MAC-UK’s Response to the Youth Violence Commission Interim Report

August 2018

Our Call for a 20 Year Plan, with a Pact for London

*When a flower doesn’t bloom, you fix the environment in which it grows, not the flower.*

Alexander Den Heijer

This is a collective MAC-UK response to the Youth Violence Commission Interim Report. We welcome the acknowledgement of the impact of poverty and inequality on violence and the need to address the social determinants of health. We hope that the report’s clear statement of the need for a public health approach immediately leads to the curation, through bringing together relevant research and real-world experiences, of a long-term evidence based solution. Our response addresses areas we believe could be improved and suggests things we believe are missing. We are aware this isn’t the final report and that some of our suggestions and comments may be under consideration.

Overall MAC-UK support the Youth Violence Commission’s proposed approach and what it sets out to achieve. We hope our response aids the development of an ambitious final report calling for the co-production of a 20 year plan.

This plan must specifically include ‘a pact for London’, as if it were the equivalent of a treaty, which all parties and organisation engage with constructively, without blame, so that we all get behind one vision and plan.
1. Developing a national “Public Health Model”

We agree that there is a risk that the term ‘public health model’ is being, and will increasingly be, used without a proper understanding of what is actually required to effect lasting change. This would be a missed opportunity to join up and get right, a long-term solution to curbing violence. MAC-UK have 10 years’ experience of taking a public health approach to co-producing solutions with local young people and partners to begin to address serious youth violence in London. On that basis, drawing on a decade of practice-based evidence, our definition of a public health approach is as follows.

**A Public Health Approach**

A public health approach to serious youth violence means understanding violence as an issue that cannot be solved simply through the criminal justice system and use of punitive responses. Instead, a public health approach makes sense of serious youth violence in the same way as other health and well-being issues, as a symptom that arises from individual, systemic and environmental risk factors. Multiple interconnected and interrelated factors create, maintain and exacerbate serious youth violence. A public health approach advocates for addressing these risk factors and promoting protective factors in order to prevent and reduce serious youth violence through a situated understanding that intervenes at the individual, family, group, community and societal levels.

**The Inequality of Serious Youth Violence**

Similar to other health inequalities at a population level, the experience of youth violence is not distributed equally amongst the population. A young man growing up in a deprived community in London is disproportionally more likely to directly experience a stabbing. Although women are more likely to experience domestic violence. Violence begets violence, in other words, there tends to be clusters of serious youth violence, which can be likened to how infectious diseases spread.

![Bronfenbrenner Diagram](https://www.mac-uk.org)

2. Increasing the focus on early years and early intervention

**Childhood, Community and Social Adversity** Individuals involved in serious youth violence are more likely to have experienced an accumulation of childhood, community and social adversity. Childhood, community and social adversity are linked to violent and other troubling behaviours, as well as to other signs of psychological distress, such as suicide, self harm, anxiety, depression and trauma. These childhood, community and social adversity factors include social class and poverty; income inequalities, housing insecurity, unemployment; childhood neglect and sexual, physical and emotional abuse; sexual and domestic violence; belonging to subordinate social groups; war and other life-threatening events; bullying, harassment and discrimination and significant losses such as loss of a parent in childhood.

We agree that early, adverse childhood experiences (ACEs) have a significant impact on a person's life. We would like to see this understanding broadened beyond childhood adversity, to include wider community and social adversity. We would like to see explicit recommendations about the support that is in place, such as supervision and training, and if needs be, retraining of professionals, including those working in social care, to take a different approach to families with children that may have experienced adversity. Looking at the section of the report recommending the implementation of a trauma-informed approach, we believe there needs to be some mention of the use of settings where young people already are, that they would feel safe to be able to engage in a trauma-informed approach. There needs to be an expectation that these settings and spaces would be co-produced, and should more widely aspire to become psychologically informed environments and include recommendations for how social care policy and practice should change to adopt a more effective, and more welcomed approach to supporting families and young people with experience of adversity.

**What Does This Mean We Should Do in Practice?**

At a societal level, acknowledge, then work to address, the root causes of community and childhood adversity through social, economic and public policy change. The aim must be to minimise poverty, inequality, homelessness, housing insecurity, low and insecure employment and distribute other resources (such as youth centres) more equally throughout communities.

At the service level, take services to where young people already are, meeting them where they are at in every sense of the word, reducing young people’s barriers to access. Provide a universal (whole population), early intervention offer rather than take a threshold-based approach which misses at-risk people, whilst also stigmatising the individuals most at need.

