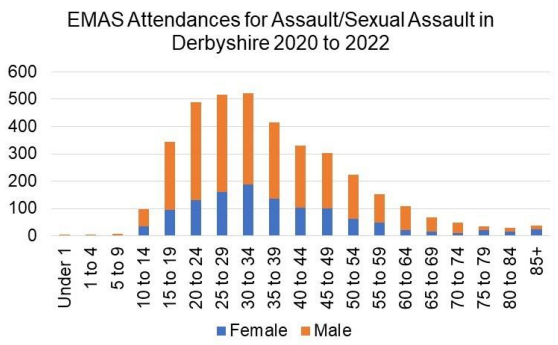

EMAS Attendances for Assault/Sexual Assault in Derbyshire Dales 2020 to 2022
90
80
70
60
50
40
30
20
10
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

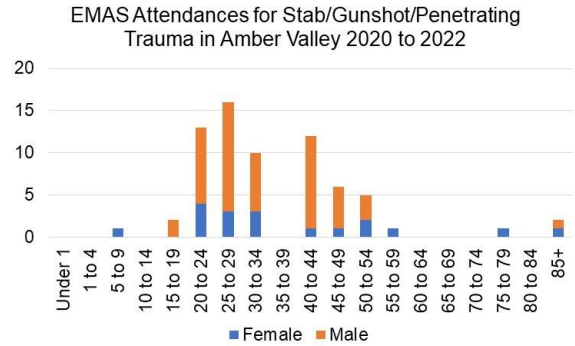

EMAS Attendances for Assault/Sexual Assault in Erewash 2020 to 2022
90
80
70
60
50
40
30
20
10
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

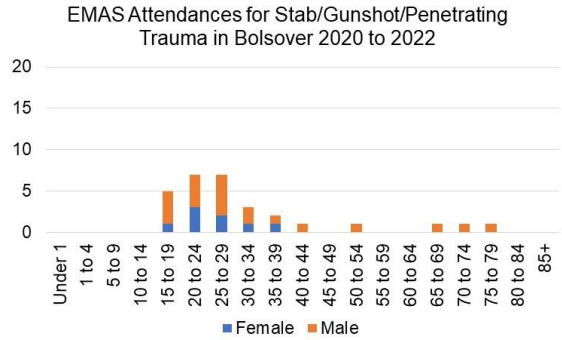

EMAS Attendances for Assault/Sexual Assault in High Peak 2020 to 2022
90
80
70
60
50
40
30
20
10
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

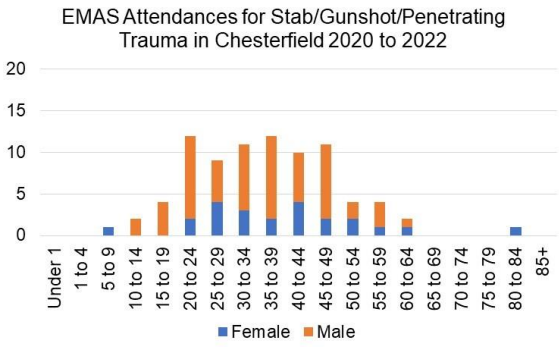

EMAS Attendances for Assault/Sexual Assault in North East Derbyshire 2020 to 2022
90
80
70
60
50
40
30
20
10
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

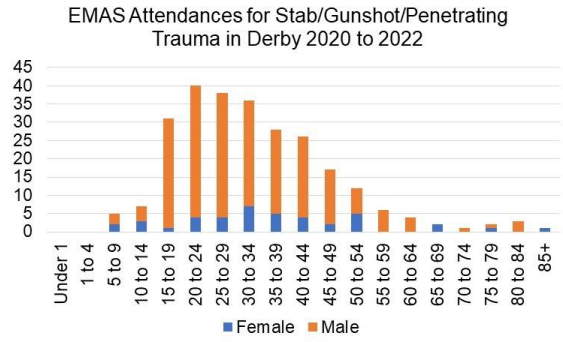

EMAS Attendances for Assault/Sexual Assault in South Derbyshire 2020 to 2022
90
80
70
60
50
40
30
20
10
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

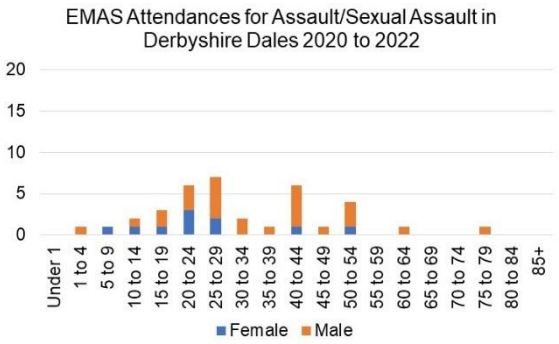

EMAS Attendances for Assault/Sexual Assault in Derbyshire 2020 to 2022
600
500
400
300
200
100
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

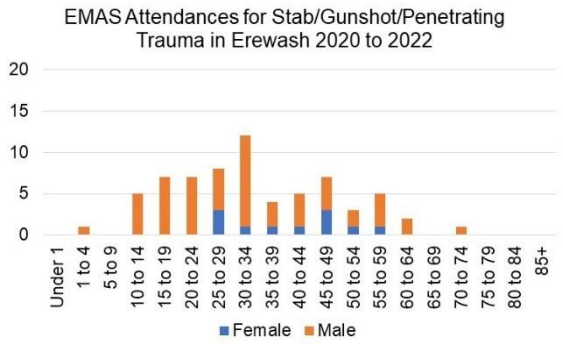

EMAS Attendances for Stab/Gunshot/Penetrating Trauma in Amber Valley 2020 to 2022
20
15
10
5
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

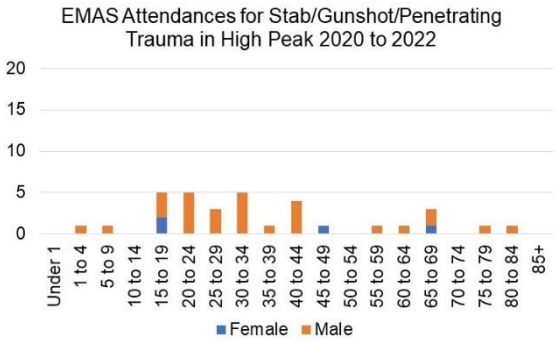

EMAS Attendances for Stab/Gunshot/Penetrating Trauma in Bolsover 2020 to 2022
20
15
10
5
0
Under 1
1 to 4
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
80 to 84
85+
Female
Male

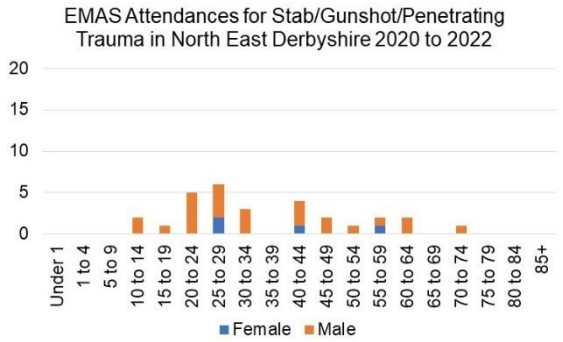


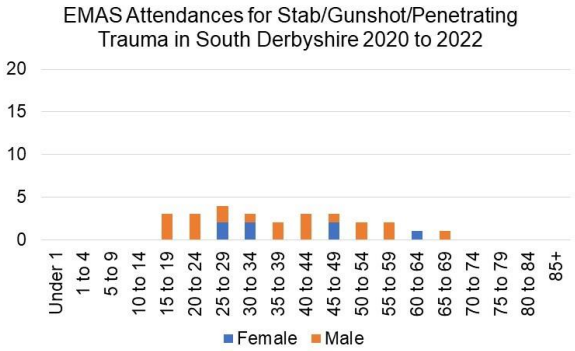


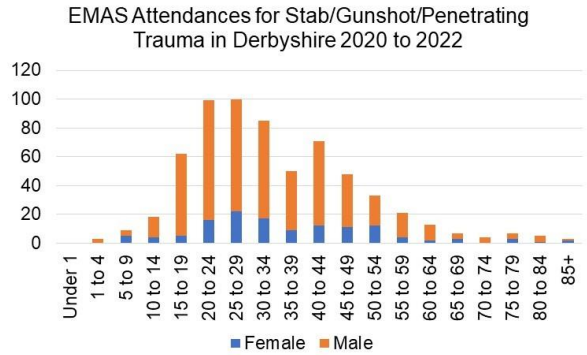










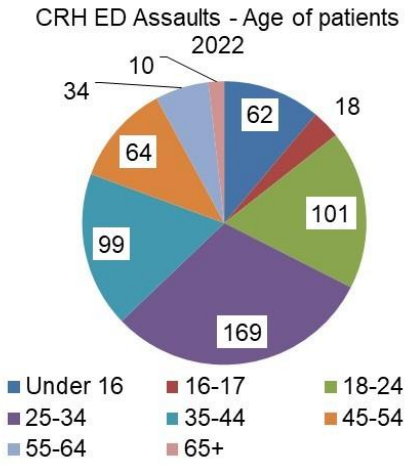


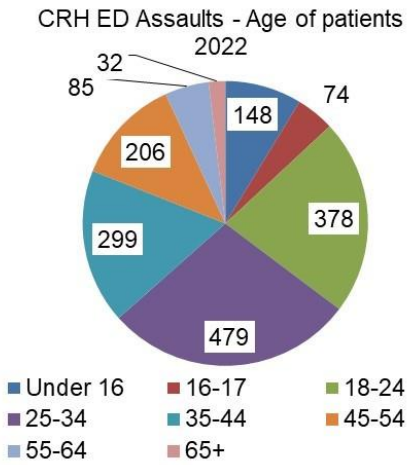
‘Cardiff data’ from Chesterfield Royal Hospital

Two-thirds of the patients are male. This proportion remains consistent and has not been affected by the pandemic.

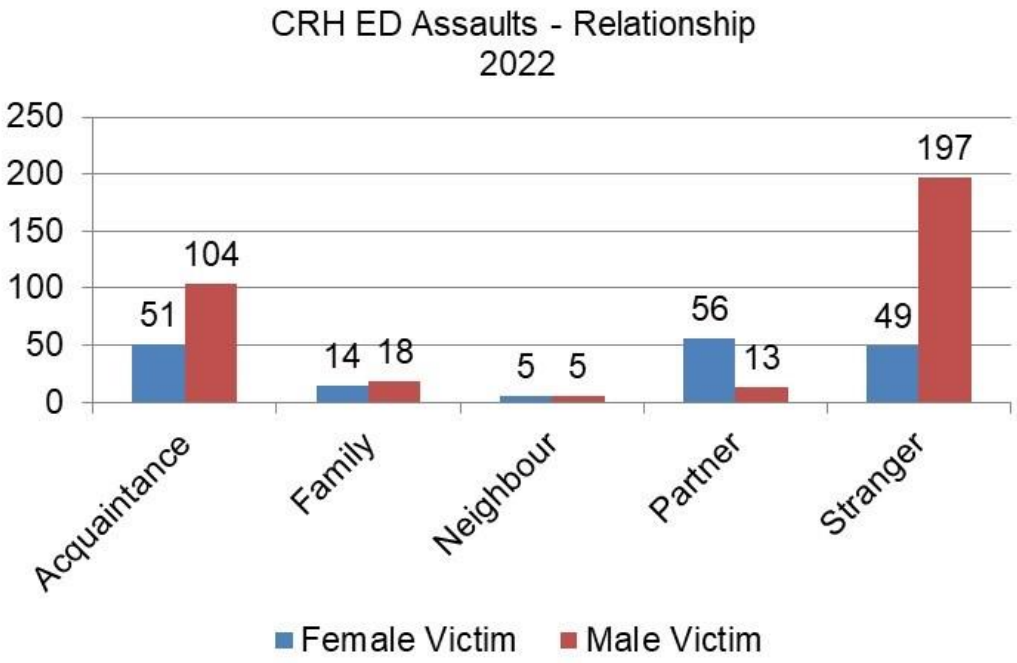
The proportion of patients from the under 16 age group increased in 2022, from 7% of the total in 2019 to 11% in 2022. Patients from the 18 to 24 age group has

reduced from a quarter in 2019 to 18% in 2022 but remain disproportionately affected. Patients aged between 18 and 34 make up half of the assault victims, but only 18% of the population.





There has been a shift from assaults by strangers, who accounted for 56% of assaults in 2019 and 48% in 2022, to those known by the victim. Acquaintances accounted for 30% of assaults in 2022, up from 21% in 2019.

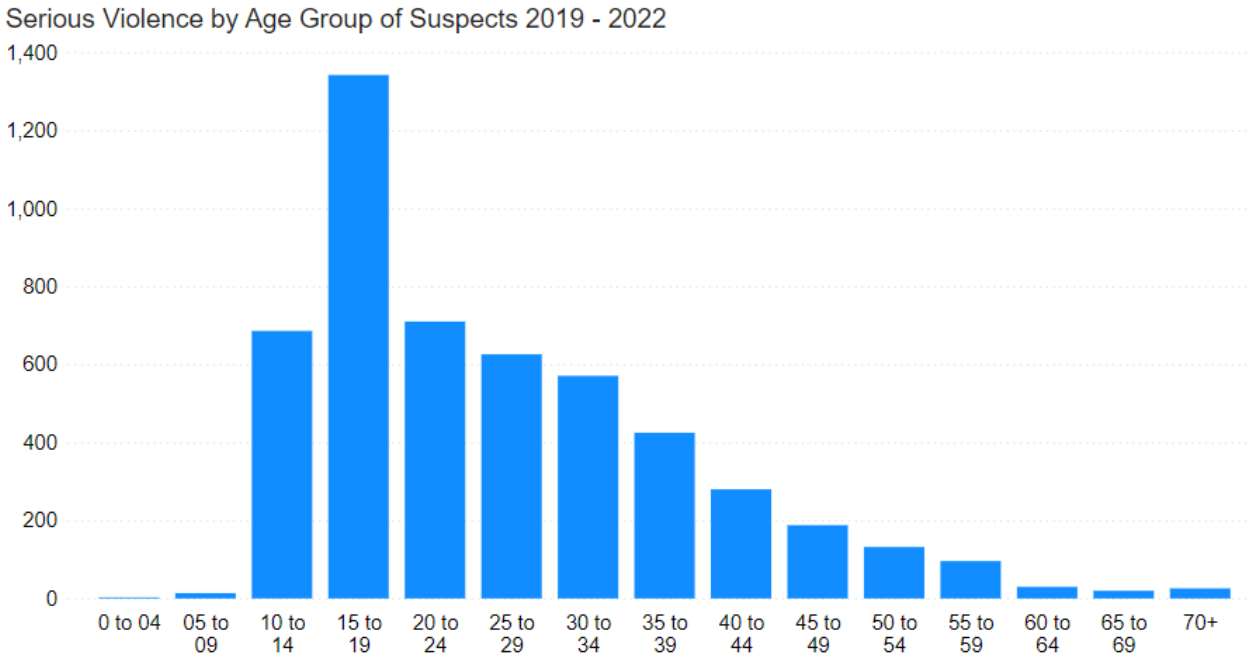


One in every five assaults took place in domestic settings. Forty percent of the assaults of females in 2022 were domestic abuse related.

Suspects of serious violence

Age groups

For serious violence, the peak ages of known suspects are between 15 and 19. After the age of 19, the volume falls for suspects aged 20 to 24 nearly back to that of those aged 10 to 14 and continues a steady fall thereafter.



Suspects of serious violence aged 14 have seen the largest volume increase in 2022 compared to 2019, with those aged 12 and 13 also showing notable rises. There were also rises in the volume of suspects in the first half of their thirties. The greatest falls have been seen in suspects aged 16 and 19.

Comparing 2022 with 2019, there has been a shift in the types of offences committed by suspects between the ages of 10 to 19. There has been an increase in the number of suspects aged 17 committing ‘possession of weapons’ offences.

Suspects aged 15 to 19 committed fewer robbery of personal property offences, but there was an increase in the number of suspects aged 12 to 14 committing these offences.

Suspects aged 14 also committed more ‘violence with injury’ offences in 2022 than in 2019, with those aged 18 to 19 committing noticeably fewer offences in 2022 than they did in 2019.

For serious knife violence, there is as similar profile of suspects by age group to that for serious violence overall, with the peak ages being between 15 and 19.

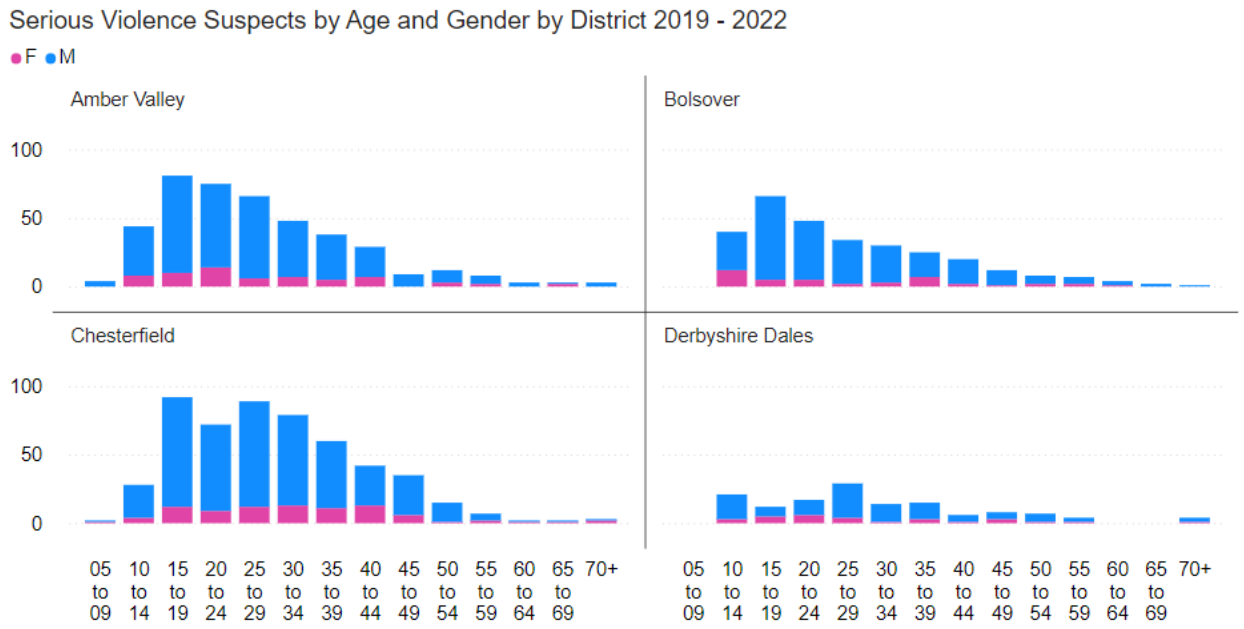
There has been a sharp increase in 13-year-old suspects of serious knife violence in 2022 compared to 2019, largely due to an increase in robbery of personal property offences. There were also increases in suspects aged in their mid-thirties. There was

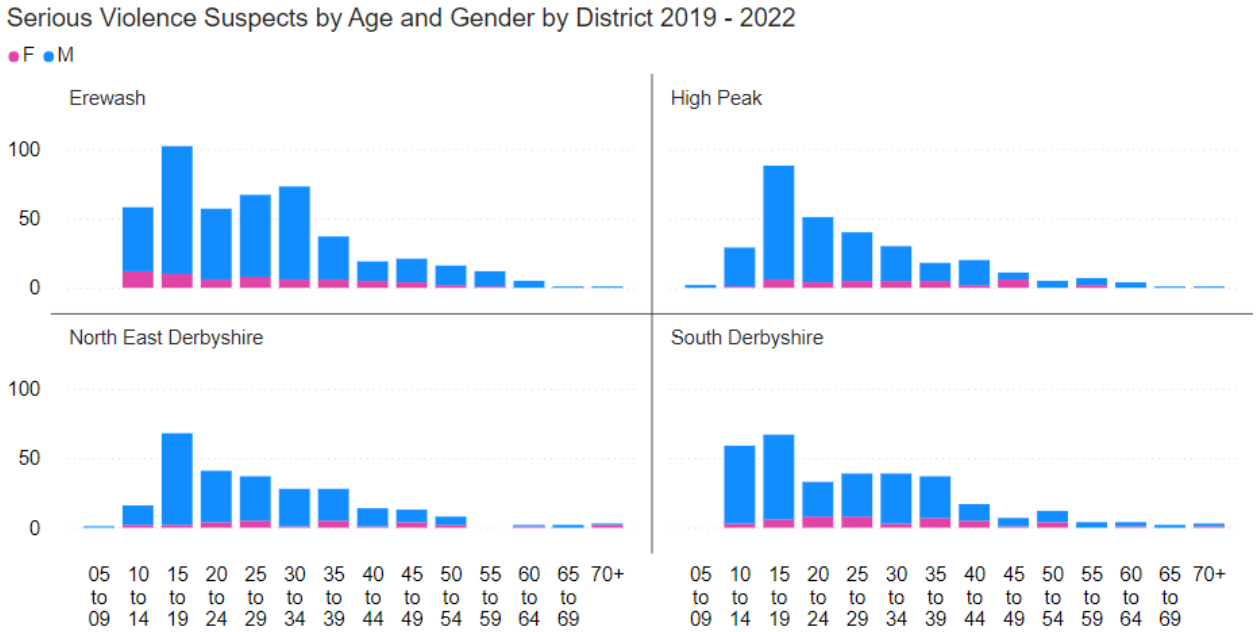
a noticeable decrease in serious knife violence committed by suspects aged 19.

Gender

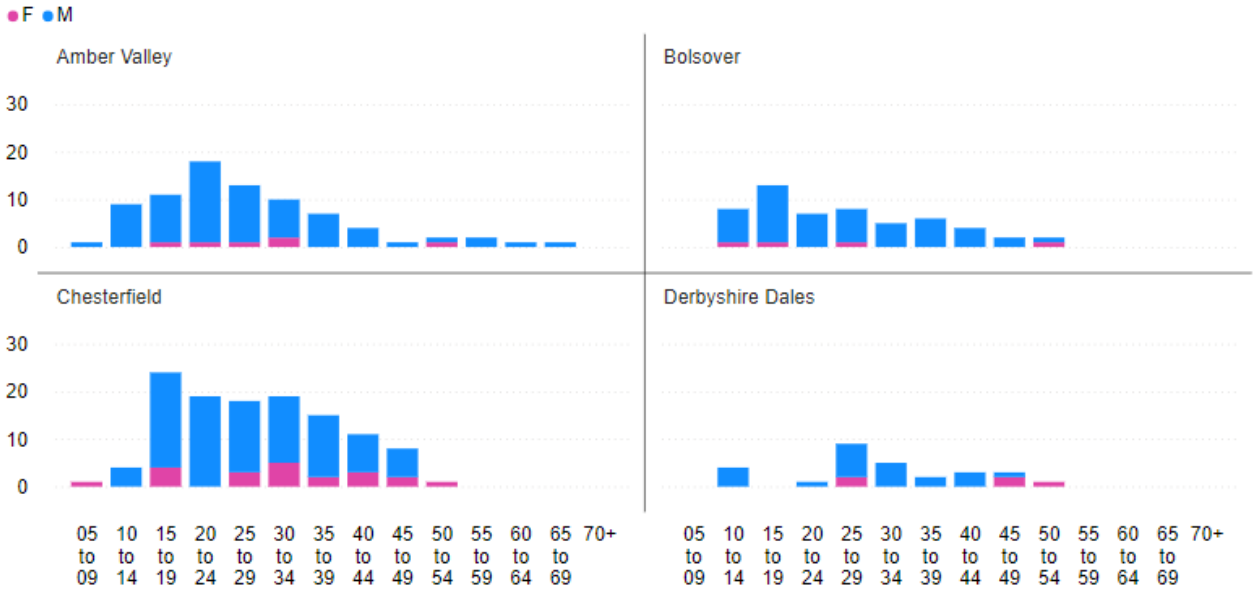
In terms of gender, males continue to account for around 85% of suspects of serious violence, and for nearer 90% of serious knife violence.

The pattern of suspects by age and gender varies by district for both serious violence and for serious knife violence. These breakdowns should therefore be considered when targeting specific groups or specific areas.

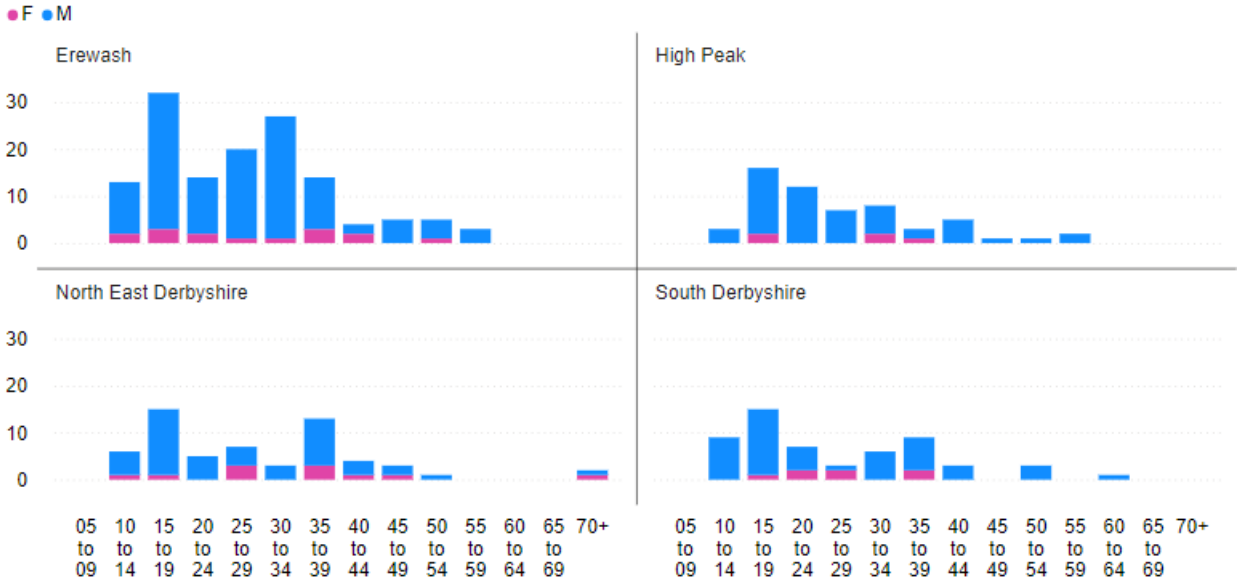




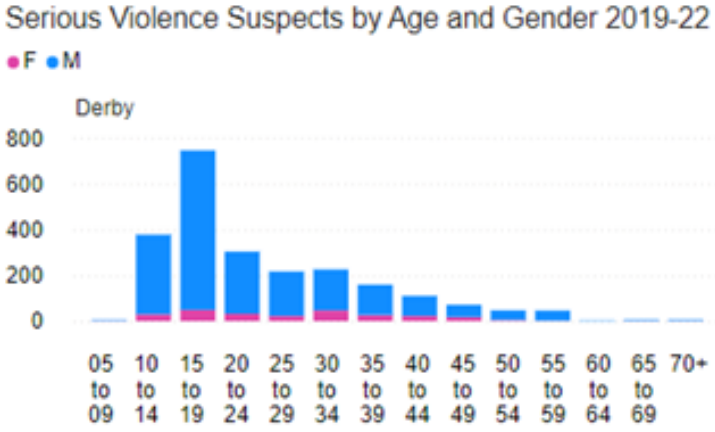
Serious Knife Violence Suspects by Age and Gender by District 2019 - 2022

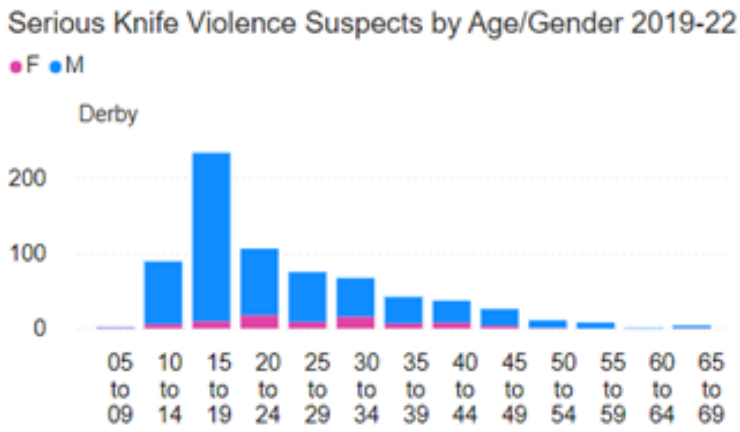


Serious Knife Violence Suspects by Age and Gender by District 2019 - 2022



Serious Violence Suspects by Age and Gender 2019-22

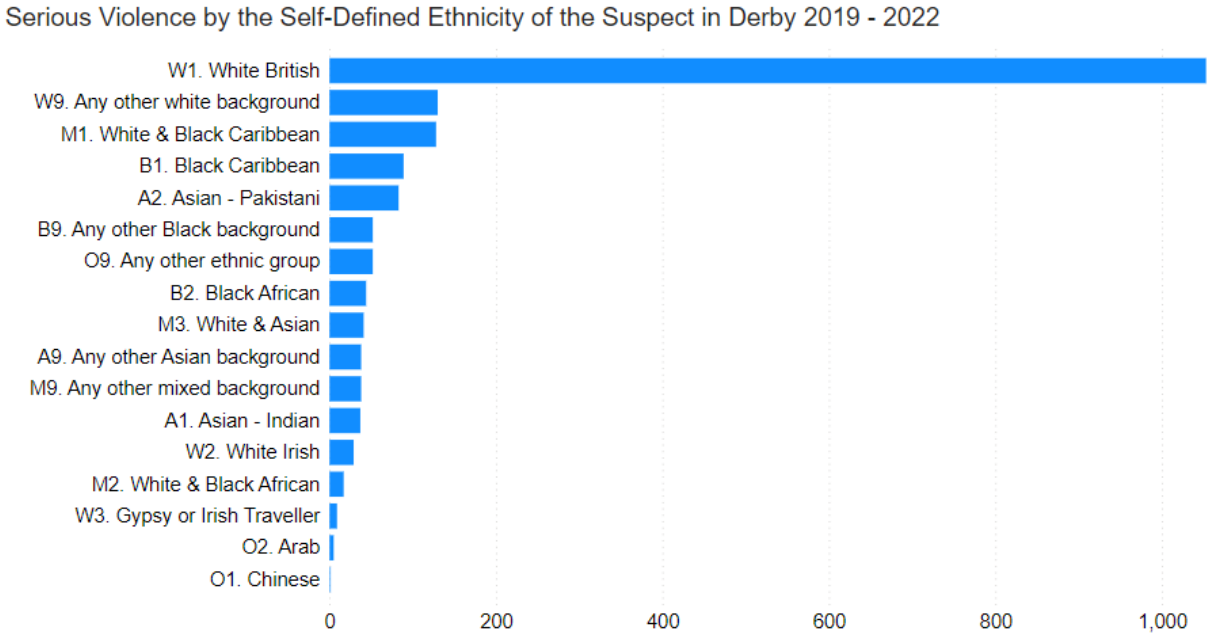




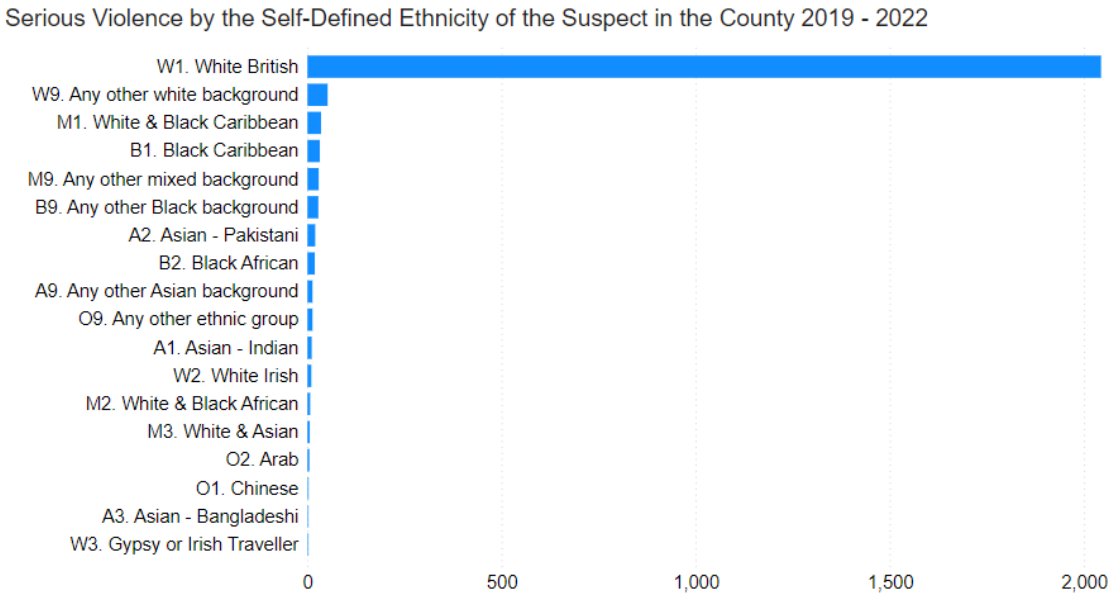
Ethnicity

Care should be exercised when considering the ethnicity of suspects, as not all suspects are identified and of those who are, a significant minority do not provide these data.

Although 41% of identified serious violence suspects in Derby City in the four years did not state their ethnicity, where it is stated 57% stated their ethnicity as 'White British'. This is lower than could be expected based on the 66% of the population who are 'White British'. Ethnicities disproportionately affected are those from the 'Black' communities and from the 'Mixed' communities.



Within the County Council area, 40% of serious violence suspects did not state their ethnicity. Where they did, those ethnicities most disproportionately affected compared to the population were those within the Black communities.

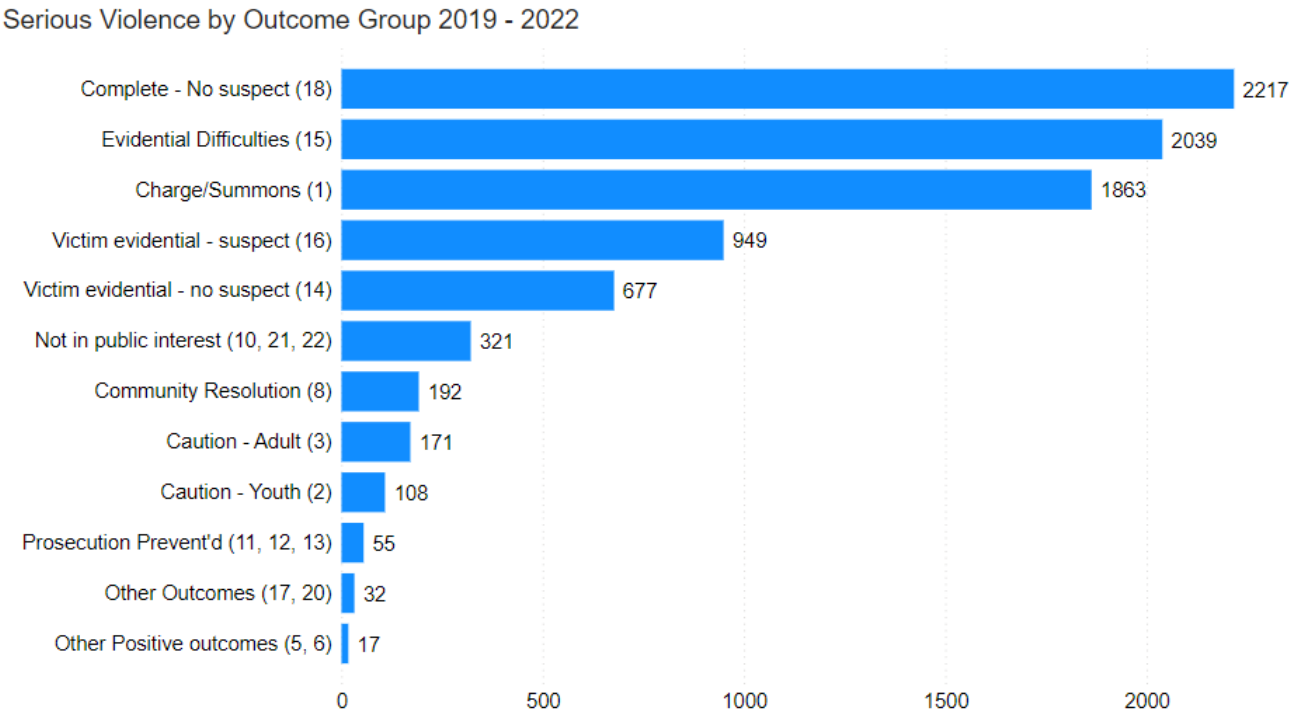


For serious knife violence in the City area over the four-year period, 40% of suspects did not state their ethnicity. Similar to serious violence overall, 55% of suspects stated their ethnicity as 'White British' - lower than could be expected based on the 66% of the population who are 'White – British'. The ethnicities disproportionately affected were those from the 'Black' communities and those from the 'Mixed' communities, each of these groups making up 12% of suspects but only 4% of the population.

Within the County Council area, 37% of serious knife violence suspects did not state their ethnicity. Those ethnicities disproportionately affected (although the numbers are low) are those from the 'Black' communities and those from the 'Mixed' communities. Each of these groups make up more than 4% of suspects but only around 1% of the population.

Crime Outcomes

Over the past 4 years, the most common crime outcome for serious violence (excluding the 4% of cases where the outcome was not recorded, or the crime is still being investigated) was that the investigation was complete, and no suspect had been identified. These cases accounted for a quarter of the crime outcomes.

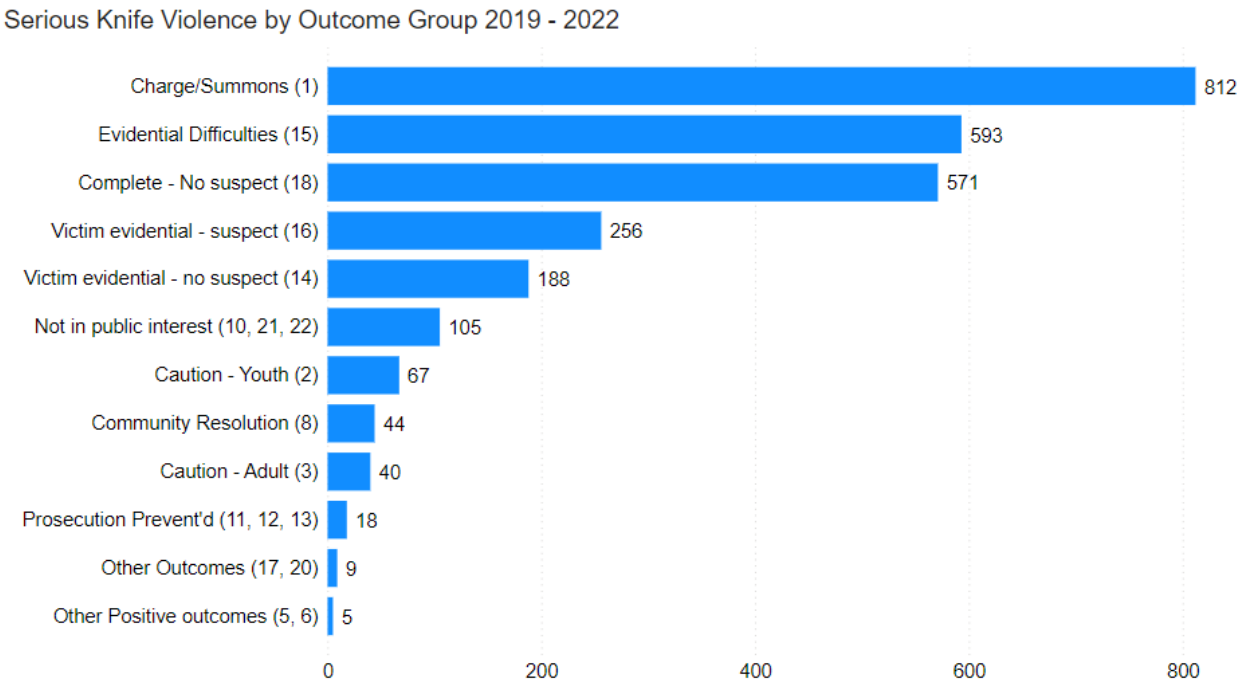


The next most common outcome was that a named suspect had been identified, but evidential difficulties prevented further action (accounting for 24% of the crimes).

Twenty-two percent of crimes resulted in a charge or summons. Overall, 24% of serious violence resulted in a positive outcome.

Other more common forms of outcome were where the victim declines or is unable to support further police action to identify the offender, or where a named suspect has been identified and the victim does not support (or has withdrawn support for) police action.

The most common crime outcome for serious knife violence (excluding the 3% of cases where the outcome was not recorded, or the crime is still being investigated) was that the suspect had been charged or summonsed. This outcome accounted for 30% of the outcomes.



The next most common outcomes were that a named suspect had been identified, but evidential difficulties prevented further action (accounting for 22% of the crimes) or that no suspect had been identified (21%). Overall, 35% of serious knife violence resulted in a positive outcome. This higher positive outcome rate relates to the higher proportion of offences involving the possession of a knife.

Youth Justice Service data

Serious Violence

In the County Council area, three-quarters of the youths involved with the Youth Justice Service and linked to serious violence were aged 14 or over when they committed the offence. Most were males, and most were white. Unsurprisingly, this closely correlates to the details of crime suspects.

Age (at time of offence)	2020	2021	2022	Total Offences
Age 11	1	0	0	1
Age 12	1	2	1	4
Age 13	1	3	0	4
Age 14	3	3	2	8
Age 15	5	1	2	8
Age 16	4	2	0	6
Age 17	5	0	2	7
Grand Total	**20**	**11**	**7**	**38**

Gender	2020	2021	2022	Total Offences
Female	2	1	2	5
Male	18	10	5	33
Grand Total	**20**	**11**	**7**	**38**

Ethnicity	2020	2021	2022	Total Offences
Asian	1	0	0	1
Black	1	0	1	2
Not Known or Refused	1	0	0	1
White	17	11	6	34
Grand Total	**20**	**11**	**7**	**38**

Knife crime

In the County Council area, most youths involved in knife crime and within the youth justice system were white males. As with serious violence, this is similar to the details of known crime suspects.

Nearly a fifth of the youths involved in knife crime and within the youth justice system were 12 years old, and a further quarter were 13 years old. This is a younger cohort than those involved in serious knife violence and indicates that early intervention work is taking place to discourage youngsters from continuing on the path to serious knife violence.

Age (at time of offence)	2020	2021	2022	Total Offences
Age 10	0	0	1	1
Age 11	1	1	1	3
Age 12	4	4	6	14
Age 13	3	9	6	18
Age 14	2	5	1	8
Age 15	7	3	3	13
Age 16	5	3	4	12
Age 17	1	4	1	6
Grand Total	**23**	**29**	**23**	**75**

Gender	2020	2021	2022	Total Offences
Female	5	3	1	9
Male	18	26	22	66
Grand Total	**23**	**29**	**23**	**75**

Ethnicity	2020	2021	2022	Total Offences
Asian	1	1	0	2
Black	1	0	1	2
Mixed	3	0	1	4
Not Known or Refused	1	1	0	2
White	17	27	21	65
Grand Total	**23**	**29**	**23**	**75**

'Cardiff data' from Chesterfield Royal Hospital

Eighty-five percent of assailants were male. Seven in every ten patients were assaulted by a single assailant. These proportions have not been significantly affected by the pandemic.

Persons involved in more than one serious violence crime

In the four years 2019-2022, there were 9,230 persons involved in at least one serious violence crime as either a victim or a suspect. There were 5,914 people recorded as being a victim (whether or not they were also a suspect) and 3,826 people recorded as being a suspect (whether or not they were also a victim).

Eighty-five percent of the persons involved in serious violence (7,886 persons) were involved (either as the victim or a suspect) in a single crime. A further 10% (911 persons) were involved in two crimes. 220 persons were involved in 3 crimes and 213 persons were involved in 4 or more crimes. 102 of the persons involved in 4 or more crimes were a victim of at least one crime and a suspect in at least one crime.

Persons involved in Serious Violence crimes 2019-2022

		As Victim				
		None	1 crime	2 crimes	3 crimes	4+ crimes
As Suspect	None		5,127	234	28	15
	1 crime	2,759	309	39	8	2
	2 crimes	368	60	13	8	1
	3 crimes	93	22	7	5	0
	4 crimes	46	8	3	2	0
	5 crimes	16	5	3	0	0
	6 crimes	9	3	0	0	0
	7 crimes	8	4	0	1	0
	8 crimes	6	1	0	0	0
	9+ crimes	11	5	1	0	0

In 2022, there were 2,675 persons involved in at least one serious violence crime as either a victim or a suspect in the year. There were 1,684 people recorded as being a victim (whether or not they were also a suspect) and 1,078 people recorded as being a suspect (whether or not they were also a victim).

Ninety-one percent of the persons involved in serious violence (2,421 persons) were involved (either as the victim or a suspect) in a single crime. A further 7% (191 persons) were involved in two crimes. 31 persons were involved in 3 crimes and 32

persons were involved in 4 or more crimes. 16 of the persons involved in 4 or more crimes were a victim of at least one crime and a suspect in at least one crime.

Persons involved in Serious Violence crimes 2022

		Victim				
		None	1 crime	2 crimes	3 crimes	4+ crimes
Suspect	None		1,543	48	4	2
	1 crime	878	60	5	2	0
	2 crimes	83	6	8	0	0
	3 crimes	16	1	1	0	0
	4 crimes	4	3	0	0	0
	5 crimes	4	1	0	0	0
	6+ crimes	6	0	0	0	0

Hospital admissions

Definition: The number of first finished emergency admission episodes in patients (episode number equals 1, admission method starts with 2), with a recording of violent crime classified by diagnosis code (X85 to Y09 occurring in any diagnosis position, primary or secondary) in financial year in which episode ended.

Source: Office for Health Improvement & Disparities. Public Health Profiles. 28/02/2023. https://fingertips.phe.org.uk © Crown copyright 2023.

Directly standardised rates per 100,000 population.

<u>Males</u>

Derby has previously had significantly higher rates than England but following a downward trend the rate has recently fallen below the England rate and is statistically similar to that and Derbyshire's. The rate in Derbyshire is consistently statistically lower than the England rate and displays no significant trend. The rates equate to just over 80 and just over 180 admissions per year in the current period for Derby and Derbyshire, respectively. The rate for males is significantly higher than that for females, locally and nationally.

Area Name	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	102.1	93.0	84.2	75.5	71.8	68.4	69.1	71.2	72.4	65.3
East Midlands region	89.5	77.7	67.6	60.2	59.2	57.4	59.5	59.1	58.4	50.0
Derbyshire	79.3	71.9	66.7	61.4	58.9	52.6	52.6	55.6	54.9	49.8
Derby	151.9	132.7	103.8	90.4	83.6	77.2	78.9	72.9	76.7	61.0

Smaller numbers at district level make analysis more difficult and no significant trends are detectable. Only Chesterfield consistently has significantly higher rates than England, Derby, the county, and most of the other districts. South Derbyshire consistently has rates which are significantly lower than the county average.

Area Name	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
Amber Valley	80.95	71.91	59.67	53.08	52.48	56.76	52.93	47.44	45.76	47.21
Bolsover	89.12	83.72	70.32	74.96	68.28	65.21	58.59	69.27	64.44	56.49
Chesterfield	129.74	113.24	103.29	89.36	80.69	74.79	70.17	78.43	82.73	84.45
Derbyshire Dales	49.70	46.55	39.83	36.07	32.21	39.19	41.12	46.16	40.06	34.13
Erewash	71.36	73.10	77.59	69.55	60.60				48.18	45.57
High Peak	66.98	48.74	56.70	49.35	55.58	41.12	51.77	47.99	53.79	44.96
North East Derbyshire	69.18	55.40	62.21	58.68	67.81	50.61	61.11	67.68	74.45	56.21
South Derbyshire	64.93	69.15	50.46	50.86	44.25	39.20	35.43	36.94	31.57	25.79

Females

Derby has consistently higher rates than England, though not always significantly so. It is however consistently significantly higher than Derbyshire's. The rate in Derbyshire is consistently lower than the England rate, but again not always significantly so. There are no discernible trends. The rates equate to around 30 and 60 admissions per year in the latest period for Derby and Derbyshire, respectively. The rate for females is significantly lower than that for males, locally and nationally.

Area Name	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	21.4	20.3	18.8	17.8	17.6	17.2	17.5	18.3	18.8	18.4
East Midlands region	17.6	16.2	13.4	13.6	13.6	14.1	13.7	15.1	15.7	15.6
Derbyshire	14.9	15.6	14.6	16.8	15.2	15.1	15.4	17.5	17.0	15.6
Derby	35.8	29.9	22.5	20.1	20.1	20.5	19.6	24.1	23.4	22.8

Smaller numbers, particularly of females, at district level make analysis more difficult and no significant trends are detectable. All the districts currently have rates significantly lower than Derby's and similar to the county average.

Area Name	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
Amber Valley	19.30	17.38	12.42	13.42	12.83	11.54	11.19	13.34	12.22	13.13
Bolsover		23.32	22.70	19.66	11.01	13.81	18.17	22.39	19.58	17.18
Chesterfield	21.03	20.23	14.93	18.18	18.16	23.56	25.07	28.46	26.01	21.90
Derbyshire Dales			13.23	19.44	19.29	14.96	16.17	19.20	19.75	10.90
Erewash		13.52	13.32	18.02	16.23				17.58	19.20
High Peak		13.75	17.69	22.04	22.46	18.24	15.72	15.04	16.83	17.31
North East Derbyshire		14.47	18.14	20.59	19.29	16.43	16.66	15.18	13.45	12.74
South Derbyshire		12.73	6.56				8.93	9.42	12.44	10.63

Age and sex

Proportions

Males accounted for the majority of admissions (75%) compared to females (25%) in Derbyshire (and over the whole area) with 74% male and 26% female in Derby. In Derby, 60% of males admitted were aged between 20 and 39; 52% of females were aged between 25 and 44. In Derbyshire, 64% of male admissions were aged between 15 and 39, while 52% of females were aged between 15 and 39.

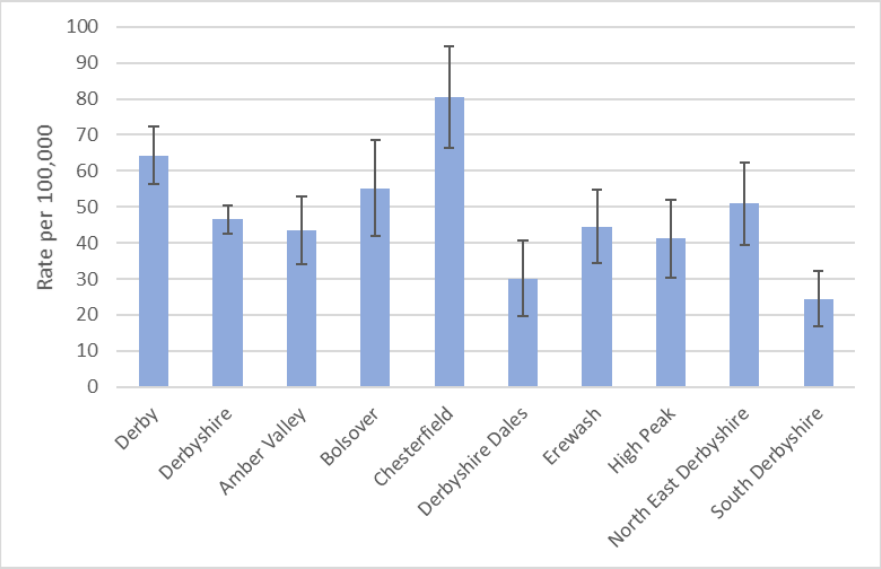
Crude rates - persons

The highest all person rates were in the 20-29 and 30-39 age groups in Chesterfield, followed by the 20-29 age group in Derby, Amber Valley and Bolsover. Chesterfield also had a noticeably higher rate in 40–49-year-olds and Chesterfield and North East

Derbyshire had higher rates in 10–19-year-olds.

Males

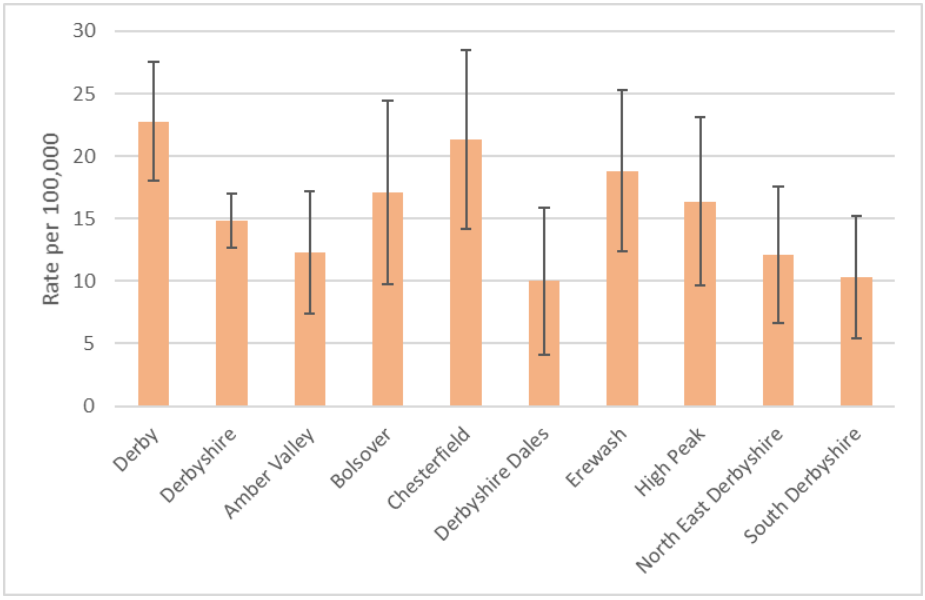
Derby had a significantly higher rate than Derbyshire, the rates translating to just over 80 and just over 180 admissions per year, respectively. Chesterfield's rate was significantly higher than the county average and significantly higher than those of the other districts except Bolsover. South Derbyshire had a significantly lower rate than all but Derbyshire Dales and High Peak.



The highest all person rates were in the 20-29 and 30-39 age groups in Chesterfield, followed by the 20-29 age group in Derby, Amber Valley and Bolsover. Chesterfield also had a noticeably higher rate in 40–49-year-olds and Chesterfield and North East Derbyshire had higher rates in 10–19-year-olds.

Females

Derby had a significantly higher rate than Derbyshire, the rates translating to just under 30 and just over 80 admissions per year, respectively. None of the district rates differed significantly from the county average nor were they significantly different from each other.



The highest rates were amongst 10–19-year-olds in High Peak and Chesterfield, and 30–39-year-olds in Amber Valley and Erewash.

Method of assault

In contrast to location, method of assault was specified in 92% of cases. Overall, 62% of males and 54% of females were subjected to ‘bodily force’. Men were more likely to be assaulted ‘by sharp object’ 15% compared to 4% for women. Women were more likely to be subjected to ‘other maltreatment’, 16% compared to 4% for men. Aside from ‘other maltreatment’ which accounts for 89% of admissions with a specified method in 0–9-year-olds, there is little variation in the proportions in each method group by age.

Police Stop and Search Data

Between 2019 and 2022, stop and searches for bladed articles were more likely to be undertaken with younger subjects – those aged between 10 and 17. This is likely to be a result of activities around early intervention.

For the age groups 18 and above, there is a closer correlation between the share of serious knife violence for each age group and the share of these stop and searches. The volume of stop and searches of subjects in the 25 to 34 age group, however, is lower than their share of serious knife violence. This is likely to relate to the early intervention work concentrating on the even younger age groups.

Care should be exercised when considering the data by ethnicity due to the high proportion of cases where this is not stated.

Based on where the subject’s ethnicity is recorded, however, between 2019 and 2022 there is generally a correlation between the share of serious knife violence for each ethnic group and the share of these stop and searches. The volume of stop and searches of those from the ‘Mixed’ communities is, however, lower than their share of serious knife violence.

Why?

This SNA considers the known risk and protective factors for serious violence and their prevalence across Derby and Derbyshire.

Protective factors associated with Serious Violence

A Public Health approach focuses on protective factors and building strengths. The Derby and Derbyshire Serious Violence Partnership should seek to support and develop the protective factors e.g., developing pro-social behaviour, social skills, positive attitudes and self-esteem; supporting educational attainment; enabling social networks and activities; and supporting effective parenting and strong attachments with an 'always available' adult and positive role models (APCC, 2023).

Research has shown that it is equally as important to nurture and build protective factors as it is to address risk factors – it is not only an accumulation of risk factors that increases vulnerability of the individual, but an absence of protective factors (LLR VRN 2020).

Protective factors operate at the same five levels as risk factors - individual, family and household, community, structural and situational.

As young people move through childhood, into adolescence and then into young adulthood, new risk factors will emerge *but* so will opportunities for new protective factors to develop.

Some examples of protective factors at the different levels include:

<u>Individual</u>
Healthy problem solving
Emotional regulation skills
School readiness
High academic achievement
Healthy social relationships
Good communication skills

<u>Family and household</u>
A stable home environment
A good relationship between parent and child
Ability to discuss problems with parents
Frequent shared activities with parents
Financial security
Strong and consistent parenting
Parent/family use of constructive strategies for coping with problems
Parents who show an interest in their child's education and friendships

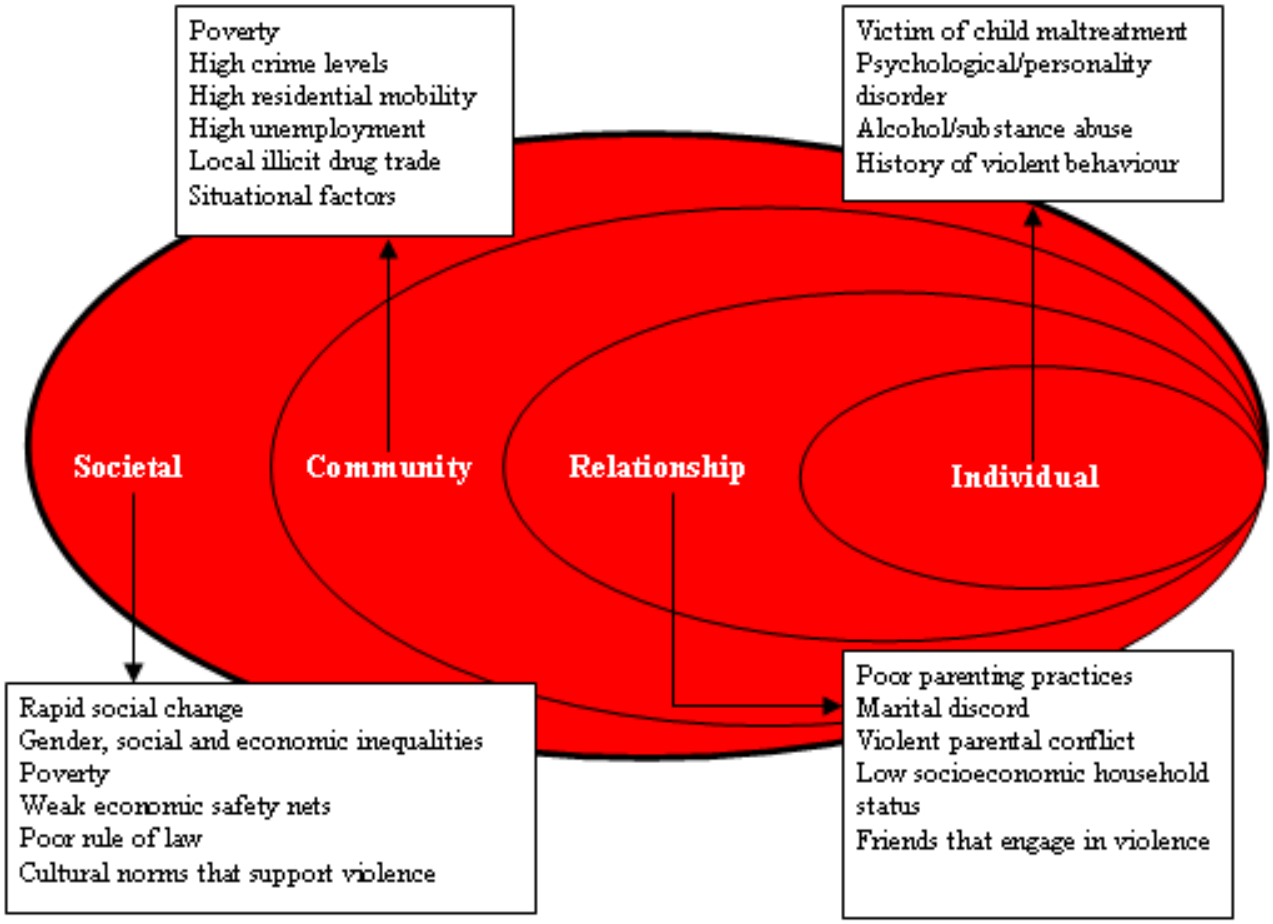
<u>Community</u>
Membership in peer groups that do not condone anti-social behaviour
Opportunities for sports and hobbies

Good housing
High standards of living
Safe community environments
Economic opportunities
A sense of belonging in the community
Residents/neighbours who assist each other and view violence as unacceptable
Positive relationships with teachers, and other caring adults outside the home/family
Children feeling connected to their school

As the Serious Violence Strategy for Derby and Derbyshire is developed, we will gain a better understanding of the local prevalence of risk and protective factors, enabling work that ensures the whole system commits to creating an environment that nurtures the protective factors as well as reducing the risk factors.

Drivers and risk factors associated with serious violence

Certain risk factors, or vulnerabilities, can increase a person's susceptibility to becoming involved in serious violence, therefore it is crucial to understand these vulnerabilities to identify and address them. These vulnerabilities rarely occur in isolation, and often there are many interdependencies between them. They can also occur at different levels. The World Health Organization uses an ecological framework, shown below, to describe four levels of vulnerability a person can be exposed to which can increase their vulnerability to serious violence (WHO 2023).



Individual

This relates to individual characteristics such as biological gender, age, ethnicity, or disability over which the individual concerned has no control. Risk factors for serious violence at this level include being a victim of child maltreatment, alcohol or substance misuse, or a history of violent behaviour.

Relationship

This relates to factors such as family size, family culture, structure, socio-economic

status, employment, livelihoods, and education levels. Risk factors at this level include poor parenting practices, marital discord, violent parental conflict, low socioeconomic household status, or having friends who engage in violence.

Community

This relates to settings in which individuals interact. It includes factors such as educational opportunities, quality of available healthcare and social services, community make up, income generation opportunities, social norms and behaviours, Risk factors for serious violence at this level include deprivation and poverty, high crime levels, high residential mobility, high unemployment, and local illicit drug trade.

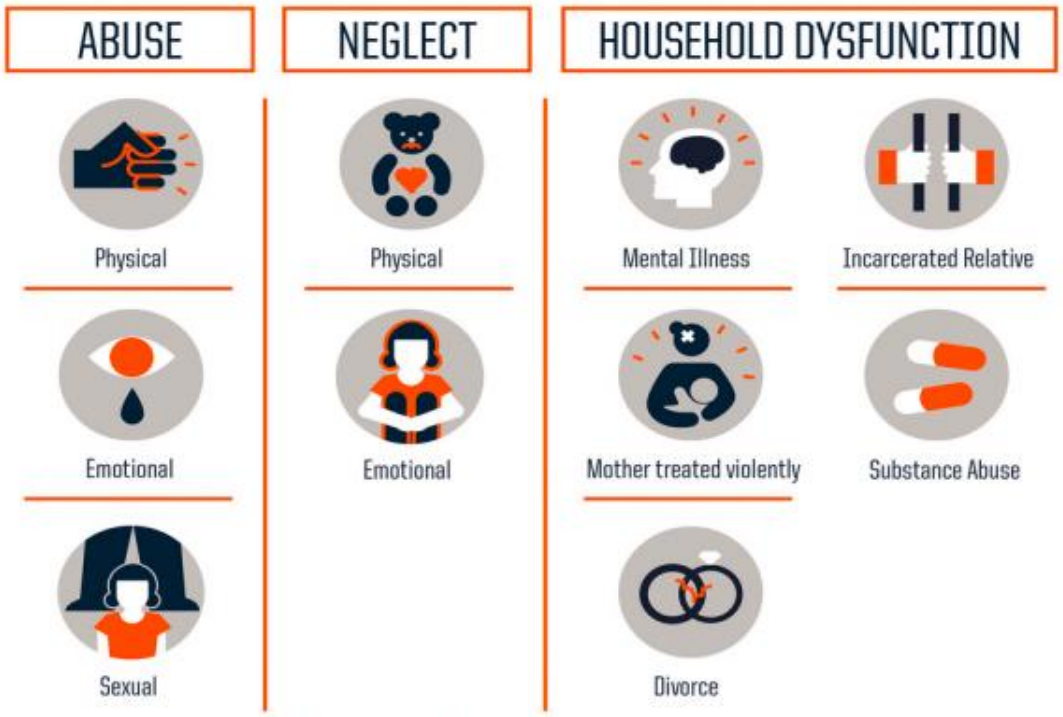
Societal

This relates to the economic or political environment in which an individual, family or community exists and may include issues around stability, infrastructural and service funding, government priorities, and quality of the rule of law. Risk factors at this level include rapid social changes, gender, social and economic inequalities, poverty, weak economic safety nets, poor rule of law, and cultural norms that support violence.

There can also be situational factors which can interact with these different levels. These relate to the question: *what happened yesterday that made a person more or less vulnerable to serious violence today?* Changes in a person's normal circumstances can take place at any of the four previous levels quickly and in unforeseen ways that can, "overnight," make them more vulnerable today than they were yesterday.

Adverse childhood experiences (ACEs)

Risk factors for serious violence start before birth and continue throughout the life course. Childhood experiences set the foundations for an individual's cognitive, emotional, and physical development. Adverse childhood experiences (ACEs) describe a range of traumatic events or experiences a child is exposed to while growing up. The research focuses on ten specific experiences or events that can have the *biggest* impact – these fall into three basic categories; abuse, neglect, and household dysfunction (Bridger, 2019).



Source: Centre for Disease Control and Prevention. Credit, The Robert Wood Johnson Foundation

There is a greater risk of a child experiencing ACEs in areas of higher deprivation. ACEs should therefore be described alongside adverse community environments in what has more recently been named, 'a pair of ACEs.' Additionally, research has also described the issues of domestic abuse, mental ill-health and substance misuse as having the biggest impact. It has been found that, compared to people with no ACEs, if you have an ACE "score" of four from your childhood, the chances of the following happening increases significantly (Ford et al: 2017).

Perpetrate violence in the last 12 months	15 x more likely
Heroin or Crack user	16 x more likely
Heavy drinker	4 x more likely
Hit someone in the last 12 months	8 x more likely
Incarcerated (during life-time)	20 x more likely

A person with four or more ACEs is 14 times more likely to have been a victim of violence in the last 12 months. The Crime Survey for England and Wales in 2017 (Office for National Statistics, 2017) showed that people who have experienced child abuse or witnessed domestic abuse in childhood are more likely to be abused by a partner in adulthood than those who did not experience abuse or witness violence, particularly in women. Merrick et al (2017) also showed that as ACE scores increase, so too does adult sexual victimisation. Therefore, addressing the issue of ACEs is not just about reducing the number of people who become offenders but also reducing the number of people who become victims. This shows that by tackling

ACEs and reducing vulnerability at a young age, both ends of the demand spectrum are tackled – the exploited and the exploiter.

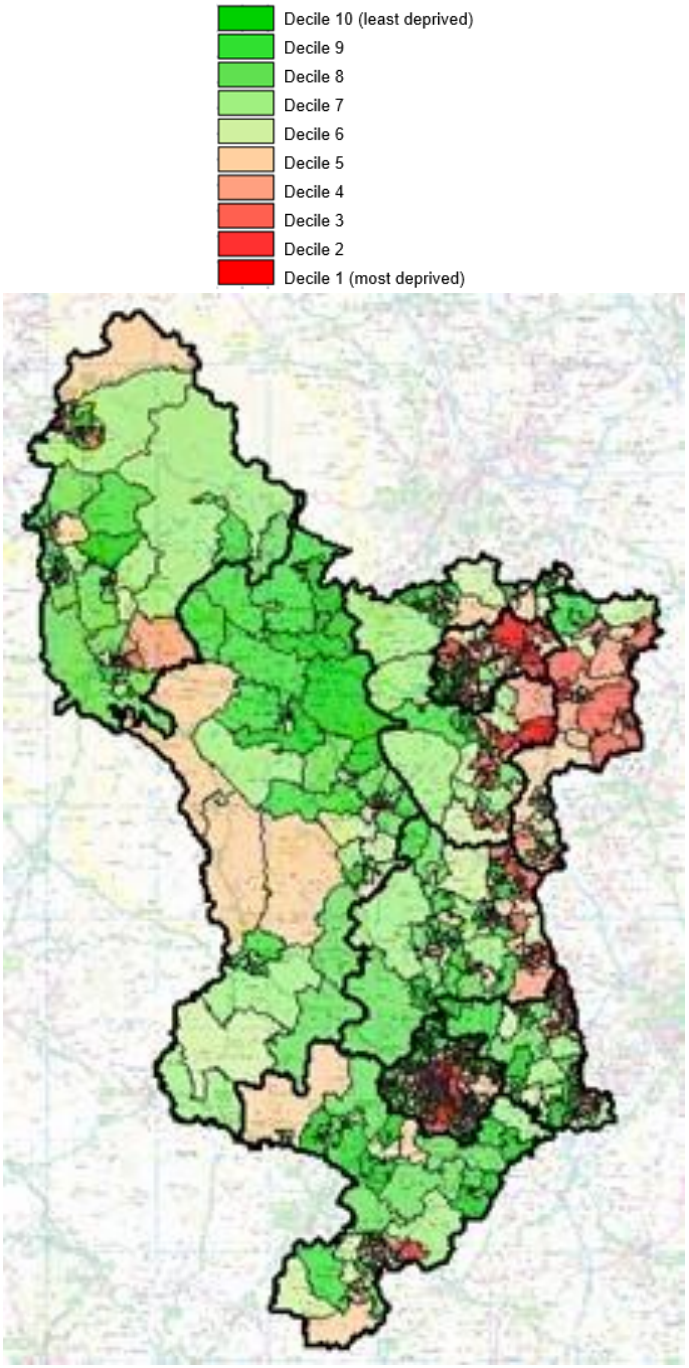
Whilst ACEs occur across our society, the prevalence of ACEs is higher in different community and societal settings, and for specific groups of people. For example, people who have an addiction, such as drugs, alcohol, tobacco, gambling, and those who are homeless have much greater exposure to childhood adversity than those without addiction. It has been found that children who are in the care system, who attend alternative provision, and those who are in the youth justice system, are all at increased risk of trauma and adverse childhood experience. ACEs are also more prevalent where families are poor, isolated, or living in deprived circumstances. However, even when allowing for the effect of deprivation, a dose-response relationship between ACEs and poor health and social outcomes remains, with an increasing number of ACEs, leading to poorer outcomes (Greater Manchester Violence Reduction Unit, 2023).

