

# VIOLENCE JOINT STRATEGIC NEEDS ASSESSMENT

**Trafford Community Safety Partnership**

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## [1 Executive Summary](#)

Violence imposes substantial and far-reaching economic and social burdens, affecting both individuals and society at large. Violence was estimated to have cost Trafford £71,748,383.70 in 2022/2023.

This Serious Violence Strategic Needs Assessment (JSNA) for Trafford seeks to understand the picture of violence in Trafford with the aim to shed light on who is perpetrating violence and who is most affected. Also, to understand where violence is happening and ascertain the categories of criminal activity that warrant special attention. Additionally, the SNA will recognise the necessity of a holistic strategy towards preventing violence and aiding those impacted by it.

We also aim to analyse the fundamental factors that contribute to violence. What are the risk factors that influence the frequency and intensity of violence. Likewise, we aim to get a deeper knowledge of the factors that prevent violence.

This Needs Assessment is the critical first step in implementing a public health approach to violence: understanding the problem. By developing a comprehensive and analytical awareness of violence in Trafford, we can implement focused and efficient strategies to proactively avert violence, while also minimising its consequences if it does happen.

A coordinated and integrated approach is required to establish safer communities, and multi-agency collaboration is critical for addressing the underlying causes of violence; therefore, the multi-agency team in Trafford comprises of Trafford Council, Greater Manchester Police, Greater Manchester Fire and Rescue Service, HM Probation, and the NHS must work together to ensure violence reduction.

By implementing a measured and strategic approach based on an empirical theory of change, Trafford has the potential to significantly reduce the occurrence and consequences of serious violence, thereby fostering safer communities for all.

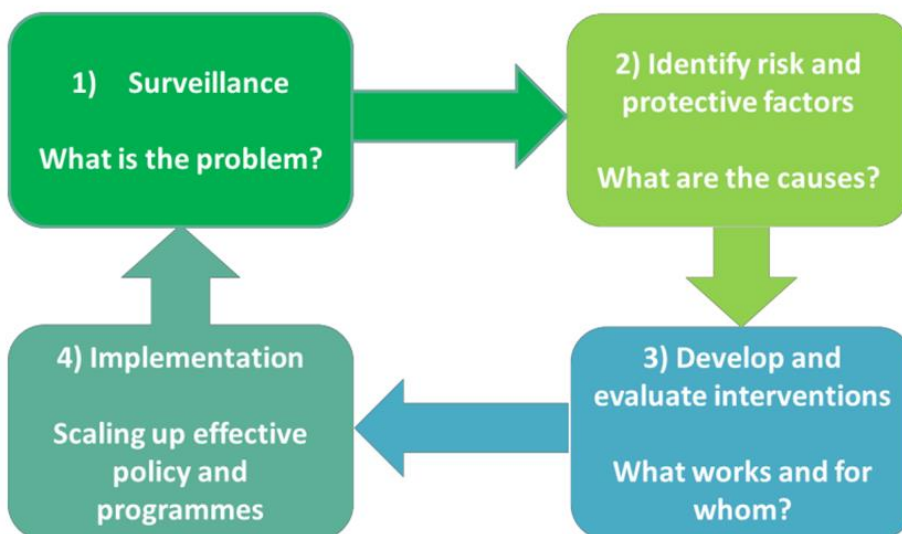
## [2 Introduction & Aims](#)

Violence is a major public health problem which has adverse effects on billions of people's lives each year. Victims of violence may experience detrimental impacts on their neurological, cardiovascular, immune, and other biological systems, be more likely to engage in high-risk behaviours such as unsafe sex, harmful alcohol and drug use and smoking. Violence can also undermine the social and economic development of whole communities and societies ([WHO, 2022](#)). Children who witness violence experience elevated stress levels that can negatively affect cognitive functioning by impairing normal brain development, which can impact on language skills, memory, self-confidence, and social skills among others. In addition, children who witness violence are at a higher risk of continuing the cycle of abuse as adults and are fifteen times more likely to be physically and/or sexually assaulted than the national average.

Violence is extremely costly. The estimated cost of Violence in Trafford in 2022/2023 was £71,748,383.70. This figure has been estimated by multiplying the number of homicides, violent incidents with injury, violent incidents without injury, sexual offences and robberies recorded by with the Home Office unit costs of crime. The unit costs of crime have been adjusted for inflation using the Bank of England Inflation Calculator ([Bank of England, 2023](#)).

Numerous overlapping risk factors make violence more likely and protective factors for violence and the ecological framework for violence splits the risk and protective factors into four sub-sections: individual, relationships, community, and society.

Taking a public health approach to violence prevention involves using the World Health Organisation 4-step process to implementing a public health approach to violence:



The public health approach requires partners from various disciplines to come together and share data and resources, and design multi agency ways of working that serve the needs of local communities.

The underlying principles of a public health approach (2, 11) are that it is:

- focused on a defined population, often with a health risk in common with and for communities
- not constrained by organisational or professional boundaries
- focused on generating long term as well as short term solutions
- based on data and intelligence to identify the burden on the population, including any inequalities
- rooted in evidence of effectiveness to tackle the problem

### National Context

In December 2022, the Home Office published statutory guidance for preventing and reducing serious violence. The guidance set out the need for a local Joint Strategic Needs Assessment (JSNA) and strategy to be developed by local partnerships.

The Serious Violence Strategy sets out specific types of crime of particular concern, including homicide, violence against the person (which may include both knife crime and gun crime), and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing.

In Trafford, a multi-agency team comprised of Trafford Council, Greater Manchester Police, Greater Manchester Fire and Rescue Service, HM Probation and the NHS worked in collaboration to define violence as ‘intentional harm either physical or psychological, that has a substantial or significant impact on the victim or wider community, and which is often related to assaults, weapon-enabled crime, antisocial behaviour or homicide.’ This Joint Strategic Needs Assessment will aim to identify the violent crime types, the drivers of crime within Trafford and the cohorts most vulnerable.

### Greater Manchester Violence Reduction Unit

In 2019, funding was invested in Violence Reductions Units (VRUs) in 18 police force areas that were most affected by serious violence. Greater Manchester Violence Reduction Unit (VRU) is a team of subject leads and experts drawn from Greater Manchester Police (GMP), Greater Manchester Combined Authority (GMCA), Greater Manchester National Probation Service, Public Health, NHS, Education, Community Voluntary Sector, Victim’s Voice, Youth Justice, and Local Authorities. Their role is to address the underlying causes of violence and work together with communities to prevent it new 10-year strategy launched to

prevent and reduce violence across Greater Manchester, the Greater than Violence Strategy is a 10-year commitment to reduce violence and improve the lives of young people and families across the city-region.

### Local Context

In Trafford there is an existing Domestic Abuse Strategic Needs Assessment and Strategy covering 2022-2025, therefore domestic abuse was excluded from this JSNA. The aim of this document is to bring together the available data relating to serious violence in Trafford to identify the most effective ways to prevent serious violence and protect our communities from the associated harms.



### [3 Key Findings](#)

#### [3.1 Violence in Trafford](#)

Positively, the rate of violent crime in Trafford was lower than our statistical neighbours, and Greater Manchester in the year ending March 2023.

However, between June 2022 and June 2023, we saw increases in violence against the person offences (11%), possession of weapons offences (26%), robbery offences (10%), sexual offences (6%) and a significant increase in drug offences (72%).

Adults are the perpetrators of most violent crime in Trafford (72%) while 15% are carried out by ages 18-25 and 13% are carried out by those under the age of 18.

With the figures adjusted for population size, 36% of violent crimes committed in the year ending June 2023 were in the North Neighbourhood, 24% in the South Neighbourhood, 20% in both the West and Central Neighbourhood. Additionally, offending rates for young people positively correlate with deprivation.

A review of Hospital Episode Statistics (HES) data in Trafford shows the rates of hospital admissions for violence had increased slightly in the periods leading up to 2021/22 following a decrease in 2019/20, but the rate remains statistically like the England average.

Interestingly, hospital admission rates for violence in the least deprived areas in Trafford were higher than in the most deprived areas in the last 12 months, this is something to explore further.

#### [3.2 Children and Young People](#)

Knife crime offences for under 18-year-olds are lower compared with the period before COVID-19.

Comparing data from 2016/17 to 2022/23 shows that there has been a reduction in serious youth violent incidents, and where these have occurred, few children have been involved.

The Youth Justice Board data indicates that serious violence has risen in the year ending March 2023 compared with the year before, however less offences have been recorded in 2022/23 than 2020/21.

Out of the total 739 violent crimes by those under the age of 18 in the year ending June 2023, 53% were committed by those aged 10-14, followed by ages 15-17 at 45% and under-10 at 2%. In Trafford there are more 10–14-year-olds than 15–19-year-olds in the general population, however the data does not allow the breakdown of 15-19 group into the 15-17 and 18+ age groups meaning that age standardisation cannot be completed.

Many youth violent crimes (76%) were committed by under 18-year-olds of White British ethnicity, with Black under 18-year-olds accounting for 12%. The population of Trafford is comprised of 66.7% individuals under the age of 18 who are of White ethnicity.

The number of children and young people with autism known to schools is increasing both on a national and local level with a 33% percentage increase compared to the previous year ending March 2022

The most common Special Educational Need in Trafford in the year ending March 2023 is Autism/Asperger Syndrome (58.9%) which is higher than the England rate (41.4%)

### 3.3 Education

Participation in full-time, high-quality education is a protective factor for a young person becoming involved in serious violence.

The suspension rate in Trafford is lower than the England average, but in the 2021/22 school year, more Trafford children were suspended than any year since the 2015/16 school year. Students in Trafford are most likely to be suspended at age 13.

In Trafford in 2021/22, 71.6% of children achieved a good level of development at the end of Reception (OHID School Readiness indicator), which is above the average for England. The percentage of children with free school meal status achieving a good level of development at the end of Reception year, however, was 47.5% which was below the England average.

For the first time in October 2023, no area in the West of Trafford is now below average for communication and language or physical development for Children's development.

Apart from 2020/2021 when figures are likely to have been impacted by COVID-19, Trafford has seen a higher rate of permanent exclusion compared to the England average since the 2015/16 school year, however the permanent exclusion rate is slightly lower than pre-pandemic levels.

Young people who are permanently excluded from mainstream schools may be particularly vulnerable to drug abuse, violent crime, and knife crime.

Persistent disruptive behaviour remains the most common reason for both suspensions and permanent exclusion in Trafford (44.8%) as it is in England (35%), suspension or exclusion for drug and alcohol-related behaviour has increased in recent years (12.1%), as it has for the use or threat of use of an offensive weapon or prohibited item (6.9%).

Black and mixed-race pupils in Trafford are excluded at a higher rate than White, Asian, and minority-race students.

Absence of pupils in Trafford is also increasing, this has been evident since children returned to schools following the COVID-19 pandemic, and secondary schools are experiencing a higher rate of absence than primary schools.

### 3.4 Substance use

Trafford has high rates of hospital admission linked to alcohol for under 18's per 100,000 population (41.4 compared to the England rate of 29.3), this is relevant because alcohol intoxication is linked to increased violence perpetration and is estimated to play a role in almost half of all violent crimes.

Suspension or exclusion from school for drug and alcohol-related behaviour has increased in recent years.

#### [4. Recommendations](#)

Like any other public health issue, the causes of violence lie at many levels and are interrelated, so its solutions need to address the same causes, therefore, to create a sustainable impact on violence, reducing risk factors and promoting protective factors needs to be a focus.

These recommendations should influence the Trafford Serious Violence Strategy.

##### [4.1 Further Research and System Recommendations](#)

1. Data sources are not routinely complete, with some sources having significant missing values, meaning that the data is unreliable and could be misinterpreted. This in turn may lead to resource being targeted at the incorrect populations or groups. The specified authorities should come together to understand why data values are missing and work to improve this.

2. Specified authorities should ensure that robust plans are in place for regular information sharing that will allow for improved collaborative working and more efficient processes to understand and reduce violence. There should be a focus on understanding why reported violence is higher in some of our communities, what the drivers are for violence and how violence changes in Trafford. This knowledge should inform commissioning and work plans across the specified authorities.

3. The Trafford Community Safety Partnership should aim to understand the early experiences of the adult offending cohort to inform future prevention work.

4. Trafford's specified authorities should prioritise a community led approach to serious violence, utilising the expertise of our communities to prevent reduce and respond to serious violence

5. The Trafford Community Safety Partnership should understand diversionary programmes for adults and the referral routes for these.

##### [4.2 Prevention](#)

Understanding the people and places that are the most affected by violence allows us to target resource to the areas of greatest need, and research into what works to prevent violence is extensive and evolving, this should be considered when planning workstreams. Additionally, agencies should collaborate when planning interventions to reduce violence, to ensure that resource is efficiently spread. This will also allow for greater understanding within the system about the work that is ongoing and the interventions to support individuals.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities can be measured between:

- socio-economic groups and deprivation
- protected characteristics
- geography
- inclusion health and vulnerable groups

Health inequalities arise because of the impact of the wider determinants of health (or what are becoming more widely referred to as the building blocks for health) such as jobs, homes, and education. Differences in the conditions in which we are born, grow, live, work and age influence our opportunities to live healthily, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing. Although access to health and care services are important, they have less bearing on our health than the building blocks, but differences in people's access and experience of health and care services is a contributing factor to inequalities.

Health inequalities negatively affect quality of life and limit opportunities to thrive. At a societal level, the presence of inequalities is not just bad for those with the poorest outcomes or experiences; it generates a sense of unfairness and lack of cohesion across the social gradient which is bad for a functioning society.

There is strong evidence for cost-effectiveness and return on investment for preventative and public health level interventions.

6. Risk factors for violence should be addressed and protective factors for violence should be promoted, including wider systemic factors through complementary workstreams and strategies (for example poverty, substance misuse, health inequalities, trauma, domestic abuse).

7. A whole family approach should be taken to violence with support and interventions available for all ages to prevent reduce and recover from violence, and to reduce risk and strengthen protective factors.

8. Positive education is a protective factor for serious violence and improves multiple outcomes, In Trafford exclusions and suspensions from school are increasing, and since the pandemic school attendance has reduced. The multi-agency team should collaborate with education and the multi-agency team to influence plans to improve attendance, reduce suspension, and permanent exclusions for children and young people in Trafford.

9. Black and mixed-race pupils are excluded at a higher rate than White, Asian, and minority-race students, this inequality should be explored and reduced.

#### 4.3 Early Intervention

10. Focus should be given to intervening at the earliest stage where there is risk of violence or escalating behaviours.

11. The variety of early intervention offers that are available should be shared with our residents through a variety of forums including via professionals and online.

12. Opportunities should be created to engage children and their families in educational activities and raise awareness about violence prevention.

#### 4.4 Response and recovery

13. Trafford Community Safety Partnership should communicate our successes to inform the people of Trafford what impact is being made.

14. Trafford Community Safety Partnership should work in partnership using both civil and criminal powers to take action against perpetrators of violence.

## 5. Scope and Methodology

### 5.1 Working Group

A working group, consisting initially of a representative from each statutory authority, was developed to meet the requirements of the serious violence duty, reporting into the Trafford Community Safety Partnership Board. This group agreed the definition of serious violence that Trafford would work to and agreed membership and governance protocols. There was a clear need for others beyond the responsible authorities to be involved in the planning stages. Members of the working group comprised Trafford's Youth Justice service, Trafford's Community Safety Team, Trafford's Public Health Team, Greater Manchester Fire and Rescue Service, the Greater Manchester Integrated Care Board, Greater Manchester Police, Education of Vulnerable Children team, Early Break Substance Misuse Service, Probation Service and Trafford Youth Engagement Service.

Trafford has a Domestic Abuse Strategic Needs Assessment and Strategy, and a decision was taken not to include domestic abuse in this needs assessment. Hence the domestic abuse and serious violence strategic needs assessments and strategies will work alongside each other.

### 5.2 Data sources and access to data

This SNA utilizes a wide range of data sources to develop a detailed understanding of violence in Trafford. This document also incorporates findings from the VRU's own empirical research on violence, as well as primary, secondary, and tertiary sources of evidence to build a comprehensive picture of how things currently stand.

Of critical importance is data provided by Greater Manchester Police and Youth Justice on the VRU dashboard which allows us to present the picture of violence in Trafford, as well as shedding light on the offenders and victims of violent crime. The VRU has moved beyond looking at crime hotspots alone to considering where identified offenders reside with a view to better understanding the root causes and risk factors impacting those areas that can contribute to violence. This approach also develops our understanding of the protective factors that appear to mitigate violence.

This SNA also used resources compiled from NHS sources with a focus on Trafford (A&E attendance information), the Northwest Ambulance Service (paramedic attendance data), and Greater Manchester Fire and Rescue Service.

## 6 Trafford

### 6.1 Place based context

Trafford is a borough of Greater Manchester located in the Northwest of England with a population of around 235,052 in 2021 ([ONS, 2023](#)).

The 21 electoral wards within Trafford (which came into force from 04 May 2023) have been grouped together into 4 localities: Central, North, South and West.

The Central locality contains the wards of Ashton upon Mersey, Brooklands, Manor, Sale Central and Sale Moor.

The North locality contains the wards of Gorse Hill & Cornbrook, Longford, Lostock & Barton, Old Trafford and Stretford & Humphrey Park.

The South locality contains the wards of Altrincham, Bowdon, Broadheath, Hale, Hale Barns & Timperley South, Timperley Central and Timperley North.

The West locality contains the wards of Bucklow-St Martins, Davyhulme, Flixton and Urmston.

Trafford has 76 primary schools & 22 secondary schools, with 7 of these being special schools. Additionally, there are two further education colleges, one of which is a specialist provider, and a university. Trafford benefits from 32 parks, Trafford Park industrial estate and the Trafford Centre shopping centre. Old Trafford Football Ground and Old Trafford Cricket Ground can also be found in Trafford, and along with the Trafford Centre and Trafford Park, contribute to the high number of visitors to the area. Trafford benefits from a public transport network in the form of buses, trains and a light rail tram service (Metrolink) that covers much of the borough.

### 6.2 Demographics

In terms of total population, Trafford was ranked 75th out of 309 local authorities in England in 2021. This shows a drop of one spot over ten years.

The estimated resident population of Trafford (mid-2021) is 235,052 with 120,644 (51.3 %) females and 114,408 (48.7%) males. This includes 59,467 people (25.2%) between the ages of 0 and 19, 134,610 (57.1%)

**Trafford wards and localities**



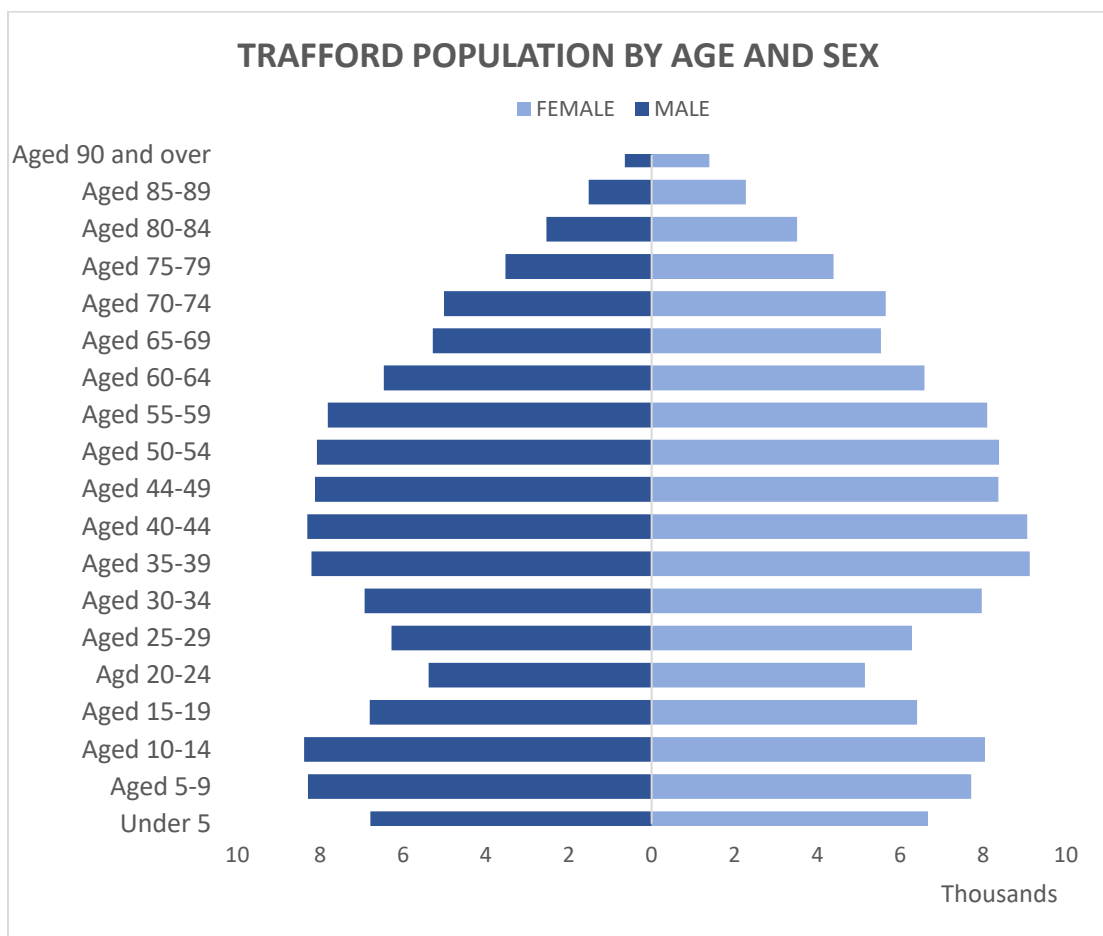
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Trafford Council | @traffordDataLab



between the ages of 20 and 64, and 41,469 (17.6%) over the age of 65. Comparing population estimates for these age groups, Trafford is broadly like England with 23.1% within the age group 0-19, 58.4% within the age group 20-64, and 18.5 within the age group 65+.

Below is a detailed breakdown of Trafford's resident population by gender and five-year age groups, based on ONS estimates as of mid-2021. The age groups with the greatest medical needs tend to be the very young and the very old. As of mid-2021, Trafford's under-five population is estimated at 13,308 (5.6%) and the over-90 population at 2,105 (0.9%).