3. Reforming youth services

In relation to the overhaul of funding arrangements, we support this in a context of dwindling youth services and the extremity of cuts to children’s services. We believe all organisations should be co-producing projects and programmes with young people and communities. We agree that larger organisations should work in collaboration with smaller ones embedded in communities. Through co-production, the larger organisation can learn from smaller organisations how to engage and work more effectively locally, whilst also allowing the grassroots organisations to have access to funding and resources that may be managed by the larger organisation. Our biggest driver for recommending co-production between organisations, in addition to co-production between services and and communities, is that it will foster more sustainable and systemic change, ensuring that locally embedded organisations can ‘bridge’ young people to services that may be available in larger, often statutory bodies, but might otherwise be inaccessible. This must be part of the reform plans.
MAC-UK’s Response to the
Youth Violence Commission Interim Report

What Does This Mean We Should Do in Practice?
Structurally and culturally re-design support and diversionary services to put the needs of excluded young people at their heart, and build psychologically informed youth services. This will require workforce training and supervision. Ensure that services work together to bridge gaps to meet need and thus make services more accessible to excluded young people in the ways and places that they need them and can reach them. We must rethink the idea of outsourcing provision, we must also rethink the idea that a short-term programme of diversionary activities, will fix long-term inequalities. Youth services must be designed and delivered in co-production with the people it is intended for and be built on a foundation of lasting, trusted relationships.

4. Boosting support in schools

We support the ambition to achieve zero exclusions from mainstream schools as a long-term goal however, whilst in pursuit of zero exclusions from mainstream education, pupil referral units (PRU) should be reformed so that young people facing difficulties can receive holistic support such as conflict management skills and therapeutic conversations. They could be used as a statutory base for local leaders like youth workers, volunteers, older peers, local organisations who provide these types of support and may also be able to role model differently to other adults in a young person’s life. PRUs can serve as an alternative education space for young people who find it easier to learn in smaller classes and young people should not be written off by their exclusion, but be supported within PRU’s to take some, if not all of their GCSEs. The most effective PRU’s should be commissioned to share their insights or approaches with mainstream education providers to adapt the mainstream school environment to cater for these kinds of educational and learning needs in-house, with a move towards an ‘inclusion policy’ across the board, as opposed to an exclusion one with PRU’s as the destination. Each excluded young person deserves a journey plan that will support them back into mainstream education where they are entitled to have their individual learning needs understood and met.

Healthy relationship classes in school should include raising awareness of different forms of adversity. Young people may also be parents, therefore this should be extended to parents groups and wider communities. Young people should be encouraged to explore ways to prevent the cycle of adversity as well as strategies to manage relationship conflict between parents with an emphasis on co-parenting in case a relationship doesn’t work out. Young people growing up in a single parent family are more likely to experience poverty which can lead to poorer emotional and other outcomes. Young people who have no contact with (usually) the father, have an increased risk of experiencing multiple forms of adversity. Work needs to be done to keep fathers in a child’s life, for financial, emotional and developmental benefits to boys and girls.

What Does This Mean We Should Do in Practice?
Prevent the cycle of childhood, community and social adversity through the pursuit of inclusion, not exclusion. Individuals, families and communities need holistic and accessible support, education and agency. We must strengthen and invest in community resources and community-led solutions that create healthier youth experiences. Beyond school, this can include solutions such as family support services, community integration projects, culturally appropriate community centres and anti-racism campaigns. With the right support and scaffolding, these solutions can be led by young people themselves, thus we advocate for schools to teach the skills of social action and community-led solutions to foster a sense of agency to strive to change the policies (such as poverty, inequality and cuts to vital services) that exacerbate exclusion and experiences of adversity. We also recommend that policy makers ask young people for their help with the creation of policies that will prevent wider adversity.

www.mac-uk.org
5. Increasing Employment Opportunities

Improving education in prisons is a huge priority, but we also believe some work on supporting young people in custody to resolve some of the complex issues they faced and will face when they return to their homes and communities is key. Therapeutic support can benefit individuals, including mindfulness.

There should be better, more accessible and flexible apprenticeships that pay young people a proper living wage and especially for young people who never finished school or have served time in custody. Young people may not have the ability to attend an establishment full-time for a variety of reasons, including the need to support family members as carers or parental duties. Perhaps creating more apprenticeships that are flexible and tailored for a wide range of young people’s life experiences would help increase employability for them. Apprenticeships are also notoriously poorly paid (some not paying the minimum wage), this disincentives young people to value these opportunities.

Other structural changes to employment would also hugely benefit marginalised young people. For example, the Berkeley Foundation have been encouraging businesses and employers to actively recruit talented and marginalised young people. Businesses and employers need to recognise their duty in reducing marginalisation and improving social mobility by taking opportunities to see past young people’s offending histories and adapt the workplace environment to harness young talent.