Drivers

Deprivation

Index of Multiple Deprivation 2019

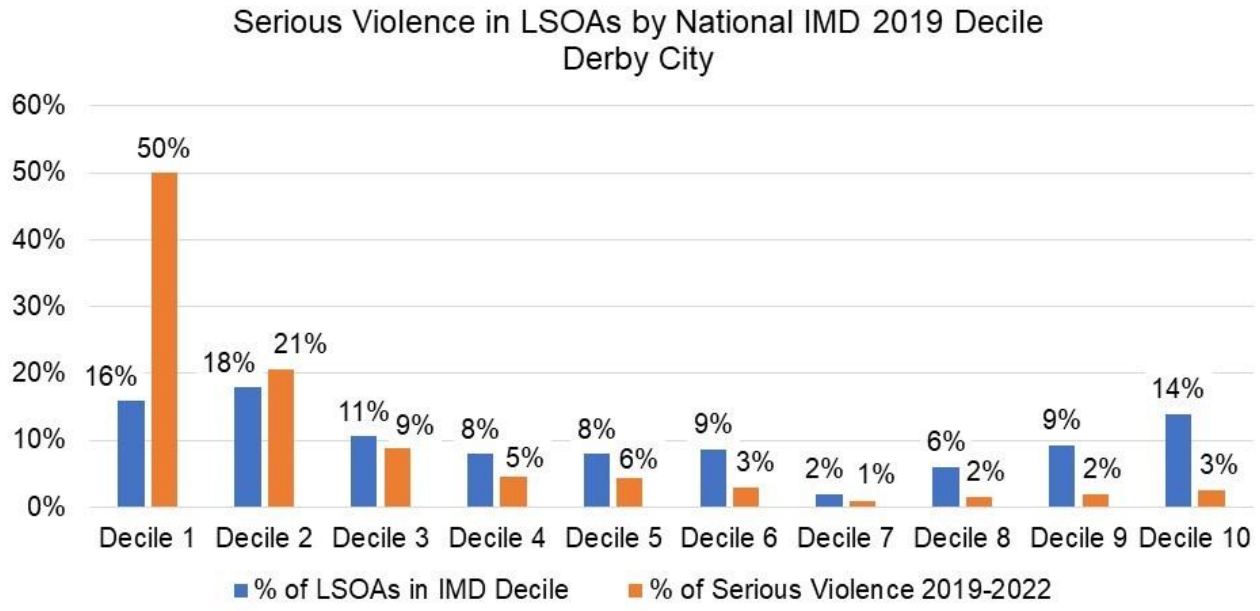
Overall, 7% of the Lower Super Output Areas (LSOAs) in Derbyshire fall within the most deprived decile of LSOAs nationally. More of the City areas are within the most deprived decile, making up 16% of the total City LSOAs. This compares to 4% of the LSOAs in the County being classified as the most deprived nationally.

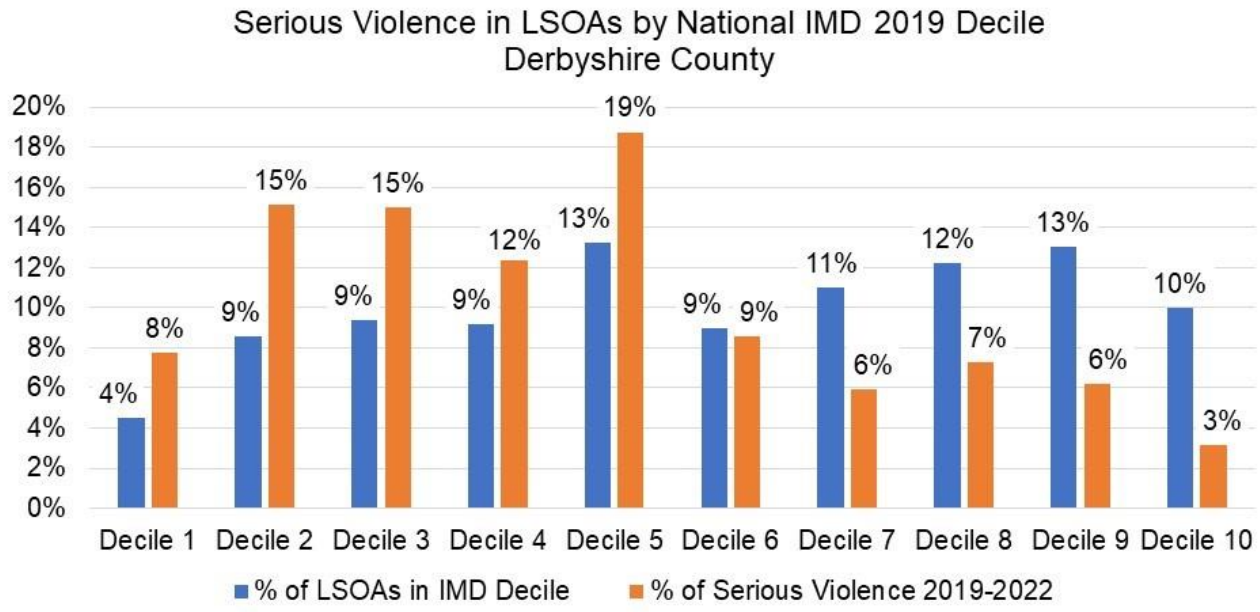


Over the 4-year period, more than a quarter of serious violence crimes occurred in Derbyshire's most deprived areas (those ranked as being within the 10% most deprived nationally).

This hides a variance, however, between the City Council area and that of the County Council. Half of the serious violence taking place in the City was within areas categorised as being within the most deprived. Within the County, the 10% most deprived areas accounted for only 8% of serious violence, with half of the serious violence being spread across the areas in the top four deciles of deprivation.

This indicates that the focus in the City should be on the most deprived areas. For the County, work will need to be spread across more areas, and although deprivation is a factor, it is less so than within the City.





A similar pattern is present for serious knife violence. Overall, 29% of serious knife violence crimes fall within the most deprived areas. Nearly half of serious knife violence in the City took place within the most deprived areas. Within the County, the most deprived areas accounted for only 8% of serious knife violence, with half of serious knife violence being spread across the areas in the top four deciles of deprivation.

Alcohol

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol also increases the risk of sexual aggression, sexual violence and sexual victimisation of women. The Government has said that everyone has a role to play in reducing the harmful use of alcohol, to promote measurable, evidence-based prevention activities at a local level, and support the national ambitions to reduce harm set out in the Government's Alcohol Strategy. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population and can be reduced through local interventions to reduce alcohol misuse and harm.

Alcohol admissions here are a proxy for excessive consumption which may lead to violence.

Admission episodes for alcohol-specific conditions – under 18's

Definition: Admissions to hospital for under 18-year-olds where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. These are reported as a crude rate per 100,000 population for a 3-year period.

Persons

The rate of admission for alcohol specific conditions in females in Derbyshire has fluctuated between being significantly higher than and similar to the England rate, both following a downward trend. The rate in Derby has fallen more steeply to become significantly lower than that for England and that for Derbyshire. In the period 2018/19 to 20/21 this equated to under 10 and just under 60 admissions per year.

Area Name	2006/07 - 08/09	2007/08 - 09/10	2008/09 - 10/11	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	72.1	66.7	60.3	55.4	48.0	42.8	39.0	37.4	34.2	32.9	31.5	30.6	29.3
East Midlands region	61.2	60.5	53.8	48.4	40.6	37.2	34.6	34.5	30.8	29.2	26.3	25.6	23.9
Derbyshire	78.0	82.8	69.4	61.0	46.2	47.9	47.8	48.4	39.5	39.4	37.0	39.1	35.7
Derby	75.4	63.8	55.4	55.5	49.2	48.8	38.6	33.8			16.8	19.5	13.9

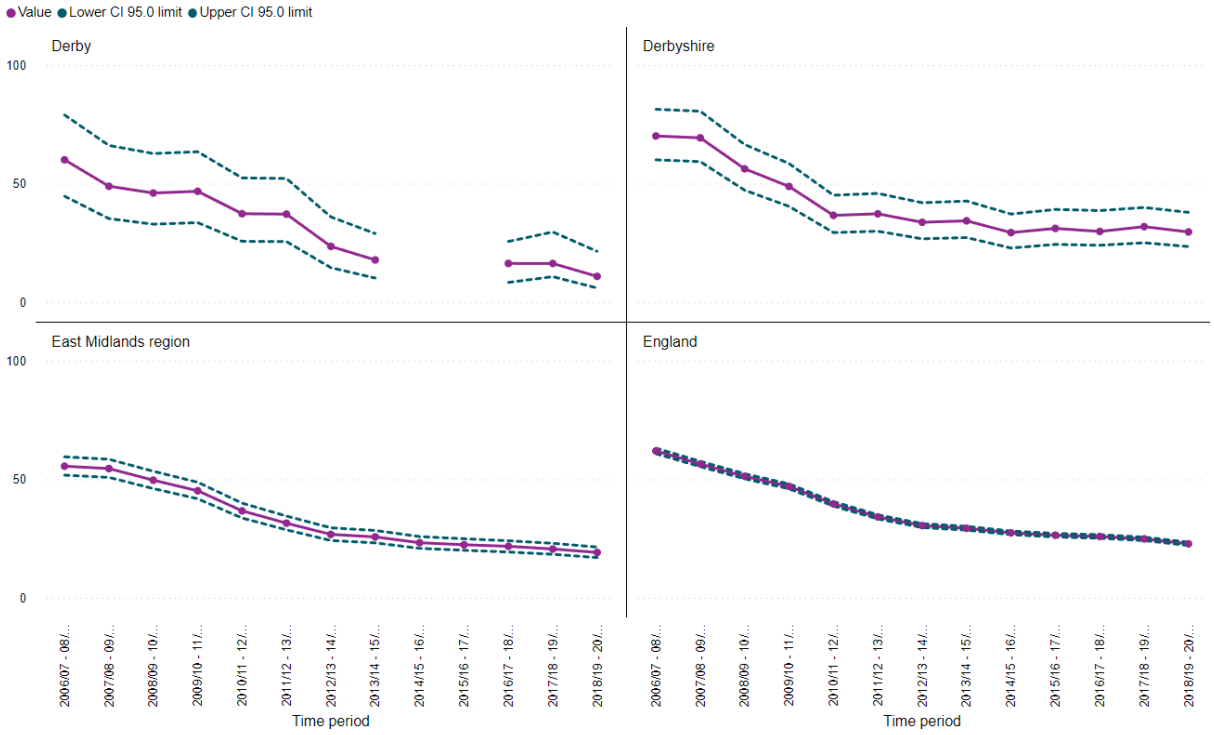
Chesterfield has a significantly higher rate than the county average from recent data and Amber Valley a significantly lower rate, but neither is consistently different from the other districts. Until recently High Peak had a significantly worse rate than the county, but this has now fallen in line with the average. All district rates were significantly lower than that for Derby.

Area Name	2006/07 - 08/09	2007/08 - 09/10	2008/09 - 10/11	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
Amber Valley	67.05	66.17	61.37	55.20	42.06	39.64	41.31	42.97	33.46	27.94	20.94	13.89	20.75
Bolsover	118.59	100.49	73.83	59.38	51.03	46.77	53.17	48.92	51.10	53.12	53.10	52.79	41.95
Chesterfield	112.97	111.87	71.20	57.24	44.83	54.90	58.65	64.05	49.63	46.72	58.70	75.65	83.97
Derbyshire Dales	59.47	62.28	60.41	51.28	36.91	22.39	20.16	28.18	26.01	31.55	26.57	40.15	27.00
Erewash	59.18	55.51	43.03	30.28	31.79	36.14	39.05	30.34				28.89	21.71
High Peak	107.77	120.68	101.73	99.66	68.99	84.00	68.65	78.69	59.22	61.72	37.66	47.17	37.78
North East Derbyshire	68.50	81.07	80.13	75.67	54.98	57.16	57.68	59.95	52.78	50.78	54.15	44.97	35.81
South Derbyshire	38.46	69.95	69.50	64.62	42.42	40.78	40.56	35.73	27.84	27.69	22.87	22.52	22.11

Males

The rate of admission for alcohol specific conditions in males has historically been similar to the Engalnd rate, but has become significantly higher following a steeper downward national trend. The rate for Derby has fluctuated between similar and significantly lower than England with rates unavailable for some years. The latest rate for Derby is significantly lower than that for England and that for Derbyshire. For 2018/19 to 2020/21 there were less than 5 and less than 25 admissions per year for Derby and Derbyshire respectively.

Area Name	2006/07 - 08/09	2007/08 - 09/10	2008/09 - 10/11	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	62.0	56.5	51.3	47.0	39.6	34.2	30.5	29.4	27.4	26.4	25.9	24.9	22.8
East Midlands region	55.5	54.5	49.6	45.2	36.7	31.5	26.8	25.7	23.3	22.4	21.8	20.6	19.2
Derbyshire	70.1	69.3	56.2	48.8	36.6	37.3	33.7	34.3	29.4	31.1	29.8	31.9	29.6
Derby	60.1	48.9	46.0	46.8	37.3	37.1	23.5	17.8			16.4	16.3	10.9



There are many gaps because of suppression for small numbers and only Chesterfield has a rate significantly different from the county average in the latest data. This is also significantly higher than the Derby rate.

Area Name	2006/07 - 08/09	2007/08 - 09/10	2008/09 - 10/11	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
Amber Valley	64.25	62.22	57.54	52.87	31.99	24.20	27.05	27.16					
Bolsover	122.14	90.23	57.87	41.67	46.04				46.37	50.42	41.84	41.45	41.07
Chesterfield	109.88	107.41	71.08	40.44	37.60	47.44	51.21	51.69	35.84	39.43	49.65	83.00	66.30
Derbyshire Dales			33.00	47.68	38.51								
Erewash	60.68	55.63	39.16	19.68	19.70	30.93	30.90	22.40				27.76	
High Peak	102.33	103.37	81.22	75.54	52.19	49.33	28.55	32.51	36.54	36.86			
North East Derbyshire	60.29	70.97	64.85	65.49	38.25	35.06	21.29	25.11	32.46	39.54	53.66	53.39	35.37
South Derbyshire			42.44	51.45	36.19	36.18	30.04	30.02			29.61	29.14	28.54

Females

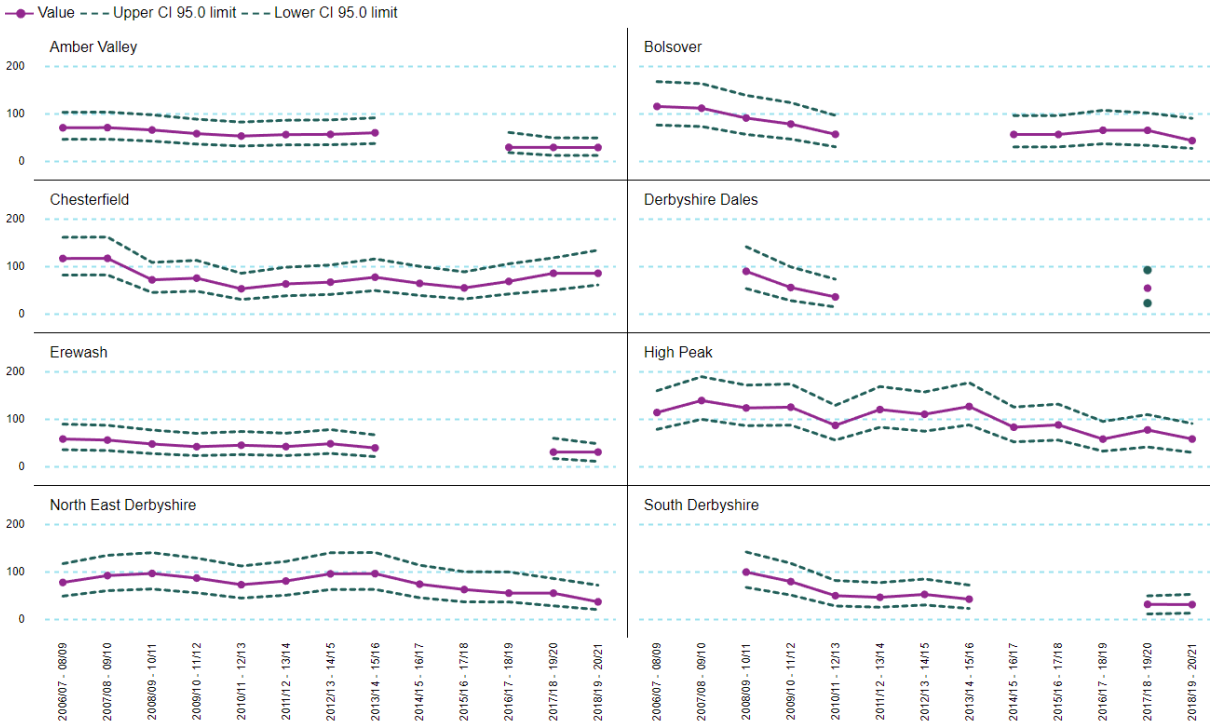
The rate of admission for alcohol specific conditions in females for Derbyshire has fluctuated between being significantly higher than and similar to the England rate, both following a downward trend. The rate for Derby has recently become significantly lower following a steeper fall and is significantly lower than the rate for Derbyshire.

The rates equated to less than 5 and slightly more than 30 admissions per year.

Area Name	2006/07 - 08/09	2007/08 - 09/10	2008/09 - 10/11	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	82.7	77.5	69.7	64.1	56.8	51.8	48.0	45.8	41.3	39.6	37.5	36.7	36.1
East Midlands region	67.2	66.7	58.1	51.7	44.7	43.2	42.8	43.6	38.7	36.2	31.4	30.8	28.9
Derbyshire	86.2	96.9	83.3	73.8	56.2	59.1	62.4	63.2	50.1	48.0	42.3	46.6	42.0
Derby	91.9	79.8	65.5	64.9	61.9	61.2	54.6	50.6			22.9	17.1	11.4

There are gaps because of suppression for small numbers and only Chesterfield has a significantly higher rate than the county average from the latest data. Until recently High Peak had a significantly worse rate than the county, but this has now fallen in line with the average. The rates for Bolsover, Chesterfield and High Peak were all significantly higher than for Derby.

Area Name	2006/07 - 08/09	2007/08 - 09/10	2008/09 - 10/11	2009/10 - 11/12	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
Amber Valley	69.98	70.29	65.35	57.61	52.49	55.59	56.08	59.44			28.73	28.58	28.40
Bolsover	114.88	111.19	90.46	77.74	56.18				55.91	55.88	64.70	64.57	42.87
Chesterfield	116.24	116.57	71.33	74.80	52.39	62.67	66.36	76.83	63.84	54.23	68.01	85.14	85.09
Derbyshire Dales			89.23	55.04	35.24							53.76	
Erewash	57.62	55.40	47.10	41.43	44.53	41.64	47.70	38.80				30.12	30.17
High Peak	113.42	138.68	123.03	124.67	86.37	119.70	109.76	126.09	82.49	87.33	57.35	76.71	57.65
North East Derbyshire	77.09	91.60	96.06	86.30	72.38	80.12	95.29	95.69	73.49	62.22	54.65	54.56	36.26
South Derbyshire			98.94	78.94	49.19	45.76	51.93	41.85				30.98	30.48



Admission episodes for alcohol-related conditions (Narrow)

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. By the Narrow definition, these are hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. Since every hospital admission must have a primary diagnosis, it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

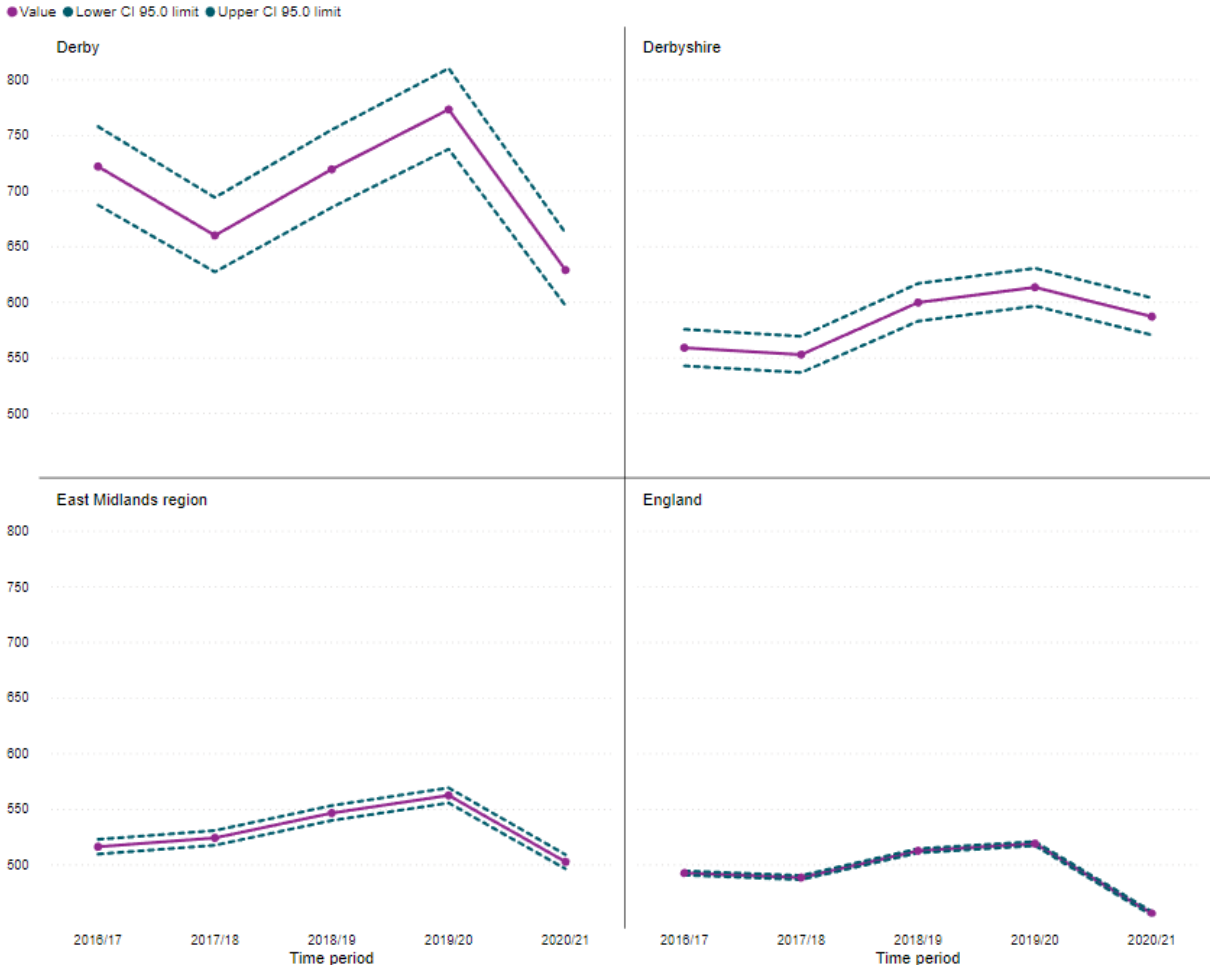
The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code. Directly age standardised rate per 100,000 population (standardised to the European standard population)

Persons

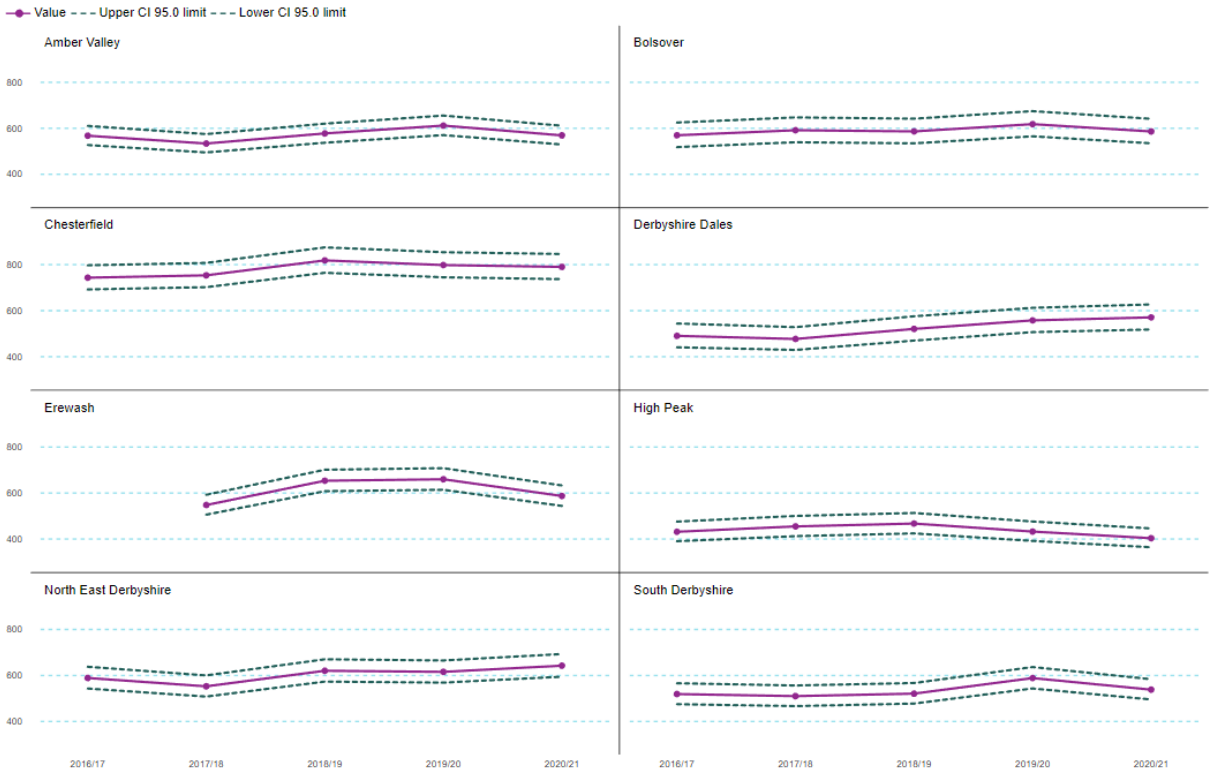
The rates for both Derby and Derbyshire are consistently significantly higher than for England, but similar to each other. In 2020/21 the rates equate to under 1,500 and almost 4,900 admissions in Derby and Derbyshire, respectively.

Area Name	2016/17	2017/18	2018/19	2019/20	2020/21
England	492.3	488.2	512.3	518.8	455.9
East Midlands region	515.9	523.9	546.3	562.1	502.5
Derbyshire	558.7	552.5	599.4	613.1	586.7
Derby	721.7	659.7	719.1	773.0	628.6



The rate for Chesterfield is consistently significantly higher than the Derbyshire average and the other districts. In the most recent data North East Derbyshire also has a significantly higher rate than the county average. High Peak has a rate consistently significantly lower than the Derbyshire average and in the latest period South Derbyshire also has a significantly lower rate. Chesterfield has a rate significantly higher than any other district as well as Derby.

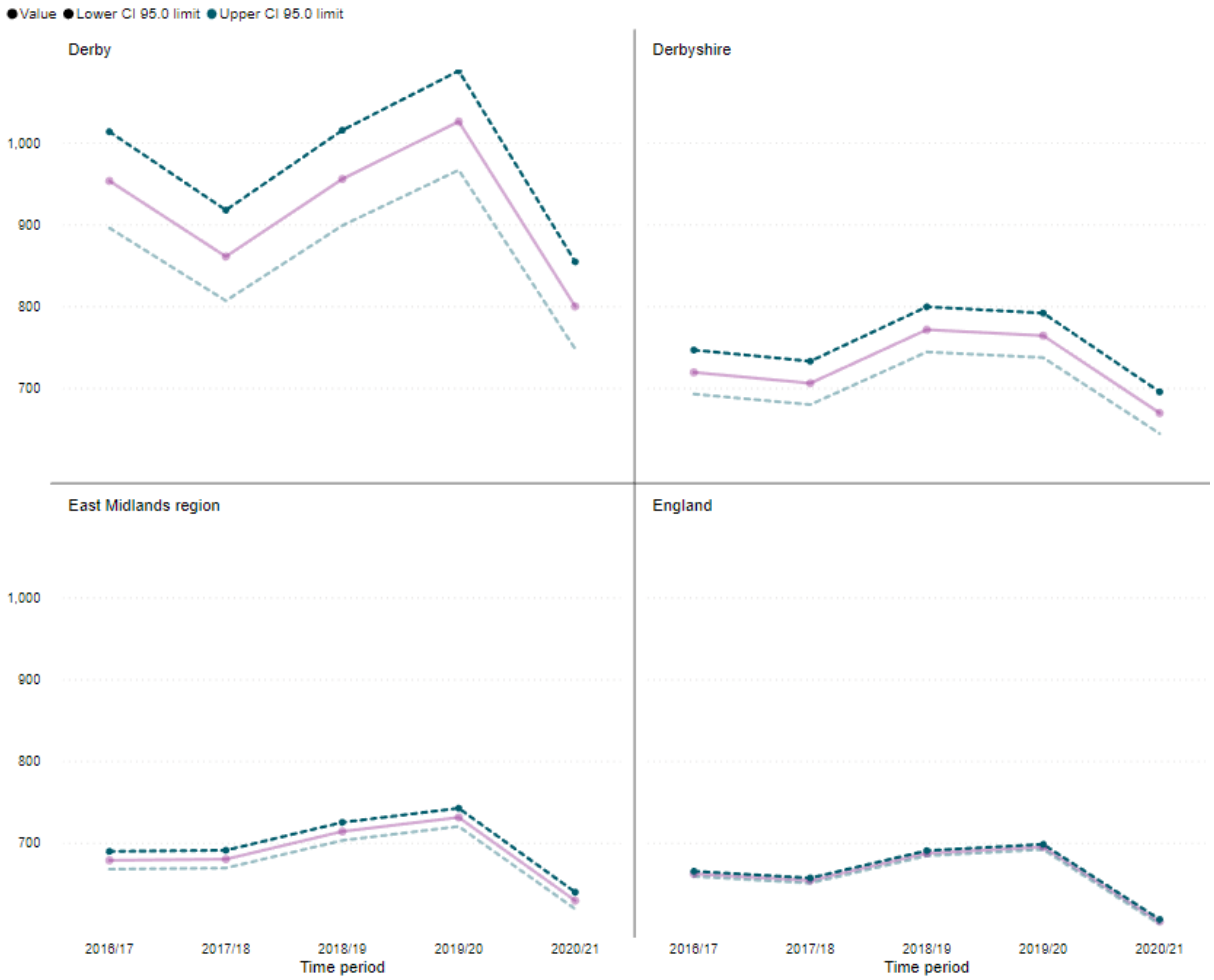
Area Name	2016/17	2017/18	2018/19	2019/20	2020/21
Amber Valley	565.88	531.97	575.85	609.94	567.37
Bolsover	567.88	589.66	584.57	616.20	584.34
Chesterfield	741.68	751.84	816.79	796.56	788.52
Derbyshire Dales	488.76	475.20	518.99	556.03	569.07
Erewash		546.28	651.76	658.26	585.55
High Peak	429.97	453.28	465.70	430.88	402.04
North East Derbyshire	587.28	551.01	618.64	613.86	640.69
South Derbyshire	517.36	508.37	519.24	586.82	536.56



Males

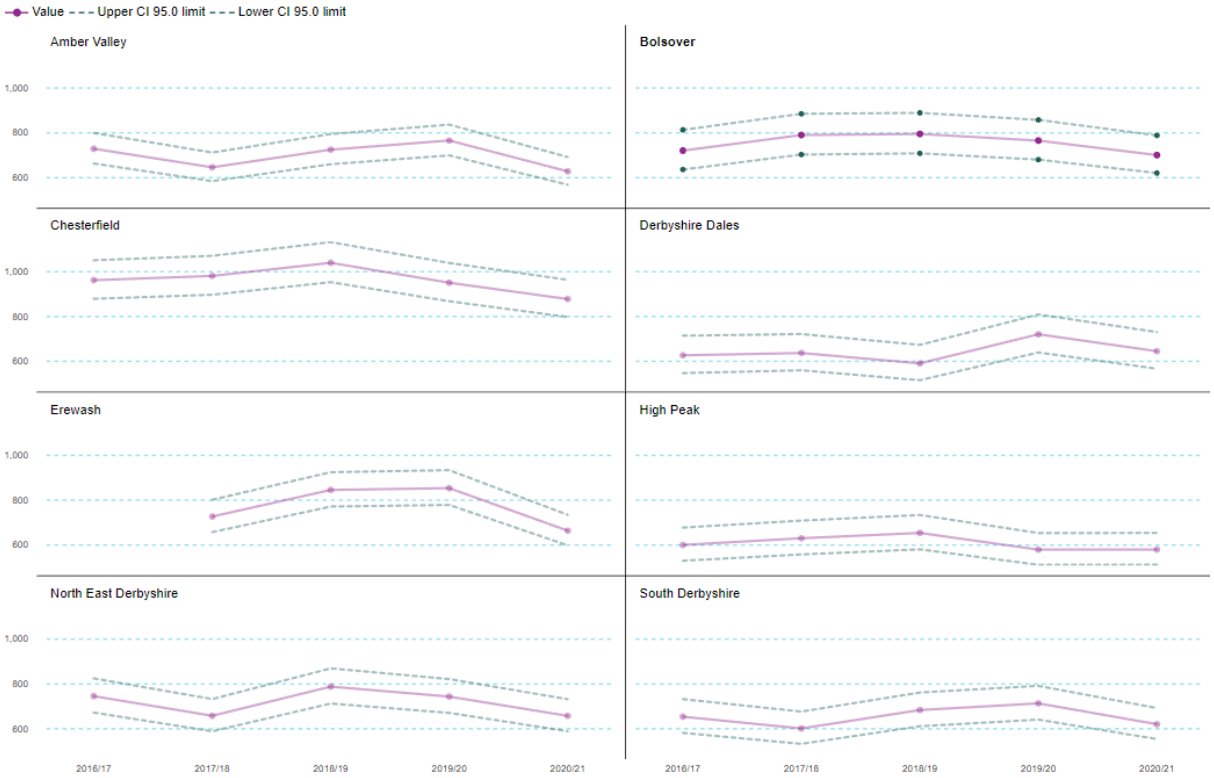
The rates for both Derby and Derbyshire are consistently significantly higher than for England, with Derby's consistently significantly higher than Derbyshire's. For both Derby and Derbyshire, the male rate was significantly higher than the female rate. In 2020/21 there were almost 900 and over 2,700 admissions in Derby and Derbyshire, respectively.

Area Name	2016/17	2017/18	2018/19	2019/20	2020/21
England	661.9	653.7	687.1	694.8	603.2
East Midlands region	678.4	679.8	713.8	731.0	629.1
Derbyshire	719.1	705.8	771.3	764.0	669.4
Derby	953.4	860.9	955.8	1,026.1	799.8



The rate for Chesterfield is consistently significantly higher than the Derbyshire average and the other districts, as well as Derby. High Peak has a rate which is largely consistently significantly lower than the Derbyshire average, but similar to the other districts except Chesterfield.

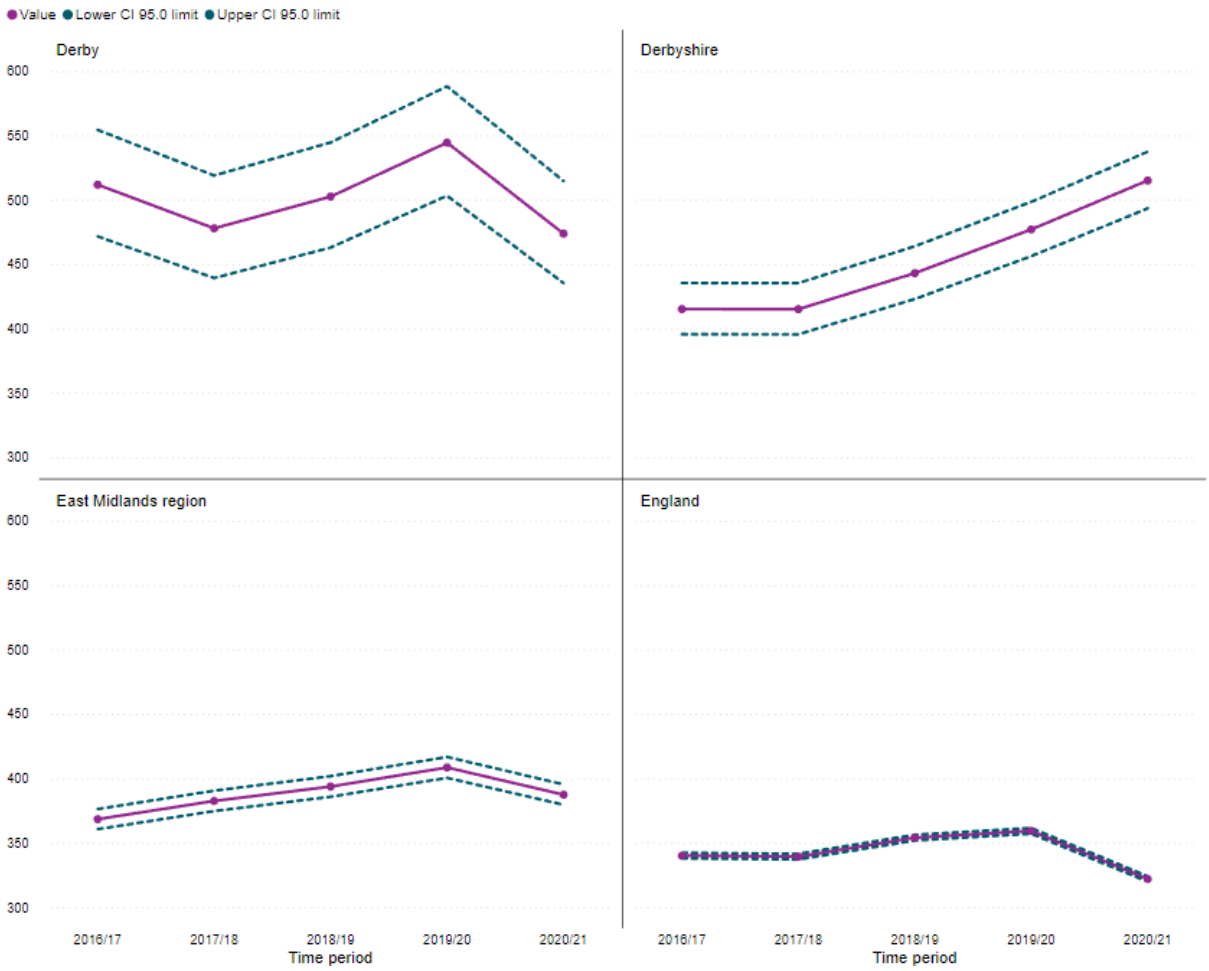
Area Name	2016/17	2017/18	2018/19	2019/20	2020/21
Amber Valley	727.30	644.22	723.24	763.97	626.25
Bolsover	718.95	788.42	793.27	763.57	698.94
Chesterfield	960.44	979.40	1,037.97	948.98	876.22
Derbyshire Dales	625.32	635.47	589.27	719.15	643.47
Erewash		725.50	844.15	852.17	662.34
High Peak	598.85	628.63	652.41	577.81	578.24
North East Derbyshire	743.80	656.04	786.34	741.72	655.73
South Derbyshire	652.00	599.64	681.69	711.46	618.65



Females

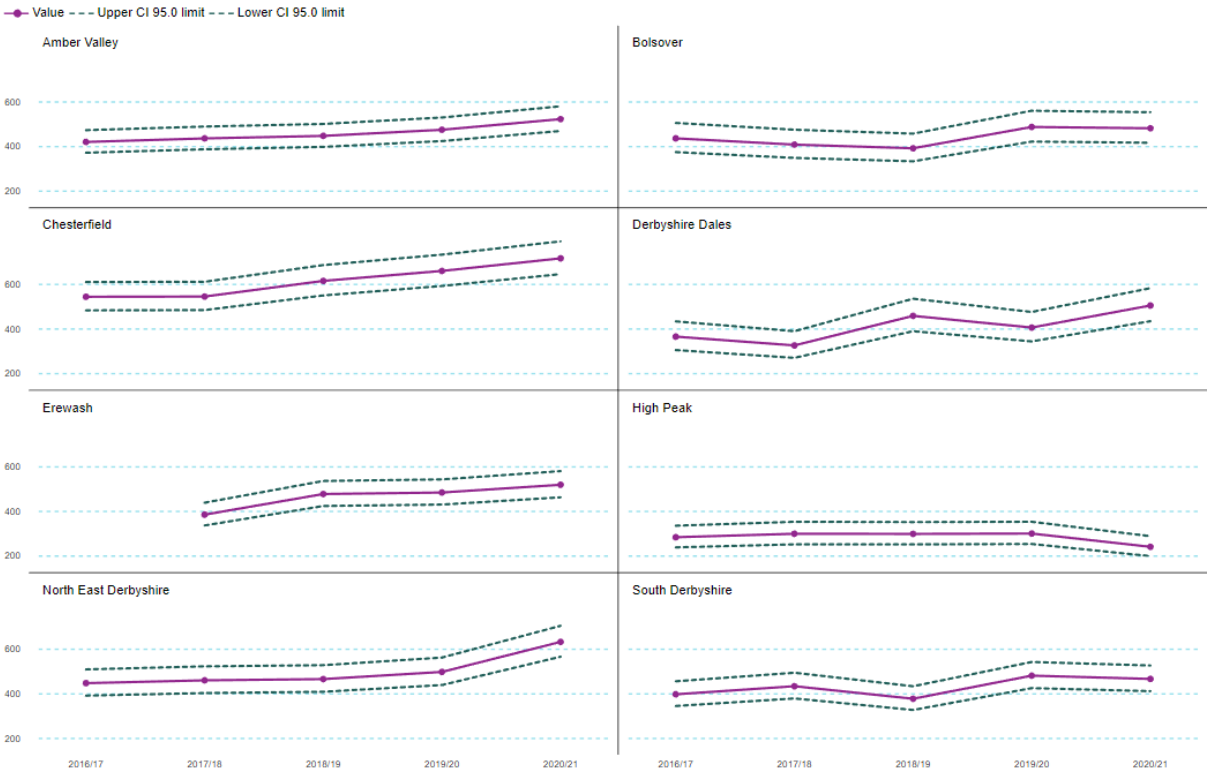
The rates for both Derby and Derbyshire are consistently significantly higher than for England and have similar rates to each other. Derbyshire shows a strongly worsening trend. In 2020/21 there were just under 600 and just under 2,200 admissions in Derby and Derbyshire, respectively.

Area Name	2016/17	2017/18	2018/19	2019/20	2020/21
England	340.1	339.3	354.0	359.3	321.9
East Midlands region	368.4	382.5	393.7	408.5	387.4
Derbyshire	415.1	415.0	443.0	477.0	515.0
Derby	511.7	477.8	502.5	544.4	473.7



The rate for Chesterfield is consistently significantly higher than the Derbyshire average, the other districts and Derby. In the most recent data North East Derbyshire also has a significantly higher rate than the county average, which is similar to the Chesterfield rate. High Peak has a rate consistently significantly lower than the Derbyshire average, all the other districts and Derby.

Area Name	2016/17	2017/18	2018/19	2019/20	2020/21
Amber Valley	419.05	434.96	446.21	473.67	521.51
Bolsover	435.28	407.18	390.69	486.31	480.38
Chesterfield	542.87	543.92	614.08	658.80	715.18
Derbyshire Dales	364.24	324.80	457.22	404.90	503.67
Erewash		383.97	476.44	483.15	517.88
High Peak	282.71	298.22	297.57	299.14	239.59
North East Derbyshire	446.41	458.99	464.56	496.74	631.48
South Derbyshire	396.43	432.63	376.45	480.07	465.35



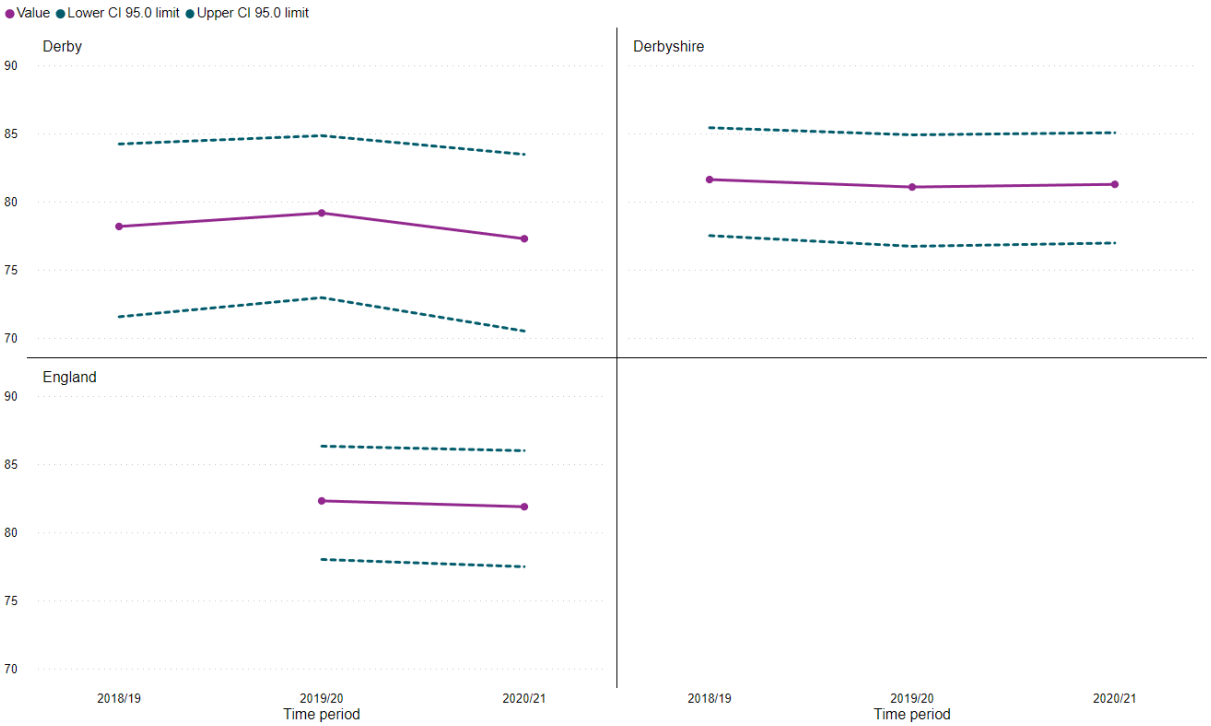
Proportion of dependent drinkers not in treatment (%) (Current method)

Services delivering evidence-based and effective structured substance misuse treatment interventions can improve the lives of individuals, the life chances of their children and family, and community stability. They also have a significant impact in reducing alcohol related deaths and in reducing crime and health costs. The harmful effects of alcohol are greater in poorer communities and effective treatment services can play an important role in addressing these inequalities.

Definition: The estimated proportion of alcohol dependent adults in the given year who were not in contact with alcohol treatment services in that year.

Proportions in Derby and Derbyshire are not significantly different to those in England as a whole.

Area Name	2018/19	2019/20	2020/21
England		82.3	81.9
Derbyshire	81.6	81.1	81.3
Derby	78.2	79.2	77.3

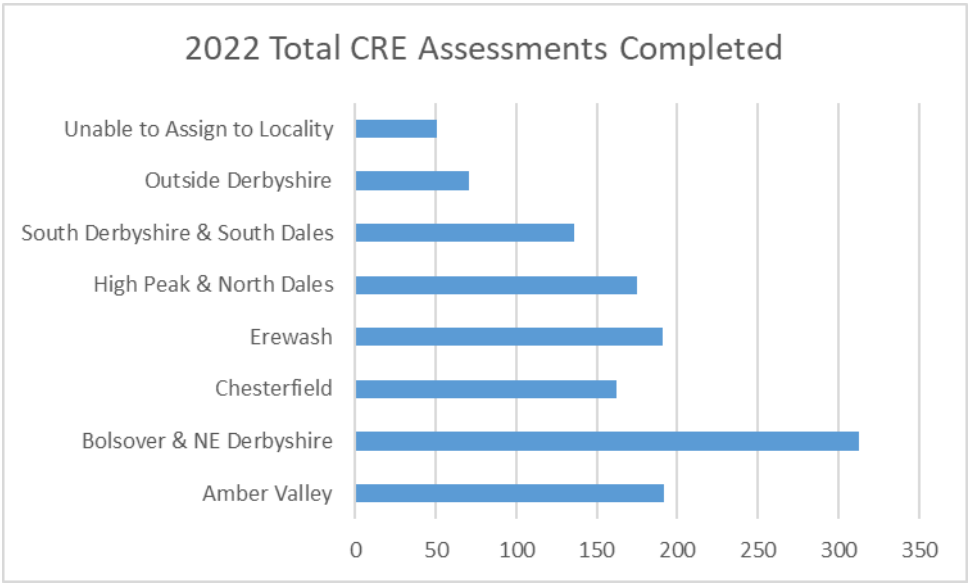


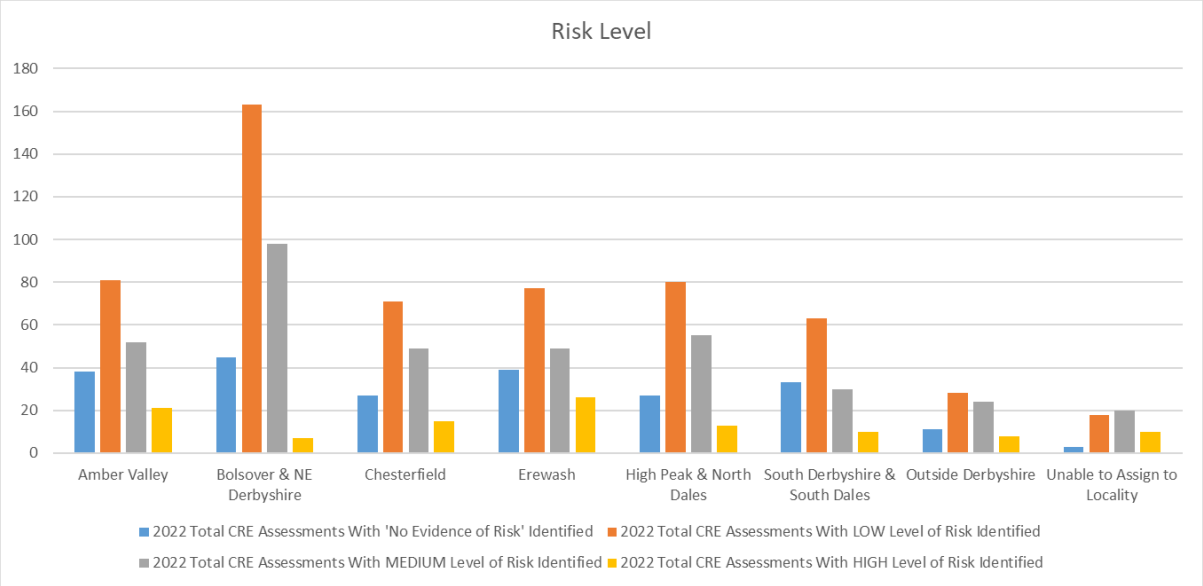
Risk/Enablers

Children and Young People

Children at risk of exploitation

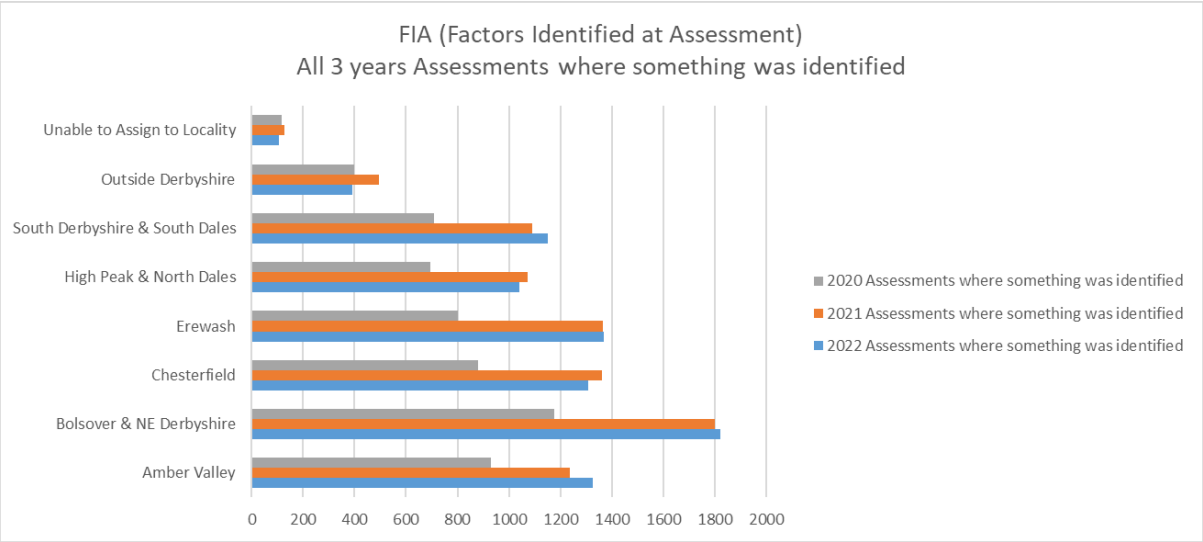
A number of children at risk of exploitation (CRE) assessments are completed each year. Bolsover has the highest number of completed assessments. Erewash has a high number of 'high risk identified' compared to everywhere else.





Factors identified at assessment (FIA)

Seven key factors which closely relate to recognised Adverse Childhood Experiences are considered during children's social care assessments. These include Physical Abuse, Sexual Abuse, Emotional Abuse, Living with someone who abused drugs, Living with someone who abused alcohol, Exposure to Domestic Abuse and Living with someone with serious mental illness. It should be noted that this data is counting the number of assessments completed, not the number of children subject to assessment. Therefore, if a child has had multiple assessments in the same calendar year, they will be counted multiple times. There can also be minor variation in the approach of different workers completing assessments, some workers may only select the identified issues they feel are most impactful on the child, whereas others may select every identified issue. In the County there has been a general increase in the number of assessments where these factors were identified in the last three years.

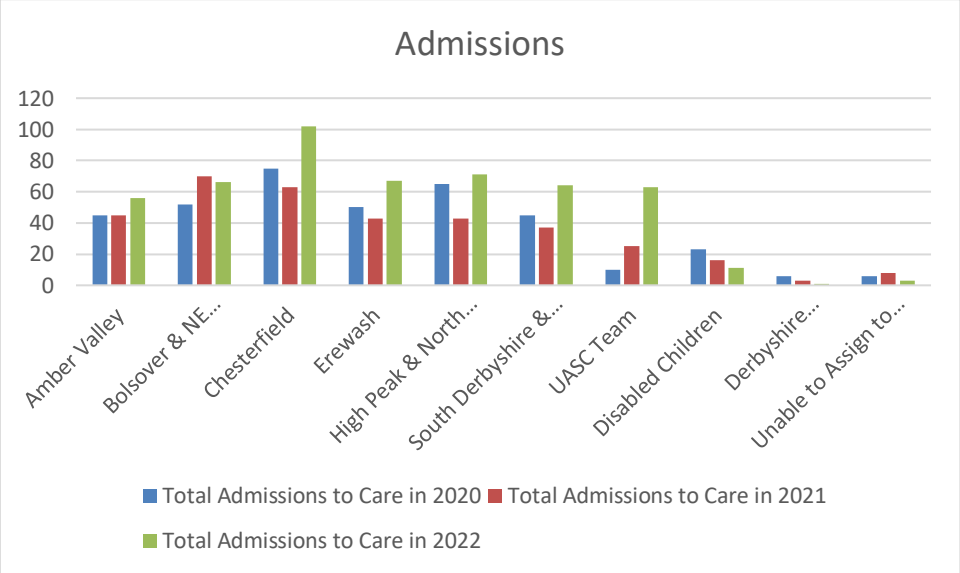


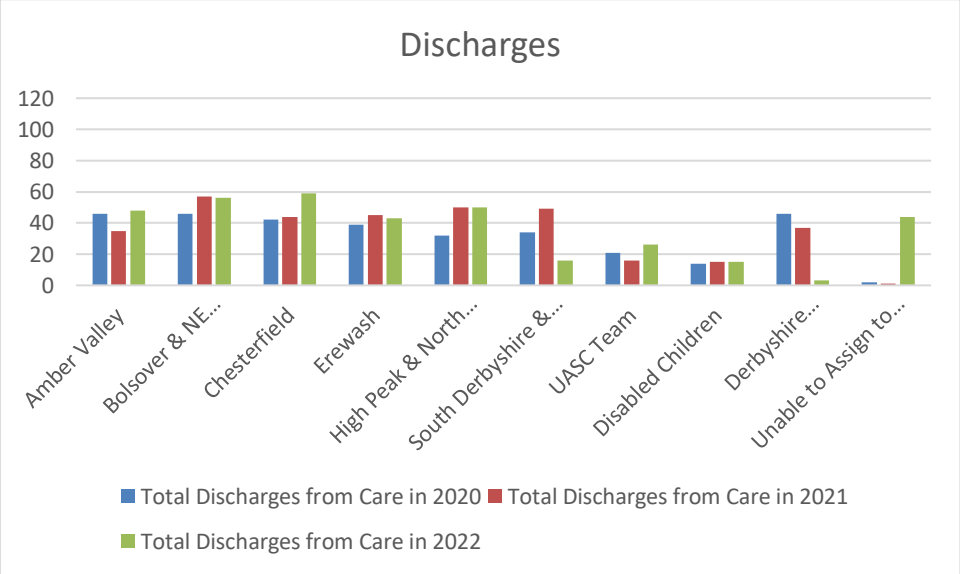
Looked after children

A recent report from the House of Commons Education Committee (HOCEC) reports that nationally, looked-after children are being failed by the system as they are receiving inadequate and unacceptable education. Whilst 40.1% of their non-looked after peers achieve the grade 5 ‘good pass’ threshold in English and Mathematics GCSEs, only 7.2% of looked-after children achieve the same (HOCEC, 2022).

Care admissions and discharges

In Derbyshire County the number of admissions of young people into care is higher than the number of discharges. There were more admissions into care during 2022 than there were in 2021 and 2020. Chesterfield had the most admissions into care in 2022.

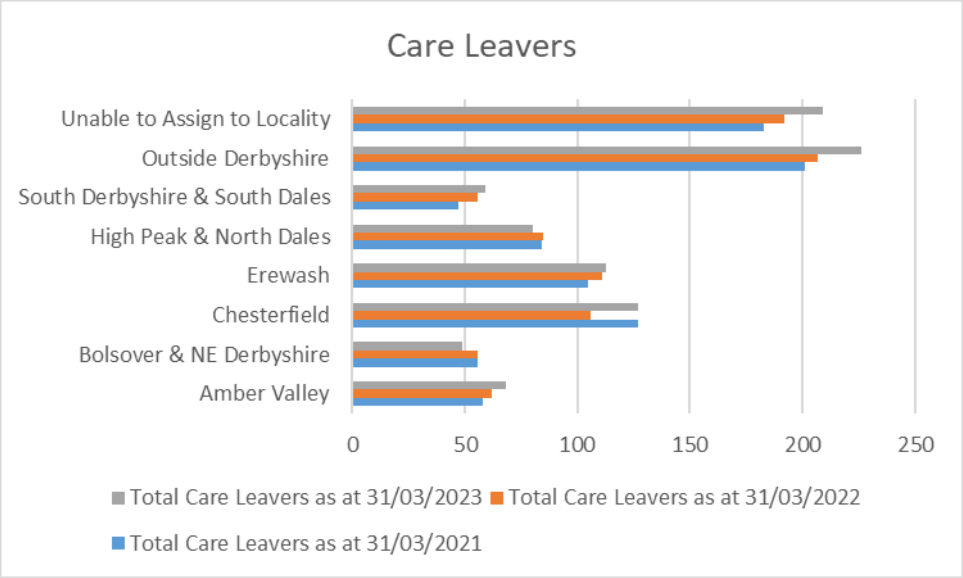




Care Leavers

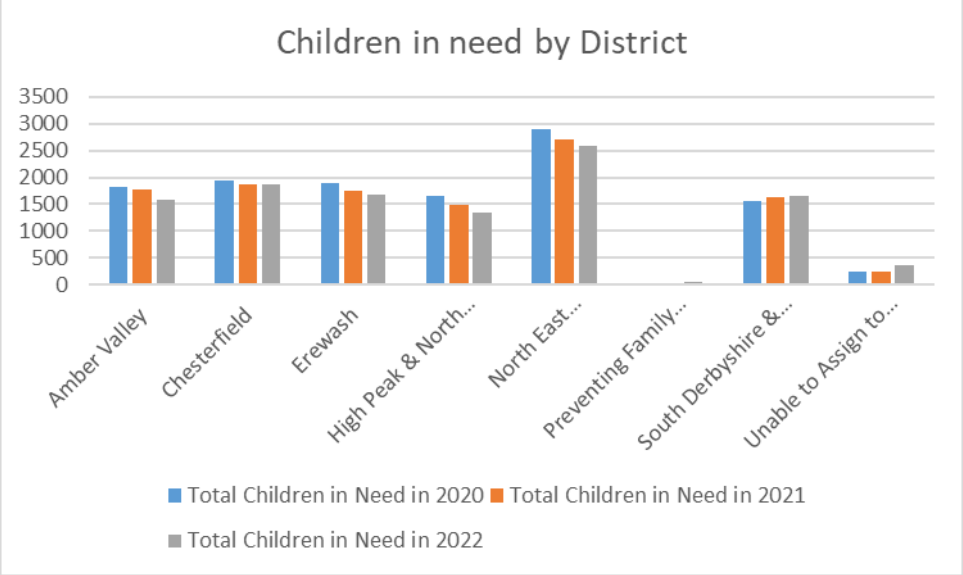
The House of Commons Education Committee (HOCEC) report also tells us that on a national level, the employment outcomes for care leavers are poor in comparison to others – 41% of care leavers aged 19-21 are not in education, employment or training (NEET) and by age 27, just 22% are in employment, this is compared to 57% of non-care leavers. When care leavers are in employment, they earn on average £6,000 less than their peers.

In the County area, a steady increase is shown over the years 2020 – 2022. There are higher rates of care leavers recorded for outside of the locality/Derbyshire – this needs further investigation.

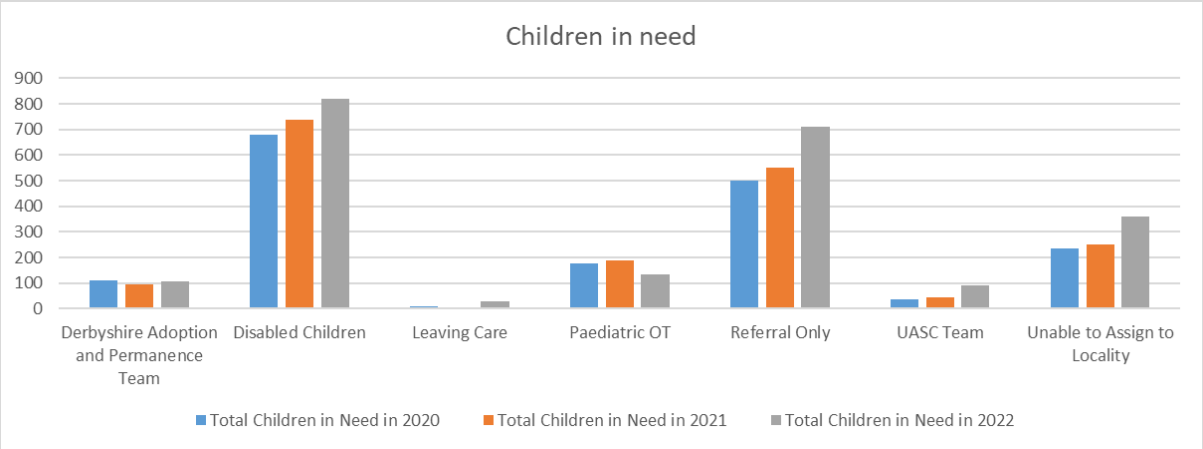


Children In Need

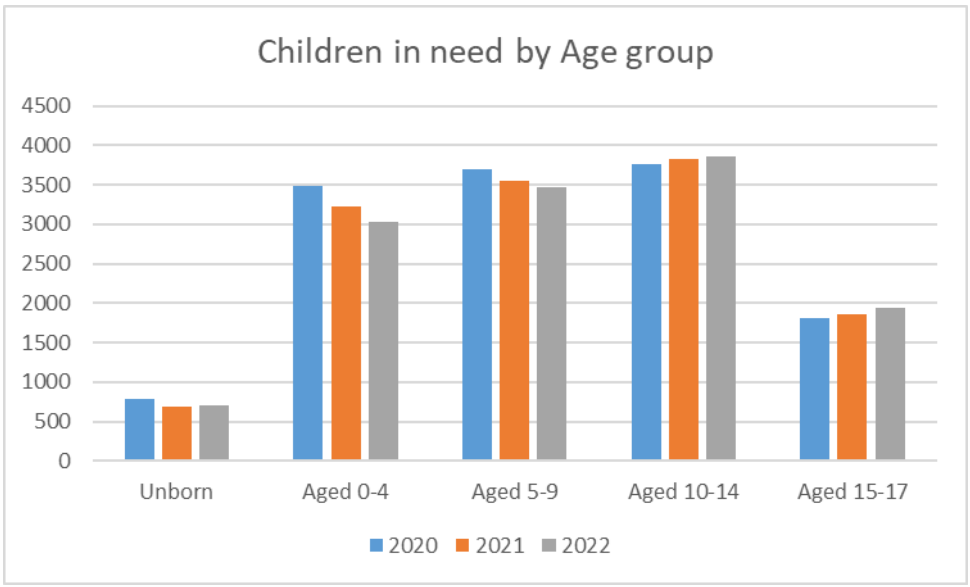
Children in Need appears to have declined across most districts.



However, there is an increasing trend in disabled children and referral only.

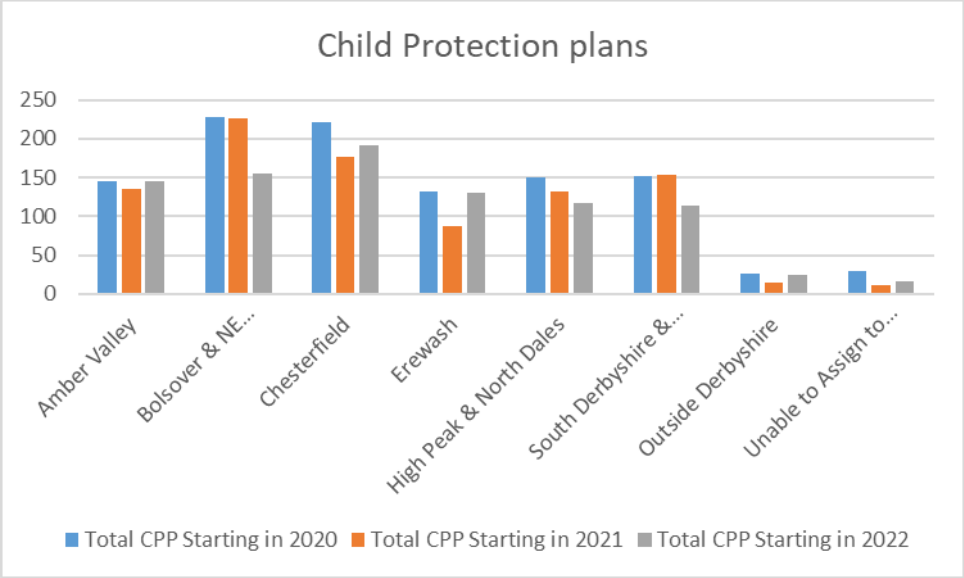


In the chart below, fewer children are aged 15-17, but this could be due to the smaller range of ages. Positively, Children in Need aged 0-4 is decreasing.



Child Protection Plans

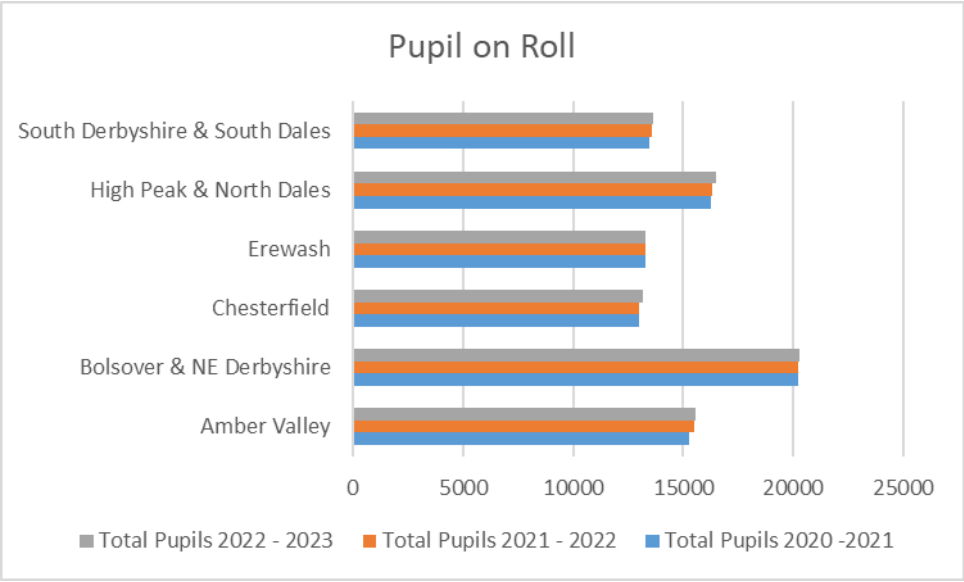
In the County there has been a general decrease in the number of child protection plans by area from 2020.



School / Education

Pupils on roll

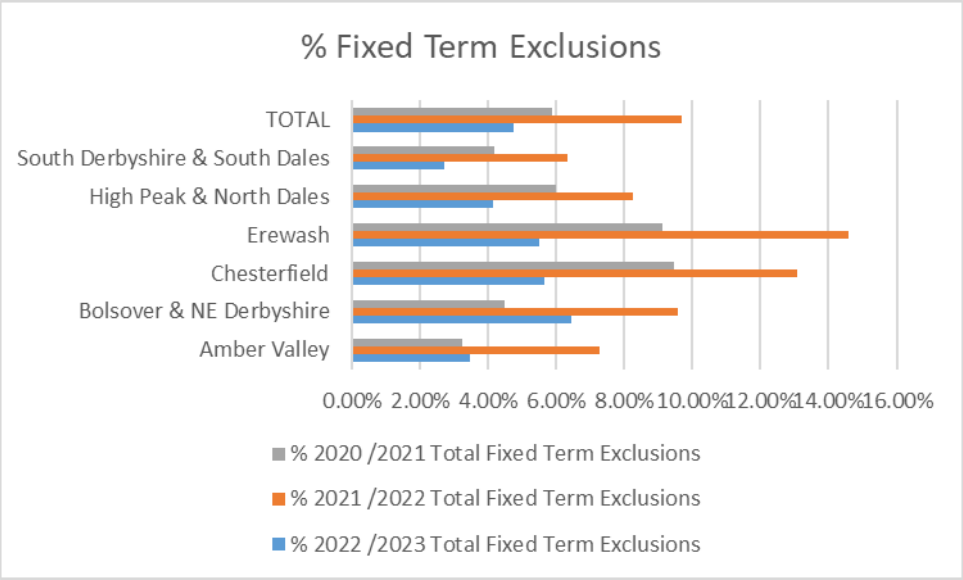
The number of pupils on roll in Derbyshire County schools has remained fairly consistent between the years 2020 and 2022.

