



Still not safe

The public health response to youth violence

February 2021

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Foreword by the Children's Commissioner, Anne Longfield

The dire consequences of criminal exploitation and serious violence on children are clear to see – the regular toll on young lives is played out across our newspapers and TV news bulletins with depressing regularity. The grim library of serious case reviews lay bare the stories of children who have come to harm, or even lost their lives. The common thread throughout all these cases is the series of missed opportunities- from a broad range of agencies- to intervene and protect these vulnerable children.

This is, in part, linked to the point at which agencies try hardest to intervene. Predators who seek to exploit children for financial gain will use sophisticated methods to target and coerce children. They are ruthless in their efforts to keep children in their thrall, subjecting them to unspeakable abuse, threats and intimidation. If intervention comes when children are already entangled in these dangerous enterprises, it is difficult to reach them. To have any hope of protecting children from this threat, the response from Government, and all agencies charged with keeping kids safe, must be as dogged and resourceful as the criminals are. Integral to this response is a focus on identifying at-risk children early and preventing them from ever becoming involved with criminal gangs.

Sadly, the threat of gang exploitation shows no sign of abating. Our 2019 research found that there were around 27,000 children at high risk of gang exploitation who had not been identified by services, and as such were missing out on vital support to keep them safe. The number of children experiencing broader risk factors linked to exploitation is even larger. 120,000 - one in 25 of all teens – are already falling through gaps in education and social care. These are children who are being excluded from school or are persistently absent – often attending alternative provision. There are children who are going missing from care, many facing a combination of factors that could leave them vulnerable to exploitation. Often though they are not receiving the additional support they need from the state, despite interventions to reduce these vulnerabilities are key.

This number is likely to increase in the aftermath of the Covid pandemic, as the crisis has increased many of the risk factors of childhood vulnerability. Moreover, the pandemic has meant that the most vulnerable children are even harder to identify – November saw a 12% drop in referrals to children's services in spite of the increased risks - it therefore seems likely that even more children at risk of exploitation are going undetected.

There is no comprehensive, national data establishing the number of children who are victims of criminal exploitation. We have data from multiple sources¹ but, because of different definitions and inconsistencies, they still do not capture the full extent of the problem. Police data gives us some indication: since its inception in 2018, the 'county lines matrix'² has recorded 4000 children 'involved' in county lines activity, treated either as victims or perpetrators. The youngest of these children was just 10 years old. Social worker assessments have picked up more, identifying around 15,000 children who are involved with gangs. This shows how few children are being identified by services, and how disjointed our understanding is, with different agencies holding separate information, with no overarching national data to accurately reflect the scale of the issue, which is one of the first steps needed to address it.

Tackling the issue of gang involvement and youth violence requires much stronger collective resolve from all agencies. My previous research called for an effective response from all agencies with safeguarding duties to these vulnerable children. It is clear that this response from safeguarding bodies

¹ Including the police, social workers and through the the National Referral Mechanism (NRM), a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Modern slavery is a complex crime and may involve multiple forms of exploitation, including County lines.

² The County Lines Co-ordination Centre is a national centre which coordinates law enforcement activity to tackle County Lines. It is jointly led by the National Crime Agency and the National Police Chiefs' Council. The matrix uses data fed in from all police forces to map out county lines activity nationally.

must work with public health bodies – and all those who work with children- to ensure children are protected, and potential harm is prevented. This means once local risks are identified, public health and safeguarding bodies work with schools and others to ensure appropriate, preventative, interventions are delivered to children.

The Government has committed to using a public health approach to gang violence – that is all agencies working in partnership to prevent violence by tackling the underlying causes of child criminal exploitation. Ministers have committed £35 million to Police and Crime Commissioners to set up Violence Reduction Units (VRUs) across 18 police forces, tasked with understanding, and responding to the situation in their local area. However, insufficient attention has been paid to the need for agencies in other areas to adopt both a safeguarding and public health response across the country, working in partnership with local police forces. This has meant little work to incentivise, and crucially, monitor and oversee the implementation of action taken by public health bodies themselves and by children’s services.

This report shows that the vast majority of Local Authorities do not have a sufficient grip on the drivers for youth violence in their areas, nor do they have a cogent strategy to reduce risk factors in vulnerable cohorts. Most were not tracking local school exclusions – widely acknowledged as a trigger for a significant escalation of risk for children. Drug misuse is also a key risk factor for gang exploitation, however the numbers of children accessing drug treatment has fallen by 41% nationally.

This is particularly concerning as we understand more about the ever-evolving models that gangs use to exploit children. These gangs act like sophisticated and entrepreneurial businesses, and as we have seen many businesses adapt their models to capitalise on the pandemic, so too have criminal gangs.

This research was undertaken before the pandemic, which is only likely to have increased vulnerability further. During the current lockdown,³ police report that away from the watchful eyes of teachers, bored and lonely children are increasingly at risk in parks and takeaways, with predators waiting to pounce. During the course of the pandemic, it has also been reported that gangs have adapted to avoid detection, recruiting local children as runners and using taxis, often booked via apps, or hire vehicles. Children exploited locally are recruited by peers or using end-to-end encrypted mass-market social media apps. While not a new phenomenon, it is one that, like remote working in our lives, has been accelerated during the pandemic. Because of this evolution of gangs’ operating models, it is more important than ever that each local authority develops a better understanding of their situation locally. It also strengthens the case for a public health response which looks at children’s underlying vulnerability to criminal gangs, rather than responding to the particular form the gang are taking at one particular time.

To keep children safe, the response to youth violence must be a national priority across policing, public health and children’s services. We need equally strong national leadership in each of these three fields, backed up by local partnership working. This is the only way to fully implement a genuine public health approach across the country.



Anne Longfield OBE
Children’s Commissioner for England

³ January 2021

Executive summary

The Government has rightly committed to using a public health approach to deal with serious youth violence. Such a response is characterised by three levels of intervention:

1. **Primary**, population level interventions which seek to prevent violence and gang exploitation from ever taking place, with particular focus on those at greatest risk.
2. **Secondary** intervention, which targets those who have already become victims, seeking to provide children with targeted support to disrupt gang activity and serious violence, and
3. **Tertiary** prevention which focuses on long term care and rehabilitation to break the cycle of exploitation and violence.⁴

Local authorities are responsible for public health in their areas. Each local area has a Director of Public Health (DPH) with statutory duties to identify risk through Joint Strategic Needs Assessments (JSNAs) – the local document which informs commissioning decisions – and to convene relevant groups through Health and Wellbeing Boards and to fund programmes to meet the needs of the population.

Our research set out to assess how effectively existing infrastructure within local authorities was being used to deliver a public health approach to prevent gang involvement and youth violence. We requested data from local authorities via their Directors of Public Health. This survey was issued ahead of the Coronavirus pandemic and combined qualitative and quantitative questions.

The research suggests that few Local Authorities were using public health infrastructure effectively to address the issue of gang-involvement and youth violence and bring intervention upstream to prevent future harm.

- > The number of LAs quantifying the levels of youth violence in their local health strategies – known as Joint Strategic Needs Assessments (JSNA) – was low. **7 in 10 (73%) local authorities failed to quantify youth violence in their JSNAs.**
- > 91% of LAs were tracking some of the risk factors associated with gang-involvement and serious violence, though the most commonly recorded risk factors were broad and could be linked to any number of potential negative outcomes for a child. Only 1 in 4 (35) LAs were tracking some risks more closely associated with exploitation – such as school exclusion; being outside mainstream education; going missing; experiencing substance misuse; living with a family member convicted of an offence.
- > We were pleased to find that the vast majority of LAs (115) reported funding drug awareness intervention materials for schools, with 90% of these LAs including awareness training for different types of substances. This is an important population-level intervention to prevent children’s drug use.
- > However, only 50% of LAs (64) reported having a public health drug policy for children and young people. This is concerning as it suggests a lack of strategic focus on children who are already misusing substances – a group who we know are at increased risk of gang exploitation.⁵
- > A small minority of local authorities (1 in 4) are using their public health mechanisms well to deal with youth violence. These areas are quantifying levels of youth violence and are more

⁴ <https://www.catch-22.org.uk/news/public-health-approach-to-violence/>

⁵ 81% of gang associated children have substance misuse issues, this means they are 34% more likely to have these issues than other young offenders. See our [Keeping Kids Safe report](#) for more detail.

likely to be involved in other aspects of youth violence prevention. Those reporting quantifying levels of youth violence are more likely to:

- a. Record a wider range of risk factors for involvement
- b. Directly fund youth violence specific programmes
- c. Have a drugs policy for children and young people.