Figure 4.1 Age and Gender Profile for Trafford, 2021



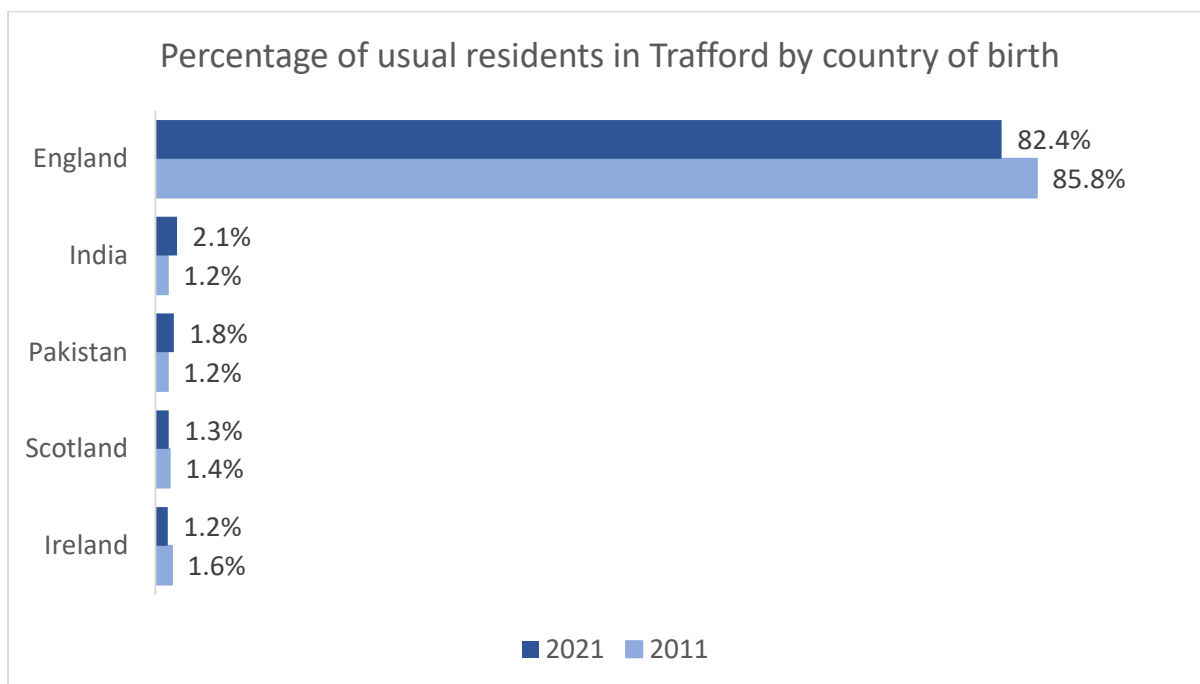
Source: [ONS Population Estimates 2023](#)

In the most recent census, around 193,600 Trafford residents were born in England. This accounted for 82.4% of the local population. The figure has declined slightly from roughly 194,400 in 2011, which represented 85.8% of Trafford's population at the time.

With over 4,900 Trafford residents reporting India as their country of birth (2.1%), this group is the second highest population group by birth. This figure had increased from a little over 2,800 since 2011, being 1.2% of Trafford's population at the time.

Trafford residents born in Pakistan increased from slightly less than 2,700 in 2011 (1.2% of the local population) to almost 4,300 in 2021 (1.8%).

Below is the chart of the five most common countries of birth in Trafford in 2021



Source: [ONS Population Estimates 2023](#)

### Ethnicity

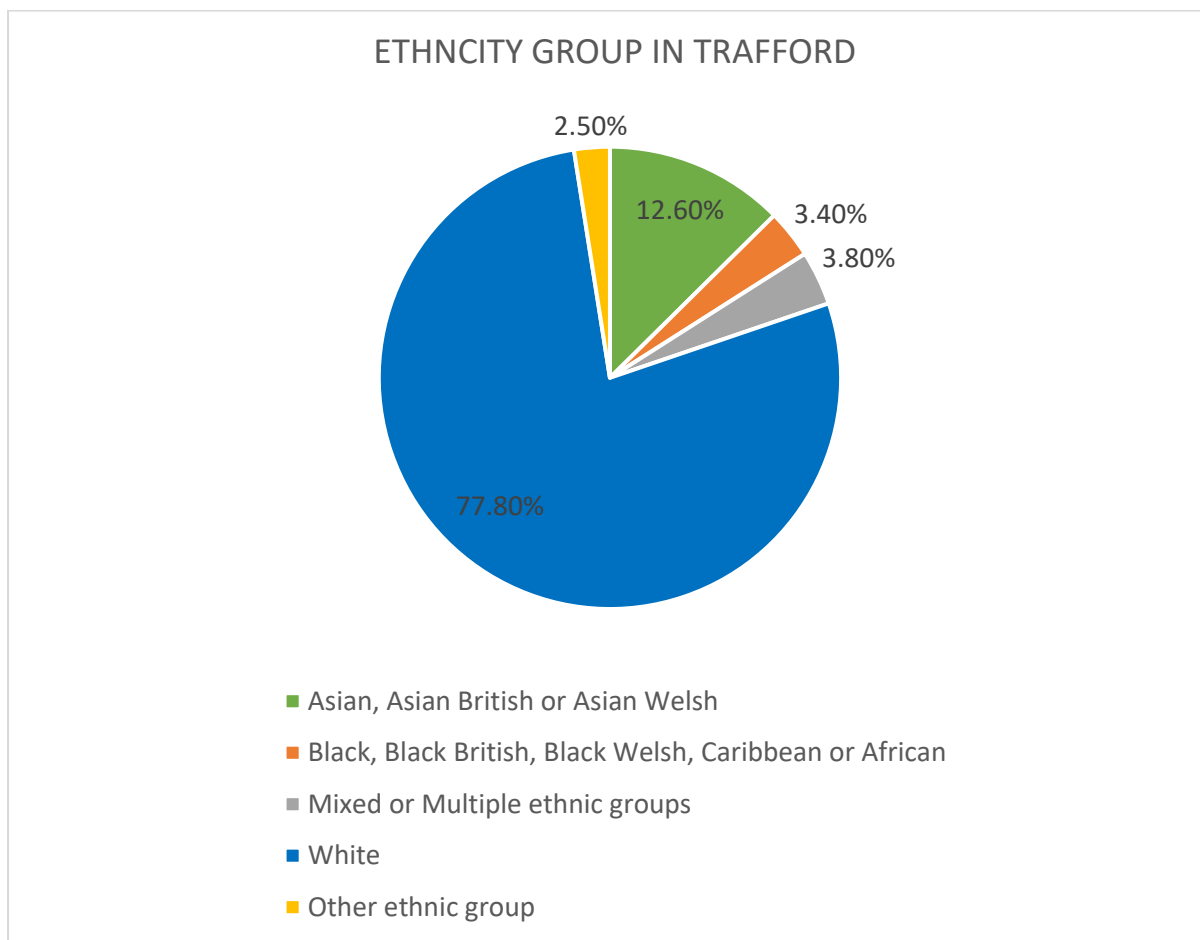
In 2021, 12.6% of Trafford inhabitants were identified as "Asian, Asian British, or Asian Welsh", as against 7.9% in 2011. The highest rise among high-level ethnic groupings in this area was 4.7%.

The percentage of persons who identify as "Asian, Asian British, or Asian Welsh" increased from 6.2% to 8.4% in the Northwest, while it increased from 7.8% to 9.6% in England.

In 2021, 77.8% of Trafford residents identified as "White British" (compared to 85.5% in 2011), while 3.8% identified as "Mixed or Multiple" compared to 2.7% in the previous decade.

The percentage of people who identified as "Black, Black British, Black Welsh, Caribbean or African" increased from 2.9% in 2011 to 3.4% in 2021.

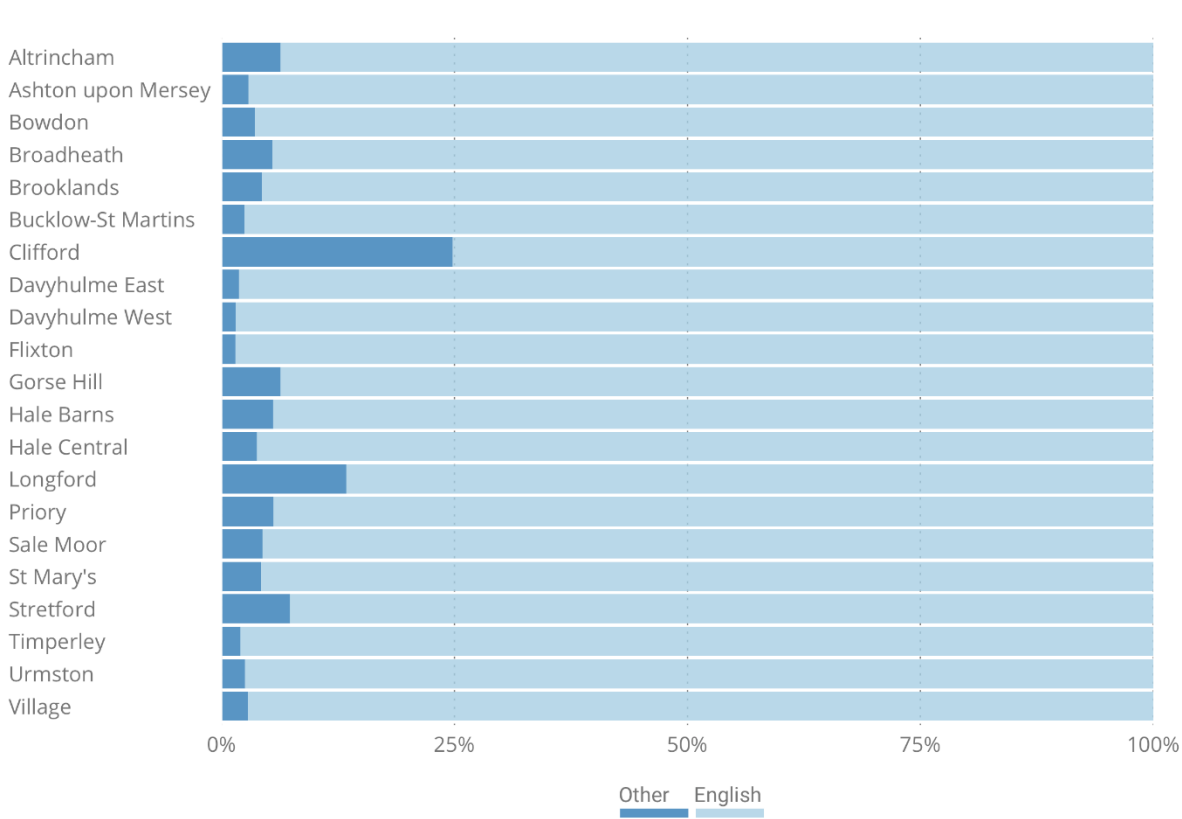
Differing patterns of aging, fertility, death, and migration may be contributing to England and Wales’s shifting ethnic mix. Changes may also be reflected by differences in how people self-identify between censuses.



Source: [ONS Population Estimates 2023](#)

### Language

According to the 2011 Census, English is the primary language spoken by 94.5% of people in Trafford. There are 21 wards in Trafford, and the percentage of residents whose first language is English varies between wards. 24.8% of residents in Clifford Ward reported having a different first language other than English.



Source: 2011 Census | @traffordDataLab

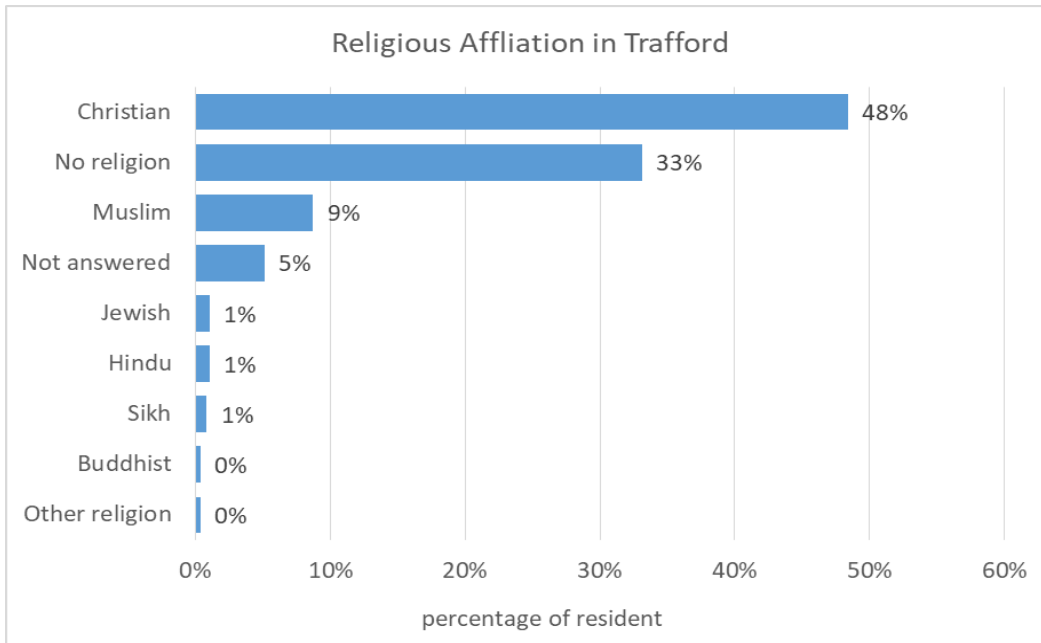
### Religion

Religious affiliation refers to the religion with which a person identifies, rather than their religious beliefs or practices.

In 2021, 33.1% of Trafford inhabitants said they had "No religion," an increase from 21.2% in 2011. The gain of 12.0 percentage points was the most among Trafford's broad faith groups. Because the census question about religious membership is voluntary and has diverse response rates, it is important to use caution when comparing results between locations or censuses.

Christianity was the largest religion in Trafford with 113,712 residents (48%). The second largest were people who reported not having a religion, constituting 77,864 residents (33%). The Muslim population was seen to be around 20,548 (9%) which is higher than the proportion of the England population that reported being Muslim (5.0 %).

Many causes, such as shifting age structures or residents moving for jobs or to access educational opportunities, can create changes in an area's religious character. Changes may also be influenced by differences in how people self-identify between censuses.



Source: [ONS Population Estimates 2023](#)

### Disability in Trafford

The proportion of non-disabled residents in Trafford increased from 81.3% in 2011 to 83.4% in 2021. During the same period, the equivalent proportion in adjacent Manchester rose from 73.5% to 77.7%.

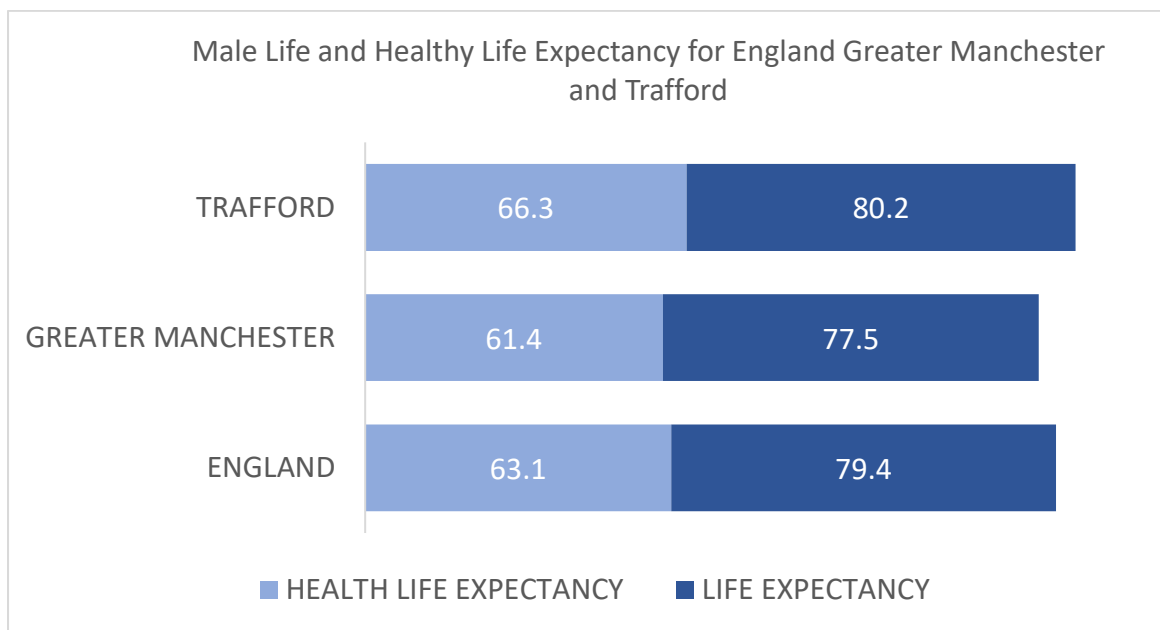
In Trafford, the percentage of people who were recognized as disabled and severely limited fell from 8.8% to 7.0%, while the percentage of people who were identified as impaired with fewer limitations fell from 9.9% to 9.6%.

### Health in Trafford

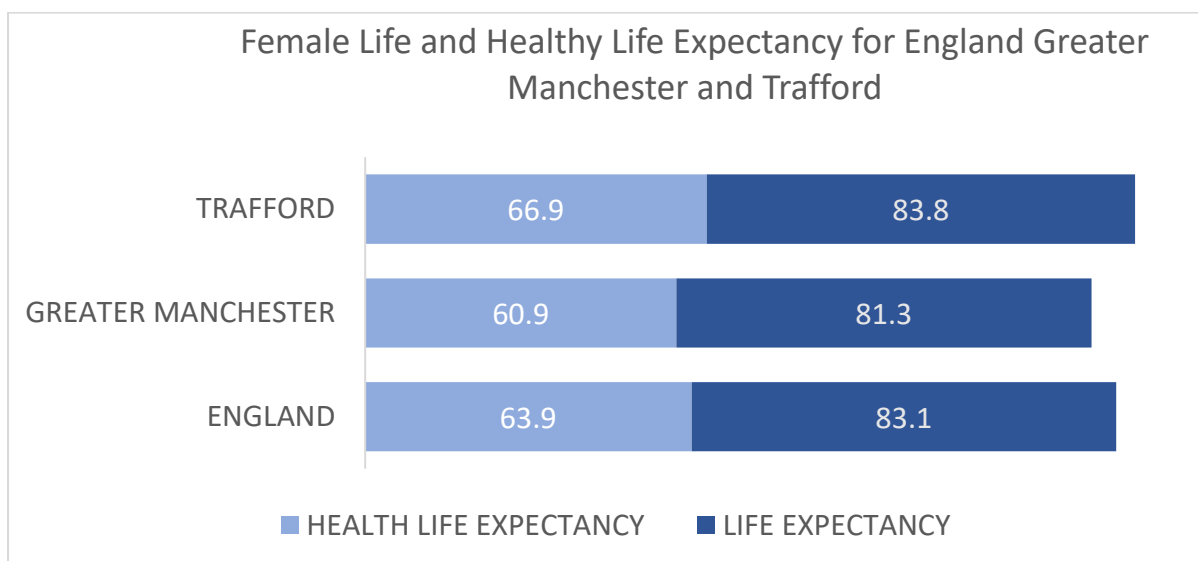
The average life expectancy at birth in Trafford as of 2021 was 83.8 years for females and 80.2 years for males. Average life expectancy in Trafford was slightly above England which was 83.1 years for females and 79.4 years for males.

The number of years a person is anticipated to live in 'good' health is known as healthy life expectancy. Females should expect to live 66.2 years in good health (79.1% of their lives) and males can expect to live 62.7 years in "Good" health (78.4% of their lives) if the Trafford population experienced the same self-reported health and mortality rates that were seen during 2014–16. This indicates that males may expect to live in 'Not good' health for 17.3 years on average, compared to 17.5 years for women. According to the Census 2021 survey, 53.1% of the population in Trafford were said to be in good health.

The chart below shows the Life and Health life expectancy for the Trafford population in comparison with Greater Manchester and England.



Source: [ONS Healthy Life Expectancy 2023](#)



Source: [ONS Healthy Life Expectancy 2022](#)

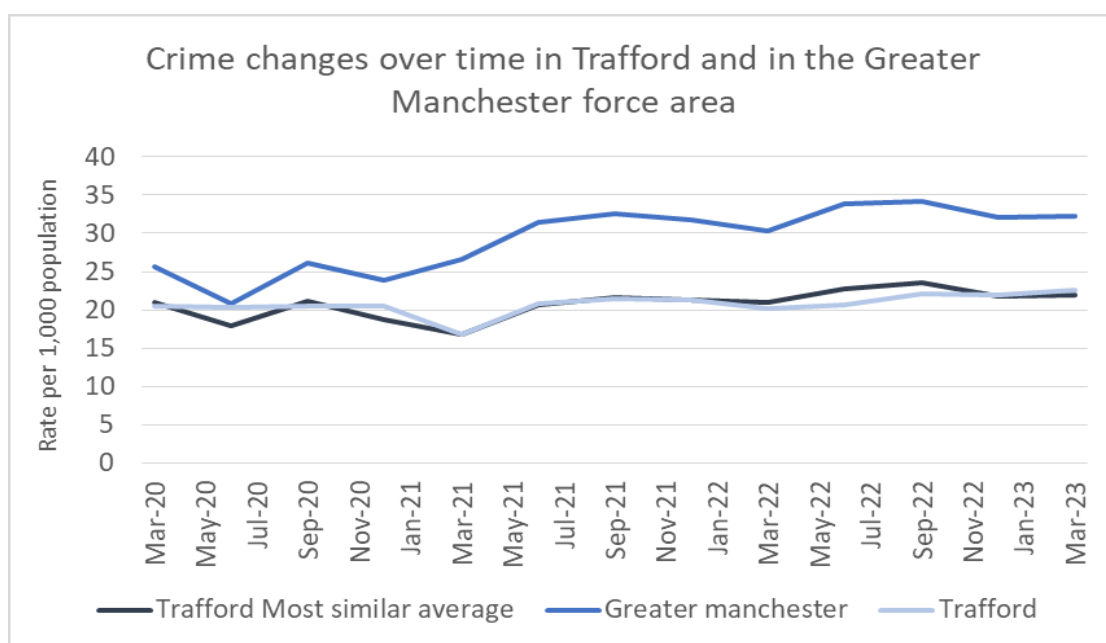
### 6.3 Violence in Trafford

Nationally, according to the most recent Crime Survey for England and Wales (CSEW) data for individuals interviewed in the year ending March 2023 total crime reduced by 15% compared to the year ending March 2020 (COVID-19 pandemic).

Robberies were 17% lower in the year ending March 2020 (pre-coronavirus pandemic), but there was a 13% increase in the year ending March 2022. The number of homicides fell by 16% to 602 in comparison to the year ending March 2020 (720) and by 14% since the year ending March 2022 (697). Homicide is a very low-volume offence, the figures will fluctuate. Compared to the year ending March 2020 (54,293 offences), police-recorded offences involving knives or sharp instruments reduced by 7% to 50,489, however, there has been a 5% increase since the year ending March 2022 (48,204 offences).