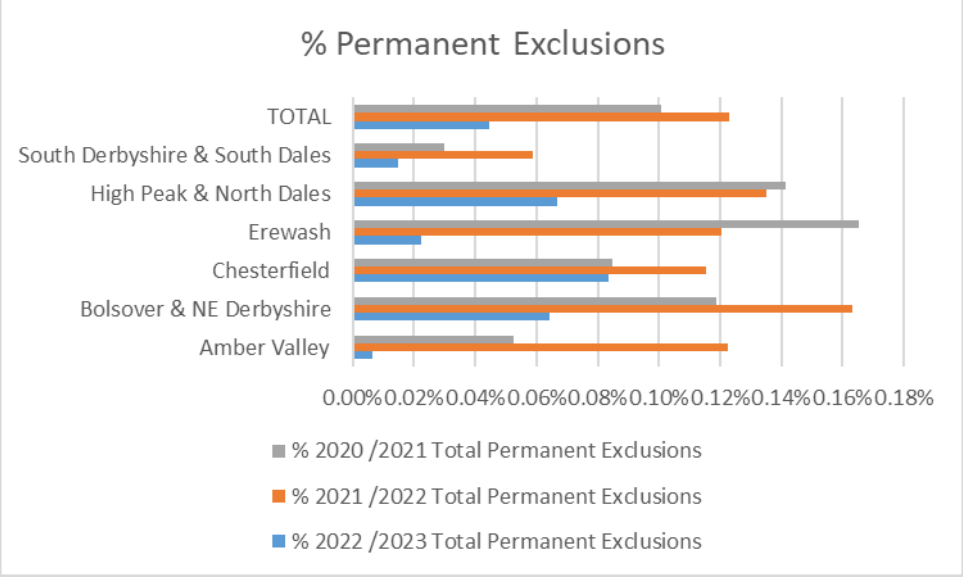


School exclusions

The data for school exclusions is incomplete for school year 2022/23 – with data only available for this SNA for that year from September – December 2022. Therefore, it

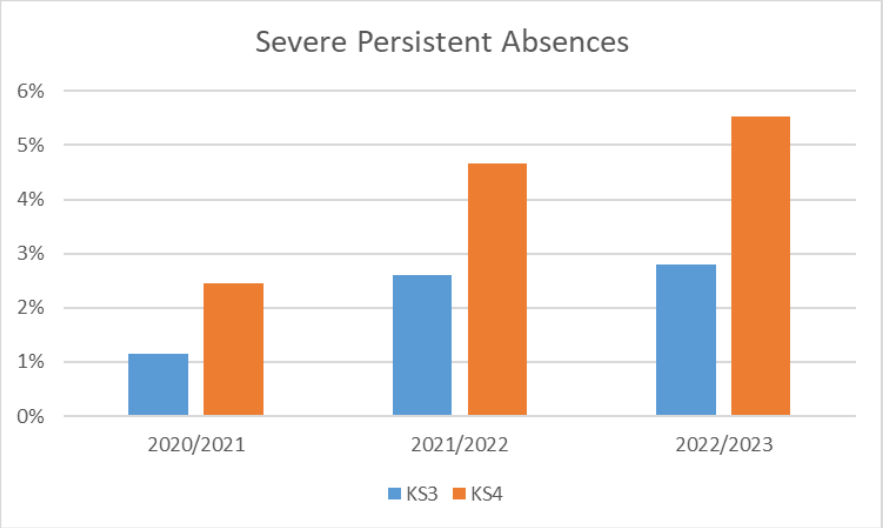
is unclear whether the increasing trend shown in 2021/22 is in fact an increasing trend, or whether the data is skewed due to Covid-19 affecting 2020/21 figures, and data for 2022/23 being incomplete. This will need further investigation.





Pupil absence

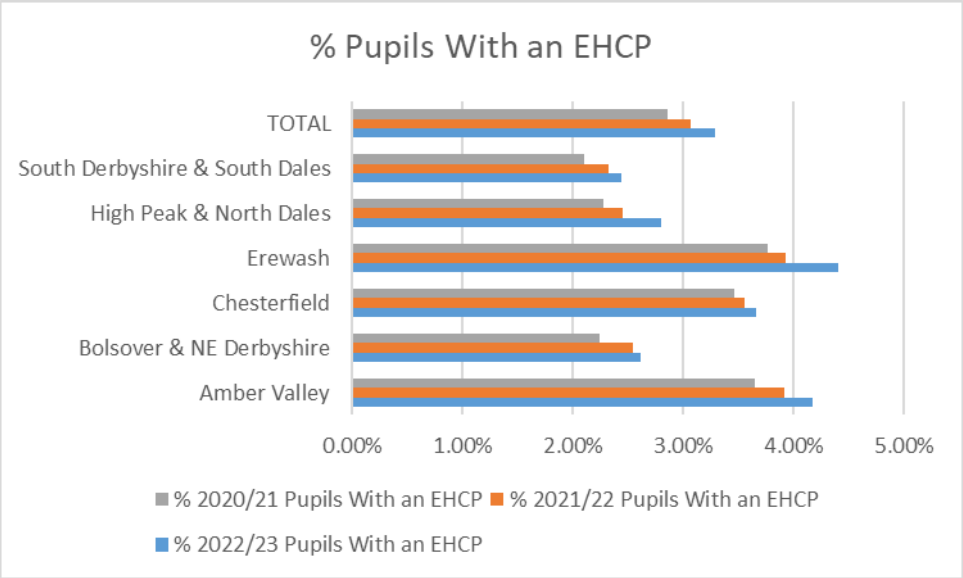
In the County there are more severe persistent absences each year, and these are more likely in older students. Persistent absences (not severe) are more likely in younger students. This could be considered alongside serious violence data at these ages; however, no direct correlation is apparent due to the low numbers. 2020 could also be considered to be an anomaly year due to Covid-19.



Erewash and Chesterfield have the highest proportions of severe persistent absences.

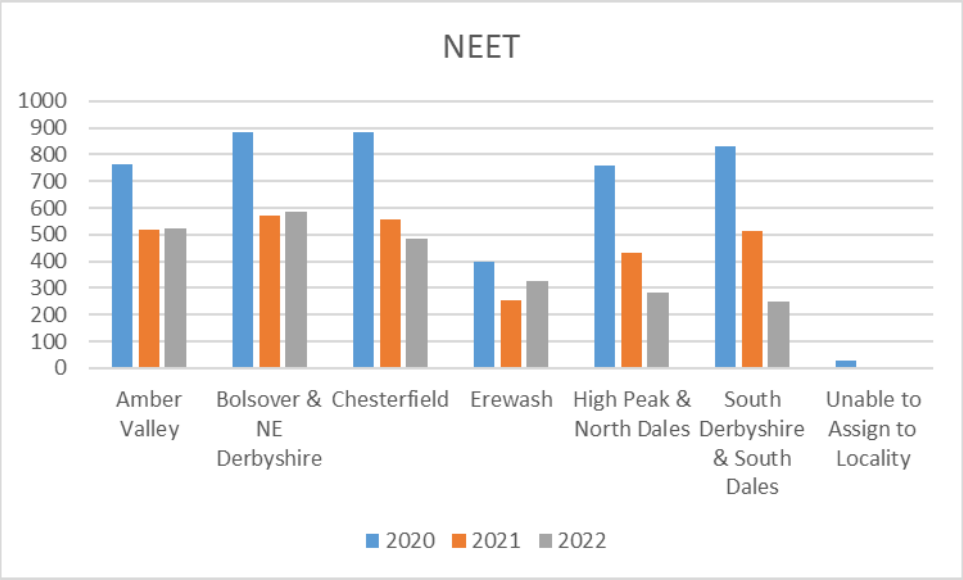
Special educational needs and additional needs

There has been a steady increase in the number of young people with an Education, Health and Care Plan (EHCP).



Young people not in education, employment or training (NEET)

In the County, there has been a downward trend of NEET over the past 3 years.



Substance misuse

Deaths from drug misuse

Drug misuse is a significant cause of premature mortality in the UK. Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15 to 49 age group in England. Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse. Deaths from drug misuse substantially increased in England in 2013 and 2014, with a 42% total increase over these two years.

Persons

The rate of mortality from drug misuse in both Derby and Derbyshire has been consistently similar to that for England over the latest few years, with all following an upward trend. Between 2018 and 2020 this equates to just under 50 and just over 100 deaths in Derby and Derbyshire, respectively.

Area Name	2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20
England	3.0	2.8	2.8	2.9	3.0	3.2	3.4	3.4	3.2	3.0	3.1	3.4	3.9	4.2	4.3	4.5	4.7	5.0
East Midlands region	2.6	2.6	2.3	2.3	2.4	2.6	2.8	2.8	2.6	2.4	2.6	2.8	3.0	3.0	3.3	3.6	3.8	4.0
Derbyshire	2.0	1.8	1.9	2.5	2.8	2.7	2.8	2.5	3.1	3.1	3.4	3.4	3.7	3.7	4.4	4.4	5.2	5.4
Derby	4.9	4.5	4.5	3.9	4.4	4.1	4.4	4.4	4.0	3.8	4.9	5.3	5.9	5.2	4.9	5.3	5.0	6.2

Because of the small numbers involved some district rates cannot be calculated, but it is clear that Chesterfield has a rate consistently significantly higher than the county average. Rates for Derbyshire Dales cannot be calculated.

Males

The rate of mortality from drug misuse in both Derby and Derbyshire has been consistently similar to that for England, except in the latest period where Derby's rate has become significantly higher. The rates for all are following an upward trend. Rates for males have been consistently significantly higher than for females. This equates to less than 13 and just over 15 deaths per year in Derby and Derbyshire, respectively.

Area Name	2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20
England	4.6	4.3	4.3	4.5	4.7	5.0	5.3	5.3	4.9	4.5	4.5	4.9	5.7	6.2	6.3	6.6	6.8	7.3
East Midlands region	4.0	4.0	3.7	3.7	3.8	4.0	4.3	4.1	3.9	3.6	3.7	4.1	4.4	4.6	5.0	5.4	5.6	5.8
Derbyshire	3.0	2.5	2.5	3.7	4.8	4.8	4.5	4.0	4.9	5.2	5.0	4.8	5.1	5.7	6.7	6.5	7.4	7.3
Derby	7.4	6.9	7.8	7.0	7.0	6.5	7.1	7.9	6.7	6.3	7.2	7.2	8.3	8.3	7.9	8.2	8.0	10.4

Because of the small numbers involved many district rates cannot be calculated, but it is clear that Chesterfield has a rate consistently significantly higher than the county average.

Females

The rate of mortality from drug misuse in Derbyshire is consistently similar to that for England, both following an upward trend. Recently, numbers of deaths in Derby have been too small to allow for rates to be published. In Derbyshire this equates to less than 3 deaths per year.

Area Name	2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20
England	1.3	1.3	1.3	1.3	1.3	1.4	1.5	1.5	1.5	1.6	1.7	1.9	2.1	2.3	2.3	2.5	2.6	2.8
East Midlands region	1.1	1.1	0.9	1.0	1.0	1.2	1.4	1.4	1.4	1.3	1.5	1.5	1.6	1.4	1.6	1.8	2.1	2.2
Derbyshire	0.9	1.2	1.4	1.4	1.1	0.9	1.2	1.2	1.3	1.1	1.8	1.9	2.4	1.8	2.1	2.3	3.0	3.7
Derby											2.7	3.4	3.4					

Numbers in the districts and boroughs of Derbyshire are consistently too small to allow the calculation of robust rates for females.

Hospital admissions due to substance misuse (15-24 years)

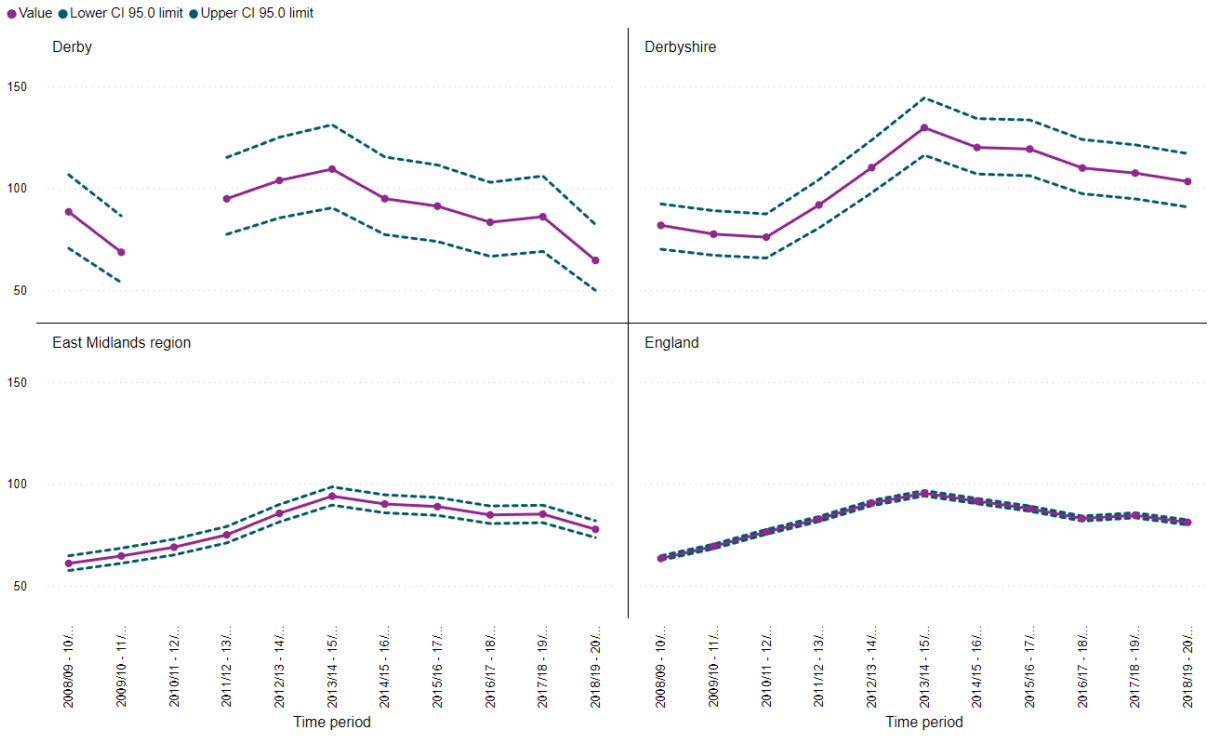
There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence. Among 10- to 15-year-olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

Definition: Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years.

Persons

The rate for Derbyshire has been consistently significantly higher than for England, whilst the rate for Derby has remained consistently similar to England. Thanks to the

Derby rate falling more quickly the Derbyshire rate is now significantly higher than it. This equates to just over 20 and just over 80 admissions per year in Derby and Derbyshire, respectively.



Males

The rate for Derbyshire has been consistently significantly higher than for England, whilst the rate for Derby, where available, has remained consistently similar to England. The current Derbyshire rate is significantly higher than the Derby rate. There are in the region of 10 and 50 admissions per year in Derby and Derbyshire, respectively.

Area Name	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	83.6	88.8	98.3	103.7	100.2	93.6	84.8	85.4	81.6
East Midlands region	77.2	78.7	92.4	101.8	100.2	96.6	88.1	87.7	79.2
Derbyshire	80.1	98.5	121.7	137.6	130.0	132.3	118.1	114.4	112.2
Derby							79.4	90.7	60.6

Females

Rates for both Derby and Derbyshire have been similar to those for England and each other in the last two periods.
There are in the region of 10 and 40 admissions per year in Derby and Derbyshire, respectively.

Area Name	2010/11 - 12/13	2011/12 - 13/14	2012/13 - 14/15	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
England	69.4	76.7	82.8	87.0	82.7	81.9	81.1	83.8	80.6
East Midlands region	60.6	71.4	78.6	85.9	79.5	80.6	81.2	82.4	76.0
Derbyshire	71.8	84.8	98.0	121.5	109.7	105.6	101.5	100.0	93.9
Derby							87.6	80.8	68.9

Mental Health

Psychotic disorders: QOF prevalence (all ages)

Definition: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
This indicator is not RAG rated as polarity is uncertain – higher proportions may indicate better case-finding rather than more disease.

Derby consistently has a significantly higher proportion of patients registered with serious mental illness than England and, for the most part, than Derbyshire. The proportion in Derbyshire is significantly lower than in England as a whole. Both Derby and Derbyshire reflect the national upward trend. In 2021/22 this equated to just under 3,000 and just over 7,100 patients in Derby and Derbyshire, respectively.

Depression: QOF prevalence (18+ years)

Depression affects different people in different ways, but it can include some or all of the following symptoms: feelings of sadness and hopelessness, losing interest in things, feeling tearful, feeling constantly tired, sleeping badly and having no appetite. It can result in significantly reduced quality of life for the patient, their family and carers. Depression is responsible for 12% of the global burden of non-fatal disease and is expected to be the world's second most disabling disease by 2020 (after cardiovascular disease). It is also responsible for 109 million lost working days every year in England at a cost of £9 billion.

Definition: The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.

Derbyshire's proportion of patients with depression is consistently significantly higher than either Derby's or England's. Derby's proportion is consistently significantly lower or similar to England's. The proportion of patients with diagnosed depression continues to rise locally and nationally. By 2020/21 almost 29,700 and just over 99,500 patients had been diagnosed with depression in Derby and Derbyshire, respectively.

Suicide and injury of undetermined intent

Detailed analysis of deaths from suicide and injury of undetermined intent can be found of the Derbyshire Observatory: https://observatory.derbyshire.gov.uk/life-expectancy-and/suicides/.

Key findings for 2020 are reproduced below: -

The number of deaths by suicide and injury of undetermined intent registered in 2020 was 18 for Derby City and 87 for Derbyshire County. 52% of the deaths registered in 2020 occurred in 2019, with a median time interval of 259 days between date of death and date of registration.

The 3-year pooled age-standardised rate for deaths from suicide and injury of undetermined intent in 2018-2020 for Derby City and Derbyshire County was similar to the national rate.

Of note for Derby City and Derbyshire County in 2020:

- 78% of the deaths from suicide and injury of undetermined intent registered in 2020 were males.
- The age specific rate of suicide and injury of undetermined intent was highest in the 45-59 age group for Derbyshire County combined with Derby City, although this was not significantly different to other age groups.
- A higher percentage of deaths from suicide and injury of undetermined intent were coded to the skilled trade occupational group, though occupation was not known for 29% of the deaths registered in 2020.
- At district level, there were no significant differences between districts for deaths registered for 2018-2020.
- There was no clear pattern with rates of death and level of deprivation.
- 53% of deaths registered in 2020 occurred within the home environment and 32% occurred in other outdoor settings which included parks and open spaces, car parks, commercial buildings and other residential locations.
- 59% of male deaths and 39% of female deaths were due to hanging, strangulation or suffocation.

Suicide

Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

Definition: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.

Persons

The suicide rates for both Derby and Derbyshire are consistently similar to that for England and to each other's; there are no clear trends. The rate for 2019-21 equates to just over 80 deaths per year in Derbyshire and just under 20 per year in Derby.

All of the districts and boroughs within Derbyshire consistently have rates that are similar to the county average, as well as Derby's and each other's rates.

Males

Suicide rates for males are consistently significantly higher than for females, being about three times the rates for the latter. However, the male suicide rates for both Derby and Derbyshire are consistently similar to that for England and each other's and there are no clear trends. Between 2019 and 2021 the number of suicides in Derby was just over 16 per year and just over 60 per year in Derbyshire.

Area Name	2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20	2019 - 21
England	15.9	15.6	15.4	15.1	14.5	14.4	14.5	14.6	14.7	14.8	15.5	15.8	15.8	15.3	14.7	14.9	15.5	15.9	15.9
East Midlands region	15.9	15.6	15.6	15.0	14.5	13.8	13.8	13.1	13.6	14.2	15.3	15.9	15.8	15.1	13.8	13.6	14.6	15.5	16.3
Derbyshire	15.5	14.6	13.5	10.8	11.0	10.3	10.7	10.2	11.3	12.4	12.8	14.9	17.2	17.0	14.5	12.3	13.6	16.3	17.7
Derby	16.9	16.3	13.6	15.1	18.5	19.4	20.6	17.2	16.9	15.4	16.6	17.3	17.5	16.5	12.5	12.3	12.8	15.1	15.2

All of the districts and boroughs within Derbyshire consistently have rates that are similar to the county average. Occasionally numbers have been so small as to prevent the calculation of robust rates. The only significant difference between the district rates is that South Derbyshire is lower than Chesterfield.

Females

Suicide rates are significantly lower amongst females than amongst males, being about a third of the latter. In some years numbers for Derby have been too small for the calculation of robust rates. However, the female suicide rates for both Derby and Derbyshire are consistently similar to that for England and each other and there are no clear trends. Between 2019 and 2021 there were 3 suicides per year in Derby and just over 20 per year in Derbyshire.

Area Name	2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20	2019 - 21
England	5.1	5.2	5.2	5.0	4.6	4.4	4.4	4.5	4.5	4.4	4.4	4.5	4.7	4.8	4.7	4.7	4.9	5.0	5.2
East Midlands region	4.8	5.0	4.9	4.9	4.3	4.3	4.4	4.5	4.4	3.9	3.8	4.1	4.4	4.3	4.1	4.1	4.6	4.6	4.7
Derbyshire	4.1	4.6	4.7	5.0	4.4	3.5	3.5	3.8	3.7	3.2	2.3	3.5	3.7	4.5	3.5	4.7	5.4	6.4	5.7
Derby	5.4	5.5	4.9	5.2	6.6	5.4	5.9	4.4	4.1			4.1	3.6	3.6		3.5	3.5	3.5	

Numbers in the districts and boroughs of Derbyshire are consistently too small to allow the calculation of robust rates for females.

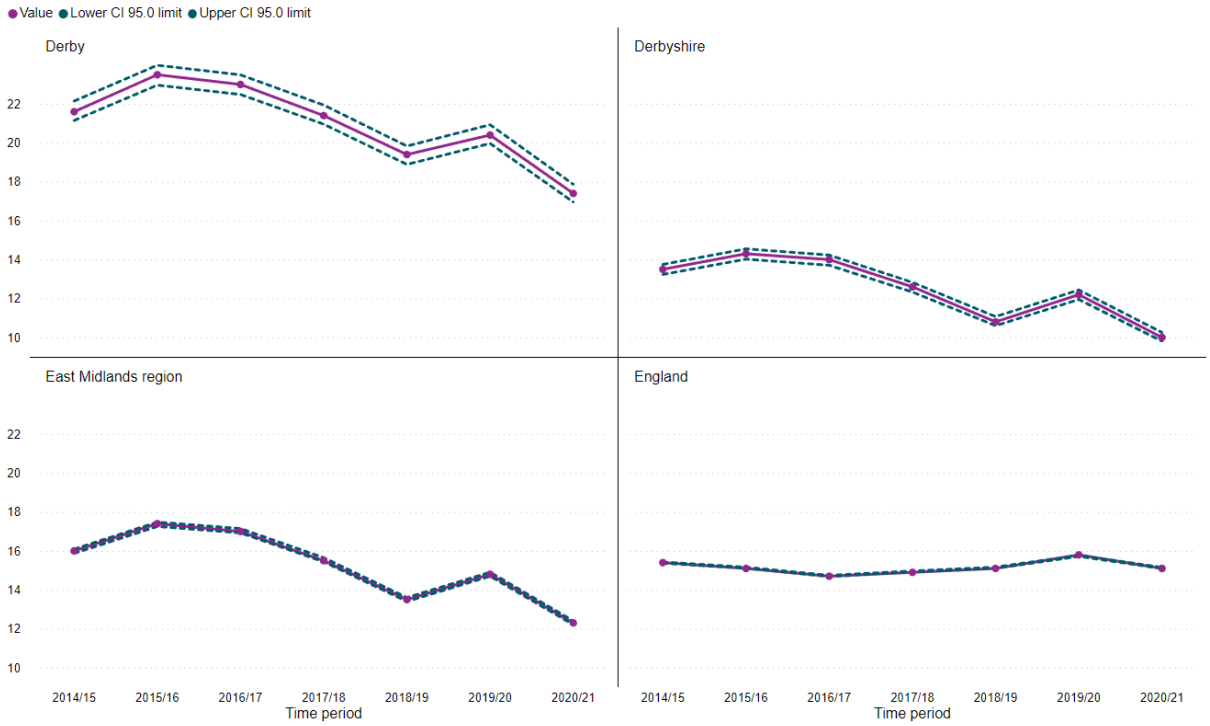
Poverty

Fair Society Healthy Lives (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

Children in absolute low-income families (under 16s)

Definition: Percentage of children (<16) in a local area, living in absolute low-income families. Absolute low income takes the 60 per cent of median income threshold from 2010/11 and then fixes this in real terms (i.e., the line moves with inflation).
The percentage in Derby is consistently significantly higher than the rates in England

and Derbyshire. The rate in Derbyshire is consistently significantly lower than the England rate. There is a clear downward trend both nationally and locally. The 2020/21 rates equate to just over 11,000 and just over 13,800 children in Derby and Derbyshire, respectively.



Both Bolsover and Chesterfield have percentages consistently significantly higher than the county average, they are also significantly higher than any of the other districts, but lower than Derby. Derbyshire Dales, Erewash and High Peak have significantly lower rates that the county average.

Area Name	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Amber Valley	12.20	13.00	13.30	12.10	10.20	12.30	10.10
Bolsover	17.90	19.30	18.50	15.70	14.10	14.90	12.30
Chesterfield	17.80	18.30	17.80	15.70	13.60	14.60	11.50
Derbyshire Dales	10.60	10.70	10.90	10.40	8.90	9.80	8.80
Erewash	13.20	14.00	13.70	12.40	10.60	11.50	9.20
High Peak	12.10	12.80	12.00	10.90	8.80	10.40	8.70
North East Derbyshire	13.70	14.80	14.00	12.90	11.00	12.20	10.00
South Derbyshire	10.80	11.50	11.50	10.50	9.40	11.30	9.50

Fuel poverty (low income, low energy efficiency methodology)

A household is considered to be fuel poor if they are living in a property with a fuel energy efficiency rating of band D or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

Definition: The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology.

No confidence intervals have been published so assessment of statistical differences is not possible. Fuel poverty is a little higher in Derbyshire than England as a whole but much higher in Derby. For 2020 this equates to just over 18,000 and just under 50,000 households in Derby and Derbyshire, respectively. Amongst the districts, fuel poverty is highest in Bolsover and Chesterfield, where it is almost as high as in Derby.

Income and work

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing, where appropriate for the individual.

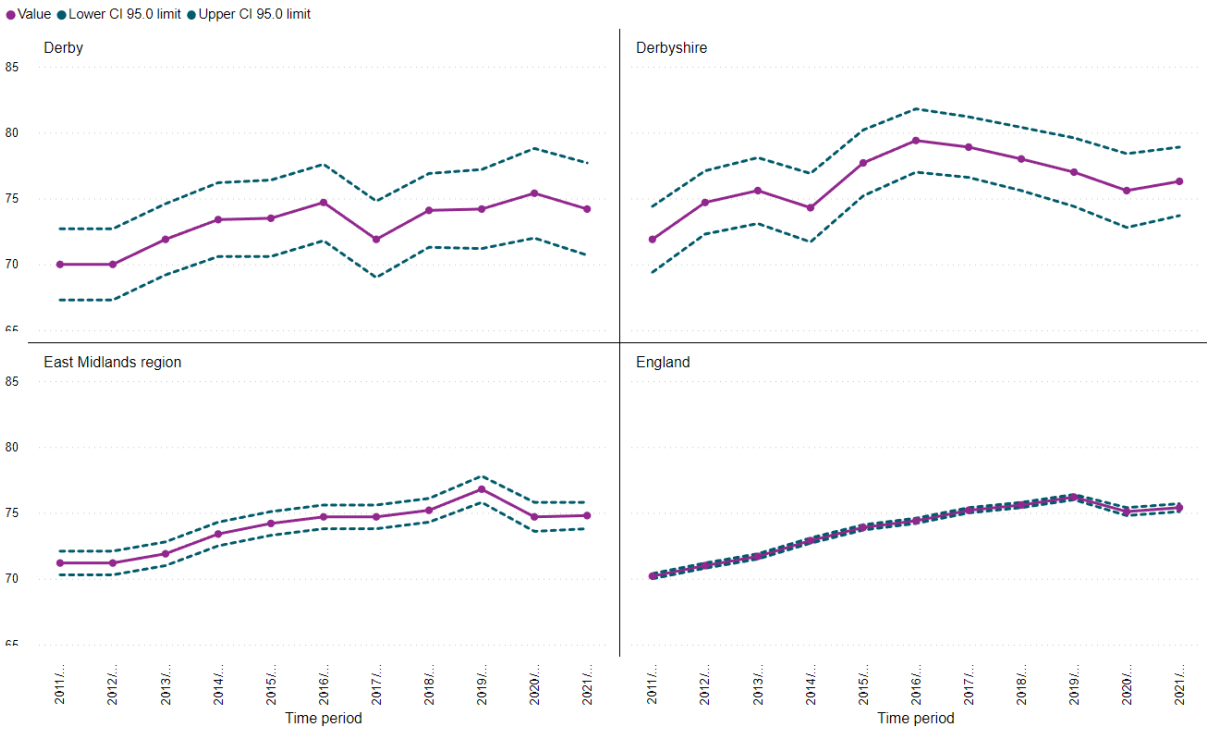
Percentage of people in employment (aged 16-64)

Definition: The percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).

Recently the percentage of people in employment in both Derbyshire and Derby has been similar to the level in England as a whole, and there has been a slight upward trend overall. This equates to 118,900 and 367,600 people in work in Derby and Derbyshire, respectively.

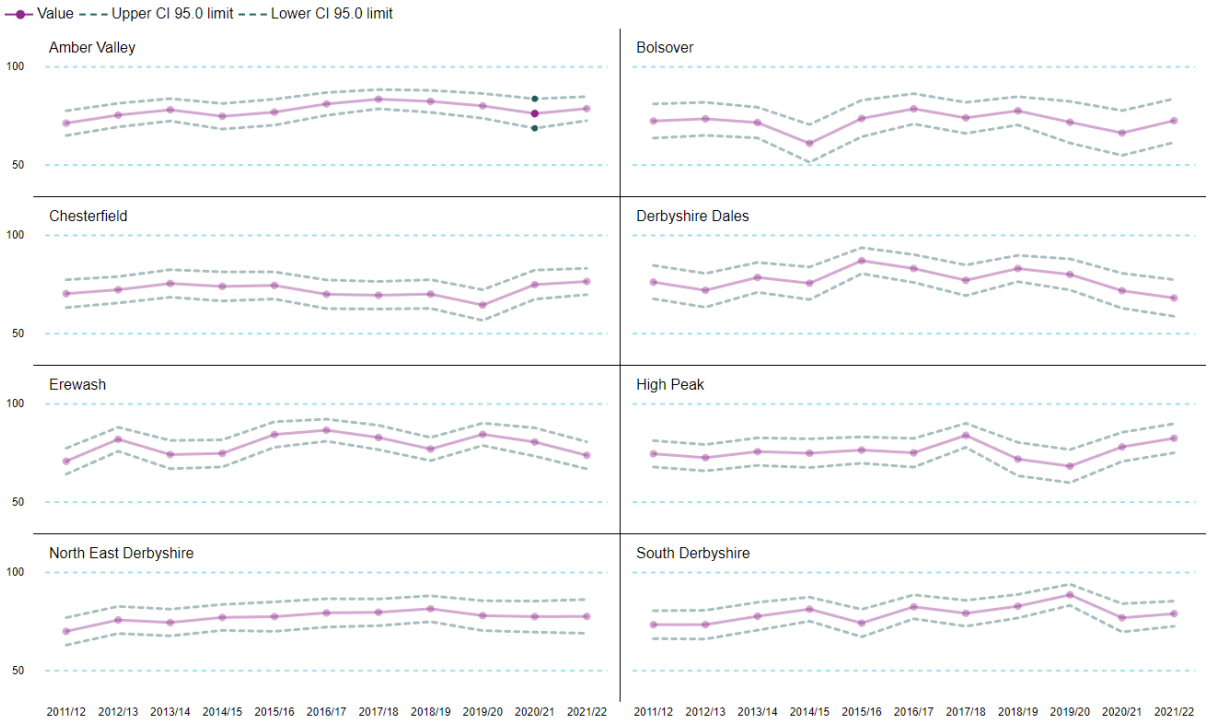
Persons

Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
England	70.2	71.0	71.7	72.9	73.9	74.4	75.2	75.6	76.2	75.1	75.4
East Midlands region	71.2	71.2	71.9	73.4	74.2	74.7	74.7	75.2	76.8	74.7	74.8
Derbyshire	71.9	74.7	75.6	74.3	77.7	79.4	78.9	78.0	77.0	75.6	76.3
Derby	70.0	70.0	71.9	73.4	73.5	74.7	71.9	74.1	74.2	75.4	74.2



Although there have been significant differences in the past, currently all districts have employment at levels similar to that of the county as a whole, as well as Derby. There is a large variation between the districts, with High Peak at 82.3% and Derbyshire Dales at 67.9%, but the differences are not statistically significant.

Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Amber Valley	71.10	75.20	77.90	74.60	76.70	80.90	83.30	82.20	79.90	76.00	78.50
Bolsover	72.20	73.30	71.40	60.80	73.50	78.40	73.80	77.40	71.60	66.10	72.40
Chesterfield	70.10	72.10	75.30	73.80	74.30	69.80	69.30	69.90	64.30	74.70	76.30
Derbyshire Dales	76.00	71.80	78.40	75.40	86.90	82.90	76.90	82.90	79.90	71.60	67.90
Erewash	70.60	81.80	74.00	74.60	84.20	86.40	82.70	76.80	84.30	80.40	73.60
High Peak	74.40	72.40	75.50	74.70	76.30	74.90	83.80	71.70	68.10	77.90	82.30
North East Derbyshire	69.80	75.60	74.30	76.90	77.30	79.20	79.50	81.30	77.80	77.30	77.40
South Derbyshire	73.20	73.20	77.50	81.10	74.00	82.30	79.00	82.60	88.40	76.70	78.80



Males

Both Derbyshire and Derby have been at a similar level to England as a whole. These rates equate to 66,600 and 182,500 men in work in 2021/22 in Derby and Derbyshire, respectively.

Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
England	75.4	76.3	76.9	78.2	79.2	79.5	80.0	80.3	80.2	78.5	79.1
East Midlands region	76.8	76.5	76.6	78.5	79.6	78.8	79.7	79.7	80.6	78.2	77.6
Derbyshire	80.2	79.6	80.1	77.2	81.9	83.7	83.7	81.2	79.8	75.0	78.4
Derby	74.1	74.8	77.3	78.8	79.1	80.8	77.5	78.9	78.9	77.7	77.9

Although there have been significant differences in the past, currently all districts have employment at levels similar to that of the county as a whole. There is a large variation between the districts, with South Derbyshire at 85.5% and Derbyshire Dales at 66.9%, but the differences are not statistically significant.

Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Amber Valley	81.40	78.50	84.60	85.20	82.80	87.50	86.50	81.00	79.10	78.50	84.00
Bolsover	79.20	72.10	77.40	67.90	82.60	86.70	80.90	79.30	71.40	56.70	68.00
Chesterfield	72.40	77.40	82.10	78.50	79.20	81.00	78.70	72.90	67.00	70.30	78.70
Derbyshire Dales	89.80	79.80	78.00	77.80	92.50	83.60	74.30	85.20	89.90	67.30	66.90
Erewash	77.60	88.70	71.40	70.70	86.30	88.20	88.30	81.50	88.50	78.80	77.80
High Peak	84.40	75.10	79.30	78.70	73.90	75.30	89.60	74.90	64.20	74.10	83.30
North East Derbyshire	75.70	81.00	83.60	76.60	82.20	79.60	80.20	86.10	84.20	84.50	77.00
South Derbyshire	85.00	81.90	83.40	79.20	78.50	86.40	86.80	89.60	94.40	84.80	85.50

Females

For much of the last decade the employment rate for females in Derbyshire has been significantly higher than for England but it is now similar. During this time, Derby has consistently had a rate similar to England – consistently lower than Derbyshire's rate, but rarely significantly so. Female employment still lags male, but there is a slight upward trend and for the last 3 years the difference has not been significant. These rates equate to 52,300 and 185,000 women in work in 2021/22 in Derby and Derbyshire, respectively.

Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
England	65.0	65.7	66.5	67.6	68.8	69.5	70.5	70.9	72.3	71.8	71.8
East Midlands region	65.6	66.0	67.4	68.3	68.9	70.6	69.7	70.7	73.0	71.3	72.0
Derbyshire	63.7	69.9	71.1	71.4	73.6	75.2	74.2	74.8	74.3	76.1	74.3
Derby	65.8	65.2	66.4	67.9	67.7	68.3	66.2	69.2	69.3	72.9	70.0

Although there have been significant differences in the past, currently all districts have employment at levels similar to that of the county as a whole. There is a large variation between the districts, with High Peak at 81.2% and Derbyshire Dales at 69.0%, but the differences are not statistically significant. There are no significant differences between male and female rates at district level.

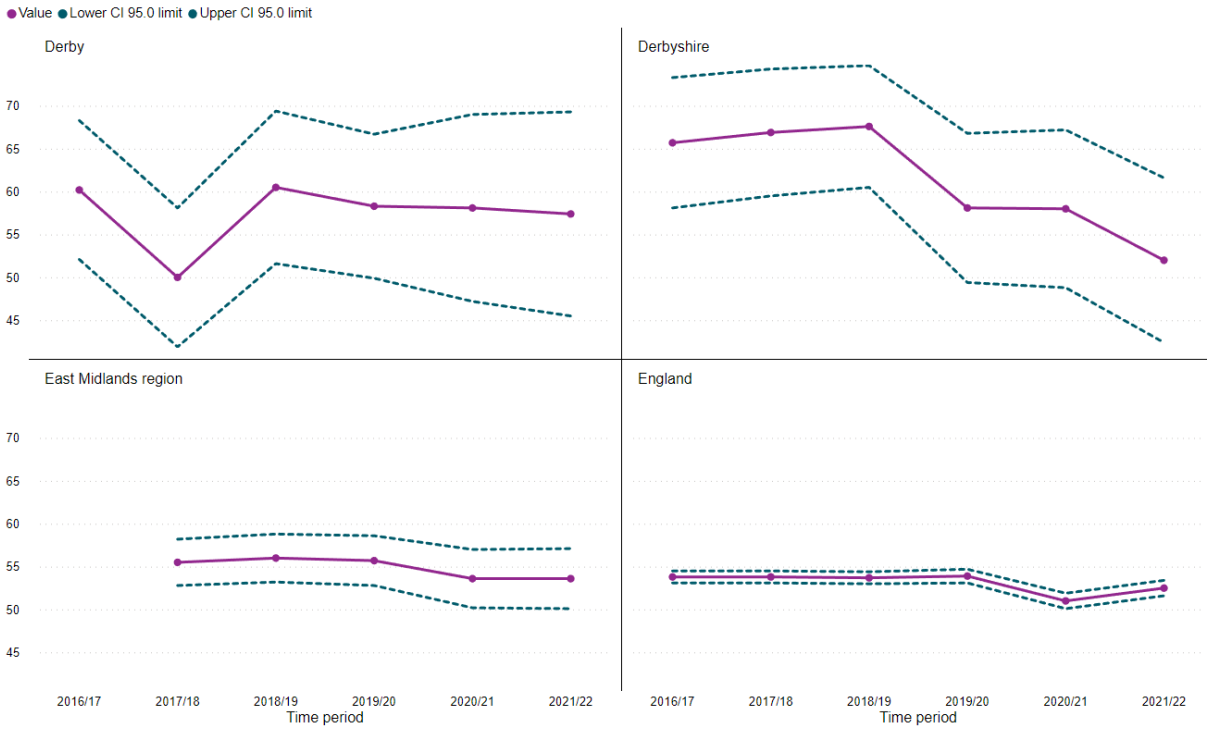
Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Amber Valley	61.10	71.90	71.60	64.60	71.10	74.60	80.40	83.40	80.70	73.40	73.40
Bolsover	64.90	74.40	65.40	53.90	64.10	70.00	66.80	75.60	71.90	77.30	76.90
Chesterfield	67.80	66.70	68.60	69.00	69.40	58.50	59.50	67.10	62.10	79.40	73.50
Derbyshire Dales	62.00	64.30	78.70	73.00	81.40	82.20	79.30	80.70	69.40	75.60	69.00
Erewash	64.30	75.20	76.60	78.60	82.20	84.70	77.30	72.30	80.50	81.60	70.50
High Peak	64.20	69.70	71.80	70.80	78.70	74.50	78.30	68.70	72.00	81.60	81.20
North East Derbyshire	64.00	70.30	65.10	77.10	72.40	78.80	78.70	76.50	71.60	70.80	77.80
South Derbyshire	61.30	64.40	71.50	83.00	69.60	78.10	71.50	75.70	82.60	69.30	73.10

Percentage of people in employment (aged 16-24)

Definition: The percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 24).

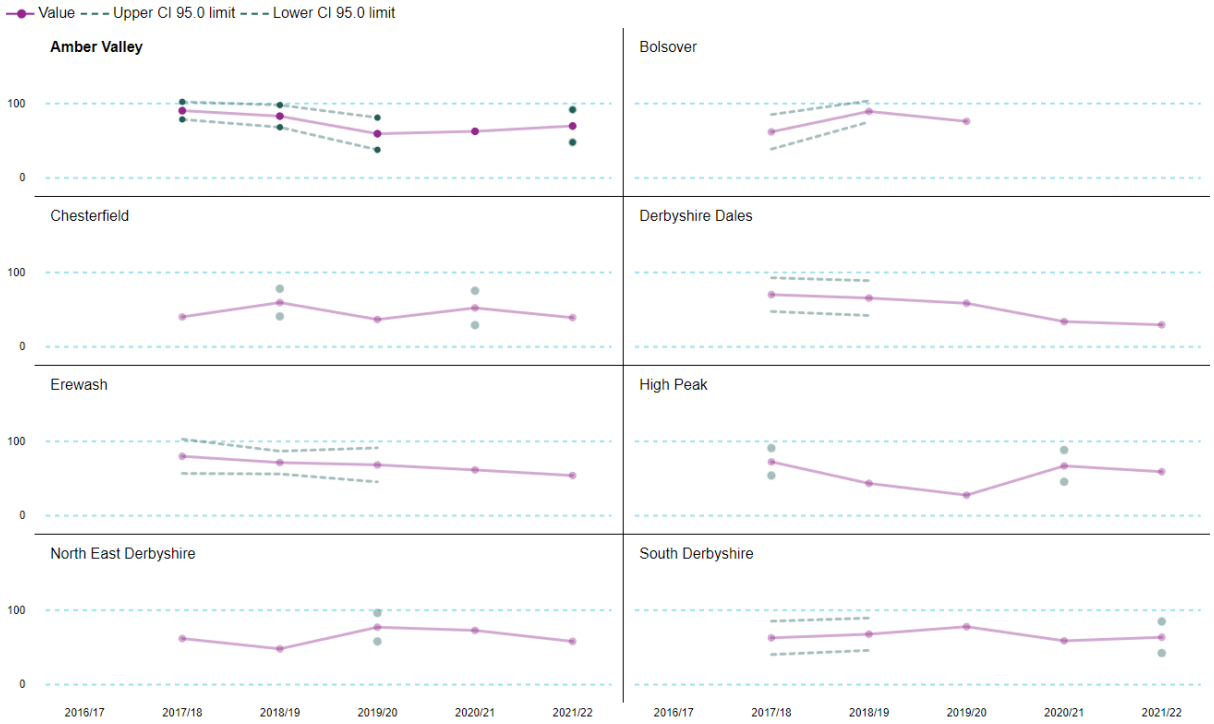
In the last three years there has been no significant difference in the youth employment rate between either Derby or Derbyshire and England as a whole. Differences between Derby and Derbyshire have never been significant, but relative positions have changed with the rate in Derby now the higher. Both show a downward trend which is more marked in Derbyshire. In 2021/22 the rates indicate 14,800 and 38,200 young people in work in Derby and Derbyshire, respectively.

Area Name	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
England	53.8	53.8	53.7	53.9	51.0	52.5
East Midlands region		55.5	56.0	55.7	53.6	53.6
Derbyshire	65.7	66.9	67.6	58.1	58.0	52.0
Derby	60.2	50.0	60.5	58.3	58.1	57.4



Small numbers mean that confidence intervals are not available in many cases at district level and therefore statistical significance cannot be assessed, although large differences are indicated.

Area Name	2017/18	2018/19	2019/20	2020/21	2021/22
Amber Valley	89.80	82.40	58.80	62.00	69.20
Bolsover	61.30	88.80	75.40		
Chesterfield	39.60	58.90	36.10	51.70	38.60
Derbyshire Dales	69.50	64.90	57.90	33.30	29.00
Erewash	79.20	70.80	67.70	60.90	53.40
High Peak	71.80	42.80	27.00	66.30	58.50
North East Derbyshire	61.30	47.40	76.50	72.20	57.40
South Derbyshire	62.20	67.10	77.20	58.20	63.00

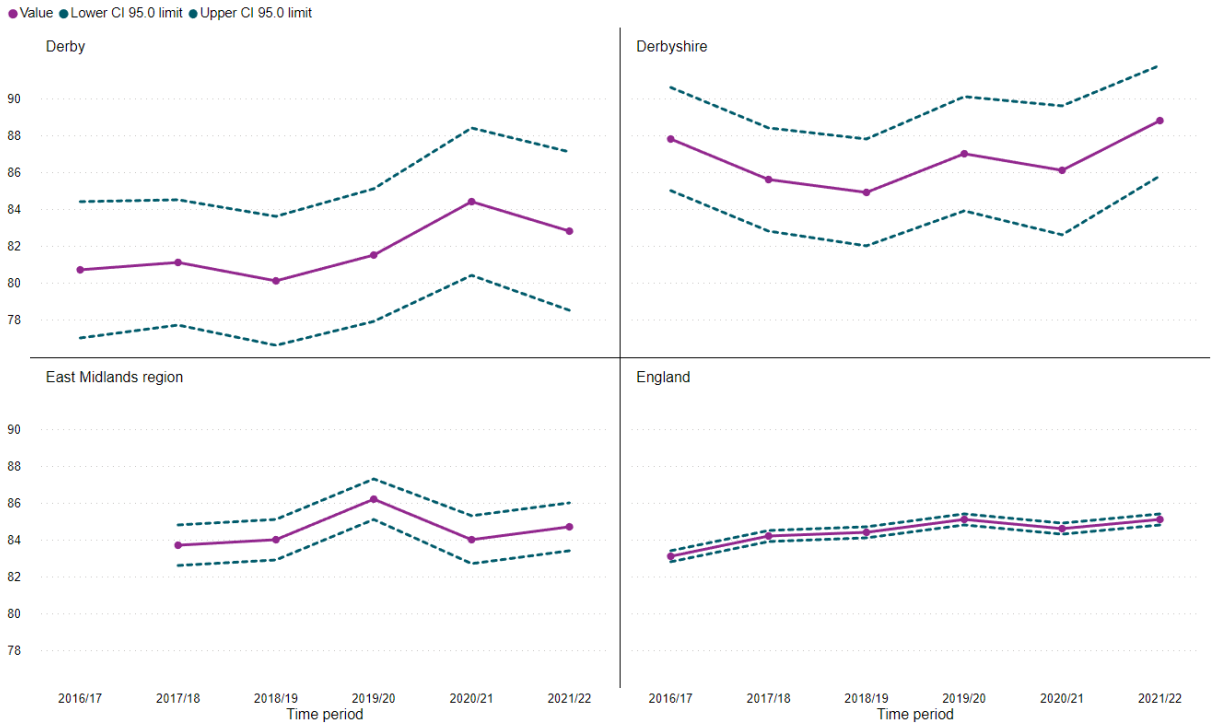


Percentage of people in employment (aged 25-49)

Definition: The percentage of all respondents in the Labour Force Survey classed as employed (aged 25 to 49).

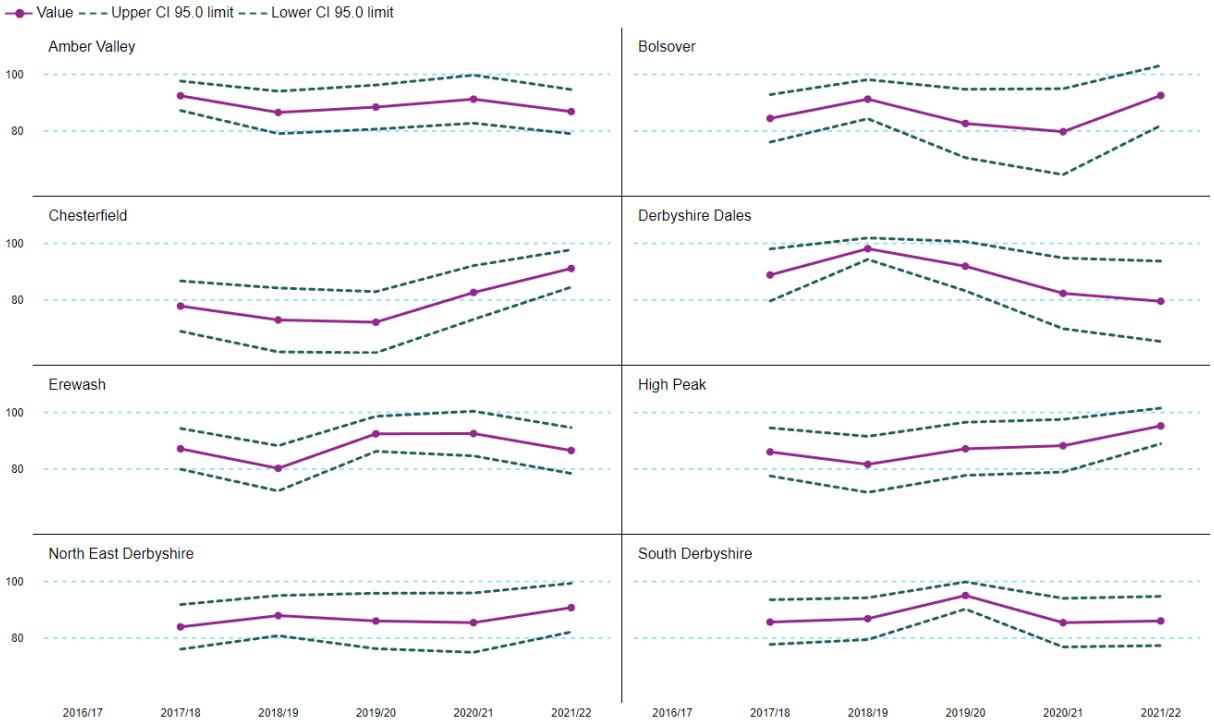
Derbyshire currently has a significantly higher rate than England, with Derby's rate being similar to England. Derbyshire's rate is consistently higher than Derby's, though not significantly so. These rates indicate 73,800 and 203,800 people in work in Derby and Derbyshire, respectively.

Area Name	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
England	83.1	84.2	84.4	85.1	84.6	85.1
East Midlands region		83.7	84.0	86.2	84.0	84.7
Derbyshire	87.8	85.6	84.9	87.0	86.1	88.8
Derby	80.7	81.1	80.1	81.5	84.4	82.8



At district level there are no significant differences between rates, although there is a wide range between Derbyshire Dales at 79.4% and High Peak at 95.1%. High Peak has a significantly higher rate than Derby.

Area Name	2017/18	2018/19	2019/20	2020/21	2021/22
Amber Valley	92.30	86.40	88.30	91.10	86.70
Bolsover	84.30	91.10	82.50	79.60	92.40
Chesterfield	77.70	72.80	72.00	82.50	91.00
Derbyshire Dales	88.70	98.00	91.80	82.20	79.40
Erewash	87.00	80.10	92.30	92.40	86.40
High Peak	85.90	81.50	87.00	88.10	95.10
North East Derbyshire	83.80	87.80	85.90	85.30	90.60
South Derbyshire	85.50	86.70	94.90	85.30	85.90

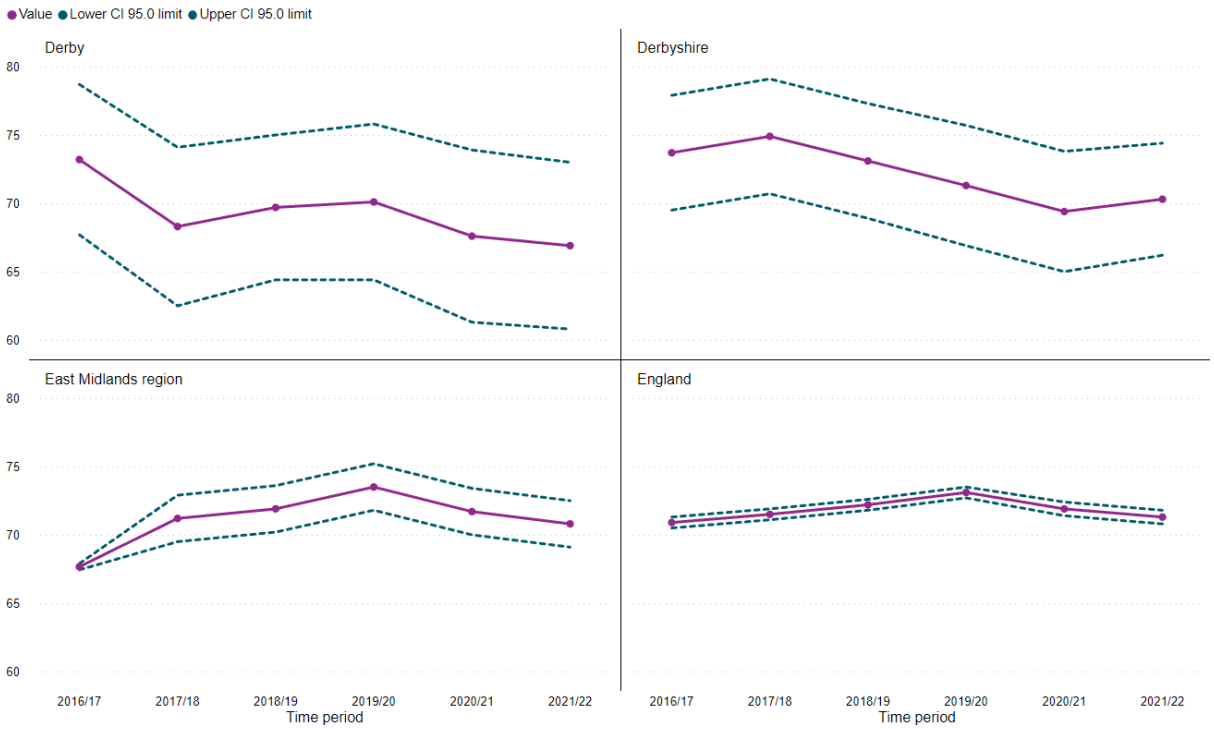


Percentage of people in employment (aged 50-64)

Definition: The percentage of all respondents in the Labour Force Survey classed as employed (aged 50 to 64).

Both Derby and Derbyshire have rates consistently similar to England's and there are no significant differences between them. These rates indicate 30,300 and 125,600 older people in work in Derby and Derbyshire, respectively.

Area Name	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
England	70.9	71.5	72.2	73.1	71.9	71.3
East Midlands region	67.7	71.2	71.9	73.5	71.7	70.8
Derbyshire	73.7	74.9	73.1	71.3	69.4	70.3
Derby	73.2	68.3	69.7	70.1	67.6	66.9



All district and borough rates are consistently similar to the county and there are no significant differences between them although they range from 64.2% in Erewash to 78% in South Derbyshire.

Area Name	2017/18	2018/19	2019/20	2020/21	2021/22
Amber Valley	72.60	77.40	78.80	66.50	73.10
Bolsover	58.10	48.70	51.70	54.40	66.10
Chesterfield	73.30	72.60	68.60	76.60	71.10
Derbyshire Dales	69.90	75.70	75.60	74.40	72.00
Erewash	76.20	75.60	79.40	75.70	64.20
High Peak	88.40	63.80	62.20	70.40	72.80
North East Derbyshire	79.30	81.90	68.30	68.80	64.90
South Derbyshire	76.80	82.60	79.10	67.90	78.00

The percentage of the population with a physical or mental long term health condition in employment (aged 16-64)

Only around half of disabled people are in work but many disabled people including people with long term mental health conditions want to work and could do so with the right support. This employment inequality means too many people are missing out on the range of positive impacts that come with paid employment, including good health and social outcomes.

Definition: The percentage of respondents in the Annual Population Survey who have a physical or mental long term health condition who are classified as employed (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker (International Labour Organisation definition of basic economic activity) aged 16 to 64).

The employment rates for both Derby and Derbyshire are similar to those for England as a whole and to each other. The rate for Derbyshire has shown an appreciable but not statistically significant rise year on year.

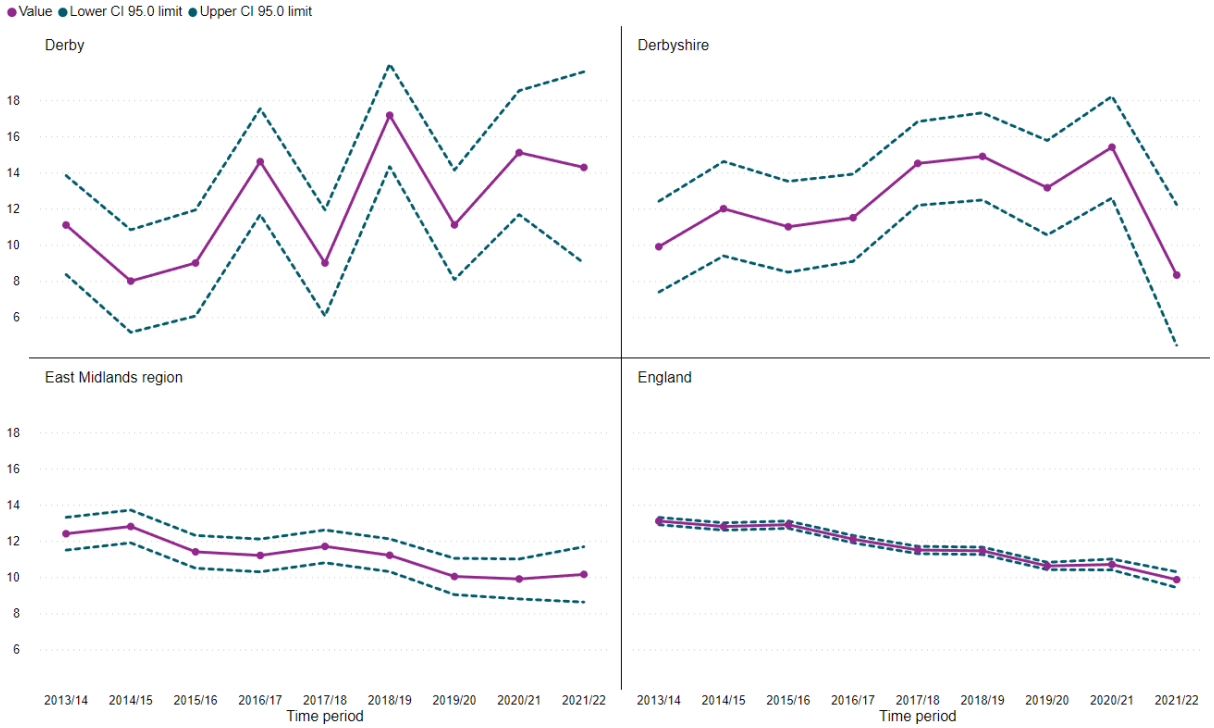
All district rates are similar to the county rates. There is a wide range between Amber Valley at 59.0% and South Derbyshire at 73.7%, but no significant differences. All districts have shown some improvement year on year, with Bolsover showing a particularly large change – although even this is not statistically significant.

Gap in the employment rate between those with a physical or mental long term health condition (aged 16-64) and the overall employment rate

Although small numbers mean trends are difficult to distinguish at a local level, the

gap for both Derby and Derbyshire has worsened over time, at the same time that the gap nationally has fallen. However, in the latest data the respective gaps are similar to England's.

Area Name	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
England	13.1	12.8	12.9	12.1	11.5	11.5	10.6	10.7	9.9
East Midlands region	12.4	12.8	11.4	11.2	11.7	11.2	10.0	9.9	10.2
Derbyshire	9.9	12.0	11.0	11.5	14.5	14.9	13.2	15.4	8.3
Derby	11.1	8.0	9.0	14.6	9.0	17.2	11.1	15.1	14.3

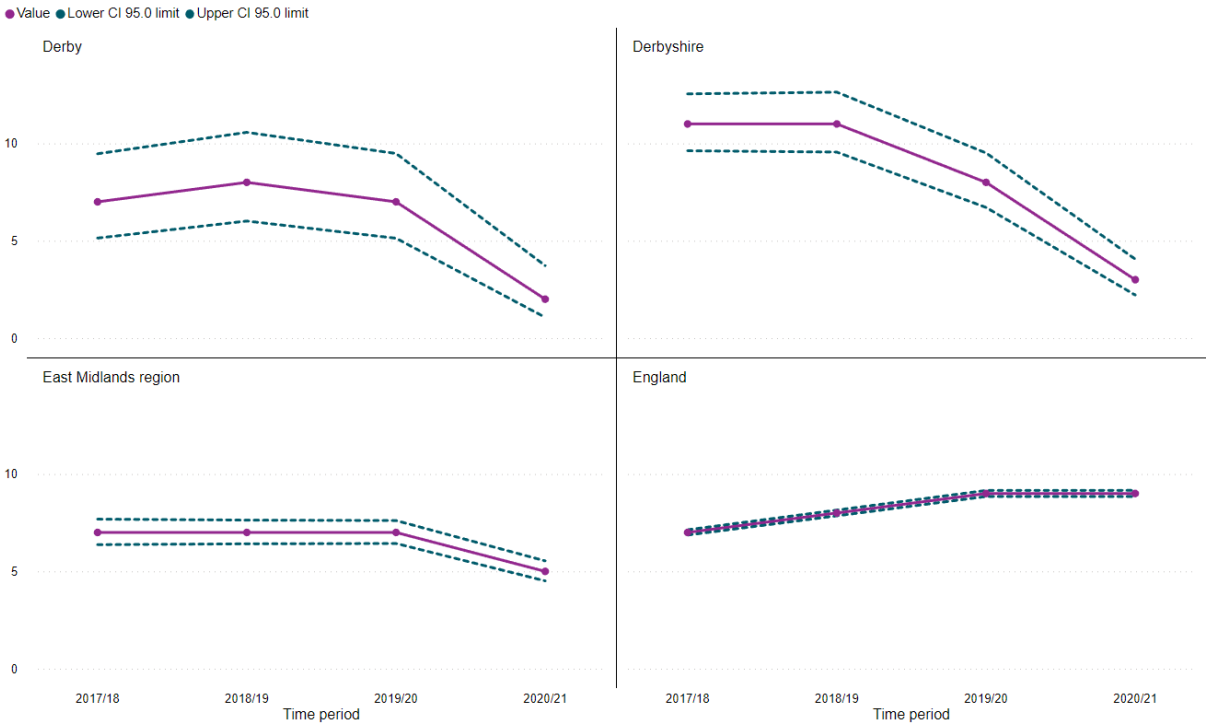


The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18-69)

The relationship between mental health and unemployment is bi-directional. Good mental health is a key influence on employability, finding a job, and remaining in that job. Unemployment causes stress, which ultimately has long term physiological health effects and can have a negative impact on mental health, including depression, anxiety, and lower self-esteem. Getting back into employment increases the likelihood of reporting improved health (from poor to good) almost threefold, and boosts quality of life almost twofold.

Persons

Rates for Derby and Derbyshire have shown an appreciable, though not significant, decline in recent years at the same time as a small rise in England which leads to both being significantly lower than for England.



Males

Rates for Derby and Derbyshire have shown an appreciable, though not significant, decline in recent years at the same time as a small rise in England which leads to both being significantly lower than for England.

Area Name	2017/18	2018/19	2019/20	2020/21
England	6.0	7.0	8.0	7.0
East Midlands region	5.0	6.0	6.0	6.0
Derbyshire	9.0	10.0	8.0	3.0
Derby	6.0	7.0	6.0	1.0

Females

Rates for Derby and Derbyshire have shown an appreciable, though not significant, decline in recent years at the same time as a small rise in England which leads to both being significantly lower than for England.

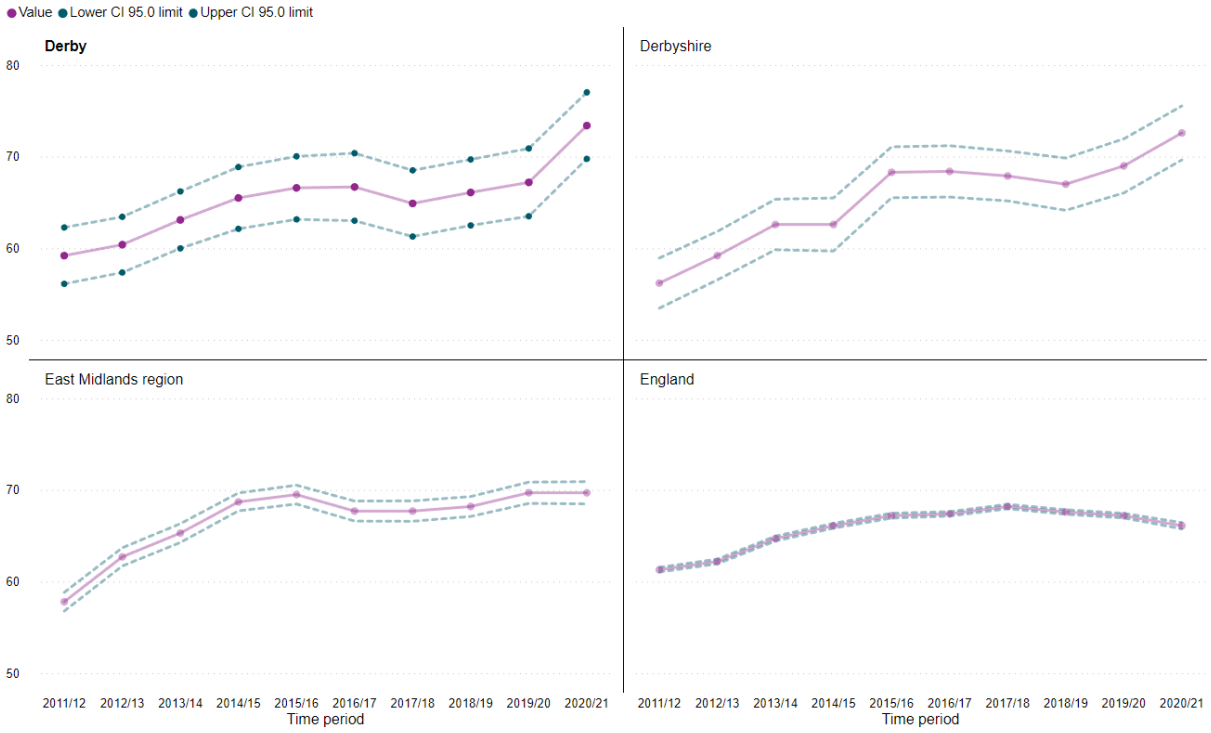
Area Name	2017/18	2018/19	2019/20	2020/21
England	9.0	10.0	11.0	10.0
East Midlands region	8.0	8.0	8.0	8.0
Derbyshire	12.0	12.0	9.0	3.0
Derby	9.0	10.0	8.0	4.0

Gap in the employment rate for those who are in contact with secondary mental health services (aged 18-69) and on the Care Plan Approach, and the overall employment rate

Persons

The gap is large both nationally and locally and appears to be growing more in both Derby and Derbyshire, to the extent that both currently have significantly higher rates than England.

Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
England	61.3	62.2	64.7	66.1	67.2	67.4	68.2	67.6	67.2	66.1
East Midlands region	57.8	62.7	65.3	68.7	69.5	67.7	67.7	68.2	69.7	69.7
Derbyshire	56.2	59.2	62.6	62.6	68.3	68.4	67.9	67.0	69.0	72.6
Derby	59.2	60.4	63.1	65.5	66.6	66.7	64.9	66.1	67.2	73.4



Males

The gap is large both nationally and locally and appears to be growing more in both Derby and Derbyshire, and Derby currently has a significantly higher rate than England. The gap for males has been significantly greater than for females until the latest 2 years.

Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
England	67.6	68.6	71.1	72.6	73.7	73.5	74.0	73.3	72.2	71.5
East Midlands region	65.3	69.3	71.1	74.7	75.7	73.8	74.7	73.7	74.5	72.2
Derbyshire	67.7	66.0	69.1	67.8	74.6	74.7	74.7	71.2	71.8	72.0
Derby	65.1	67.2	69.7	72.2	73.6	74.8	71.5	71.9	72.9	76.7

Females

The gap is large both nationally and locally and appears to be growing more in both Derby and Derbyshire, to the extent that both currently have significantly higher rates than England.

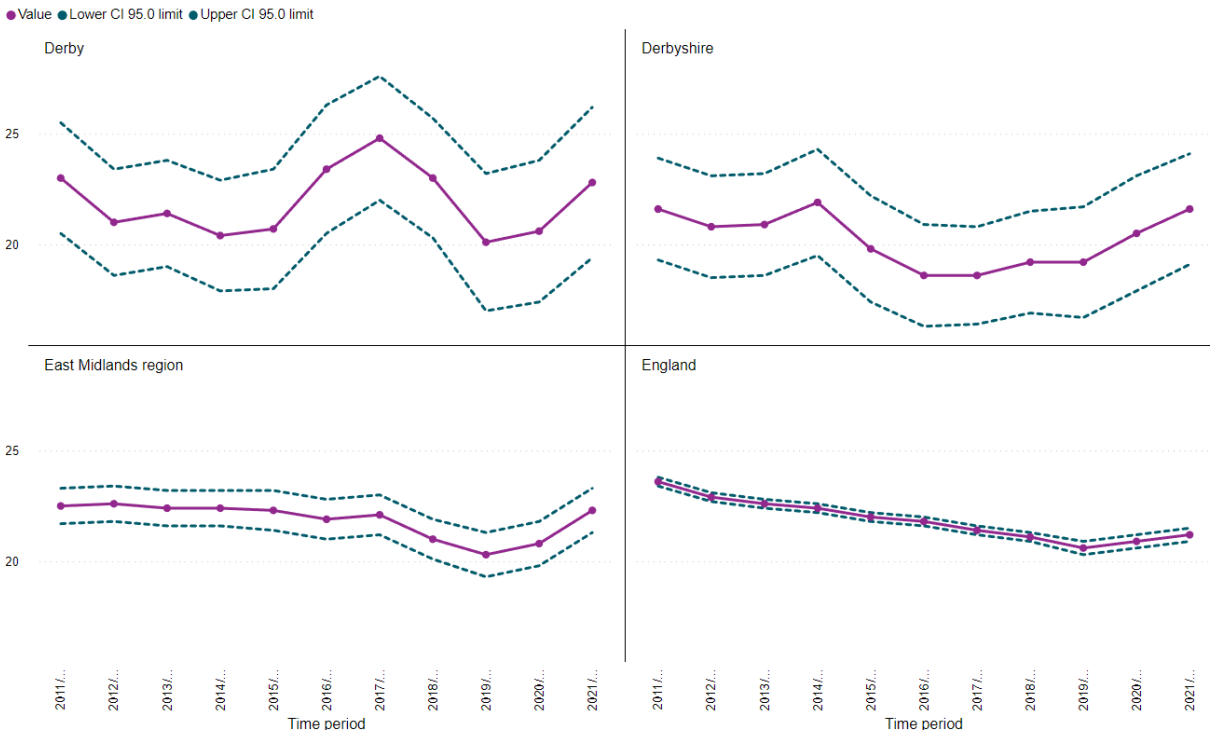
Area Name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
England	55.0	55.8	58.0	59.3	60.8	60.5	61.5	60.9	61.2	61.8
East Midlands region	50.1	56.0	59.2	62.7	63.2	61.6	61.7	62.7	65.0	63.3
Derbyshire	45.1	52.7	56.2	57.3	62.0	61.2	62.2	62.8	65.2	73.1
Derby	53.2	53.7	56.3	58.4	59.3	57.3	57.2	59.2	61.2	68.9

Economic inactivity rate

The percentage of the population aged 16-64 years who are economically inactive (i.e., neither in employment nor unemployed according to the ILO definition [not employed, available to start work within two weeks, and actively sought employment within past four weeks]).