However, most LAs are missing opportunities to identify some of the most at-risk children and ensure appropriate services are in place to prevent harm.

Our data shows an inconsistent response from those in local authorities responsible for public health. In the context of a global pandemic, it is easy to understand how these issues could drop down the agenda, but it is vital that going forward this issue is prioritised at all levels. The data highlighted some examples of positive practice, however, overall, it was clear many DPHs needed to further develop local responses, to improve understanding of the drivers of youth violence and come up with a clear strategy to deal with it. Without adequate understanding of these issues, it is hard to understand how local areas can develop strategies to combat violence, nor commission appropriate services to meet the needs of at-risk children.

Furthermore, even though substance misuse is a well-recognised risk factor for children who are criminally exploited, Public Health England figures for 2019/20 show that there has been a 41% drop-off in numbers of children accessing treatment for drug use since 2013/14.⁶ This is further evidence of an insufficient response to addressing the needs of at-risk children.

The lack of focus on these issues in LAs is no doubt driven by the absence of cross-government national leadership and oversight on the implementation of a public health approach to youth violence.

⁶ <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2019-to-2020>

Background

Our 2019 [research](#) found that the response to gang exploitation from safeguarding partners was not working effectively to keep children safe.

It showed that by the point serious harm occurs, criminally exploited children have been in frequent but sporadic contact with different agencies (children's services, CAMHS, the police and YOTs) but often lack strong and consistent relationships with professionals.⁷ This can undermine the efficacy of work to extricate children from the complicated and dangerous situations they find themselves in; of enforced criminality; fear of retribution; and a hopelessness about their future prospects. This combination of factors makes criminally exploited children particularly hard -but not impossible- to reach. The response requires intensive support to help children and their families to manage risk and empower children to safely move on with their lives. This includes mental health or substance misuse support, helping families move, intensive help from specialist youth workers, and action to get children back into school. It would be far easier to stop children getting exploited by gangs in the first place. In addition to investing in this intensive work with children already involved with gangs, it is therefore important to try and reduce the number of children who will ever be in this dangerous situation, by intervening early to reduce children's susceptibility to gang involvement.

In 2019 the Government announced it was "*...taking a multi-agency public health approach to tackling violent crime.*"⁸ The key tenet of a public health response is to push intervention 'upstream' to prevent harm from ever taking place, rather than responding to the downstream consequences of that harm.

Tackling substance misuse head on is a particularly important preventative measure, because of the inextricable links between serious violence, gang involvement and drug use. Gangs use sophisticated methods to entrap vulnerable children, often forcing them into 'debt' and using this as leverage to coerce children into acting on behalf of the gangs. Grooming techniques like those used to sexually exploit children are often used. Gangs will start to build a relationship with children, sometimes buying them food,⁹ giving them other gifts, or offering protection from a real or contrived threat. Once they have the child's trust, gangs ask a child to run an errand - usually transporting a package of drugs or money- in exchange for some money. Some gangs go so far as to arrange for the child to be mugged when running this errand – and force them to work to pay off their debt. Similarly, children are held responsible if arrested while carrying a package and have the contents confiscated by the police, accruing large 'debts' and sometimes becoming victims of violence if they fail to pay up.¹⁰ Children can also be coerced into becoming dependent on drugs and forced to work off 'drug debts' by selling drugs, or sometimes using sexual exploitation as 'payment', forcing children into sexual activity with gang members or for the gangs' financial gain.¹¹ In our 2019 research we found that 81% of gang associated children have substance misuse issues, this means they are 34% more likely to have these issues than other young offenders.¹²

The Government's public health approach was accompanied by the announcement of plans to establish Violence Reduction Units (VRUs) around the country and introduce a 'serious violence duty'¹³ on public bodies to prevent and tackle serious violence, by sharing intelligence and identifying warning signs. These two actions called for local areas to quantify and monitor levels of youth violence and then, armed

⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf

⁸ [Serious Violence - Monday 18 February 2019 - Hansard - UK Parliament](#)

⁹ <https://www.theguardian.com/society/2019/aug/12/chicken-shop-drug-gangs-recruit-children-with-food-inquiry-finds>

¹⁰ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>

¹¹ <https://learning.nspcc.org.uk/child-abuse-and-neglect/county-lines>

¹² This figure refers to those who had substance misuse concerns recorded at their latest asset plus assessment: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>

¹³ <https://www.gov.uk/government/consultations/serious-violence-new-legal-duty-to-support-multi-agency-action>

with a better understanding of the drivers, develop strategies to combat violence.

Nonetheless since our 2019 report, factors linked to gang-based violence have continued to rise. In 2018/19 **7,894 children were permanently excluded** from school (174 more than in 2016/17)¹⁴ and in 2019 the **police recorded 7,354 missing episodes for children**.¹⁵ Manifestations of youth violence and gang involvement have also increased – in 2019/20, **14,700 children were referred to children’s services with concerns about gangs identified at assessment**,¹⁶ which is a staggering 124% rise from 2016/17.¹⁷ **Hospital admissions for under-18s who have been assaulted with a sharp object also increased by 37%** from 2016/17 to 2018/19 (an overall rise of 57% since 2015/16).¹⁸ This data could indicate that an increasing number of children are at-risk of violence, or worse, already victims.

¹⁴ <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2018-to-2019>

¹⁵ [https://researchportal.port.ac.uk/portal/en/publications/the-impact-of-covid19-lockdown-restrictions-on-missing-person-reports\(8f6fda76-697f-4b09-b0b7-d4688de6de61\).html](https://researchportal.port.ac.uk/portal/en/publications/the-impact-of-covid19-lockdown-restrictions-on-missing-person-reports(8f6fda76-697f-4b09-b0b7-d4688de6de61).html)

¹⁶ It is unclear whether this rise is the result of better identification of children experiencing gang exploitation or a rise in the number of children affected, but the rise certainly points to a large number of children experiencing these issues who require support.

¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843046/Characteristics_of_children_in_need_2018_to_2019_main_text.pdf

¹⁸ <https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2019-supplementary-information-files/ae-attendances/hospital-admissions-for-assault-by-sharp-object>

A public health approach

Public health and safeguarding agencies must work together to prevent harm by identifying and acting on early warning signs. To do this requires an in-depth understanding of the 'at-risk' population, existing levels of violence and the types of interventions that work. A range of agencies – health, social care, education, police – need to work together to collect this information and, crucially, act on it. Public health is a local authority responsibility. Each local area has a Director of Public Health (DPH). They have statutory duties to identify risk through Joint Strategic Needs Assessments, to convene relevant groups through Health and Wellbeing Boards and to fund programmes to meet the needs of the population. With this research, we sought to assess how effectively this existing infrastructure within local authorities was being used to deliver a public health approach to prevent gang involvement and youth violence.

Methodology

On the back of our 2019 research, the Children's Commissioner wrote to Public Health England (PHE) expressing concern about how these public health roles were being discharged in relation to gang violence and requested data to better understand this, PHE was unable to provide this data as they did not hold it centrally.

We therefore set out to examine local discharge of the public health function in relation to youth violence. We undertook a bespoke data collection to Local Authorities (LAs) seeking to find out:

1. Do local authorities understand what youth violence is, who is involved and what the risks are? In particular, do they identify youth violence and the key risk factors within their JSNA.
2. Do local authorities have a strategy to deal with it, and are they raising it through the relevant bodies? We looked at whether there is a public health plan addressing youth violence, or its underlying causes (or whether these are contained in other strategies). We also looked at whether Health and Well-being boards, strategic bodies all local authorities must convene, bringing together local authority, health and other partners, are discussing youth violence.
3. Are local authorities funding preventative work?

Because of the links between drug misuse and criminal exploitation, we also looked at data from Public Health England (PHE) on the numbers of children under 18 admitted into drug treatment for each Local Authority from 2014/15 to 2019/20.