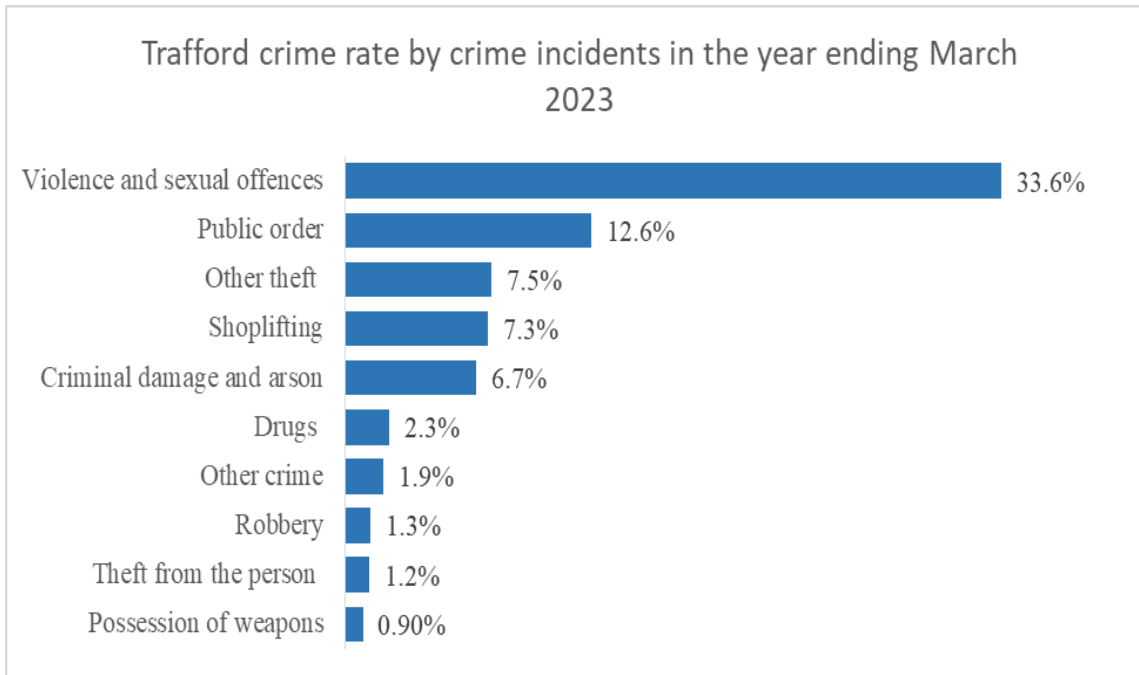
In the year ending March 2023, Trafford’s crime rate was 89.4 per 1,000 population. This rate was about the same as the average crime rate across similar areas (89.99) and lower when compared with the average for the Greater Manchester police force area (132.26).

In the quarter ending March 2023, crime rate for Trafford was 22.6 per 1,000 population. When compared to the same quarter in the previous year, there was a 12% increase, and this was also the case across Greater Manchester as a whole.



Source: [police.uk](https://www.police.uk), n.d.

Violence and sexual offences are the most common types of crime in Trafford as seen in the chart below. The violence and sexual offences crime rate in Trafford was about the same as the average violence and sexual offences crime rate across similar areas (37.1 per 1,000 population) and lower when compared with the Greater Manchester Force area (54.4 per 1,000 population).



Source: [police.uk](https://www.police.uk), n.d.

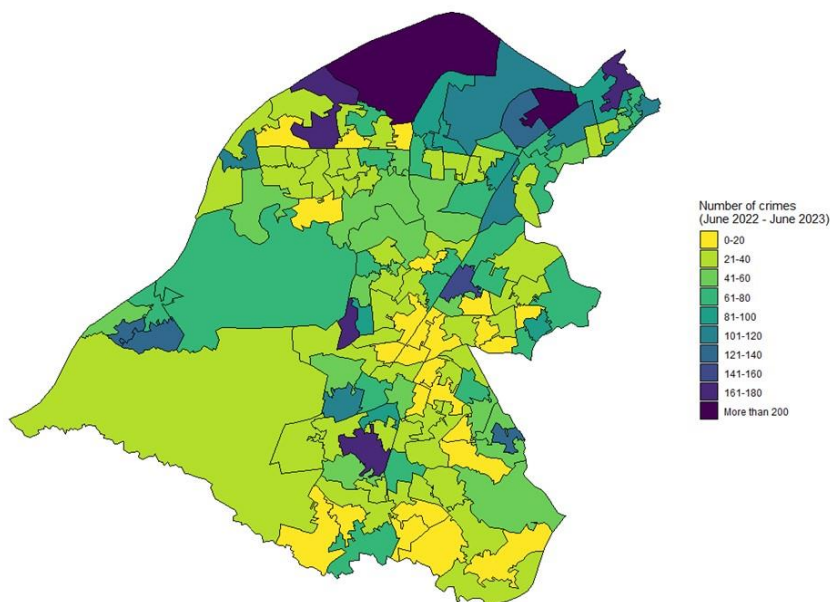
## Violence

This section provides an overview of the local picture of violence in Trafford. It aggregates findings from police-reported crime, public services, and healthcare statistics to illustrate patterns of violence in Trafford.

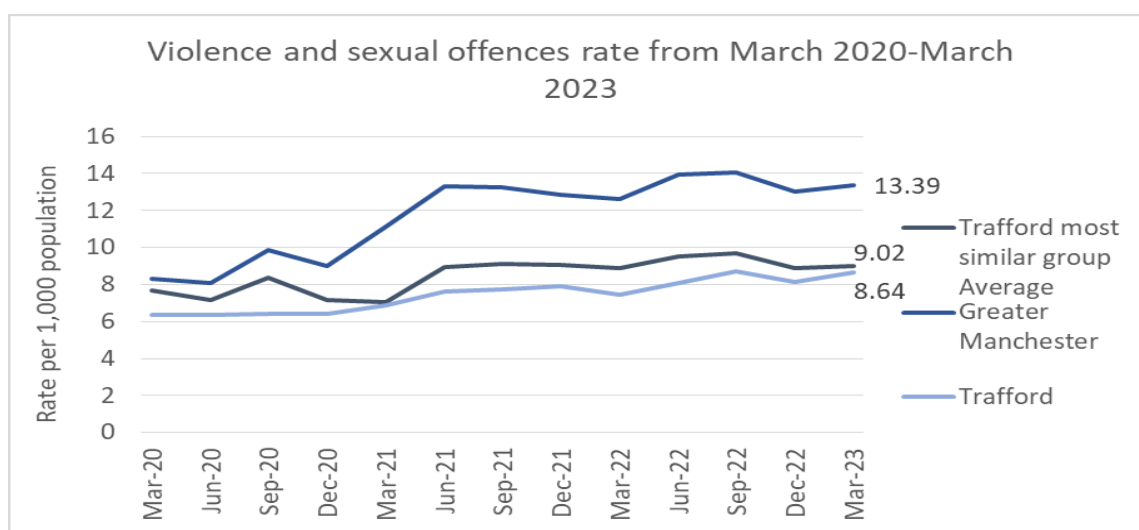
There are several locations in Trafford where the absolute number of violent crimes remained high relative to the rest of the borough over the last year.

Gorse Hill & Cornbrook ward in the North Neighbourhood reported the highest number of violent crimes (530) in the last one year which may be linked to higher levels of deprivation in this area. The map below shows the distribution of violent crimes in Trafford by LSOAs (Lower layer Super Output Areas).





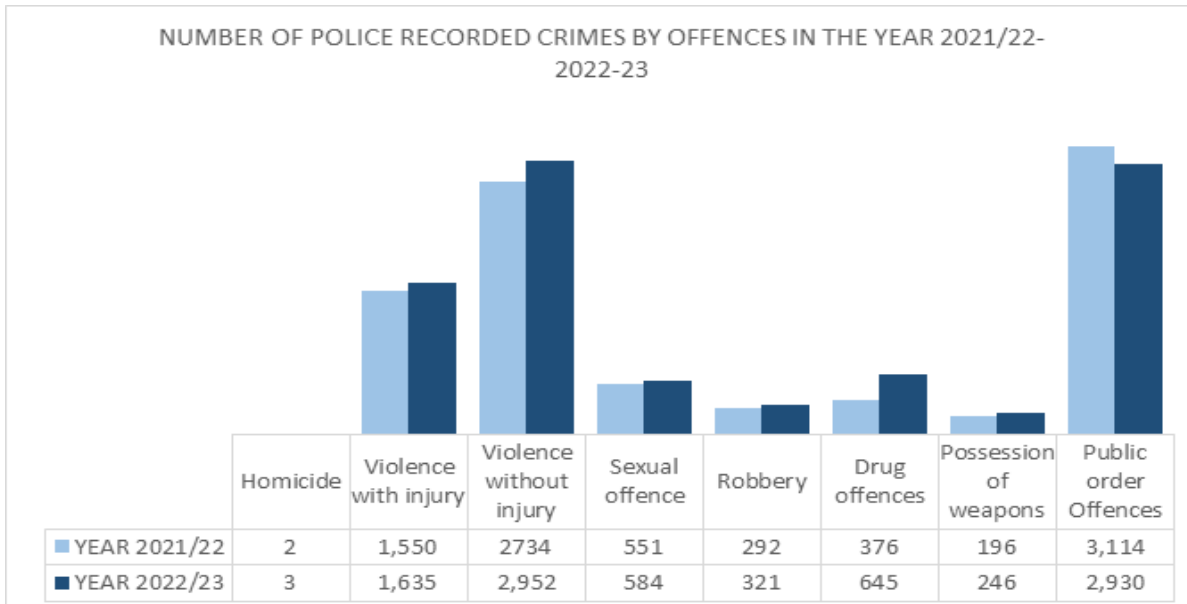
According to police data, the rate of violent crime in Trafford is lower than Trafford's most similar group average and Greater Manchester in the year ending March 2023. The lowest rate was in the quarter ending June 2020 (6.3 per 1,000 population), while the highest was in the quarter ending September 2022 (8.72 per 1,000 population). The violence rate is rising since March 2023.



Source: [police.uk](https://www.police.uk), n.d.

Furthermore, in the year ending June 2023, Trafford recorded a total of **7,564** violent offences carried out as compared to **6,805** in the year ending June 2022. This represents an **11%** increase in 2022/2023 when compared to 2021/2022.

The chart below compares the number of police recorded crimes by type of offence between 2021/22 and 2022-23



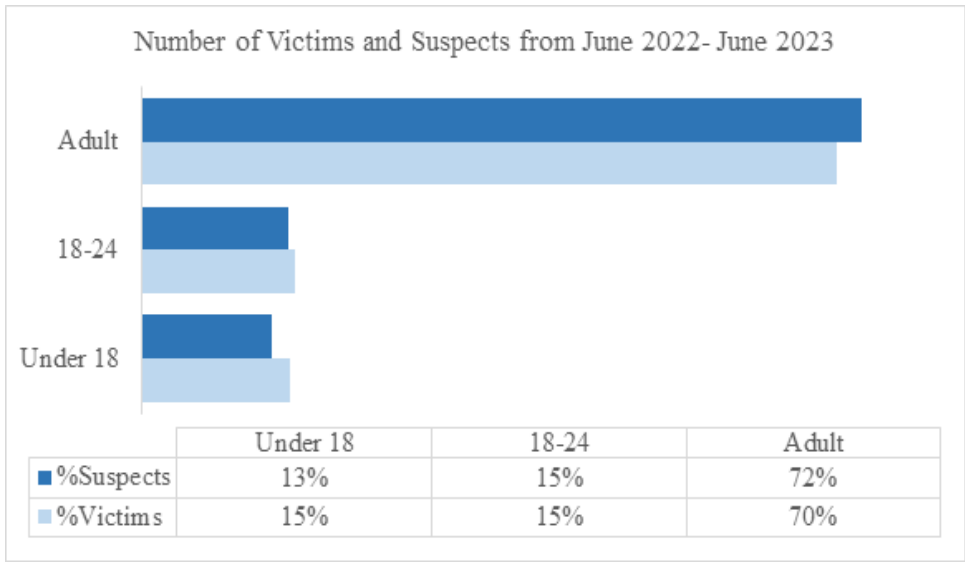
Source: [Office for National Statistics 2023](#)

In the year ending June 2023, 1,635 incidents of violence with injury were recorded in Trafford, compared to 1,550 in the year ending June 2022. This is a 5% increase during 2022/23. There was a 6% reduction in the percentage of public order offences in the year 2022/23 while in the same year, there was a 72% increase in drug-related offences, as well as a 26% rise in possession of weapons offences, a 10% rise in robberies, and a 6% increase in reported sexual offences.

### What do we know about those involved in violent crime?

Preliminary data focusing on persons under the age of 25 may miss a considerable proportion of those involved in serious violence, either as suspected perpetrators or victims. From June 2022 to June 2023, **7,375** individuals were identified as victims of violent crime. 84% of these people were one-time victims and 16% were repeat victims. In addition, **5,092** individuals were recorded as suspected perpetrators of violent crimes from June 2022 to June 2023. 74% of these individuals were one-time suspected perpetrators and 26% were repeat suspected perpetrators.

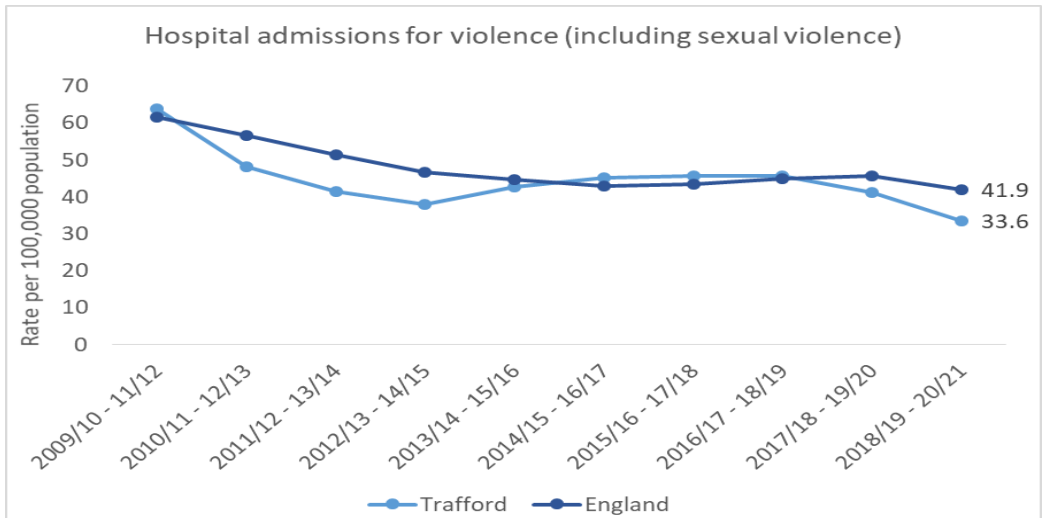
The chart below reveals the age group distribution of both victims and suspects for violent crimes from June 2022 to June 2023.



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

Changes in policing activities and reporting practices will have an impact on these patterns, hence this data must be triangulated with other sources of information on violence, such as hospital statistics. A review of Hospital Episode Statistics (HES) data in Trafford shows that the rates of hospital admissions for violence in Trafford had increased slightly in the periods leading up to 2021/22 following a decrease in 2019/20, but the rate remains statistically similar to the England average.

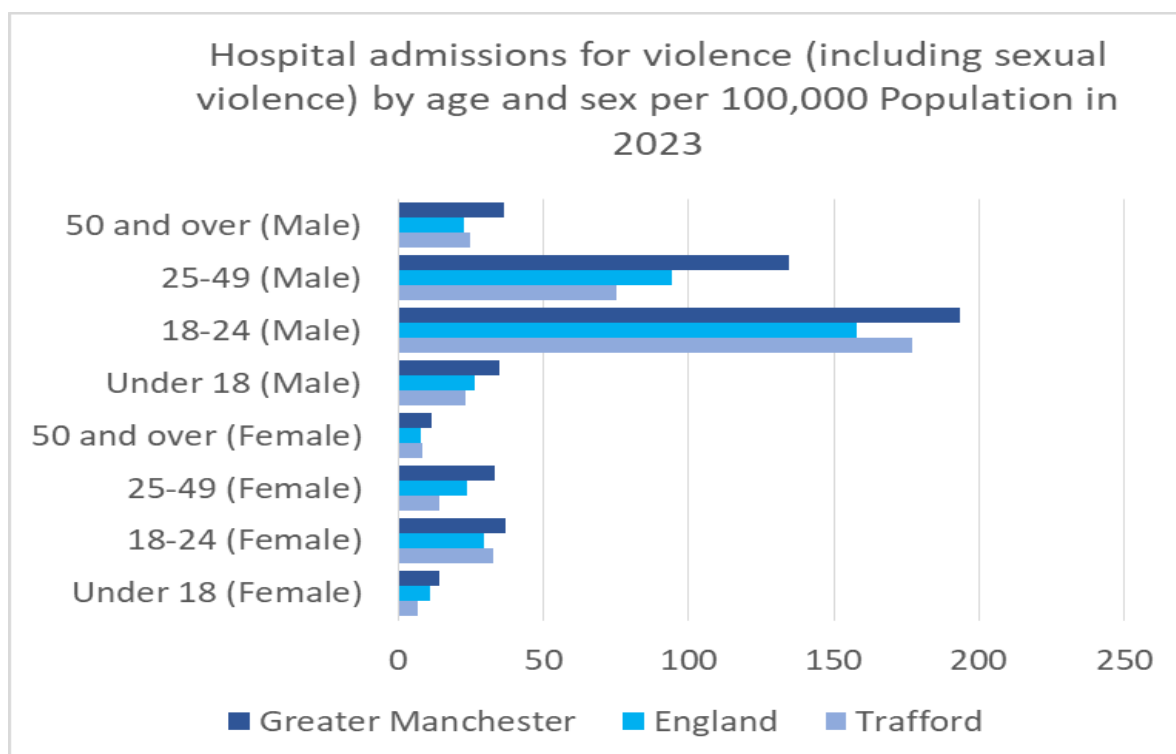
The chart below shows age-standardized hospital admissions rate for violence (including sexual assault) rate per 100,000 over a 3-year rolling periods (2018/19-20/21 latest data). It indicates a general pattern of decline over this period for both Trafford and England, with a higher rate of decline in Trafford.



Source: [Fingertips.phe.org.uk, n.d](#)

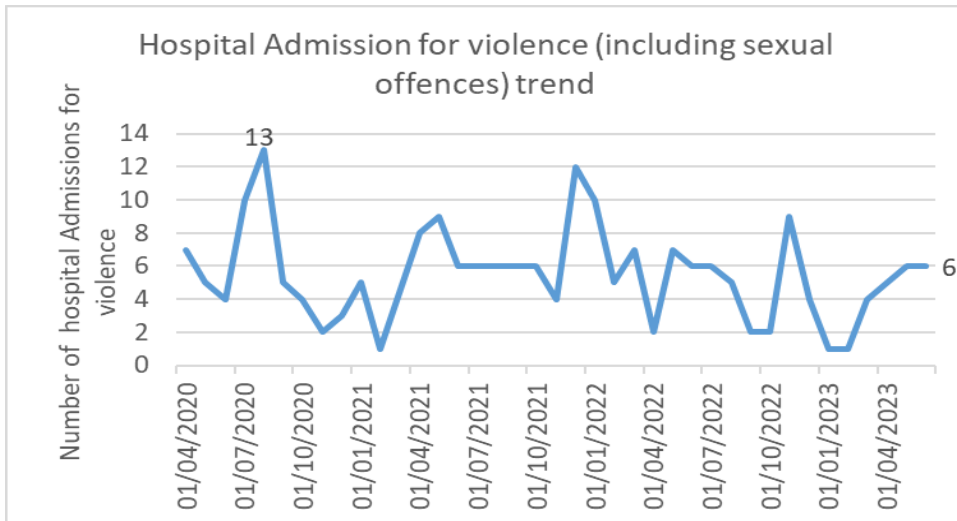
Trafford was the only local authority across Greater Manchester to have a markedly lower rate (33.6) of hospital admission because of violence than the national rate of 41.9 per 100,000.

The chart below highlights that the rate of admission because of violence is much higher among young males aged 18-24, followed by older males aged 25-49, across Greater Manchester, England and Trafford. Rates of admission are relatively low for both males and females within other age categories. The rate of admissions is higher across Greater Manchester for all age categories, for both males and females, than for England or Trafford. The rate of Trafford admissions, however, is noticeably higher for young males aged 18-24 in comparison with the England rate, whereas in most other age categories, Trafford rates are lower than both the Greater Manchester and England rates.



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

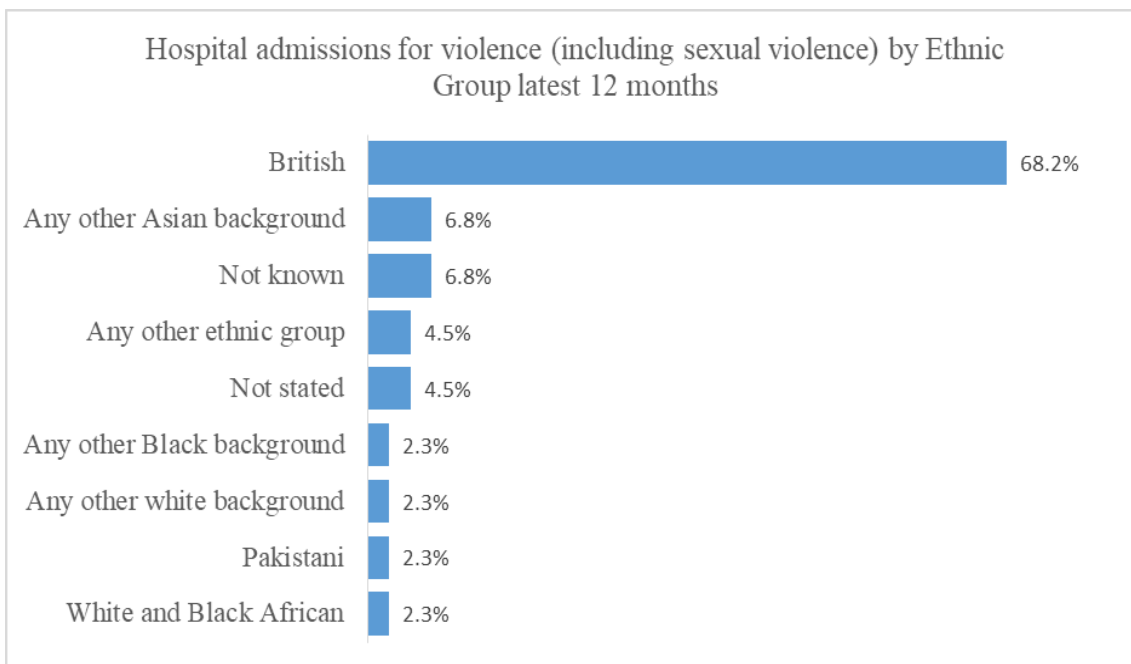
There were 210 hospital admissions for violence (including sexual violence) in Trafford from April 2020 to June 2023, with the highest number of hospital admissions in August 2020 (**13**).