Persons

Rates for Derby and Derbyshire have been in general consistently similar to England's and each other's.



District and borough rates have consistently been similar to the county rate for the most part. Values have a wide range – from 17.0% in South Derbyshire to 29.3% in Derbyshire Dales, currently – but there are no significant differences in rates.

Males

Rates for Derby and Derbyshire have been in general consistently similar to England's and each other's. Although the rates for males are consistently lower than for females this is not a significant difference.

Area Name	2015/16	2016/17	2017/18	2018/19	2020/21	2021/22
England	16.4	16.4	16.4	16.2	17.1	17.3
East Midlands region					16.4	19.2
Derbyshire	15.6	14.1	14.4	15.8	19.8	19.0
Derby	14.6	17.1	19.1	17.8	17.5	18.7

In many cases confidence intervals cannot be calculated for district rates, meaning statistical significance cannot be assessed. Where they are available the rates are similar to the county average but range from 9.4% in South Derbyshire to 29.3% in Derbyshire Dales in the latest period.

Females

The rate for Derby has been consistently similar to England's, as has the Derbyshire rate in the latest 2 years having previously been significantly lower. The two are statistically similar despite Derby having a consistently higher rate.

Area Name	2015/16	2016/17	2017/18	2018/19	2020/21	2021/22
England	27.5	27.1	26.4	26.0	24.7	25.0
East Midlands region					25.2	25.3
Derbyshire	23.9	23.0	22.8	22.4	21.2	24.0
Derby	26.8	29.8	30.6	28.3	23.9	27.6

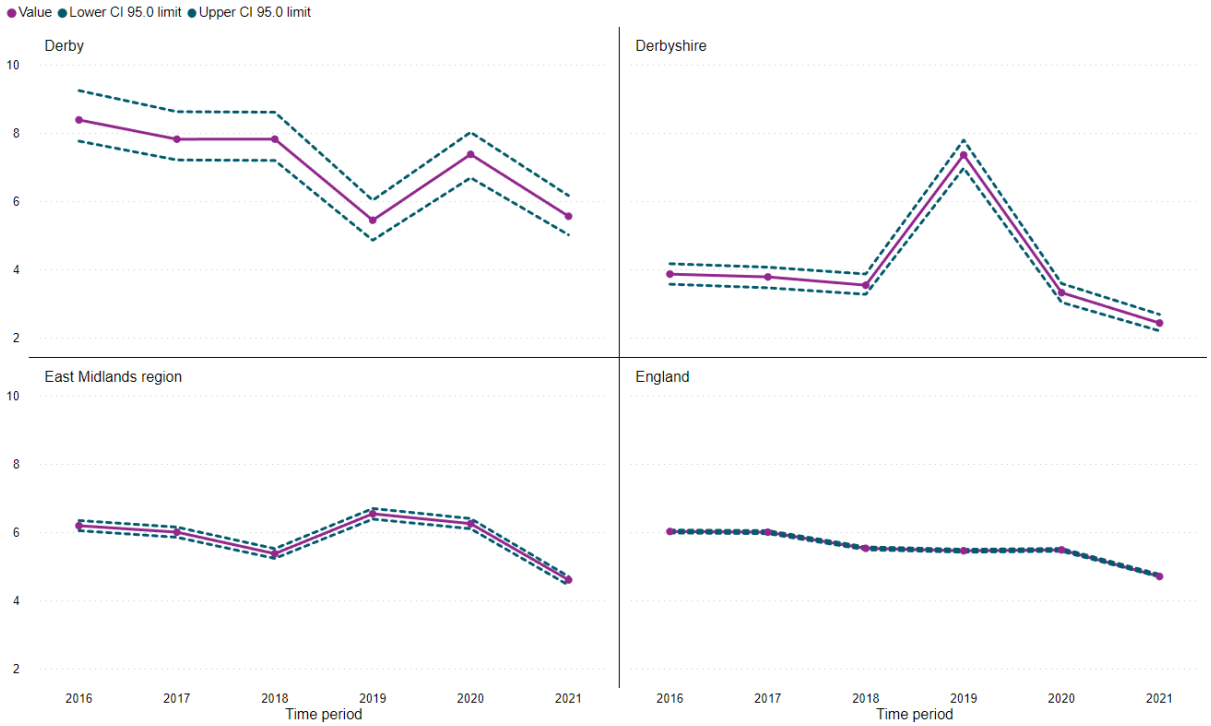
District and borough rates have been consistently similar to the county average, with the one clear anomaly of Chesterfield in 2016/17. Currently they range from 16.2% in High Peak to 29.5 % in Erewash.

16–17-year-olds not in education, employment or training (NEET) or whose activity is not known

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

Persons

Rates for Derby have been consistently significantly higher than the national average and rates for Derbyshire have been significantly lower – except for the anomalous year of 2019. Rates for Derby – except for 2019 – have been consistently significantly higher than for Derbyshire. There is a downward trend both nationally and locally.



Males

Rates for Derbyshire have been significantly lower than the national average– except for the anomalous year of 2019. Rates for Derby have usually been significantly higher than for England: it is unclear as to whether the 2020 rate or the 2021 rate is anomalous. Rates for Derby – except for 2019 – have been consistently significantly higher than for Derbyshire. There is a downward trend both nationally and locally.

Area Name	2016	2017	2018	2019	2020	2021
England	6.6	6.6	6.3	6.2	6.3	5.3
East Midlands region	6.7	6.6	6.1	7.5	6.6	5.1
Derbyshire	4.1	4.0	3.9	8.0	3.6	2.7
Derby	8.8	7.9	8.2	6.3	8.9	5.9

Females

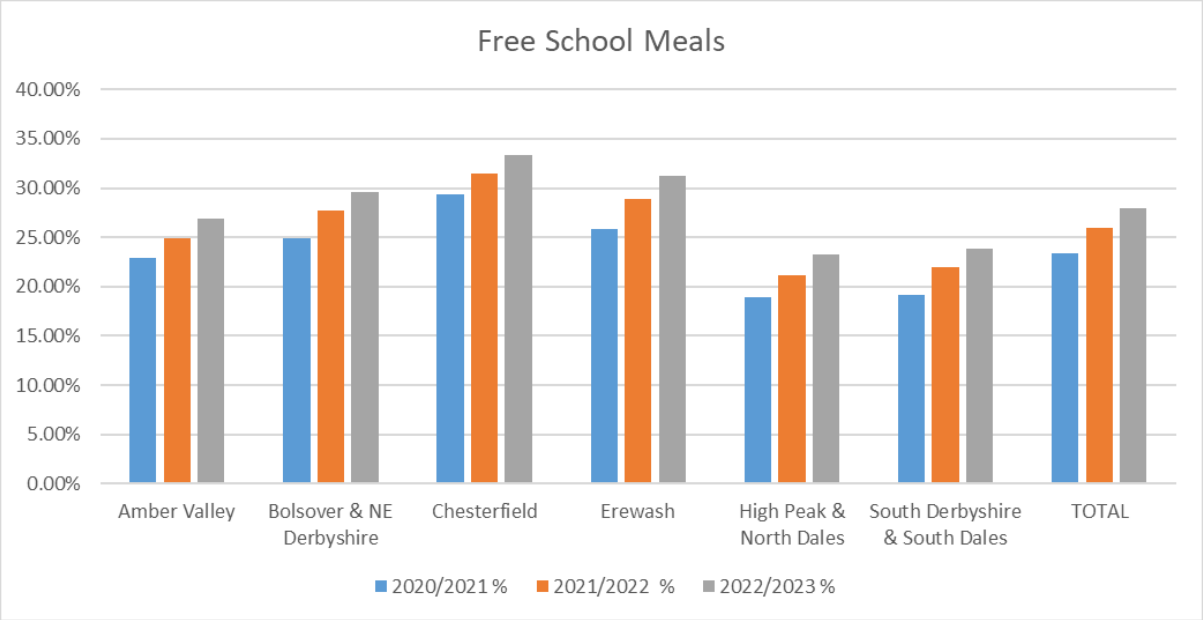
Rates for Derby have been consistently significantly higher than the national average and rates for Derbyshire have been significantly lower – except for the anomalous year of 2019. Rates for Derby – except for 2019 – have been consistently significantly higher than for Derbyshire. There is a downward trend both nationally and locally.

Area Name	2016	2017	2018	2019	2020	2021
England	5.4	5.3	4.8	4.7	4.6	4.1
East Midlands region	5.7	5.3	4.8	5.9	4.9	4.0
Derbyshire	3.7	3.5	3.3	6.7	3.0	2.2
Derby	8.0	7.7	7.4	4.5	5.7	5.2

Family

Free School Meals (FSM)

In the County, pupils registered for free school meals averages 25%. There is a general increase shown in the number of pupils receiving free school meals between 2020 and 2022.



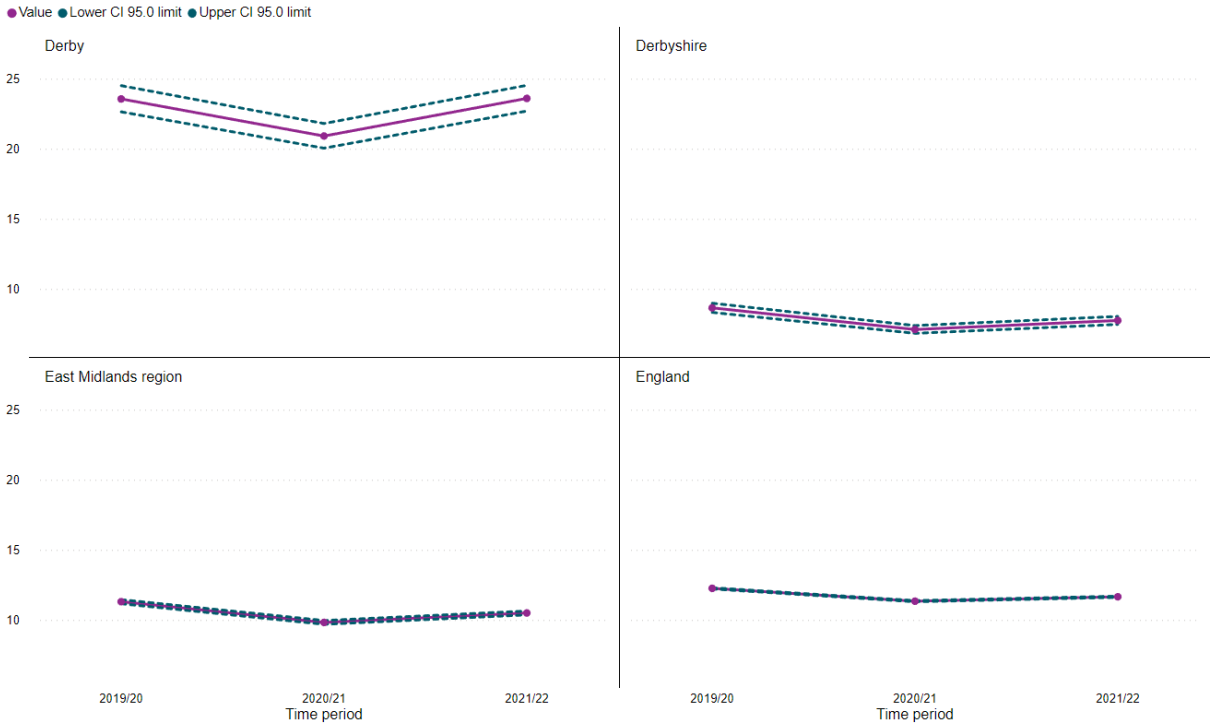
Housing and homelessness

Homelessness: households owed a duty under the Homelessness Reduction Act

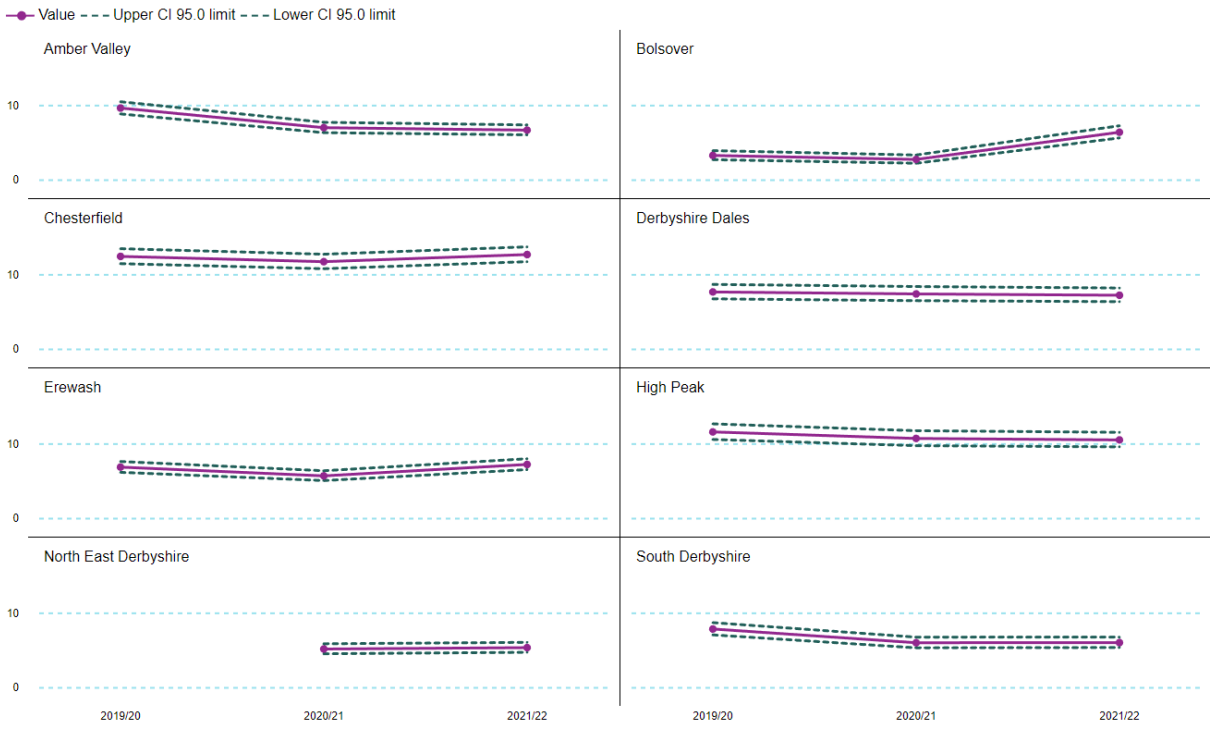
Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

Definition: Households owed a prevention or relief duty under the Homelessness Reduction Act, crude rate per 1,000 estimated total households.

The rate for Derby has been consistently significantly higher than both the England average and Derbyshire's rate. Derbyshire's rate has been significantly lower than the England rate. In 2021/22 this equated to just under 2,500 and just over 2,800 households in Derby and Derbyshire, respectively.



At district and borough level the picture is mixed and varied. However, High Peak and Chesterfield have consistently significantly higher rates than the county average, and these are consistently significantly higher than the other districts' rates. Other districts have rates significantly lower than the county average, but only Bolsover has rates significantly lower than any other. All district rates were significantly lower than Derby's.



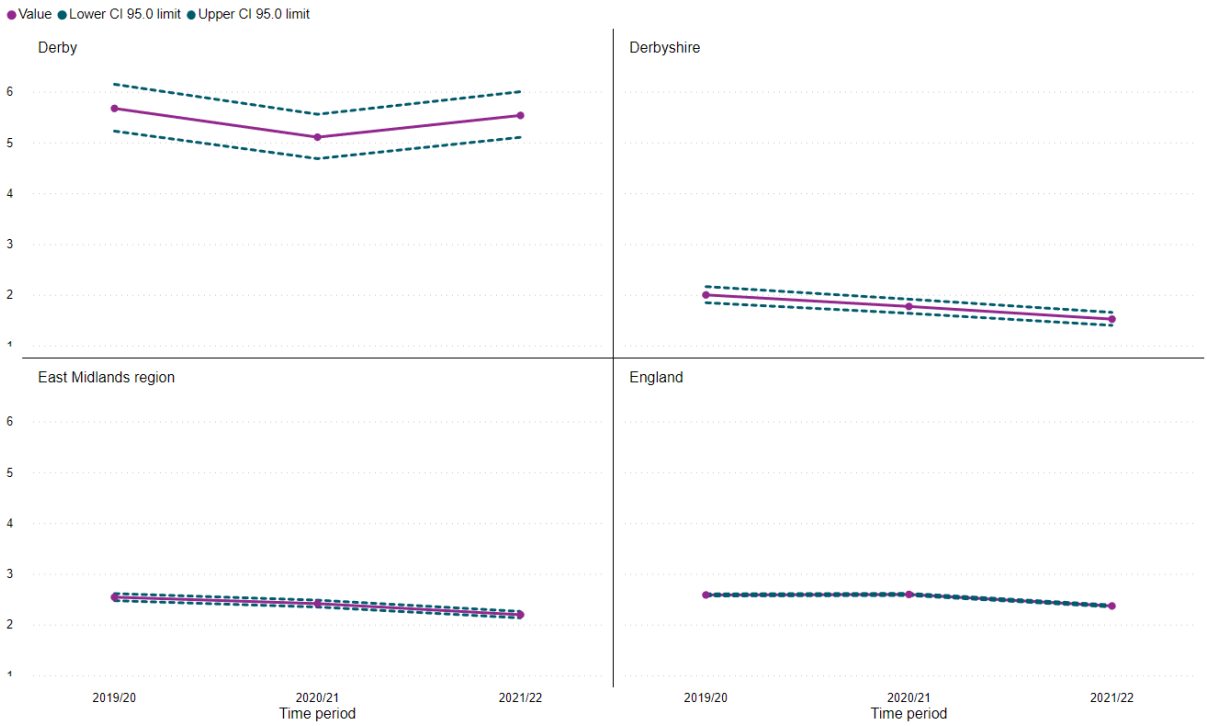
Homelessness – households owed a duty under the Homelessness Reduction Act (main applicant 16-24 years)

Homelessness is associated with poor health, education and social outcomes. Young people experiencing homelessness are extremely vulnerable, and face complex and compounding challenges. They lack relationship and independent living skills, formal support and struggle to access services. They are more likely to have experienced trauma, abuse and other adverse experiences. They are more likely to have been absent and/or excluded from school, and not be in education, employment or training (NEET). There are high levels of self-reported mental health problems, self-harm, drug and alcohol use. There is an increased risk of exploitation, abuse and trafficking, and involvement in gang and/or criminal activity. They are at more risk of sexually transmitted infections (STIs) and unwanted pregnancies and can come under pressure to exchange sex for food, shelter, drugs and money.

Definition: Households owed a prevention or relief duty under the Homelessness Reduction Act, where the main applicant is aged 16-24 years, crude rate per 1,000 estimated households.

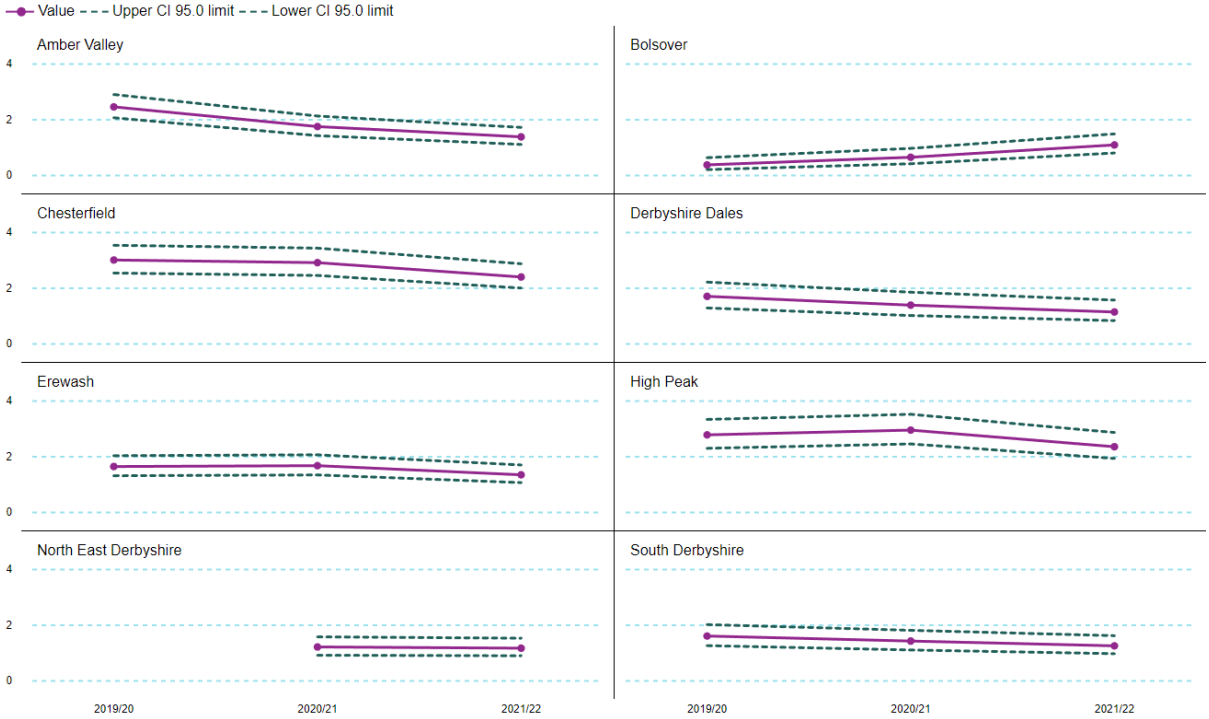
The rate for Derby has been consistently significantly higher than for England as a whole and Derbyshire. Derbyshire itself has rates consistently significantly lower than England. For 2021/22 this equated to just over 580 and just under 550 households in Derby and Derbyshire, respectively.

Area Name	2019/20	2020/21	2021/22
England	2.6	2.6	2.4
East Midlands region	2.5	2.4	2.2
Derbyshire	2.0	1.8	1.5
Derby	5.7	5.1	5.5



Amongst the districts Chesterfield and High Peak have rates which are consistently significantly higher than the county average, they are also significantly higher than any of the other districts. Bolsover and North East Derbyshire have rates which are consistently lower than the county average. All district and borough rates were lower than that for Derby.

Area Name	2019/20	2020/21	2021/22
Amber Valley	2.45	1.74	1.37
Bolsover	0.36	0.64	1.08
Chesterfield	3.00	2.90	2.39
Derbyshire Dales	1.69	1.38	1.13
Erewash	1.63	1.66	1.33
High Peak	2.77	2.94	2.34
North East Derbyshire		1.20	1.16
South Derbyshire	1.60	1.42	1.24



Homelessness – households owed a duty under the Homelessness Reduction Act (main applicant 55+ years)

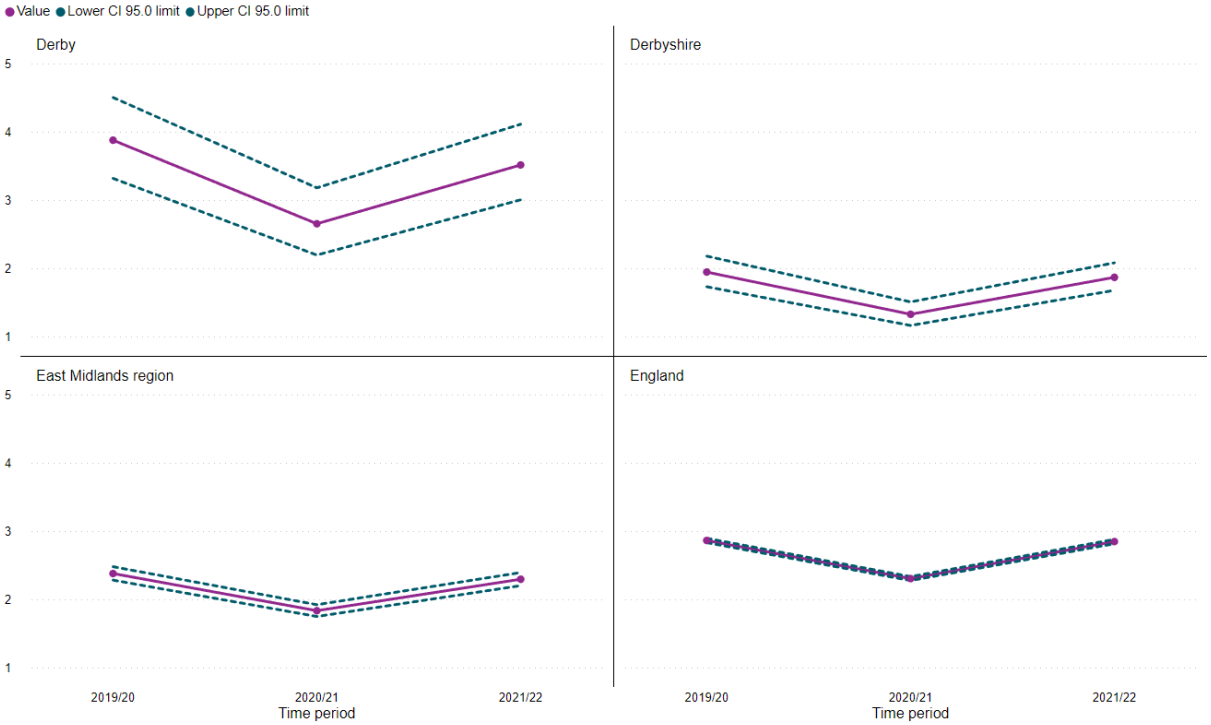
In recent years there has been a significant increase in homelessness experienced by older people. Households are increasingly living in the growing private rented sector, and loss of assured short hold tenancy is the main cause of statutory homelessness. Many older households also live in poverty.
Homelessness is associated with poor health, and existing health conditions are exacerbated by homelessness. For example, older people experiencing homelessness are more likely to suffer from depression and dementia (LGA, 2017).

Definition: Households owed a prevention or relief duty under the Homelessness Reduction Act, where the main applicant is aged 55 years and over, crude rate per

1,000 estimated households where the household reference person is aged 55 years and over.

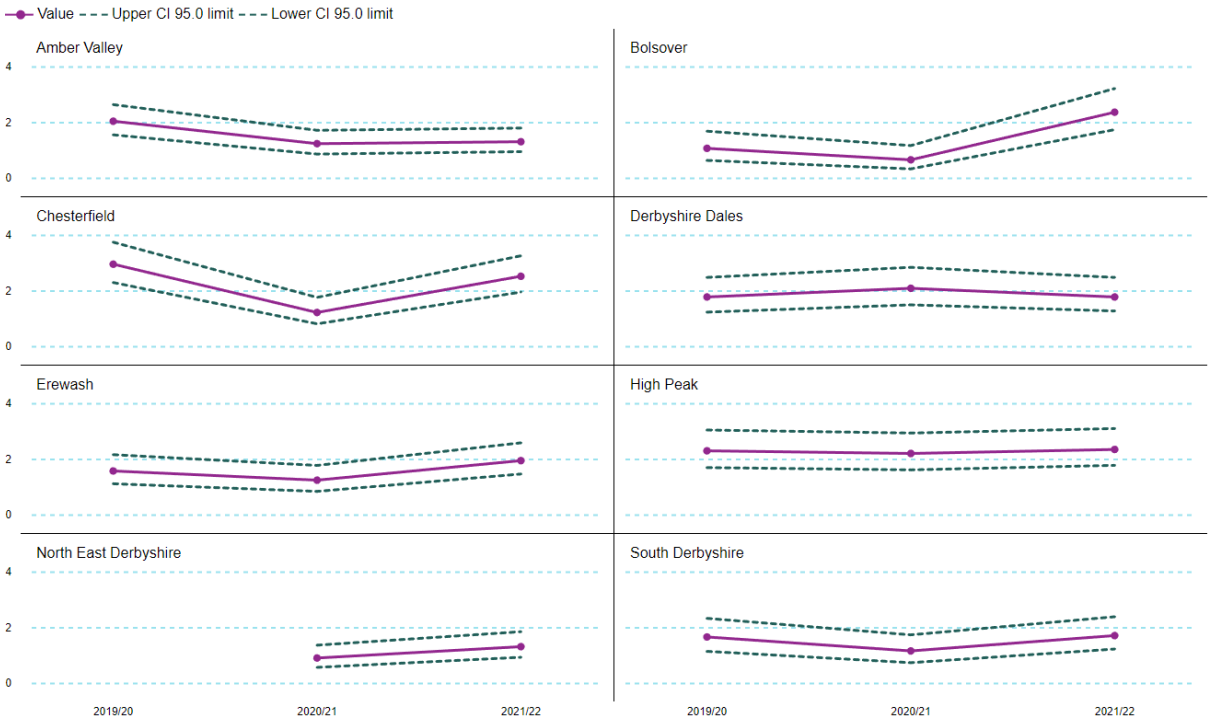
Whilst the rate in Derbyshire has been consistently significantly lower than for England, the rate in Derby has been mostly significantly higher. In 2021/22 this equated to just under 160 and just over 330 households in Derby and Derbyshire, respectively.

Area Name	2019/20	2020/21	2021/22
England	2.9	2.3	2.8
East Midlands region	2.4	1.8	2.3
Derbyshire	1.9	1.3	1.9
Derby	3.9	2.7	3.5



The picture of district and borough rates is mixed and variable. In the latest data, Amber Valley and North East Derbyshire have significantly lower rates than the county average and Chesterfield. Chesterfield also has a rate significantly higher than the county average. The rate for Derby was significantly higher than for all but Chesterfield, Bolsover and High Peak.

Area Name	2019/20	2020/21	2021/22
Amber Valley	2.04	1.23	1.30
Bolsover	1.06	0.65	2.36
Chesterfield	2.95	1.21	2.52
Derbyshire Dales	1.77	2.08	1.77
Erewash	1.57	1.24	1.94
High Peak	2.29	2.20	2.34
North East Derbyshire		0.90	1.31
South Derbyshire	1.66	1.15	1.71



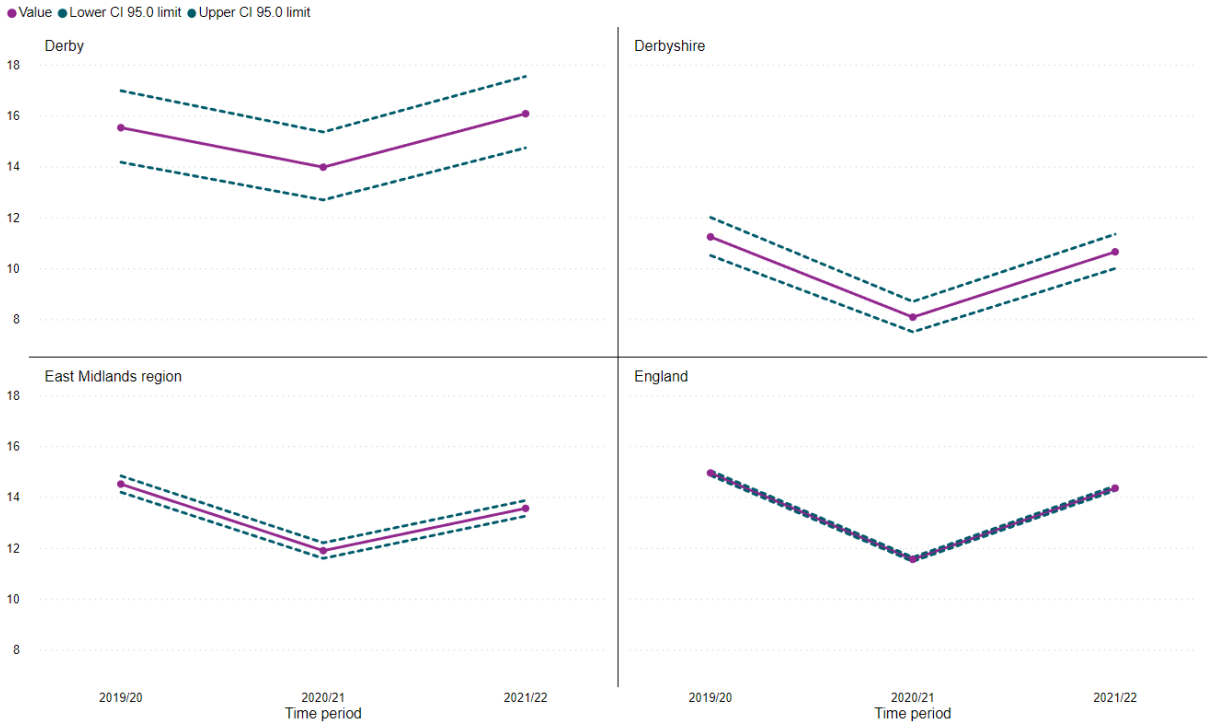
Homelessness – households with dependent children owed a duty under the Homelessness Reduction Act

Homelessness is associated with poor health, education and social outcomes, particularly for children (LGA, 2017).

Definition: Households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act, crude rate per 1,000 estimated households that include at least one dependent child. Children should count as dependent if they're under 18 and living at home. An 18-year-old can also count as dependent if they're in full time education or can't support themselves for other reasons, and they live at home.

Derbyshire has had a consistently significantly lower rate than the national average, whilst Derby's rate has been similar or consistently higher. Derby's rate has also been consistently significantly higher than Derbyshire's. In 2021/22 this equates to almost 500 and 950 households in Derby and Derbyshire, respectively.

Area Name	2019/20	2020/21	2021/22
England	14.9	11.6	14.4
East Midlands region	14.5	11.9	13.6
Derbyshire	11.2	8.1	10.6
Derby	15.5	14.0	16.1



High Peak has had consistently significantly higher rates than the county average as more recently has Chesterfield. Chesterfield currently has a significantly higher rate than Amber Valley, Erewash and North East Derbyshire. High Peak has a significantly higher rate than these three and South Derbyshire in addition. Only North East Derbyshire has a significantly lower rate than the county average. All the district and bough rates are significantly lower than Derby's.

Area Name	2019/20	2020/21	2021/22
Amber Valley	12.91	9.01	9.58
Bolsover	4.53	2.69	9.91
Chesterfield	10.56	9.97	13.41
Derbyshire Dales	11.35	11.50	11.79
Erewash	8.92	4.91	9.60
High Peak	15.14	12.25	13.99
North East Derbyshire		6.06	7.92
South Derbyshire	14.08	8.97	9.83

Environment

Access to Healthy Assets and Hazards Index

The Access to Healthy Assets and Hazards (AHAH) index is designed to allow policy/decision makers to understand which areas have poor environments for health, and to help move away from treating features of the environment in isolation. The AHAH index is comprised of four domains: access to retail services (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists), access to health services (GP surgeries, A&E hospitals, pharmacies, dentists, and leisure centres), the physical environment (access to green spaces, and three air pollutants: NO2 level, PM10 level, SO2 level). The AHAH index provides a summary of an area's relative performance on these indicators (the second and third domains

conceptualised as health promoting and the first (access to retail) as health demoting). It therefore provides information on how conducive to good health an area is relative to other areas, for the specific indicators. PHE's Spatial Planning for Health document states that an 'ever-increasing body of research indicates that the environment in which we live is inextricably linked to our health across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.

Definition: Percentage of the population who live in LSOAs which score in the poorest performing 20% on the Access to Healthy Assets & Hazards (AHAH) index.

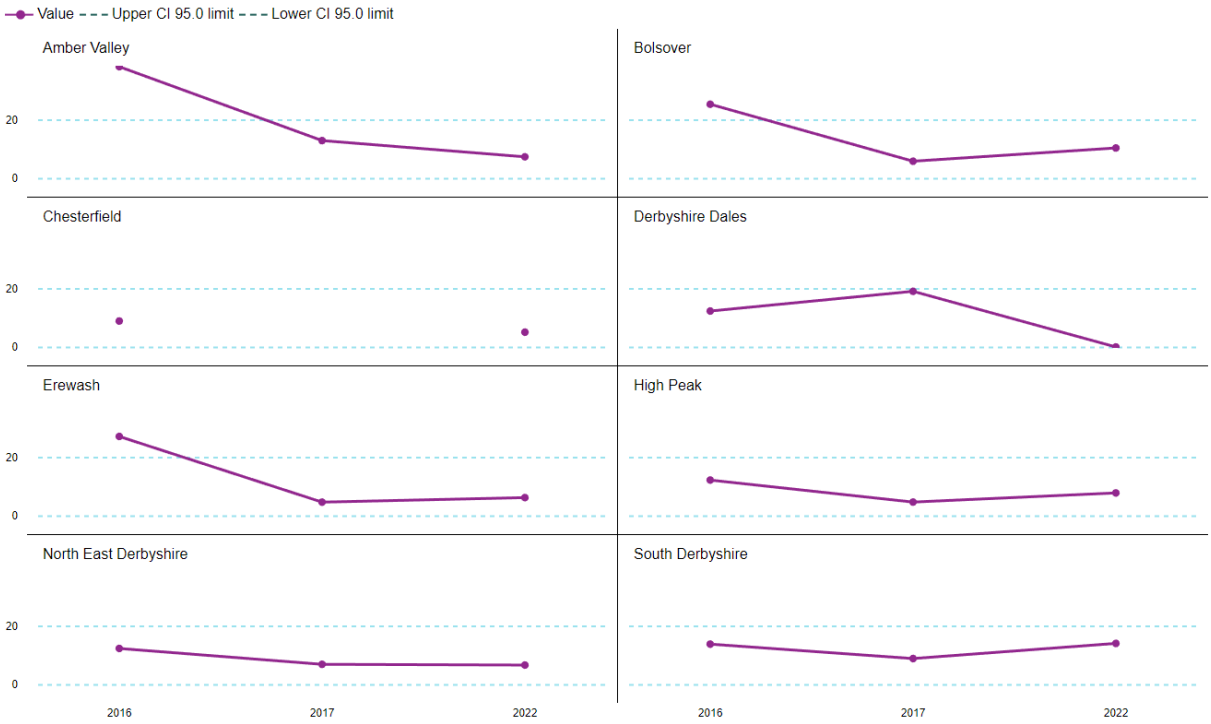
No confidence intervals have been published so assessment of statistical differences is not possible.

Differences in methodology make comparisons across time impossible.
For example, using 2022, it is quite clear that a large proportion of Derby's population live in poorly performing neighbourhoods, nearly twice that for England as a whole and six times that for Derbyshire. These proportions equate to almost 114,000 and 60,000 people in Derby and Derbyshire, respectively.

Area Name	2016	2017	2022
England	21.2	21.1	22.6
East Midlands region	28.8	15.7	16.3
Derbyshire	19.6	7.6	7.4
Derby	15.9	5.1	44.3

There is wide variation across the districts – from Derbyshire Dales, where none of the population live in poorly performing neighbourhoods, to South Derbyshire and Bolsover, where it is over 10%. The other districts have similar proportions to the county.

Area Name	2016	2017	2022
Amber Valley	38.11	12.87	7.32
Bolsover	25.28	5.82	10.35
Chesterfield	8.87		5.07
Derbyshire Dales	12.27	19.02	0.00
Erewash	27.07	4.64	6.18
High Peak	12.17	4.66	7.78
North East Derbyshire	12.29	6.87	6.61
South Derbyshire	13.76	8.84	14.01



Access to woodland

Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity. Both the presence of a woodland and the number of people who can readily access the space represents a significant asset to that community. Woodlands provide spaces for community activities, social connectedness, volunteering as well as employment. Various studies report that people are more likely to make use of woodland if they are closer to home.

Definition: Percentage of the population in each local authority that has accessible woodland of at least 2 hectares within 500 metres of where they live.

Somewhat surprisingly, the percentage for Derbyshire in 2020 appears to be lower than those for England and Derby, and Derby has a higher percentage than England. In 2015 the rankings were reversed, Derbyshire having the highest proportion. There appears to have been a decline both nationally and locally in access.

Area Name	2015	2020
England	16.8	15.0
East Midlands region	10.4	8.8
Derbyshire	18.5	14.6
Derby	15.6	15.2

Qualitative data

Community Engagement and Stakeholder sub-group

The Derby and Derbyshire Serious Violence Board has created several sub-groups to focus on different aspects of work in relation to serious violence and the requirements of the Serious Violence Duty. Key partners have been involved in a Community Engagement and Stakeholder sub-group to consider how to effectively engage with the communities of Derby and Derbyshire in relation to serious violence.

A substantial amount of engagement work has already taken place over recent years in Derby City as the issues with serious violence are more prevalent and there has been a focus on reducing and preventing serious youth violence. However, in the County area, very little serious violence engagement work is documented and so this must be a focus for the Serious Violence Board in the future. The new Derby and Derbyshire Violence Reduction Unit has recruited to a Young Person's Engagement Officer post, which will help to drive engagement work in collaboration with the Community Engagement and Stakeholder sub-group of the Board.

Engagement activity

Two key pieces of engagement work were commissioned early in 2023, both of which will provide a foundation and direction for engagement work during 2024. Using the serious violence funding provided by the Home Office for the final three months of financial year 2022/23 (January, February and March 2023) two voluntary and community sector organisations were selected and commissioned by the Derbyshire Office of the Police and Crime Commissioner to undertake engagement work with young people in Derby and Derbyshire in relation to their views about, and experience of, serious violence.

Safe and Sound and Catch 22 were commissioned using year one funding for serious violence work from the Home Office to engage with young people in relation to serious violence in Derby City and Derbyshire County.

<u>Safe and Sound</u>

Safe and Sound were commissioned to undertake work in the Derby area and used surveys to enact this research with schools, parents, and young individuals who had been a victim of crime. In total there were 617 respondents to their surveys. Safe and Sound's full report can be found in Appendix C.

Participants responding to the young person's survey were between the ages of 10 and 19. Of these, 46% were male, 51% were female, and 3% identified as gender fluid, non-binary or were unsure. The majority of participants were from across the Derby area, with a large proportion from Normanton, Littleover, Derby City, and Sunnyhill.

Key points to note include;

50% of participants said that they were aware of violence in their area. 37% of respondents stated they had personally experienced or witnessed crime in their area, with the majority of concerns relating to violence, gangs, knife crime and thefts.

Just under half of respondents answered with the same four suggestions for their area: Cameras/CCTV, better youth activities, street lighting, and police presence, whilst 53% of respondents said they didn't know what was missing in their community.

There were no significant trends in areas for any particular service that was deemed to be missing. 54% of those that responded said the police should take action. 15% said the council should take action. 17% said the British Government should take action. 9% said their schools or teachers should take action. 3% said adults, or their grown-ups, should take action. 2% said everyone was responsible and should take action.

Safe and Sound also engaged with 40 parents and asked them to complete the survey. Together these parents were responsible for 81 young people between the ages of 1 and 20.

Key points to note include;

27.5% of parents said they had seen violence in their area, and that it had affected their family or children. 15% of parents said they had not personally seen violence in their area but they had heard about it. Comparatively, 37.5% of parents said they had lived experience of violence.

The main impact of violence in their area was being able to give their children less freedom.

A lot of the violence that had been seen was at the local park. The respondents who had seen violence in their area were spread across Derby, so this violence is not centralised to any particular park.

50% said their communities were missing a safe space for young people to go - they are missing activities, youth centres or affordable clubs to take part in.

32% said there was a lack of police presence in their community.

Reflecting on the survey results, Safe and Sound noted the significant number of young people and parents that have been a victim or witnessed violence in their local area. There are significant fears of violence that affect young people as victims and many parents had lived experience of violence. Areas for discussion in relation to next steps include consideration of the presence of police and partner organisations in communities, capacity for physical changes to the environment, for example better lighting, and capability for partners to collectively work together to provide youth provision and activities.

Safe and Sound concluded that from a behaviour change perspective, exploration of

some focused work relating to comments made in the surveys would be a useful next step;

- ‘boasting about it at school [serious violence]’
- ‘kids not seeing consequences of their actions’
- ‘education about the impact of violence’
- ‘giving kids opportunities to stay away from it’
- ‘stop people selling drugs and vapes to kids’
- ‘preventative measures for joining gangs’
- ‘hard hitting reality and consequences of violence’

Catch 22

Catch 22 were commissioned to undertake engagement work in the Derbyshire County area (the full report can be found in Appendix D). Derby & Derbyshire CARES case support workers engaged with a specific cohort of young people who have been assessed at medium or high risk through the local authorities Children at Risk of Exploitation (CRE) assessment process. These young people have been affected by criminal and/or sexual exploitation and were supported individually by the case support worker, during a direct work session to complete the survey. This approach, while resulting in a limited number of responses, enables us to delve into the real-life experiences of young people who are under the purview of 'Child in Need' or Child Protection plans and who receive support from the Derby & Derbyshire Constabulary Child Exploitation team as well as the Catch22 service.

The findings from the survey: -

Young people consistently identified knife crime and stabbings, as well as friends carrying knives, as their primary concerns regarding violence. Notably, many young people referred for medium/high risk child criminal exploitation reported carrying knives or being arrested for weapon possession. Catch22 would encourage further support, training and awareness sessions in schools and the community.

The main drivers cited by young people for committing crimes included boredom and financial strain. These responses highlight the need for constructive activities and support for youth engagement. An increased amount of youth led activities would help minimise the amount of anti-social behaviour in the communities.

Many young people supported by Derby & Derbyshire CARES are experiencing domestic abuse in the family home. Whilst a young person is experiencing domestic abuse in the family home, this can contribute to the push factor as to why a child is being exploited. Family break downs have slightly risen in recent years, and we are experiencing how this impacts on a young person’s mental health. Providing pastoral support in school for those affected by domestic abuse would minimise young people exploring alternative relationships that may cause them to be a victim of exploitation.

Survey to professionals

Another piece of engagement work completed during 2023 was a Professionals Survey on serious violence. The Community Engagement and Stakeholder sub-

group worked with Safer Derbyshire Research and Information Team (SDRI) to develop a Snap online survey to ask professionals working in the City and County, who were in some way linked to work around serious violence, what their views were on serious violence and how much of a problem they felt it was in the areas they worked in and for the people that they worked with. The aim of the survey was to first understand the view of professionals and understand whether that supported the quantitative evidence relating to serious violence, and later, through further engagement work, compare that with the views of people who are actually involved in serious violence and the view of the communities in which they live. The Professionals Survey results are summarised as follows;

About you and your organisation

In total, 134 survey responses were received from partners covering all district areas. Many responses were returned by employees of Derbyshire Constabulary 41% (55) and Derby City Council 16% (22). 72% (96) of respondents were frontline workers, and 63% (84) had held their role for 2 years or more.

Serious violence in the areas where you work

Most respondents 88% (118) think that serious violence is a problem, in some or all areas, where they work. Of these, 84% (99) believe that knife crime is a particular concern, and 87% (103) think that serious violence is linked to other areas of crime and disorder. For example, drug dealing, drug use, and anti-social behaviour.

Just over half of respondents 56% (75) think that social media plays a role in serious violence, where they work. In general, respondents feel that social media allows instant communication, which can be used to incite, normalise, and/or glamourise criminal behaviour. In addition, respondents raised concerns around the use of social media by young people, and the risks of cyberbullying, grooming, and exploitation.

Perceptions and trust

Most respondents 86% (116) think there is a fear of serious violence, in some or all areas, where they work. However, of these only half 54% (63), believe that this fear is proportionate.

Considering trusted professionals: respondents feel that charity organisations; charity and voluntary sector youth service leaders; and teachers/other education staff, are the most trusted professionals in their communities. However, it is noted that this trust can vary considerably between individuals, based on their personal experiences and expectations.

Lastly, few respondents 20% (27) believe that all or most crime and disorder is reported. Instead, the majority 62% (83), indicate that only some is reported.

People who may be involved in serious violence

Many respondents 72% (96) identified themselves as frontline workers. Of these, 86% (83) indicated that they worked with victims and/or perpetrators who may be

involved in serious violence.

In the view of these frontline workers, various criminal behaviours have been a part of the lived experience in their communities, in the last 5 years. Including: ASB, substance misuse, exploitation, county lines, knife crime, gang violence, assault, robbery, and domestic violence. Though, these lived experiences did appear to differ between districts.

In addition, over half of frontline workers believe that there has been an increase in the number of children and young people they work with, being involved in gangs 58% (56); being involved in county lines 58% (56); and carrying a knife 59% (57). With weapons being carried, in their view, predominantly 'for protection;' 'street credibility;' and 'to instill fear in others.'

64% (61) of frontline workers consider serious violence to be a particular issue of concern amongst the people they work with, and of these respondents 62% (38) feel that this is proportionate. Similarly, 60% (58) of frontline workers believe that there is a fear of serious violence within the client group they work with, and 71% (41) of these consider this to be proportionate. Subsequent written feedback suggests that their clients are principally worried about safety and/or weapons.

Lastly, around a third 38% (36) of frontline workers indicate that the people they work with feel 'safe' or 'very safe'. Conversely, only 24% (23) suggest that the people they work with feel 'unsafe' or 'very unsafe'.

Risk and protection factors

In Derbyshire, it is believed that the top risk factors for serious violence are 'alcohol or drug misuse;' 'gang membership;' 'emotional or physical neglect;' and 'family violence.' Whilst the top protective factors are a 'stable home environment;' 'positive social interactions and friendship groups;' and 'good consistent parenting skills.'

Approaches you/your organisation provide and referral pathways
Most respondents feel that their organisations already take an ACE 72% (96) and/or trauma informed 74% (99) approach, or that they are working towards this. In addition, 72% (96) are happy with the referral pathways in place, where there is a safeguarding concern regarding involvement in serious violence.

Interventions and activities

52% (70) of respondents state that their organisation has delivered, used, or commissioned interventions designed to prevent/reduce serious violence. Furthermore, many of the interventions listed by respondents appear to be focused on young people. However, when asked if children/young people had been involved in all or some of the planning, design, or evaluation, only 23% (31) of respondents answered 'yes'.

Positively, many respondents 61% (82) feel that interventions aimed at serious violence recognise that perpetrators are also often victims. However, where this is not the case these could be improved by addressing it directly, engaging in learning,

and revising outdated educational materials.

The impact of COVID-19

34% (46) of respondents feel that the support offered by their service was adversely affected by the pandemic. They describe limited services; increased demands; and the need to adapt their usual working methods.

23% (31) now feel that they are receiving more referrals than during the pandemic, and 20% (27) feel that they are receiving more referrals than before the pandemic.

Looking to the future

Just over a third of respondents 35% (47) anticipate future need/s, in the areas where they work. In general, these included the need for improved support for young people; improved mental health services; and an adaptation of their services to fit changing community demographics.

56% (75) of respondents think that more could be done to prevent/reduce serious violence in the areas where they work. Moreover, respondents identified gaps in provision around youth services; early help/intervention; and education.

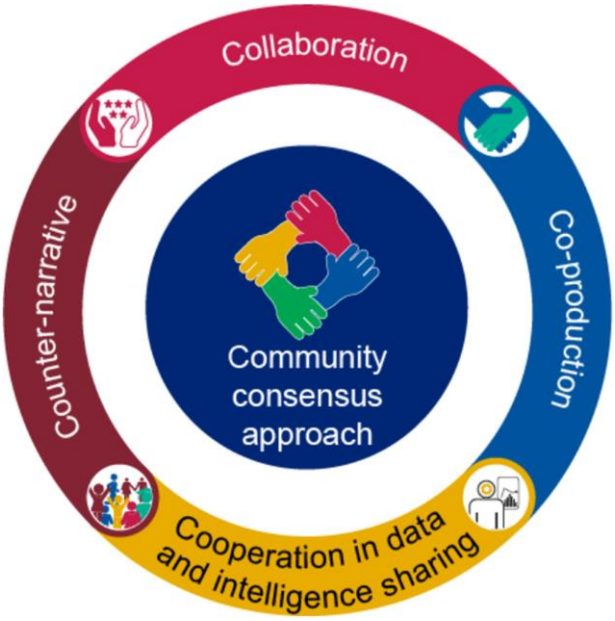
Half of respondents 49% (66) think that there are barriers preventing organisations from having more provision in place, for those affected by serious violence: the majority indicating that these ‘barriers’ are a lack of funding and/or resources.

What is Currently Being Done

Prevention and Intervention

The 5Cs

Public Health approaches work on the basis that prevention is better than cure (Christmas and Srivastava, 2019). Public Health England developed the 5Cs public health approach to serious violence, which incorporates the essential components of partnership working – community consensus, collaboration, co-produced, cooperation and counter narrative (Bath, 2019). Central to succeeding in this approach is the necessity for a range of partners to work very closely, playing their part to enable and require others to do what only they can do to prevent serious violence from occurring.



(Bath, 2019)

In Derby and Derbyshire, we will work to the 5Cs model;

We will **collaborate** - serious violence has no single cause or solution, therefore different partners from across the system must work collaboratively with a shared mission, principles and priorities.

We will **co-produce** - we will involve communities in shaping our understanding of, and response to, serious violence, thus ensuring we are working with communities not 'doing to' communities. We recognise that this adds to the legitimacy of, and trust in, what we are trying to achieve as well as adding to our capacity to prevent serious violence.

We will **co-operate** - we will share data and intelligence and develop a robust and comprehensive data set, drawing on data held across agencies and organisations to inform ongoing analysis of the risk profile of Derby and Derbyshire.

We will create a **counter-narrative** - we must create opportunities for children, young people and adults to pursue alternatives to criminality. We will support positive aspirations and promote alternative pathways and positive role models. We will seek to build on existing community assets that can be used to deliver alternatives to criminality.

We will take a **community census** approach, which lies at the heart of a place-based, multi-agency approach to serious violence prevention. The approach must be with and for local communities, it should empower them to actively participate in tackling issues that affect them collectively. We will draw on the experience and intelligence of local organisations who are already working hard in communities to address the issues affecting them.

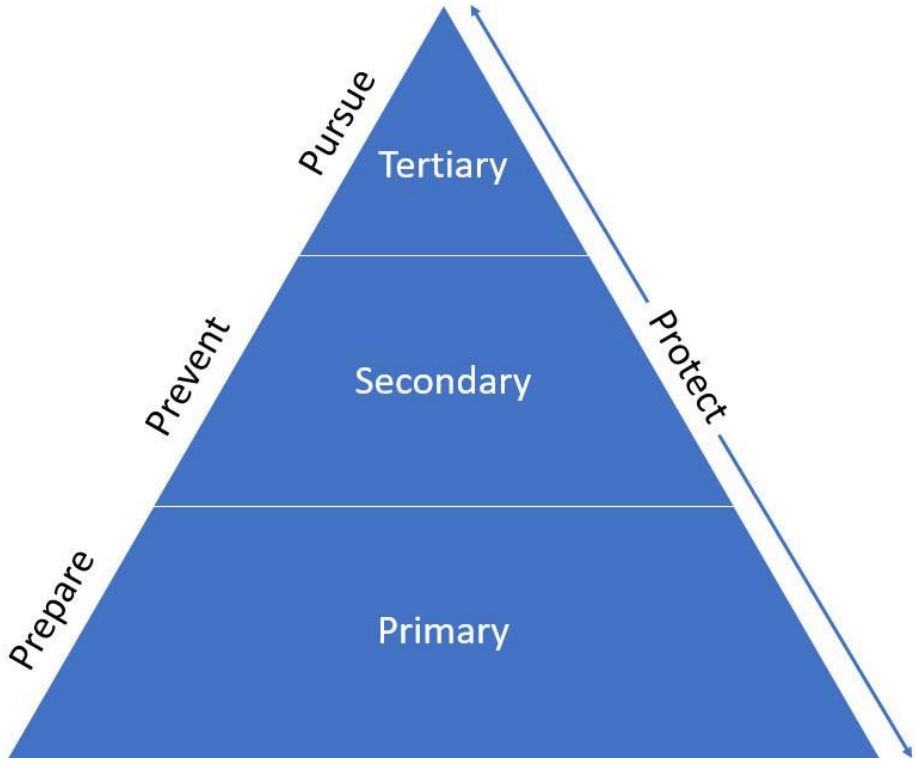
Interventions

Law enforcement has an important role to play in deterring, investigating, enforcing, and using policing powers and tools to keep communities safe. While this will continue, we must also develop a more comprehensive approach that focuses on early intervention, working upstream to prevent serious violence events from occurring in the first place. This can only be achieved within a partnership framework that requires all partners to play their role in intervening early and providing diversionary opportunities. We will adopt a tiered approach to our interventions that seek to create opportunities for intervention and diversion - central to this will be the work of partners. This three-tiered approach to intervention recognizes that there are still opportunities to be preventative after something has happened (Christmas and Srivastava, 2019).

Primary interventions aim to prevent violence before it happens and reduce the number of new cases by changing social norms, creating attitudinal change, and improving community resilience.

Secondary interventions aim to respond to incidents of violence immediately to decrease prevalence and escalation by focusing on locations where serious violence is perpetrated. It also focuses on identifying those at greater risk of criminality and working with them to reduce the risk of them offending.

Tertiary interventions intervene once serious violence is evident and causing harm. Interventions treat the effects, support victims, and offer opportunities for rehabilitation of offenders.



If we are to reduce serious violence and work towards preventing it from happening in the first place, we must implement high-quality evidence-based interventions. A key element of the public health approach is interpreting and using data skillfully, building up an evidence base to ensure that interventions are designed, delivered and tailored to be effective (Christmas and Srivastava, 2019). Although there are clear gaps in our evidence base, these will close over time and using tools such as the Youth Endowment Fund Toolkit we can highlight strategies and interventions that are the most likely to be effective in reducing and preventing serious violence, whilst building our own evidence base through robust evaluation of existing and future interventions, however, the challenge that comes with evidencing the impact of longer-term preventative interventions is recognised (Christmas and Srivastava, 2019).

Other approaches to reduce and prevent serious violence (Problem Solving and Contextual Safeguarding)

In addition to the public health approach to reducing and preventing serious violence there are two other complementary evidenced based approaches – the problem-solving approach and contextual safeguarding.

The problem-solving approach is a partnership approach to tackling crime and disorder once it has happened. A holistic understanding of the problem can only be understood through a multi-agency approach. Using the problem-solving approach, a specific problem is identified and then analysed to fully understand the issues.
A tailored response is developed, and the effects of the response are later assessed (Davey et al, 2021).

In addition to using the public approach in Derby and Derbyshire to identify the broader issues, we will be working to adopt a 4P problem solving approach which will complement the public health approach and our tiered approach to interventions, focusing in on place-based violence. It has four components:

Pursue – prosecuting and disrupting people engaged in serious and organised crime.
Prepare – reducing the impact of this criminality where it takes place.
Prevent – preventing people from engaging in this activity.
Protect – increasing protection against serious and organized crime.

By using a public health model and embedding the 5Cs approach within the 4Ps framework, we will ensure resource, finance, and focus will not be skewed to 'Pursue'. We will have an appropriate focus on prevention at primary, secondary and tertiary levels to mitigate against the factors that enable serious violence to prevail. This will enable effective long-term problem solving at the same time as short-term 'Pursue' activity to reduce the immediate threat facing individuals, families, and communities.

In Derby and Derbyshire, as our work progresses around serious violence, we will seek to explore building on our initial approach to incorporate contextual safeguarding. This provides a framework for assessing and intervening when young people experience, or are at risk of, significant harm within an extra-familial context. Partners come together around a child's social care plan to increase safety and welfare in a range of extra-familial contexts (Davey et al, 2021). Through our Serious Violence Tasking process, led locally by the Police but with partners around the table, we are already starting to identify hot spots and hot people, and ensuring that the appropriate multi-agency response is planned to tackle serious violence in these contexts.

Whilst the public health approach tends to see the best outcomes over the longer term, and problem-solving approaches work best in the short term, contextual safeguarding approaches cover both short and medium term, meaning that on a prevention continuum benefits can be seen across the whole continuum when combining the three approaches (Davey et all, 2021).

What works

One important theory behind population level intervention argues that reducing harm by a small amount across a whole population group is more effective overall at reducing the number of incidents than targeted interventions that may reduce harm by a greater amount but in only the highest risk groups (Rose, 1985).

In practice, an example of this might be working to ensure that a whole workforce is trauma informed, not just those in specialised services, so that there's a wider understanding across an organisation of presenting issues, and the workforce develops awareness and empathy, therefore reducing the risk of re-traumatising (Christmas and Srivastava, 2019). There is still a place for targeted interventions as

part of a wider strategy (Christmas and Srivastava, 2019).

Examples of different types of intervention at each of the levels include;

Primary	Secondary	Tertiary
Early years family-based interventions	Serious Violence Tasking – Problem Solving policing	Focused deterrence
Early years school-based interventions	Targeted emotional and social training for at risk young people e.g., anger management	Cognitive behavioural therapy
Trauma-informed training	Intensive mentoring for young people	Youth Offending programmes
Active bystander training	Targeted diversionary activities	Prison based programmes
Training in social and emotional skills – building resilience and problem-solving skills	Targeted family intervention work – support for parents with children at risk	Restorative justice
Alcohol pricing		Victim and offender mediation
Firearms laws		Victim services
Neighbourhood Watch schemes		
Outreach work and universal diversionary activities		

Some interventions may span more than one tier of the intervention model, for example, providing support to a parent with an alcohol problem might be secondary or tertiary intervention for them, but at the same time could be primary prevention for their child (Christmas and Srivastava, 2019).

Harmful interventions

The Youth Endowment Fund Toolkit (www.youthendowmentfund.org.uk) identifies two types of intervention that, following evaluation, are actually shown to be harmful. These are boot camps and prison awareness programmes.

Mapping existing services

Intervention/ Programme/ Service name	Provider/Lead	Geographical area	Intervention level
Youth Employment Support (YES) Derbyshire – Youth	Derbyshire County Council (lead)	County wide but based in Chesterfield and	Primary

Hubs		Ilkeston	
Adult Education, Young Person's Provision for 14–19-year-olds – personalised and full-time study programmes	Derbyshire County Council	County wide	Primary
Knife Angel visit	Chesterfield Community Safety Partnership/ Derbyshire Office of the Police and Crime Commissioner	Chesterfield	Primary
Various Universal Youth provision – youth centres, universally accessed sports clubs and activities, outdoor diversionary activities	Various – some community led, some funded by the Derbyshire Office of the Police and Crime Commissioner or Community Safety Partnerships	County wide	Primary, sometimes leading into Secondary
Derbyshire Fire and Rescue Service Cadets	Derbyshire Fire and Rescue Service	County wide	Primary
Off the Brakes diversionary programme	Ripley Town Council and the Derbyshire Office of the Police and Crime Commissioner	Ripley	Primary/Secondary
Boots On Ground - Youth Engagement and Diversionary project	Spireites Trust (Chesterfield Football Club Community Trust) and partners	Chesterfield	Primary/Secondary
The Game – Police led secondary school input on knife crime	Derbyshire Police	County wide but initially delivered in schools in hotspot areas as priority	Primary/Secondary

Personal Safety Classes	Amber Valley Community Safety Partnership	Amber Valley	Primary/Secondary
Improved street lighting in parks and open spaces	Amber Valley Borough Council	Amber Valley	Primary/Secondary
Various CCTV installation schemes	Derbyshire Office of the Police and Crime Commissioner	County wide	Primary/Secondary
Various Police Operations targeting serious violence, e.g., Op Sceptre	Derbyshire Police	County wide	Primary/Secondary
Saltmine School Performances	Bolsover Community Safety Partnership	Various schools in the Bolsover district	Primary/Secondary
Catch On educational resource for schools	Catch 22	County wide	Primary/Secondary
Infinite Wellbeing	Derbyshire County Council/Blend	Heanor	Secondary
Derbyshire Fire and Rescue Service – various specialist interventions including FireSAFE, Project Switch (with the Police), and Youth Engagement Scheme	Derbyshire Fire and Rescue Service	County wide	Secondary
Making Positive Choices	RESPECT Young Persons programme	County wide	Secondary
Child at Risk of Exploitation (CRE) Mapping meetings	Multi-agency	County wide	Secondary
Child at Risk of Exploitation Awareness Training	Catch 22	County wide	Secondary
Extreme Wheels	Extreme Wheels/ Bolsover District Council	North East Derbyshire	Secondary
Targeted sporting activity	Sporting Communities	Predominantly Erewash and South Derbyshire	Secondary

Switch Up programme	South Derbyshire Community Safety Partnership	South Derbyshire	Secondary
Night-Time Economy Co-ordination Group	Chesterfield Community Safety Partnership	Chesterfield	Secondary
Detached sessions with young people – Youth Engagement Team	Derbyshire County Council	County wide	Secondary
Safe & Sound – various targeted delivery programmes	Safe & Sound group	County wide	Secondary/Tertiary
Remedi – various targeted delivery programmes	Remedi	County wide	Secondary/Tertiary
Catch 22 – various targeted delivery programmes	Catch 22	County wide	Secondary/Tertiary
Domestic Abuse Services – various services across the County	Various	County wide	Secondary/Tertiary
Streetwhyze – targeted intervention in Alternative Education settings	Streetwhyze and South Derbyshire Community Safety Partnership	South Derbyshire	Secondary/Tertiary
Serious Violence Tasking	Derbyshire Police led – but multi-agency	County wide	Secondary/Tertiary
Bleed control kits and metal detection for businesses in the night-time economy	Derbyshire Dales Community Safety Partnership	Matlock	Secondary/Tertiary
Engagement work with young people in alternative provision (higher level end of those excluded from mainstream education)	Erewash Borough Council	Erewash	Tertiary
Derbyshire Youth Justice Service Knife Crime Programme	Derbyshire Youth Justice Service	County wide	Tertiary

Derbyshire Youth Justice Service Psychology led programme	Derbyshire Youth Justice Service	County wide	Tertiary
Integrated Offender Management – preventing offenders of lower-level crime from escalating to involvement in more serious crime	Derbyshire Police	County wide	Tertiary
Out of court disposals – interventions – Diversionary Caution and Community Caution	Derbyshire Police – Local Criminal Justice System	County wide	Tertiary
Probation Services	Probation Service	County wide	Tertiary
MAPPA	Probation Service	County wide	Tertiary
Choices and Changes	HM Prison Service	In Prisons	Tertiary
Various interventions for adult male prisoners – OBP Directory	HM Prison Service	In Prisons	Tertiary

Methodology

Quantitative data analysis

Youth Justice Service - serious violence data for the County Council area includes cases in domestic settings (as there is no way of excluding these), but this is expected not to have affected the totals significantly. The knife crime data includes all offences where a knife or bladed article was involved (and so is not restricted to serious violence only) and has therefore been excluded from the serious violence figures.

'Cardiff' data from Chesterfield Royal Hospital Emergency Department (ED) - monthly data return of 'alcohol-related' admissions where it appears an assault has taken place. Proportions stated are based on the total records with a valid entry in the relevant field. Records where the field is blank or indicates the value is not known, are not included in the total records for that field. The data includes domestic abuse related assaults.

Crime data from Derbyshire Constabulary

The definition of serious violence has been applied to include crimes where:

- the crime has not been flagged as a domestic abuse-related crime, and
- the statistics classification code fits within one of the following Home Office crime groupings:
    - Homicide
    - Attempted murder
    - Intentional Destruction of a Viable Unborn Child
    - Cause or Allow Death or Serious Physical Harm to a Child or Vulnerable Person
    - Assault with Intent to cause Serious Harm
    - Endangering Life (other than Causing danger to road-users)
    - Malicious wounding: wounding or inflicting grievous bodily harm
    - Administering poison with intent to injure or annoy
    - Possession of Weapons
    - Robbery of Business Property
    - Robbery of Personal Property.

Serious knife violence has been defined as being a crime meeting the serious violence definition above, and where:

- A "Bladed" or "Sharp" implement is recorded as being a weapon used during the offence, or
- the statistics classification code fits within the Possession of Article with Blade or Point Home Office crime grouping.

Each crime is included within the time period in which the crime was first input onto the system. Crimes included in the assessment are based on the data held at the

time of extract. Although subsequent updates to a crime record will not be reflected in the assessment, any such updates are not thought to have a material impact.

All breakdowns of the crimes included in the assessment exclude those crimes where the details required for the breakdown are not known (e.g., crimes where the location is recorded as unknown are not included in the geographical breakdown). Consequentially, any calculations of the data (e.g., percentages) are made on those crimes where the details required for the breakdown are known. (e.g., those crimes where the data required for the breakdown is not known are excluded from the total used to calculate a percentage).

Crime data limitations

The following caveats on the crime data should be noted:

- The impact of the Covid-19 pandemic, particularly for the periods April 2020 to June 2020 and Nov 2020 to July 2021, needs to be considered when looking at trends in crime volumes.
- When assessing the breakdown of crimes, some records will be incomplete and are therefore excluded. Where the volume of records with missing data or the data is recorded as 'Not known' is considered significant, reference to this is included within the assessment.
- Where the time the crime occurred is not known, some crime records contain the time as 00:00 rather than being blank. Such records have been excluded from the temporal analysis.
- Domestic abuse-related serious violence crimes were removed from the data set using the NICL and local qualifiers. Only those crimes where the qualifiers were correctly applied have been excluded.
- Crimes identified as being serious knife violence crimes due to their meeting the criterion of 'a "Bladed" or "Sharp" implement is recorded as being a weapon used during the offence' are reliant on the weapon used being correctly completed on the crime record.
- Only crimes where the location is known, is within Derbyshire, and contains a valid map grid reference are included in the geographical analysis.

Public Health data

The names Derby and Derbyshire are used to represent the administrative areas of Derby City Council and Derbyshire County Council, respectively. Although the lower tier local authorities within Derbyshire are officially designated as districts or boroughs, the term district is used for both for the sake of brevity. All data is taken from the Office for Health Improvement & Disparities Public Health Profiles, 28/02/2023, https://fingertips.phe.org.uk © Crown copyright 2023. RAG rating: Red – statistically significantly worse than England (Derbyshire for district data); Amber - similar to England (Derbyshire for district data); Green – statistically significantly better than England (Derbyshire for district data).

For hospital admissions data, the analysis includes admissions where sexual violence was involved, contrary to the Derbyshire definition of Serious Violence.

Hospital admissions are defined as;

The number of first finished emergency admission episodes in patients (episode number equals 1, admission method starts with 2), with a recording of violent crime classified by diagnosis code (X85 to Y09 occurring in any diagnosis position, primary or secondary) in financial year in which episode ended.

Source: Office for Health Improvement & Disparities. Public Health Profiles. 28/02/2023. https://fingertips.phe.org.uk © Crown copyright 2023.

Directly standardised rates per 100,000 population.

Inpatient admissions for assault were extracted from Hospital Episode Statistics (HES) for all residents of Derby City and Derbyshire County. Rates are crude rates per 100,000 population. All finished consultant episodes meeting the following criteria were included: -

1. Episode end date between 1st April 2018 and 31st March 2021.
2. Admission method code that starts with a 2 to denote an emergency admission.
3. Episode number is 1.
4. A recording of assault identified using ICD 10 codes X85 to Y09 as either primary or secondary diagnosis.