The results are based on 128 responses to a survey sent to all 152 local authorities via their Directors of Public Health. This survey combined qualitative and quantitative questions around the topics listed above. The data request was issued ahead of the Coronavirus pandemic but was delayed because of the pressure on local authorities during this period. Consequently, the response rate was lower than we would usually expect (84%). More detail on the survey results is included in the technical annex and the end of this report.

To assess local authority responses to youth violence and gang involvement in their areas, we asked a series of questions about how they were quantifying levels of violence and the associated risk factors and how they were using this information to shape local preventative services.

Joint Strategic Needs Assessments (JSNAs) – for which DPHs have responsibility - are designed to assess the health, care and wellbeing needs of the local community to inform the commissioning of local services. We asked DPHs about the information related to youth violence that they recorded in their JSNAs.

Understanding the drivers of youth violence and gang involvement

Responses to the survey show there was a large variation in local authorities' approaches to quantifying youth violence and the associated risks.

Quantifying levels of youth violence

The proportion of local authorities incorporating figures on youth violence into their JSNAs was concerningly low. **73% of local authorities did not include estimates on the numbers of children involved in youth violence in their JSNAs.** A small number of local authorities (1 in 4) were feeding information about youth violence prevalence into their JSNAs, they used a mix of measures such as:

1. Offences against the person,¹⁹
2. Figures for crimes against children²⁰
3. Reoffending rates
4. Summoning, charging and custody rates

All LAs exclusively used police and criminal justice indicators, missing other important measures such as ambulance call outs or Accident and Emergency (A&E) attendances relating to child victims of violent assaults.

The sole reliance on police and criminal justice indicators suggests the full extent of youth violence in these areas is not being captured, which undermines the potential to accurately measure the problem and design services to meet local needs.

Risk factors for gang involvement and serious violence

Our 2019 research highlighted that children who have multiple interlinked vulnerabilities- both at the individual level (such as mental health needs) and the family level (such as neglect)- are at greater risk of exploitation by gangs.²¹ The risk to the child escalates further when there is a poor institutional response, for example if a child is refused mental health treatment or if they are excluded from school.

¹⁹Serious youth violence, violence with injury, wounding with intent, malicious wounding , knife offence, street conflict, domestic violence, violence against the person sexual offences racially aggravated offences, hate crimes actual bodily harm, gang activities gang crimes, gang membership county lines other organised criminal networks, offences involving weapons, bullying, intimate partner violence

²⁰Sexual offences, child sexual exploitation, grooming, trafficking, racial offences, hate crimes, intimate partner violence, knife offences, street conflict, domestic violence, abuse/neglect, robbery, violence with injury, violent crimes (general)

²¹ <https://www.childrenscommissioner.gov.uk/report/keeping-kids-safe/>

Risk factors associated with gang involvement and youth violence
Family level risks
Children living in a household with parental substance misuse
Children living in a household experiencing neglect
Children living in a household experiencing domestic violence (directly or indirectly)
Children living in a household with a resident family member convicted for an offence
Children living in a household with housing instability
Personal risks
Children with poor mental health
Children experiencing substance misuse
Children who have experienced instances of going missing
Children who have been victims of, or who are at risk of sexual exploitation
Children who have been victims of, or who are at risk of criminal exploitation
Schooling
Children outside of mainstream school

Our research highlighted that exclusion or attending alternative provision (AP) is associated with children’s susceptibility to gang violence. Gang associated children are 5 times more likely to have had a permanent exclusion in the previous year, and 6 times more likely to currently be in AP than other children assessed by children’s services.²²

Successive serious case reviews (in which gangs have been a factor) have highlighted the tragic consequences of these risks where children have been victims of serious harm or have lost their lives.²³ In most cases, the children had chaotic and unstable home lives, frequent but usually sporadic²⁴ contact with different agencies and a complex set of emotional health issues, usually combined with SEND. All of the case reviews show how agencies could, and should, have identified and responded to risk factors earlier.²⁵

A report from the Child Safeguarding Practice Review Panel published in March 2020 looked specifically at the cases of 21 children who had come to serious harm (including death) or caused harm to others within a context of criminal exploitation. It found that information sharing – particularly soft intelligence from the police- was crucial in earlier identification of at-risk children. The review also found that ‘critical moments’, such as school exclusion, a point of physical injury, or a child’s arrest were not being used by agencies as a point to act decisively to intervene to protect the child.²⁶

As seen in the tragic results of successive serious case reviews, without well-timed support and intervention, the risk to children with these kinds of vulnerabilities often escalates quickly. Upstream prevention to reduce these vulnerabilities in the first place is essential to protect children, and the first step is to understand the prevalence of these risks at a local level.

²² <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>

²³ There were a total of 15 Serious Case Reviews published from 2015 to present where gangs were identified as a factor. Of these 4 related to child sexual exploitation, 4 to homicides, 2 to suicides and 1 to a drugs overdose. Two others were in respect of parental gang involvement being a factor in the death of an infant and one was conducted when a child killed an adult through gang involvement. Criminal exploitation did not come up in any serious case reviews

²⁴ The exception being two of the case reviews which related to children in care.

²⁵ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>

²⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf

Monitoring risk factors

We asked Local Authorities (LAs) about the work they were doing to understand the at-risk population in their areas, with a specific focus on the above-outlined risks. The data shows that 91% were tracking at least 1 risk factor, and around 80% (103) were recording multiple risk factors.

The most commonly recorded risk factors were broad and could be linked to a number of potential negative outcomes for a child. As outlined in figure 1 below, the top 5 recorded risks were children with poor mental health, children experiencing substance misuse, children living in a household with parental substance misuse, children living in a household experiencing domestic violence and children experiencing neglect. By comparison, the number of LAs recording specific risk factors associated with an increased risk of violence and gang exploitation was small, with only 20% recording the number of children who have been identified as victims of, or at risk of criminal exploitation. Only 38% (48) of LAs were tracking the number of children outside of mainstream education, despite the well-established link between children dropping off the radar of schools and increased susceptibility to gang involvement and violence.