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

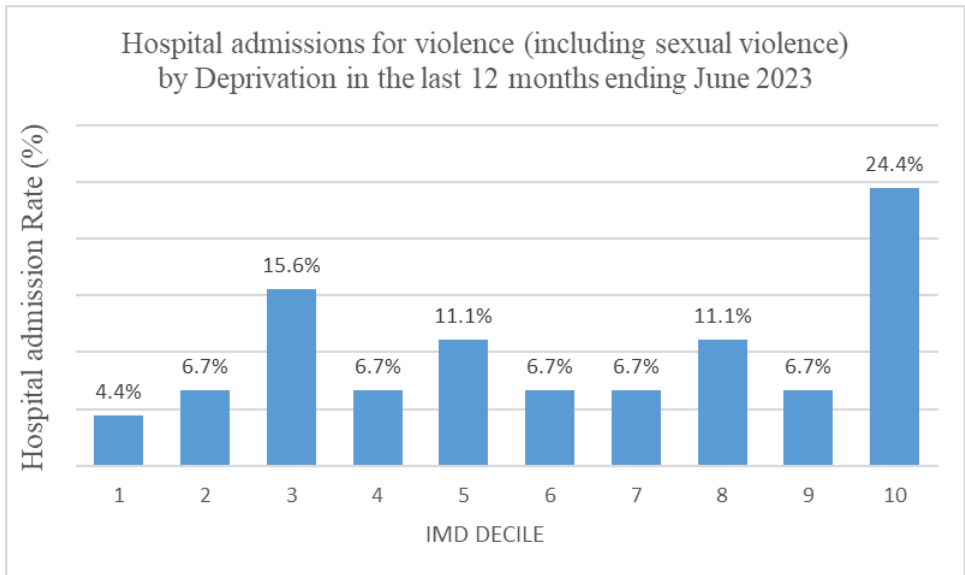
During the last 12 months ending June 2023, Trafford recorded 45 hospital admissions due to violence (including sexual offences), and 80% of those admitted were males and 20% were females.

Hospital admissions for violence by ethnic group revealed that the White British population ranked as the highest with 68.2% of admissions falling within this category as shown below



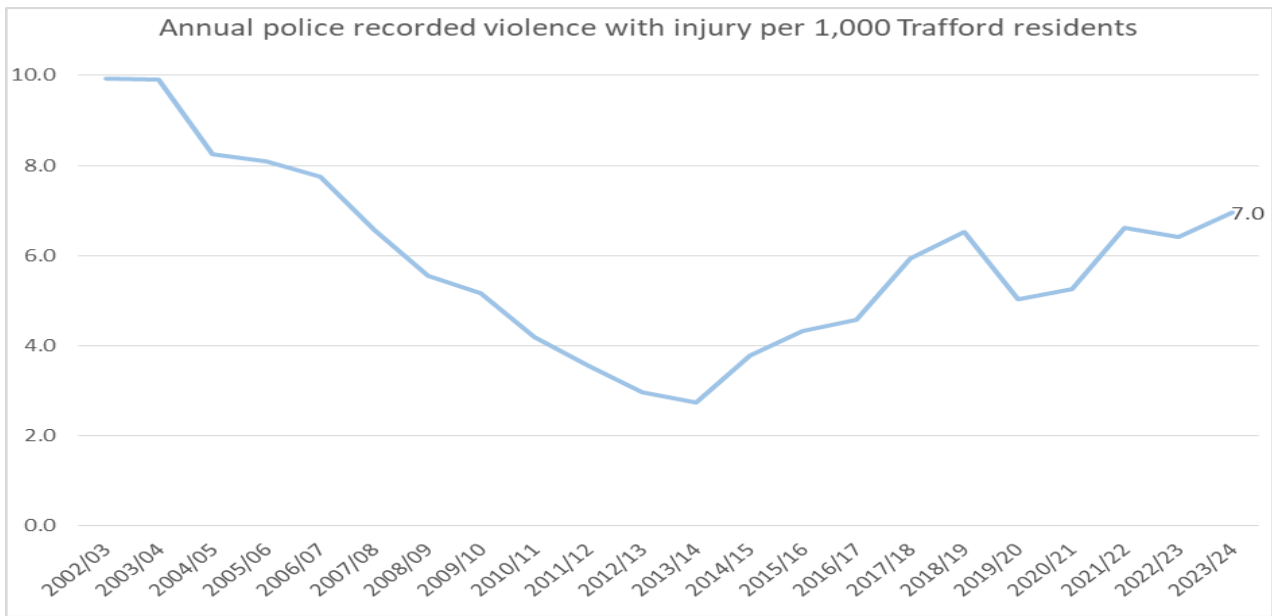
Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

The admission rates for violence in the least deprived areas in Trafford were higher than in the most deprived areas in the last 12 months. This is a surprising finding and is contrary to all other local authorities in Greater Manchester, where people in the most deprived areas have higher rates of admission compared with communities living in the least deprived areas.



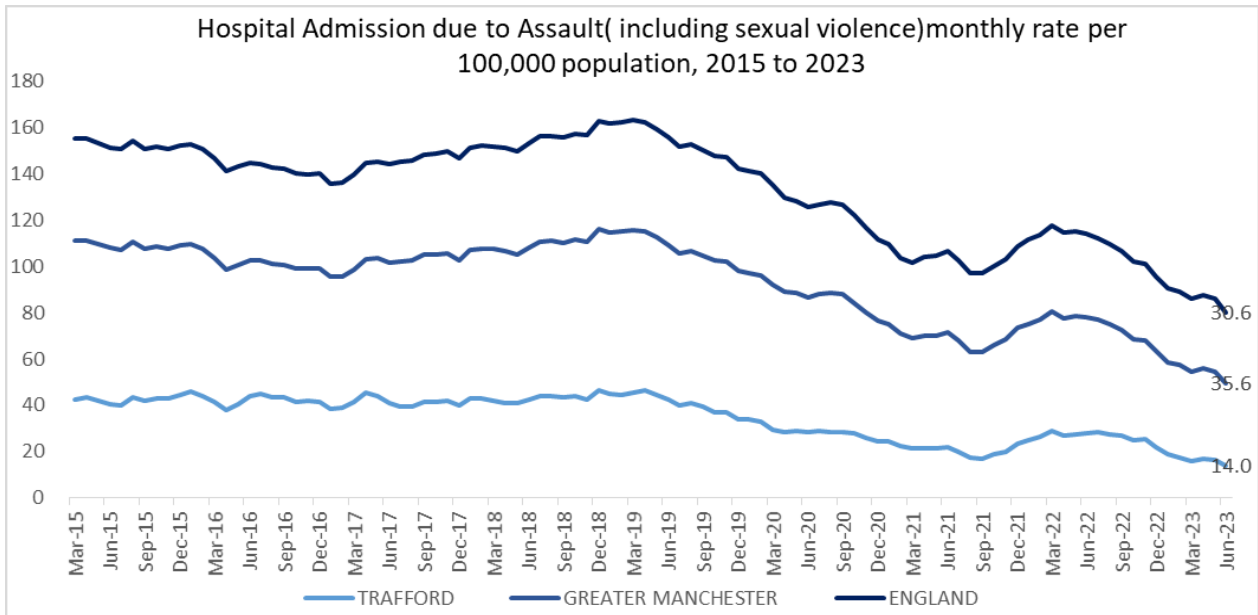
Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

Rates for violence with injury peaked in 2002/03-2003/04 for Trafford and then slowly reduced until 2013/14, when rates of violence started to increase again until 2019/2020, at which point they reduced sharply. This is the period when Covid-19 restrictions were in place. Since 2021/22 the rates have started to increase again but remain below Trafford’s peak of 2002/03-2003/04.



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

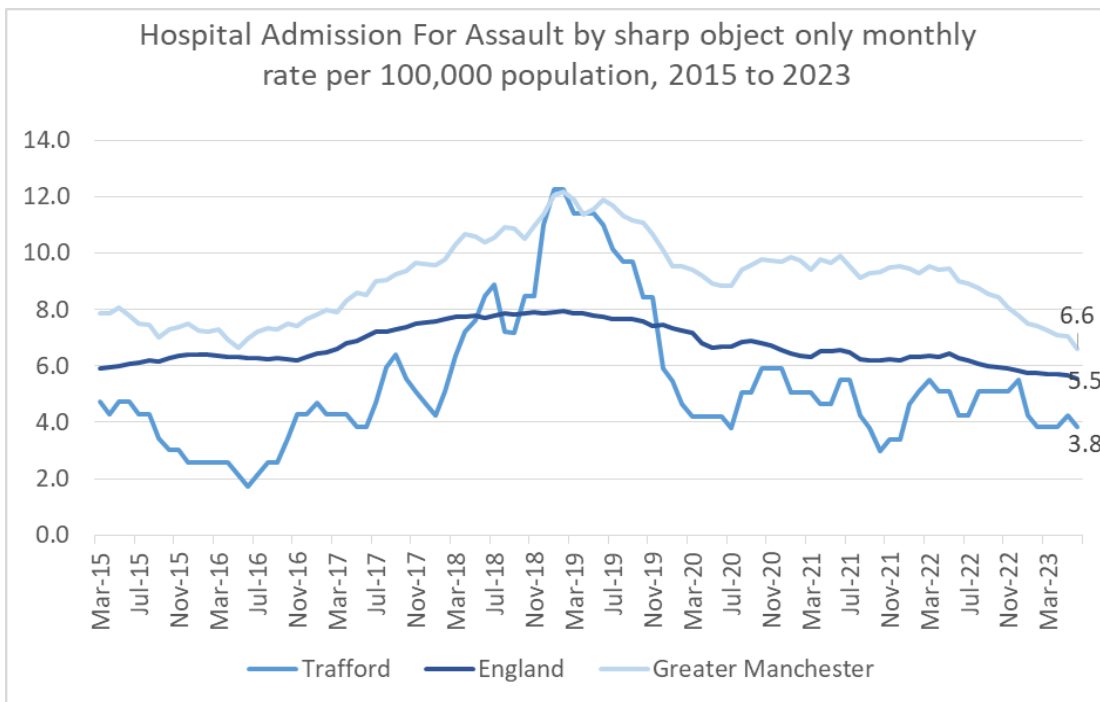
Hospital admissions rise over the summer and fall during the winter months. Aside from a significant summer spike during the summer of 2020, rates of hospital admissions due to assault in Trafford have remained below pre-COVID rates in recent year. This pattern is also reflected in the rate of hospital admissions for England and Greater Manchester.



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

A similar picture is evident for hospital admissions from assaults with sharp objects only, yet there is a less consistent pattern in Trafford.

Admissions due to assault by sharp object only monthly rate per 100,000 population, 2015 to 2023. The chart below indicates a rising rate in hospital admissions from March 2018 to March 2019, followed by a general decline in admissions.



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

Between April 2019 to September 2023, **1,723** people attended A&E because of assault in Trafford. The average rate of daily admittance is **1.1**.

- **Assault in a public place**

41% of people who attended A&E due to assault were assaulted in a public place with 91% of them suffering assault from a knife or sharp objects, 4% with no weapon, and 2% from another weapon. More males (76%) were found to be victims as compared to females (24%). Young people aged 15-19 were seen to be most affected (23.3%), followed by people aged 20-24 (17.9%), and 25-29 (12.1%).

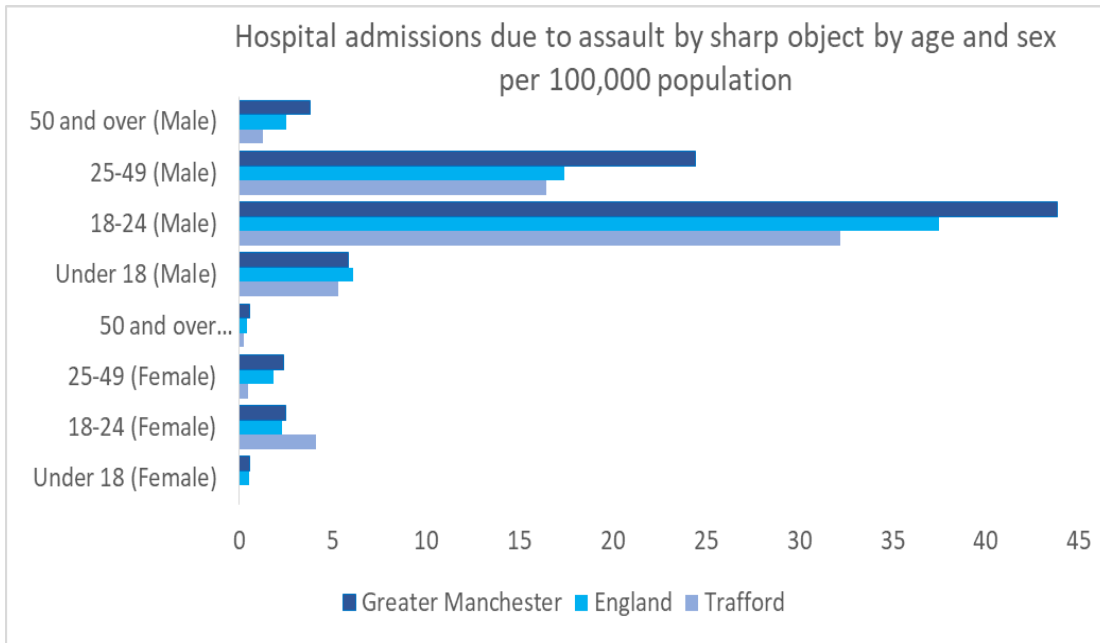
- **Assault in the home**

Furthermore, assaults in the home were reported by 37% of people who attended A&E. 63% of assaults at home were from a knife/sharp object, 17% involved the use of no weapon, and 19% involved the use of other weapons. There was no significant difference between males (51%) and females (49%) being assaulted at home. Victims were distributed across age groups with the highest in the age groups 25-29 (14.9%), followed by those aged 30-34 (12.1%). People from the White British ethnic category (90%) attended A&E due to assault more often than other ethnic groups. This was also the case with those assaulted in a public place with 83% of people attending A&E being from this ethnic group.

- **Assaults outside the home**

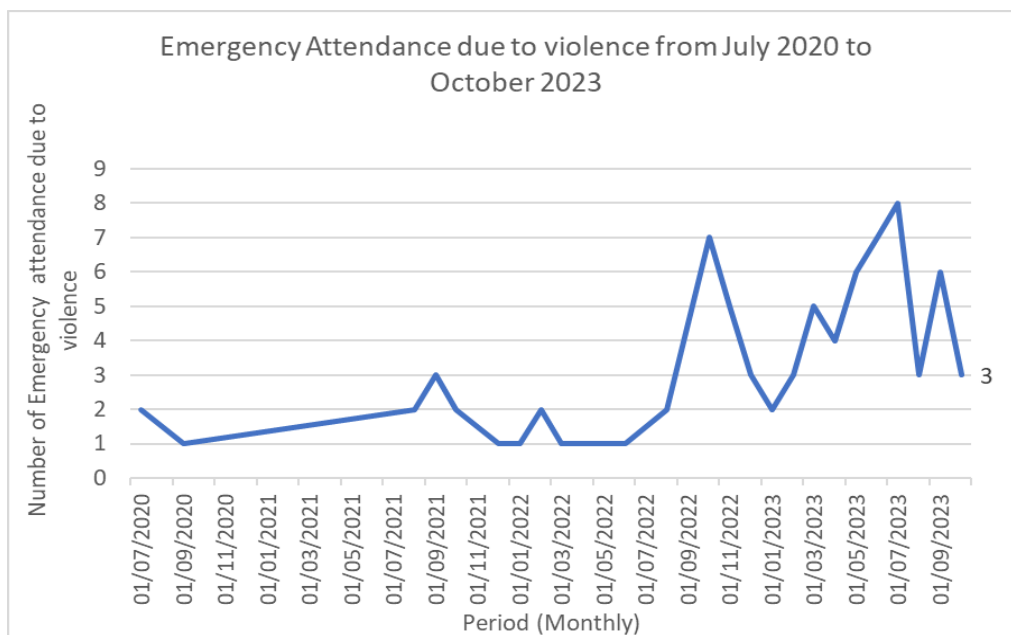
23% of people attended A&E due to assault that took place outside the home. More than twice as many males (70%) were assaulted in comparison with females (30%). The White British population formed the highest proportion of victims (78%) by ethnicity followed by Asian British population (6%). Both Mixed and Black British ethnic groups had the same rate of assaults outside the home (4%). The highest proportion of assault victims (14.6%) were aged 15-19. Below is an overview of hospital admissions due to assault from sharp objects and it clearly shows young males aged 18-24 were the most often affected at the Trafford, Greater Manchester, and England level.





Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

Since July 2020, an average of 3 people attended the Emergency Department because of violence, with 80 attendees from July 2020 to October 2023, reaching a peak in July 2023 (8 attendees).



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

### Attacks on the fire and rescue service

Data received from Greater Manchester Fire and Rescue Services indicated there were 8 recorded attacks on the Fire and Rescue Service during the period from January 2021 to September 2023 in Trafford. The attacks are distributed across different months with no apparent pattern or peak season, suggesting these

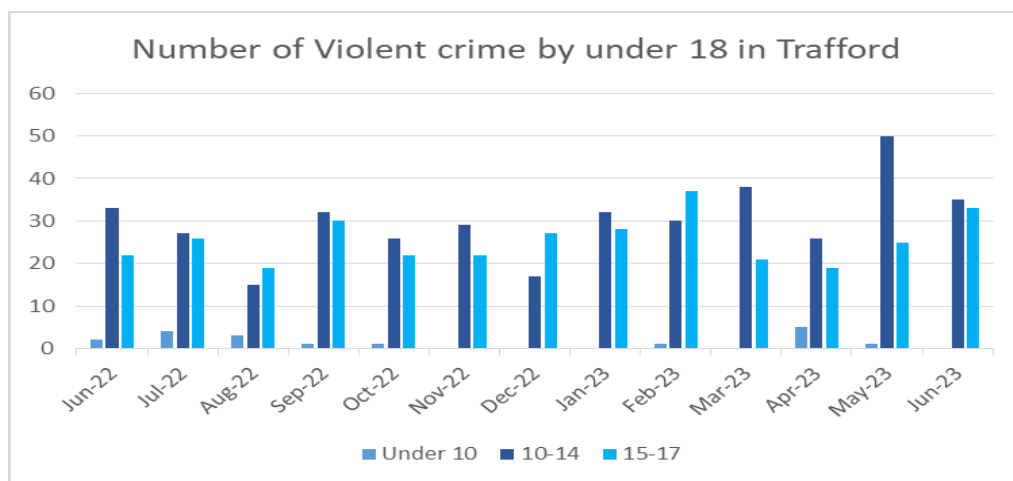
are isolated incidents rather than a trend. All reported attacks were classified as verbal abuse. There was no indication of physical assaults or other types of aggressive behaviour towards the Fire and Rescue Service personnel.

### Youth violence

According to the 2021 Census, 30% of the population in Trafford is estimated to be under 25 years of age and a further 25% are aged 19 and under.

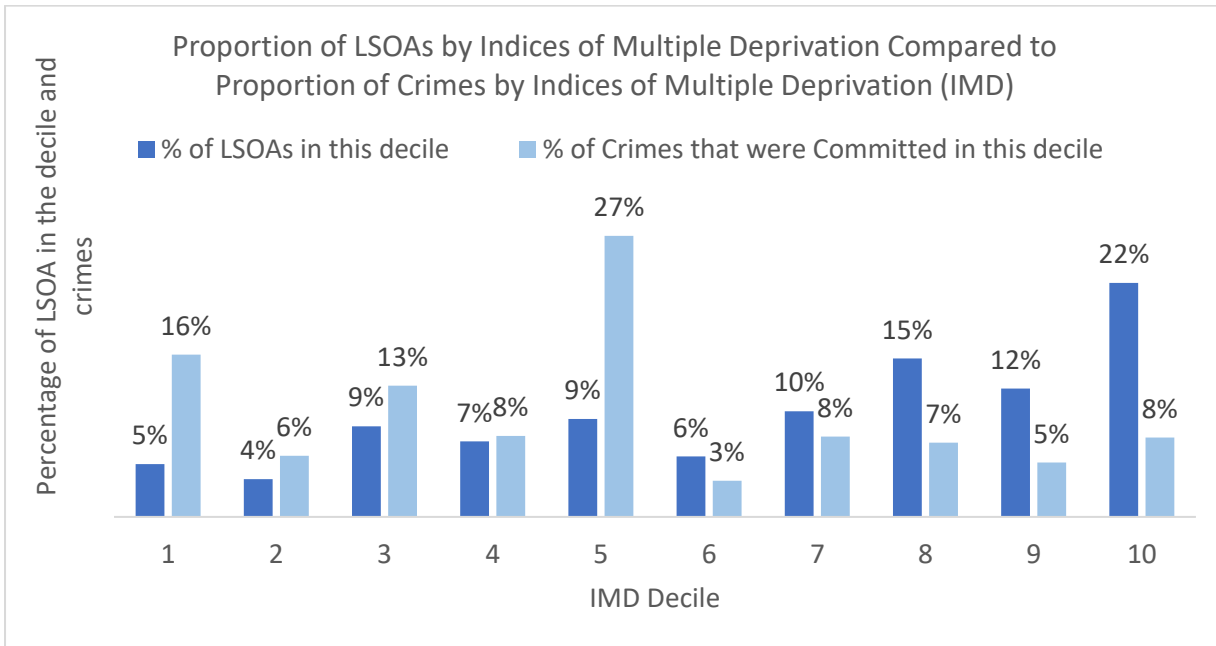
In the year ending June 2023, **13%** of the violent crimes recorded by the police were committed by those aged under 18 years of age, and **15%** of crimes were committed by those aged 18-25 years.

A closer inspection reveals that those aged under 18 committed **739** violent crimes during the same period with those ages 10-14 having the highest number of 390 (53%) followed by ages 15-17 at 45% and under-10 at 2%. This suggests young people in Trafford start to commit more violent offences at a younger age.



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

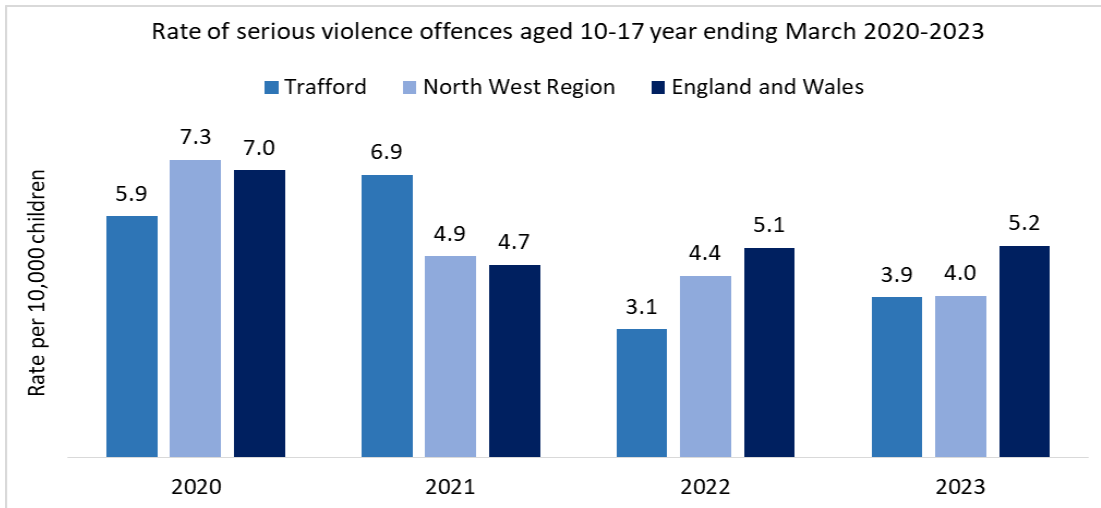
More males were recorded as suspect at 60%, females at 39% and 1 % with unknown gender. The distribution of this age group varies among ethnic groups. White British young people were the highest perpetrators of violent crime (55%), followed by an unknown group at 28%. The Black group committed 9% of the crime, and both Asian British and Mixed British ethnic groups committed 4% of violent crimes. Young people living in the higher deprived areas are expected to commit more violent crime compared to those living in the least deprived areas, the picture is different in Trafford as seen in the chart below.



Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

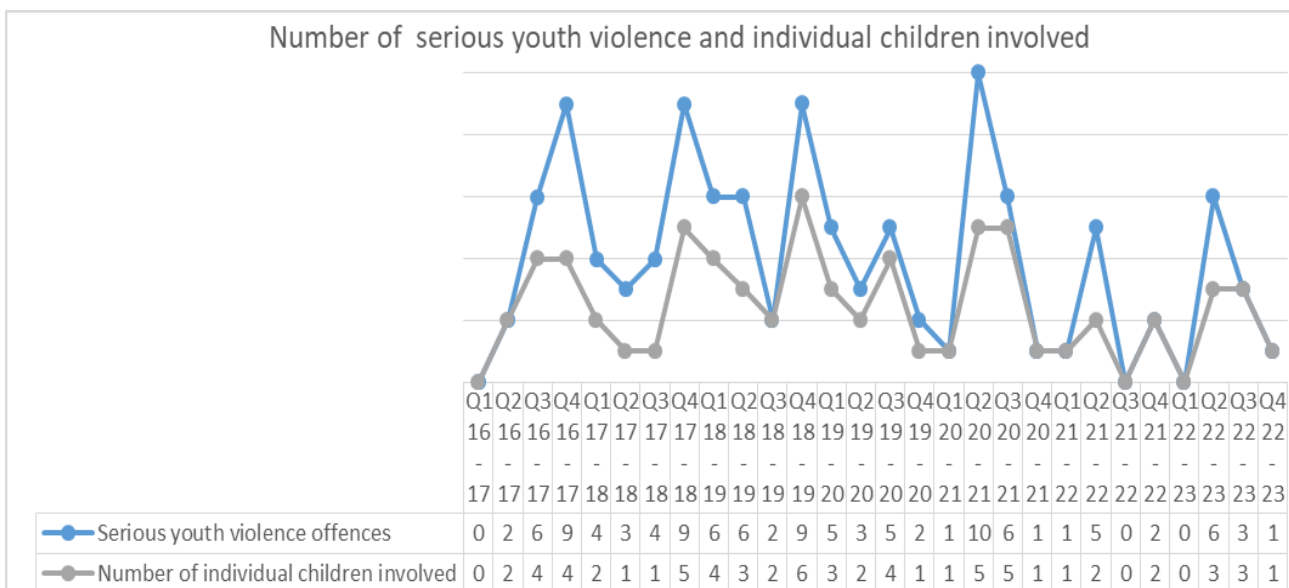
Furthermore, the latest data up until Q4 22-23 from Youth Justice Board's Serious Violence Data revealed the number of serious violence offences has slightly increased when compared with the previous year. In the year ending March 2023, Trafford recorded **10** serious violence offences within the 10-17 age group, with a rate of 3.9 per 10,000 children while in the previous year, 8 cases were reported. Cumulatively, a total of 111 offences have been recorded from Q1 2017-17 to Q4 22-23. There were far fewer female (4%) than male violent offenders (96%). Also, White British young people (38%) were seen to be more involved in serious violent offending compared to other ethnic groups, with the Mixed ethnic group (35%), and black ethnic groups (19%).

The below chart gives an overview of the trend in the rate of serious violent offences over the last 3 years in Trafford compared with Northwest region and England. In general terms, there has been a slight decline in rates of violent offending across the board. Over the past two years, the rate of violent offending was slightly lower in Trafford than across Greater Manchester and England. However, in 2021, the reverse pattern was evident.



Source: [Youth Justice Board 2023](#)

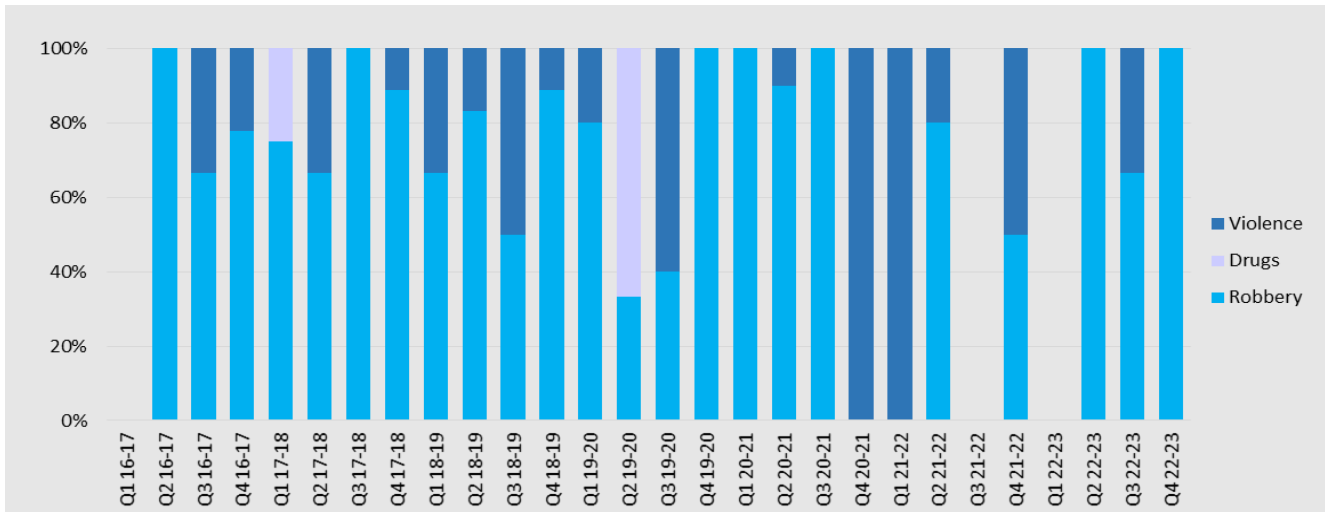
The chart below presents a picture of the number of children involved in serious youth violence from Q1 16-17 to Q4 22-23. It shows that there have been relatively few serious violent incidents, and where these have occurred, few children have been involved.



Source: [YJB 2023](#)

### Distribution of serious violence offences

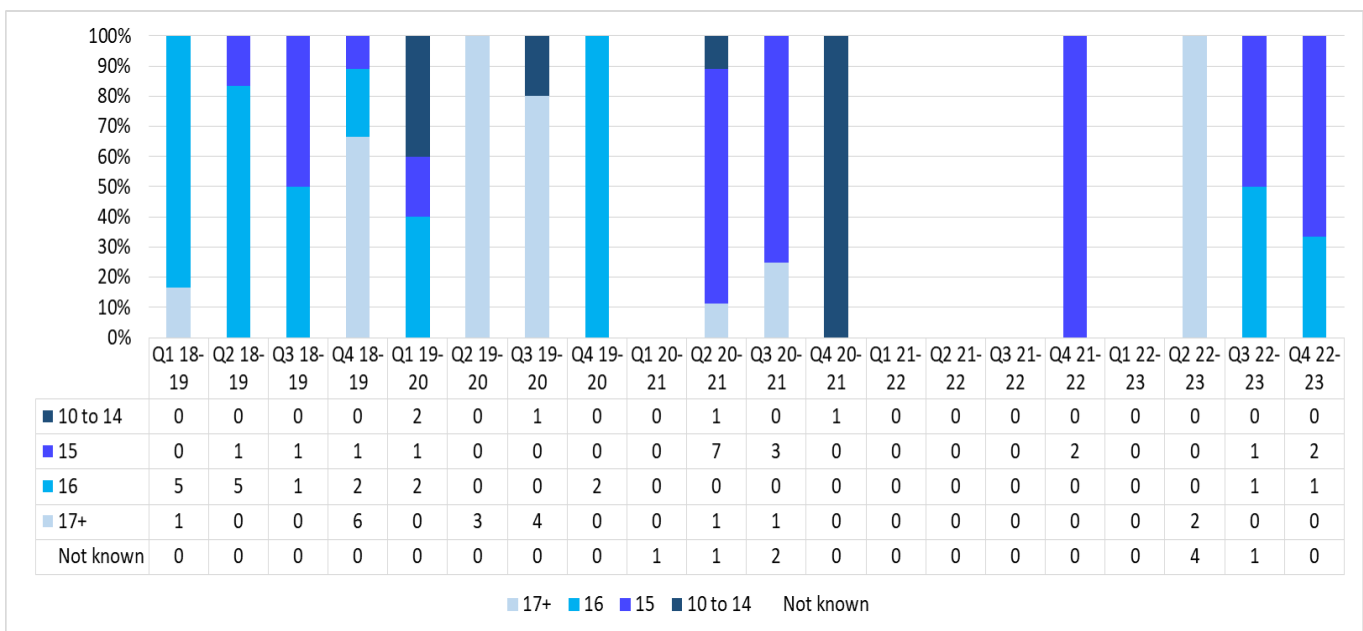
The below graph shows the distribution of serious violence offences among young people aged 10-17 in Trafford from Q1 16-17 to Q4 22-23. There appears to be a decline in the incidence of violence from Q4 2020-21 to Q1 2021-22 where all crimes were recorded as violent, to Q4 2022-23 where 50% were recorded as violent to Q4 2022-23 where all crimes involved robberies, and none involved violent crime.



Source: [Youth Justice Board 2023](#)

Young people aged 15 and 16 formed the highest proportion of serious violent crime offenders (32% and 24% respectively) between Q1 18-19 to Q4 22-23. This can be seen below;

### Number and proportion of serious violence offences committed by age



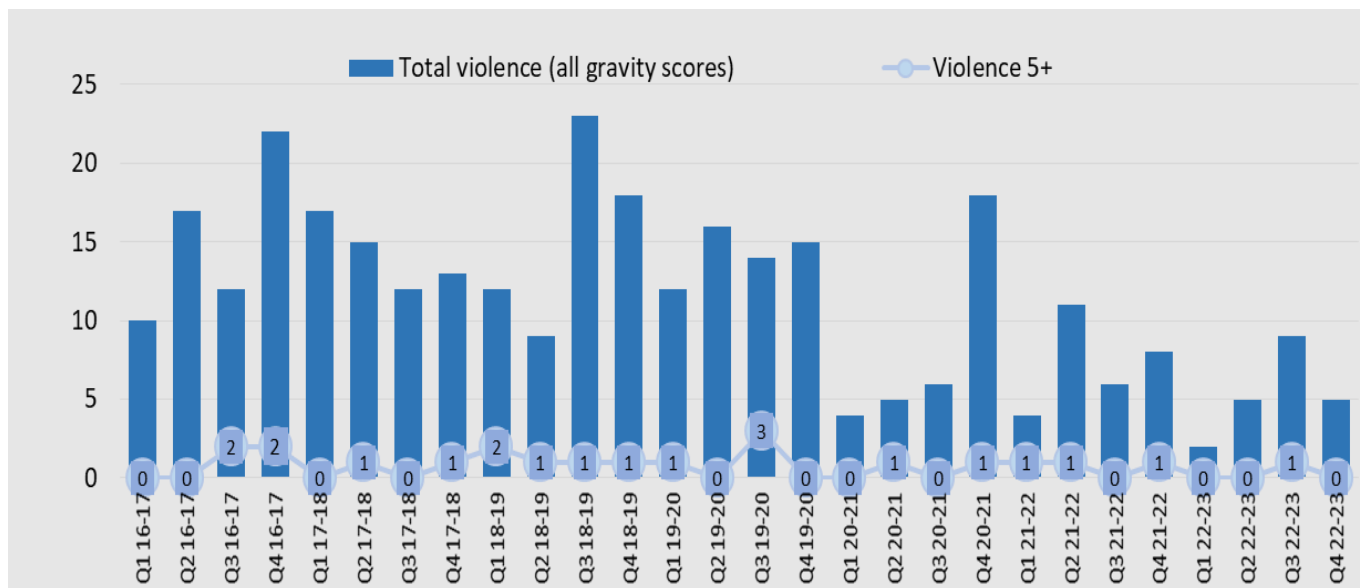
Source: [Youth Justice Board 2023](#)

### Violence against the person

320 cases of violence against the person were reported in Trafford from Q1 2016-17 to Q4 2022-23. However, 21 of these cases had a gravity score of 5+ with the highest number (2) in Q3 16-17. Gravity score is a point value assigned to each criminal offense based on the severity of the offence. The gravity score range is from 1 to 5, with a score of 1 reflecting less serious crime, and a score of 5 reflecting the most serious crime. This score assists in deciding the most appropriate outcome or disposal for children and young people

under the age of 18 years. In the year ending March 2023, Trafford had a percentage decrease of 66% in violence against the person (Grievous bodily harm) i.e., only one case was reported as compared to the previous year where three cases were reported.

Total number of violent incidents against the person offences and those with a gravity score of 5+. The chart below indicates that the majority of violent incidents do not involve serious violence. In general terms there has been a slight decline between Q1 2020-21 compared with the period between Q1 2016-17 and Q4 2019-20.

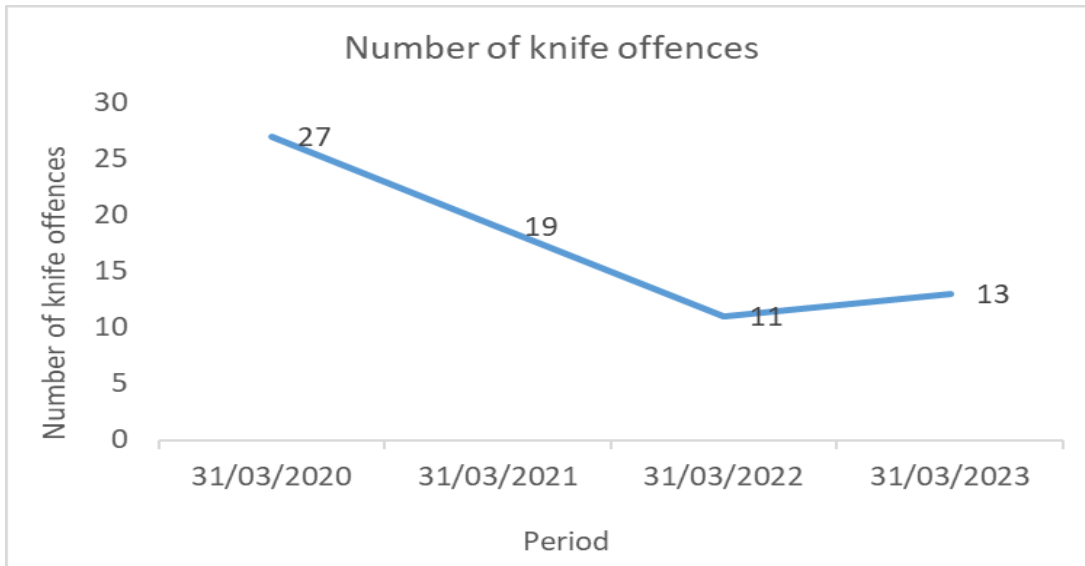


Source: [Youth Justice Board 2023](#)

### Knife and weapons possession crime

There have been **107** knife and weapon possession criminal offences recorded from Q1 16-17 to Q4 22-23 of which none had a gravity score of 5+. Closer inspection of these offences reveals that 71% of perpetrators were in possession of a knife or blade, and 26% were in possession of another weapon. 1.9% were threatened with a knife or blade, and 0.9% were threatened with an offensive weapon.

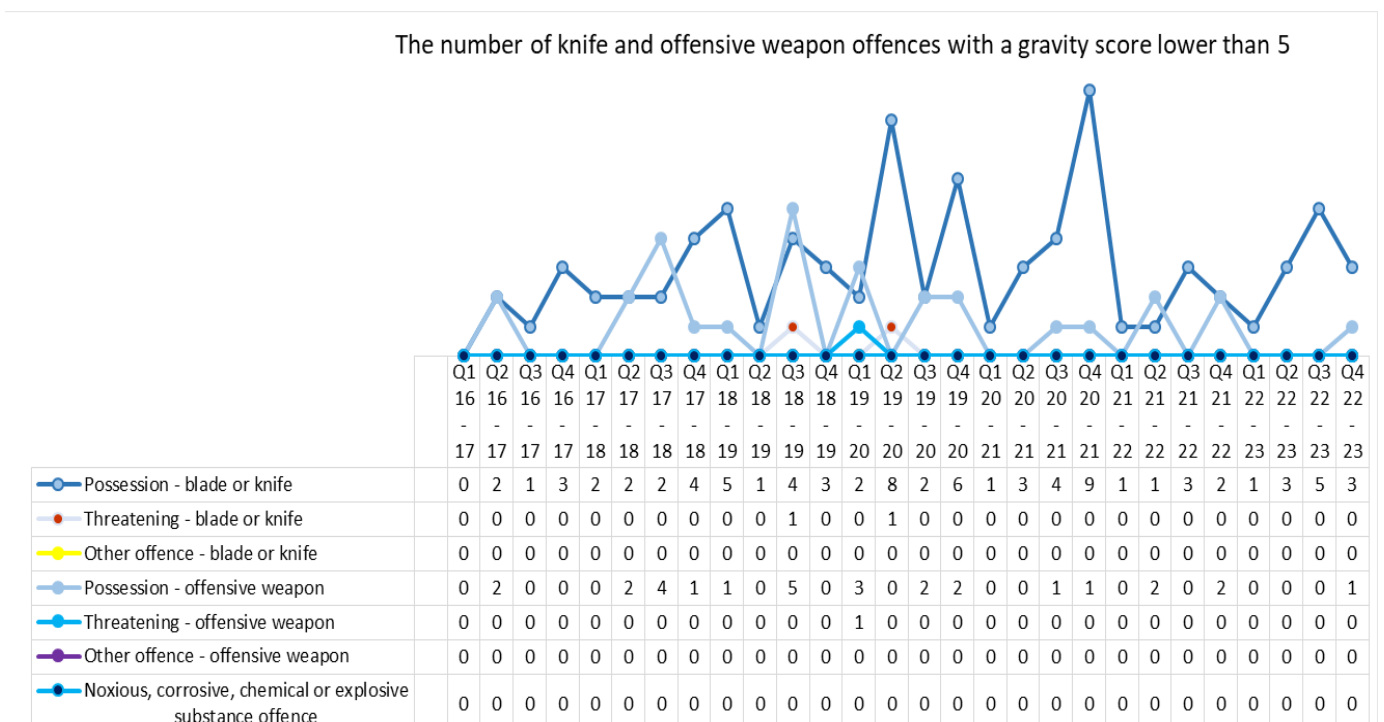
Knife crime offences have fallen compared with the period before COVID-19. Offences increased by 18% in the year ending March 2023 as seen below.



Source: [Youth Justice Board 2023](#)

Weapons possession crimes are inextricably related to police activities, with weapons recovered during arrests and searches.

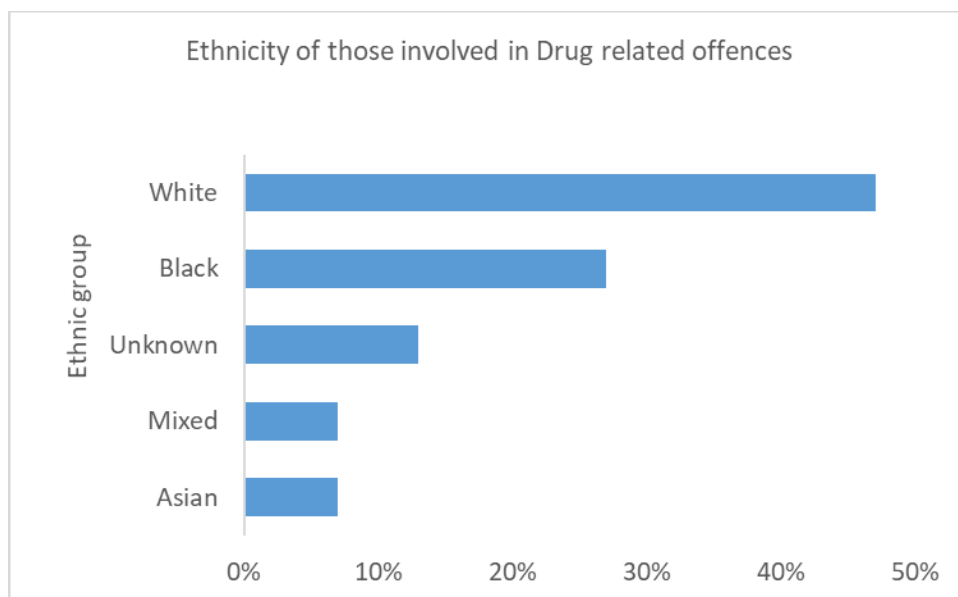
The graph below shows the possession of an object with a blade or knife by quarter. It can be seen that incidents of possession of a bladed weapon in Trafford have remained fairly low.



Source: [Youth Justice Board 2023](#)

### Drug-related crime

60 drug-related crimes were recorded in Trafford from Q1 16-17 to Q4 22-23. However, only 3 of these offences had a gravity of score 5+ which suggests that the drug was in possession with an intent to supply. In the year ending March 2023, 11 cases were reported, and this was the highest during the last three years. However, none of them was recorded as involving serious violence. 73% of these offenders were male. The White British ethnic group was seen to be more involved in drug-related offences followed by the Black ethnic population.



Source: [Youth Justice Board 2023](#)

### Robbery

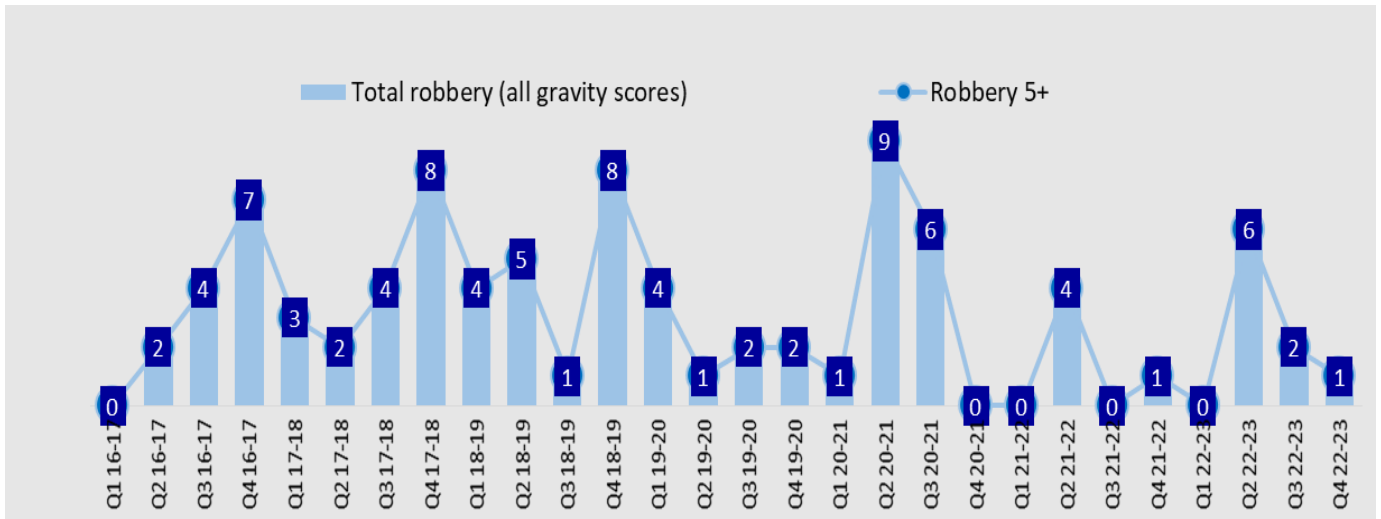
Robbery is defined as stealing intensified by violence, and it occurs when criminals use force to take items from someone or makes the victim believe force will be used.