Mental health disorders were identified using the ICD 10 codes F00 to F99 (mental and behavioural disorders) recorded in either primary or secondary position. Cases of alcohol involvement (i.e., being under the influence of alcohol at time of assault) were identified with a recording of ICD 10 codes as listed below that indicate presence of alcohol in blood, as either the primary or secondary position. Substance use was determined from ICD 10 codes listed below recorded as either the primary or secondary diagnosis.

ICD 10 Codes - Alcohol Involvement
Y90 Alcohol involvement determined by alcohol blood level
Y91 Evidence of alcohol involvement determined by level of intoxication
Z72.1 Alcohol use
X45 Accidental poisoning by exposure to alcohol
X65 Intentional self-poisoning by and exposure to alcohol
F10 Mental and behavioural disorders due to alcohol use
R78.0 Finding of alcohol in blood
ICD 10 Codes – Substance Use
F11 Mental and behavioural disorders due to use of opioids
F12 Mental and behavioural disorders due to use of cannabinoids
F13 Mental and behavioural disorders due to use of sedatives and hypnotics
F14 Mental and behavioural disorders due to use of cocaine
F15 Mental and behavioural disorders due to use of other stimulants, including caffeine
F16 Mental and behavioural disorders due to use of hallucinogens
F17 Mental and behavioural disorders due to use of tobacco
F18 Mental and behavioural disorders due to use of volatile solvents

F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
R78.1 Finding of opiate drug in blood
R78.2 Finding of cocaine in blood
R78.3 Finding of hallucinogen in blood
R78.4 Finding of other drugs of addictive potential in blood
R78.5 Finding of psychotropic drug in blood
R78.6 Finding of steroid agent in blood
R78.7 Finding of abnormal level of heavy metal in blood
R78.8 Finding of other specific substances, not normally found in blood
T40 Poisoning by narcotics and psychodysleptics (hallucinogens)
T52 Toxic effect of organic solvents
T59 Toxic effects of other gases, fumes and vapour
T436 Psychostimulants with abuse potential
Y12 Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent
Y16 Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent
Y19 Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent

For mortality data, the years that deaths are assigned to relate to date of registration of the death. The median delay between death and registration in England and Wales was 5 days in 2020 and 2021.

Deaths from assault registered between 1st January 2018 and 31st December 2022 were extracted from the NHS Digital Primary Care Mortality Database for all residents of Derby City and Derbyshire County. Deaths from assault were identified using ICD 10 codes X85-Y09, U509 as specified in the ONS User guide to mortality statistics (ONS, 2019).

Qualitative data methodology and data limitations

The qualitative data used in the SNA came from three main sources: Catch 22, Safe and Sound and a Professionals survey:

- Catch 22 and Safe and Sound Charities – utilising the Home Office Serious Violence 2022/23 funding, the two agencies were commissioned in February 2023 to undertake engagement work with young people.

- The Derby and Derbyshire Serious Violence Board Stakeholder and Community Engagement sub-group were tasked with developing a survey for professionals during Spring 2023. Respondents came from across the County and City and worked either directly or indirectly with/for people who may have been affected by serious violence.

In terms of data collection, a number of limitations were identified.

The engagement work conducted by Catch 22 and Safe and Sound involved surveying a targeted audience across the County and City.

Catch 22 focused on the County area, engaging only young people at risk of exploitation with whom they were already working. The data from the survey is useful to understand some of the key issues facing young people but the sample size was considered to be too small.

Safe and Sound focused on the City area, their engagement work was wide reaching, delivering a larger sample size. However, the work only covered the City and was not representative of the young people and parents living in the County area.

To obtain a broader understanding of the issues affecting all people involved in serious violence in the County and City areas, the Serious Violence Board may wish to undertake further engagement exercises. In addition, the direct engagement work highlighted key areas of focus for activity which could be undertaken by the Derby and Derbyshire mini-Violence Reduction Unit.

The survey developed for professionals gave a real insight into the thoughts of people who either work in the field or work directly with or for people affected by serious violence. Even though the scope of the survey was narrow, it helped identify areas of work to focus upon and tied in with what the quantitative data had showed.

It is recommended that the following points are considered by the Derby and Derbyshire mini-Violence Reduction Unit to strengthen the quality and to broaden the range of qualitative data to direct future work;

- Engagement is required with a broader range of young people, not just those directly affected by serious violence and known to services, but also to understand the perception and fear of violence amongst those not directly involved. As well as to identify a broader cohort of young people to engage with who may be affected by violence in different ways – not only through being identified as at risk of exploitation.

- Engagement is required with older people affected by serious violence. Both pieces of direct engagement work focused on younger people, therefore further work is required with adults across all communities.

- Wider engagement both within and between communities is required to understand how the perception or fear of violence impacts on different communities and how their involvement in serious violence differs.

Data gaps and opportunities

A number of data gaps have been identified for data relating to Derbyshire. These data gaps are listed below. The data gaps may be due to that data not currently being recorded, or, due to not being able to access the data to analyse it. The data gaps will be considered for future iterations of our Strategic Needs Assessment.

What?

- Violent assaults in prison – no data.

Drivers

- Fear and perception - Worry about physical attack by strangers – data available from Experian, but unable to publish due to data sharing agreements.
- Deprivation - Semi-routine/routine occupations - data available from Experian, but unable to publish due to data sharing agreements.
- Deprivation - Personal income - data available from Experian, but unable to publish due to data sharing agreements.
- Deprivation - Financial difficulty - data available from Experian, but unable to publish due to data sharing agreements.
- Effectiveness of the Criminal Justice Service (CJS) - Not at all confident that the CJS is fair - data available from Experian, but unable to publish due to data sharing agreements.
- Effectiveness of the CJS - Not at all confident that the CJS is effective - data available from Experian, but unable to publish due to data sharing agreements.
- Effectiveness of the CJS - Not very/at all confident local crime issues by young people are tackled - data available from Experian, but unable to publish due to data sharing agreements.
- Effectiveness of the CJS - Not at all confident prisons are effective at rehabilitating offenders - data available from Experian, but unable to publish due to data sharing agreements.
- Mental Health – Child mental health – no data.
- Mental Health – Hospital stays for self-harm – no data.
- Mental Health – Self-diagnosed depression – no data.

Risks/Enablers

- Individual – Neglect – no data.
- Individual – Low self-control – no data.
- Individual – Low self-esteem – no data.
- Individual – Aggression – no data.
- Individual – Low intelligence – no data.
- Individual – Positive attitude towards offending – no data.
- Individual – Involved in Anti-Social Behaviour – no data.
- Individual - Previously committed offence – no data.
- Individual – Gang membership – no data.
- Individual – Special Educational Needs and Disability (SEND) – no data.
- Children and Young People – Adverse Childhood Experiences and Trauma – data not sourced within timeframe for SNA.
- School/education – Low school performance – no data.
- School/education – Bullying – no data.
- School/education – IMD Education, Skills and Training Deprivation – no data.

- School/education – School readiness – no data.
- School/education – Unexplained pupil exists from school – no data.
- School/education – Educational achievement – no data.
- Mental Health – Employment and support allowance claims for mental and behavioural disorders – no data.
- Mental Health – IMD Health deprivation and disability – no data.
- Income and work – Employment and income deprivation – no data.
- Income and work – Universal Credit or Job Seekers Allowance – no data.
- Income and work – Employment for those with a long-term health condition – no data.
- Income and work – Inequalities in the use and burden of debt – no data.
- Family – Family socio-economic status – no data.
- Family – Anti-Social Behaviour (parents) – no data.
- Family – Poor supervision – no data.
- Family – Parental Criminality – no data.
- Family – Lack of family role models – no data.
- Family – Social Services involvement – no data.
- Family – Broken family/volatile/witness to Domestic Abuse – no data.
- Family – IMD Barriers to housing and services deprivation – no data.
- Community – Criminal damage – no data.
- Community – Urban areas (Poor Housing) Census – no data.
- Community – Gender inequality – no data.
- Community – Weak economic safety nets – no data.
- Community – High firearms availability – no data.
- Community – Cultural Norms that support violence – no data.
- Community – Drug trade – no data.
- Community – Inadequate victim care – no data.
- Environment – Living environment deprivation/IMD Living Environment Deprivation – no data.
- Environment – IMD Employment Deprivation – no data.
- Environment – IMD Income Deprivation – no data.
- Peer Group – Delinquent Peer Groups – data not sourced within timeframe for SNA.
- Peer Group – Urban Street Gangs – data not sourced within timeframe for SNA.
- Deprivation Socio-Economic Factors – IMD 2019 and Deprivation Definition – no data.

Findings and Conclusions

This SNA aimed to answer key research questions, which would in turn form the basis of recommendations on which to develop a response strategy.

Those research questions were;

1. What does serious violence look like in Derbyshire?
2. Where does serious violence occur in Derbyshire?
3. When does serious violence occur in Derbyshire?
4. Who is involved in serious violence in Derbyshire?
5. Why does serious violence occur in Derbyshire?

Detailed below are the key findings in answer to each of these research questions, taken from partnership quantitative data, from which a conclusion/s can be drawn. Together, these conclusions form a number of recommendations and priorities for future work in the County to prevent and reduce serious violence.

Furthermore, we will make a number of recommendations for future work and priorities from the qualitative data that we have to date, which includes engagement with young people and a professionals survey.

What

Key findings

- The volume of serious violence is increasing.
- There was a 13% rise in serious violence resulting in injury in 2022 compared to 2019.
- There has been an increase in the proportion of youth related serious violence.
- Over the 4-year period, 15% of serious violence crimes were flagged as being alcohol related, indicating a link with the night-time economy.
- 8 in every 10 assaults resulting in admission to hospital did not involve weapons.
- Bodily force was the assault method for the majority of admissions to hospital.
- The number of assaults which involve a weapon is increasing year on year.
- 15 of 99 assaults with a weapon resulting in admission to hospital in 2022 involved a knife – in 2019 this was 5 out of 65.
- Possession of weapons offences have seen a steady rise in each of the last three years.
- Possession of knives was the highest crime category for Youth Justice Service clients involved in serious violence.
- A higher proportion of serious knife violence was youth related than serious violence overall.
- Personal robberies involving a knife are now 19% higher than they were in 2019.
- However, serious knife violence is not increasing at the same rate as other

types of serious violence – this may, in part, reflect the efforts carried out to date to reduce knife crime.

- Over the past 4 years, possession of weapon offences made up 36% of serious violence, followed closely by violence with injury at 35%, and robbery of personal property at just over a quarter of offences.
- Cardiff data from Chesterfield Royal Hospital tells us that after a reduction in volume of assaults recorded during the pandemic these levels are now increasing again.
- Between 2019 and 2022, there was a greater increase in assaults reported to the hospital (36%) than serious violence reported to the Police (11%).
- Assaults on public sector staff needs further investigation.

Conclusion

The volume of serious violence is increasing. Whilst the majority of assaults do not involve weapons, there is an increase in those that do. Youth related knife violence; particularly possession of weapons, violence with injury and personal robberies involving a knife are all cause for concern. Links to the night-time economy are evident. Assaults against public sector staff need further investigation.

Where

Key findings

- Young people involved in serious violence are more likely to reside in Erewash, South Derbyshire or Amber Valley.
- Erewash has a higher rate of serious knife violence than Chesterfield when accounting for population and size.
- Chesterfield has a significantly higher rate of admissions to hospital for violence than England.
- Hospital admission rates in Chesterfield are considerably higher than elsewhere in the county, with Derby close behind - This is particularly the case for men, the rates for women being similar between the districts.
- There are particular concentrations of violence around the centres of Derby City, Chesterfield, Long Eaton, Ilkeston, Ripley and Langley Mill.
- Within the County, the 10% most deprived areas accounted for only 8% of serious violence. 50% of the serious violence was spread across the areas in the top four deciles of deprivation.
- More than a quarter of serious violent crimes occurred in Derbyshire's most deprived areas. These deprived areas are within the 10% most deprived nationally.
- In contrast, 50% of the serious violence taking place in the City was within the most deprived areas.
- Thus, deprivation is more of a concern in the City versus the County.
- Serious violence in licensed premises accounts for only 6% of all serious violence. However, often, incidents take place outside the licensed premise rather than within it.
- 91% of serious violent crimes took place in urban areas over the last four

years.

- 42% of serious violence occurs in the street; 31% occurs in a residential setting.
- Serious violence is concentrated in and around town centres and where there are higher concentrations of people, which suggests links to the night-time economy.
- Serious violence occurs in all parts of the County.
- 70% of Derbyshire is classed as rural, but only 20% of the population live in rural areas. The proportion of serious violence in rural areas increased from 8% in 2019 to 10% in 2020. It fell slightly to 9% in 2021 and to 8% in 2022.

Conclusion

Serious violence occurs in urban areas – where there is a higher concentration of people – in particular; Derby, Chesterfield, Erewash and Amber Valley. There are particular links to the night-time economy and deprivation.

When

Key findings

- Half of serious violence occurred on Fridays, Saturdays and Sundays. Saturdays experienced the highest volume of serious violence of any day.
- 56% of serious violence occurred between the hours of 6pm and 6am.
- Serious violence peaked between the hours of 3pm – 4pm (could this be linked to schools?), 9pm – 10pm and 11pm – midnight.
- The link between serious violence and the night-time economy is clear from the days and hours when increased levels of serious violence occurred in 2022.
- The link between East Midlands Ambulance Service (EMAS) attendance for assaults/sexual assault incidents and the NTE is clear, with increased calls on Friday and Saturday nights through to the early hours of the following mornings.
- Cardiff data from Chesterfield Royal Hospital shows us that since the pandemic, violence assaults resulting in hospital attendance are more likely to take place in the early evening 6pm – 9pm, than when the NTE was fully active – could this be the result of an increased trend in earlier ‘day drinking’?
- The proportion of patients seeking help at hospital for their injuries in the morning of the following day has increased.
- In 2022 there was less seasonal variation in serious violence than in 2019 – could this be linked back to the pandemic and the time taken for activity getting back to ‘normal’ pre-pandemic levels?
- There was a slight seasonal trend starting to re-emerge in 2022, possibly due to greater NTE activity during holiday periods.

Conclusion

Most serious violence occurs on Fridays, Saturdays and Sundays, in the evenings and early hours – indicating clear links to the night-time economy.

Also of note is the Cardiff data showing that serious violence also takes place in the early evenings 6pm – 9pm – this needs to be investigated as it may be linked to earlier 'day drinking'. Also of note is a peak time for serious violence outside of this – 3pm – 4pm – which could indicate a link to the end of the school day.

Who

Key findings

- There is variation in gender of victims and suspects across districts and boroughs.
- Most suspects of serious violence are male.
- Males make up nearly three-quarters of all victims of serious violence.
- 85% of victims of serious violence involving knives are male.
- Admission rates following assault are higher for men.
- The number of female victims of serious violence is increasing.
- There is a sharp rise in serious violence between 10-14 years of age, which peaks at ages 15-19. Rates of serious violence plateau between the mid 20's and mid 30's, falling thereafter with age.
- Hospital admissions following assault peak for men aged between 20 and 34 and for women aged between 25 and 34.
- The majority of admissions were of people who had pre-existing issues with alcohol, drugs or mental health.
- Death following violence comes to men more frequently than to women and to young adult men most frequently of all.
- It may be inferred that the majority of fatal assaults occur away from home but also that women are more likely to be fatally assaulted in their home than men.
- The use of weapons in fatal assaults is much more common in men than women.
- When considering this data, it should be remembered that the numbers involved are relatively small compared to other causes of death.
- Victims aged 12-14 have seen the largest increase in experiencing serious violence.
- For knife crime victims, the greatest rise was amongst those aged 15 years old.
- There was a sharp increase in 13-year-old suspects of serious knife violence between 2019 and 2022.
- There is overlap between victims and offenders.
- 85% of people involved in serious violence were only involved in one crime.
- In the majority of SV cases, victims and offenders are not known to each other. In 22% of cases, they are acquaintances.

Conclusion

Young men aged 20 - 34 are most likely to be involved in serious violence. There has been a notable increase in the involvement of young people aged 10-14 years.

Why

For the County area, it must be noted that there are significant data gaps in relation to understanding the causes of serious violence – the 'why?'

This is particularly relevant for risk factors that relate to young people, social care and education, and these datasets will need significant attention and improvement in order to gain a more complete understanding of what causes the serious violence that we see in our area.

Given that what we are seeing elsewhere in our data is broadly in line with national research and the findings from our literature review, we can be reasonably confident that in terms of the 'why', where we have gaps in our own data, we can base our future work on the literature review findings, until such time that those data gaps can be explored. We can also use the findings from our qualitative (engagement and survey) work to date as respondents identified a number of key risk and protective factors, and drivers for serious violence, which can be further explored (see Qualitative data findings section below).

Key findings

- Excessive consumption of alcohol may lead to both violence by and to the intoxicated.
- Alcohol admissions for men are much higher than for women.
- In the alcohol admissions indicators, Derby and Derbyshire consistently present as worse than England. Chesterfield consistently presents as worse than any other district, as well as the County average, Derby and England.
- Access to treatment can be viewed as a protective factor – Derby and Derbyshire appear to provide access to treatment for those with drug and alcohol issues at least as well as – and sometimes better than – England as a whole.
- Excessive consumption of drugs can lead to violence.
- Drugs misuse admissions to hospital in Derbyshire are higher than in Derby and England as a whole.
- Derby and Derbyshire have similar mortality rates from drugs misuse to England.
- Chesterfield has significantly higher rates of mortality from drugs misuse than all other districts as well as the County average and England.
- Mental health issues can lead to violence being inflicted or suffered.
- 59% of hospital admissions for assault had mental health and behavioural problems mentioned in the diagnosis field.
- In Derbyshire, the proportion of GP patients with severe mental health problems is lower than England as a whole.
- Suicide is more common in men than in women, but most common in middle-aged men.
- In 2020, 78% of the deaths from suicide and injury of undetermined intent were male.
- Employment can mitigate against violence.

- Employment rates in Derby and Derbyshire are similar to England as a whole.
- The percentage of 16–17-year-olds who are NEET is lower than in England.
- Suitable accommodation can mitigate against violence.
- Homelessness rates in Derbyshire are significantly lower than for England.
- There is variance between the City and County in terms of links between serious violence and deprivation – in the City, work should be focused on the most deprived areas, but in the County, work needs to be spread across a wider area.
- The proportion of children living in absolute poverty or relatively lower income families in Derbyshire is significantly lower than in England.
- The number of young people registered for free school meals is increasing year on year.
- Young people who are NEET, Child Protection Plans, and overall figures for Children in Need have decreased in the County in recent years.
- The number of admissions of young people into care is higher than the number of discharges.
- Erewash had a higher number of children at high risk of exploitation in 2022 than other districts in the County.
- Erewash has the highest percentage of pupils with an Education, Health and Care Plan (EHCP) in the County.
- Severe persistent absences from school are more likely in older students.
- Erewash had the most persistent and severe persistent absences from school compared to other districts.
- Exclusions from school needs further investigation as the data is not clear.

Conclusion

As noted, there are significant data gaps for the County in considering the causes of serious violence. Therefore, it is difficult to draw conclusions at this stage about why people become involved in serious violence, however, a number of recommendations can be made about how this data could be improved to gain a better understanding of the issues and how to tackle them.

Some initial conclusions can be drawn;

Data indicates that alcohol misuse could be of concern, particularly in Chesterfield. Likewise, drugs misuse may also be a cause for concern across the County, but particularly in Chesterfield. Deprivation is closely linked to serious violence. Erewash may be a particular area of focus for work with young people to mitigate against exploitation and absences from school. Social care and education data needs more work, particularly in relation to school exclusions.

Qualitative data

Three sets of recent qualitative data give us some useful findings, from which we are able to make some recommendations to direct possible future work in the area to prevent and reduce serious violence.

Our qualitative data comes from three sources – engagement work undertaken by Safe and Sound, engagement work undertaken by Catch 22, and a survey that was sent out to professionals working in the City/County.

Key findings

- 88% of the respondents to the professionals survey think that serious violence is a problem in some or all of the areas where they work, with 84% of those believing that knife crime is of particular concern, and 87% thinking that this violence is linked to other types of crime.
- 86% of the respondents to the survey also felt that there was a fear of serious violence in the areas where they worked, but only half of them felt this was proportionate.
- Just over half of the respondents to the survey felt that social media plays a role in serious violence.
- The young people assessed as at medium or high risk of exploitation who Catch 22 engaged with consistently cited knife crime and stabbings, as well as friends carrying knives, as their primary concerns with regard to violence.
- Many of these young people reported carrying knives themselves or being arrested for possession of a weapon.
- 27.5% of the parents that Safe and Sound engaged with had seen violence in their area and believed that it had affected their family or children, and 37.5% of parents had lived experience of violence.
- A lot of the violence seen by these parents had been at parks.
- Over half of frontline workers who responded to the professionals survey believe there to have been an increase in the number of young people being involved in gangs and county lines and carrying a knife.
- These frontline workers report that their clients main concerns are around safety and/or weapons.
- It is believed by the professionals that lived experience of serious violence differs between districts in the County.
- The parents who engaged with Safe and Sound felt that the main impact of serious violence in their areas was being able to give their children less freedom [due to fear of violence].
- 32% of parents felt that there was a lack of police presence in their areas.
- The majority of respondents to the professionals survey felt that only some (not all) crime is reported to the police.
- Catch 22 found that the main drivers for young people committing crime were boredom and financial strain.
- The professionals survey found that the top risk factors for serious violence were believed to be alcohol or drug misuse, emotional or physical neglect and family violence.
- The top protective factors were believed to be a stable home environment, positive social interactions and friendship groups, and good consistent parenting skills.
- Catch 22 found that many of the young people accessing their services were also experiencing domestic abuse in the family home.
- They suggest that family breakdowns are likely to be negatively impacting on young people’s mental health.

- In the professionals survey, 56% of respondents though that more could be done to prevent/reduce serious violence – gaps were identified in provision around youth services, early help/intervention and education.
- Safe and Sound found that 50% of parents felt that children were missing safe spaces in their areas e.g., activities, youth centres or affordable clubs.
- The responses to Catch 22 highlight the need for constructive activities and support for youth engagement – increasing youth led activities would help to minimise ASB in communities.
- The professionals survey found that where their organisations had delivered interventions to young people, only 23% of respondents felt young people had been involved in the design of the intervention.
- Catch 22 found that Pastoral support in schools for young people experiencing domestic abuse at home could be helpful to minimise young people exploring alternative relationships that could cause them harm and/or to be a victim of exploitation.
- Safe and Sound suggest a number of things to consider as next steps, including exploration of a number of statements made by young people and/or parents, consideration of the presence of police and partner organisations in communities, physical changes to the environment, and capability of partners to work together to provide activities etc., for young people.

Conclusion

Many people believe that serious violence is a problem where they live/work. This has a negative impact on the lives of people, particularly young people. People are concerned about their safety and about the use of weapons. People fear violence. There are certain risk factors that were highlighted which should be further explored, in particular the links between serious violence and domestic violence, and alcohol and drug misuse. Stable home environments, positive social interactions and good consistent parenting skills are believed to be key protective factors. There is a theme emerging around lack of provision for young people to keep them safe from violence, and how interventions are needed which have involved young people in their design.

Recommendations and priorities

Key points have been extracted from our findings, and these will form the basis of our response strategy to reduce and prevent serious violence in our area.

Our recommendations/key areas of focus are as follows;

- Knife crime is a concern. We need to continue the good work that is already in train to reduce and prevent it, but we also need to consider additional work to focus activity.

- Many serious violence assaults do not involve a weapon, we need to focus on reducing and preventing this type of serious violence, with particular focus on assaults against public sector staff.

- Perception/fear of serious violence is an issue. We need to plan activities, such as engagement and surveys, to capture this and act upon it.

- There are clear links between the night-time economy (NTE) and serious violence. We must collaborate closely with the Neighbourhood Crime and Anti-Social Behaviour Board, and the NTE sub-group of that Board, to develop inter-linking actions and ensure that serious violence in the NTE is addressed.

- Cardiff (Hospital admissions) data shows us that there is an increase in admissions for assault between 6pm and 9pm – we need to explore this further and establish whether there is a link to increased ‘day drinking’, particularly at weekends and Bank Holidays, and if so, how we can address this in conjunction with work around the NTE.

- Interventions need to focus on urban areas, particularly the deprived areas within Derby, Chesterfield, Erewash and Amber Valley.

- Police data shows us that there is an increase in serious violence incidents between 3pm and 4pm on school days – we need to explore this further and establish whether there is a link to the end of the school day by further investigating the locations of the violence, the types of violence and who is involved, which may lead to prevention work with education partners and schools.

- Interventions need to focus on young men aged 20-34 as they are most likely to be involved in serious violence.

- We have seen a significant increase in the number of young people aged 10-14 involved in serious violence, so we must focus activity on young people, both in mainstream schools and alternative settings.

- Although the numbers in Derbyshire are low for homicide, this is the most serious crime, and we must consider focused activity on prevention of

homicide amongst young men, outside of the home, with weapons.

- Our qualitative research tells us repeatedly about the negative impact that serious violence can have on people's lives, particularly the lives of our young people, and so we must focus activity on this.

- A number of risk and protective factors have been identified, through the literature review, through our data and through engagement with young people, their parents and professionals – we must do further work to identify what we can do to reduce these risk factors and strengthen the protective factors – to really tackle why serious violence occurs.

- Drugs and alcohol misuse has clear links to serious violence over and above that linked to the NTE, and we must collaborate closely with our partners who are involved in work relating to substance misuse to try to reduce and prevent this.

- We know that a stable home environment is a key protective factor, and we know from our data that young people involved in serious violence and/or exploitation may be experiencing domestic abuse and that women are more likely to be assaulted in their homes, so we must work closely with our partners who are involved in work to prevent and reduce domestic abuse.

- We must work closely with our young people, social care and education partners to address exploitation, absences and exclusion, and missing episodes, which are all key risk factors for involvement in serious violence.

- Further engagement work is needed with communities, a broader range of young people, and adults affected by serious violence, to build on what we already know from our qualitative research to date.

- Lack of activity and provision for young people, to help to keep them safe from serious violence, is clearly highlighted throughout our engagement work. This needs to be addressed and we need to include young people in the design and decision-making process for interventions.

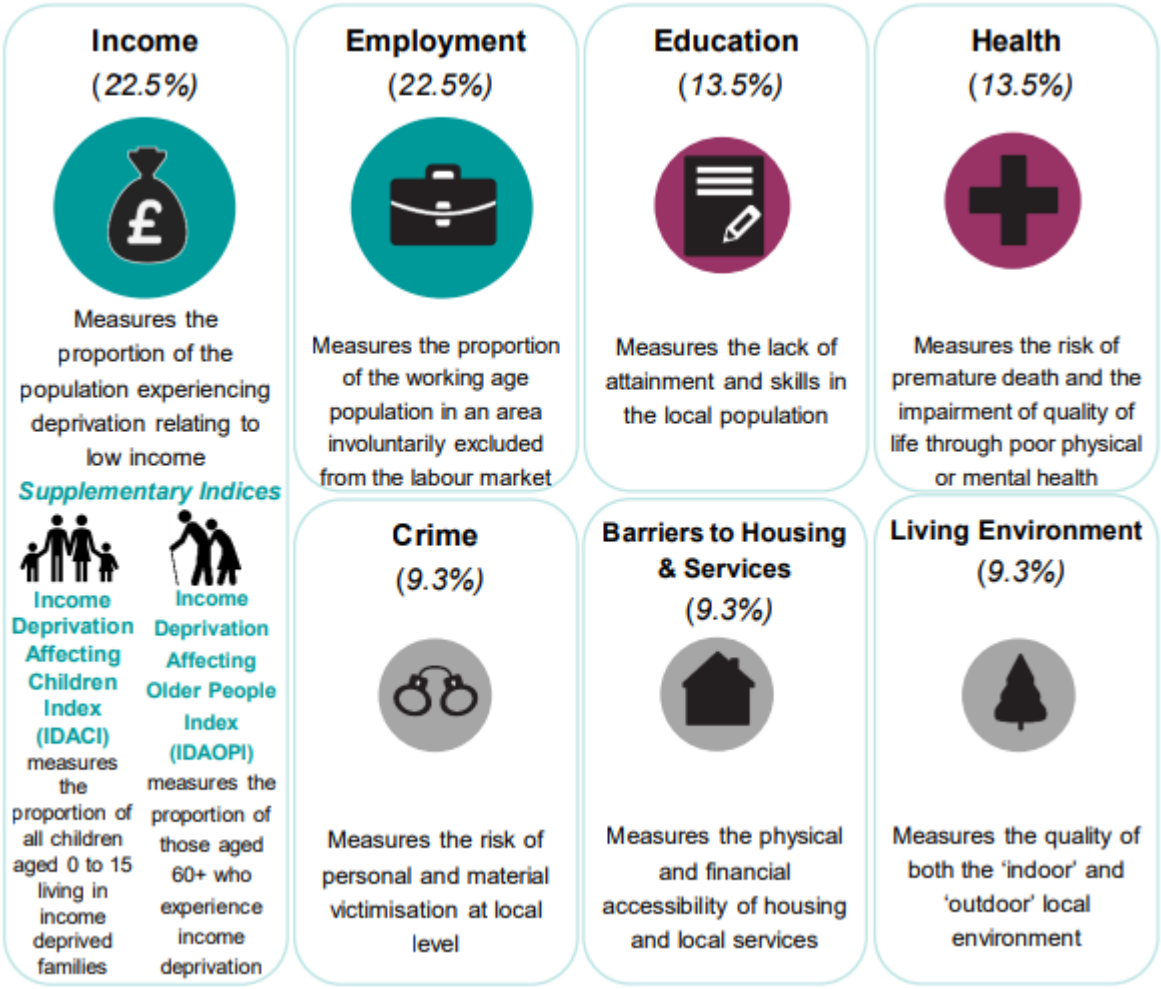
- In the County, there are a number of significant data gaps that have been identified as this first SNA has been compiled, we must work with partners and our new Mini-Violence Reduction Unit to address these data gaps and put in place the correct processes for collection and analysis of data that will help us to address issues with serious violence in the future.

- More extensive work is required to map existing services, programmes and interventions that work to address the risk factors associated with serious violence. We should review how funding is administered and how local delivery is funded, to identify gaps and future commissioning needs.

- Monitor and evaluate interventions to build the evidence base and guide future work to reduce and prevent serious violence.

Glossary of terms and acronyms

Index of Multiple Deprivation – The Index of Multiple Deprivation (IMD2019) is the official measure of relative deprivation in England and is part of a suite of outputs that form the Indices of Deprivation (IoD2019). It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions.
The IoD2019 is based on 39 separate indicators, organised across seven distinct domains of deprivations which are combined and weighted to calculate the Index of Multiple Deprivation.



The IMD2019 ranks every Lower Super Output Area (LSOA) in England from 1 (the most deprived area) to 32,844 (the least deprived area). The index is also presented as a decile. The IMD2019 can be used to identify the most deprived small areas in the county and to compare areas. It does not, however, quantify how deprived an area is – it is only a comparative measure.

Lower-layer Super Output Areas (LSOAs) – LSOAs are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. They are made up of a collection of Census Output Areas, which are the lowest geographical level at which census data are provided and have an

average of approximately 300 residents and 125 households.

Ordnance Survey National Address Scheme Classifications – This classification identifies the types of establishments and locations attributed to a particular location, such as licensed premises, residential, public places such as parks, and other locations such as on the street and at education establishments.

Rural Urban Classification (RUC) – The RUC is used to distinguish between rural and urban areas. The ‘urban’ domain comprises all physical settlements with a population of 10,000 or more. If the majority of the population of a particular Census Output Area (COA) live in such a settlement, that COA is deemed 'urban'; all other COAs are deemed 'rural'. Assignments of LSOAs to urban or rural categories are made by reference to the category to which the majority of their constituent COAs are assigned. COAs are the lowest geographical level at which census data are provided and have an average of approximately 300 residents and 125 households.

Positive outcome – Crimes with a positive outcome consist of those where: the suspect is charged or summonsed; the suspect is given a youth caution or a youth conditional caution; the suspect is given an adult caution or adult conditional caution; the suspect admits to the crime and asks for it to be taken into consideration by the Court; the offender has died; a penalty notice for disorder has been issued; a warning for cannabis or khat possession has been issued; or a community resolution (with or without restorative justice) has been applied.

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- Derby Public Health
- Derby Homes
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- Derbyshire Fire and Rescue Service
- Derby and Derbyshire Probation Service
- Derbyshire Office of the Police and Crime Commissioner
- Chesterfield Royal Hospital
- East Midlands Ambulance Service
- University Hospitals of Derby and Burton
- North Midlands Prison Group Safety Team
- Chesterfield Community Safety Partnership
- North East Derbyshire Community Safety Partnership
- Bolsover Community Safety Partnership
- High Peak Community Safety Partnership
- Derbyshire Dales Community Safety Partnership
- Amber Valley Community Safety Partnership
- Erewash Community Safety Partnership
- South Derbyshire Community Safety Partnership
- Amber Valley CVS
- Safe and Sound
- Catch 22

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Appendices

Appendix A – Demography and Locality Profiles

Introduction

This analysis forms part of the wider Serious Violence Strategic Needs Assessment.

Background

Government has introduced a Serious Violence Duty in the Police, Crime, Sentencing and Courts Act 2022 requiring specified authorities for a local government area to work together and plan to prevent and reduce serious violence. This includes identifying the kinds of serious violence that occur in the area, the causes of that violence (so far as it is possible to do so) and preparing and implementing a strategy for preventing and reducing serious violence in the area. Part of this Duty is to prepare a strategic needs assessment which will enable a local partnership to identify the kinds of serious violence that occur in their area and, so far as is possible to do so, the causes of that serious violence as required by the PCSC Act, providing information on current and long-term issues relating to serious violence and the cohorts most vulnerable to involvement in their partnership area.

Definition of serious violence

The Serious Violence Thematic Board have agreed that, in Derbyshire, the definition of serious violence is:

- Violence resulting in, or potential to result in, significant injury with or without weapons, with the inclusion of all ages.
- Crime groups include robbery, violence with injury (GBH and above), any offence involving a knife and homicide.
- Excluding sexual violence and/or serious violence in domestic settings including domestic abuse.

Summary

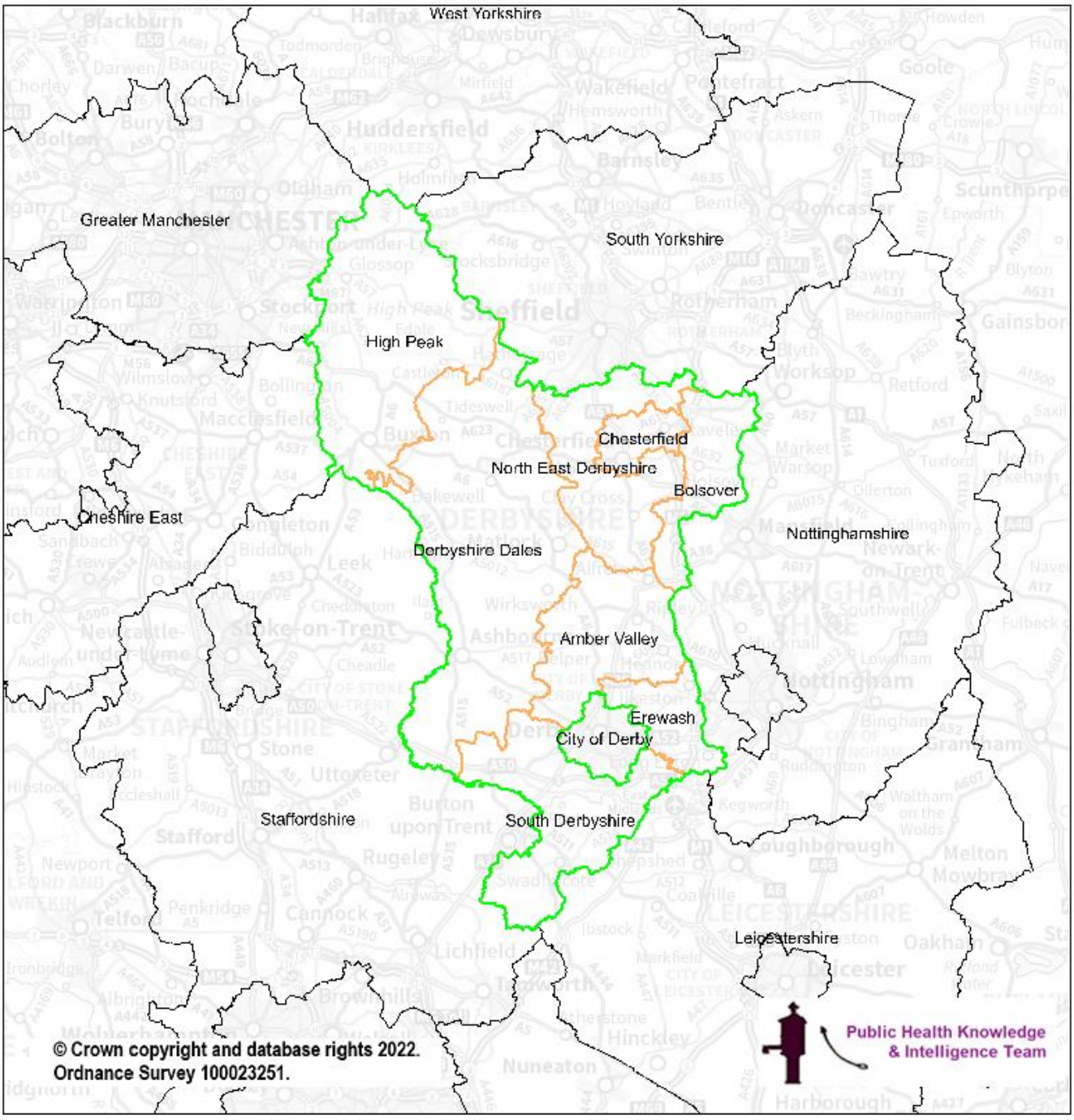
Derbyshire is a diverse mix of expansive rural extents and village locations, as well as more bustling market towns, such as Chesterfield, and urban conurbations in close proximity to major transport links and other cities.

While overall less deprived than England as a whole, there are areas of high deprivation clustered in the east of the county and scattered pockets across the piece. Approximately 16.3% of children live in low-income families and life expectancy for both men and women is worse than for England, and the gap in life expectancy is 13.7 years for men and 13.5 years for women between the most and least deprived areas. The health of the population of Derbyshire varies greatly between areas as compared with the England average.

The rates of admission for self-harm and alcohol-related conditions are significantly

higher than the England average. The prevalence of both obesity and smoking in pregnancy is also higher than average.

Figure 1 Derbyshire and surrounding Local Authority areas



Derbyshire

Population characteristics

The population of Derbyshire were estimated as 807,183 people in 2020 (Figure 2). Since 2012 the population has increased by 33,457 people (4.3% increase over the decade)

Figure 2: ONS mid-2021 population estimates

	Derbyshire	East Midlands	England
Males	390,800	2,401,966	27,682,345
Females	406,047	2,478,128	28,854,074
All people	796,847	4,880,094	56,536,419

Age

Derbyshire County has a higher proportion of middle aged and older adults than national average.

Figure 3: Mid 2021 population pyramid for Derbyshire with England comparison

Population estimates by age groups (
Figure 5) indicate high proportions of young people in Bolsover, Erewash and South Derbyshire and high proportions of older people living in Derbyshire Dales and North East Derbyshire.

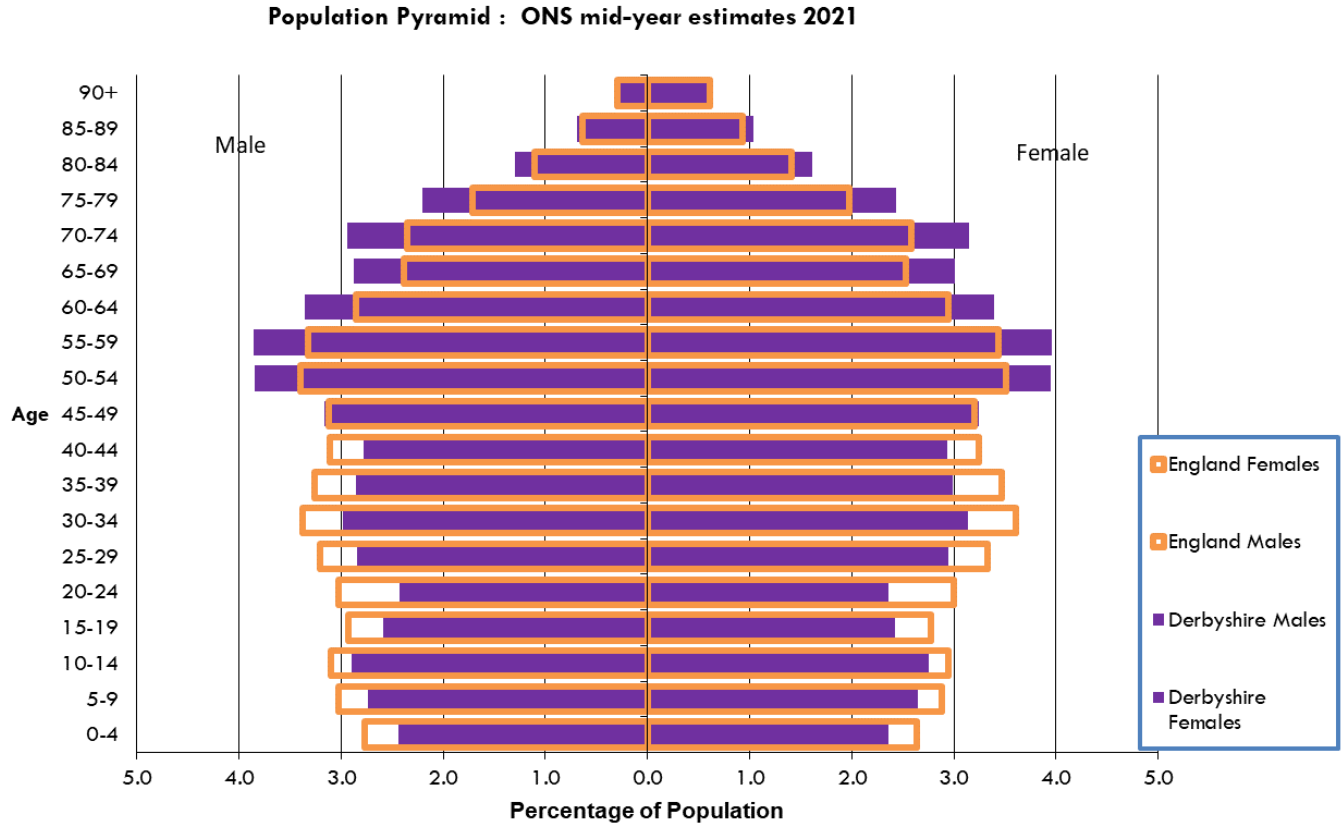


Figure 4: ONS Mid-2021 population estimates (numbers) by broad age band, Derbyshire districts and England

	Age Bands					
Area Name	0-4	5-15	16-24	25-64	65-84	85+
Amber Valley	6,026	15,112	10,894	65,791	25,890	2,776
Bolsover	4,099	9,840	7,292	42,899	14,780	1,566
Chesterfield	5,044	12,445	9,249	54,424	20,087	2,423
Derbyshire Dales	2,610	7,817	5,668	35,464	17,969	2,153
Erewash	5,434	13,909	10,321	59,773	21,115	2,495
High Peak	4,284	10,972	7,734	48,152	18,091	1,871
North East Derbyshire	4,831	11,960	8,460	51,618	22,928	2,518
South Derbyshire	5,828	14,478	9,752	57,877	18,199	1,929
Derbyshire	38,156	96,533	69,370	415,998	159,059	17,731
England	3,058,217	7,409,731	5,979,970	29,620,348	9,298,232	1,169,921

Figure 5: ONS Mid-2021 population estimates (percentages) by broad age band, Derbyshire districts and England

	Age Bands					
Area Name	0-4 (%)	5-15 (%)	16-24 (%)	25-64 (%)	65-84 (%)	85+ (%)
Amber Valley	4.76	11.95	8.61	52.01	20.47	2.19
Bolsover	5.09	12.23	9.06	53.31	18.37	1.95
Chesterfield	4.87	12.00	8.92	52.50	19.38	2.34
Derbyshire Dales	3.64	10.91	7.91	49.47	25.07	3.00
Erewash	4.81	12.30	9.13	52.87	18.68	2.21
High Peak	4.70	12.04	8.49	52.85	19.86	2.05
North East Derbyshire	4.72	11.69	8.27	50.45	22.41	2.46
South Derbyshire	5.39	13.40	9.02	53.56	16.84	1.79
Derbyshire	4.79	12.11	8.71	52.21	19.96	2.23
England	5.41	13.11	10.58	52.39	16.45	2.07

There are fewer young children proportionally in all the Derbyshire districts (range: 4.7% to 5.39%) than the England average (5.41%).

The percentage of 0–15-year-olds in all the districts but South Derbyshire is lower than for England (13.11%).

All districts have fewer young adults aged 16-24 years, than England (10.58%). The highest proportion of working aged adult population is found in the South Derbyshire district (53.56%).

All districts have higher than national average proportions of older adult populations. In particular, the Derbyshire Dales has 28.07% of the resident population adults aged 65 and over.

Predicted population growth

Continued growth in overall population across England is expected but increases will be unequal, with London, East of England and the South East regions experiencing rapid growth (4.9%, 5.0% and 4.4% respectively) and the North East the slowest (2.3%) over the ten-year period of mid-2018 and mid-2028. The population projections are predicted to vary more widely across the local authorities, with Barrow-in-Furness in North West England preparing for a fall in population by 3.3% and Tower Hamlets within London region preparing for vast growth of 16%.

The population of Derbyshire is projected to rise by:
45,646 between 2018 and 2028 (approximately 5.7% rise)
54,328.3 between 2018 and 2043 (approximately 6.5% rise)

Figure 6: Population projection pyramid for Derbyshire 2028

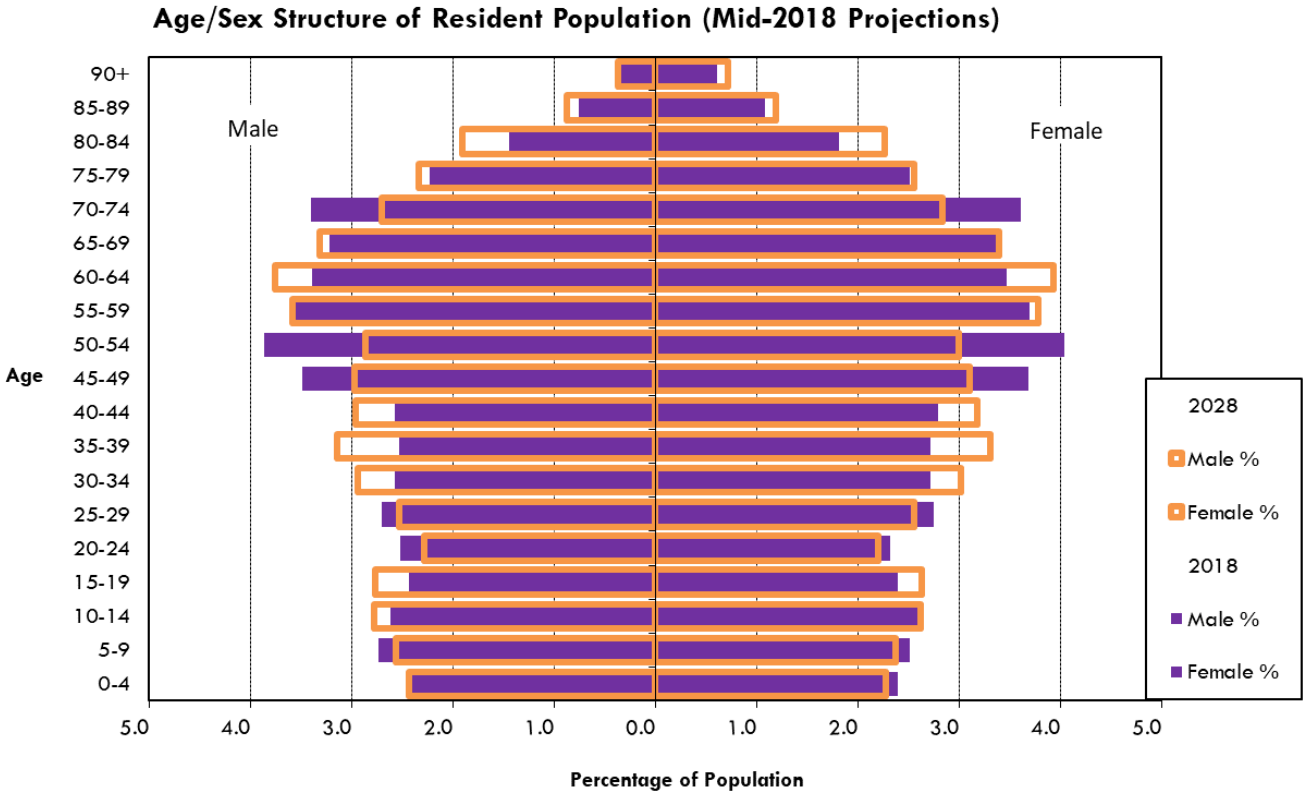
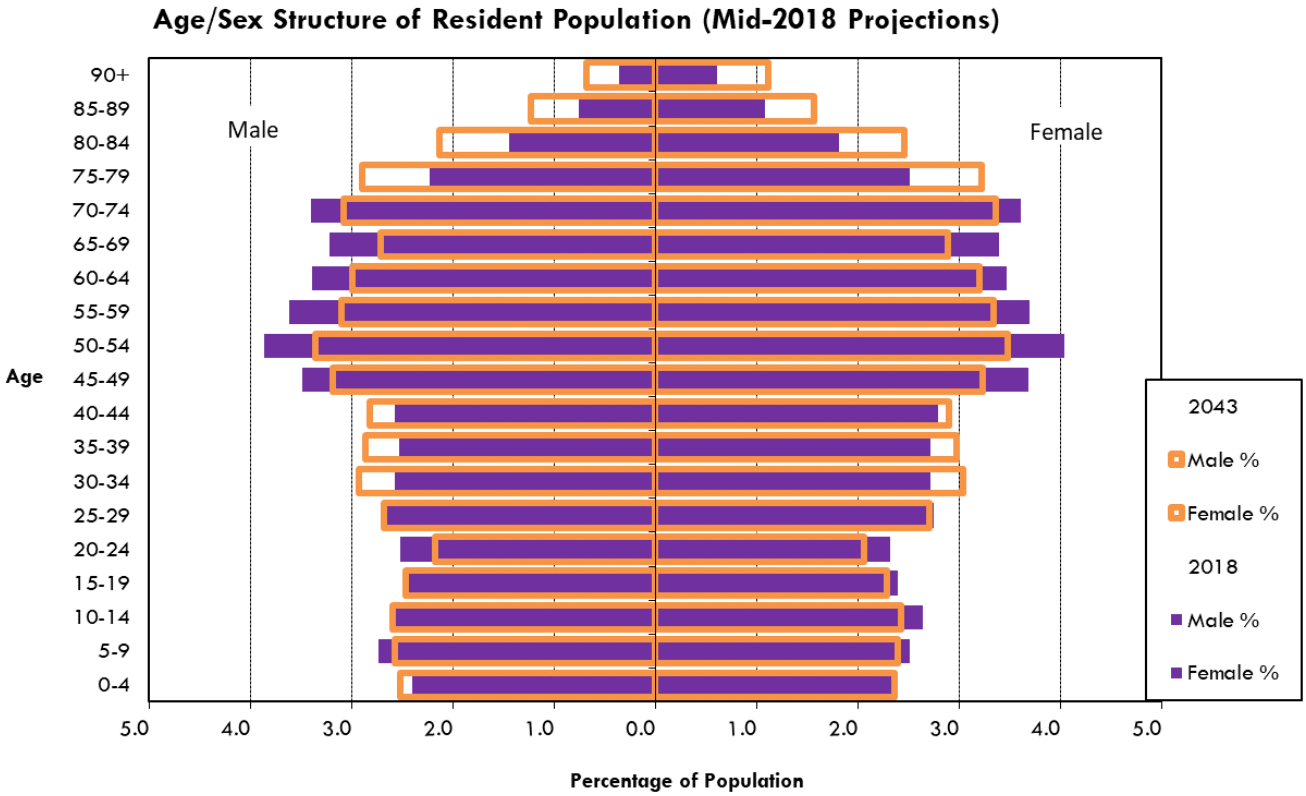


Figure 7: Population projection pyramid for Derbyshire 2043



Life expectancy

Life expectancy in Derbyshire is lower than the national average and is disproportionately lower for people living in deprived areas. For males, there is a difference of 10.6 years between the most and least deprived wards; for females, the difference is 7.1 years.

Figure 8: Life expectancy at birth, in years, 2019-20 (Office for Health Improvement and Disparities, Fingertips, 2022)

	Derbyshire	England
Male	79.2	79.4
Female	82.8	83.1

Population segmentation

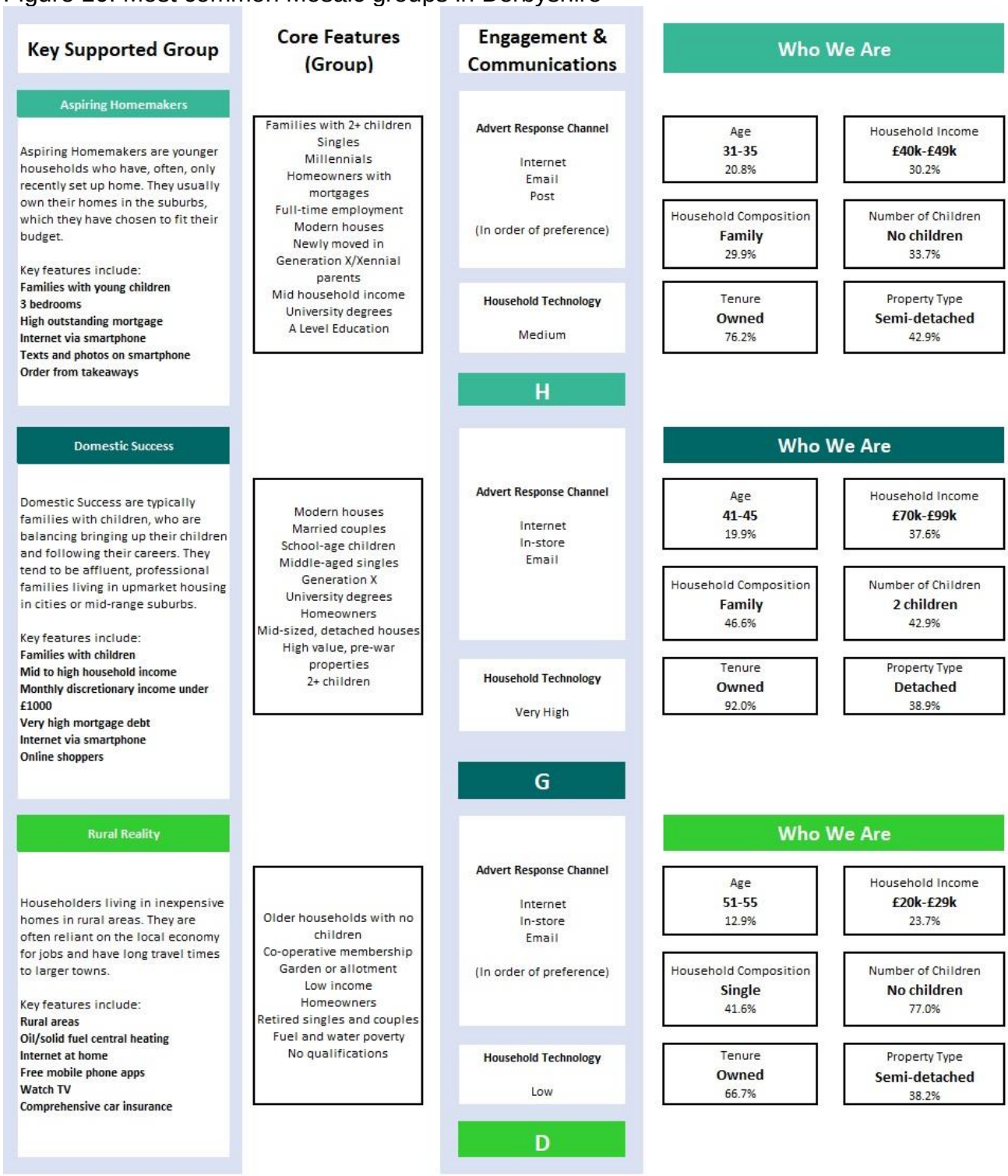
Mosaic Public Sector[1] offers the opportunity to segment the population into groups and types based on particular characteristics spanning demographic, geographic, lifestyle, social and behavioural traits. In Derbyshire, the most frequent groups are 'H Aspiring Homemakers,' 'G Domestic Success' and 'D Rural Reality,' representing 35% of the county's population (Figure 9).

Figure 9: Mid-2020 population estimates for Derby City and Derbyshire across Mosaic Groups

Mosaic Public Sector Group Labels	Derbyshire Total
A City Prosperity	2
B Prestige Positions	44,553
C Country Living	69,419
D Rural Reality	76,017
E Senior Security	59,064
F Suburban Stability	68,888
G Domestic Success	81,184
H Aspiring Homemakers	126,961
I Family Basics	66,333
J Transient Renters	70,606
K Municipal Tenants	33,269
L Vintage Value	44,172
M Modest Traditions	63,111
N Urban Cohesion	829
O Rental Hubs	10,152
U Unclassified	0

[1] Experian Ltd (2016)

Figure 10: Most common Mosaic groups in Derbyshire



Vulnerable groups

Ethnicity

In England, 19.0% of the population are from Black or Minority Ethnic (BME) communities, and in the East Midlands, 14.4% (Office for National Statistics, 2021 Census data). Derbyshire has a much lower percentage from BME communities than the national average at 3.7%. South Derbyshire has the highest percentage (6.9%) from BME communities compared to the rest of Derbyshire, but still much lower than for England as a whole (Figure 11).

Figure 11: Ethnicity breakdown by district in Derbyshire (NOMIS from Census 2021)

Local Authority	White		Mixed/ multiple ethnic groups		Asian/Asian British		Black/ African/ Caribbean/ Black British		Other ethnic group	
	Number	%	Number	%	Number	%	Number	%	Number	%
Amber Valley	122,767	97.3	1,548	1.2	1,208	1.0	381	0.3	300	0.2
Bolsover	78,143	97.4	744	0.9	722	0.9	419	0.5	242	0.3
Chesterfield	98,857	95.5	1,498	1.4	1,950	1.9	839	0.8	424	0.4
Derbyshire Dales	69,940	97.8	723	1.0	518	0.7	169	0.2	185	0.3
Erewash	107,769	95.4	2,048	1.8	1,788	1.6	871	0.8	432	0.4
High Peak	88,614	97.4	1,185	1.3	694	0.8	223	0.2	219	0.2
North East Derbyshire	99,367	97.4	1,170	1.1	952	0.9	324	0.3	190	0.2
South Derbyshire	99,836	93.1	1,934	1.8	3,841	3.6	855	0.8	740	0.7
Derbyshire County	765,296	96.3	10,851	1.4	11,670	1.5	4,085	0.5	2,732	0.3
East Midlands	4,179,774	85.7	117,247	2.4	391,103	8.0	129,986	2.7	61,944	1.3
England	45,783,401	81.0	1,669,378	3.0	5,426,392	9.6	2,381,724	4.2	1,229,153	2.2

Migrant population

The growing size and diversity of the proportion of the UK population who were born overseas has implications for meeting health needs. In England, 1.9% of the population stated that they cannot speak English well or at all; Derbyshire had a much lower rate of 0.4%. Bolsover has the highest proportion of residents with

limited English language skills at 1.2%. Overall, 17.4% of the England population were born outside of the UK, in Derbyshire this is only 4.5%.

Children

Population estimates indicate that 13.2% of the population are of primary and secondary school age (Figure 12), in comparison to 14.3% in England as a whole. One-fifth (20.0%) is aged 0-18 years in Derbyshire, well below the proportion in England as a whole (21.9%). The Office for Health Improvement and Disparities' Child Health Profile[2] enables a detailed examination of the health of children and young people in Derbyshire with England comparison. Generally, the health and wellbeing of children in Derbyshire is similar or better than the England average. Child and infant mortality rates in Derbyshire (11.7 per 100,000 and 4.0 per 1,000) are similar to England's (10.3 per 100,000 and 3.9 per 100,000).

Figure 12: ONS Mid-2021 population estimates for persons aged 0-18 years

	Derbyshire		England	
Age	Number	Proportion of total population (%)	Number	Proportion of total population (%)
0-4	38,156	4.8	3,058,217	5.4
5-16	105,059	13.2	8,057,797	14.3
17-18	16,352	2.1	1,282,912	2.3
Total 0-18	159,567	20.0	12,398,926	21.9
Total population	796847	100.0	56,536,419	100.0

21.0% of Derbyshire children (all dependent children under 20 years) are in low-income families compared with 15.0% of Derbyshire children. The England average falls in the middle of these proportions with 17.0% of children in poverty. Derbyshire had lower than average GCSE achievement for 16-year-olds in 2015/16, with only 54.8% achieving 5A*-C GCSEs (including England and Math's) compared to 57.8% achieved in England as a whole.

Children and adults in care

Derbyshire has significantly lower rates of children in care the national average (67 per 10,000 <18 population) with a rate of 58 per 10,000 <18 population. Figures been increasing and getting worse since 2017.
Derbyshire has 3.4 per 1,000 adults with learning disabilities receiving long-term support from local authorities. This is higher than the England rate (3.5 per 1,000 population).

77.4% of Derbyshire's supported adult population with learning disabilities were living in settled accommodation compared to the national average of 77.3%.

[2] Office for Health Improvement and Disparities (2022)

People with disabilities

Long term disabilities

Figure 13 shows the number of people in the 2021 Census who reported that their long-term physical or mental health conditions or illnesses limited their day-to-day activities a little or a lot. In Derbyshire, 20.1% of the resident population have reported that day-to-day activities are limited a little or lot. This is higher than the national average of 17.3% across the population. This difference is narrower between the age-standardised proportions, 19.3% and 17.7%, suggesting that some but not all of the difference can be attributed to the older Derbyshire population.

Figure 13: Number and proportion of population living with a limiting long term health problem or disability, Census 2021 (NOMIS, 2023).

Local authority/ country	Disabled under the Equality Act: Day-to-day activities limited a lot			Disabled under the Equality Act: Day-to-day activities limited a little		
	number	%	Age-standardised proportion	number	%	Age-standardised proportion
Amber Valley	10,504	8.3	7.9	14,562	11.5	11.1
Bolsover	8,691	10.8	10.6	9,652	12.0	11.9
Chesterfield	10,627	10.3	9.9	13,211	12.8	12.5
Derbyshire Dales	5,030	7.0	6.0	8,147	11.4	10.3
Erewash	9,243	8.2	8.0	12,880	11.4	11.2
High Peak	6,641	7.3	7.0	10,091	11.1	10.8
North East Derbyshire	9,526	9.3	8.5	12,222	12.0	11.3
South Derbyshire	7,315	6.8	7.0	11,097	10.4	10.5
Derbyshire	67,577	8.5	8.1	91,862	11.6	11.2
East Midlands	373,869	7.7	7.7	521,051	10.7	10.7
England	4,140,357	7.3	7.5	5,634,153	10.0	10.2

Hearing impaired people

The data below in
Figure 14 shows the rates in Derbyshire for 18–64-year-olds and 75 and over are lower than the national average, but that for 65–74-year-olds is the same as the national average).

Figure 14 : Rate of people (per 100,000) registered Deaf or hard of hearing, 2009/10 (Office for Health Improvement and Disparities Fingertips, 2017) (NOMIS, 2017)

	Derbyshire	England
People aged 18-64 registered Deaf or hard of hearing	126	173
People aged 65-74 registered Deaf or hard of hearing	620	620
People aged 75+ registered Deaf or hard of hearing	2774	3089

Visual disabilities

The rate of people registered blind or partially sighted was higher in Derby than Derbyshire across both age groups. The national average rate of people registered as blind or partially sighted was higher than Derbyshire's rate.

Figure 15: Rate of people (per 100,000) registered blind or partially sighted, 2019/20 (Office for Health Improvement and Disparities Fingertips, 2022):

	Derbyshire	England
People aged 65-74 registered blind or partially sighted	170	536
People aged 75+ registered blind or partially sighted	1,171	3,429

Other distinct population groups

Prison populations are at high risk of poor health, social and emotional outcomes whilst within prison environments and upon release. HMP Foston Hall is a women's closed category prison, located to the west of Derby in South Derbyshire. It has an operational capacity of 349 across eight wings. Nearby there is also the HMP Sudbury prison which is an open prison for adult males who fit the category D criteria. The operational capacity is 581 mostly in single or double rooms.

According to the 2021 Census, 27,067 people were recorded as having served in the UK Armed Forces in Derbyshire – 4.2% compared to England's 3.8%.

Statutory homeless households are some of the most vulnerable in society and at risk of adverse outcomes. In 2020/21, the rate of statutory homelessness, where households are in temporary accommodation, was lower in Derbyshire (0.3 per 1,000) than the England average (4.0 per 1,000).

Derbyshire is home to the Peak District National Park and as such attracts many visitors from day trippers to people staying for several weeks throughout the calendar year. It is estimated that there are 13.25 million visitors a year to the Peak

District[3] (STEAM, 2018), and is one of the most popular national parks in the UK.

On average, Gypsy and Traveller population have poorer health, educational and social outcomes than the general population. The national average of the proportion of school children who are Gypsy/Roma is 0.30%; in Derbyshire it is 0.04%. There are Gypsy and Traveller pitch sites in Derbyshire:

In Derbyshire there are:

- 26 long stay pitches (22 trailers, four transit) at Woodyard Lane in Foston, South Derbyshire district.
- Eight short-stay pitches (eight trailers) at Lullington Crossroads, near Swadlincote, South Derbyshire district.
- 20 long-stay pitches (16 trailers, four transit) at Corbriggs, Winsick, near Chesterfield, North East Derbyshire district.
- 20 short-stay pitches (20 trailers) at Blackridge, Pleasley, Bolsover district.

Transportation

The 2021 Census recorded 17.2% of the 332,637 households in Derbyshire as having no cars or vans available to them, compared to 23.5% in England as a whole.

Deprivation

One of the most common used measures of inequality is the Index of Multiple Deprivation (IMD) which provides a weighted calculation of local measures of deprivation in England. The latest English Indices of Deprivation were released in 2019. The IMD provides an indication of the locations of the most deprived, as well as the least deprived, local populations. However, it is possible that there are deprived people living in less deprived areas and people who are not deprived living in highly deprived locations.

Of the 151 Upper tier Local Authorities in England that are ranked by an average rank, Derbyshire ranks 103rd, with 4% of the area falling within the 10% most deprived nationally. Bolsover is Derbyshire's most deprived district, ranked 58th of 316 local authority districts, followed by Chesterfield ranked 86th. Derbyshire Dales is Derbyshire's least deprived district, ranked 265th, followed by South Derbyshire ranked 218th.

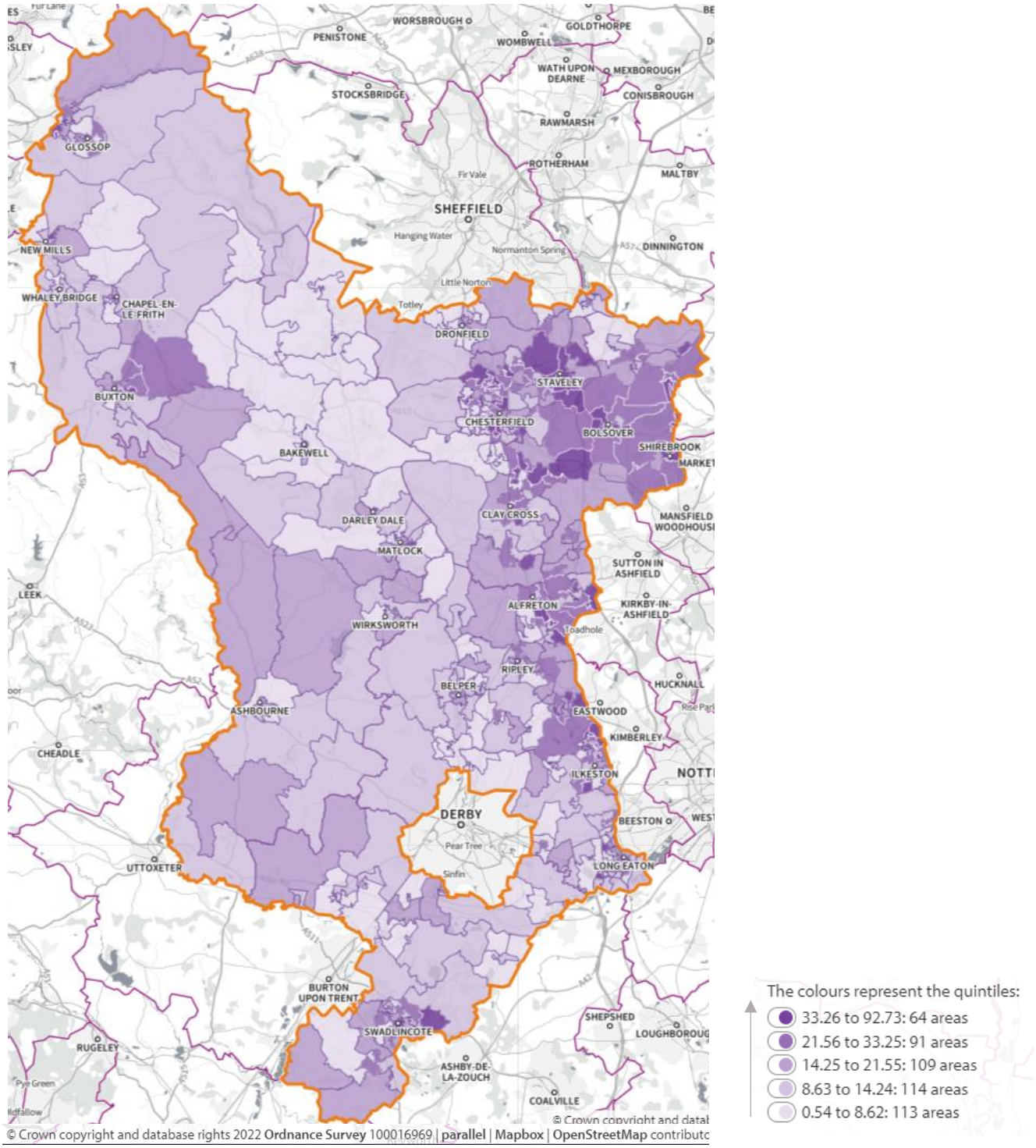
[3] Global Tourism Solutions (UK) Ltd (2018)

Figure 16: Local authority deprivation rank by average rank

Local Authority	LA rank 2015	LA rank 2019	Change
Amber Valley	162	167	5
Bolsover	61	58	3
Chesterfield	85	86	1
Derbyshire Dales	258	265	7
Erewash	149	168	19
High Peak	198	202	4
North East Derbyshire	190	177	13
South Derbyshire	230	218	12

Largely the more deprived areas are found on the east side of Derbyshire, with smaller pockets found in the larger settlements throughout the county. Bolsover and Chesterfield are particularly apparent as having the most deprived areas (Figure 17. However, the county of Derbyshire is overall less deprived than England.

