



TRAFFORD SERIOUS VIOLENCE JOINT STRATEGIC NEEDS ASSESSMENT

Trafford Community Safety Partnership

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1 Introduction & Aims

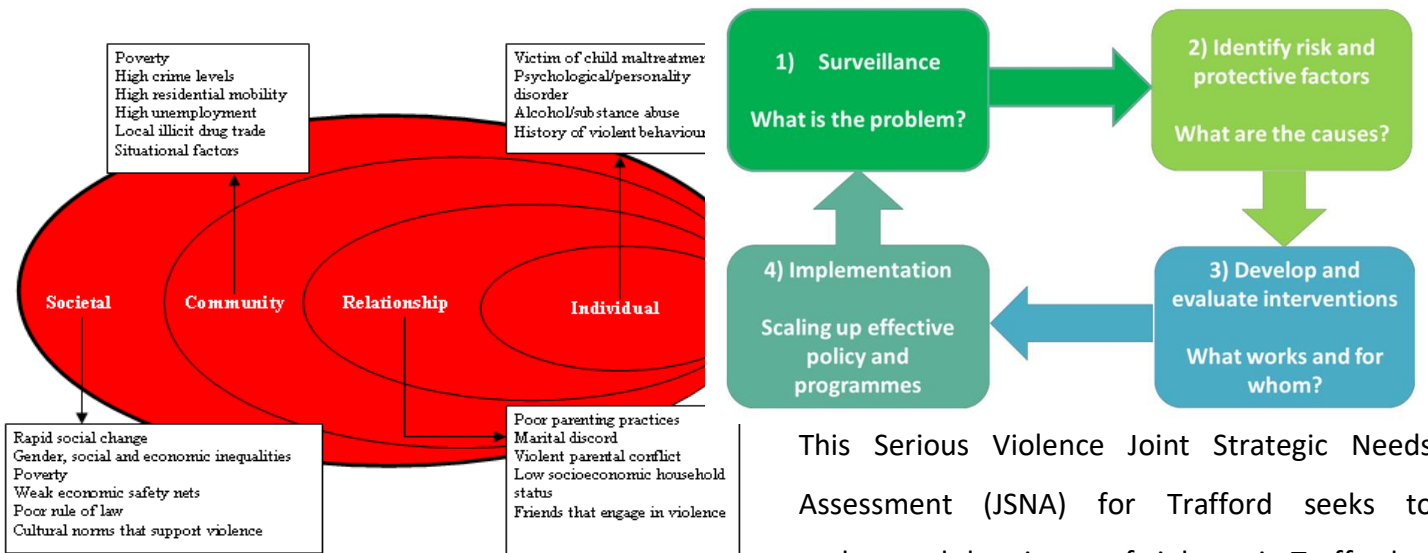
Violence is a major public health problem which has adverse effects on billions of people's lives each year. Victims of violence may experience detrimental impacts on their neurological, cardiovascular, immune, and other biological systems, be more likely to engage in high-risk behaviours such as unsafe 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 (Harrison, 2021).

Numerous overlapping risk and protective factors influence the likelihood of an individual becoming involved in violence. The ecological framework for violence (World Health Organisation), splits the risk and protective factors into four sub-sections: individual, relationships, community, and society. The Ecological framework for violence has influenced some of the data that has been explored within this needs assessment.

In Trafford, we are taking a public health approach to violence prevention, which 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



This Serious Violence Joint Strategic Needs Assessment (JSNA) for Trafford seeks to understand the picture of violence in Trafford to

shed light on who is perpetrating violence and who is most affected. It also seeks to understand where violence is happening and ascertain the categories of criminal activity that warrant special attention. Additionally, the JSNA 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 through examining the risk factors that influence the frequency and intensity of violence. Likewise, we aim to obtain a deeper knowledge of the factors that prevent violence.

This Joint Strategic 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 where it occurs. In Trafford, the JSNA will be reviewed at least once per year, updated data sets will be included and compared, and additional relevant data will be included.

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

By implementing a measured and strategic approach, Trafford has the potential to significantly reduce the occurrence and consequences of serious violence, thereby fostering safer communities for all. The JSNA has also made recommendations, based upon an exploration of various data sources for Trafford as well as the wider evidence base, for reducing violent behaviour in Trafford.

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 types of violent crime, the drivers of crime within Trafford and cohorts of the population that are most vulnerable.