**246** young people in Trafford aged 18 and under committed robberies between the quarter ending December 2019 and to quarter ending September 2023. The highest number of perpetrators occurred in March 2020. The total number of victims of robbery **was 494**.

In the quarter ending September 2023, **57** offenders were recorded. This is an 11% percentage increase from the year ending September 2022. There has been a 27% increase in the number of victims as compared to year ending September 2022.

Data from the Youth Offending Service reveals that between Q1 16-17 to Q4 22-23, **87** robberies with a gravity score of +5 took place. In general, relatively few robberies have taken place over this time period that have involved serious violence, and since Q4 2020-21 there have been much fewer than in the preceding time periods.



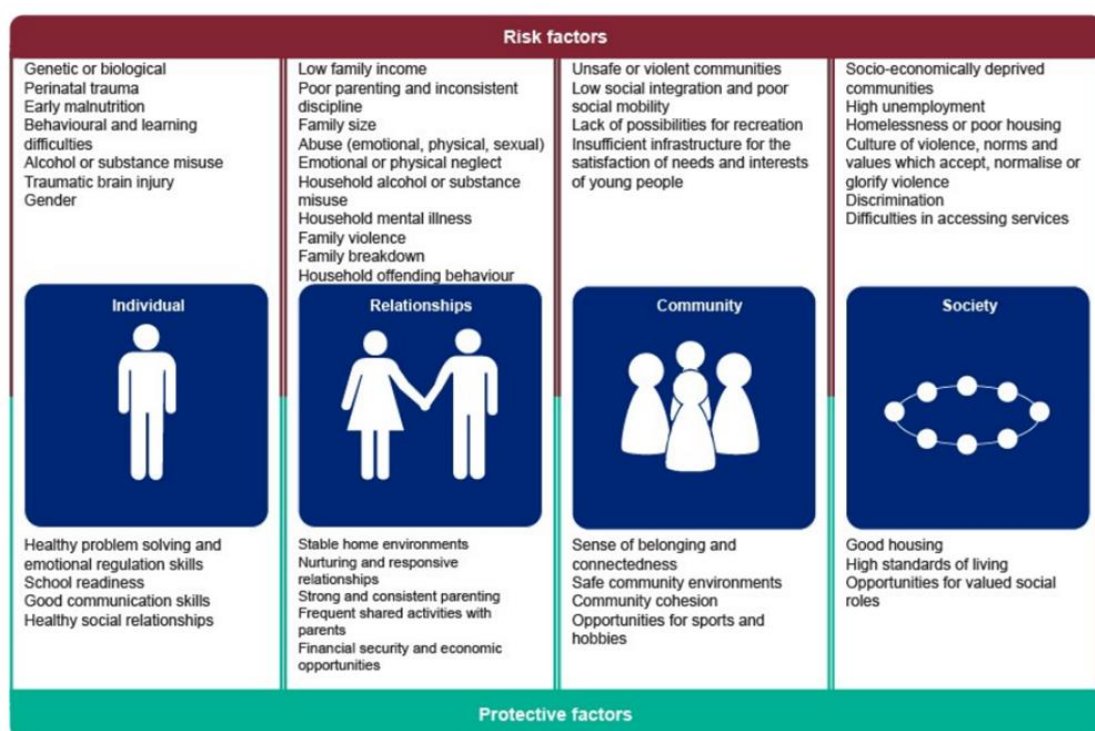


Source: [Youth Justice Board 2023](#)

Currently, there is a decrease in the number serious offences because of robbery among the age group as seen above. 81% were actual robberies and 19% were attempted/conspiracy to commit robbery.

## 7 Risk and Protective Factors

There are a wide range of factors, relating to individuals, relationships, communities and society that increase the likelihood and mitigate against vulnerability to violence, and these factors can impact on individuals throughout the whole life course. Risk factors are not direct causes of violence, but exposure to risk factors, or a lack of protective factors can increase the likelihood of violence occurring. Effective primary prevention focuses on reducing exposure to those risk factors, and strengthening protective factors before violence has occurred, and using a public health model of violence reduction supports introducing interventions at population level.



Source: [A whole-system multi-agency approach to serious violence prevention A resource for local system leaders in England, n.d](#)

It is recognised that pregnancy to the age of two (referred to as the first 1,001 days) is a critical time for development and the time when babies are at their most vulnerable. This is a period of rapid physical and intellectual development and a child's cognitive, emotional, and social development are impacted by the environment they live in, and the behaviour of those around them. Experiencing perinatal trauma such as the maternal stress or anxiety, substance misuse or domestic abuse is a risk factor for future violence, as is early malnutrition, abuse, or neglect. Women can experience domestic abuse for the first-time during pregnancy, and prevalence studies suggest that between 20% and 30% of women will experience physical

violence at the hands of a partner/ex-partner during pregnancy. Children who witness domestic violence can experience demonstrable changes to the anatomic and physiological make up of their central nervous system. This can lead to poor academic accomplishments, lower intelligence quotients, as well as poor language skills, deficient memory, lack of inhibition, and inattention.

Waiting lists for medical care both mental and physical health are increasing in the UK, with a steep rise in perinatal health care wait times. A recent report by the Maternal and Infant Clinical Outcome Review Programme (2023) found that suicide remains the leading cause of direct maternal death in the first postnatal year, and 40% of deaths within the year after pregnancy were from mental health-related causes ([MBRRACE-UK, 2023](#)).

Early Intervention Foundation's report, preventing gang and youth violence a review of risk and protective factors (2015) also identifies risk and protective factors of youth violence and gang involvement from birth to the age of 25. Whilst violence and gang involvement can exist separately from one another, being involved in a gang can influence an individual's use of violence.

Poor housing and homelessness, low family incomes and high unemployment, in addition to higher likelihood of poorer physical and mental health, higher rates of substance-related harm and lower school attainment are all more prevalent in deprived communities.

## 7.1 Adverse Childhood Experiences (ACES)

### 7.1.1 The link between adverse childhood experiences (ACES) and violence

Adverse Childhood Experiences (ACES) are traumatic or stressful incidents that occur before a child is 18 and can have potentially long-lasting negative effects on the health and wellbeing of individuals.

ACES is a term first used in a survey conducted in the US in the 1990s. The Kaiser Permanente population study refers to 10 categories of abuse and family dysfunction that reliably predict a variety of poor adult outcomes ([Felitti et al., 1998](#)). Multiple ACES studies have followed and confirmed a similar relationship between exposure to adverse childhood experiences and poorer health outcomes.

The 10 original ACEs are:

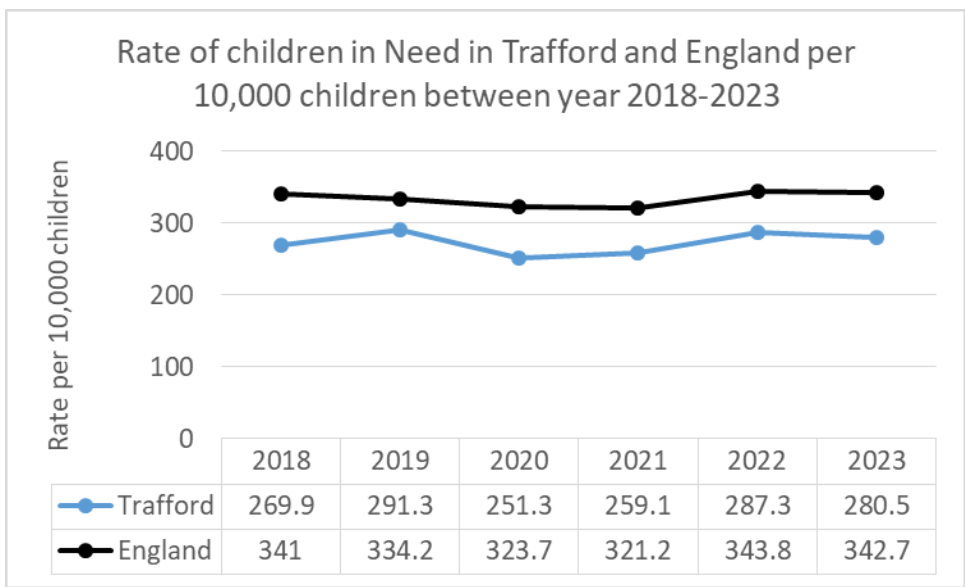
- physical abuse
- sexual abuse
- psychological abuse

- physical neglect
- psychological neglect
- witnessing domestic abuse
- having a close family member who misused drugs or alcohol
- having a close family member with mental health problems
- having a close family member who served time in prison
- parental separation or divorce on account of relationship breakdown.

Trauma focused Cognitive Behavioural Therapy is an example of an individualised therapeutic intervention with causal evidence of reducing symptoms of ACE-related trauma and increasing children’s resilience ([Appleton et al., 2017](#)). This intervention can be offered to children who have been neglected or abused. Intensive interventions are therefore often necessary to reduce aggressive child behaviours and improve family functioning.

### 7.1.2 Adverse Childhood Experiences (ACES) in Trafford

In the year ending March 2023, Trafford identified **1,536** children to be in need. This represents a rate of 280.5 per 10,000 children. This shows a decrease of 2.3% compared to the previous year of **1,573, which showed a rate of 287.3 per 10,000 children.** This rate or count per population of children in need is lower than the England rate of 342.7 per 10,000. The rate is on the increase in both England and Trafford as seen below.



Source: [GOV.UK, 2023](#)

Also, the percentage of children in need with a disability at the end of March 2023 is on the rise in Trafford at 8.1% (124) as compared to the previous year ending March 2022 where the number was 93 (5.9%). This is like England's rate at 12.8% and in the previous year when it was 12.3%.

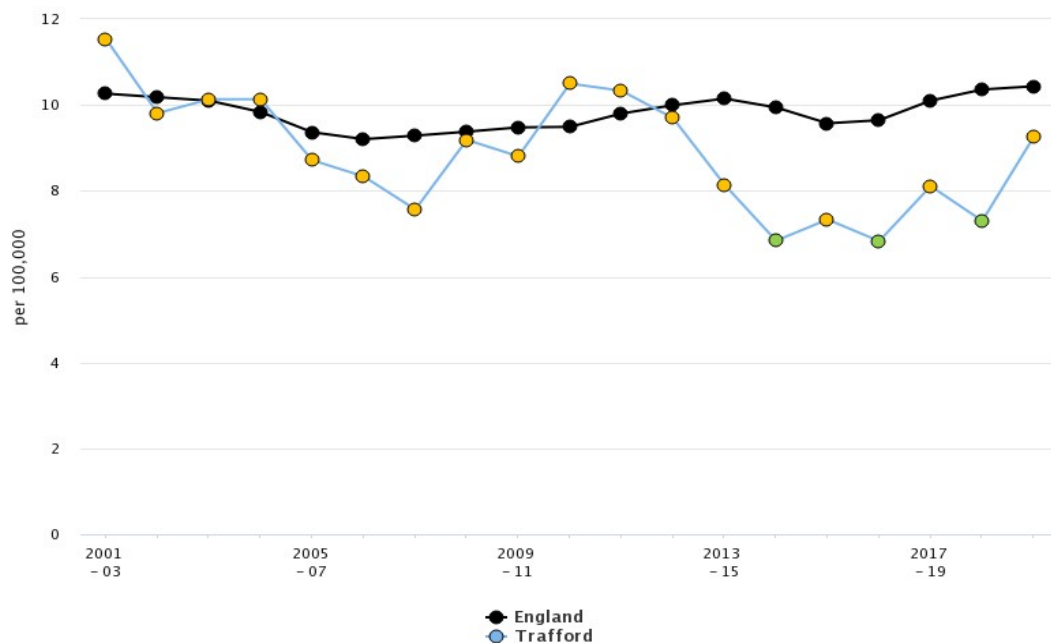
In addition, the number of children in need plans by the year ending March 2023 (464, 84.7 per 10,000 children) has slightly decreased compared to the previous year (503 & 91.9 per 10,000 children).

Furthermore, Trafford has a total number of 109 children who started to be looked after as of the year ending March 2023. 'Children looked after' are identified as having poorer health outcomes, being more vulnerable, and there is a strong link between children in care and offending behaviours with over a third of children in young offender institutes and over half in secure training centres identified as having previously been in care ([Sinclair et al., 2021](#)). This figure is also higher than the previous year (91) but almost the same as the number in year 2021 (117). More males are found to be looked after (57%) than females (43%) and this has been the trend over time.

Out of 109 children in Trafford who are currently looked after, 70% (76) were taken into care due to neglect and abuse. This percentage is the lowest since post-COVID. However, this is higher compared to the rate for England (56%). Neglect and abuse may interfere with satisfactory brain development, potentially leading individuals to exhibit aggressive and violent tendencies. Such experiences can also diminish self-esteem and hinder the development of social competencies, which are both associated with a tendency towards antisocial actions and violence ([Bland et al., 2018](#)).

Furthermore, there is a strong association between child abuse and neglect and the risks of attempted suicide in young people and adults. Trafford's suicide rates have increased slightly, from 7.3 per 100,000 in 2018-20 to 9.3 per 100,000 in 2019-21 and are statistically lower than the England average rate.

Suicide rate (Persons) for Trafford



Source: [Fingertips.phe.org.uk](https://fingertips.phe.org.uk), n.d

Domestic violence is another significant risk factor. Being subjected to violence at a young age increases the likelihood of children becoming involved in violent incidents during their teenage years and later in life, either as victims or perpetrators.

In the quarter ending September 2023, **66** young people aged under 18 in Trafford were found to be victims of domestic abuse. 12 of them were identified as repeat victims while 54 were one-time victims of domestic abuse. When compared to the same period the previous year, 40 young people were one-time victims of domestic abuse and 12 were repeat victims. This represents a decrease in repeat victims but an increase in one-time offenders, although it should be noted that the numbers are few in both categories. Across Greater Manchester the picture regarding repeat and one-time victims of domestic abuse is remarkably similar.

### 7.1.3 Work in Trafford to reduce the impact of Adverse Childhood Experiences (ACES)

All Greater Manchester public sector bodies have committed to be trauma-informed and responsive, by making training widely available by 2028.

The Greater Manchester VRU will support the embedding of trauma-responsive approaches across voluntary services and community organisations in Greater Manchester, particularly those that work with children and young people.

This year Trafford Virtual School launched our Belong (Attachment and Trauma Awareness in Schools) Programme and we have been working with two leaders from each of seven schools who are completing a post-graduate qualification and have been accessing half termly supervision with a Clinical Psychologist to support them to enact culture change in their schools. This is a rolling two-year programme, and the schools will all be accessing whole school training in year 2. In the autumn term we developed a model Trafford Relational Behaviour Policy Framework and we have recently recruited 11 more schools into cohort 2. Attachment and Trauma Awareness will be the theme of our 2023/24 'Bridge Conference' where participating schools will be presenting their learning. We also have a Children's Reference Group where we have been asking pupils what they would like their schools to do to help them feel that they 'belong'.

In the Ofsted inspection of Trafford Children's Services on 4th March 2019, the overall effectiveness of local authority services for children was rated inadequate. Trafford Children's Services were inspected on 21st November 2022 and was judged 'requires improvement to be good', noting the 'significant political and corporate support and commitment to the improvement of outcomes for children and young people in Trafford'.

## 7.2 Education

### 7.2.1 The link between education and violence

The relationship between school attainment and positive life chances is well evidenced ([Public Health England, 2014](#)). Risk factors for violence include low commitment to engaging with school, low IQ, and low educational achievement. Conversely positive school readiness, higher academic achievement and engagement with schooling are protective factors.

In Trafford in 2021/22, 71.6% of children achieved a good level of development at the end of Reception (OHID School Readiness indicator), which is above the average for England. The percentage of children with free school meal status achieving a good level of development at the end of Reception year, however, was 47.5% which was below the England average.

There are several ways in which a child or young person can become marginalised from their educational setting. School suspension and permanent exclusion from school are the most direct forms of marginalisation, but isolation within the school, either as a behaviour management technique or due to the lack of ability to meet the individuals needs in a classroom setting, refusal to attend school, elective home educating, off rolling or managed moves also marginalise.

There is no clear single driving factor for school exclusion. Often factors interplay and overlap ([Gill et al., 2017](#)), but there is some crossover in the driving factors for exclusion and risk factors for violence.

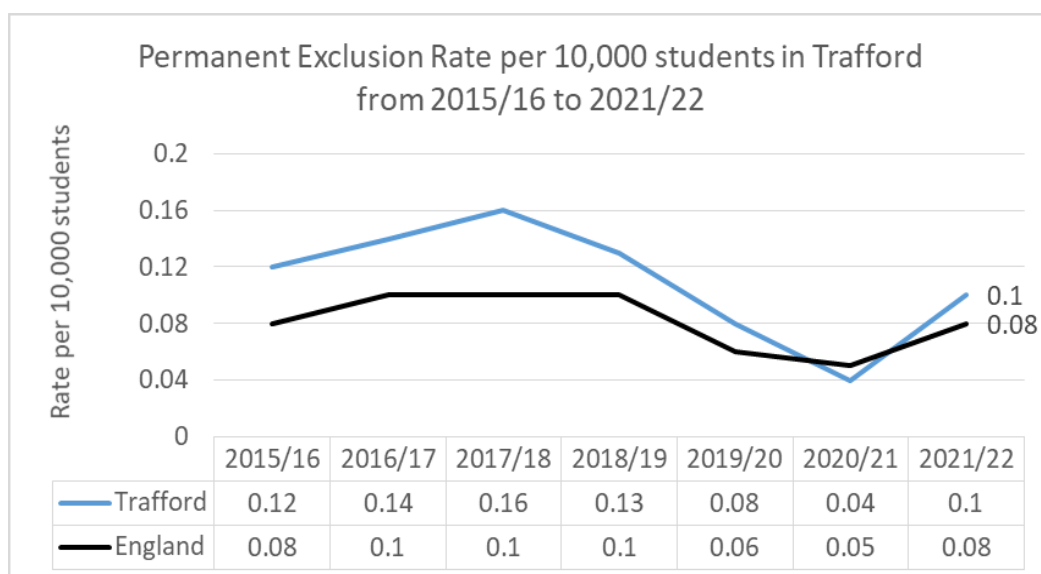
Just for Kids Law (2020) note a ‘clear near universally acknowledged’ statistical link between exclusion and a risk of violent crime either as a victim or a perpetrator, and being excluded from school is one of the child-level risk factors noted by the Office of the Children’s Commissioner for being vulnerable to exploitation or grooming by gangs.

Research in 2020 by the [Prisoner Learning Alliance \(PLA\)](#) found that nearly two-thirds (59%) of prisoners have truanted from school, and 42% were expelled or permanently excluded from school. ‘The link between school exclusions and children ending up in the criminal justice system is clear. In 2017-18, 85% of boys in Youth Offender Institutions (YOIs) had been excluded from school before coming into custody’. Between April 2018-August 2023, 58% of young people in England and Wales in secure children’s homes (SCHs), secure training centres (STCs) and YOIs experienced violence against the person as the most serious offence for their most precedent legal basis.

Young people who are permanently excluded from mainstream schools may be particularly vulnerable to drug abuse, violent crimes, and knife crime, according to an increasing number of research studies conducted across the country.

### 7.2.2 Education in Trafford

Below shows the permanent exclusion rate for Trafford from 2015/16 to 2021/22

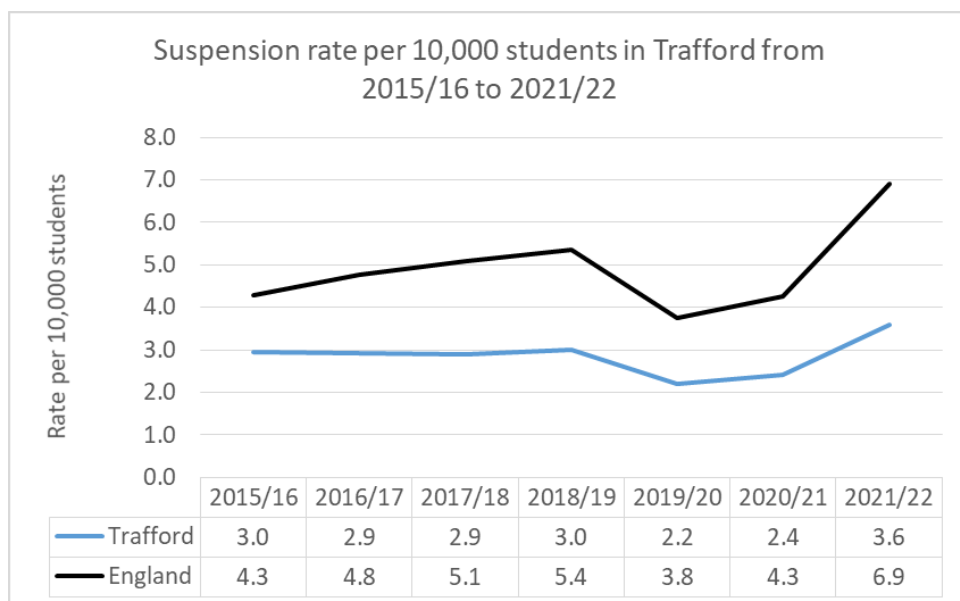


Source: [Department for Education \(2022\)](#)



School permanent exclusion rates for Trafford have been mostly higher than the England rates with the peak in 2017/18 (0.16 per 10,000 population). Whilst exclusion figures for 2019/2020 and 2020/2021 are likely to have decreased because of the pandemic, there is an increased percentage change of 59% in 2021/22 for Trafford and 38% for England, however the permanent exclusion rate is slightly lower than pre-pandemic levels.