Figure 17: Deprivation in the County (Reproduced directly from the OHID 2022)



Causes of ill health and mortality

This section describes the leading causes of ill health and mortality across Derbyshire. The highest mortality rates for all causes, for all individuals under 75 years, are in the Bolsover and Chesterfield districts. Lowest mortality rates were in the Derbyshire Dales. The contents in the summary table below will be explored in the following ill health subsections.

Figure 18: Deaths from all causes, under 75 years, standardised mortality ratio 2015-2019 (Office for Health Improvement and Disparities, 2022).

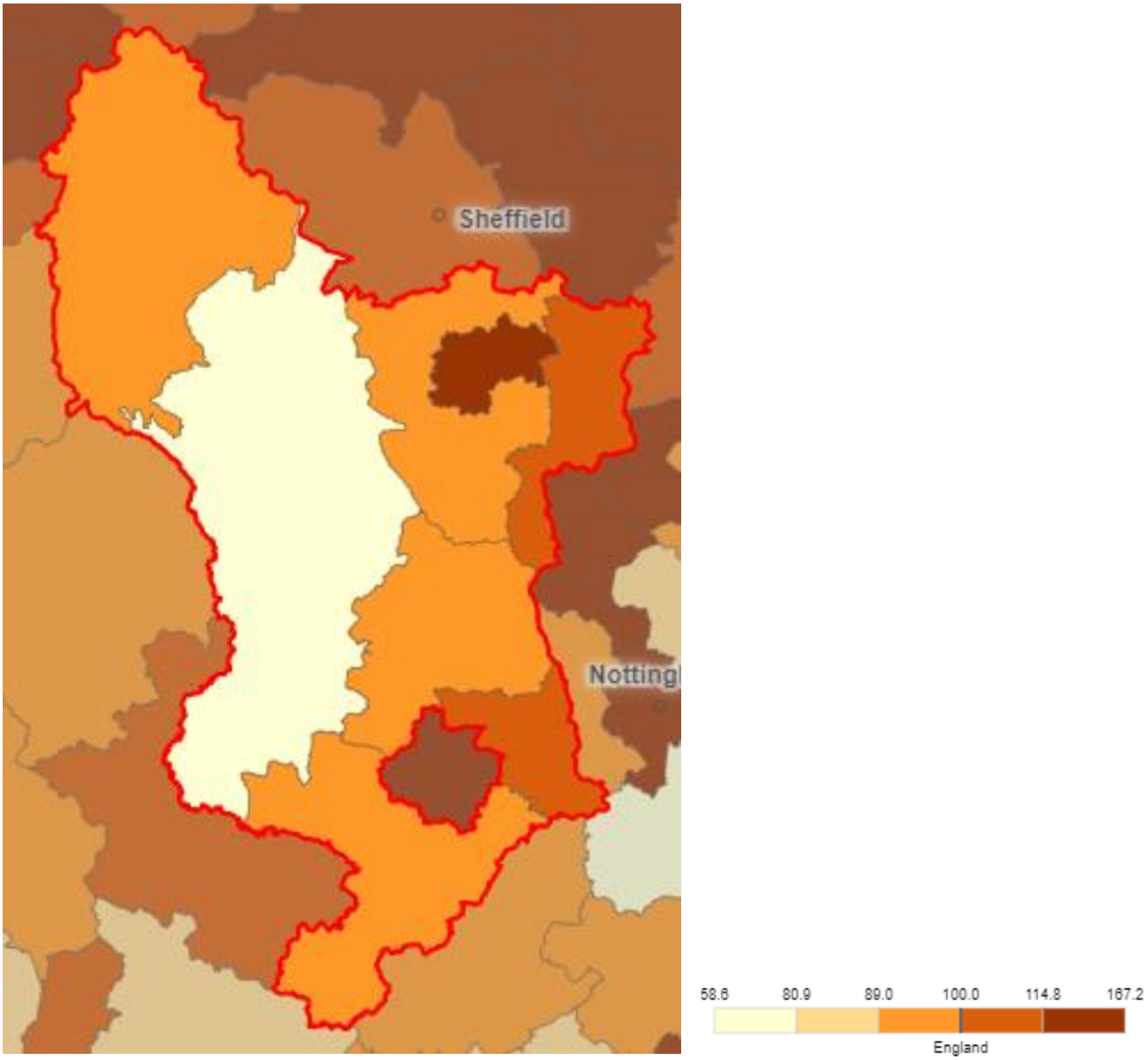


Figure 19: Directly standardised rates (per 100,000) mortality from selected conditions, under 75 years, 2020 (Office for Health Improvement and Disparities, 2022).

	Derbyshire	England
Mortality from CVD	73.3	73.8
Mortality from cancer	126.6	125.1
Mortality from respiratory disease	23.8	29.4
Mortality from injuries	14.9	14.4
Mortality from liver disease	10.9	10.8

Health profiles and identified health needs

PHE/OHID produce annual Health Profiles for each local authority in England. These health profiles provide an overview of local health issues, priorities and needs and allow for comparisons to England and other local authorities. The health of people in Derbyshire is varied compared with the England average. About 15% (20,200) of children live in relatively low-income families. Life expectancy for both men and women is lower than the England average. In the tables below, the best outcomes are health outcomes where the rate in Derbyshire is better than national average. The health priorities section links to outcomes where the area is comparatively worse than the national average and therefore highlights a need.

Derbyshire	
Best Outcomes	Health priorities
Killed and seriously injured (KSI) rate on England's roads	Emergency hospital admission rate for intentional self-harm
Mortality rate from all cardiovascular diseases	Hospital admission rate for alcohol-specific conditions
Estimated diabetes diagnosis rate	Hospital admission rate for alcohol-related conditions
Teenage conception rate	Percentage of adults classified as overweight or obese
Year 6: Prevalence of obesity (including severe obesity)	Percentage of smoking during pregnancy
Percentage of children in low-income families	Average GCSE attainment (average attainment 8 score)
Statutory homelessness rate - eligible homeless people not in priority need	
Violent crime - hospital admission rate for violence (including sexual violence)	

New STI diagnoses rate (exc. chlamydia aged <25)	
TB incidence rate	

Figure 20: Summary of PHE/OHID Local Authority Profile - Derbyshire

Life expectancy and inequality

PHE Segment Tool: segmenting life expectancy gaps by cause of death

Life expectancy at birth in England is 79.6 years for males and 83.1 for females. Life expectancy across the country varies by local authority. The table below (Figure 21) illustrates that life expectancy is lower than the national average in Derby, Bolsover, Chesterfield and South Derbyshire for males and females and in Amber Valley and North East Derbyshire for females. However, life expectancy is exceeding the national average in Derbyshire Dales and High Peak for males and females.

Figure 21: Life expectancy across Derby and Derbyshire districts, 2015-17 (Office for Health Improvement and Disparities Segmentation Tool)

	Life expectancy at birth (2015-17)		**Absolute gap in life expectancy between LA and England in years**	
	Male	Female	Male	Female
England	79.6	83.1		
Derby	78.5	82.7	-1.1	-0.5
Amber Valley	79.6	82.6	0.0	-0.5
Bolsover	77.9	81.5	-1.6	-1.6
Chesterfield	77.9	82.1	-1.7	-1.0
Derbyshire Dales	80.8	84.2	1.2	1.1
Erewash	79.5	83.4	0.0	0.3
High Peak	79.9	83.3	0.3	0.1
North East Derbyshire	79.7	82.9	0.2	-0.2
South Derbyshire	79.3	82.5	-0.3	-0.7

Figure 22 shows the life expectancies for the most and least deprived quintiles of each local authority area across Derbyshire and the absolute gap in life expectancy between these quintiles for males and females.

There is a large life expectancy gap between the most deprived and least deprived quintiles for males and females across all local authorities. The greatest gap in life expectancy for males is in Erewash, followed by Derby and Amber Valley. For females, the largest gap in life expectancy is in Chesterfield, followed by Derby. The smallest gap for both males and females are in Derbyshire Dales, followed by Bolsover.

Figure 22: Life expectancy across Derbyshire districts by the least and most deprived areas, 2015-17 (Office for Health Improvement and Disparities Segmentation Tool)

	Life expectancy in most deprived quintile of LA (2015-17)	Life expectancy in most deprived quintile of LA (2015-17)	Life expectancy in least deprived quintile of LA (2015-17)	Life expectancy in least deprived quintile of LA (2015-17)	Absolute gap in life expectancy between most deprived and least deprived quintile of LA	
	Males	Females	Males	Females	Males	Females
Amber Valley	75.0	79.0	82.7	85.6	-7.6	-6.6
Bolsover	74.6	79.1	80.4	83.5	-5.8	-4.4
Chesterfield	74.4	79.1	81.7	86.5	-7.2	-7.4
Derbyshire Dales	79.1	83.1	81.6	85.8	-2.5	-2.7
Erewash	75.0	80.0	83.3	85.4	-8.3	-5.3
High Peak	76.5	80.3	83.0	85.6	-6.5	-5.2
North East Derbyshire	76.5	80.4	83.5	87.0	-7.0	-6.6
South Derbyshire	77.4	81.8	84.5	87.0	-7.1	-5.3

The table below (Figure 23) enables greater understanding of the gap in life expectancy between local authorities and the national average. In Derby, the largest proportion for lower than national life expectancy in males is caused by circulatory ill-health (23.9%), and early deaths are predominately caused by digestive diseases in females (36%). Cancer is the main cause of early deaths in females in Amber Valley (27.9%), males in South Derbyshire (39.1%), as well as males and females in Bolsover (44.6% & 42.8%, respectively). In Chesterfield, the main causes are circulatory ill-heath in males (28.2%), and respiratory ill-health in females (40.33%). Where rows are absent from the table this indicates that the LE is above the England average (Amber Valley male; Derbyshire Dales male and female; Erewash female; High Peak male and female; North East Derbyshire male).

Figure 23: Breakdown of the life expectancy gap between LA as a whole and England as a whole, by broad cause of death, 2015-17 (Office for Health Improvement and Disparities Segmentation Tool)

Percentage difference	Circulatory	Cancer	Respiratory	Digestive	External causes	Mental & behavioural	Other	Deaths <28 days
Amber Valley (Females)	14.7	27.9	4.4	5.9	0	7.8	24.7	14.6

Bolsover (Males)	11.9	44.6	23.3	0	4.7	14.2	1.4	0
Bolsover (Females)	8.9	42.8	16.9	7.9	0	15.1	8.4	0
Chesterfield (Males)	28.2	13.9	15.1	8.0	25.3	9.6		
Chesterfield (Females)	1.9	33.4	40.3	4.1	2.1	12.1	0	6.0
Erewash (Males)	0	0.1	19.6	47.2	0	33.1	0	0
North East Derbyshire (Females)	0	19.7	22.0	0	58.1	0	0.1	0
South Derbyshire (Males)	0	39.1	31.6	3.2	0	0	0	26.1
South Derbyshire (Females)	8.3	0.4	9.0	5.4	6.7	15.1	41.0	14.1

Health Inequalities

"Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives."[4]

Figure 24 shows inequalities in important high-burden diseases. Shirebrook North, Clay Cross North, Ridgeway and Marsh Lane and Gamesley are wards in Derbyshire with the highest inequalities. In contrast, wards with the lowest include Hilton, Little Hallam, Doveridge and Sudbury, Alport and Hope Valley.
Figure 24: Highest and lowest wards in Derbyshire for the Global Burden of Disease conditions causing the largest burden.

[4]NICE (2012)

GBD by cause	Indicator	Ward with lowest	Ward with highest
Low back and neck pain	Limiting long term illness or disability (%)	Hilton	Shirebrook North
Ischemic heart disease	Emergency hospital admissions for CHD (SAR)	Little Hallam	Clay Cross North
Cerebrovascular disease	Emergency hospital admissions for stroke (SAR)	Doveridge and Sudbury	Ridgeway & Marsh Lane
Chronic obstructive pulmonary disease	Emergency hospital admissions for COPD (SAR)	Alport	Ridgeway & Marsh Lane
Tracheal, bronchus, and lung cancer	Incidence of lung cancer (SAR)	Hope Valley	Gamesley

Locality Profiles

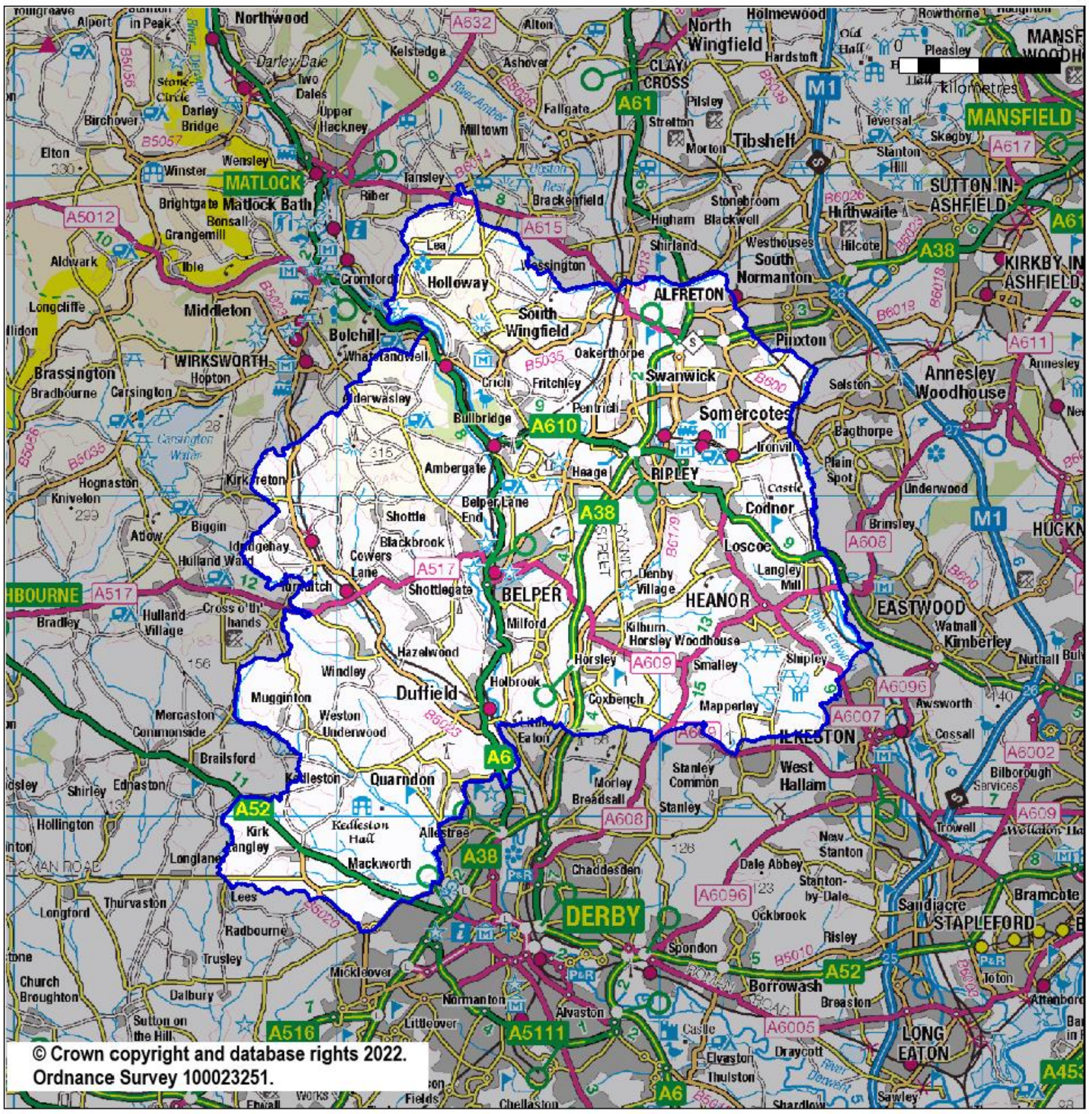
Amber Valley

The district of Amber Valley encompasses the four market towns of Alfreton, Belper, Heanor and Ripley, in addition to several villages and smaller settlements. Whilst the eastern area is primarily urban, the western part is more rural, with countryside surrounding the villages and town of Belper.

The borough ranks 167th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are pockets of deprivation in which 10% of its lower super output areas rank within the most deprived 20% nationally.

The latest census data highlights a markedly higher proportion of owner-occupied households than the national average (74.1% compared with 63.3%). Despite this, there are hidden elements of deprivation in which a minority of households are affected by overcrowding (3.2%) and a lack of central heating (2.2%). The area's nature reserves and award-winning parks, heritage features and architecture, make this an ideal location for being physically active as well as a high-quality environment for tourists.

Figure 25: Map of Amber Valley



Population

Amber Valley has a population of 128,829 that is expected to increase to 145,446 by 2043. Black and minority ethnic individuals form a relatively low proportion, with less than 4% who are not White British. The age structure of Amber Valley is generally similar to Derbyshire as a whole. Older people over 65 years constitute 22% of the population, which is the same as the national average. By 2043, however, this is expected to increase to 28%.

Figure 26: Amber Valley Population Pyramid

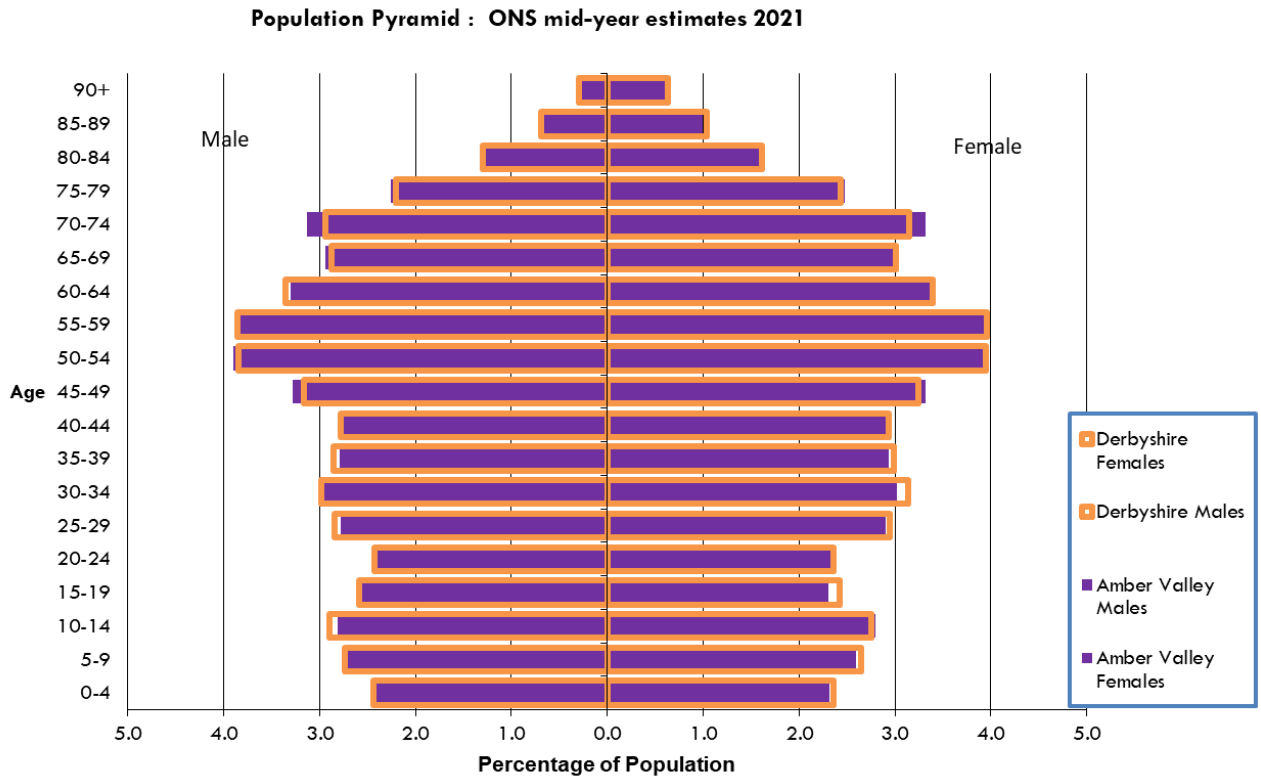


Figure 27: Population projection pyramid for Amber Valley 2028

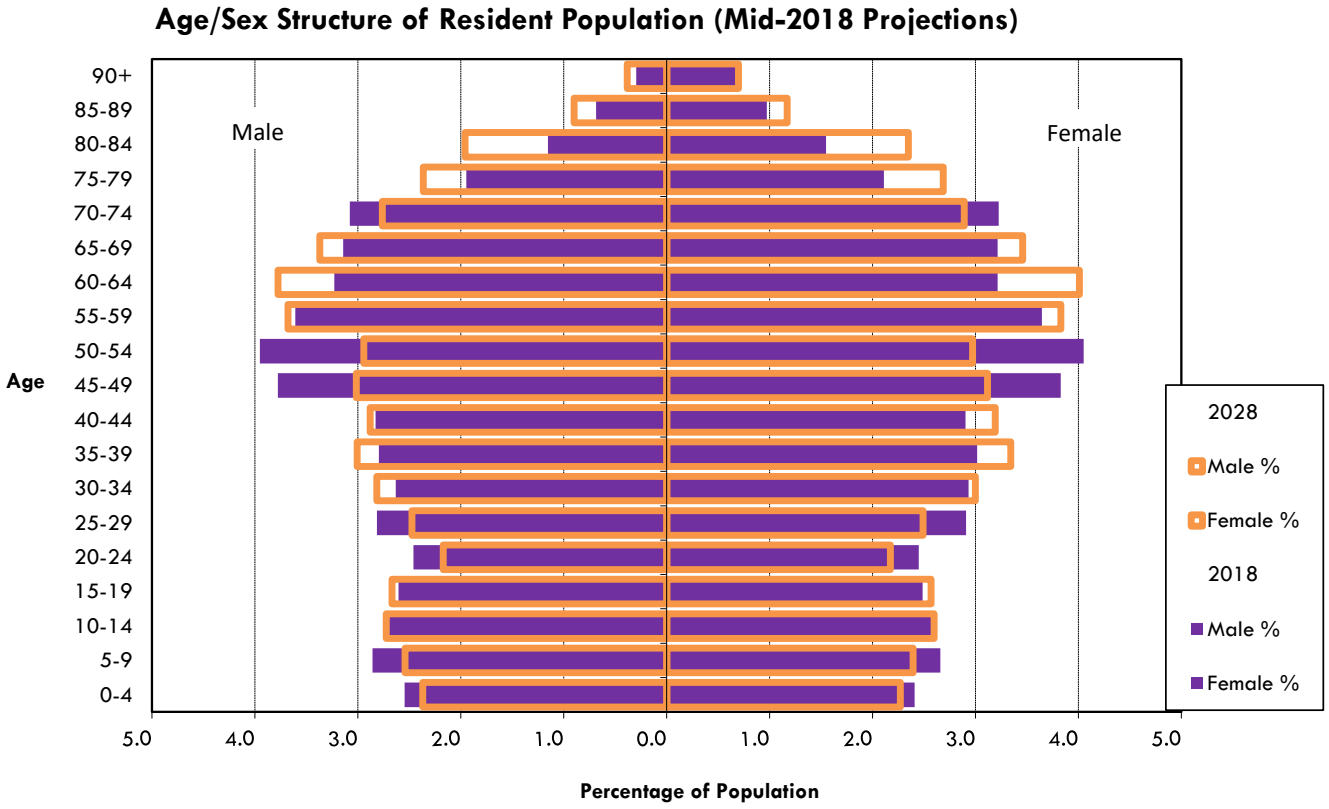
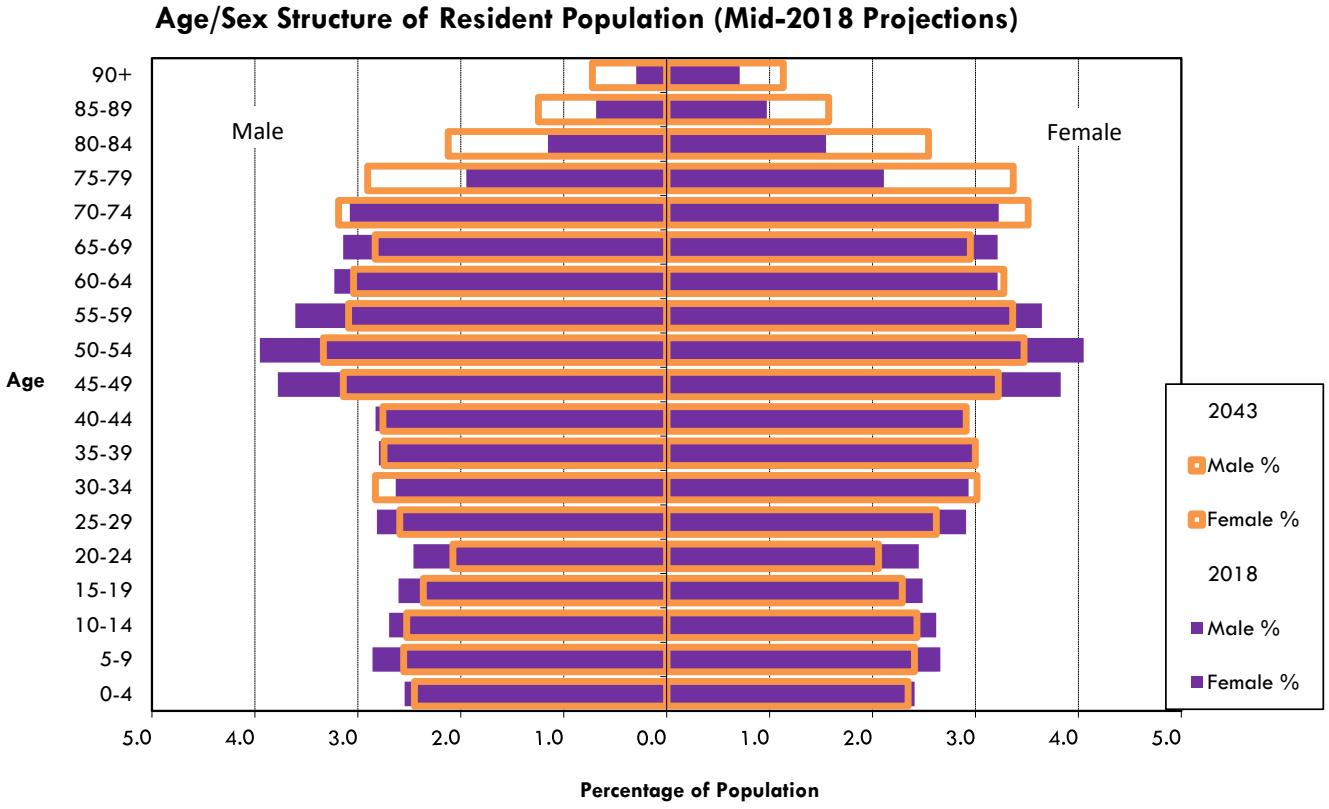


Figure 28: Population projection pyramid for Amber Valley 2043



Employment

Major businesses in the area specialise in retail, manufacturing, health, education and the provision of bespoke services such as tourism. The district is home to the head office of Thorntons (a leading confectionary brand), as well as a number of retail outlets across all four market towns. Leading manufacturing companies include HL Plastics – one of the district's largest employers and Alfreton Trading Estate, which comprises industrial/warehouse units.

NHS Services

There are 14 General Practices within the district – four of which are branch practices and one of which is a dispensing practice. Ripley Hospital is the main community hospital in the area. The majority of its services are provided by Derbyshire Community Health Services NHS Foundation Trust. These include cardiology, neurology and paediatrics services. Derby Teaching Hospitals NHS Foundation Trust provides diabetic medicine and diagnostic physiological measurement within the hospital. There are 25 pharmacies in the district all offering essential services.

Poverty

It is estimated that 3,140 children (15%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 3% in the Duffield to 28.6% in Aldercar and Langley Mill.

Quality of health

Within Amber Valley, there is a significantly higher rate of premature mortality from cardiovascular diseases considered preventable. The percentage of adults classified as overweight or obese is also significantly higher than the national average.

Strategic priorities and key health needs

Priorities in Amber Valley include mental health and wellbeing, maintaining healthy weight and reducing physical inactivity, and supporting older people. Key additional health needs include (but are not limited to):

- Child poverty
- Children with Special Education Need and/or Disability
- Violent crime and antisocial behaviour
- Recorded Diabetes
- Homelessness
- Smoking during pregnancy
- Breastfeeding

Future housing plans

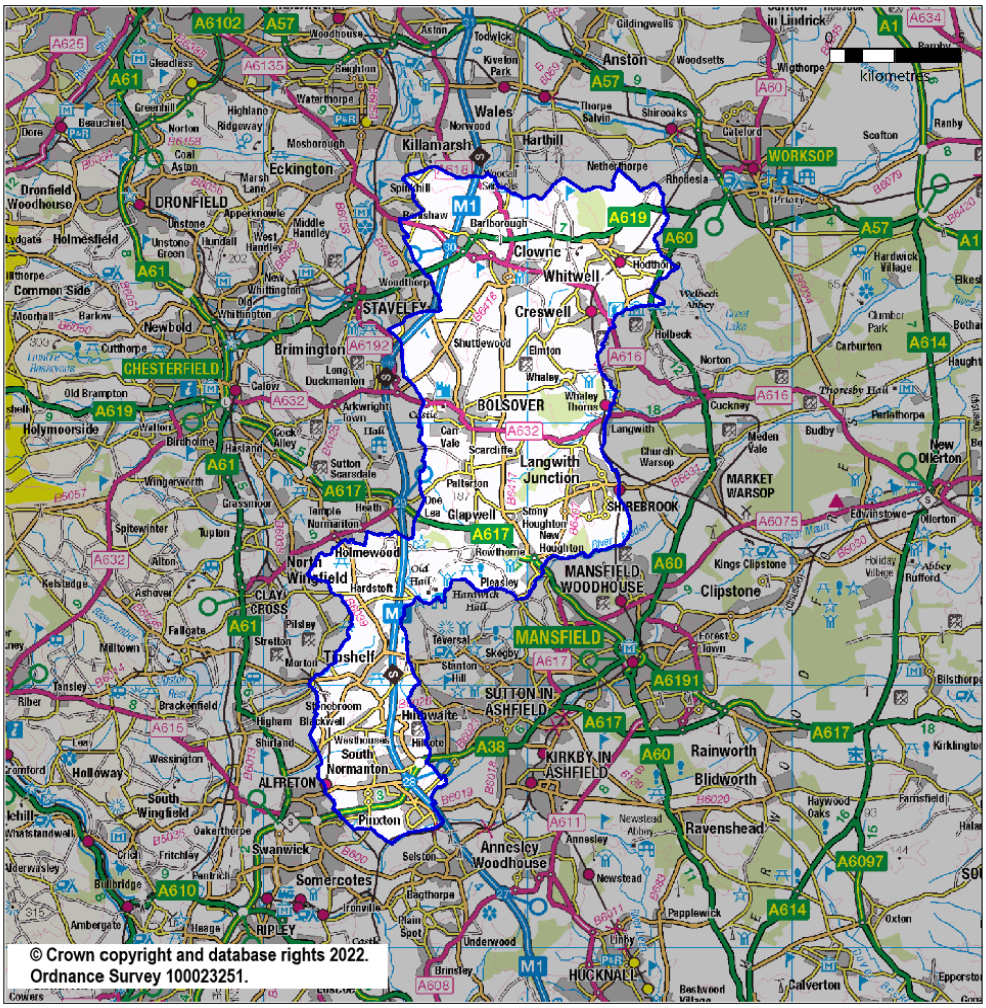
The emerging Local Plan for Amber Valley estimates that around 9,000 dwellings will be built by 2028, some of which will contribute to the 7,000 homes being built as urban extensions to the edge of Derby. The other 6 largest sites (of over 300 units)

will be in Alfreton, Heanor, Ripley, and North of Derby.

Bolsover

The Bolsover district is situated in the northeast of Derbyshire and has four towns and five main villages. Mainly rural in composition, it has a long history of coal mining and is the most deprived district of Derbyshire.
The area ranks 58th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. 23% of its lower super output areas rank within the most deprived 20% nationally.
Furthermore, the proportion of households that are deprived in two or more dimensions (33.2%) is higher than the Derbyshire (25.2%) and national average (24.8%). Despite this, there are a number of assets to the area such as its outdoor recreation facilities, including Pleasley Vale outdoor activity centre. There are also several retail outlets, including East Midlands Designer Outlet and markets that sell a wide range of goods.

Figure 29: Map of Bolsover



Population

Bolsover has a population of 81,305 that is expected to increase to 92,436 by 2043. 20% of its population are aged 65 and over, which is less than the national average of 22%. The age structure of Bolsover is generally similar to Derbyshire as a whole. It is anticipated that by 2043, there will be a smaller proportion of younger and middle-aged people and a greater proportion of older people aged 70 and over. Black and minority ethnic individuals form 3.7% of the local population, which is lower than the Derbyshire (4.2%) and national (20.2%) average.

Figure 30: Population Pyramid for Bolsover

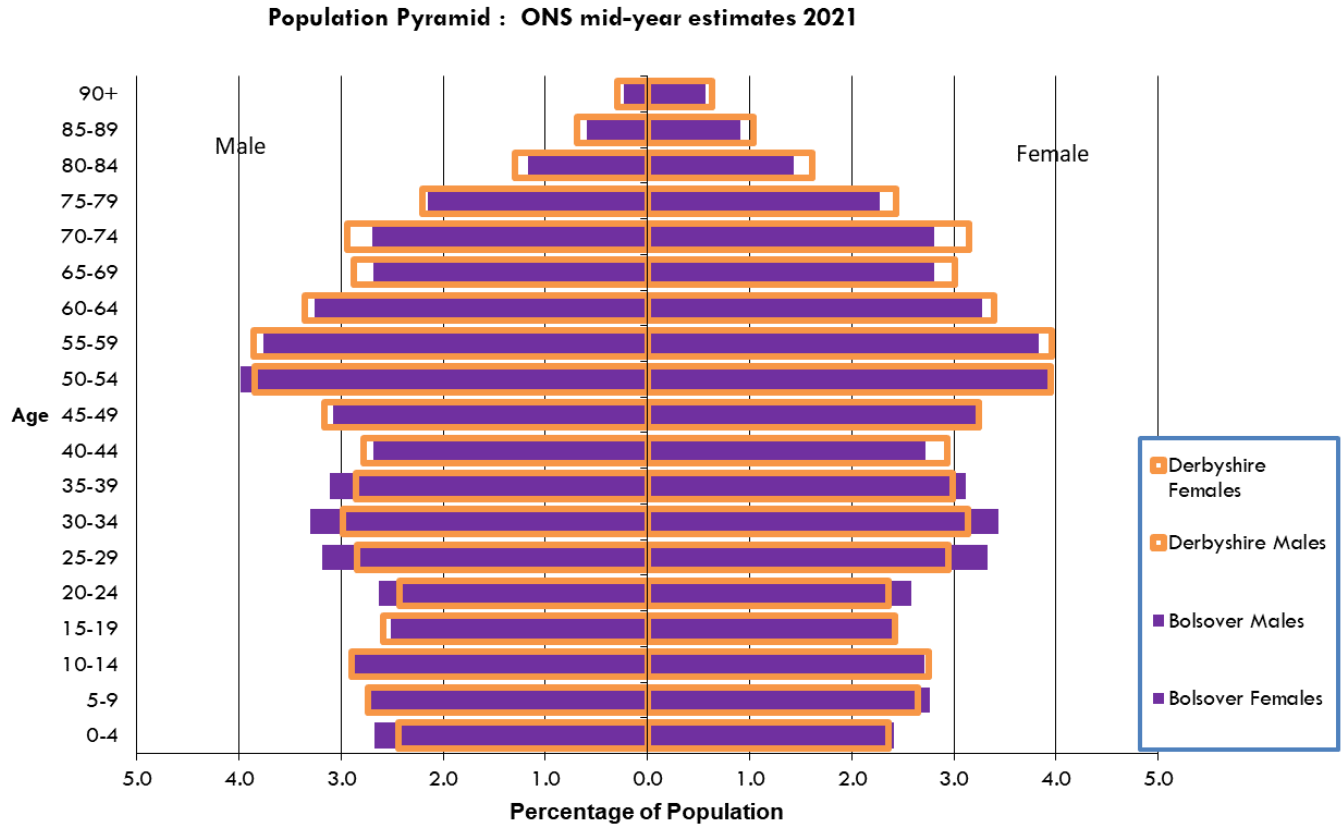


Figure 31: Population projection pyramid for Bolsover 2028

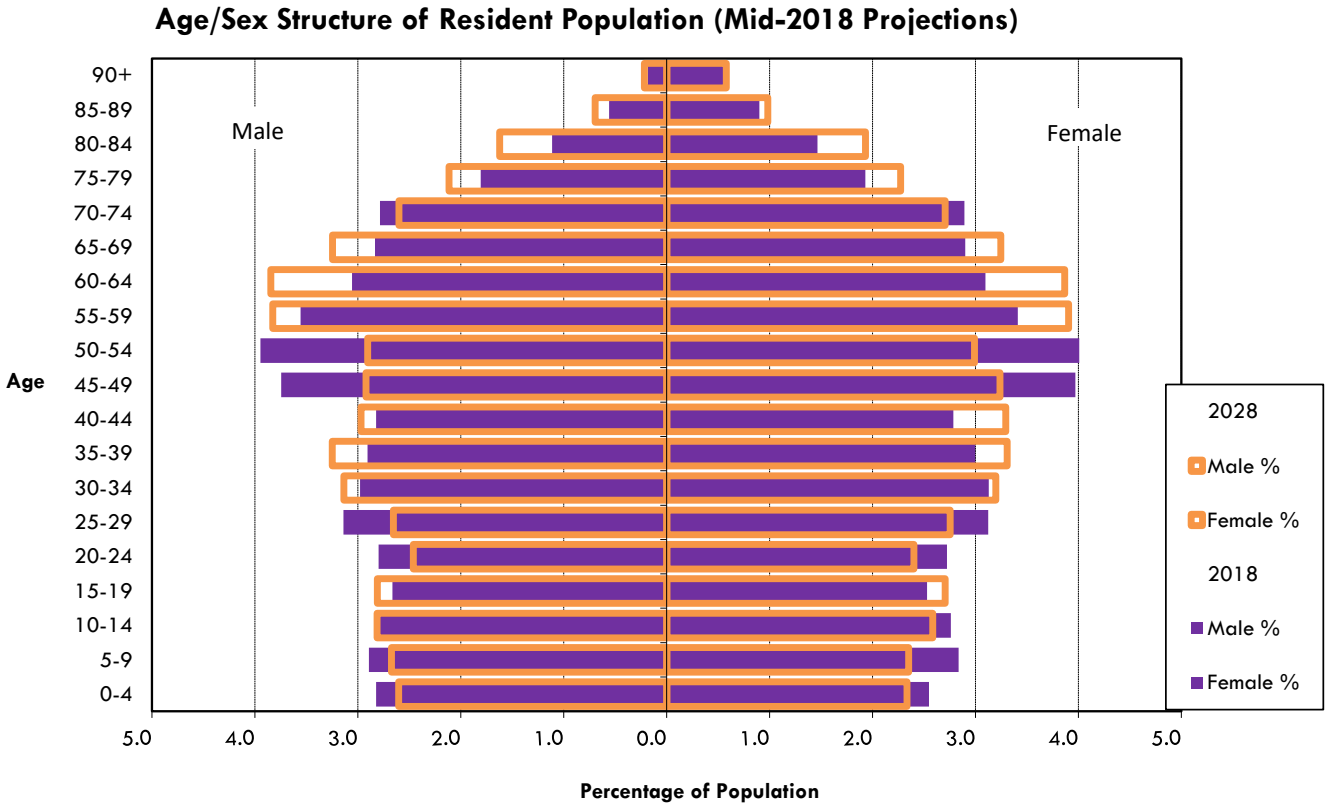
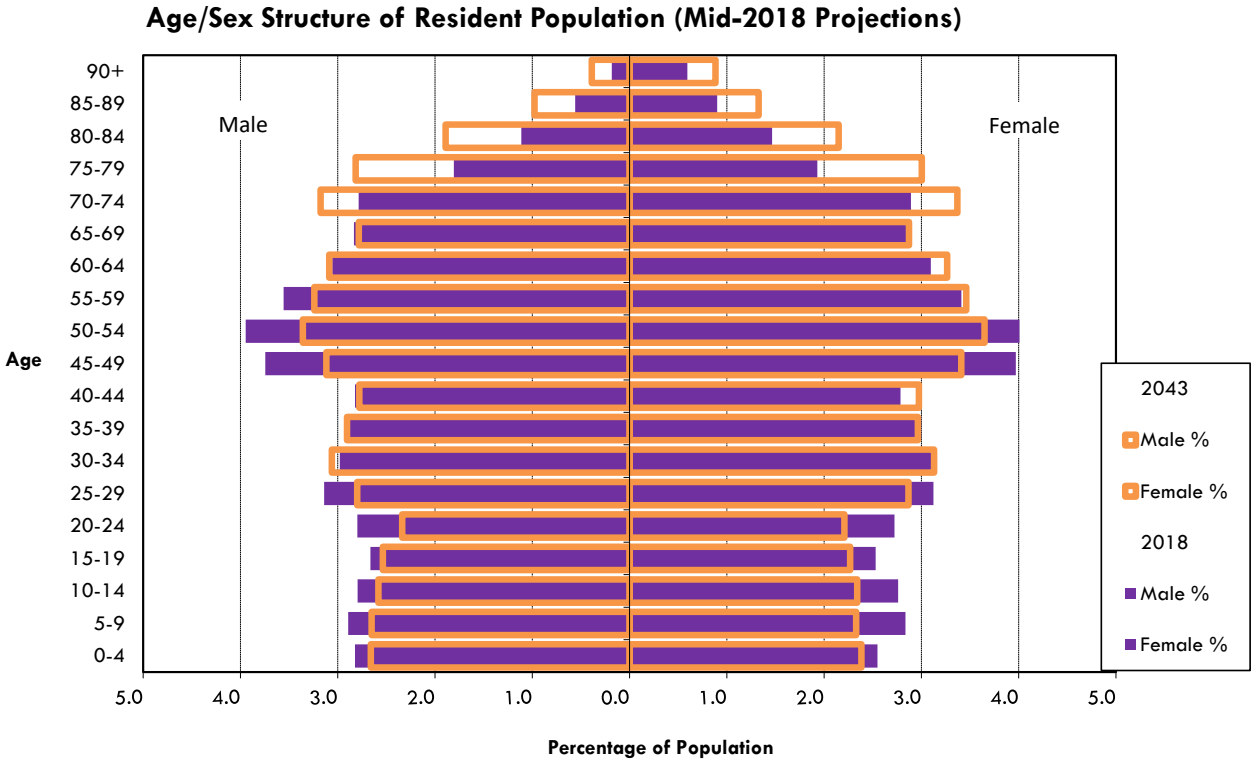


Figure 32: Population projection pyramid for Bolsover 2043



Employment

Business administration and manufacturing are key employment sectors within the area.

NHS Services

There are 12 General Practices across the district, as well as 17 pharmacies all offering essential services. Three of the GP surgeries are branch practices and two provide dispensing services. Bolsover Hospital was the main community hospital in the area but was permanently closed in early 2019. It provided the following services which were transferred to the Castle Street Medical Centre:
Community therapy services
Intermediate care services
Older people's mental health
Falls prevention, and continence

Poverty

Approximately 2,835 children (20.5%) live in poverty, significantly higher than the national average of 17%. These children live in income-deprived families experiencing deprivation relating to low income. At a ward level this varies from 5.7% in Barlborough to 34.5% in Bolsover North and Shuttlewood.

Quality of health

Of particular note are the district's significantly higher rates of premature mortality from cancer and respiratory disease. The average health related quality of life for older people is significantly lower than national average.

Strategic priorities and key health needs

Priorities in Bolsover include tackling smoking during pregnancy, reducing inequalities in healthy life expectancy, and mental health and wellbeing. Key additional health needs include (but are not limited to):

- Child poverty
- Children with Special Education Need and/or Disability
- Road traffic incidents and casualties
- Violent crime and antisocial behaviour
- Unemployment
- Educational attainment
- Early deaths from cancer
- Home care provision

Future housing plans

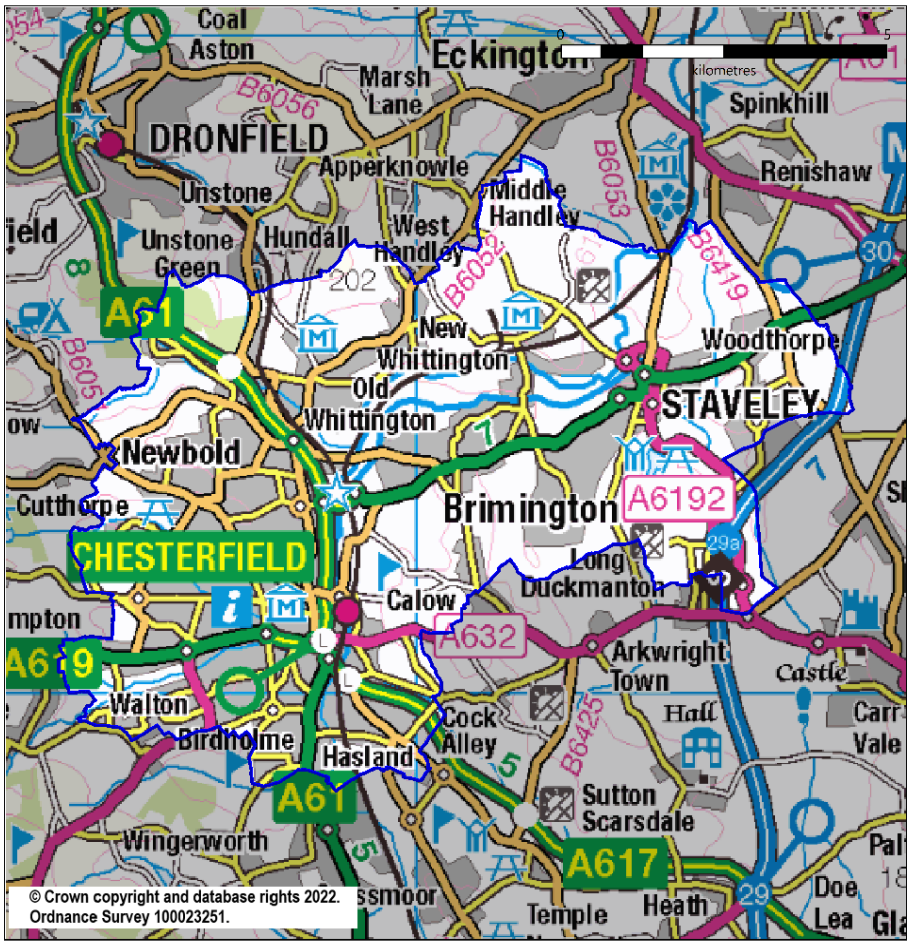
The Bolsover local Plan Consultation Draft (BLPCD) was published for consultation

in October 2016, which included a housing target for the district of 3,600 dwellings during the period of 2018 to 2033. Four strategic growth sites are identified in the BLPCD at Bolsover North (900 dwellings), Clowne Garden Village (1,100 dwellings), the former Whitwell Colliery (200 dwellings) and former Coalite Chemical Works (600 dwellings).

Chesterfield

Primarily urban, Chesterfield contains the two market towns of Staveley and Chesterfield and is known as the gateway to the Peak District. It is a major centre of employment that attracts almost 20,000 commuters every day. Despite this, the area is relatively deprived and ranks 86th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. 29% of its lower super output areas rank within the most deprived 20% nationally. Census data indicates that 28.8% of households are deprived in two or more dimensions. This is higher than the Derbyshire (25.2%) and national average (24.8%). Chesterfield is surrounded by unspoilt countryside, which serves as an enabler of physical activity. It also has a number of key attractions such as Creswell Crags – a world famous archaeological site, and Hardwick Hall – one of Britain's finest Elizabethan houses.

Figure 33: Map of Chesterfield



Population

Chesterfield has a population of 104,930 that is expected to increase to 110,052 by 2043. The district has a similar age structure to Derbyshire as a whole. 22% of residents are aged 65 and over, which is expected to increase to 26% by 2043. The proportion of black and ethnic minorities is relatively low (5.1%), although this is marginally higher than the Derbyshire average (4.2%).

Figure 34: Chesterfield Population Pyramid

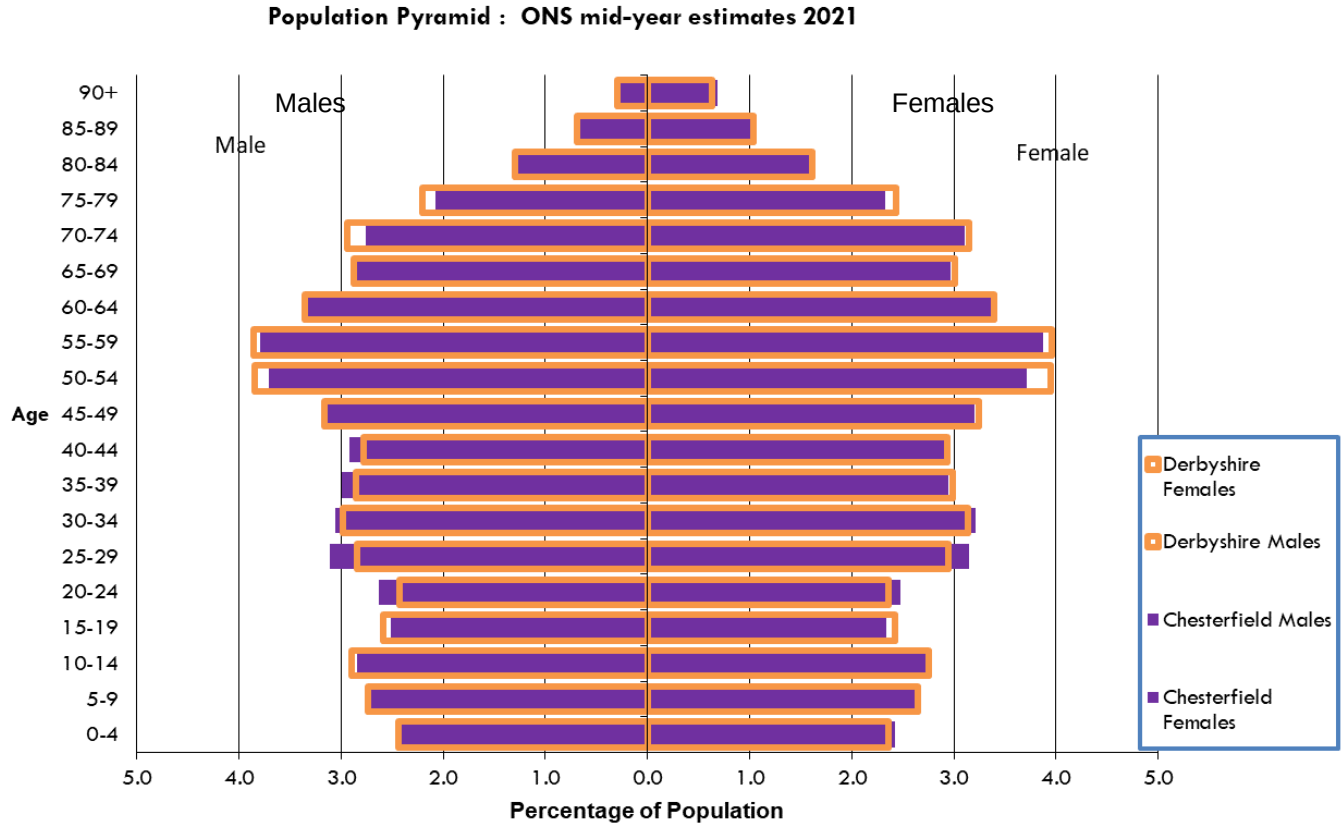


Figure 35: Population projection pyramid for Chesterfield 2028

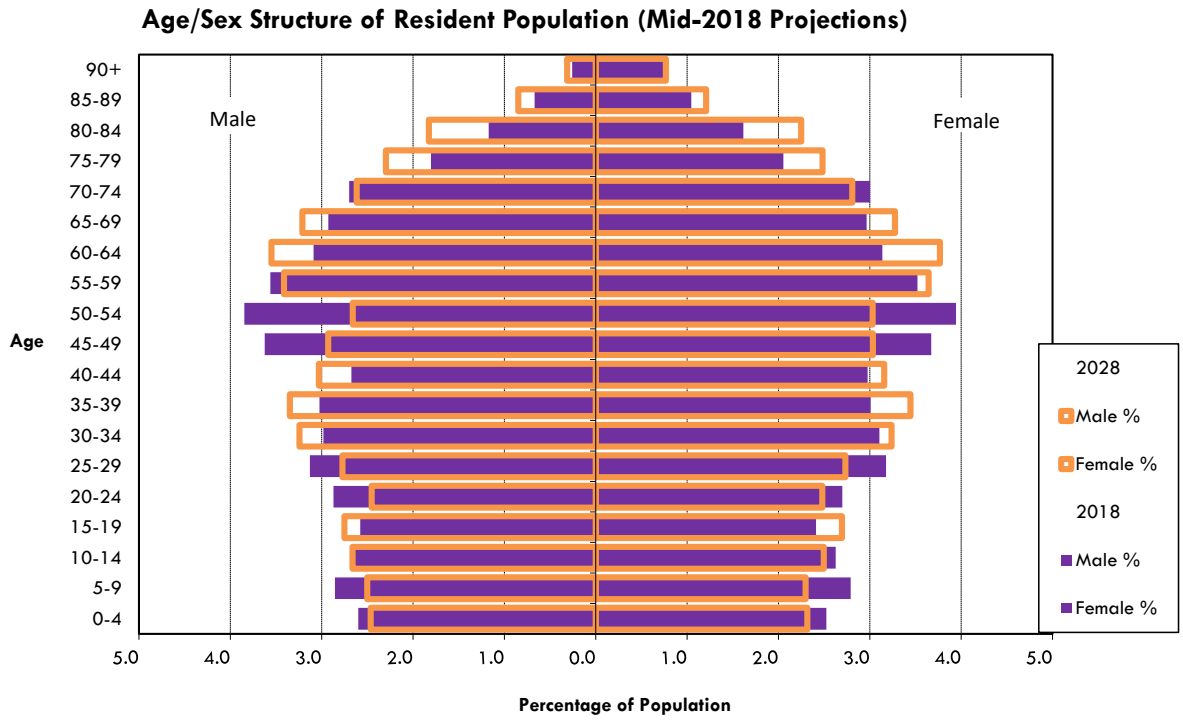
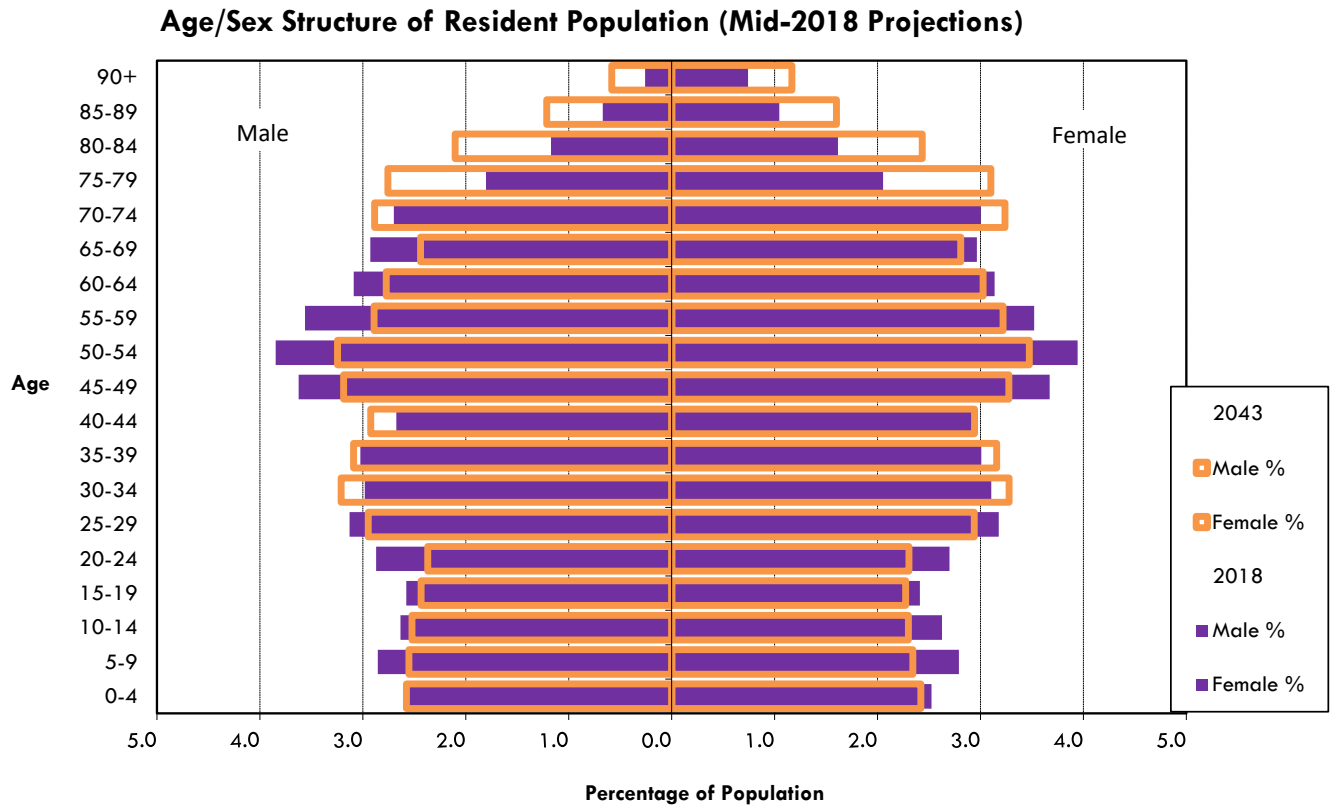


Figure 36: Population projection pyramid for Chesterfield 2043



Employment

Chesterfield's largest employer is the Post Office administration department, which is located on the edge of the town centre. Health, retail, manufacturing, and education form a significant proportion of employment openings in this town. Some of the borough's largest manufacturing employers include Robinsons and Franke Sissons Ltd.

NHS Services

There are 9 General Practices across the district. Three of these are branch practices and one provides dispensing services. Chesterfield Royal Hospital and Walton Hospital provide acute and community services within the area. The former provides a broad range of clinical services, including pathology, cardiology, palliative care and maternity services. The latter provides a psychiatry service and support for older people's mental health in addition to intermediate care services on behalf of Derbyshire Healthcare NHS Foundation Trust and Derbyshire Community Health Services NHS Foundation Trust. There are 21 community pharmacies and one Dispensing Appliance Contactor in Chesterfield. Chesterfield Royal Hospital also provides a Local Pharmaceuticals Service.

Poverty

Approximately 3,568 children (20%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 3% in Walton to 35.6% in Rother.

Quality of health

The area is affected by significantly higher rates of premature mortality from all cardiovascular diseases, cancer and respiratory disease.

Strategic priorities and key health needs

Strategic priorities and key health needs priorities in Chesterfield include encouraging healthier lifestyles, good mental health and wellbeing, and developing community resilience. Key additional health needs include (but are not limited to):

- Child poverty
- Violent crime and antisocial behaviour
- Unemployment
- Educational attainment
- Life expectancy in males and females
- Excess weight
- Hospital stays for alcohol-related harm

Future housing plans

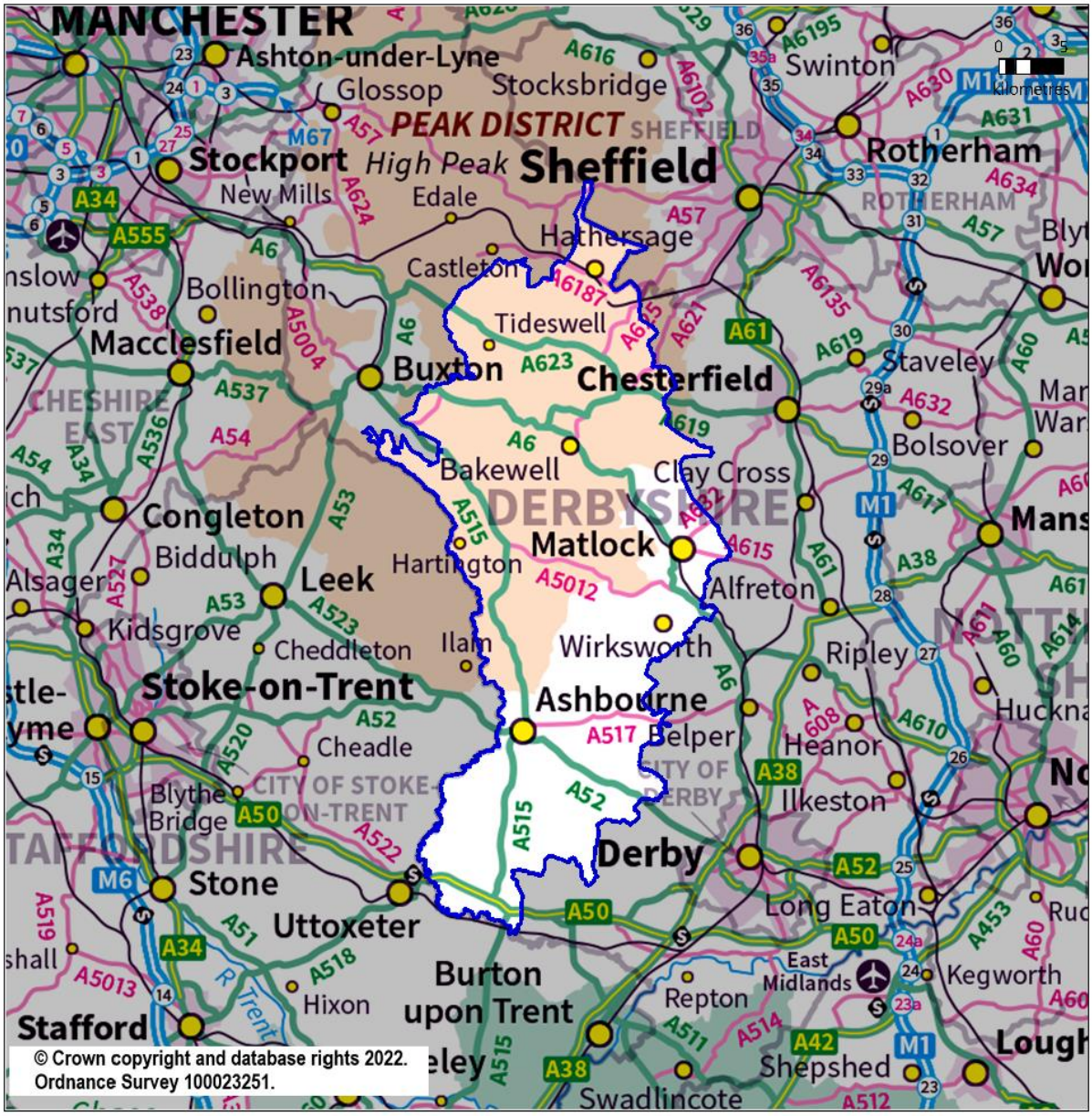
Chesterfield Borough Council published the Chesterfield Borough Local Plan Consultation Draft in January 2017, with emphasis on concentrating new development within walking distance of the Borough's town, district and local centres and focusing on areas that are in need of regeneration. The Local Plan proposed a

new housing requirement for the Borough of 4,269 dwellings (272 per annum) over the period 2016 to 2033. 69 potential housing allocation sites were identified with an overall capacity to accommodate 3,980 houses, together with 4 reserve sites at Dunston and Upper Newbold, which could accommodate 952 houses. Five Regeneration Priority Areas are identified which could accommodate 3,932 houses. In total, these three potential sources of housing land supply could accommodate 8,863 new homes.

Derbyshire Dales

Derbyshire Dales is a large geographical area covering 307 square miles, which encompasses much of the Peak District National Park. The area is renowned for its outstanding beauty and is punctuated by over 100 small villages and three main market towns. The district is the least deprived in Derbyshire, ranking 265th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation (where 1 is the most deprived). However, there are small pockets of deprivation in which 2% of its lower super output areas are amongst the most deprived 10% nationally. The latest census profile highlights that 48.6% of households are not deprived in any dimension, which is greater than the Derbyshire (43.5%) and national (42.5%) average.

Figure 37: Map of Derbyshire Dales



Population

Derbyshire Dales has an estimated population of 72,422 that is projected to increase to 77,190 by 2043. With 27% of the population aged 65 and over, the borough is generally older than Derbyshire and England as a whole, which highlights a greater need for health and social care. The proportion of older people over 65 is expected to increase to 35% by 2043. The proportion of black and minority ethnic residents (3.2%) is lower than the Derbyshire (4.2%) and national average (20.2%).

Figure 38: Derbyshire Dales Population Pyramid

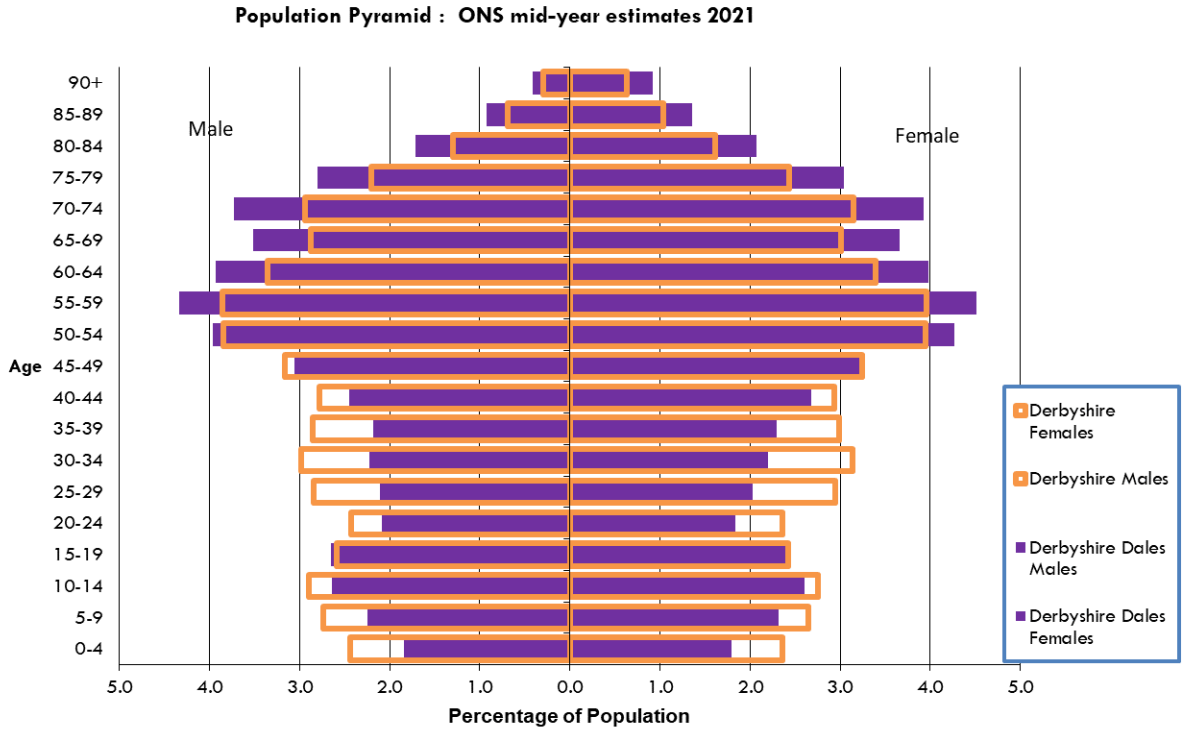


Figure 39: Population projection pyramid for Derbyshire Dales 2028

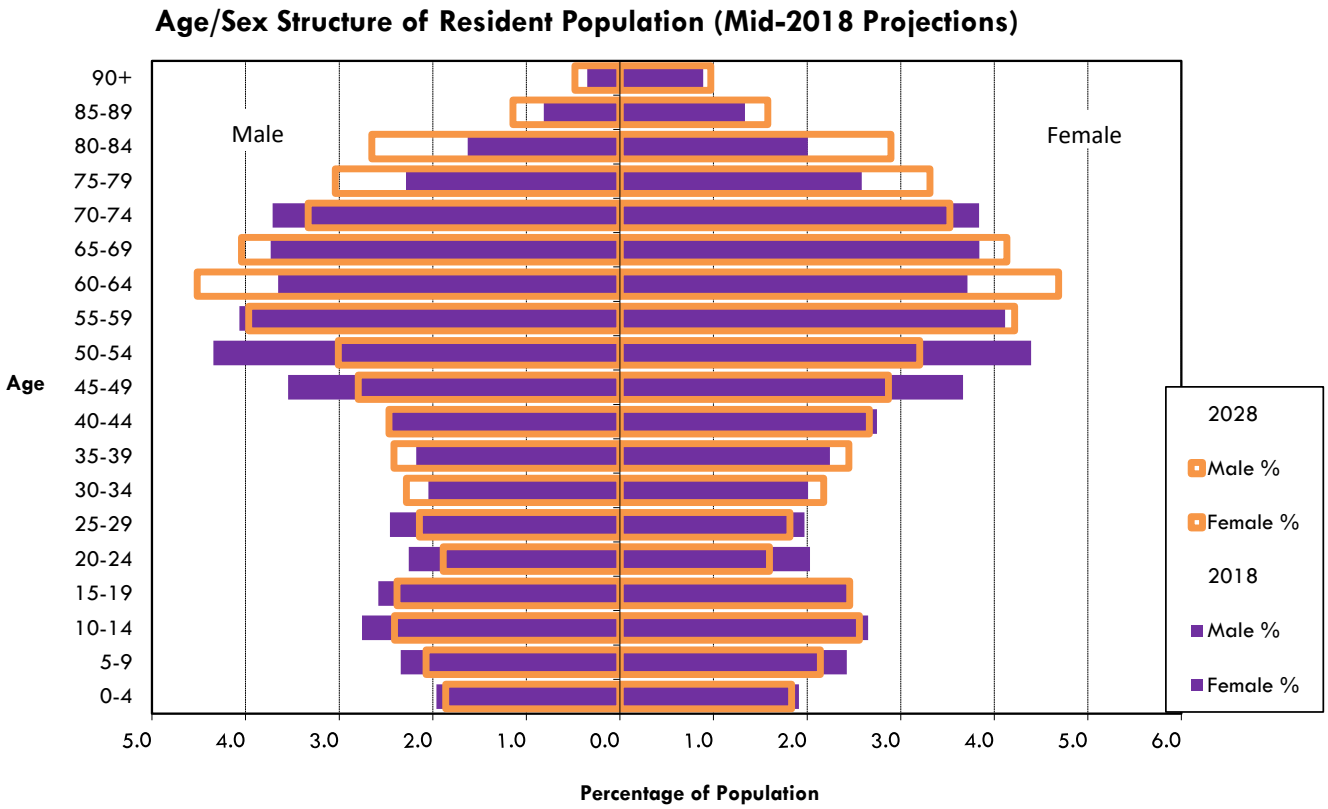
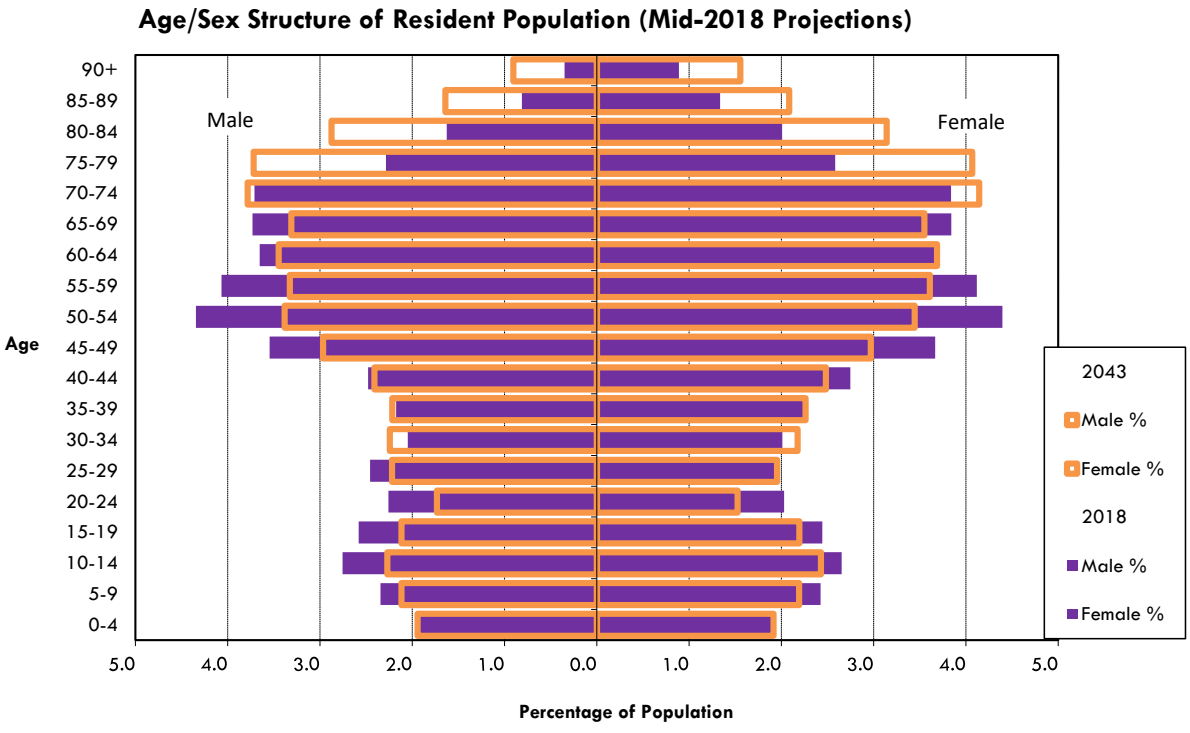


Figure 40: Population projection pyramid for Derbyshire Dales 2043



Employment

Derbyshire Dales has a thriving local economy that includes the traditional sectors of farming and quarrying in addition to innovative businesses that include design firms and small and medium sized manufacturers. Providing accommodation and food services, as well as retail and public administration form a significant proportion of employment openings in this town. Major employers include the public sector and DSF Refractories & Minerals Ltd – the largest shaped refractory producer in the UK.