Greater Manchester Violence Reduction Unit

In 2019, funding was invested in Violence Reduction 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. A new 10-year strategy was 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, and a refreshed Domestic Abuse Strategic Needs Assessment and Strategy are in development. 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. This JSNA along with emerging local

knowledge will inform the Serious Violence Reduction strategy for Trafford. A copy of the 2024-2027 strategy can be accessed here: [Serious Violence Strategy \(Final\)](#)

2 Key Findings

2.1 Violence in Trafford

- In the year ending June 2024, the rate of Violence against the person in Trafford decreased from 31.6 to 27 per 1,000 population, making it the lowest rate in Greater Manchester.
- Adults committed most violent crimes in Trafford in the year ending June 2024, accounting for 72% of incidents. People aged 18-25 contributed to 13%, while those under 18 made up 15%. These figures are similar to those from the previous year ending June 2023.
- Violent crime victimization decreased by 3.7% in the year ending June 2024, with 7,126 individuals recorded as victims. Of these, 90% were one-time victims and 10% were repeat victims. Additionally, 4,796 individuals were identified as suspected perpetrators of violent crimes, representing a 5.8% decrease from the previous year. Among suspected perpetrators, 80% were one-time offenders, while 20% were repeat offenders
- After adjusting for population size, the rates of violent crimes per 1,000 of the population in the year ending June 2024 were as follows: North Neighbourhood: 38.6 per 1,000 population, West Neighbourhood: 30.0 per 1,000 population, Central Neighbourhood: 22.0 per 1,000 population and South Neighbourhood: 19.5 per 1,000 population.
- The North neighbourhood consistently exhibits the highest burden of violent crime when population size is considered.
- Violent crime rates typically peak during the spring and summer months, especially from April to July. This increase may be linked to summer holidays and outdoor events, which create larger gatherings and more opportunities for violent crime. Consequently, hospital admissions rise over the summer and fall during the winter months.
- A review of Hospital Episode Statistics (HES) data from 2020/21 to 2022/23 showed that Trafford has the lowest rate of hospital admissions due to violence in Greater Manchester, with 23.2 per 100,000. This is significantly lower than both the England average of 34.3 per 100,000 and Greater Manchester's rate of 44.3 per 100,000.
- Males have much higher rates of hospital admissions for violence compared to females across all age groups.
- In the 12 months ending June 2024, Trafford's hospital admissions due to violence (including sexual offences) were 14.8 per 100,000 of the population, slightly down from 15.2 per 100,000 in the previous year. Of those admitted, 80% were male and 20% were female. This highlights the need for targeted interventions in younger male populations in Trafford to reduce violence and related hospitalizations.

2.2 Children and Young People

- Data on young people in Trafford indicates that the numbers exhibiting offending behaviours and committing violent offences leading to substantive outcomes are relatively low.
- In the year ending June 2024, the rate of serious violence among children aged 10-17 in Trafford was 2.2 per 10,000. This represents a decrease of 2 points compared to the previous year's rate of 4.2 per 10,000.
- This trend is supported by national comparator data, which highlights Trafford's relative success in managing and reducing youth crime and reoffending rates compared to other regions.
- The data suggests that local interventions and support systems, designed to avoid criminalizing young people whenever possible, are effective in addressing youth offending before it leads to serious legal consequences. This trend mirrors the national picture.
- Violence Against the Person (VAP), particularly offences involving possession of knives or offensive weapons, remains the primary offence type, which suggests that more serious offences are being prosecuted. Violence Against the Person (VAP) has remained the largest offence category over the years, consistently representing approximately 40% of all recorded offences. Notably, in the year ending March 2024, this figure rose to 43%, compared to 20.2% in the year ending March 2023.
- In the year ending March 2024, the average age of young offenders was relatively low at 16.11 years, compared to 16.4 years reported the same period last year. Additionally, the average severity of offences was relatively low at 3.17.
- The rate of first-time entrants (FTE) into the youth justice system in Trafford decreased from 153.4 per 100,000 in 2022 to 97.2 per 100,000 in the year ending December 2023. This rate is significantly better than the England average of 143.4 per 100,000 and the Greater Manchester average of 211.4 per 100,000.

2.3 Education

- Participation in full-time, high-quality education is a protective factor for a young person becoming involved in serious violence.
- The school suspension rate in Trafford (3.9 per 10,000 students) is considerably lower than the England average (9.3 per 10,000 students), but in the 2022/23 school year, more Trafford children were suspended than any year since the 2016/17 school year. Students aged 12 to 14 in Trafford are more likely to face suspension compared to other age groups.