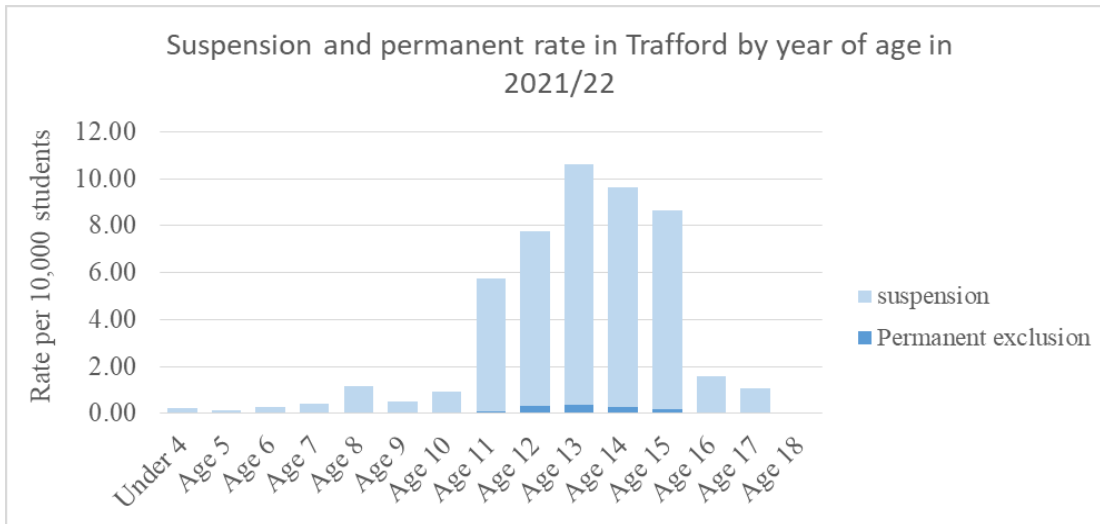
The suspension rate in Trafford is lower than the England average, but in the 2021/22 school year, more Trafford children were suspended than any year since the 2015/16 school year.



Source: [Department for Education \(2022\)](#)

In the academic calendar 2021/22, Trafford recorded a total number of **1,596** incidents of school exclusions (both permanent and temporary), and **1,039** in 2020/21, which represents an increase of 53%. This rise is believed to be linked to the disruptions caused by the preceding COVID-19 pandemic, impacting the education of young people significantly. Further data on school exclusions for Trafford can be seen below as it relates to the demographics of the affected population. The rate of all exclusions per 10,000 young people in Trafford begins when a child starts school, at age 4, and increases rapidly from 11 years old when children are at secondary school until rates peak at age 13. Exclusion rates are lower in the 16–18-year age groups.

Rate of exclusions (suspension and permanent) per 10,000 students by year of age, 2021/22 academic year.



Source: [Department for Education \(2022\)](#)

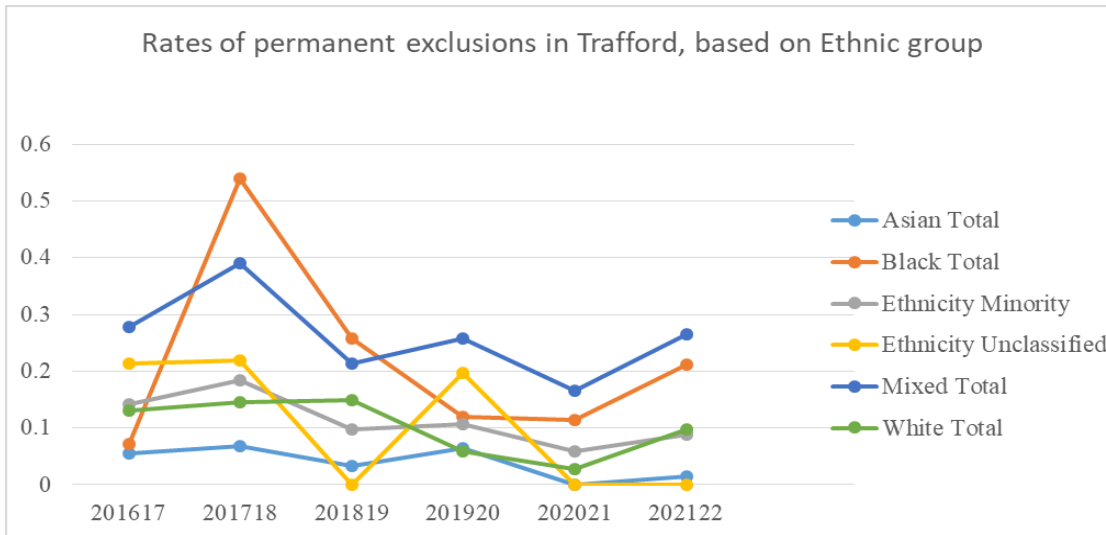
Persistent disruptive behaviour remains the most common reason for both suspensions and permanent exclusion in Trafford (44.8%) as it is in England (35%). When looking at the second most likely reason for both permanent exclusion, physical assault against a pupil and drug and alcohol-related behaviour (12.1%) was also common, followed by the use or threat of use of an offensive weapon or prohibited item and verbal abuse or threatening behaviour against an adult (6.9%), and Verbal abuse or threatening behaviour against a pupil (5.2%).

Permanent exclusion due to drug and alcohol-related behaviour is on the rise when compared to the 2020/21 academic year (5%), the same with the use or threat of use of an offensive weapon or prohibited item. Physical assault against a pupil and physical assault against an adult has significantly declined.

The second most likely reason for suspension among pupils in Trafford is physical assault against a pupil (17.97%), followed by verbal abuse or threatening behaviour against an adult (12.9%), followed by drug and alcohol-related (7.8%).

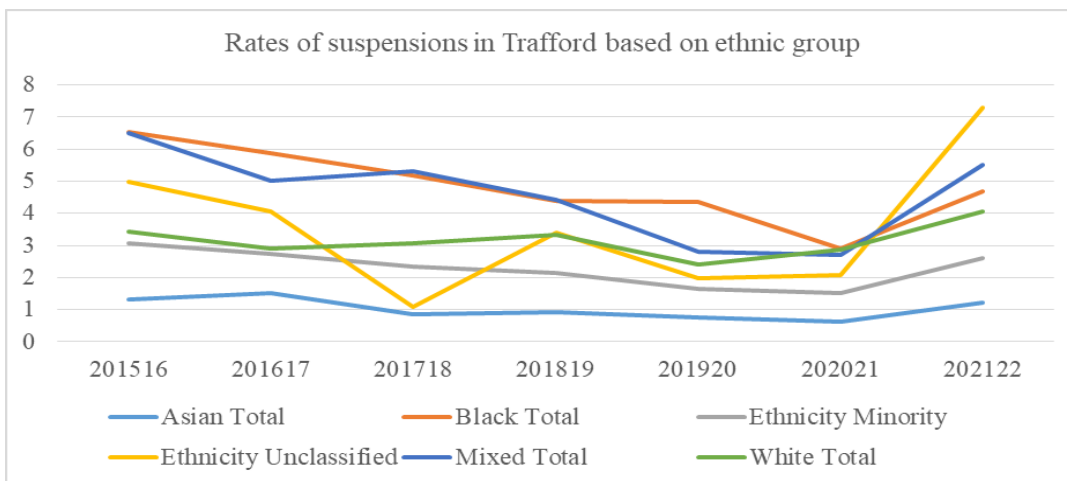
Most suspensions in Trafford occur when the student is 13 years old.

Historically, Black, and mixed-race pupils have been excluded at a higher rate than White, Asian, and minority-race students. This is still the case as revealed in the chart below. Recent data on the ethnic group breakdown of Trafford children is available from the 2021 census. Children of mixed/multiple ethnicities make up 8.6% of the under 18 population and children of Black ethnicity make up 3.9% of the population.



Source: [Department for Education \(2022\)](#)

Similarly, to the above, the chart below shows the rates of suspensions in Trafford have been consistently high for pupils from mixed ethnicity backgrounds and Black.



Source: [Department for Education \(2022\)](#)

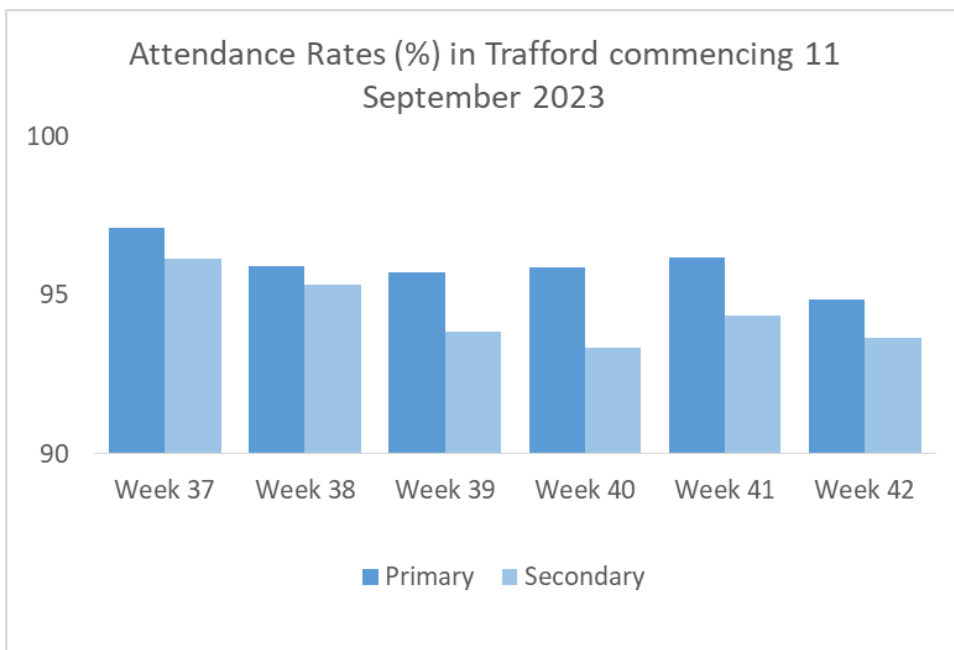
Educational attainment in Trafford is higher than the England average. In 2021/22 the mean Attainment 8 score (a measure based upon achievement in 8 GCSE qualifications including English and Maths) is 55.6, the highest in the Northwest and amongst Trafford's statistical neighbours, with England having an average score of 48.7 ([Wider Determinants of Health, 2021/22](#)).

School readiness, expressed as the proportion achieving a good level of development at the end of Reception, in Trafford (71.6%) is higher than the England average (65.2%) ([Wider Determinants of Health, 2021/22](#)). However, school readiness for children who are in receipt of free school meals, as a proxy measure of poverty, is similar (47.5%) to the England average (49.1%) and fifth lowest in a group of similar local authorities ([Wider Determinants of Health, 2021/22](#)).

The proportion of 16–17-year-olds who are not in education, employment, or training in Trafford (4.1%) is better than England (4.7%). However, some other similar authorities do better on this indicator. In Stockport, Trafford’s statistical and geographical neighbour, the percentage is 2.8% and in Warrington, our nearest statistical neighbour, it is also 2.8% ([Wider Determinants of Health, 2021](#)).

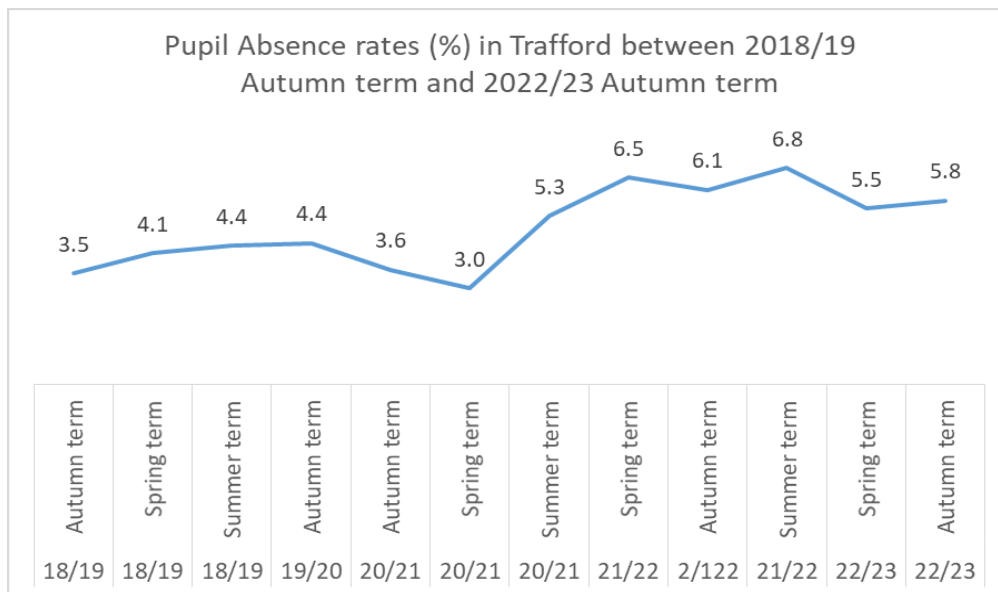
### Attendance and Absence

From the available data, the attendance rate in Trafford has been inconsistent since the resumption in September 2023 until week 42 across Primary and Secondary schools with Secondary schools experiencing the lowest attendance rate.



Source: [Department for Education \(2022\)](#)

The absence rate has been on the rise since the summer term of 2020/21. It should be noted that data for a major part of the 2019/20 academic session was not included due to COVID-19.



Source: [Department for Education \(2022\)](#)

### 7.2.3 Interventions to support positive education

For the first time in October 2023, no area in the West of Trafford is now below average for communication and language or physical development for Children’s development.

Looked After Children and Child in Need panels provide multi-disciplinary oversight of all persistent and severe absence, with actions agreed.

The Virtual School will be launching a new half-termly attendance training programme in 2023/24 aimed at supporting professionals and family members who have children who are persistently absent (attendance less than 90%) or severely absent (attendance less than 50%) from school, led by our Assistant Educational Psychologist and Wellbeing Lead.

## 7.3 Neurodiversity and Special Educational Needs and Disabilities (SEND)

### 7.3.1 The link between Neurodiversity or Special Educational Needs and Disabilities and violence

The majority of the population can be described as neurotypical, meaning that the brain generally functions and processes information in the way society expects. However, it is estimated that 1 in 7 (or more than 15%) of people are neurodivergent. Although there are no universally accepted criteria, diagnoses including Dyslexia, Autism, Dyspraxia, Attention-Deficit / Hyperactivity Disorder (ADHD) and Tourette’s are all conditions which are defined by the presence of a range of neurological differences meaning that the brain functions, learns and processes information differently. It is important to note that the neurodivergences that individuals with these conditions have can vary in severity, and having a condition does not mean that an individual will experience the same differences as another with the same condition. Additionally,

diagnosis can take a long time, misdiagnosis is not uncommon, and co-occurrence of types of neurodivergence are often seen.

Although data collection across the system is not consistent, evidence shows that neurodivergence is more prevalent in the criminal justice system than in the general population. The Coates review into education in prison states that one-third of prisoners self-identified as having a learning difficulty and/or disability in 2014/15 ([Coates, 2016](#)). Furthermore, speech and language professionals who contributed to a call for evidence estimated that 80% of prisoners had some kind of speech, language or communication need ([McNamara, 2012](#)).

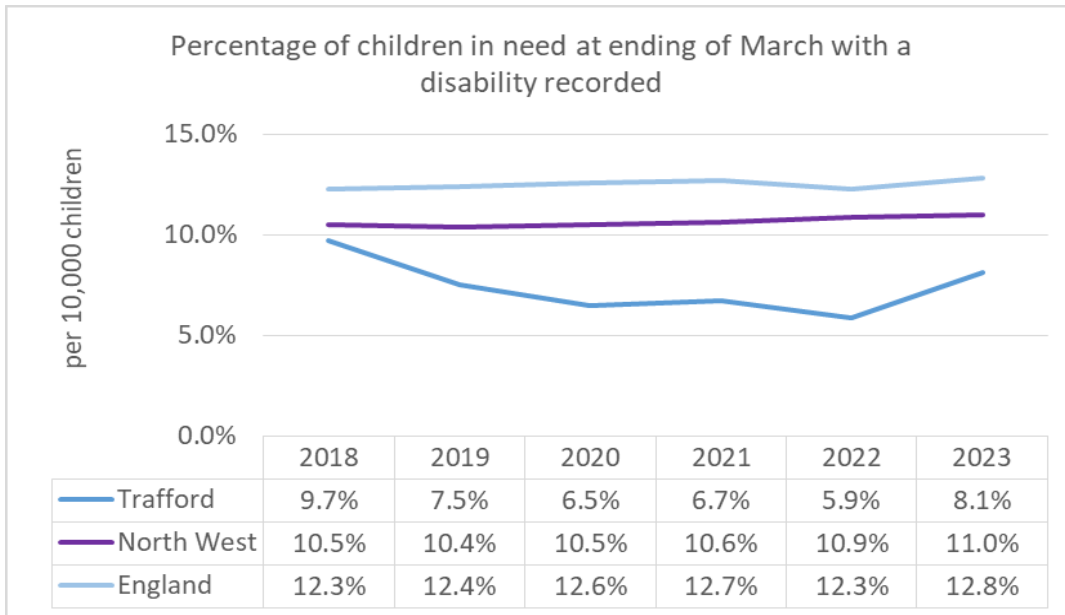
A few risk factors for youth violence can also be identified as factors of neurodivergence (for some individuals) such as hyperactivity, poor emotional regulation, and social rejection by peers. Additionally, some children and young people with neurodivergent conditions may communicate a need such as frustration or feeling misunderstood through violent or aggressive behaviour.

Evidence reviews for neurodiversity and violence indicated that some conditions appear to be more commonly linked with experiences of violence, and that neurodivergence increases the risk of school suspension or exclusion, and engaging in substance misuse, which are risk factors for violence.

Traumatic Brain Injury (TBI) is a risk factor for violence, with the estimated prevalence of TBI in the offender population being 60.25% ([Shiroma, Fergyson and Pickelsimer, 2010](#)) compared to an estimated 8-12% in the general population. Generally, TBI leads to functional difficulties across cognition, memory, social communication, and self-regulation of emotions and behaviours. This frequently leads to problems with increased irritability, frustration, and agitation, and can cause stress and anxiety, and mean that de-escalating potentially confrontational situations can be difficult.

### 7.3.2 Neurodiversity and Special Educational Needs and Disabilities in Trafford

In Trafford, 124 children with disability were identified to be in need in the year ending March 2023. This represents a 33% percentage increase compared to the previous year ending March 2022. This rate is on the rise but still lower when compared with the Northwest regional and England rates.



Source: [Department for Education special educational needs statistics](#)

The most common Special Educational Need (SEN) in Trafford in the year ending March 2023 is; Autism/Asperger Syndrome (58.9%) which is higher when compared with England (41.4%) and Northwest (36.1%), followed by learning need (26.6%) which is lower when compared to Northwest (35.5%) and England (36.5%), and lastly behavioural need (21.8%). This rate is higher when compared to England (19.4%) but lower when compared to Northwest (22.3%). However, it is unclear why this surge is noticed based on the data.

### 7.3.3 Interventions to support those with SEND or who are neurodivergent.

Trafford have a Special Educational Needs and Disabilities Joint Strategic Needs Assessment for 2022-2025, which aims to inform our Education, Health and Social Care partners, as well as our wider stakeholders, about the level of need within Trafford for our children and young people with a specific educational need or a disability (SEND). From this JSNA, the SEND plan will be updated by the range of multi-agency partners who attend the SEND board.

## 7.4 Deprivation

### 7.4.1 The link between deprivation and violence

Many social issues, including violent crime, poverty, and poor health, follow a clear socioeconomic gradient and disproportionately affect people who live in the most deprived neighbourhoods, according to a considerable number of international and local studies. The evidence indicates that violence is more common in impoverished places and that individuals who live in disadvantaged areas experience the worst effects of violence. In 2021, the imprisonment rate for the ten most deprived local authorities in England -

based on where prisoners were living prior to being jailed - was ten times greater (307 prisoners per 100,000) than that of the ten least deprived local authorities in England (30 per 100,000).

Indeed, poverty is identified as a social risk factor for violence by the WHO ecological framework, and excessive unemployment is identified as a community risk factor for violence.

#### 7.4.2 Deprivation in Trafford

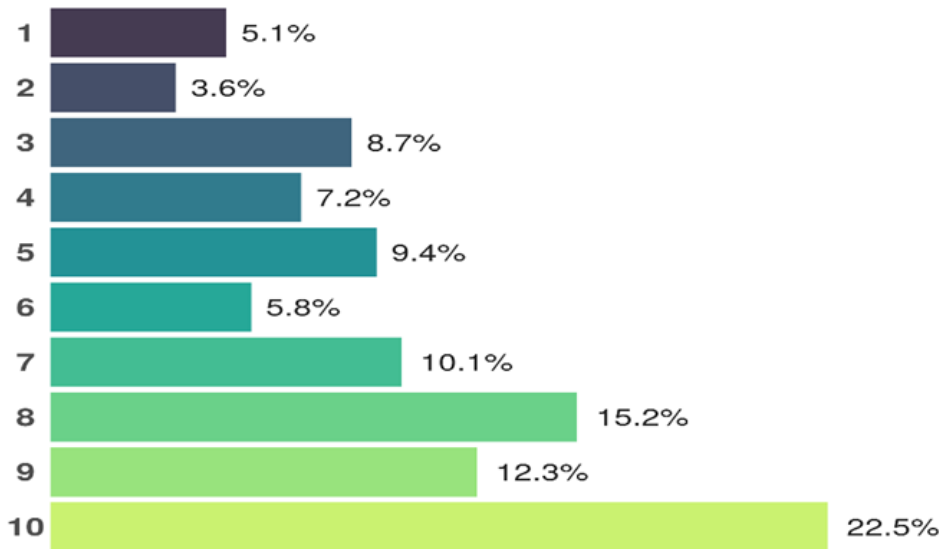
Trafford has an average weekly income of £543.20, higher than England's average of £496.00, highest in the Northwest and 5th highest in its group of similar authorities ([Wider Determinants of Health, 2021](#)). It is estimated that 10.7% of Trafford's population experience income deprivation. Trafford ranks 166 out of 317 local authority districts in England regarding income deprivation, where 1 is the most income deprived district. ([Traffordjsna.org.uk, 2019](#)). However, examining income inequalities at the Trafford level masks considerable inequalities within Trafford neighbourhoods and wards. 10 out of 138 (7.2%) of Trafford lower layer super output areas (LSOAs) rank in the 10% most deprived in England on this measure: two are located in Bucklow-St-Martins ward, two are located in St Mary's and three are located in Clifford ward, In addition, one is situated in Stretford ward, another is in Village ward, and another is located in Sale Moor ward (IMD ([Index of Multiple Deprivation](#)), 2019).

The most deprived regions are predominantly found in and around the ward of Bucklow-St Martins in the borough's west, as well as in the north, particularly in the Clifford ward, these also map onto areas with the highest absolute rates of violent crime, such as Gorse Hill & Cornbrook and Bucklow-St Martins The least deprived areas are primarily found in Trafford's southern and central sections, particularly in and around the wards of Timperley and Brooklands.