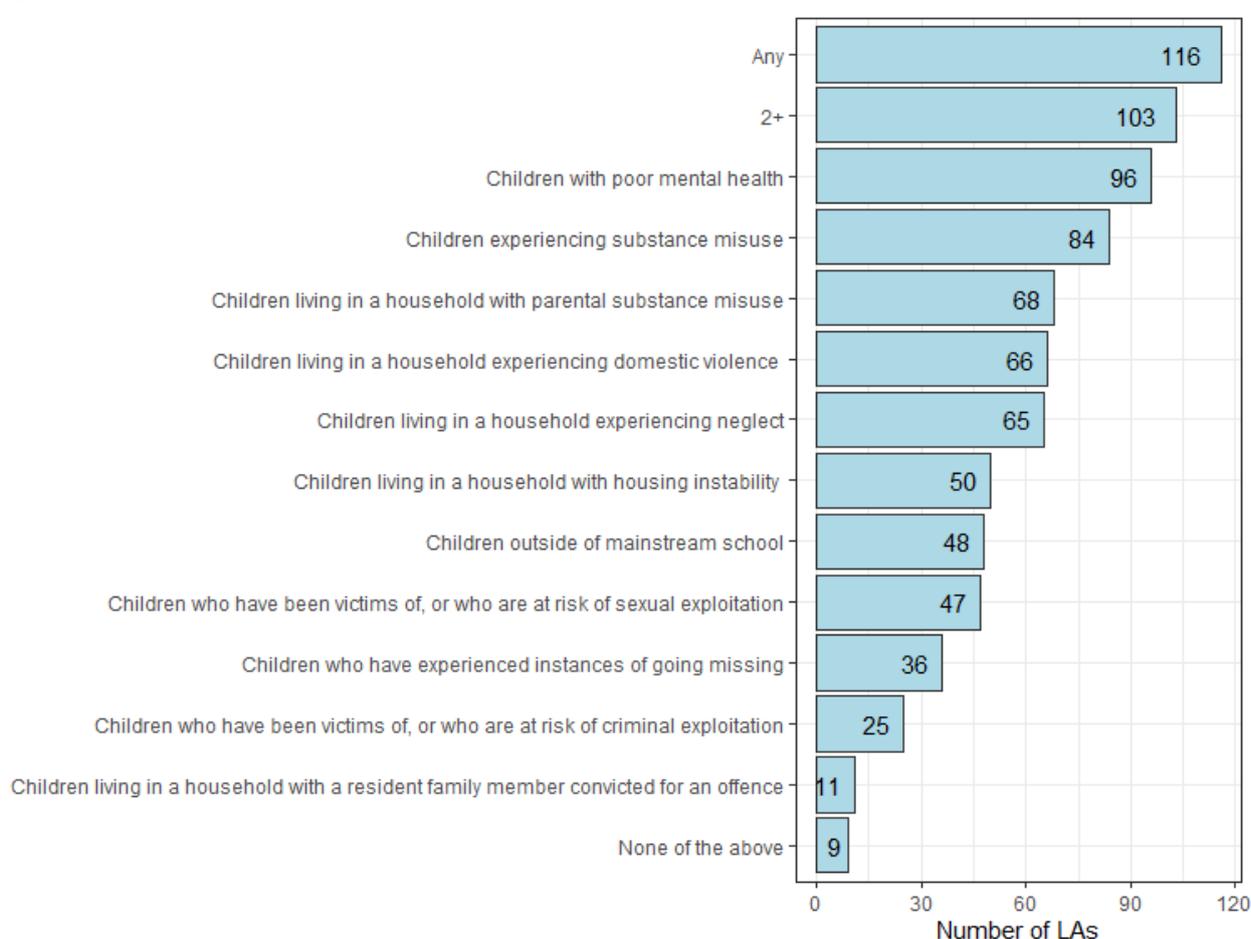


Figure 1: Numbers of LAs quantifying risk factors for involvement with youth violence

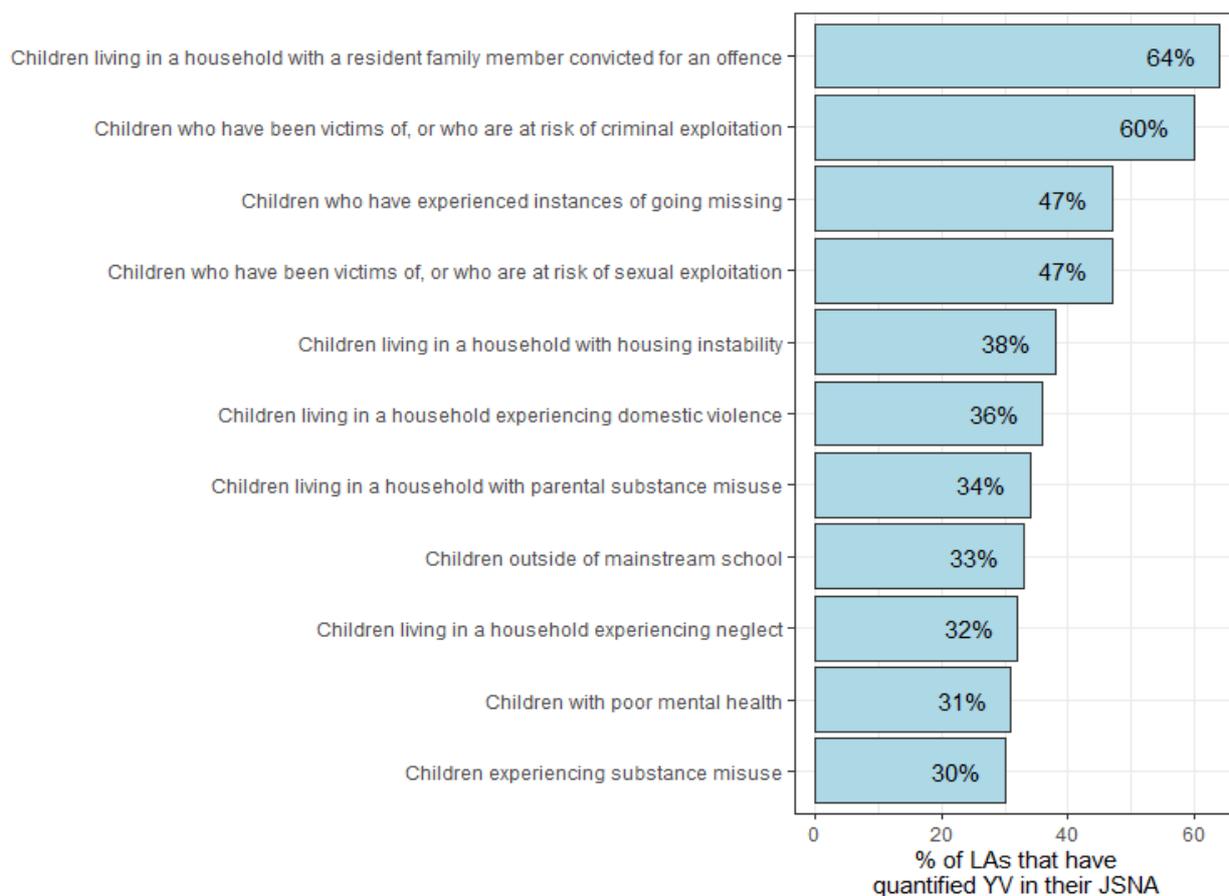
On average, the LAs tracking levels of youth violence measured a broader range of risk factors when compared to those who did not (see figure 2 below)– 6 versus 4 risks.

The 35 LAs who were quantifying levels of youth violence recorded rarer, more nuanced risks, such as:

- a) Children living in a household with a family member convicted of an offence (64%),
- b) Victims of/at risk of criminal exploitation (60%),

- c) Those who have had missing episodes²⁷ (47%),
- d) Victims of/at risk of sexual exploitation (47%) and,
- e) Children outside of mainstream school (33%).

These specific risks are more closely linked with gang association and seem to indicate a better understanding of the drivers for youth violence, and a better strategic response in these LAs. See figure 2 (below) for more information.



Liverpool Local Authority worked with John Moore's University to develop a problem profile* for serious violence. This created a comprehensive set of multi-agency data to identify the locations and victims of these offences (including knife crime) as well as an understanding of the cohort of young people likely to be involved in this type of offending. Key to building this platform was the inclusion of administrative records such as A&E admissions and local authority managed datasets.

*A 'problem profile' is research and analysis of established and emerging crimes or incidents, priority locations or other identified high-risk issues. It is used by the police to inform decision making and options for action.

²⁷ A missing episode is where children have gone missing from home or care. The police define 'missing' as when their whereabouts cannot be established, and the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another. https://www.proceduresonline.com/norfolk_cs/chapters/p_child_miss_home.html

Local structures to discuss and respond to youth violence

For health bodies to prioritise the public health response to serious violence it is important that local structures consider this issue and coordinate their response with safeguarding partners. Health and Well-Being Boards should be monitoring these issues because their job is to agree and oversee the health and social care strategy for a local area. However, this is also particularly important because Community Safeguarding Partnerships respond primarily to emerging crime and violence threats. Therefore, Health Well-Being Boards, with their focus on upstream intervention, need to lead the local response to tackle the underlying causes of serious violence.

In order to ascertain how far this is happening in practice, we asked DPHs how many times youth violence had been discussed at the Health and Well-Being Board from September 2018 to September 2019.

Around 11% (14) of LAs could not provide us with any information on the number of times serious violence was discussed by their Health and Wellbeing Board. Around 61% (78) of LAs reported that youth violence was not discussed at all in the period, 23% (30) of LAs reported it was discussed either once or twice. A small minority of 6 LAs (5%) reported that they used this forum to discuss youth violence at least 3 times in the period.

However, of the 61% of the LAs who responded that the issue was not discussed at the Health and Wellbeing board, around 9% (11) did provide evidence that the issue was discussed through another board or framework. For example, in one LA youth violence is discussed in a specific, shared crime board as opposed to the Health and Wellbeing Board. Another LA explained that the lead Member for the Health and Wellbeing board sits on the Community Safety Partnership board and provides a link between the two partnerships. Nevertheless, a lack of specific consideration by Health and Wellbeing Boards highlights the absence of effective strategic prioritisation of the public health response at a local level.

With the exception a small number of LAs, the data clearly shows that over half -52% (67) - of LAs are not utilising Health and Wellbeing Boards to address youth violence.