- In Trafford in 2022/23, 72.2% of children achieved a good level of development at the end of Reception (OHID School Readiness indicator), which is above the average for England (67.2%) and represents a 1% increase from 2021/22. 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 (51.6%) and the same as 2022/23.
- 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.
- Permanent exclusions decreased during the 2019/20 and 2020/21 academic years; this is thought to be due to the COVID-19 pandemic. However, the permanent exclusion rate in Trafford for the 2022/23 academic year is 21% higher than pre-pandemic levels (2018/19) and the permanent exclusion rate for England increased by 43%.
- 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 from schools in Trafford (39%) as it is in England (38.5%), The second most common reason for exclusion is physical assault against another pupil (17.2%), followed by drug and alcohol-related incidents (14.1%). Physical assault against an adult account for 9.4%, while verbal abuse or threatening behaviour towards an adult is 6.3%, and the use or threat of an offensive weapon or prohibited item is 4.6%.
- Additionally, permanent exclusions for physical assault against an adult increased from 2 in 2021/22 to 6 in 2022/23, while exclusions for physical assault against a pupil rose from 7 in 2021/22 to 11 in 2022/23.
- Black and mixed-race pupils in Trafford are excluded at a higher rate than White, Asian, and students from other ethnic minority backgrounds.
- On average, Black pupils are excluded at a rate 2.05% higher than that of Asian, White, and other ethnicities combined, while Mixed-race pupils are excluded at a rate 7.10% higher than the same groups combined.
- A sharp spike in pupil absence rates for both Trafford (6.4%) and England (7.6%) occurred in 2021/22, likely due to the COVID-19 pandemic, which significantly disrupted school attendance. By 2022/23, both Trafford (5.9%) and England (7.4%) saw a decline in absence rates, although both remain above pre-pandemic levels, indicating that attendance has not fully returned to normal and secondary schools are experiencing a higher rate of absence than primary schools.

2.4 Substance use

- Trafford's rate of hospital admissions for substance misuse among young people (ages 15–24) significantly decreased from 60.5 per 100,000 in 2019/20–2021/22 to 32.9 per 100,000 in 2020/21–2022/23. This is notably lower than the England average of 58.3 per 100,000.
- Trafford saw a significant reduction in the rate of hospital admissions linked to alcohol among under-18s. The rate decreased from 27.3 per 100,000 population in 2019/20–2021/22 to 18.2 per 100,000 in 2020/21–2022/23. This is significantly better than the England average of 26 per 100,000.
- However, permanent exclusions due to drug and alcohol-related behaviour increased from 7 in 2020/21 to 9 in the 2021/22 academic year.

3 Recommendations

Like any other public health issue, the causes of violence lie at many levels and are interrelated. Consequently, reducing violence requires a focus upon addressing risk factors whilst simultaneously promoting protective factors. Based upon a review of the evidence, the following recommendations have been made to reduce serious violence. These recommendations should influence the Trafford Serious Violence Strategy.

3.1 Further Research and System Recommendations

1. Data sources are not routinely complete, with some sources having significant missing values, meaning that some of the data is unreliable and could be misinterpreted. This in turn may lead to resources being targeted at inappropriate populations or groups. The specified authorities should come together to understand why data values are missing and undertake necessary action to address this.
2. Specified authorities should ensure that robust plans are in place for regular information sharing that will allow for improved collaborative working and enact 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 gain an understanding of the early experiences of the adult offending cohort to inform future prevention work. This will identify any risk factors for violence that were present for these individuals and any support that was or could have been offered to reduce or prevent risk factors.

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 gain an understanding of diversionary programmes for adults and the referral routes for these.

6. The Youth Justice Management Board should continue to work to understand and reduce the high number of children open to social care who also work with youth justice.

7. Commissioning decisions should be evidence led, this should include targeting resource at the populations with the highest need.

Prevention

Understanding the people and places that are the most affected by violence allows us to target resources to areas of greatest need. Research into what works to prevent violence is extensive and evolving and should be considered when planning workstreams. Additionally, agencies should collaborate when planning interventions to reduce violence, to ensure that resources are efficiently utilised. This will also allow for greater understanding within the system about the work that is ongoing and relevant 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 employment opportunities, housing, 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 of health, but differences in people's access to and experience of health and care services is a contributing factor to health 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. Health inequalities also generate a sense of unfairness and a lack of cohesion across the social gradient which is bad for a functioning society.