NHS Services

There are 12 General Practices across the district. 7 of these are branch practices and 9 provide dispensing services to local residents. Whitworth Hospital is the main community hospital in the area, and provides a range of services, including musculoskeletal, community therapy and intermediate care services on behalf of Derbyshire Community Health Services NHS Foundation Trust. There are 10 pharmacies within the district all offering essential.

Poverty

Approximately 960 children (8.7%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies from 2.5% in Doveridge and Sudbury to 21.4% in Matlock St Giles.

Quality of health

The area performs comparably or significantly better than the national average in relation to disease-related indicators. However, the chlamydia detection rate amongst 15–24-year-olds is significantly worse than the national average.

Strategic priorities and key health needs

Priorities in Derbyshire Dales include reducing health inequalities, increasing healthy life expectancy,
and improving mental health and wellbeing for residents. Key additional health needs include (but are not limited to):

- Fuel poverty
- Road traffic incidents and casualties
- Unpaid care provision
- Travel time to services (specifically GPs)
- Diagnosis of Dementia
- Living well with a long-term health condition or care need
- Financial inclusion
- Community resilience and networks
- Recovery from the pandemic

Future housing plans

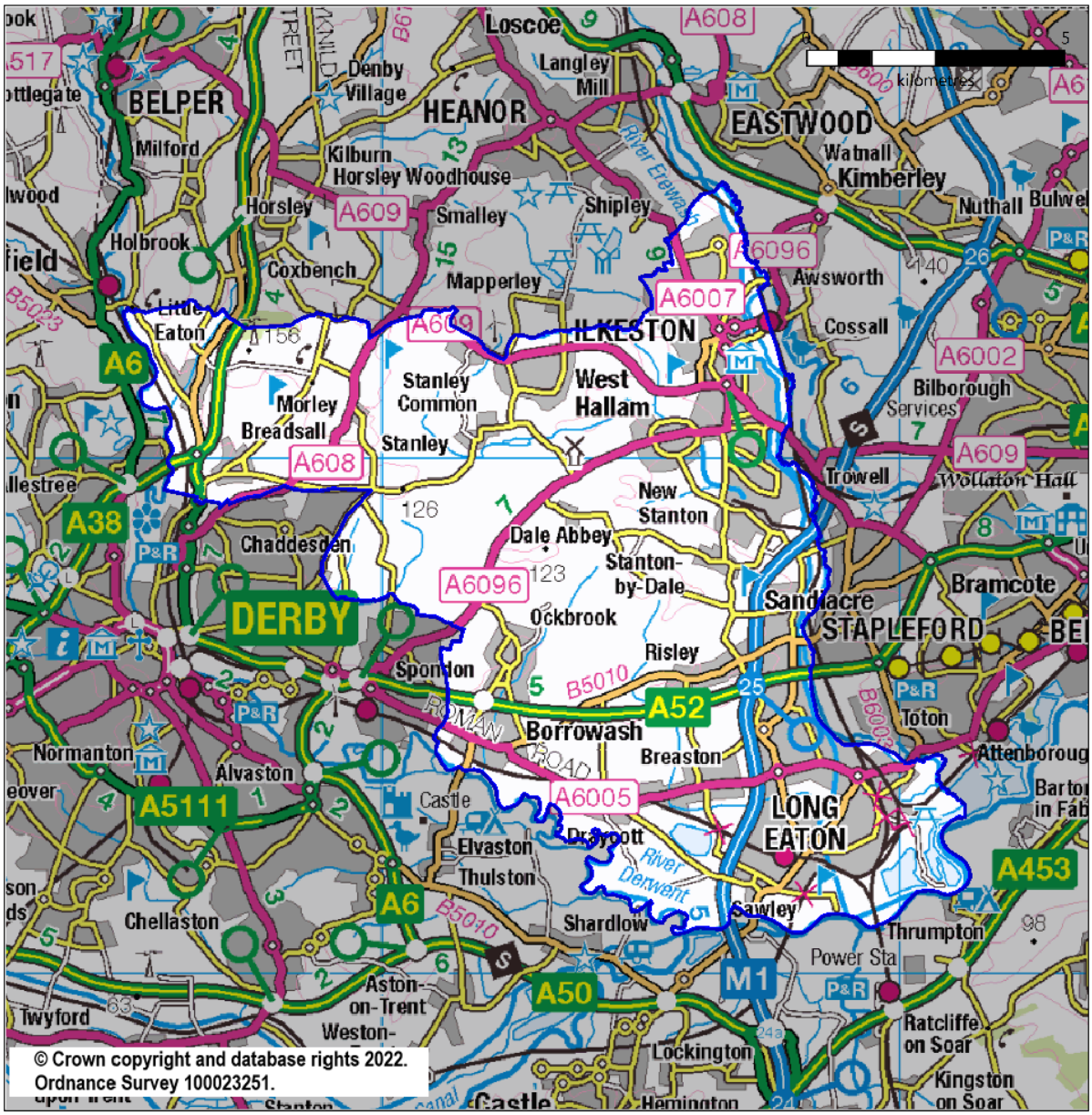
The Derbyshire Dales Local Housing Plan was submitted to the Secretary of State in

December 2016 and was subject to an Examination in Public between 9 May and 23 May 2017. The plan sets out an overall housing requirement for 6,440 dwellings over the period 2013 to 2033, with the main focus for housing growth being on the three main market towns of Ashbourne, Matlock and Wirksworth. The Plan identifies 28 housing site allocations, the main ones of which are at Ashbourne Airfield: 1,100 dwellings; Middle Peak Quarry, Wirksworth: 645 dwellings; Gritstone Road, Matlock: 430 dwellings; and Halldale Quarry: 220 dwellings.

Erewash

The borough of Erewash lies to the east of Derby and the west of Nottingham. It is comprised of fourteen civil parishes and the towns of Ilkeston, Long Eaton and Sandiacre. Whilst the east is predominantly urban, the west is more rural with isolated villages. Erewash ranks 168th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in which 11 of 73 lower super output areas are amongst the most deprived 20% nationally. Furthermore, the proportion of households that are deprived in two or more dimensions (25.6%) is greater than the Derbyshire and national average (25.2% and 24.8% respectively).

Figure 41: Map of Erewash



Population

Erewash has an estimated population of 115,332 that is projected to increase to 124,391 by 2043. The population of Erewash is generally young, with a relatively similar age composition to Derbyshire as a whole. In Erewash, there are a greater proportion of individuals aged 20-39 (24%) than that of those over 65 (21%). The proportion of black and minority ethnic residents is marginally higher than the Derbyshire average (4.8% compared with 4.2%).

Figure 42: Erewash Population Pyramid

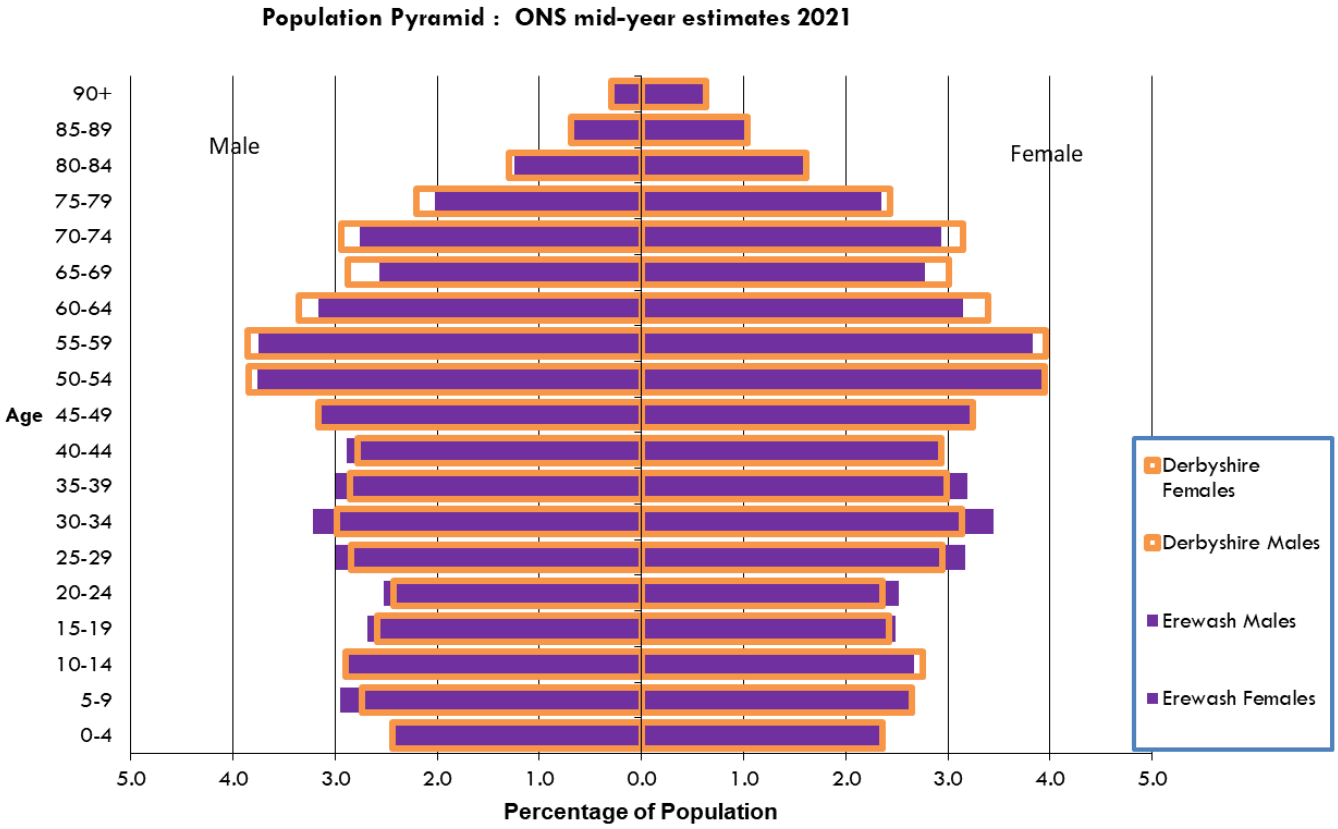


Figure 43: Population projection pyramid for Erewash 2028

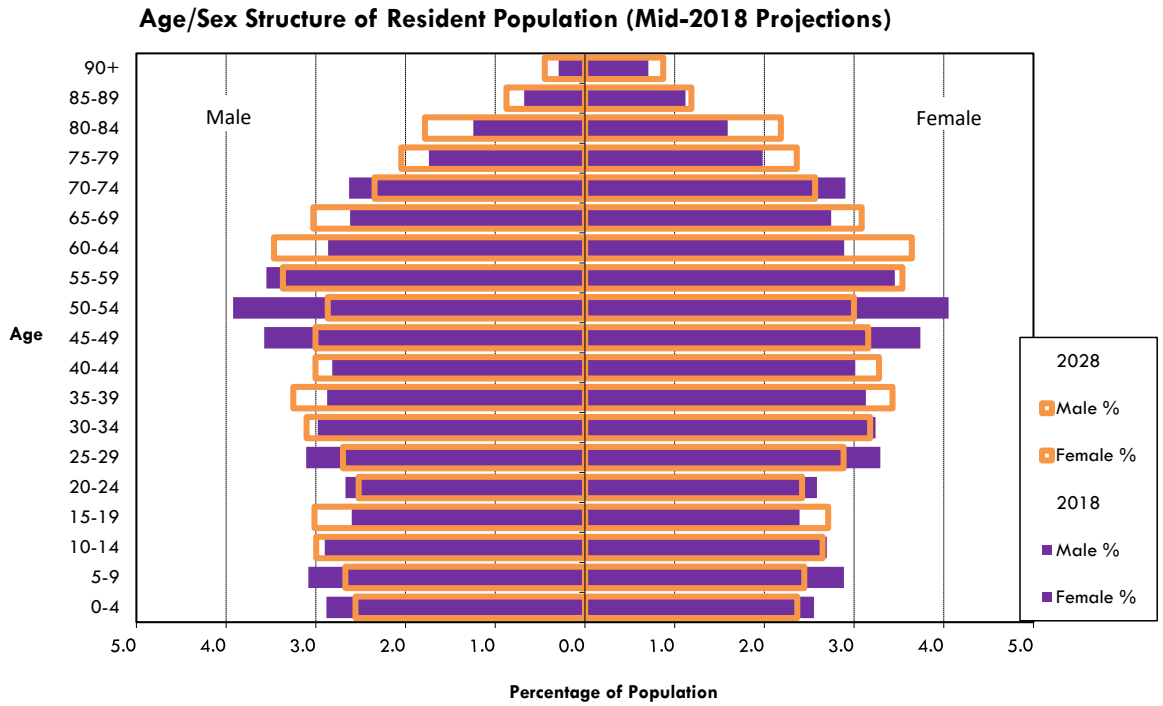
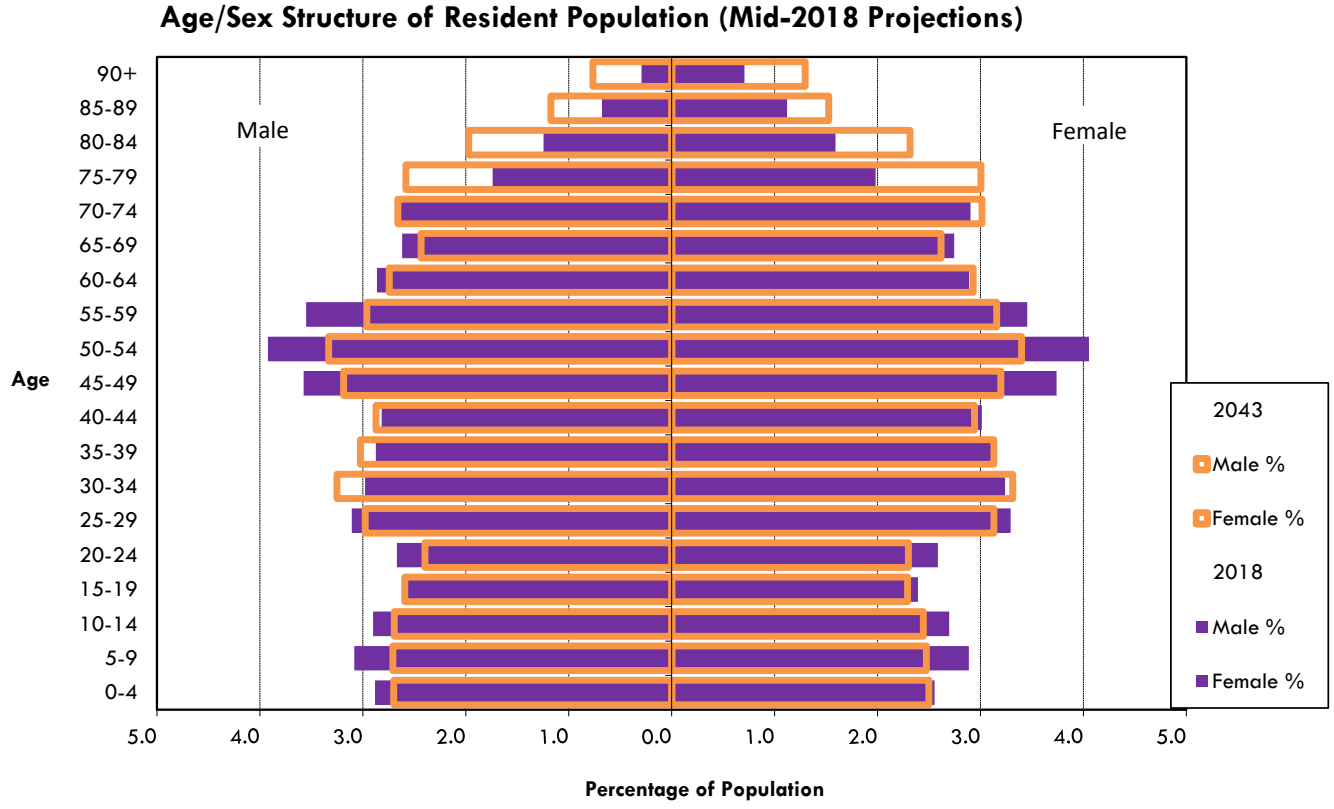


Figure 44: Population projection pyramid for Erewash 2043



Employment

Manufacturing and health are key employment sectors in the area and provide more than a quarter of jobs. Major manufacturing companies within this sector include Stanton Precast Concrete and Saint-Gobain PAM UK. In recent years, there has been employment growth in retail and accommodation and food services.

NHS Services

There are 14 General Practices within the borough. 8 of these are branch practices and 2 provide dispensing services to local residents. Ilkeston Community Hospital provides a range of services on behalf of Derbyshire Community Health Services NHS Foundation Trust. These include general surgery and therapy services, as well as dermatology and musculoskeletal services. There are 25 pharmacies across the district, and two 100-hour pharmacies located here. Each pharmacy offers a range of essential services.

Poverty

Approximately 3,519 children (17.1%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 5.4% in Breaston to 44.1% in Cotmanhay.

Quality of health

Of note in the area is the significantly higher rate of premature mortality from liver disease amongst females.

Strategic priorities and key health needs

Strategic priorities and key health needs Priorities in Erewash include encouraging healthy lifestyles, raising aspirations of young people, and reducing alcohol misuse. Key additional health needs include (but are not limited to):

- Child poverty
- Violent crime and antisocial behaviour
- Unemployment
- School absenteeism
- Home care provision
- Excess weight
- Recorded Diabetes

Future housing plans

The Erewash adopted Core Strategy has a target for 6,250 new residential dwellings to be built for the plan period 2011 to 2028, with large developments at Stanton and Ilkeston. Of these new dwellings, a target of 1,200 affordable homes over the plan period is considered appropriate.

High Peak

The borough of High Peak is located within the northwest of Derbyshire and contains the five market towns of Glossop, New Mills, Whaley Bridge, Chapel-en-le-Frith and Buxton. The area largely comprises the Peak District National Park; a popular tourist destination that also covers parts of Yorkshire, Staffordshire, and Cheshire. High Peak ranks 202nd out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in the area. For instance, 21.7% of households are deprived in two or more dimensions, although this is lower than the Derbyshire (25.2%) and national average (24.8%).

Figure 45: Map of High Peak

Population

High Peak has an estimated population of 92,633 that is expected to increase to 100,066 by 2043. The population of the borough is generally similar to Derbyshire as a whole, although the former has a marginally higher proportion of middle-aged people aged 45-64. The proportion of black and minority ethnic residents is generally comparable with the Derbyshire average (4.1% and 4.2% respectively).

Figure 46: High Peak Population Pyramid

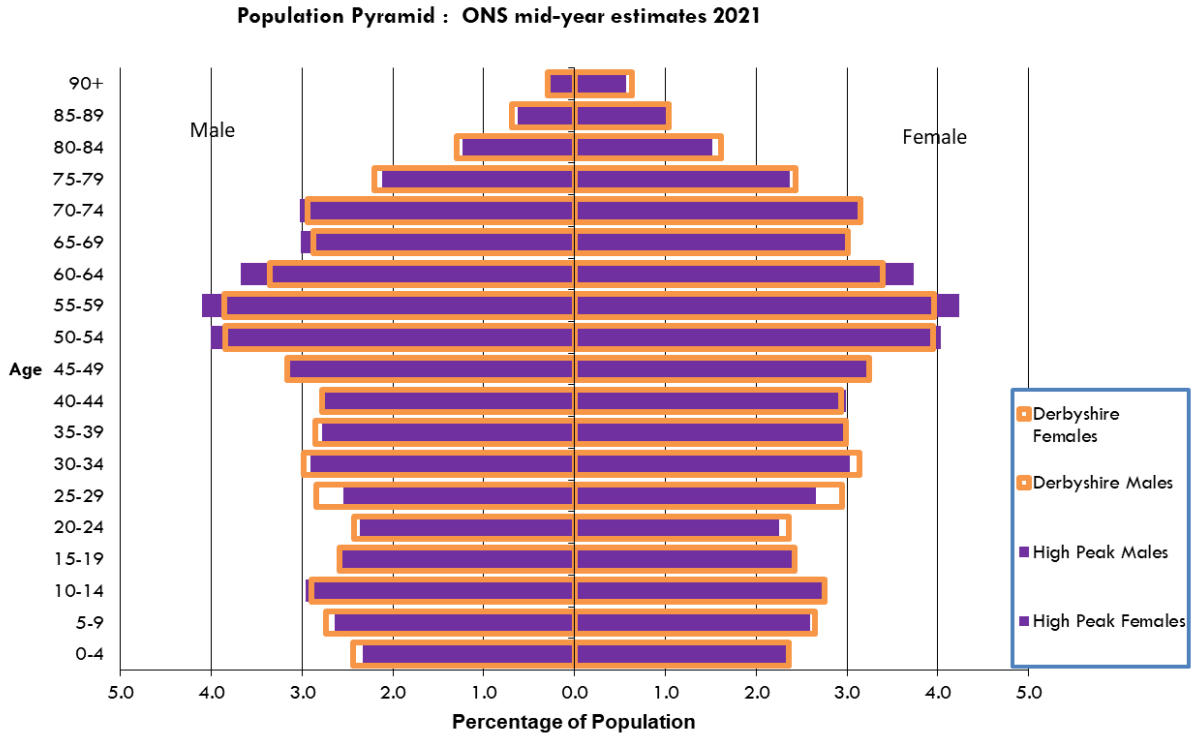


Figure 47: Population projection pyramid for High Peak 2028

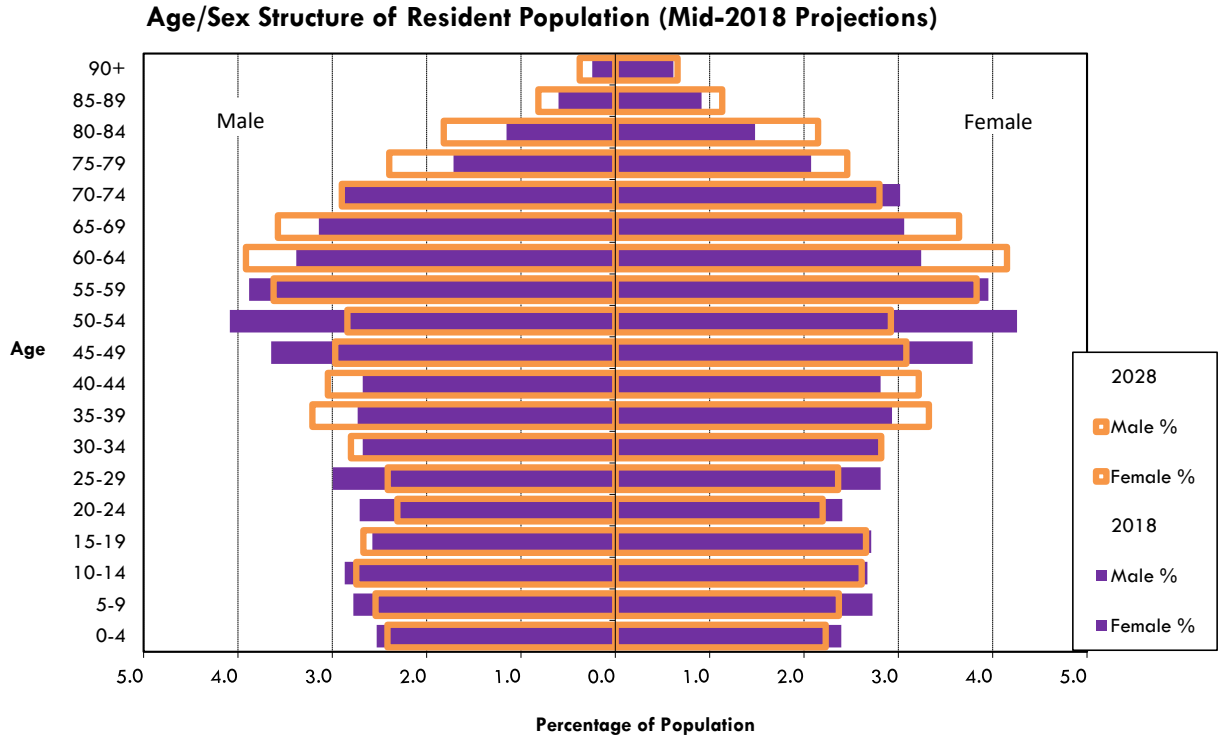
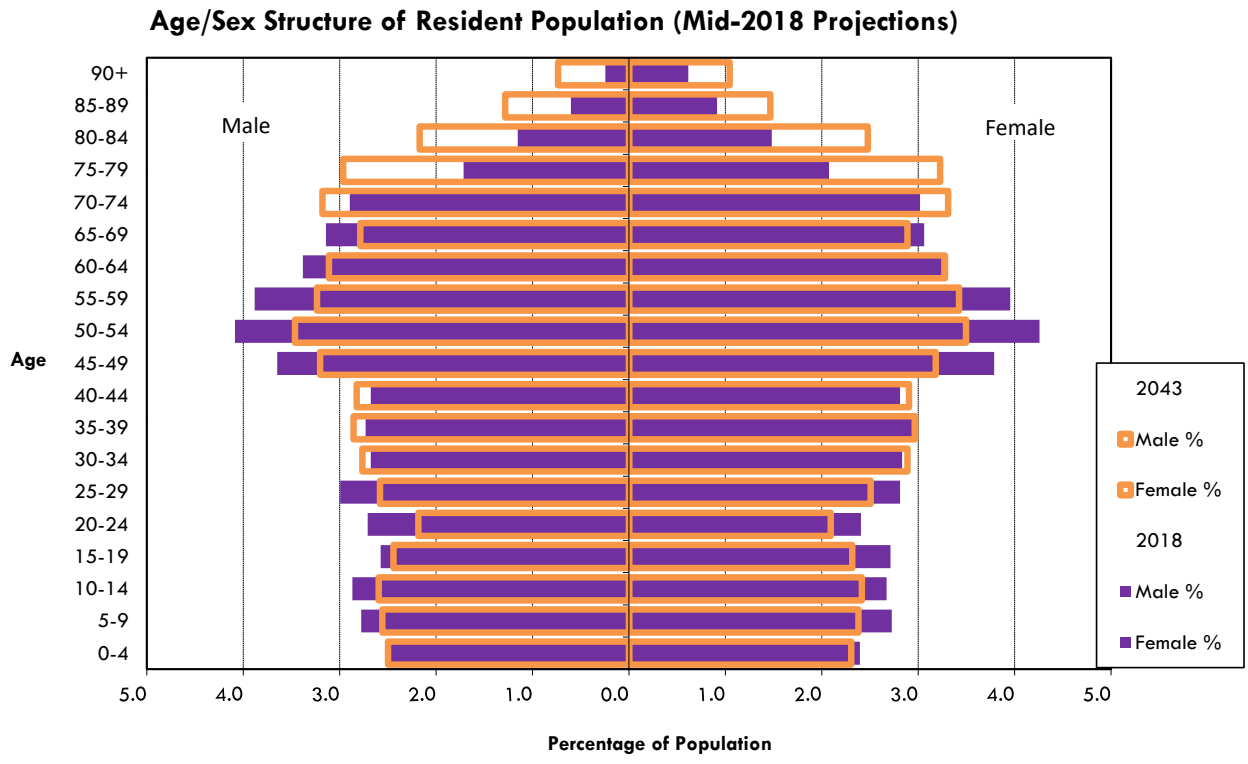


Figure 48: Population projection pyramid for High Peak 2043



Employment

Manufacturing, health, education and retail form the largest employment sectors in High Peak. Major employers include Concept Life Sciences – a leading UK provider of drug research services, and Hope Construction Materials.

NHS Services

There are 14 General Practices within High Peak. Four of these are branch practices and one provides dispensing services to local residents. Cavendish Hospital provides a range of community hospital services within the district on behalf of Derbyshire Community Health Services NHS Foundation Trust and Stockport NHS Foundation Trust. Services from the latter include diabetic medicine, geriatric medicine, ophthalmology and pain management. There are 21 pharmacies across the district all offering essential services.

Poverty

Approximately 1,921 children (12.2%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 4% in Sett to 38.3% in Gamesley.

Quality of health

Of particular note in the area is the emergency hospital admissions rate for hip fractures in people aged 65 and over, which is significantly higher than the national and regional average.

Future housing plans

The High Peak Local Housing Plan was adopted on 14 April 2016. The plan sets out a housing requirement for 7,000 new dwellings (350 per annum) over the period 2011 – 2031, with growth distributed across three Sub-Areas as follows: Glossop dale 958 – 1,242 dwellings; Central Area: 1,065 – 1,171 dwellings; and Buxton 1,136 – 1,526 dwellings.

Strategic priorities and key health needs

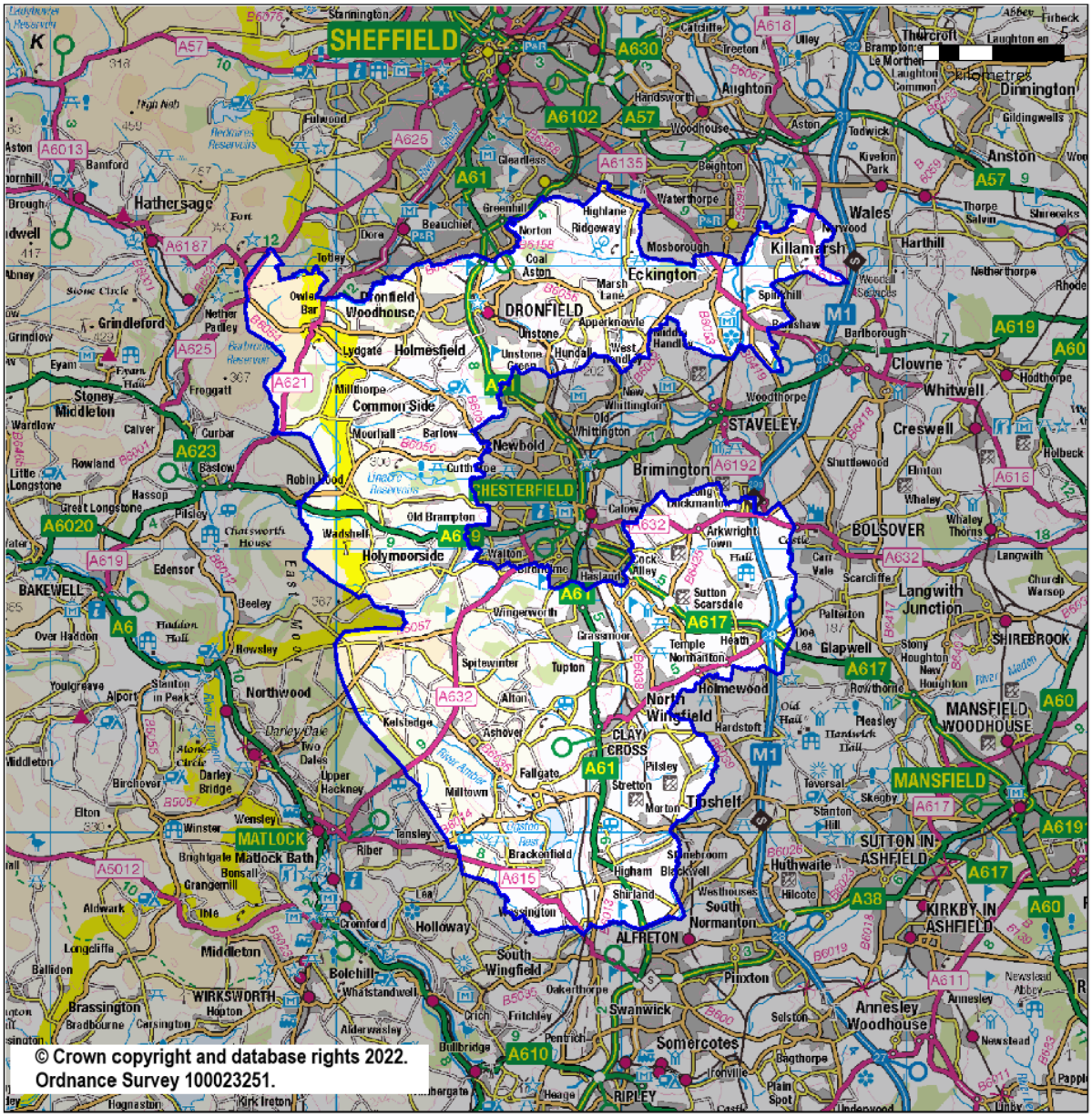
Priorities in the High Peak area include reducing smoking during pregnancy, inequalities in healthy life expectancy, and increasing rates of breastfeeding. Key additional health needs include (but are not limited to):

- Fuel Poverty
- Long-term unemployment
- School absenteeism
- Educational attainment
- Hospital stays for alcohol-specific conditions in young people
- Travel time to services (specifically GPs)
- Hip fractures

North East Derbyshire

The district of North East Derbyshire has a combination of rural and urban areas covering approximately 100 square miles. It contains the market towns of Dronfield, Clay Cross, Killamarsh and Eckington, and surrounds the neighbouring borough of Chesterfield to the north, west and south. The district ranks 177th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are significant levels of inequality in which 10% of its lower super output areas are amongst the 20% most deprived nationally. The latest census data indicates that 25.7% of households are deprived in two or more dimensions. This is greater than the Derbyshire (25.2%) and national average (24.8%).

Figure 49: Map of North East Derbyshire



Population

North East Derbyshire has a population of 102,216 that is expected to increase to 110,583 by 2043. The population of North East Derbyshire is generally older than that of Derbyshire as a whole, with a greater proportion of individuals aged 65 and over (25% compared with 22%). There are a smaller proportion of black and minority ethnic residents than the Derbyshire and national average (3.1% compared with 4.2% and 20.2%).

Figure 50: North East Derbyshire Population Pyramid

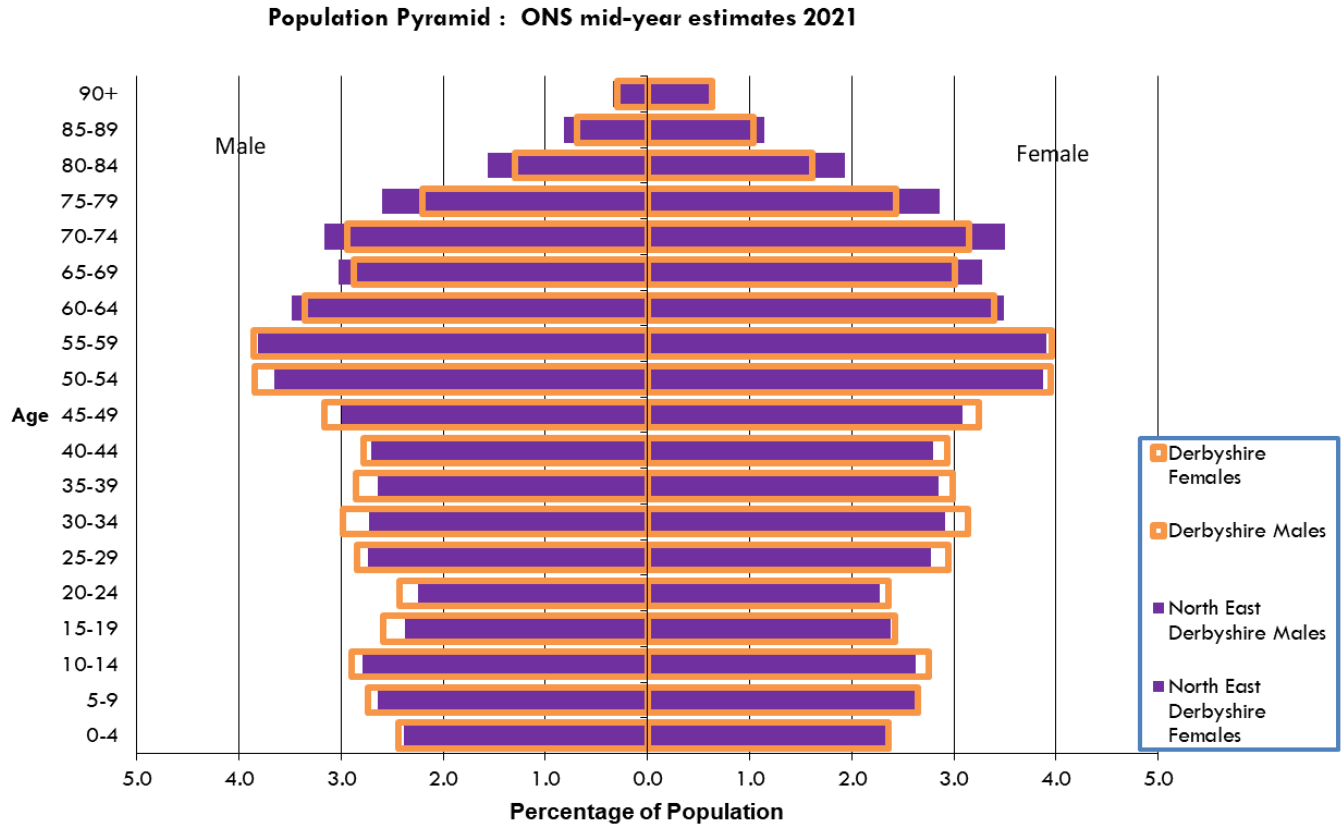


Figure 51: Population projection pyramid for North East Derbyshire 2028

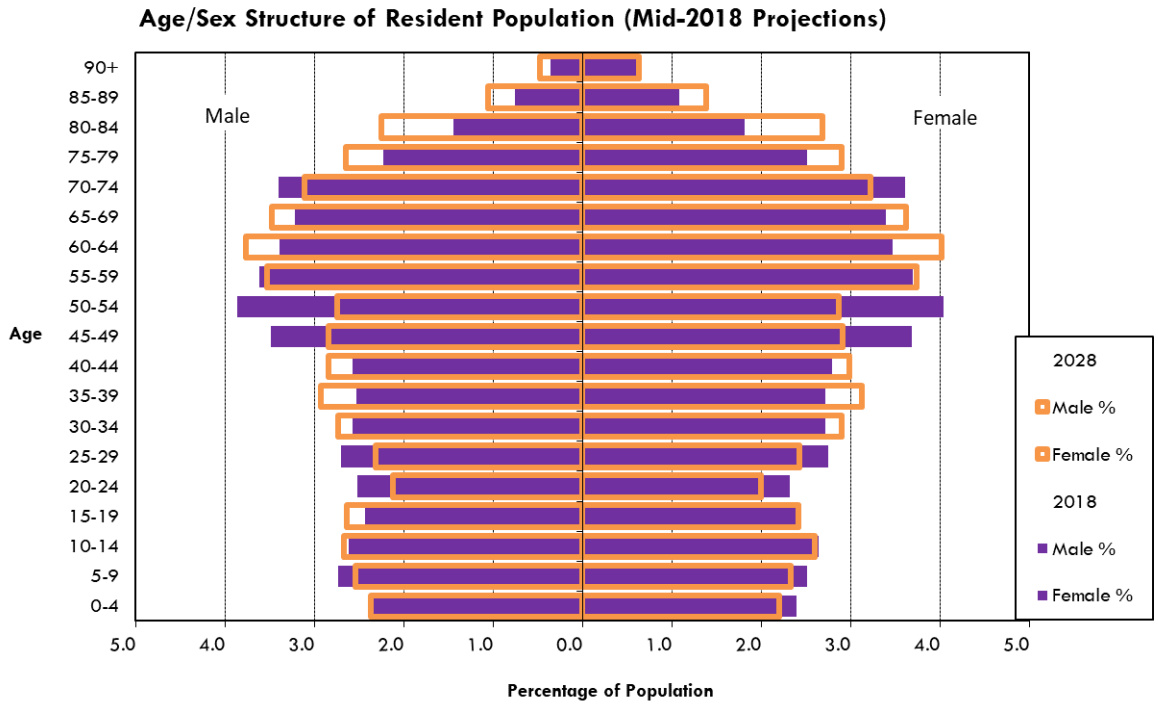
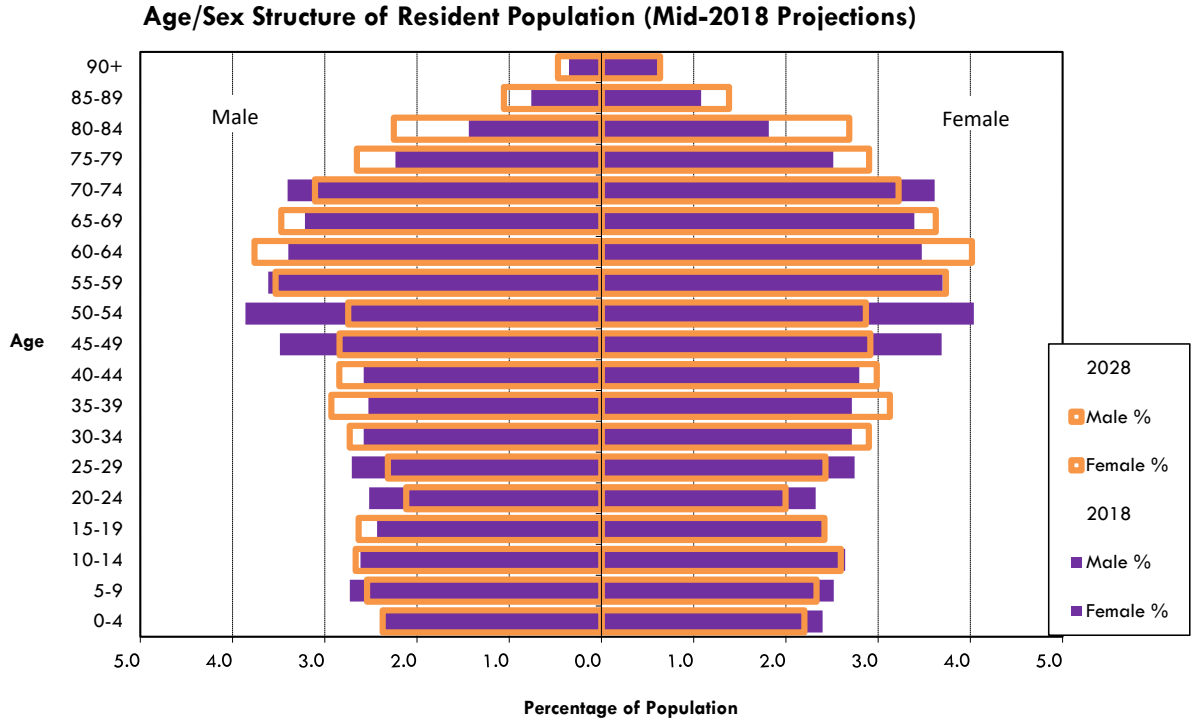


Figure 52: Population projection pyramid for North East Derbyshire 2043



Employment

Manufacturing is a major employment sector, accounting for 22% of employment within the district. Health, education, accommodation and food services, as well as retail comprise a significant proportion of employment in this area. Major retail centres are distributed across the town centres of Clay Cross, Dronfield, Eckington and Killamarsh.

NHS Services

There are 12 General Practices within North East Derbyshire. 9 of these are branch practices, and one provides dispensing services to local residents. There are 3 community hospitals within the area, namely Clay Cross Hospital, Scarsdale Hospital and Walton Hospital. These provide a range of services on behalf of Derbyshire Community Health Services NHS Foundation Trust. Walton Hospital also provides mental health and older people's services on behalf of Derbyshire Healthcare NHS Foundation Trust. There are 21 pharmacies within the district all offering essential services.

Poverty

Approximately 2,332 of children (14.5%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 2.8% in Wingerworth to 33.5% in Grassmoor.

Quality of health

Of particular note in the area is the significantly higher proportion of adults classed as overweight or obese and hospital admission episodes for alcohol-related conditions in females.

Strategic priorities and key health needs

Priorities in North East Derbyshire include smoking during pregnancy, reducing inequalities in healthy life expectancy, and increasing rates of breastfeeding. Key additional health needs include (but are not limited to):

- Unemployment and economic activity
- Home care provision
- Excess weight
- Hospital stays for self-harm
- Hospital stays for alcohol-related harm
- Recorded Diabetes

Future housing plans

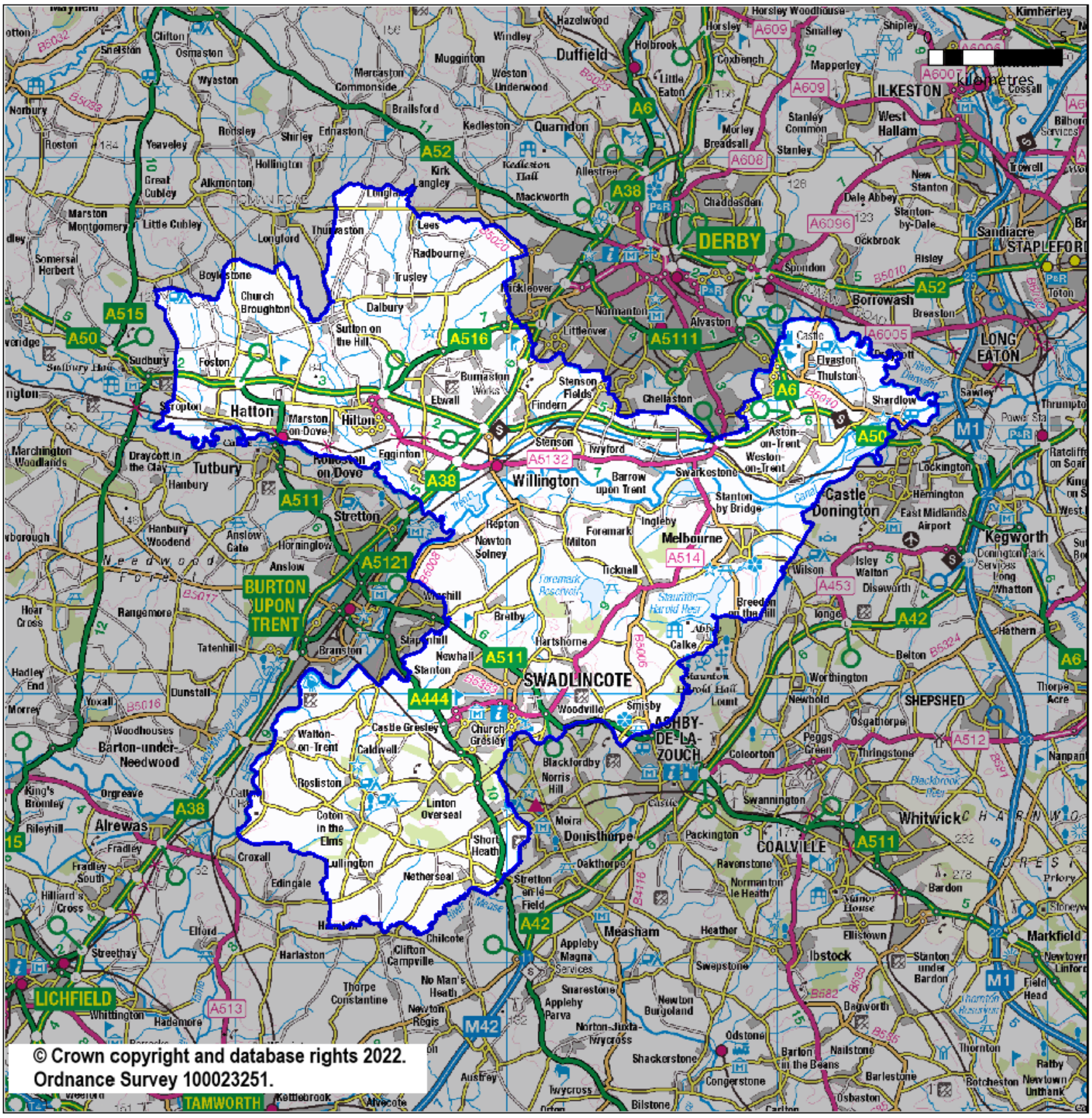
The North East Derbyshire Local Plan Consultation Draft (LPCD) was published in February 2017. In this district the target is to build 6,600 homes by 2031. The largest sites are expected to be The Avenue, Wingerworth (up to 1,100 homes) Biwater, Clay Cross (up to 1,000 homes), Dronfield, Eckington, Killamarsh and Coalite near

Bolsover.

South Derbyshire

The South Derbyshire district is largely rural and covers a third of the National Forest; a varied landscape area that incorporates ancient woodlands and wildlife habitats. It also contains the market towns of Melbourne and Swadlincote and the town of Hilton. The area has a relatively low level of deprivation and ranks 218th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. A significant proportion of households are not deprived in any dimension (48.9%), which is higher than the Derbyshire (43.5%) and national (42.5%) average.

Figure 53: Map of South Derbyshire



Population

The district has a population of 109,516 that is expected to increase to 135,951 by 2043. The age structure of South Derbyshire is marginally younger than Derbyshire with a higher proportion of younger to middle-aged people aged 25-49 (33%). The proportion of black and minority ethnic residents (6.0%) is greater than the Derbyshire average but considerably lower than the national average (4.2% and 20.2% respectively).

Figure 54: South Derbyshire Population Pyramid

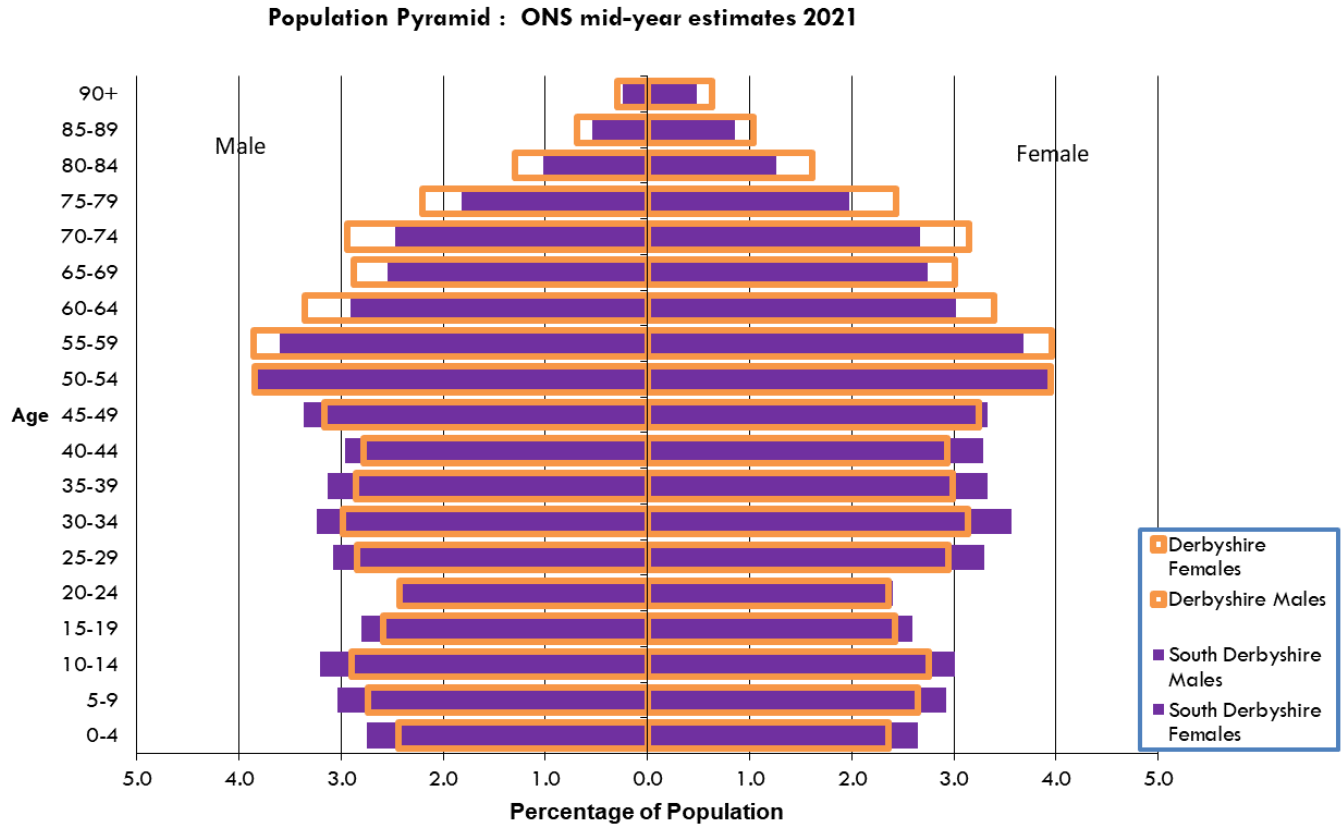


Figure 55: Population projection pyramid for South Derbyshire 2028

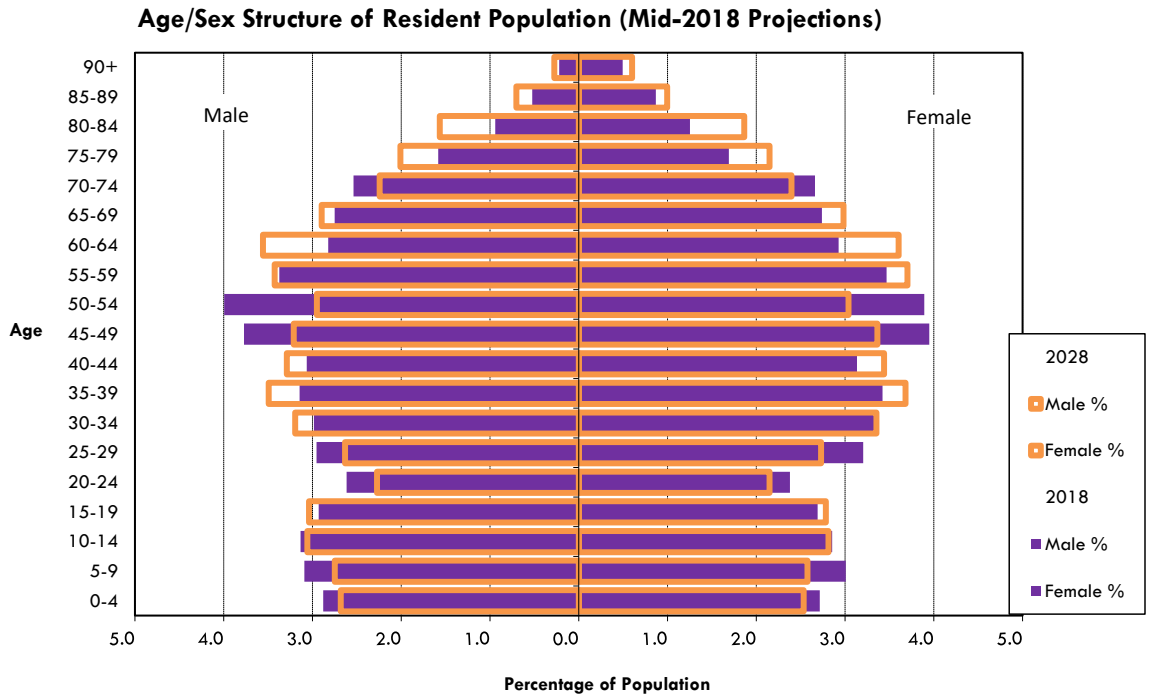
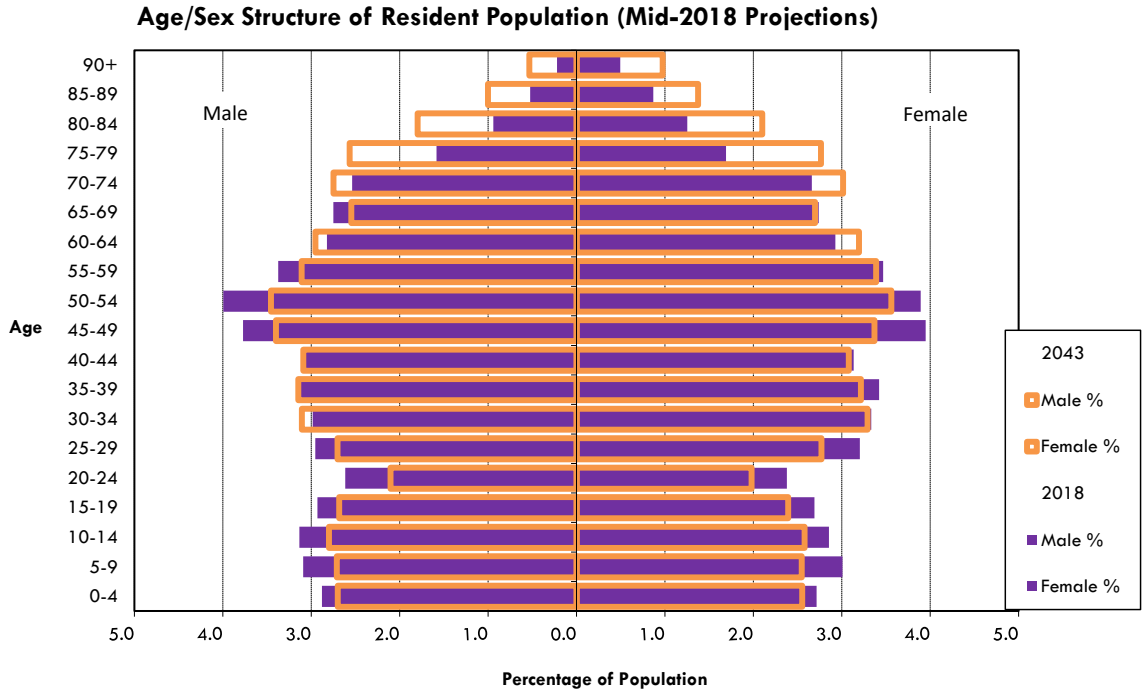


Figure 56: Population projection pyramid for South Derbyshire 2043



Employment

Manufacturing accounts for a large proportion of employment within the area. Key businesses include Toyota Motor Manufacturing and JCB, which participates in the production of construction and agricultural equipment. Health and education also comprise a large proportion of employment within the district.

NHS Services

There are 8 General Practices within the district. Three of these are branch practices and there are no dispensing practices. There are also 15 pharmacies within the district all offering essential services.

Poverty

Approximately 2,153 children (11.4%) live in poverty in South Derbyshire. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 3.6% in Aston to 18% in Newhall and Stanton.

Quality of health

Of particular note in the area is the high level of excess winter deaths within all ages but particularly in those aged 85+.

Strategic priorities and key health needs

Strategic priorities in South Derbyshire are: -

- Health inequalities between different communities are reduced
- People are supported to improve both their physical and mental wellbeing
- Older people, people with dementia and other long-term conditions and their carers have a good quality of life, retain their independence for as long as possible, and receive the support they need at the end of their lives
- Reducing social isolation and loneliness
- Supporting communities to respond to and recover from the impact of the Covid 19 pandemic

Key additional health needs include (but are not limited to), reducing excess weight in adults and children, reducing smoking during pregnancy, reducing inequalities in healthy life expectancy and increasing breastfeeding.

Future housing plans

South Derbyshire have an adopted local plan which sets a housing target of around 12,000 new homes between 2011 and 2028. Many of these will be on the edge of Derby so are included in the 7,000 urban extensions on the edge of Derby City, but they will also have several thousand new homes in South Derbyshire away from the city.

Appendix B – Full Literature Review

Aims: This literature review is a synthesis of the work that has been published on violence since the publication of the Government Serious Violence Strategy in 2018 and updates the comprehensive literature review conducted by Nottingham's Violence Reduction unit in November 2019. It looks to explore the causes of violence, factors that increase and decrease risk and those that can be modified through intervention.

Methodology: A literature search was conducted on our behalf by the UK Health Security Agency between November and December 2022.

Search terms: 'interpersonal violence' OR 'gun crime' OR 'knife crime' OR 'weapons' OR 'gangs' OR 'county lines' OR 'night-time economy'

AND 'risk factor' OR 'protective factors' OR 'prevention' OR 'perpetrator' OR 'victim' OR 'adverse childhood experiences'.

Databases: Embase, Medline, PsychInfo and Social Policy and Practice.

Limits; UK or comparable populations AND published in English AND since 2018.

Results: 384 papers were identified after initial screening and removal of duplications by UKHSA and provided organised by theme. Papers were then reviewed and included where they felt relevant to the terms of reference for this needs assessment; noting that papers within several themes are more appropriately considered in reviews for other strategic needs assessments. Additional papers identified from reference lists were also reviewed and included where relevant.

This review has not look to report on the grade of evidence for specific serious violence interventions as has this has been comprehensively covered within the College of Police (College of Policing, 2023) and the Technical Packages for Violence Prevention published by the Centres for Disease Control and Prevention(Centres for Disease Control and Prevention).

A number of papers were considered relevant to this SNA and are discussed within the framework of the WHO ecological model.

INDIVIDUAL

1.Adverse childhood experiences

Adverse childhood experience (ACEs) describe a wide range of stressful or traumatic experiences that children are exposed to during childhood (O'Moore, 2019). Examples of ACEs include experience of physical, sexual, or emotional abuse, neglect, parental drug or alcohol use, bereavement, witnessing domestic abuse, family breakdown, mental illness, or incarceration. The presence of four or more ACEs are strongly associated with interpersonal and self-directed violence (Hughes et al., 2017). Research has demonstrated that compared to having none, individuals with four or more ACEs are 14 times more likely to be a victim of

violence, 15 times more likely to be a perpetrator of violence in the last 12 months, and 20 times more likely to be incarcerated in their lives. Retrospective identification of ACEs from Child Death Panel reviews in North-West found the prevalence of more than four ACEs in this population was 20%, compared to 10% in the general population (Grey et al., 2019).

The COVID-19 pandemic impacted on childhood exposure to trauma: domestic violence rates rose, exacerbated by the financial and social stress, and lack of support at home (Rengasamy et al., 2022);(Panovska-Griffiths et al., 2022);(CYPNow, 2020). Sudden bereavement became an additional ACE, and the reduction of services operating during the pandemic meant recognition and response to ACEs was limited(UK Trauma Council, 2020).

Most individual types of child abuse were significantly associated with being the perpetrator of physical assault, intimate partner violence, and sexual violence in adulthood. Additionally, exposure to multiple traumas was associated with increased likelihood of perpetrating injurious and sexual violence, when controlling for covariates(Travers et al., 2022). From a study of 405 convicted interpersonal partner violence perpetrators from Northern Ireland, trauma and adverse experiences among perpetrators of intimate partner violence were also associated with more serious patterns of offending. (Aine and et al., 2022, Travers et al., 2022) . Childhood abuse is also found to be associated with being a victim of violence: compared to individuals who experienced no abuse in childhood, those who experienced one form of abuse were over twice as likely to experience physical assault in the past year and three times as likely to have experienced intimate partner violence and/or sexual violence since age 16 years (Butler et al., 2020).

Haylock et al demonstrated a strong association between ACEs and involvement in youth and gang violence for young people 10-26 years of age(Haylock, 2020), with young people themselves recognising that ACEs make them vulnerable towards knife crime(Youth Select Committee, 2020). Exposure to ACEs was also reported to increase the adjusted odds ratio for knife carrying in a study of 5,005 British men (Coid et al., 2021).

Given that the foundations for youth violence are often laid in adverse childhood experiences, a whole system public health approach is needed. This approach entails investment to minimise social risk factors, early identification and intervention in those at risk, and requires a coordinated approach across public and social services including health, policing, social care and youth services (RCPCH, 2020). There are documented challenges in researching ACEs, particularly with the use of retrospective data and self-reporting risking bias. The cumulative impact, along with variance in interaction and the presence of protective factors, can make it difficult to calculate risk at an individual level. In addition, using ACEs at an individual level for diagnosis and targeted interventions risks causing distress and stigmatising. The NSPCC also highlight caution with using ACEs, recognising ACEs are not deterministic, and differences in outcome can been seen between individuals with the same experience. This demonstrates how protective factors such as individual resilience, support networks and access to evidence-based inventions can all influence outcomes (Science and Technology, 2018).

1a. Intervention strategies for ACEs

Factors that may mitigate the harmful impactors of ACEs, or promote positive outcomes across the life course, were studied in a systematic review by (Lester, 2019). Qualitative studies found that it was protective for children with multiple ACEs to interact with adults who were empathetic, non-judgmental, and active listeners, able to provide emotional and practical support. On crisis point interventions, quantitative data showed good evidence for cognitive behavioural therapy and psychoeducation for improvement in mental health outcomes in some populations, along with improved behaviour outcomes from parent or carer training (Lester, 2019)Stakeholders expressed value in community and recreational activities that improved self-confidence and built identity (Lester, 2019).

The Police TIPT package (Tool for intervention and Prevention Triggers) provides support, signposting and early intervention for children and families identified with more than four ACEs. A study showed broad appreciation of the scheme, but officers struggled to agree on their role or remit in providing support, citing concerns over blurring of lines and unease at conducting work felt to be the role of social workers (Chandan et al., 2020).

In review of Safeguarding Practice Reports, where there has been a death or serious harm, it was found that healthcare professionals were not well equipped to identify risk factors for child abuse such as poor parental health and complex family structures. It was recommended that by becoming ACE-informed and utilising information gathered in Child Death Panels, the Child Death Process could look to support cross agency working, providing support and mitigation strategies for ACEs in families, particularly where siblings of those deceased may reside (Grey et al., 2019).

1b. Adoption of ACE informed, trauma aware practice and intervention

With the progressive understanding of ACEs and the effect of trauma, several papers identified in this review highlight the shift towards ACE and trauma informed policy and practice.

The All Wales protocol sets out the Welsh Government's commitment to ensure a child centred, ACE aware and trauma informed approach (Government, 2022). The Scottish Sentencing Council are also recommending that trauma and ACEs be accounted for during sentencing of offenders under 25 years of age, leading to creation of trauma informed lawyers, providing training across the justice workforce (Taylor, 2021). A report by CREST in 2021 on violence and vulnerability in England also called for the roll out of trauma informed training to law enforcement and other services who encounter perpetrators or victims of violence (Crest, 2021). However, despite The House of Commons Science and Technology Committee calling for adoption of an adversity-targeted early intervention strategy in their 'Evidence-based early year intervention' report (Science and Technology, 2018), adoption of an ACE informed approach to child protection and welfare has been slower in England (Trevor et al., 2019). There is call for reimagining the organisation and practice of social work, with prevention as focal as intervention for children and families (Trevor et al., 2019).

In the wake of the COVID-19 pandemic, it has been argued that national and local policy need to prioritise trauma response and provision for children and young people, with equitable access alongside research that allows identification into those most at risk(UK Trauma Council, 2020). Enhancing the understanding of 'what works' in supporting children subjected to violence allows for the development of effective and sustainable services founded on collaboration, violence reduction, and trauma-informed practices (Paterson-Young, 2021)).

2.Disability and Mental Health

2a. Disability

Several studies have demonstrated a link between disability and interpersonal violence due to victimization (Anastasia and Andros, 2021). From the beginning of the life course, children with disabilities are more likely to be victims of abuse than children without disabilities (The Children's Society, 2018) . Intellectual disability leaves individuals much more likely to be sexually violated and the violation is less likely to be reported (Goodier and Lievesley, 2018).

2b. Serious head injury

Factors relating to the risk of offenders committing serious violence have been identified within prison populations. In a cross-sectional study on serious head injury in female prisons in Scotland (McMillan et al., 2021), serious head injury was found in 85 (78%) of 109 women, of whom 34 (40%) had associated disability. In most cases, repeat head injury resulted from repeated domestic abuse. Women with a history of serious head injury were significantly more likely to have a history of violent offences than those without a history of serious head injury.

2c. Mental health

Research has shown the association between selected mental health diagnoses and serious violence. In a systematic review of UK literature looking at risk factors associated with weapon-crime for young people 10-26 years, poor mental health was positively associated with youth and gang violence (Haylock, 2020). Mental health and learning difficulties were reported by children and young people as increasing their vulnerability towards knife crime (Youth Select Committee, 2020) The presence of psychiatric morbidity was also independently associated with risk of knife carrying, particularly with diagnoses of personality disorder, drug dependence, or paranoid ideation (Coid et al., 2021).

It has been reported that the cost of violence committed by people with serious mental illness was £2.5 (1.4-4.5 (95%CI)) billion in England and Wales 2015-16. This was 5.3% of total estimated societal cost of violence (Senior et al., 2020). The authors made the case that targeted intervention may bring financial savings in addition to benefits for perpetrators and victims. However, in a review paper Duggan et al (2019) commented that we are far from being able to identify individuals with mental disorders who would benefit from interventional strategies to reduce violence. The high impact consequences of homicide followed by suicide makes identification strategies for these individuals particularly sought after. Duggan et al highlights the

potential benefits in ensuring frontline workers are trained in recognising ideas, beliefs and intentions for violence, with a low threshold for considering delusional disorders requiring support. Gunn also proposes investigating the merit of education strategies to increase public awareness and identification of individuals showing relevant signs of despair (Gunn, 2019, Duggan, 2019).

3. Homelessness

Homelessness leaves people vulnerable to poor health, violence and exploitation (Crawford and Dougall, 2019). For some, homelessness and the risk of violence occurs through previous violence exposure. Bimpson (2021) highlights that one in five women who have experienced violence become homeless (compared to one in a hundred who have not), and that these women face high rates of mental ill-health, addiction and poverty as well as homelessness (Bimpson et al., 2021).