Children’s drug misuse

As outlined earlier in this report, there is a clear link between drug misuse, criminal exploitation and serious violence. We therefore requested data from PHE and LAs about activity to address children’s drug use.

9 out of 10 LAs (115) reported funding drug awareness and reduction intervention materials for schools. 90% of those LAs who were funding these materials were including awareness training for different types of substances. This is an important population-level intervention to prevent children’s drug use.

Table 1: Numbers of LAs including awareness raising around specific substances in schools

Substance included in awareness programmes	Number of LAs	% of those funding drug awareness in schools
Cannabis	108	94
Alcohol	109	95
New psychoactive substances (AKA 'legal highs')	104	90
Other controlled substances (cocaine, methamphetamine, ecstasy, etc.)	103	90

However, it was concerning that only half of LAs (50% or 64 LAs) reported having a public health drug policy for children. This is problematic as it suggests a lack of strategic focus on children who are already misusing substances – a group who we know are at increased risk of gang exploitation.

Again, those LAs who were also tracking youth violence were 70% more likely to have a drugs policy for children and young people. 71% of LAs that report quantifying levels of youth violence (25 LAs) also have a drugs policy compared to 42% of those that are not quantifying levels of youth violence.

Numbers of children accessing drug treatment

Given that half of LAs did not have a public health policy for children and young people who misuse drugs, it is perhaps unsurprising that there has been a large decrease in the number of children accessing drug treatment. PHE figures show that numbers of children in treatment has dropped by 41% from 2013/14 to 2019/20.²⁸

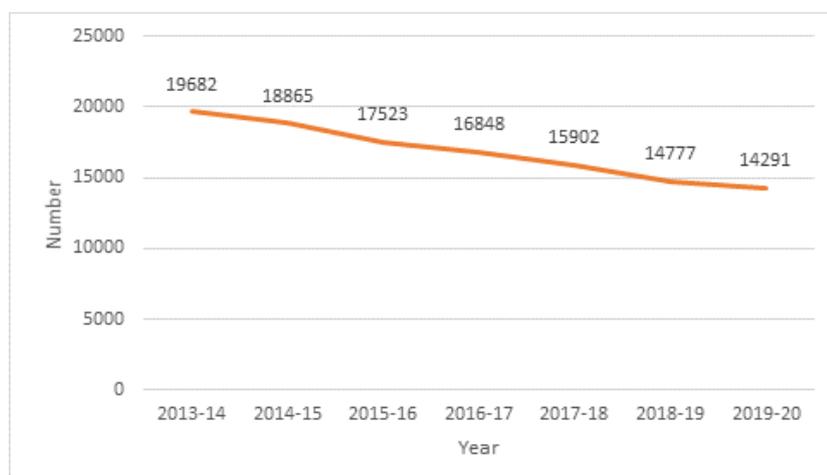


Figure 3: Number of young people in treatment from 2013/14 to 2019/20.

²⁸<https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2019-to-2020>

This is despite an increase in drug use among children (aged 11-15) of **over 40% since 2014**, across a broad range of substances and most demographics.²⁹

Children's statutory services in England faced a £3 billion shortfall prior to the pandemic,³⁰ and youth services have seen a 60% decrease over the last decade.³¹ Dame Carol Black's review of drugs suggested that in combination with the diminishing resources across the children and young peoples' sector, the reduction in specialist drug treatment provision for children was seriously limiting the capacity to respond adequately to the needs of vulnerable children.³²

Without access to proper treatment, children with substance misuse problems have a heightened susceptibility to exploitation by criminal gangs. While further analysis would be necessary to understand the reasons for this reduction in specialist drug treatment for children, it is likely at least partly a result of a failure of local commissioners to prioritise this issue. Public Health England should work with the worst affected LAs to better understand the falls in numbers of children accessing treatment, to identify the reasons for this reduction and to put in place an action plan to rectify this situation. In addition, a national strategy is needed from central Government accompanied by adequate resources to tackle the issue. The Government recently announced that drug services in England would get an extra £80 million to increase the number of treatment places, however none of this funding is earmarked to be spent on specialist services for children.³³

The link between drug and alcohol use and exclusions

The fall in children accessing drug treatment is doubly concerning in the context of an apparent link between substance misuse and exclusions. The proportion of exclusions due to drug or alcohol misuse has nearly doubled since 2006/7.³⁴ There is also wide local variation on this issue. Looking at LAs which had more than 50 permanent exclusions in 2018/19, Bournemouth³⁵ had the greatest proportion of children permanently excluded for alcohol and drug related reasons, with 31.4% of all permanent exclusions in the LA due to this. Walsall had 22.5% of exclusions due to drugs/alcohol. By comparison 22 local authorities had no students excluded for drug or alcohol misuse.

²⁹ <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

³⁰ <https://www.local.gov.uk/sites/default/files/documents/Budget%202018%20-%20LGA%20briefing.pdf>

³¹ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/06/Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf>

³² <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

³³ <https://careappointments.com/care-news/england/153172/government-announce-80-million-boost-for-drug-treatment-services-as-part-of-crime-crackdown/>

³⁴ In 2018/19, 8.7% (688 children) of all permanent exclusions were due to alcohol or drug related reasons, a slight increase from 8.1% in 2017/18, continuing the upward trend in permanent exclusions for this reason since 2006/07 when it was only 4.6% of exclusions.

³⁵ Pre-merge with Christchurch and Poole

Funding for preventative work

We also asked local authorities about investment in other preventive work to address risk factors relating to gang violence, such as mental health programmes. Many LAs reported spending money upstream on these programmes but they could not separate out how much is directly attributed to violence prevention. It is also unclear to what degree interventions are being targeted at children at most risk of exploitation.

One LA reported that within a broad focus on prevention and early intervention as part of their work to develop a public health response to youth violence and youth offending, they recognised sports programmes as a key preventative measure.

How are violence-prevention programmes funded?

Positively, more LAs report funding violence-prevention projects in 2019/20 compared to 2018/19, either directly from their public health grant or through other grants. The data also shows an increasing number of projects are being funded directly by public health bodies, though this is still the case only in 64% of LAs. However, in around 1 in 4 LAs it is unclear what (if anything) they are funding related to youth violence.

Direct comparisons between expenditure by local authorities are challenging due to differences in commissioning structures and how spend is recorded in different areas. Nevertheless, there was wide variation in spend: where amounts were reported, funding ranged from nothing to as much as £6.7 million. These larger amounts mainly focused on drug and alcohol related prevention, treatment and early intervention programmes.

Those LAs that were quantifying levels of youth violence in their JSNAs were more likely to directly fund programmes focusing on youth violence— 46% as compared with 23% - which shows that the LAs which make tackling youth violence a priority are more likely to measure and fund it.

Case study

Plymouth Local Authority engaged the voices of young people by helping their Youth Parliament representatives to run a survey on Knife Crime in 2019. The Youth Parliament members then worked in partnership with the police to deliver a range of interventions including joint workshops within schools.

Bromley Local Authority undertook a survey of year 10 pupils to highlight risky behaviours among students at both a borough and school level. The looked specifically at identifying issues in relation to substance use and experiences of violence. The Public Health team used the findings from the survey to work with schools, community safety, school nurses and substance misuse support to create an action plan to address the issues identified.

National leadership in public health

Our survey highlights large variation in the degree to which local authorities are quantifying risk factors and investing in and prioritising work to address serious youth violence. The lack of a clear national action plan and ongoing central oversight is likely to have impacted local areas' deprioritisation of the issue. In 2019 PHE published their CAPRICORN framework as resource for local health and justice system leaders to support collaborative working for children and young people with complex needs to prevent offending or reoffending behaviour, including serious violence.³⁶ A few months later this was followed by a document outlining the principles of a public health approach to preventing serious violence.³⁷ While these documents provided useful guidance to local areas about actions they might take to address these issues, there has been no subsequent national action plan nor ongoing monitoring to ensure this focused public health activity is being delivered across the country. In the context of a global pandemic, it is easy to understand how these issues could drop down the agenda. Nevertheless, in the face of the escalating risk to children outlined in this report, it is crucial that tackling serious youth violence forms a part of government's plans to 'build back better'.