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

8. 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 and domestic abuse).

9. 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.

10. Attending mainstream education is a protective factor for preventing 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 schools and the multi-agency team to influence plans to improve attendance, reduce suspensions, and permanent exclusions for children and young people in Trafford.

11. Black and mixed-race pupils are excluded at a higher rate than White, Asian, and minority-race students. This inequality should be explored and actions taken to reduce it.

Early Intervention

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

13. 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.

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

Response and recovery

15. Trafford Community Safety Partnership should communicate our successes to inform the people of Trafford regarding the impact of actions being taken.

16. Trafford Community Safety Partnership should work in partnership with other agencies, using both civil and criminal powers to act against perpetrators of violence.

4. Scope and Methodology

4.1 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.

4.2 Data sources and access to data

This JSNA 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 a picture of violence in Trafford, as well as shedding light on violent 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 JSNA 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.

5 Trafford

5.1 Place based context

Trafford is a borough of Greater Manchester located in the Northwest of England with an estimated population of around 237,480 ([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 an efficient public transport network in the form of buses, trains and a light rail tram service (Metrolink) that covers much of the borough.

5.2 Demographics

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

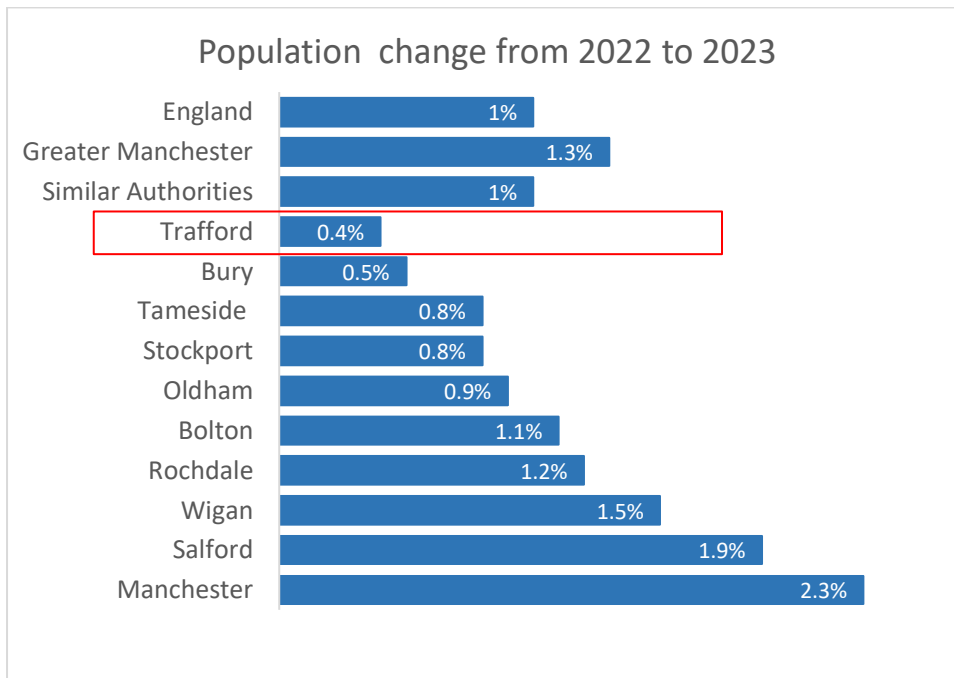
In mid-2023, Trafford's population was estimated to be 237,480, an increase of 829 from mid-2022 with 121,563 (51.2 %) females and 115,917 (48.8%) males. This includes 60,720 people (25.6%) between the ages