4. Substance misuse

Alcohol use has been implicated in intimate partner violence (IPV), with a robust association between alcohol use and IPV perpetration and victimisation in heterosexual relationships. Explanations for this are complex (Jones and Grey, 2019)and there has been little research into neuropsychological deficits that might help us understand differences within the IPV perpetrator population. Compared to controls, high alcohol IPV perpetrators displayed more severe impairments in cognitive domains than low alcohol IPV perpetrators. These findings suggest that IPV perpetrators with neuropsychological difficulties, especially those who are heavy drinkers, may have the greatest need for cognitive interventions which target specific cognitive rehabilitation programs adjuvant to psychotherapeutic interventions (Vitoria-Estruch et al., 2018).

RELATIONSHIPS

5. Domestic and family abuse

It has been recognised that there is overlap between children's experience of domestic abuse and its impact on youth criminality and children’s offending behaviour in the UK. As one in five children in the UK are affected by domestic violence and abuse (Roy et al., 2022), a significant number of children are at risk. A quarter of children identified as having socially unacceptable behaviour also have identified concerns about domestic abuse of a parent or carer. These children may seek alternative relationships outside of the home, leaving them vulnerable to sexual and criminal exploitation. (Wedlock and Molina, 2020). With less than 18% of domestic abuse victims reporting the offending to the authorities, and 'honour abuse' cases (including practices such as female foeticide, forced marriage and forced abortion) being particularly hidden, (Justice, 2022), many at risk children and adults are never identified.

An increase in domestic or family violence is observed in UK military personnel immediately following return from deployment. Deployment in a combat role was significantly associated with both family and stranger violence, as was the presence of symptoms of post-traumatic stress disorder, common mental disorders and

aggression (Kwan et al., 2018). Child and adolescent to parent violence and abuse (CAPVA) has also been identified as an example of familial abuse. While high quality research into the prevalence and incidence of CAPVA is lacking, early research suggests that CAPVA could be a ‘stepping stone’ between experiences of interparental violence and later violence towards intimate partners (Baker and Bonnick, 2021).

When somebody aged 16 and over dies from violence, abuse or neglect by a relative, intimate partner or member of the same household, a Domestic Homicide Review (DHR) is conducted. These have shown that domestic abuse occurs across the age span, and that perpetrators' mental health was mentioned in 65% of DHRs, with 49% of perpetrators having a mental health diagnosis (Khatidja and et al., 2020). When looking specifically at DHRs of people aged sixty or over in England, four key themes were found: mental illness of the perpetrator; drug and/or alcohol abuse; financial problems; and familial history of domestic abuse (Benbow et al., 2019).

5a. Interventions for domestic and family abuse

Many domestic abuse interventions have been evaluated, though most of these are not specific to serious violence. Most interventions focus on reducing rather than preventing domestic violence and use various strategies in different societies, which makes it difficult to perform exact comparisons (Kiani, 2021). A literature review of 22 multi-agency early interventions across the UK showed that overall, interventions that adopt an advocacy approach appear to have more impact and are more sustainable, and, that when co-located with statutory or voluntary services, multi-agency working is enhanced (Cleaver et al., 2019). Other findings suggest that interventions provided to families exposed to intimate partner violence need to target both child and familial factors, namely emotional intelligence, maladaptive parenting and parenting stress (Carter et al., 2022). The importance of viewing youth violence within the family context has been highlighted by professionals, with a recognised need for inter-generational holistic approaches in responding to youth violence(Williams et al., 2020).

Services for children living with domestic violence were found to be beneficial, but these needed to accommodate flexible key worker leadership and the intervention needed to have group work and therapeutic models suitable for the needs of families (McCarry et al., 2021). It was advocated that the voices of children and young people must be fundamental to developing and evaluating interventions (Carter, 2021) and that raising awareness, particularly through the school curriculum, can increase early identification and signposting to effective interventions (Sivarajasingam et al., 2022). For professionals, the IRIS+ (Enhanced Identification and Referral to Improve Safety) intervention showed that children benefitted from being referred by clinicians to services, however systemic and structural change is required to address barriers that prevent children and young people from being identified (Roy et al., 2022). Learning identified from domestic homicide reviews include professionals providing coherent recommendations for cross-specialty clinical practice (Dheensa and Feder, 2022), thematising recommendations and proactively using lessons from one area to inform another (Haines-Delmont et al., 2022), and increasing public awareness, professional training, risk assessment, intervention, and collaboration among service

systems (Jaffe et al., 2020).

The Drive Pilot Project, which works with high-harm and serial perpetrators to challenge behaviour and prevent abuse, showed that perpetrators reduced their use of abusive behaviour, with the greatest reduction seen in perpetrators of most severe violence and abuse. Positive changes were sustained over a year after they completed Drive (Hester, 2019) . Further recommendations from the Drive Partnership included empowerment of public and voluntary services to hold perpetrators to account, equitable access nationwide, national quality assurance systems, a sustainable, predictable source of funding, and national and local leaders to spearhead the perpetrator strategy (Drive Partnership, 2021).

6. Intimate partner violence

Meiksin, R., et al. (2019) found that experiencing dating and relationship violence in adolescence predicts both victimisation and perpetration of partner violence in adulthood, but no randomised control trials of dating and relationship violence prevention programmes have taken place in the UK (Meiksin et al., 2019).

6a. Interventions for intimate partner violence.

Prevention targeting early adolescence is important because this is when dating behaviours begin, behavioural norms become established and dating and relationship violence starts to manifest. Project Respect, a school-based intervention that has shown promising results in the USA, has aimed to optimise and pilot a dating and relationship violence prevention programme for secondary schools in England. There is no data yet available on its effectiveness, but authors of similar work have found that dating and relationship violence might best be addressed in this context as a broader aspect of sex education (Meiksin et al., 2020).

Systematic reviews identified a lack of robust evidence to determine which intervention approaches most effectively reduce or eliminate intimate partner violence-related outcomes(Jones and Grey, 2019). Although off-the-shelf programmes for preventing intimate partner violence (IPV) in young people can have an impact, a summary of evidence showed that adapting to suit local conditions makes them more effective, and involving children and young people in the design of the programme increases the authenticity of programmes (De Brun, 2019).

7. Family relationship and early years

A longitudinal study following up 411 London males from aged eight to 61 years identified risk factors at eight years of age which accurately predicted convictions over three age groups (Farrington, 2019). The risk factors most associated with violence across the age course were high daring or risk-taking, low verbal intelligence, a disrupted family, harsh parental discipline, high hyperactivity, and large family size. Papers from these studies have provided the basis for risk focused prevention, where techniques are implemented to counteract identified key risks at young ages. These interventions have included cognitive behaviour skills training for impulsivity/hyperactivity (Farrington, 2019).

COMMUNITY

8. Night-time economy

The night-time economy is another area where serious violence has been identified as a concern. Licensed drinking establishments were shown to be associated with increased levels of alcohol-related violence and the varying associations between outlet type and alcohol-related violence provide local public health stakeholders with an evidence base to argue for licensing policies that diversify alcohol availability (Boshari and al., 2020, Boshari, 2020). One method to reduce alcohol-related violence at a particular flashpoint – entry into bars and clubs – is for door staff to use a breathalyser. Farrimond et al. (2018) showed that the introduction of breathalysers depersonalized the judgement, though some door staff found it a challenge to their authority and expertise. A month-long observational study during which 818 people were breathalysed showed that the number of violent crimes (excluding domestic abuse) decreased by almost 40 percent compared with the previous year, while violent incidents increased in a comparison location (Farrimond et al., 2018). The Assault Related Injuries Database (ARID) of admissions to Accident and Emergency also showed there were fewer alcohol-related injuries during the initiative (Boyd et al., 2018). Where violence does occur, members of the public are understandably reluctant to intervene. However, studies have shown that this can disrupt violent interactions, and there is evidence that sexual violence bystander programmes may be promising in increasing willingness to intervene amongst nightlife workers and support the emergence of sexual violence prevention activities implemented in nightlife spaces(Quigg et al., 2022).

9. County lines, gangs and knife crime

The strength of the association of gangs on serious violence is variably reported in the literature, and the varying definitions of gangs makes recording and analysis of data in this area challenging. The Serious Violence Strategy highlights that drug misuse and county line drug dealing gangs are a significant direct and indirect factor driving serious violence (Grimshaw and Ford, 2018). The National Crime Agency has also discussed the association between county lines drug dealing and serious violence. It recognises that violence at street level is often linked to county lines drug dealing, with the UK Government concluding that “changes to the drugs market, like the county lines model of exploitation, is partly fueling” serious violence (Havard, 2022). Serious violence in children is often linked to criminal exploitation where complex gangs work across England to exploit and groom children. Data suggests factors related to gang-based violence including school exclusions and missing episodes for children are increasing, along with referrals to children’s services for gang related concerns (Children's Commissioner For England, 2019).

The Centre for Social Justice reported an estimate that around half of all knife crime resulting in injury are associated with gangs (Centre for Social Justice, 2018), with changes in drug markets and development of county lines likely to have influenced changes in knife carrying (Harding, 2020, Grimshaw and Ford, 2018). Drug and gang activity are both reported by the Metropolitan Police as being two main drivers in gun crime, often used to enforce territory and business and associated with lethal activity (Police and Crime Committee, 2018).

Hales et al (2020) for CREST looked at the role of drug markets as a driver of serious violence in the UK (Hales, 2020). The data showed a correlation between the growing availability of harmful drugs and the rise in serious violence, including a notable increase in the number of drug-related homicides. At the same time, the profile of those involved has changed, with those convicted of class A drugs supply getting younger. When conducting interviews with communities in a London borough, those spoken to suggested that robbery, drug dealing, and violent crime typically go hand in hand as part of serious organised criminality for financial gain.

In a viewpoint paper, Pitts (2019) states the involvement of children and young people in county lines drug-dealing requires further revision of services. Early intervention, before involvement progresses to full criminal activity, is paramount but current thresholds required for support mean children and young people have often progressed beyond the point of debt enslavement and entrapment which makes deviation away from gangs difficult (Pitts, 2019). Limited communication between criminal services and child services, loss of youth work, outreach and positive activity programmes, in addition to school exclusion, were all felt to add to vulnerability for county line exploitation (Pitts, 2019). Sarah et al found that anxiety, depression and exposure to violence were predictors for gang involvement, with conduct disorders, moral disengagement and rumination the most strongly predictive. The role for mental health support in addition to interventions addressing behavioural needs were highlighted(Frisby-Osman and Wood, 2020).

Whilst the British Crime survey reported 27,000 children in England identifying as gang members, Children's Commissioner (2019) calculated there were 34,000 children in the England who had been victims of violence who were either in a gang or knew a gang member. Of note, only 6,500 of these are known to children's services or youth offending teams. Gang involvement offers a sense of belonging (Willis, 2019) making a trusted adult one of the most important factors in deviating children away from gang involvement as children unknown to services are most at risk of violence, threats and intimation.(Children's Commissioner For England, 2019). The prevalence of knife crime in society has been increasing. A UK-wide ballot in 2018, "Make Your Mark", conducted by the British Youth Council, saw 1.1 million young people declare knife crime as their biggest concern. Between April and August 2019, an online survey found 35% of the 1,502 respondents reported knowing someone who carried a knife (Youth Select Committee, 2020). Collating young people's thoughts and the experiences of those working in organisations supporting children and young people, the Youth Select Committee published a paper; "Our Generation's Epidemic: Knife Crime" (2020), which found compelling evidence that social injustices and inequalities increased vulnerability to gangs and violent crime (Youth Select Committee, 2020).

9a. Utilising health data for knife crime

Hospital episode statistics show admissions following assault by a sharp object have been increasing in England for under 25-year-olds, with incidence being highest for the 15-19 year old age group (Mesie, 2019). However, this dataset only captures the most serious injuries requiring hospital admission, and other studies have used health care data to further understand knife crime beyond hospital episode statistics. In an observational study looking at patients less than 17 years of age injured by

knife trauma presenting to Nottingham Major Trauma Centre between 2016-2022, this cohort of patients were found to have significantly worse indices of multiple deprivation, income, employment, education and skills, health and disability, and Income Deprivation Affecting Children Index when compared to England averages (Reilly et al., 2022). Indices of crime, barriers to housing and services, or living environment were not found to be significant. The peak timings of the injuries were between 15:00-19:00, which would be when many had left school or college. This study is also highly relevant as a proportion of the 139 patients were residents within Derby/Derbyshire (Reilly et al., 2022).

A single centre study conducted at a major trauma centre in Birmingham reviewed presentations from knife injury for persons aged over 16 years between 2015-2018. Utilising other elements of hospital data, the study of 532 patients demonstrated a male preponderance (93%), with alcohol intoxication and illicit drug use recorded in 20% and 17% of cases respectively, and 18% of cases had previous attendances for violence-related injuries (Malik et al., 2020). Female injury occurred most often in a domestic setting, accounting for 65% of presentations (Malik et al., 2020). The greatest rise in the numbers of presentations over the study period was for those under 25 years in age. Given that data was only collated for those with a hospital stay greater than 72 hours, only 42% of attendances were captured, limiting its use for extrapolation of national rates for knife crime admissions. A violence reduction unit in South West England has also utilised the mandatory collection of trauma data to inform on the regional picture of serious penetrating trauma (Hodgson et al., 2022). Data from 2012 and 2020 revealed increasing rates of incidence with the majority being younger males. Similar to findings from other papers, victims were predominantly from areas with high deprivation (Hodgson et al., 2022). Male propensity, ages under 24 years and the presence of socioeconomic deprivation were also highlighted in a large population study of coded hospital NHS admission data from across Scotland between 2001-2013. Although a decline in sharp force injuries in adults in Scotland was observed, the risk of injury was reported as higher for younger age groups (20-24 years). Those from the most deprived areas were 12.6 times more likely to sustain a sharp force injury compared to most affluent (Goodall et al., 2019).

The positive impact of violence and injury observatories in areas known to have high risk of violence is now well recognised internationally. A comprehensive systematic review and meta-analysis of literature from 1990-2018, including three UK studies, concluded that observatories lead to a reduction in homicide and assault counts in high violence settings. (Jabar et al., 2019) The UK papers all predated 2007 and all supported information sharing between agencies to facilitate violence reduction.

9b. Interventions for gangs and knife crime

The complex involvement of youths in county lines, gangs and knife violence has been highlighted. A report by the children’s commissioner(Children's Commissioner for England, 2021) reported that local authorities lack understanding of local drivers for youth violence or strategies to reduce risk factors in vulnerable cohorts. The lack of data sharing between services means a clear picture of the problem is not being obtained.

There is a call for better utilisation of public health infrastructure to enable upstream interventions. Joint Strategic Needs Assessments are encouraged to quantify youth violence, with evidence that quantification leads to better recording of risk factors, direct funding of youth violence specific programmes and creation of drugs policy for children and young people. Benefit was seen in tracking risks closely associated with exploitation; school exclusions, numbers on missing children, and children experiencing substance misuse and living with a convicted offender (Children's Commissioner for England, 2021).

Government response and strategy to tackle knife crime since the publication of the serious violence strategy has focused on investment in law enforcement and evidence-based early intervention strategies (Allen and Brown, 2020). Enhanced stop and search powers saw a rise in the number of stop and searches since 2009. However, data suggest that this method has only had a marginal impact on crime reduction (Tiratelli et al., 2018). Concerns exist over racial profiling (Allen and Brown, 2020) and the negative impact on relationships between police and communities, but youth focus group research found broad support for stop and search as an intervention (Michelmore, 2019).

The document ‘It Can Be Stopped’ provides a blue print for a Group Violence Intervention Model that focuses on law enforcement and community support(Centre for Social Justice, 2018). However, a review has found that previous Group Violence Intervention in London has not proved effective and was felt to cause injustices and alienate communities (Grimshaw and Ford, 2018).

Throughout the literature, a ‘cycle of violence’ is often discussed, which recognises that being a victim of serious crime increases your risk not only of further victimisation, but also of perpetration. A study analysing Thames Valley Police data on non-domestic knife crime between 2014-2019 found there was considerable overlap between victims and offenders, so-called “victim offender overlap” (Bailey et al., 2020). Both victims and offenders were found to have criminal records, with less than 20% linked to organised crime groups: most crime was between strangers and was reported as a one-off event. The study concluded that interventions targeted at violent offenders and victims, and which utilises police data that demonstrates susceptibility to knife crime, would be well placed (Bailey et al., 2020).

Protective motivation, where the belief that knife carrying behaviour involves weighing up the cost and risk of knife carrying against perceived benefits(Palasinski et al., 2021) is believed to be the motivation behind anti-knife campaigns (Hobson, 2022). Programmes that look to support parents and legal guardians to recognise involvement in knife crime and provide signposting to services that support intervention are welcomed by youths(Youth Select Committee, 2020), along with support for the reporting of knife crime by doctors and nurses (Michelmore, 2019). Several studies have assessed the impact of deterrent strategies/campaigns for knife carrying, such as sharing of images of knives seized by police and pictures depicting the consequences of knife violence. A small study examined the responses to images of seized knifes from 20 young adults aged 18-25 years from high and low knife crime areas in Scotland. Young adults in high knife crime areas reported a desire to see images displayed with the narrative of the of social problems they felt drove knife crime. They felt the socioeconomic context was important to avoid the

risk of stigmatising areas. The study highlighted the importance of involving young people and considering target audiences when developing preventative approaches (Cogan and et al., 2022).

Campaigns showing the devasting consequences of knife carrying have been employed as a deterrent strategy. Local to Derby and Derbyshire; anti-knife campaigns such as Lives not Knives (Leicestershire Police 2020) and #lifeorknife (West Midlands Police 2019) are examples of this. Accessing the effectiveness of such strategies, Hobson et al (2022) reported that whilst mortality salience increased after viewing knife-related campaign imagery there was no change in attitudes towards knife carrying (Hobson, 2022). Large scale knife amnesties, often delivered alongside education are also utilised although the effectiveness is relatively unknown; believed at best to have limited, short-term impact(McNeill and Wheller, 2019).

A series of studies looking at responses to varying anti-knife carrying slogans conducted by Palasinski et al found those depicting physical trauma and injury were more persuasive, emotive, and believable than those depicting death or prison(Palasinski et al., 2021). They also found fresh wounds versus healed wounds were more persuasive and injuries to the eye were more impactful than those of other visible areas. The paper raises the idea of a ‘threshold’ beyond which fear becomes less effective.

However, both these studies were limited in their failure to recruit participants at high risk of knife carrying, or experience of violence. This highlighting the need for further research within target populations. If also raises the appropriateness of blanketed campaigns, where the aims of interventions may not be achieved and risk being delivered at the expense of mental health and wellbeing.(Hobson, 2022).

10. Neighbourhoods

Primary research conducted after the record number of homicides in London in 2018 found that housing, along with cuts to policing and local youth services, were commonly cited factors influencing violence (Roberts, 2019), specifically the challenge of finding affordable, safe accommodation whilst seeking education and work opportunities creating a pull towards organised crime to meet financial need (Roberts, 2019). Factors such as poverty, social exclusion, and hopelessness were recognised as requiring joint agency action, and the importance of co-creation when looking towards intervention was highlighted; ‘strangers dropping in won’t cut it, it’s an issue of trust’ (Roberts, 2019)Crest (2021) found vulnerability to serious crime was linked with deprivation and neighbourhood crime, with complex overlap between victims and perpetrators (Crest, 2021).

In a report by Behaviour Insight Teams in London, income deprivation was the strongest predictor for neighbourhood vulnerability to violence. Higher crime rates were observed where there were fewer labour market opportunities. Correlation was seen between large reductions in borough funding and knife crime rates (Wieshmann et al., 2020). The report observed resilience to violence in places with community cohesion and social trust. Neighbourhood cohesion involved a collective responsibility over public safety and was achieved when neighbourhoods knew each

other, shared trust and had common expectations(Wieshmann et al., 2020). Data from young people referred from emergency departments to youth violence intervention groups in London found living in a violent area, along with experiencing and witnessing violence, were the most prominent risk factors for victimisation, with many victims also having suffered a traumatic bereavement. Severe mental health needs were identified in perpetrators of serious violence, with the notable absence of protective factors such as education, employment and training from information provided by a London Youth Offending team (Crest, 2021). Similarly, a longitudinal twin study of over two thousand people reported that adolescents in the most socially adverse neighbourhoods were nearly twice as likely to report personal victimisation by violent crime. These adolescents also experienced high rates of psychotic experiences, with the cumulative effect of personal victimisation and socially adversity neighbourhood exceeding individual risks combined (Newbury et al., 2018). Brennin (2019) highlights the influence of neighbourhoods on the risks of knife carrying. Utilising the pooled responses from the Offending, Crime and Justice Survey 2004-2006, Brennin demonstrated the best model for predicting knife carrying included having peers with police involvement, and weapon carrying was reported to be 2.5 times more likely where there was low trust, rising to five times more likely in areas with no trust in police (Brennan, 2019). Cuts to police officer numbers have led to a sharp decline in neighbourhood policing: this has not only limited the capacity to gather intelligence and create long term solutions to violence but it has eroded trust between communities and the police (Irwin-Rogers et al., 2020a).

The role of wider neighbourhood and community factors has also been implicated in interpersonal partner violence, with a study of 405 convicted interpersonal partner violence perpetrators from Northern Ireland showing that certain adverse experiences among perpetrators of intimate partner violence were also associated with more serious patterns of offending. Three classes of adversity were identified: a relatively low levels of exposure to most types of adversity; a 'childhood adversity' class with high levels of childhood adversity; and a 'community violence and disadvantage' class with high levels of economic hardship and community violence (Travers et al., 2022).

For young people from socioeconomic deprived communities, poor, unsafe and squalid housing, along with the lack of opportunity to afford housing that allows them to remain within neighbourhoods they grew up, can leave them demoralised and alienated from society. This can generating feelings of shame, anger and resentment that can drive violence (Irwin-Rogers et al., 2020a).

11. Education and youth work

11a. Early years and primary schools

The impact of gangs is felt as early as primary school, with the Early Years Foundation highlighting the concerns teachers had relating to the pupils at risk of gang involvement and youth violence. One qualitative study reported inconsistency between staff in their ability to recognise pupils at risk and the need for better training. Teachers sought clear guidelines on risk indicators, such as those available for child sexual exploitation (Waddell and Jones, 2018), feeling that competing

demands on schools impacted the level of support provided based. Schools reported the difficult challenge of engaging services such as social care and CAMHS, with variable referral pathways and eligibility criteria all complicating the process. The Children's Commissioner advocated for investment in mental health services within schools, with NHS trained counsellors recommended in every school and expansion of services to support children before crisis points are reached, calling for a national plan to identify and provide support for children with additional needs in early years(Children's Commissioner for England, 2021).

Antibullying campaigns have been shown to reduce victimisation and weapon carrying, and taking a whole school approach provides best delivery (Waddell and Jones, 2018). Despite this knowledge, schools' ability to provide this support is variable. The Foundation recommend that commissioned interventions are developed and offered within systems to move away from short term funding streams (Waddell, 2020). However, identifying and commissioning evidenced-based interventions that can be provided by external providers has been highlighted as a problem, where reliance on 'word of mouth' recommendations often determined the offers made by the school to pupils. (Waddell and Jones, 2018). The authors conclude the need for education policy to prioritise personal and social education, supported with adequate financing and suitable opportunity for multiagency working (Waddell and Jones, 2018).

11b. Secondary schools

School exclusion is a well-recognised factor for gang-involvement and serious violence, damaging self-esteem and identity. Both the Children's Commissioner and Youth Violence Commission call for exclusion to the last resort and calls for alternative provisions to be prioritise, along with strengthening routes back into mainstream education(Children's Commissioner for England, 2021) (Irwin-Rogers et al., 2020a). Educational reforms that have included budget reductions, rising rates of "off rolling" and fixed and permanent exclusions are all considered as criminogenic (Irwin-Rogers et al., 2020b). As well as staff members, views from pupils and parents were also sought, finding inconsistencies in approaches to the school involvement of police and that school exclusion and managed moves were not always conducted as per statutory guidance (GOV.UK, 2019).

Ofsted has conducted research on policy and procedures relating to knives in services providing education for children aged 11 year upwards (Ofsted, 2019), finding that there was variability in the ways schools both respond to and teach the risks of knife carrying (GOV.UK, 2019). Recommendations include improving partnership working and strategic planning, sharing and promoting good practice for exclusion and managed moves (Ofsted, 2019).

An additional study conducted in schools looked at attitudes towards being an active bystander for weapon carrying. Whilst 64-78% of students felt that students should report weapons to adults, 34-44% thought the majority of their peers did not support reporting (Perkins et al., 2020). These misconceived codes of silence around weapon-reporting to adults by students were seen to have the potential to negatively influence safety and so correcting misperceptions is important in efforts to tackle to weapon carrying (Perkins et al., 2020).

The role of education in reducing the dangers of knife violence was felt by young people to be best directed by providing greater teaching on healthy relationships and how to handle emotions (Michelmore, 2019). Young people reported that lessons from teachers on the direct dangers of knife carrying were unlikely to be helpful, and that such sessions would be more effective if delivered by police, youth workers or speakers with personal experience (Michelmore, 2019).

11c. Youth work

When exploring youth violence, young people reported the importance of having positive role models and mentors with whom they have trusted relationships (Michelmore, 2019) (Williams et al., 2020, Willis, 2019). Youth workers can provide that trusted adult, in environments that extend beyond the school gates (All-Party Parliamentary Group on Knife and Violence, 2020). Young people report a preference to talking to youth workers instead of alternative support offers, especially where these include therapy and mental health which have negative connotations (Williams et al., 2020). A strength in youth services is reported to be the opportunity that children have to engage with them on their own terms, accessing them where and when they need it. Youth services provide opportunities for skill development and can provide a sense of belonging (All-Party Parliamentary Group on Knife and Violence, 2020),(Willis, 2019) and provide hope for future work tackling knife violence, diverting young people from serious youth violence and knife crime (All-Party Parliamentary Group on Knife and Violence, 2020). Trauma informed youth workers can look to support individuals by offering interventions at times of crisis where reflection on behaviours or circumstances can occur (All-Party Parliamentary Group on Knife and Violence, 2020). In a rapid review of teachable moment models in the emergency department to reduce recidivism, the intervention was welcomed by young people and evidence suggested a reduction on reattendance (Wortley and Hagell, 2021). An examples of this is the Redthread model that is operation in a neighbouring Violence Reduction Unit.

Local authority funding of youth services declined by 40% in the years 2018 - 20 (All-Party Parliamentary Group on Knife and Violence, 2020), with charities and faith groups filling the void. A project mapping police knife crime data to local authorities found a strong association between decline in youth centres numbers and increased knife crime (All-Party Parliamentary Group on Knife and Violence, 2020). Austerity has seen a shift towards short-term funding cycles and priorities change from early to late-stage crisis intervention which has limited the role and success of youth services, with loss of interventions that build consistent relationships and trust with vulnerable young people, a key protective factor against violence. Policing practices are considered discriminatory, further alienating sections of the population. When exploring youth violence; young people reported the importance of having positive role models and mentors with whom they have trusted relationships (Williams et al., 2020, Willis, 2019, Michelmore, 2019). Youth workers can provide that trusted adult, in environments that extend beyond the school gates (All-Party Parliamentary Group on Knife and Violence, 2020) . Young people report a preference to talking to youth workers instead of alternative support offers, especially where these include therapy and mental health which have negative connotations (Williams et al., 2020). A strength in youth services is reported to be the opportunity that children have to engage with them on their own terms, accessing them where and when they need it.

Youth workers feel they have vital role on the fight against serious violence by virtue of their position that enables them to reach out to vulnerable young people.

SOCIETY

Wider societal factors such as poverty, weak economic safety nets, poor rule of law, cultural norms that support violence, and social, gender and economic inequality have all been implicated in the ecological framework for violence (WHO 2023). While it can be difficult to extricate which risk factors are causes, which are merely markers and correlated with causes (Farrington, 2000) and which are causes of the causes, local data on these factors should also inform the strategic needs assessment. Listening to community voices in high crime areas it was reported that violence is also considered by many to have become normalised in society, with social and cultural violence's being embedded within communities and transmitted across generations (Willis, 2019).

Irvin-Rodgers et al (2020) concluded that public spending cuts and social policy reforms have exacerbated serious violence in recent years. School exclusion was noted to affect young people differentially, with males from socioeconomically deprived communities and certain ethnic backgrounds more likely to be excluded. Exclusion can lead young people to reject social norms, shun mainstream values and internalise a deviant self-identity (Irwin-Rogers et al., 2020b). It was suggested violence reduction requires development and implementation of social and economic policies that harbour inclusion, safeguard dignity, ensure young people feel valued and create hope for the future (Irwin-Rogers et al., 2020b).

Vulnerability created through inequalities within communities or difference in opportunities across the country increase the draw of violence (Youth Select Committee, 2020). Young people's choices, actions and behaviours are influenced by poverty and deprivation, with a 'survival' mindset identified by professions working with children and young people. In a systematic review exploring youth weapon crime, economic inequality and discrimination were found to be linked to youth violence, demonstrating the impact of community and societal factors on weapon crime(Haylock, 2020). Michelmore also reported the belief by young people that the lack of opportunity contributed to knife crime, where absence of employment or healthy safe places to spend time, such as youth clubs all made it harder for people to quit knife crime (Michelmore, 2019). Practitioners working with children and young people describe children feeling abandoned and hopeless as result of the erosion of support structures and reducing opportunity (Williams et al., 2020).

Social media was felt to be problematic in escalating rivalries between young people along with glamourising a criminal lifestyle but could not be considered the root cause. It also risks generating trauma with graphic imagery (Willis, 2019). Media, music and the arts can aid to the understanding of lived experiences(Youth Select Committee, 2020), but some groups, including youth councils and parliament, have raised concerns that they can also normalise and glamourise carrying weapons(Youth Select Committee, 2020).

Interventions

There is evidence of successful violence policy transfer, as seen with Glasgow's adoption of the Cincinnati initiative to reduce violence. The research suggests success relies on there being a similar social economic and crime context between settings and an understanding of the nature of the population and offending behaviour to allow appropriate police modification(Graham and Robertson, 2022). The need to make changes to the way that young people view themselves, communities and their prospects for the future is vital to changing a narrative on knife crime, putting poverty, injustice, and socioeconomic issues at the heart of much needed intervention (Youth Select Committee, 2020).

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Appendix C – Safe and Sound Engagement report

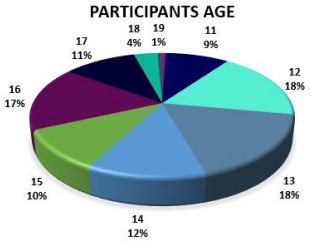
Youth Violence Survey

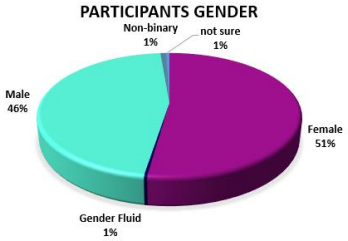
Safe and Sound were requested by Derby City Council to aid with research around serious youth violence in Derby City.

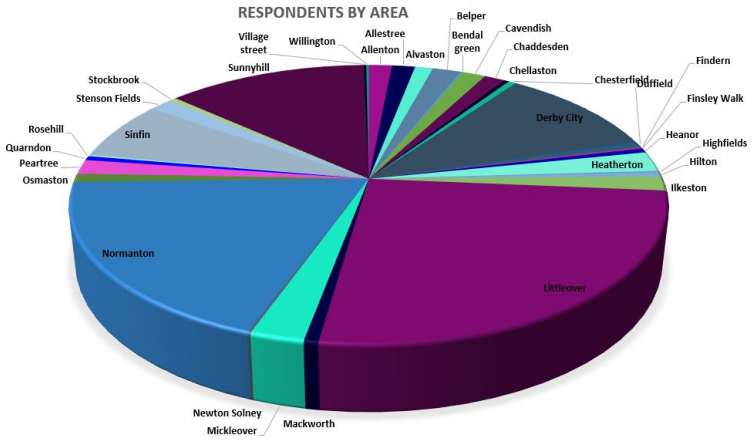
Safe and Sound employed a range of surveys to enact this research with schools, parents, and young individuals who had been a victim of crime.

Safe and Sound carry out awareness and training sessions at several secondary schools in Derby.

There were 617 respondents to our survey from these secondary schools. Participants were between the ages of ten and 19. Of these young people, 46% were male, 51% were female, and 3% identified as gender fluid, non-binary or were unsure. Participants lived all over the Derby area, with a large proportion from Normanton, Littleover, Derby City, and Sunnyhill.





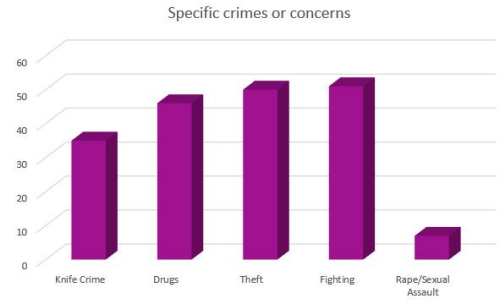


The Schools survey asked participants the following questions:

Q1. What does violence look like in your area?

50% of participants said that they were aware of violence in their area. Of these, 23% lived in Littleover, 19% lived in Normanton, 13% lived in Sunnyhill, 9% lived in Derby City, and 8% lived in Sinfin.

Of these, the specific crimes or concerns that were mentioned were:

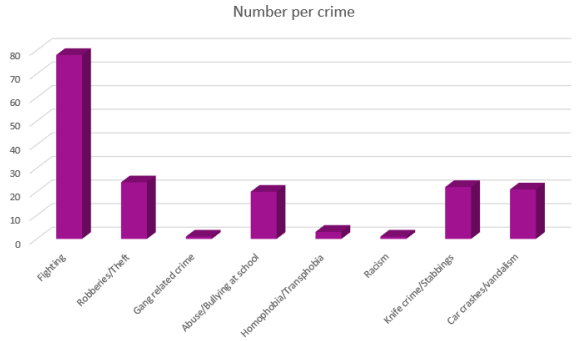


The Schools survey asked participants the following questions:

Q2. What is your experience of violence in your area?

37% of respondents stated they had personally experienced or witnessed crime in their area.

Of these, the specific crimes or concerns that were mentioned were:

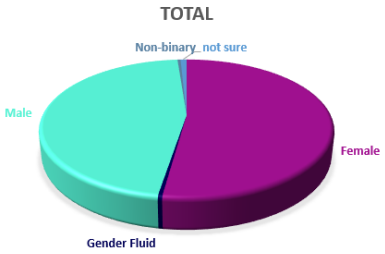


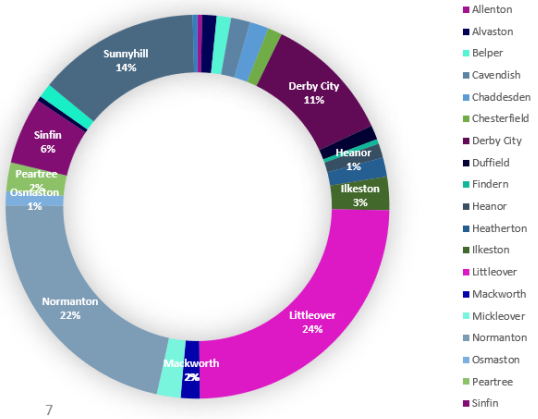
The Schools survey asked participants the following questions:

Q2. What is your experience of violence in your area?

37% respondents stated they had personally experienced or witnessed crime in their area.

Demographics were nearly equally split between female and male, and the areas that had experienced the most violence were Sunnyhill, Littleover, Normanton and Derby City .





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The Schools survey asked participants the following questions:

Q3. Is there anything missing from your community to reduce or stop violence?

Just under half of respondents answered with the same four suggestions for their area: Cameras/CCTV, better youth activities, street lighting, and police presence. 53% of respondents said they didn't know what was missing in their community. There were no significant trends in area for any particular service that was deemed to be missing.

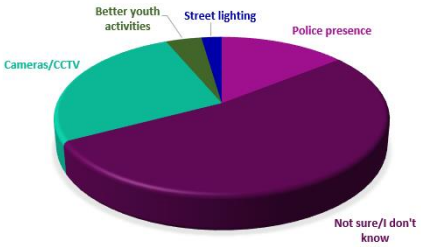
We never see police on the streets in our town. Kids don't care about any consequences of the things they do. They boast about it at school. – Heanor

Youth clubs etc. would engage teenagers who will make better use of their boredom – Derby City

More police around and more things for young children to do – Sinfin area

Street lights in parks, more police around parks, cameras in parks – Littleover

Lights in parks, police in parks, more cameras in parks - Sunnyhill



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The Schools survey asked participants the following questions:

Q4. What factors are important for reducing violence?

Again around 53% of respondents said they didn't know or didn't answer, however the 47% who did give an answer gave the following factors: policing, community and youth activities, awareness and education, greater consequences or punishment, cameras and CCTV, and stricter laws.

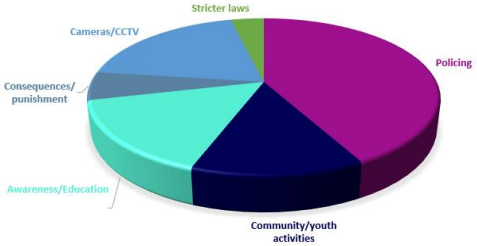
Kids seeing the consequences of their actions. More police patrols. Kids understanding that what they do can affect the rest of their lives. - Osmaston

Lights, no vapes and drugs to sell, everyone being less poor and not jumping other people. - Belper

Having things to do and better community. - Normanton

Awareness, support, and police dealing with those who keep doing it. - Mickleover

More education about the impact of violence. More youth centres to keep kids off the streets. - Ilkeston



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The Schools survey asked participants the following questions:

Q5. What things would you include in a violence reduction plan?

Answers were broadly the same as given for Q4 in terms of numbers. Respondents said:

More info about knife crime in schools. – Derby City, 10 years old

Visits to the police cells. More police on the street. Maybe prison visits. Something to make kids realise the effects of what they do. – Heanor, 15 years old.

I would make sure there was at least one small police station in every town and more security cameras also maybe more lights in alley ways and also maybe more telephone boxes in case something bad happens. – Duffield, 11 years old

More stuff to do. – Chaddesden, 15 years old.

Education of it. Safe places. Giving kids opportunities to stay away from it. – Littleover, 16 years old.

More lights in the park. – Littleover, aged 11.

Cancel and get rid of the 'mandem' they have given me life time trauma. – Normanton, aged 14

The quality of security. – Peartree, aged 13

Making a good park so people can play instead of being violent. – Sunnyhill, aged 13.

More education resources and helplines can reduce violence. – Normanton, aged 13.

Strict rules so they get scared to do it. – Sunnyhill, aged 11.

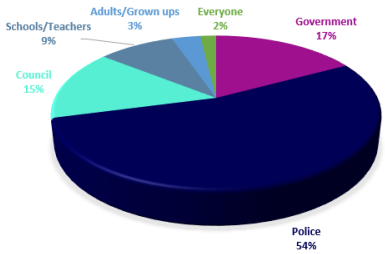
Stop people selling drugs and vapes to kids! – Littleover, aged 11.

Deterrents such as CCTV and police patrols. – Normanton, aged 17.

The Schools survey asked participants the following questions:

Q6. Who do you think should take action?

54% of those that responded said the police should take action. 15% said the council should take action, 17% said the British Government should take action. 9% said their schools or teachers should take action. 3% said simply adults, or their grown ups, should take action. 2% said everyone was responsible and should take action.



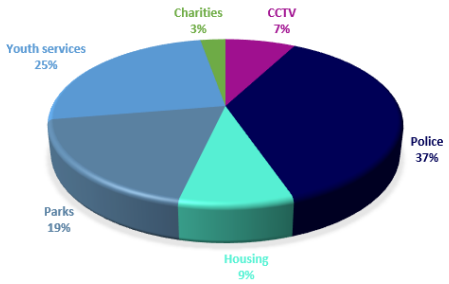
The British Government, Chiefs of Police, Youth mayors and schoolteachers. Parents should also be made aware of such things. – Littleover, aged 17.

The council and police, but action taken, such as assemblies, is typically ineffective as people don't take this seriously. – Normanton, aged 17.

The Schools survey asked participants the following questions:

Q7. Where do you think funding should be prioritised for future years?

Many answers overlapped but there was a lot of support for investment in policing and investment in youth services (both statutory services and youth activities). 19% of respondents thought funding should be prioritised in cleaning up and keeping their parks safe. 9% of people thought funding should be prioritised for better housing and accommodation, 7% for CCTV and cameras, and 3% for charities.



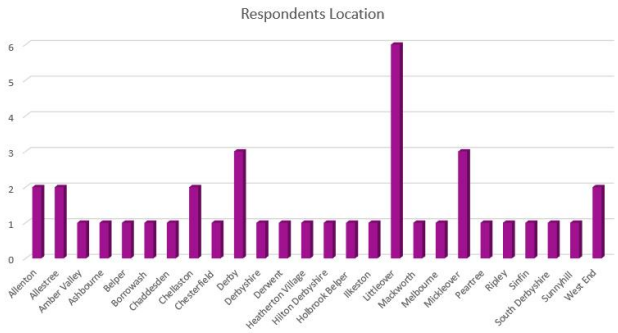
More police, and more police on patrol, more investment in the ambulance. – Chaddesden, 11

The police have come to my school to do knife crime presentations they told us what happens but not what to do in that situation. – Allestree, 11

There should be youth service in the council. – Normanton, 14

Parents Survey

We spoke to 40 parents and asked them to complete this survey. Together they are responsible for 81 children and young people between the ages of 1 and 20.



27.5% of parents said they had seen violence in their area, and that it had affected their family or children. The main impact of violence in their areas was being able to give their children less freedom. A lot of violence people have seen was at the local park. The 27.5% were spread across all areas so this violence is not centralised to any particular park.

15% of parents said they had not personally seen violence in their area but they had heard about it.

Comparatively, 37.5% of parents said they had lived experience of violence. Many did not choose to expand on their experience however a few did give a more detailed response. The detailed responses given were:

Attempted rape as an adult. – Alvaston

Not personally but both my kids have been verbally abused and attacked in the street by groups of students from their school. We hear about attacks in the area and local park through social media and local press. – Allenton

The occasional fight outside the local secondary school. – West End

Drunk people / drug users in the area , shouting arguing and fighting in the street also
My son being chased by a gang to attack him . - West End

Yes son bullied at school and assaulted – Mickleover

Parents were asked what was missing from their communities to reduce or stop violence amongst young people.

50% said their communities were missing a safe space for young people to go. They are missing activities, youth centres or affordable clubs to take part in.

32% said there was a lack of police presence in their community.

We asked: what factors are important for reducing the violence young people and children are exposed to?

Parents said:

Places for young people to go who can support them. Working with parents of children who cause issues.

Having good community centres, parks, green spaces for young people to meet so they are not drawn to violence due to boredom. Good lighting in parks and streets. More community /police officers walking around and then ultimately being educated in school and home about the dangers of joining gangs/ carrying weapons etc.

Good education with support. support, stable and structure within the home. Police, schools and council working together to provide prevention measures rather than having to firefight.

Parents discussing issues with children. Sage spaces for young people to access.

Thing for them to do and get involved in. A positive environment to respect and care about. A sense of community and belonging.

More things for them to do and their knowledge that it is unlikely anything will happen as a consequence of their behaviour. I have also seen parents behave poorly around their children.

Education, respect, support, focus on giving young people pride and self belief. Opportunities with schools not only focussing on academic career paths. Support and good advice from age 13/14 to work towards apprenticeships for those not wanting /not able to go to Uni. More focussed education of the negative impacts of drugs, particularly weed and gangs from people kids will actually listen to. More hard hitting reality/consequences of violence to show what does/will happen.

The young people engaging with anything new put into place, it's got to be on their level and in the right areas and language (formal/informal lingo as well as actual spoken language english etc)

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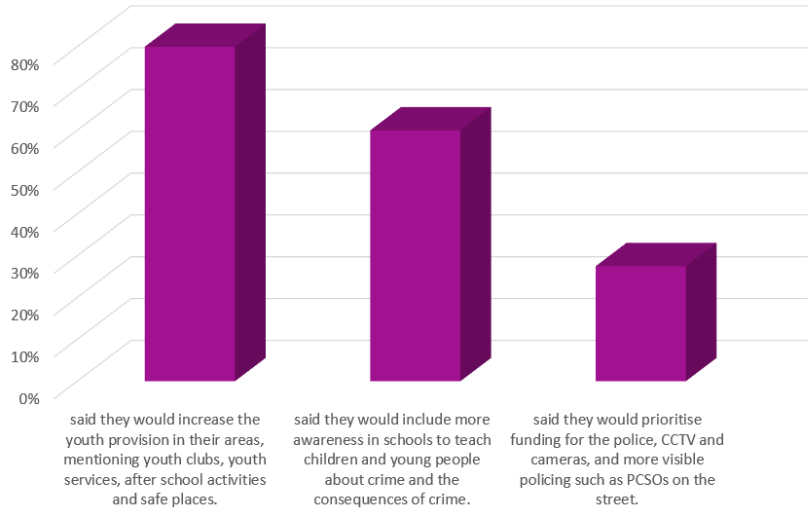
Parents were asked what they would include in a violence reduction plan.



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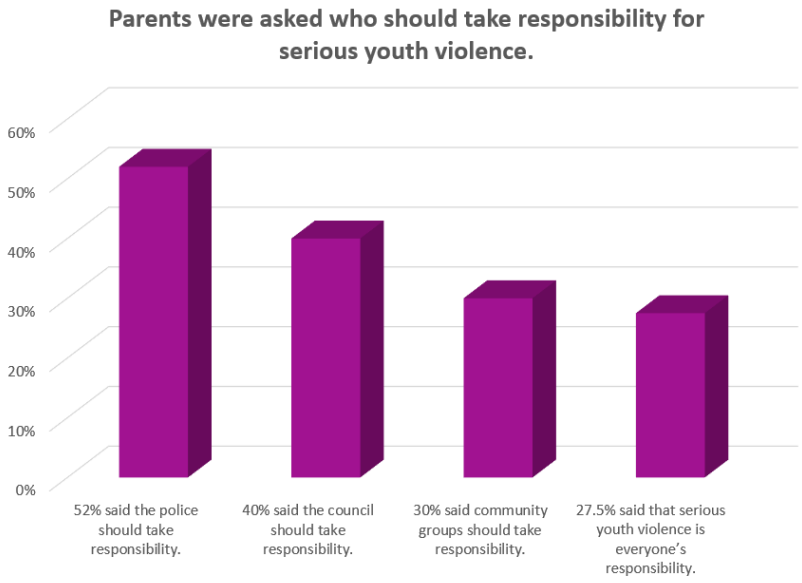

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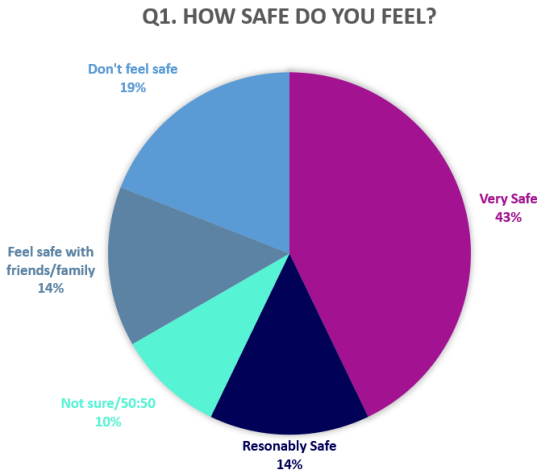
Transforming young lives

Safe and Sound's outreach team spoke to young people in Derby City and Swadlincote about their perception of violence in the area.



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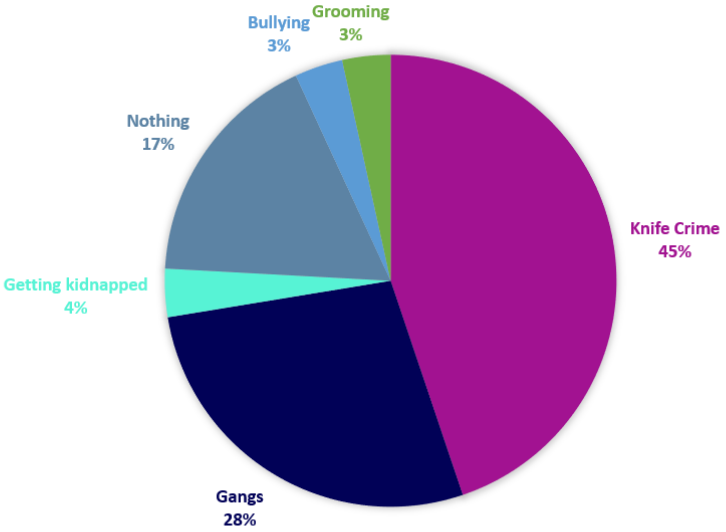
Q2. REGARDING VIOLENCE, WHAT WORRIES YOU?



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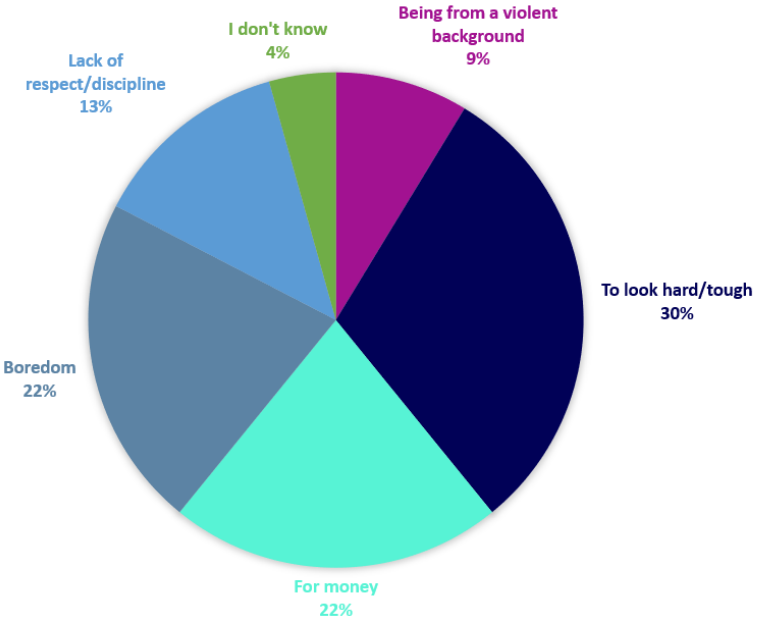
Q3. WHY DO YOU THINK PEOPLE COMMIT CRIMES?



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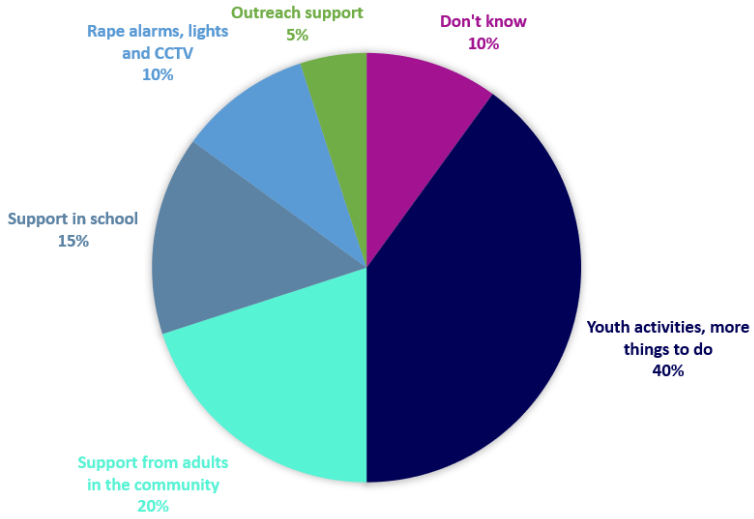
Q4. WHAT WAYS ARE THERE TO HELP YOUNG PEOPLE AT RISK OF VIOLENCE?



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Thank you!

Appendix D – Catch 22 Engagement report

Derby & Derbyshire CARES - Consultation Outcomes

Introduction
Derby & Derbyshire CARES - Catch22, operates as an exploitation service that provides customised support and interventions to children and young people assessed at medium/high risk. Our mission is to nurture resilience and aspiration, thereby empowering them to seize control of their lives and ensuring their safety. Our approach prioritises flexibility, tailoring our services to meet the unique needs of each young person and their families, whether that entails community, school, or **in home** support. Moreover, we are dedicated to enhancing awareness of child exploitation among professionals, young people, and the broader community.

Executive Summary
This report outlines the findings of a consultation initiative conducted by Catch22, in response to a request from the Home Office, aimed at engaging and consulting with young people across Derbyshire. The objective of this initiative is to reduce incidents of Serious Violence in Derbyshire.

We engaged with a specific cohort of young people who have been assessed at medium or high risk through the local authorities CRE assessment process and have been affected by criminal or sexual exploitation. This approach, while resulting in a limited number of responses, enables us to delve into the real-life experiences of young people who are under the purview of 'Child in Need' or Child Protection plans and who receive support from the Derby & Derbyshire Constabulary Child Exploitation team as well as the Catch22 service.

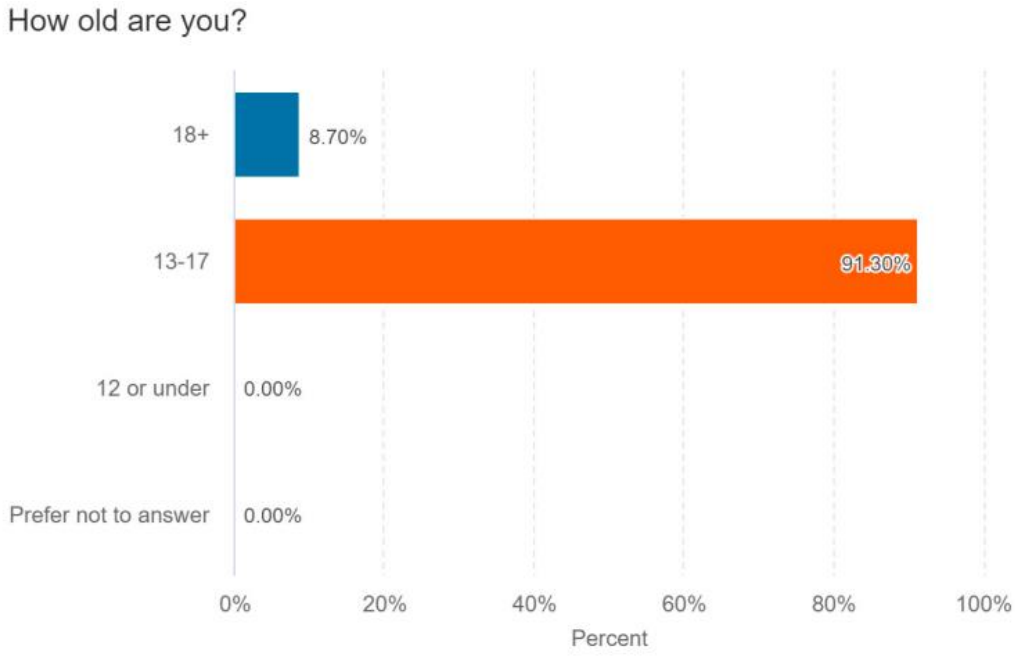
General consultation with individuals/groups of young people:
Perception of safety – how safe do you feel?
What worries you regarding violence?
Why do you think people commit crimes?
What ways are there to help young people at risk of violence?
Would you ever carry a knife? If yes, why?

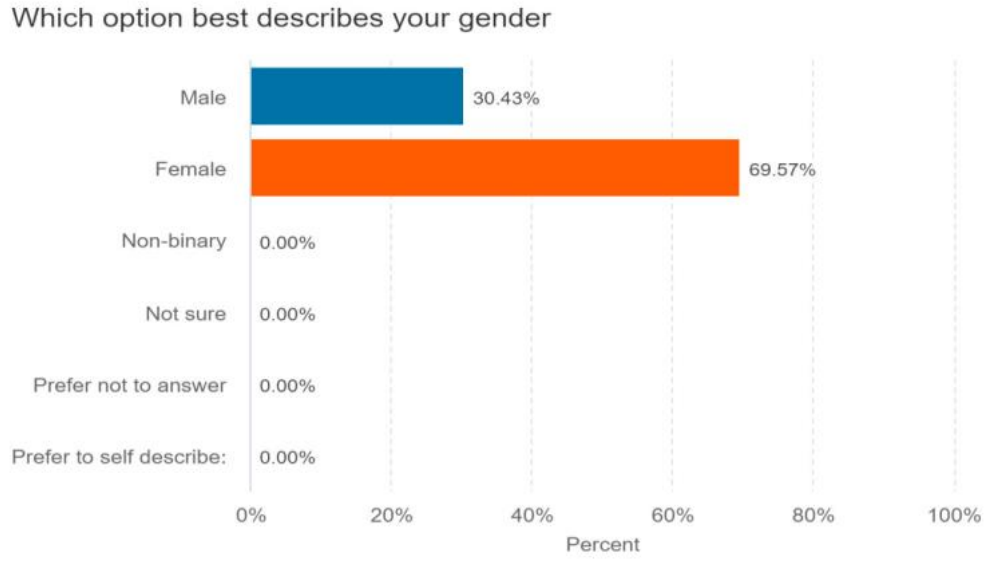
A minimum of 4 face to face interviews with either victims or perpetrators asking the following:
What does violence look like in your area?
What is the lived experience of violence in your area?
What do you think is missing from your community to reduce or stop violence?
What are the important factors for reducing violence?
What components might you include violence reduction plan?
Who do you think should take action?
Where do you think funding should be prioritised for future years?

Demographic Insights
The majority of participants in this survey (23 out of 25) were of white British ethnicity, reflecting the demographic makeup of the region. The average age of participants aligns with the typical age group we support. However, we did include two 18-year-olds in the survey as part of our efforts to expand support to Care

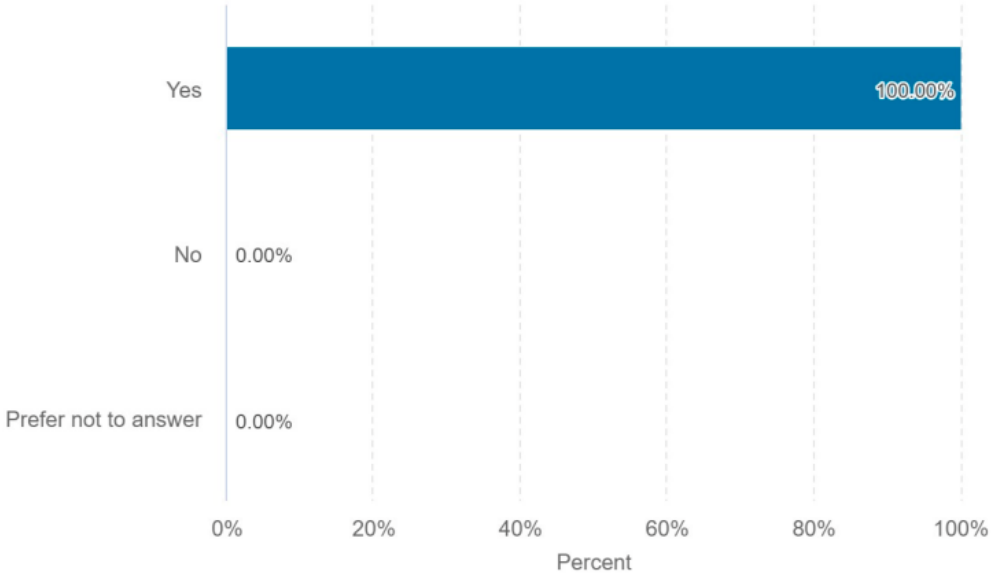
Leavers. In terms of gender, 55% of young people referred to Derby & Derbyshire CARES in the current year were male, indicating a slight increase in female referrals compared to previous years.

The education status of participants varied, with 70% in mainstream education, 9% excluded from school, 13% categorized as NEET (Not in education, employment, or training), 4% in training, and 4% choosing not to disclose their status.

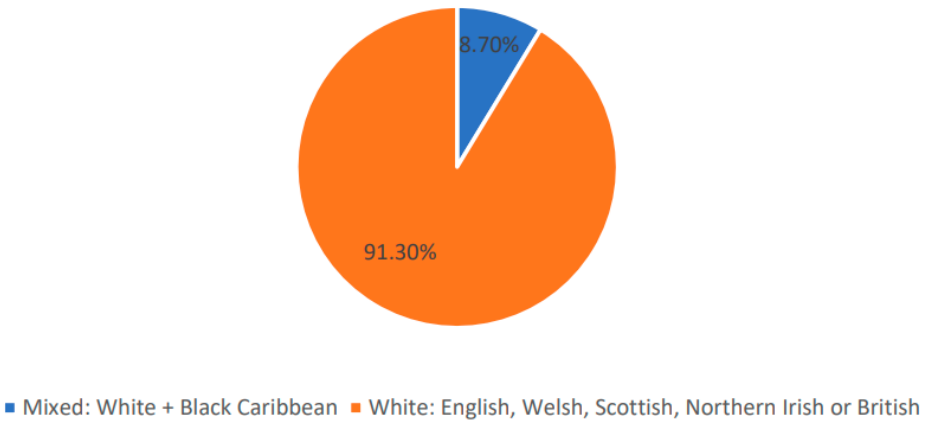


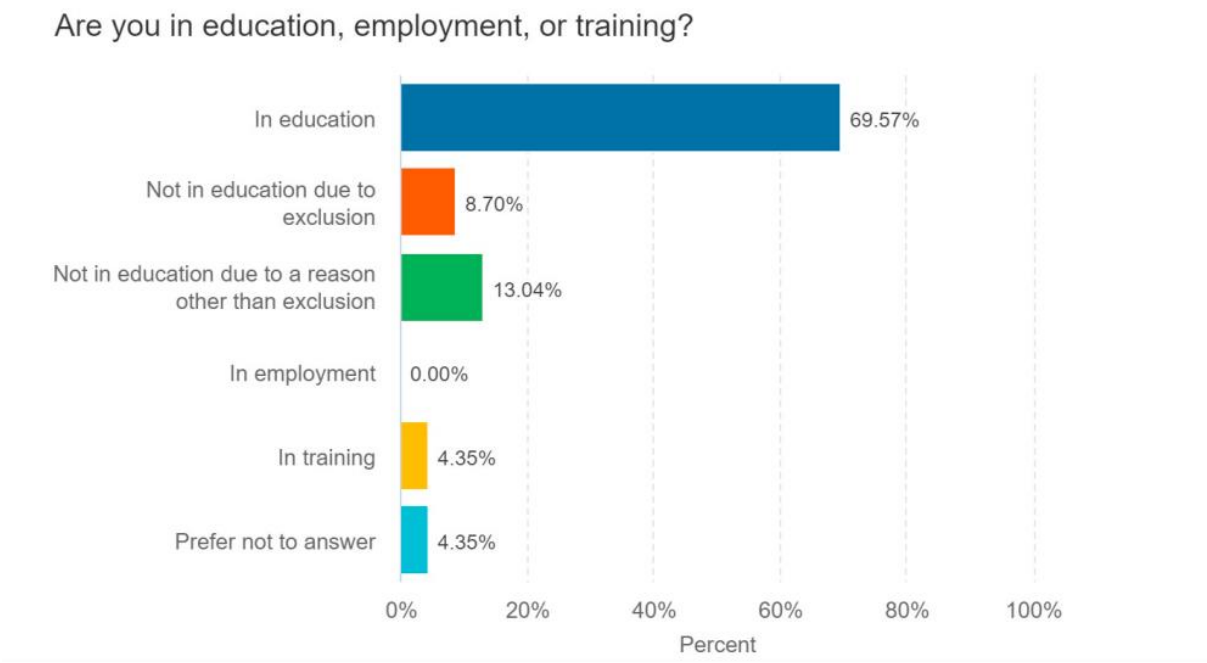


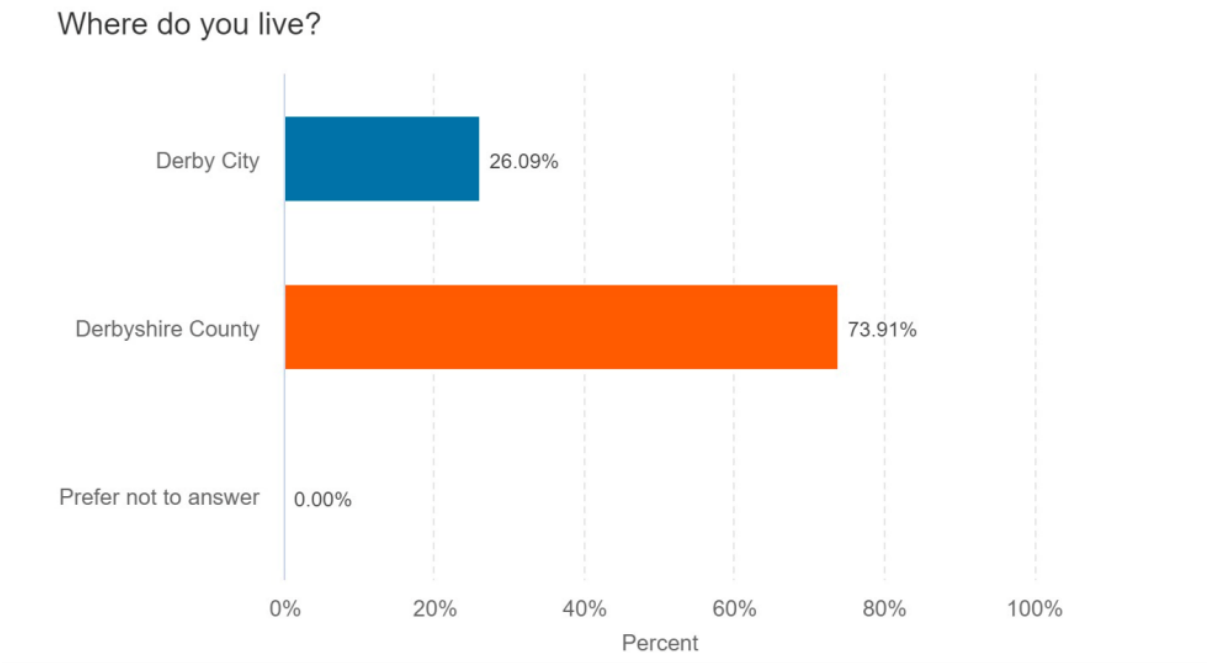
Is your gender the same as what you were assigned at birth?



Which ethnicity best describes you?







Consultation Insights

Question 1: How safe do you feel?

The majority of young people assessed at medium/high risk of exploitation reported feeling safe in their living environments. Notably, 73% of young people supported directly by Catch22 this year expressed feeling safe following our intervention, compared to 68% in the previous reporting period.

Question 2: What worries you regarding violence?

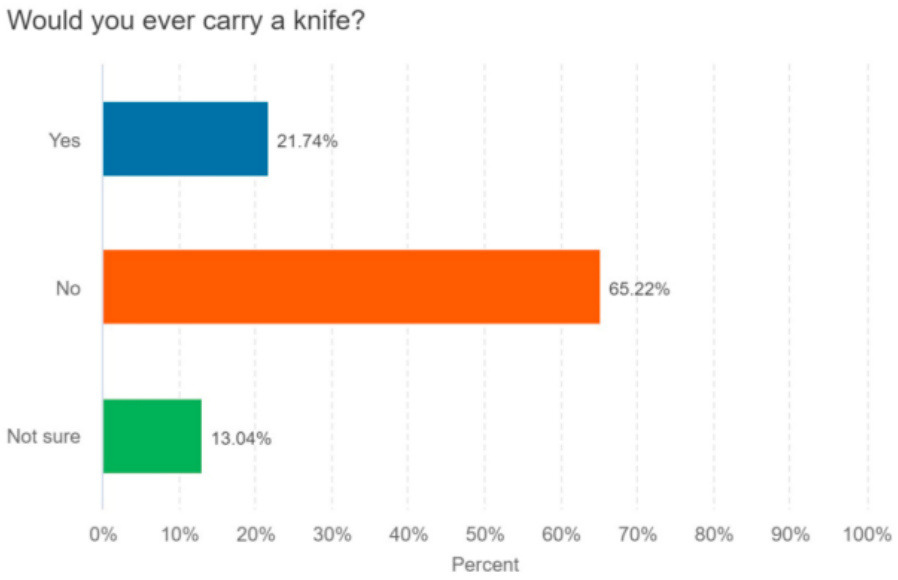
Young people consistently identified knife crime and stabbings, as well as friends carrying knives, as their primary concerns regarding violence. Notably, many young people referred for medium/high risk child criminal exploitation reported carrying knives or being arrested for weapon possession.

Efforts to Address Knife Crime
Catch22 actively participates in the weekly knife crime tasking meetings chaired by Derbyshire Constabulary, where multi-agency interventions are discussed rather than solely relying on criminalisation. We also conduct knife crime awareness sessions within the community, with positive results indicating reduced knife carrying among young people we support.

Question 3: Why do you think people commit crimes?
The main drivers cited by young people for committing crimes included boredom and financial strain. These responses highlight the need for constructive activities and support for youth.

Question 4: What ways are there to help young people at risk of violence?
Most young people believe that youth clubs and Catch22 can contribute to reducing violence. To address this, we launched 'Creative Catch,' a monthly provision offering various activities to young people referred to our exploitation service.

Question 5: Would you ever carry a knife? If yes, why?
Of the respondents, 65% stated they would not carry a knife, 22% indicated they would, and 13% were uncertain. Those who would carry a knife cited safety as their primary reason.



Measures to Address Knife Carrying
Catch22 established a National Knife Crime task and finish group to develop resources and best practices. We actively engage with the police-led knife crime tasking meetings and deliver knife crime awareness sessions in schools.

Questions 6-12
Question 6: What does violence look like in your area?
Question 7: What is the lived experience of violence in your area? Question 8: What do you think is missing from your community to reduce or stop violence?

Question 9: What are the important factors for reducing violence? Question 10: What components might you include violence reduction plan
Question 11: Who do you think should take action?
Question 12: Where do you think funding should be prioritized for future years?

These questions revealed that young people's experiences with violence include gangs, fighting, anti-social behaviour, and even incidents involving weapons. Their suggestions for reducing violence include more youth clubs, increased police presence, and the importance of community efforts. Young people also emphasized the need for CCTV cameras and more funding for education, schools, police, and charities.

Sample of comment received over these questions
‘I’ve seen bullying I’ve seen a man hit a woman.’
‘Has previously been assaulted and has witnessed fights between others before. Has also witnessed someone be stabbed.’
‘People getting jumped, people getting robbed, hear about people being stabbed, almost witnessed it I deescalated the situation.’
‘Social media can also help - put poster / numbers on there and Tweet about violence.’
‘Put why it is wrong as some people don't know violence is wrong.’
‘Sometimes the victim of the crime, does not know what is happening to them, is wrong - so raise awareness of this more.’

Conclusion
Between April 2022 and March 2023, Derby & Derbyshire CARES received 191 referrals for young people affected by criminal and sexual exploitation. We have expanded our services to support victims of domestic abuse and sexual violence, with positive outcomes reported. Notably, all young people supported felt safer, and 100% would recommend our service to others. There has also been a significant improvement in both physical and mental health among our beneficiaries.

This report underscores our commitment to empowering and safeguarding young people in Derby & Derbyshire.

We appreciate your attention to these findings, and we remain dedicated to collaborating with relevant stakeholders to address the concerns and recommendations voiced by the young people in our community.