So far, there is little evidence of a public health approach to youth violence being a national priority in departments work programmes. The term 'youth violence' is not mentioned once in PHE's 2020-25 strategy.³⁸

Moreover, beyond the Government's commitment to introduce a public health approach, there has been limited national leadership to drive forward this agenda. The Serious Violence taskforce, established to oversee the implementation of the Serious Violence Strategy provided a positive forum to drive understanding and interventions, had a broad membership of cross-government ministers (HO, DfE, DCMS), public health, voluntary sector, policing and children's rights bodies. This body, however, has now been disbanded.³⁹ Its replacement, the Crime and Justice Taskforce, has a narrower membership with cabinet Ministers from more typically 'justice' oriented departments, and does not include the Department for Education, the Department of Health and Social Care or any external bodies.⁴⁰ It is positive that large sums of money have been earmarked to combat serious violence – £35 million for violence reduction units (VRUs), £200 million to the Youth Endowment Fund over 10 years, £500 million over 5 years to the Youth Investment Fund. VRUs in particular are doing important work to deal with serious violence in the 18 areas they have been established. However, there is no overarching strategic framework to provide synergy between the various schemes, potentially undermining the overall effectiveness of each individual strand of work. A public health response requires all parts of the system to take collective responsibility, and ensure work is well aligned and efficient. Bringing these various workstreams together under a coherent strategic framework is vital to ensure they compliment one another.

³⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/828228/CAPRICORN_resource.pdf

³⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf

³⁸https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf

³⁹<https://questions-statements.parliament.uk/written-questions/detail/2020-05-06/43989>

⁴⁰ Prime Minister (Chair), Chancellor of the Exchequer, Secretary of State for the Home Department (Deputy Chair), Lord Chancellor and Secretary of State for Justice, Attorney General and the Minister of State (Minister for Crime and Policing)

Violence Reduction Units (VRUs)

There are 18 VRUs across the country which have been operational for 18 months. In this time, they have brought together a range of organisations – including police, local government, health, education, community leaders and other key partners to understand the root causes of serious violence and provide a co-ordinated strategic response to help drive it down. Each VRU is taking an individual approach based on local need, often coordinating local partners, developing local strategies and harnessing existing local initiatives. (For more information see source b below)

All VRUs have committed to building on the range of existing multi-agency arrangements in local areas – for example, Health and Wellbeing Boards, Community Safeguarding Partnerships and Local Safeguarding Arrangements.

Next steps for many of the VRUs will be in using their knowledge to inform commissioning of evidence-based interventions that meet strategic need and sharing their learning with other non VRU areas (which will likely be helpful in advance of the introduction of the Serious Violence Duty).

Sources: a) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910822/process-evaluation-of-the-violence-reduction-units-horr116.pdf; b) <https://www.apccs.police.uk/media/5556/vrus-in-focus-final.pdf>

Conclusion

The data in this report shows that, despite some examples of good local practice to map youth violence and associated risk factors local authorities are still not consistently using a public health approach to deal with gang involvement and youth violence.

Existing local strategic boards are not being utilised effectively enough to combat the youth violence and gang involvement. The Joint Strategic Needs Assessment is an existing strategic framework which could be used to better effect in designing local services to address serious youth violence, but this opportunity is often being missed. This raises question marks whether local authorities have a good understanding of the risks associated with gang involvement and violence, or whether they are fully committed or able to fund to early intervention. The fact that only half of local areas had a drugs strategy for children and young people is another concerning indicator of a lack of focus on the drivers of serious youth violence.

Where VRUs have been established, they are doing important work to map and understand the drivers of youth violence and develop strategic responses. But they cannot do this work alone. It is, of course, hugely positive that funding has been provided to 18 Police and Crime Commissioners (PCC) to establish VRUs in areas worst affected by violence, this covers just under half of PCC jurisdictions across England and Wales. Consequently, there is an urgent need for VRUs' work to be supplemented with all local authorities' efforts to better understand gang involvement and violence in their areas. This is particularly important because of gangs' ability to adapt to evade law enforcement. For example, in relation to recruiting practices, to avoid detection gangs have been known to start targeting vulnerable children to sell and run drugs in the areas they are importing to rather than relying solely on children from the gangs' home area.

LAs have the tools to develop an in-depth understanding of the drivers for youth violence and the risk factors for involvement in their local areas, but they need strengthened guidance and oversight to be able to capitalise on these tools. Furthermore, PHE and central Government must emphasise the need for LAs to tackle these issues head on, rather than relying on the 18 VRUs across the country. Strong national leadership is needed to ensure LAs are directed and supported to better utilise the existing public health infrastructure to properly address youth violence.

Recommendations

For central Government:

Strong national leadership is required both to drive this issue as a priority for Local Authorities and to guide them to deliver comprehensive local solutions.

- > This should support local authorities to use data to better understand the levels of violence and the at-risk population in their areas. There should be clear guidance from Central Government as to the key risks to children local areas should be including in their Joint Strategic Needs Assessment. Our [CHLDNRN app provides a range of local data](#) which would help local areas quantify these risks and this can be supplemented with bespoke local data.
- > A cross-government framework is needed to better coordinate the safeguarding work of local partners, such as police forces (including VRUs), public health, the NHS and children's services.
- > The reorganisation of Public Health England presents an opportunity to turbo-charge its role in overseeing and monitoring the implementation of a public health approach at the local level. The new organisation should not repeat the mistakes of the past. It must provide strong national leadership and promote existing examples of best practice to keep kids safe.
- > A national drugs strategy for children is urgently needed to address falling numbers entering treatment and ensure clear pathways of support and diversion for children as soon as drug use is identified.
- > Specific public health funding should be provided to local authorities to deal with criminal exploitation and serious violence.
- > Exclusion is a well recognised risk factor for gang-involvement and children tell us that being excluded from school was often the trigger for their involvement in criminal activity. The Government's proposals for reform of the alternative provision sector in education must focus on making exclusion a last resort, improve the quality of alternative provision, ensure routes back into mainstream schooling are strengthened and increase accountability on providers for the destinations of children excluded from mainstream settings.
- > There needs to be a significant expansion of early help services, which can identify emerging issues and prevent problems from developing. This requires increased investment in mental health, with a NHS trained counsellor in every school, levelling up on spending on speech and language therapy around the country, and an expansion of Troubled Families style intensive support to prevent children from reaching crisis point. A national plan should also be introduced to identify and provide support for additional needs in the Early Years.⁴¹

For Local Areas

Local areas need to make better use of existing structures to better identify, understand and respond to youth violence:

- > **Use Joint Strategic Needs Assessments to quantify levels of youth violence and risk factors criminal exploitation so that** all agencies are aware of the scale of the problem, can identify the children who require support, and design services accordingly. This should include health indicators like A&E attendances.

⁴¹ <https://www.childrenscommissioner.gov.uk/report/best-beginnings-in-the-early-years/>

- > **Health and Wellbeing Boards should be leading discussions at a local level about youth violence and gang involvement**, coordinating this with the response from safeguarding bodies. NHS partners also need to take a leading role in these conversations.
- > **Schools should be utilised in the efforts to prevent serious youth violence.** Some good preventative work is already taking place in schools – for example through drug awareness education. The full potential of schools in delivering other types of preventative interventions – such as sports clubs- should be explored.
- > **Additional support should be formulated around schools, where many children already have links.** Funding is needed for schools to stay open at evenings and weekends and throughout school holidays, to provide a range of activities. Investment is also needed in high quality support from youth workers able to work with children at risk in their communities.

Technical annex: detailed survey findings

How (if at all) are LAs quantifying and monitoring levels of youth violence in their Joint Strategic Needs Assessments (JSNA) as well as risk factors for involvement?

Levels of youth violence

The number of Local Authorities quantifying levels of youth violence in their JSNAs is low. 35 of the 128 (27%) responding authorities reported quantifying youth violence levels in any form.

These LAs had on average higher rates of proven drugs and violence against the person offences committed by 10-17 Year olds. The 35 identified here had roughly twice the rate of drugs and violence offences of those not (7.8 offences per 1000 10-17 Year olds, compared to 3.9 offences per 1000 10-17 Year olds in LAs not quantifying).