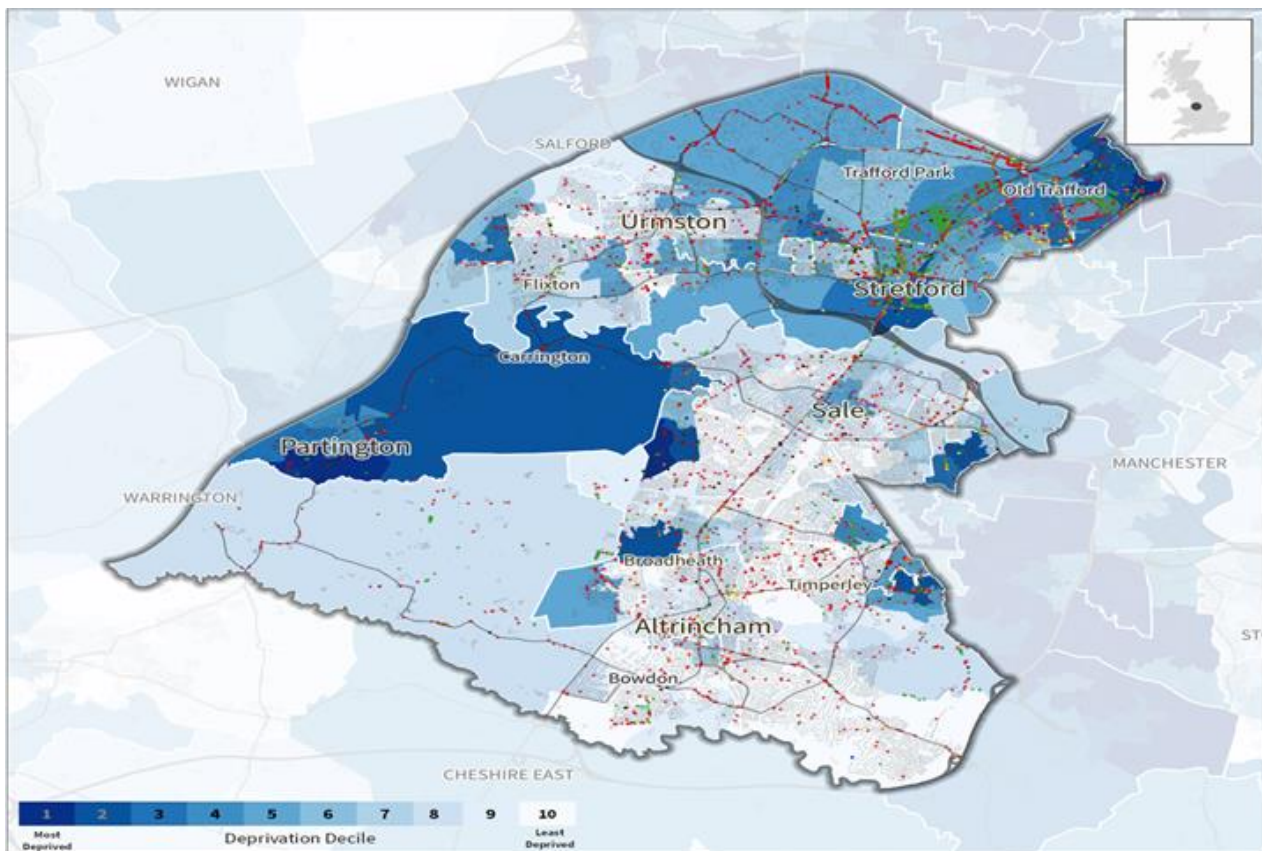
## LSOAs in each national deprivation decile

Trafford, Index of Multiple Deprivation, 2019



Source: MHCLG

The map below shows each LSOA (Lower layer Super Output Areas) is home to 650 households and about 1,500 people. They are divided into deciles ranging from 1 (the most deprived 10%) to 10 (the least disadvantaged 10%) and graded from 1 (the most deprived) to 32,844 (the least deprived).



Trafford's modified JSNA using 2021/2022 data revealed that 6,075 (12.4%) of Trafford under 16s are living in poverty, lower than the UK average (18.4%). This represents an increase of 1% from the 2014/15 rate of

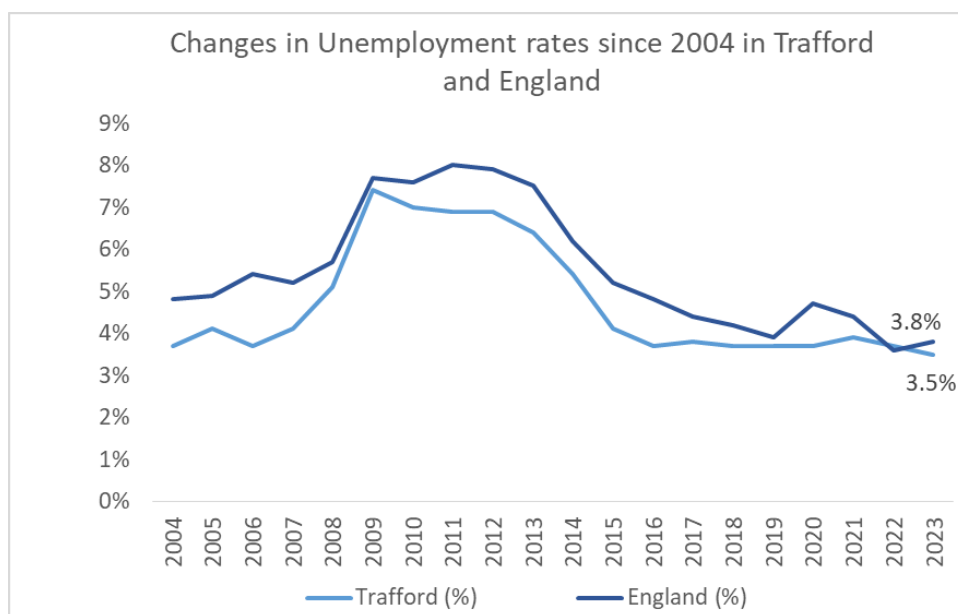
11.4%. There is a wide variation across wards with 3.2% of children in low-income families in Timperley in the South, to 32.6% in Clifford in the North.

## Employment

The link between unemployment and violence has been well established ([Anderberg et al., 2015](#)). In the UK Government's Indices of Deprivation 2019, unemployment is combined with income deprivation. Income deprivation is strongly linked with an increased risk of violence, as stated earlier in this document.

In the fiscal year ending June 2023, Trafford's employment rate (73.1%) for residents aged 16 to 64 in employment was lower than England's rate (75.6%). This is a reduction from the previous year, which ended in June 2022, when the local rate was 73.5% and England rate was 75.5%.

Trafford's unemployment rate decreased significantly over the previous year. Over 4,100 persons aged 16 and over were unemployed in the fiscal year ending June 2023, giving a 3.5% unemployment rate. There was a decrease from the previous year which ended in June 2022, when the unemployment rate was 3.8%. When compared to the unemployment rate in England (3.8%), the Trafford rate is lower.



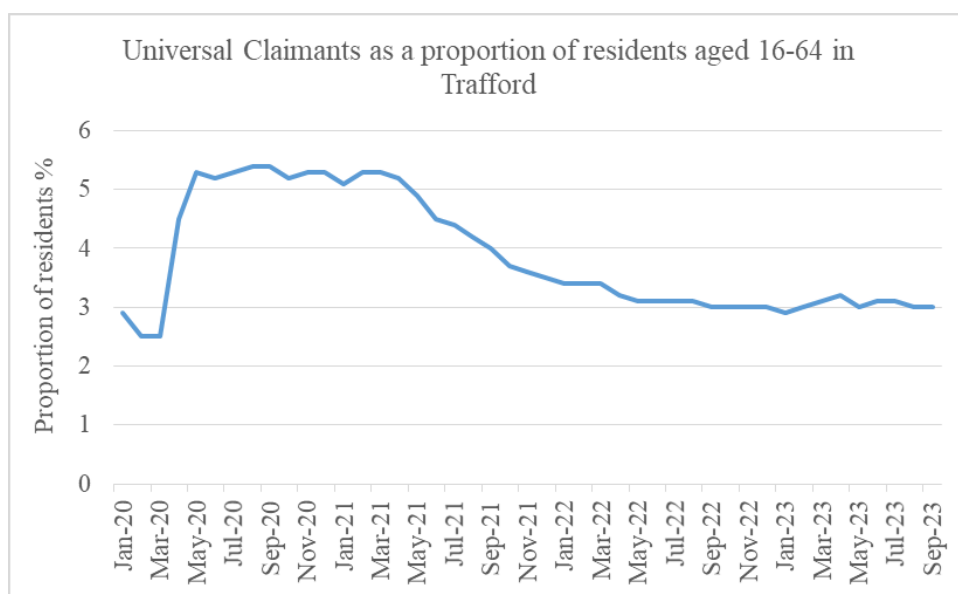
Source: [Labour Market Profile - Nomis - Official Labour Market Statistics \(Nomisweb.Co.Uk\)](#)

Poverty has major consequences for our health, social, emotional, and mental development, conduct, and educational outcomes.

## Universal credit

Universal Credit is a single payment made to each household to assist with living expenses for individuals on a low income or who are unemployed.

A total of **4,360** people claimed Universal Credit in Trafford in September 2023, decreasing by 65 individuals when compared to the figures 12 months prior. This figure represents approximately 3.0 % of eligible people in the district, meanwhile, the average rate of people claiming UC in England is 3.7%. The below chart shows how numbers of UC claimants have been over time.

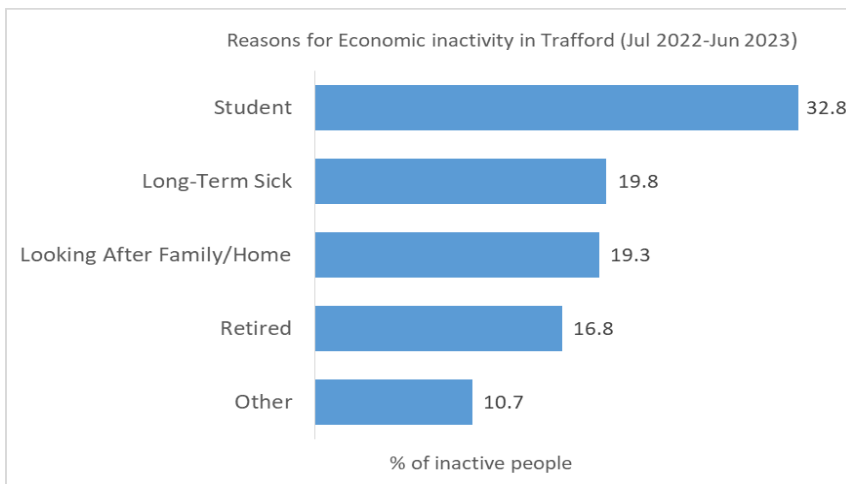


Source: [Labour Market Profile - Nomis - Official Labour Market Statistics \(Nomisweb.Co.Uk\)](https://www.nomisweb.co.uk/labour-market-profile)

### Economic inactivity

The ONS defines economic inactivity as people of working age (between 16 and 64) not in employment who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks. Reasons for economic activity include studying full-time, looking after a family, retirement, and long-term sickness. Looking at the period between July 2022 and June 2023, Trafford had 33,100 (22.3%) economically inactive people as compared to 21.4% of England. Although, out of the total of 33,100 people who fall into this category, about 4,200 (12.7%) want to find a job.

The below graph shows the percentage of those who are currently inactive in Trafford;



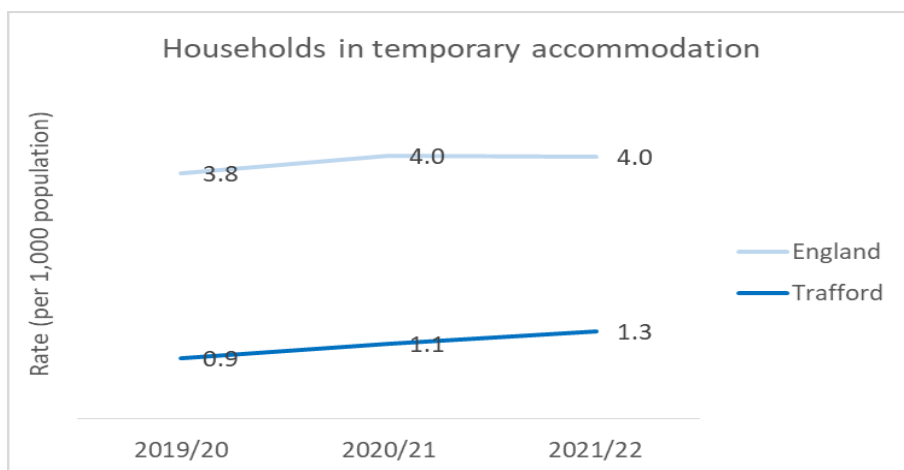
Source: [Labour Market Profile - Nomis - Official Labour Market Statistics \(Nomisweb.Co.Uk\)](https://www.nomisweb.co.uk/labour-market-profile)

### Housing and Homelessness

Evidence has shown a strong connection between homelessness and an increased probability of becoming a victim of a violent police-recorded crime ([Nilsson et al., 2020](#)).

Homelessness is becoming more prevalent in high-income countries ([Fazel et.al, 2014](#)).

As of 2021/2022 in Trafford, 1.3 per 1,000 population (133) were estimated to be in temporary accommodation. There is an increase in this number when compared to previous years as seen in the chart below.



Source: [OHID Fingertips \(2022\)](#)

### 7.4.3 Work to reduce deprivation in Trafford

Currently in Trafford, there is a group called Trafford Employment, Enterprise, and Skills Group (TEES). It is made up of partners working together to improve opportunities for residents in terms of improving skills and increasing access to employment. This support is mainly targeted at communities within Trafford that

are experiencing the highest inequalities. Also, there is 'The Inclusive Economy Board' that exists to address business issues and make strategic links between education and training providers to overcome obstacles that prevent the local economy from thriving and supporting individuals.

In addition, Trafford council has a dedicated Inclusive Economy Recovery Plan which has been developed to help both residents and businesses to recover from the Covid Pandemic with many actions related to addressing poverty in the borough. There is also a working group called Trafford's Information and Advice that is made up of partners from the public sector and VCFSE sector who provide information and advice to residents. These partners work together to improve accessibility to information and advice. Six community hubs were established during the pandemic and since then been funded to continue to provide face to face information, advice, and support for residents within their communities.

Furthermore, there is 'The Money Advice Referral Tool' which aims is to support people to access the right services to ensure they are in receipt of the income they are entitled to, financial support in crisis situations and opportunities to stretch income.

## 7.5 Substance Use

### 7.5.1 The link between substance use and violence

Research has consistently found increased risk of violence in populations who misuse drugs or alcohol. Substance misuse can cause physical and psychological effects that can lead to agitation, aggression, and cognitive impairment that might in turn heighten the risk of violence, but the relationship between substance misuse and violence can also be more complex. There are many factors that may explain the link between substance use and violence, for example being a victim of violence may trigger substance misuse, substance use may trigger mental health problems that can increase the risk of violence, or purchasing illegal substances could increase likelihood of being in environments where violence is more prevalent.

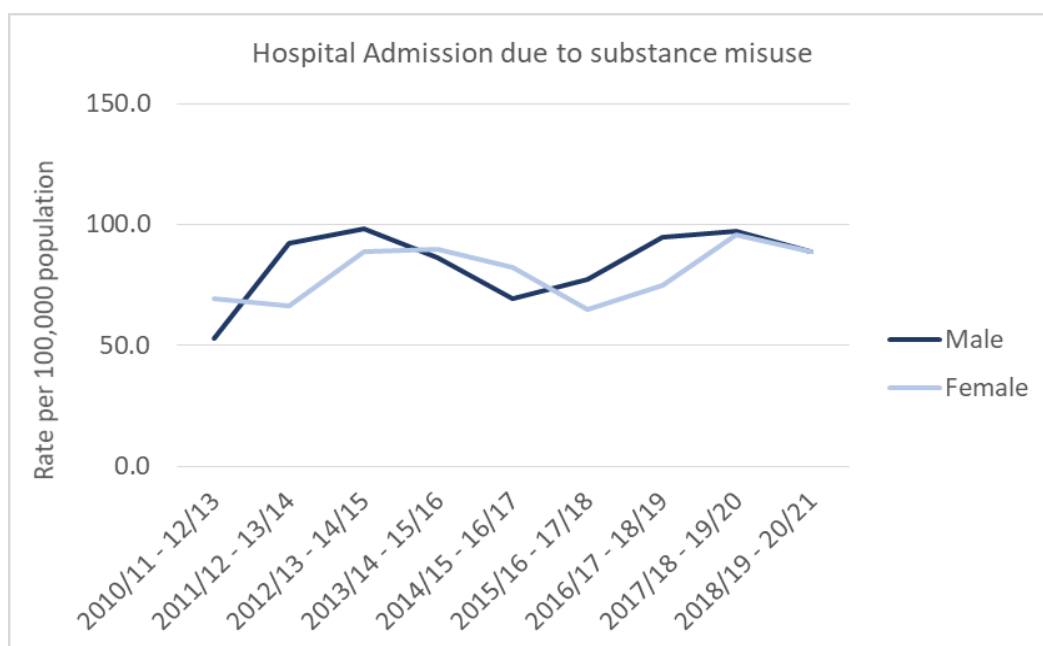
In addition to the individual substance misuse risk factor for violence, using cannabis is noted to be a risk factor in gang involvement for young people, and household alcohol or substance misuse is a relationship risk factor for violence. Young people whose parents use drugs or alcohol are more likely to develop a substance use disorder.

There is no suggestion that drug offending is linked specifically to youth violence, rather that involvement in drugs means an offender is more likely to commit violent offences regardless of age. 52% of drug offenders under 18 have also committed violent crimes, which is like the 55% of all possession or trafficking offenders that have been linked to violence, including GBH, attempted murder, and homicide.

### 7.5.2 Substance use in Trafford

Hospital admissions for young people aged 15-24 years due to substance misuse in Trafford were 90.2 per 100,000 population in the year 2018/19-2020/21. This rate is higher compared to admission in England, which was 81.2 per 100,000, however, it is not significantly different from England's average.

There is little difference in the rates when the genders are compared between 2018/19-20/21 as seen in the chart.

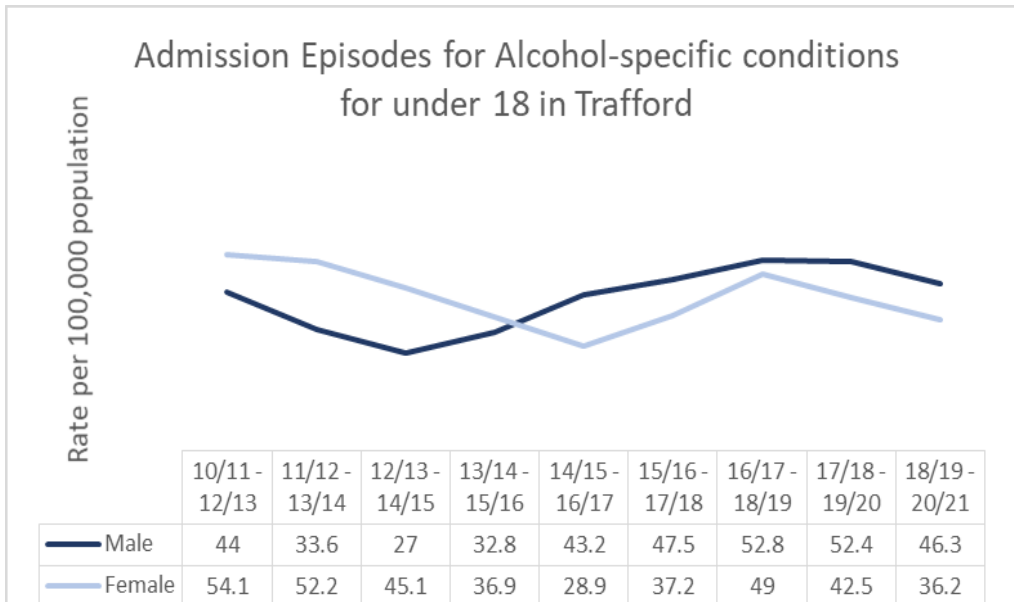


Source: [OHID Fingertips \(2022\)](#)

### Alcohol

Historically, Trafford has had high and rising rates of alcohol-related hospitalisation, particularly for conditions where alcohol is the main cause, but this dropped to 576 per 100,000 people in 2020/21, just below the England average of 587 per 100,000.

In 2018/19-2020/21 data, hospital admissions relating to alcohol-specific hospitalizations under 18 was 41.4 per 100,000 population in Trafford compared to 29.3 per 100,000 population in England. Males under 18 were hospitalized more for alcohol-specific conditions than females as seen below.



Source: [OHID Fingertips \(2022\)](#)

### 7.5.3 Work to reduce the harms related to substance misuse.

The Government have introduced, ‘From harm to hope: a 10-year drugs plan to cut crime and save lives’ ([2021](#)). The strategy aims to reduce drug-related crime, death, harm, and overall drug use by cutting off the supply of drugs by criminal gangs, giving people with a drug addiction a route to a productive and drug-free life and achieving a generational shift in demand for drugs.

To reduce harm from alcohol is a health and wellbeing priority in Trafford and colleagues in Trafford Council’s Public Health team are currently undertaking a drugs and alcohol joint strategic needs assessment which aims to provide detailed analysis of current and future drug and alcohol needs in both children and adults, and to identify health inequalities and unmet need. This will provide Public Health commissioning leads and wider partners with the information they require to continue to support those with issues with substance abuse issues and address any gaps in service provision.

## 8 Child Safeguarding Practice Review

On 6 February 2023, the Trafford Strategic Safeguarding Partnership in conjunction with Manchester Safeguarding Partnership published the LCSPR in relation to N, B and YK.

This review considers three young people (children N, YK, and B), two of whom were fatally injured with the third suffering serious injuries. This review considers three young people, two of whom were fatally injured with the third suffering serious injuries, following two separate knife crime incidents.

### 8.1 [What needs to be done now to prevent similar incidents](#)

Improvement work has already taken place within the Partnerships during the period since the incidents relating to children N, YK and B. The following recommendations were made, which will continue to improve practice within Trafford and Manchester.

The following recommendations are grouped into four broad areas namely, The Importance of Critical Moments, Education and Exclusions, Safeguarding Processes and Early Help and Trauma Informed Practice

A more comprehensive set of considerations, referencing wider strategic priorities drawn from national research and regional policy planning is included with the [literature review](#).

These addresses wider issues in respect of organisational coherence and connectivity, wider strategic planning and the critical importance of understanding serious youth violence, particularly knife crime, as a public health issue.

### 8.2 [The Importance of Critical Moments](#)

Recommendation for Manchester and Trafford: For the Safeguarding Partnerships in both areas to receive assurances that risk assessments for children and young people at risk of violence or exploitation routinely involves parents, particularly fathers and wider family members.

### 8.3 [Safeguarding Processes](#)

Recommendation for Trafford and Manchester: For the Safeguarding Partnerships in both areas to be assured that effective quality assurance systems are in place which ensure that records accurately reflect the correct spellings of names, dates of birth, addresses and family details.

### 8.4 [Early Help and Trauma Informed Practice](#)

Recommendation for Manchester and Trafford: For the Safeguarding Partnerships in both areas to receive assurances that arrangements for the Early Identification of need are effective, so that families receive support in a timely manner, particularly where this relates to domestic abuse complex needs and learning



disability. 3.11 Manchester and Trafford. For the learning from this review to inform training and professional development regarding trauma informed practice, professional curiosity, child criminal exploitation, 'Adultification' of Black children, working with hard-to-reach families and relational and attachment-based practice.

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