What Does This Mean We Should Do in Practice?

Work towards cross-sector involvement with schools, employers, businesses, community organisations and other institutions to create strategies for taking joint responsibility for generating better access to, and healthier youth experiences of, local employment opportunities.

Efforts to involve young people in the design and delivery of improved services for young people through the design and implementation of the public health solution MUST employ young people in meaningful paid roles for their contribution and expertise in the same way that professionals and politicians would usually be paid. The Youth Violence Commission should set this expectation and lead by example.

6. Investment in community policing and a look at current drugs approach

We at MAC-UK understand the need for intelligence-led stop and search, we also note the number of young black boys that feel incriminated by excessive or harmful use of this approach. When it leads to the disproportionate targeting of those who simply fit the description of a young black male aged 12-30 years, we would consider it a poor use of intelligence and question these tactics given young people report the overuse of ‘power’, exacerbating a relational gap and further severing trust.

Young people caught up in violence feel unable to ask the police for help, whether in moments of risk, in cases where they are under immediate attack or after an incident in their communities. All victims have the right to feel safe in the hands of our emergency services and sadly, this is not the case for most victims of youth violence. Young people report feeling under attack by their rivals, as well as by the police, this is an impossible cycle that perpetuates the culture of silence, and prevents good intelligence-led policing. Community policing must restore and repair broken trust in communities.

We understand that there is a link between drugs and youth violence, but there seems to be no contextual exploration or explanation behind the reasons that young people are resorting to selling drugs. Those that feel they don’t have the skills to be employed legitimately in mainstream society and come from a poor background are trying to survive within their environments.
What Does This Mean We Should Do in Practice?

Ask young people for help to find out how and why young people get involved in the drug market and what could or would have prevented them from partaking in the drugs market from the earliest possible point. Ask young people what experiences have led them to mistrust police. Build a wider understanding of the risk factors for involvement in crime and target those factors which would result in improved environments in which young people are growing up, rather than asking them as individuals who are struggling, to ‘choose not to carry weapons’ or to change against the backdrop of toxic and unsafe environments.

7. Other

The final report should make **explicit recommendations for the need to respond to unmet mental health need**. There is ample evidence of the relationship between violence and mental health, and in particular, the level of unmet mental health need at the time of a young person’s arrest. Young people are so often let down that they feel forgotten and abandoned, presenting extreme learned helplessness, which explains why help-seeking behaviours are so low amongst the most excluded and at-risk groups. We hope that the Youth Violence Commission will recommend that it’s time to take mental health out of the clinics, and onto the streets, ensuring young people can access flexible, contextually framed therapeutic support from trained, trusted and relatable professionals working within young people’s real world environments.

‘It’s not what’s in their heads, it’s what’s in their worlds.’

MAC-UK’s pioneering use of ‘streetherapy’ has **proved effective** in taking mental health to the streets, reducing severity of mental health need amongst excluded young people at risk of involvement in violence and crime and increasing access to opportunities that act as protective factors in the longer term.

The final report, should include an appeal to wider members of society, particularly the media, to understand the role we all play in labelling, blaming and alienating individuals and communities caught up in or affected by serious youth violence. Young people are being disenfranchised by society’s use of language and sensationalist stories that position young people as the problem, and not as the solution. The Youth Violence Commission has an opportunity, and a responsibility, to challenge this narrative and set out the stall that we are in this together, across all industries, if this is to work.
MAC-UK’s Response to the
Youth Violence Commission Interim Report

What Does This Mean We Should Do in Practice?

In practice, MAC-UK’s learning about the use of the public health approach to address violence encourages the following actions and practice which need to be conducted in partnership with those young people and communities directly affected by serious youth violence, so that services do not ‘do to’, but ‘do with’ (co-production). A public health approach will only work if services change their approach by:

- making them effective by co-producing projects with young people;
- making them accessible through an outreach approach situated in local community spaces;
- making them safe by operating a ‘peer referral’ system instead of a professional referral system;
- making them relational by providing consistent, long term and trusted relationships;
- making them psychologically-informed by training frontline teams in this public health approach and offering compassionate, non-judgmental support;
- making them diverse by employing those with lived experience as frontline practitioners and in other positions within organisations;
- making them holistic and non-stigmatising by offering a flexible range of support and social activities without the need for endless referrals, appointments and bureaucracy; and
- making them sustainable by providing appropriate support and supervision of frontline practitioners.

How could you possibly roll-out one standardised public health approach across London or the UK?

By adopting principles that allow for local adaptation and ownership through co-production.