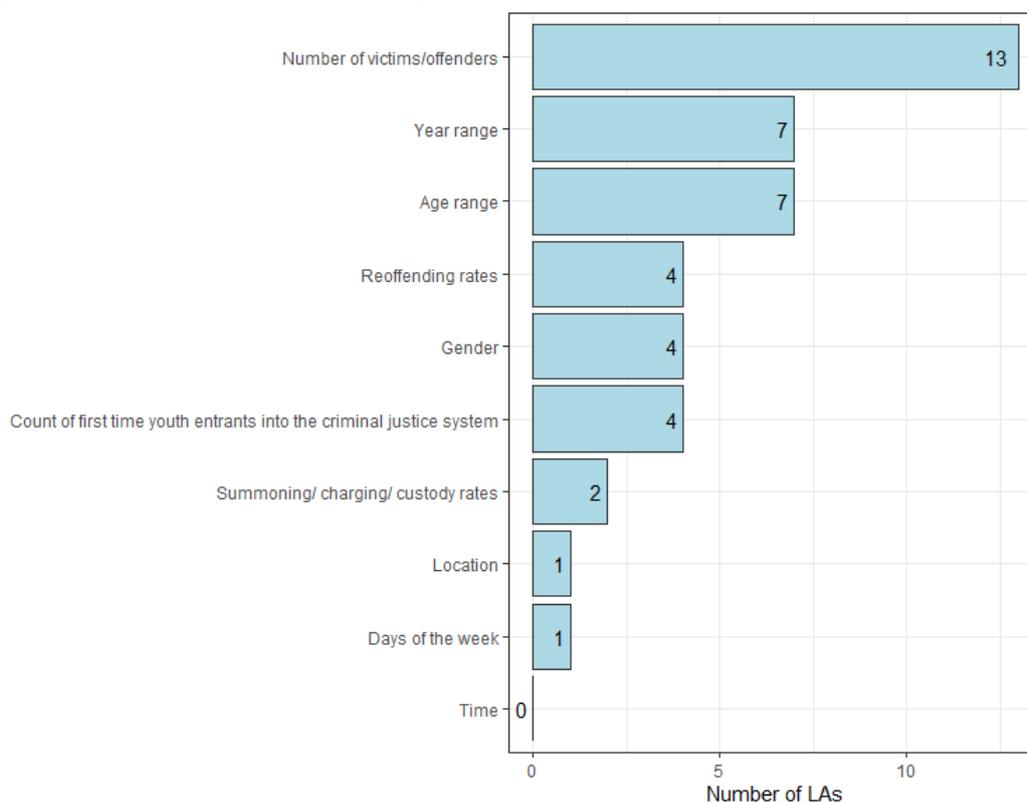
Even amongst these 35 LAs, the picture of exactly what is being quantified is unclear. Amongst the 35 LAs reporting quantified assessments of levels of youth violence, 20 LAs reported no specific details on what was quantified or the information was spread over many documents.

Note: rather than being a pre-specified set of items that we were coding for the coding framework was developed through multiple readings of the submitted JSNAs

Of the remaining 15 LAs, most commonly these were quantifying the characteristics of offences that were occurring in their LA (such as number of victims/offenders, reoffences, first time entrants etc.). All bar one of these 15 LAs mentioned some form of offence characteristic.

Amongst these characteristics, the most commonly recorded were numbers of victims and/or offenders involved in youth violence crimes (Figure 1 below).

Figure 1: Numbers of LAs quantifying different characteristics of youth violence offences



A similar number (13 LAs) mentioned quantifying specific crime types as were quantifying overall levels. The specific types varied across LAs and so numbers are small, though most commonly recorded were theft and ant-social behaviour (3 LAs each).

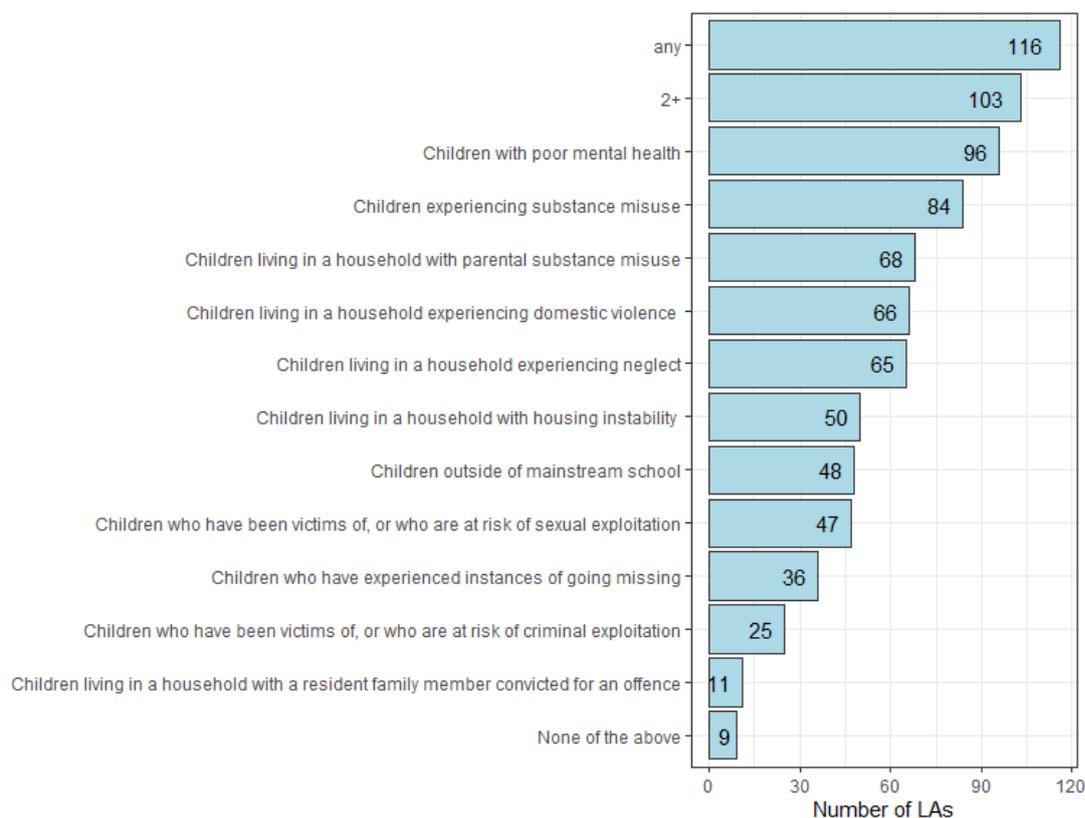
Interestingly, all indicators found were confined to police and criminal justice measures of youth violence. Notably absent were any health measures quantified in these JSNAs particularly common youth violence indicators such as hospital/A&E admissions or ambulance callouts.

Risk factors for involvement with youth violence

LAs were notably more likely to report that they had quantified estimates of risk factors relating to youth violence. 116 LAs (91%) reported any of the available options (excluding ‘Other’), 103 reported quantifying multiple risk factors. 9 LAs reported recording none of the risk factors provided.

Most commonly identified were numbers of children with mental health issues and those experiencing substance misuse problems (see figure 2). Less commonly selected were numbers of children involved in criminal exploitation (20% of LAs) and numbers of children in households with offending by a resident family member (9% of LAs).

Figure 2: Numbers of LAs quantifying risk factors for involvement with youth violence

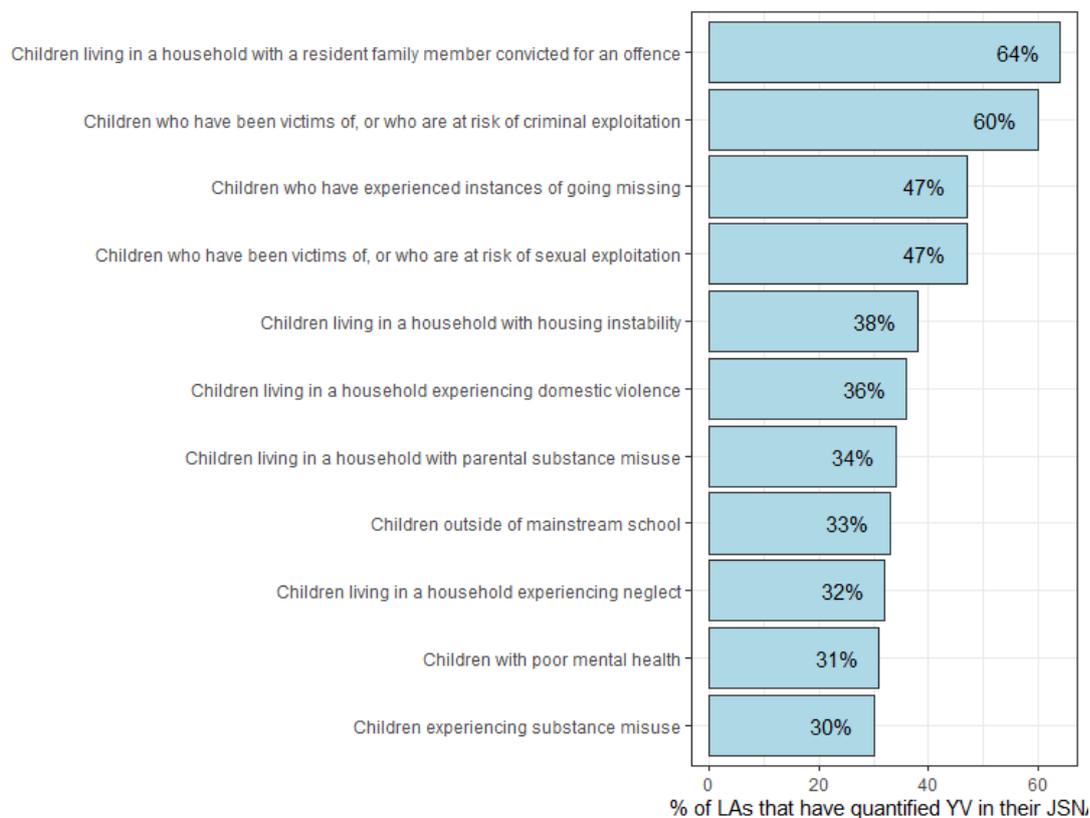


Those quantifying levels of youth violence on average are recording a wider range of risk factors for involvement. Those reporting quantifying levels of youth violence in their JSNA on average recorded 6 different types of risk factor (of the list provided) compared to 4 amongst those not.

LAs recording the rarer risk factors in Figure 2 were also more likely to be quantifying overall levels of youth violence. LAs reporting quantifying criminal exploitation and children living in a household where a family member has been convicted of an offence are notably more likely to report quantifying levels of youth violence as well (see Figure 3). For example, 64% of LAs that were recording numbers living in a household where a resident or family member have been convicted of an offence, were also

quantifying levels of youth violence. This is over twice the rate amongst LAs recording substance misuse numbers.

Figure 3: Proportions of LAs quantifying each risk factor that are also quantifying levels of youth violence



How much (if anything) do LAs report spending on youth violence programs?

When asked about funds allocated to youth violence, many LAs mentioned that they did not earmark money specifically for youth violence but spent money on many other programmes that targeted associated problems e.g. drugs and alcohol, mental health, early intervention programs. Because of this, many LAs found it difficult to disentangle specific amounts spent on youth violence projects. They were also not provided with a pre-specified list of programmes to include, which limits the comparability of the spend figures that were reported. This is likely driving the large ranges reported below.

Across 2018/19 and 2019/20:

Where amounts were stated, funding ranged from nothing to as much as £6.7 million. Where larger amounts were reported, they mainly focused on drug and alcohol related prevention, treatment and early intervention.

The number of LAs directly funding projects has increased between 2018/19 and 2019/20 from 72 (56%) to 82 (64%). *Note: this excludes LAs only providing non-monetary resources to projects (e.g. staff time).* In 2019/20 around two thirds of LAs were directly funding youth violence related projects (Table 1).

Table 1: Numbers of LAs directly funding youth violence and related projects

Year	Number of LAs directly funding projects	%
2018/19	72	56
2019/20	82	64

LAs directly funding youth violence projects are slightly more likely to also be quantifying levels of youth violence in their JSNA. In 2018/19, 46% of LAs who reported directly funding programs focusing on youth violence reported quantifying levels of youth violence. This compares to 23% of those not directly funding these programs.

There has also been a small increase in the numbers funding projects through partners, up from 30 LAs in 2018/19 to 37 in 2019/20 (Table 2).

Table 2: Numbers of LAs funding youth violence and related projects through partners and indirectly

Year	Number of LAs funding projects through partners	%
2018/19	30	23
2019/20	37	29

Similarly the proportion of LAs where their funding activity is unclear or do not fund any youth violence projects has decreased between 2018/19 and 2019/20. Based on the responses provided there remain around 1 in 4 LAs where we cannot ascertain what they are funding that is youth violence related (Table 3).

Table 3: Numbers of LAs where funding is not clear or report not funding youth violence or related projects

Year	Number of LAs where funding is not clear or report not funding youth violence projects	%
2018/19	43	34
2019/20	31	24

More LAs directly funded programs in 2019/20 than in 2018/19. The number of LAs directly funding violence specific programs increased from 24 in 2018/19 to 34 in 2019/20. Similarly, the numbers directly funding wider programs increased from 61 in 2018/19 to 65 in 2019/20 (Table 4 and Table 5).

Table 4: Numbers of LAs funding youth violence or related projects by funding group

	2018/19	2019/20
Public health funds directly allocated to violence specific projects	24	34
Public health funds directly allocated to non-violence specific projects	61	65
Public health resources directly allocated to projects	15	20
Funding from other sources/partners for non-violence specific projects	22	22
Funding from other sources/partners for violence specific projects	14	22

Table 5: Detailed breakdown of how LAs are funding youth violence and related programmes

		2018/19	2019/20
Public health funds directly allocated to violence specific projects	Funds allocated from public health grant for youth violence projects	24	34
	Funds allocated from public health grant for other relevant projects	61	65
	Resources contributed by public health	15	20
Funding from other sources/partners for non-violence specific projects	Funding from other sources to PH grants/funds for relevant projects	0	1
	Funding from other sources to PH involved relevant projects	10	9
	Funding from other sources to non PH involved relevant projects	6	6
	Funding through community safety partnership for relevant projects	4	4
	Funding through violence reduction units for relevant projects	8	11
Funding from other sources/partners for violence specific projects	Funding from other sources to PH grants/funds for youth violence projects	1	4
	Funding from other sources to PH involved youth violence projects	5	7

		2018/19	2019/20
	Funding from other sources to non PH involved youth violence projects	4	4
	Funding through community safety partnership for youth violence projects	6	7
	Funding through violence reduction units for youth violence projects	2	7

How do local authorities' policies to drug use amongst children vary and how does this relate to drop in treatment numbers?

Exactly, half of responding LAs (64 LAs) reported having a public health drug policy for children and young people.

LAs were 70% more likely to have a drugs policy for children and young people if they were also quantifying levels of youth violence in their area. 71% of LAs that reported quantifying levels of youth violence (25 LAs) also had a drugs policy compared to 42% of those that weren't quantifying levels of youth violence.

In contrast, the vast majority of LAs (115) reported funding drug awareness and reduction intervention materials for schools.

Proportions of LAs including awareness training about different types of substances were broadly consistent across LAs funding drug awareness programmes in schools at over 90% (Table 6)

Table 6: Numbers of LAs including awareness raising around specific substances in schools

Substance included in awareness programmes	Number of LAs	% of those funding drug awareness in schools
Cannabis	108	94
Alcohol	109	95
New psychoactive substances (AKA 'legal highs')	104	90
Other controlled substances (cocaine, methamphetamine, ecstasy, etc)	103	90

Overall there is little clear correlation between reductions in numbers entering treatment since 2014/15 and whether a local authority has a public health drug policy for children and young people. 46% of LAs that have seen more than a 25% drop in numbers of children entering treatment since 2014/15 have a drugs policy compared to 50% of those that have not.

Similarly there is little correlation between drops in drug treatment numbers and whether LAs are funding school based drugs awareness programs. 91% of LAs that have seen more than a 25% drop in numbers of children entering treatment since 2014/15 are funding drugs awareness programs compared to 94% of those that have not.



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