Trafford wards and localities



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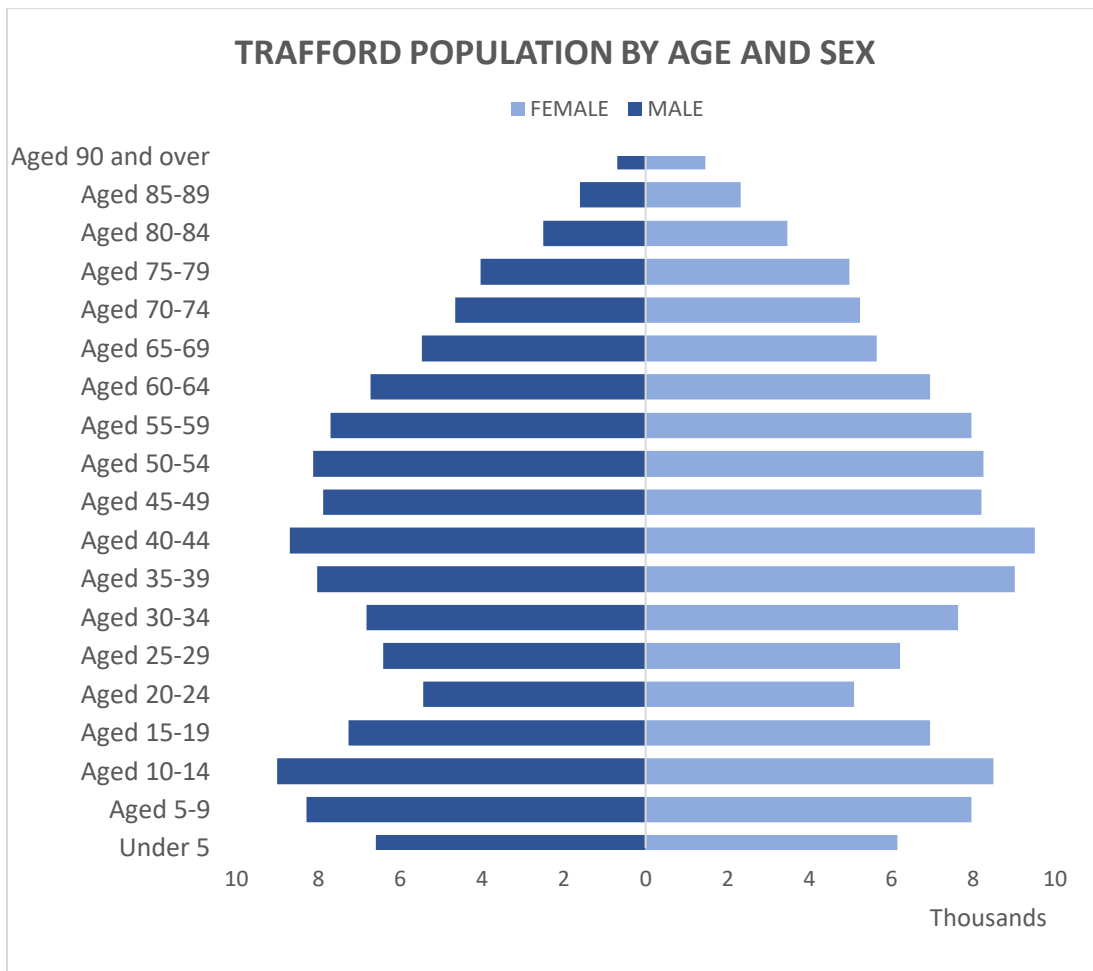
of 0 and 19, 134,687 (56.7%) between the ages of 20 and 64, and 42,073 (17.7%) over the age of 65. Comparing population estimates for these age groups, Trafford is broadly like England with 23.1% within the age group 0-19, 58.4% within the age group 20-64, and 18.5 within the age group 65+. From mid-2022 to mid-2023, Trafford's population grew by 0.4%, lower than Greater Manchester's 1.3% and England's 1%. As seen below, Trafford had the lowest population growth among GM authorities and the second lowest among 15 similar authorities.



Source: [Trafford DataLab](#)

Trafford's median age in 2023 was 40.9 years, slightly down from 41 in 2022. It was the third highest among GM authorities, where the median age is 37.2 years, compared to England's 40.4 years.

Below is the detailed breakdown of Trafford's resident population by gender and five-year age groups, based on ONS estimates as of mid-2023.



Source: [ONS Population Estimates 2023](#)

From mid-2022 to mid-2023, females aged 15-19 saw the largest increase in both percentage growth (5.7%) and number (373). For males, the 75-79 age group had the highest growth rate (5.2%, 198), but the largest numeric increase was in the 15-19 age group, with an additional 594 residents.

The biggest decreases were among females aged 20-24 (-2.7%, 145 fewer), 70-74 (-3%, 162 fewer), and under 5 (-2.3%, 148 fewer). Males aged 70-74 experienced the largest decline, with a 4.3% drop and 211 fewer residents. Overall, the female population grew by 0.27%, while the male population increased by 0.44%.

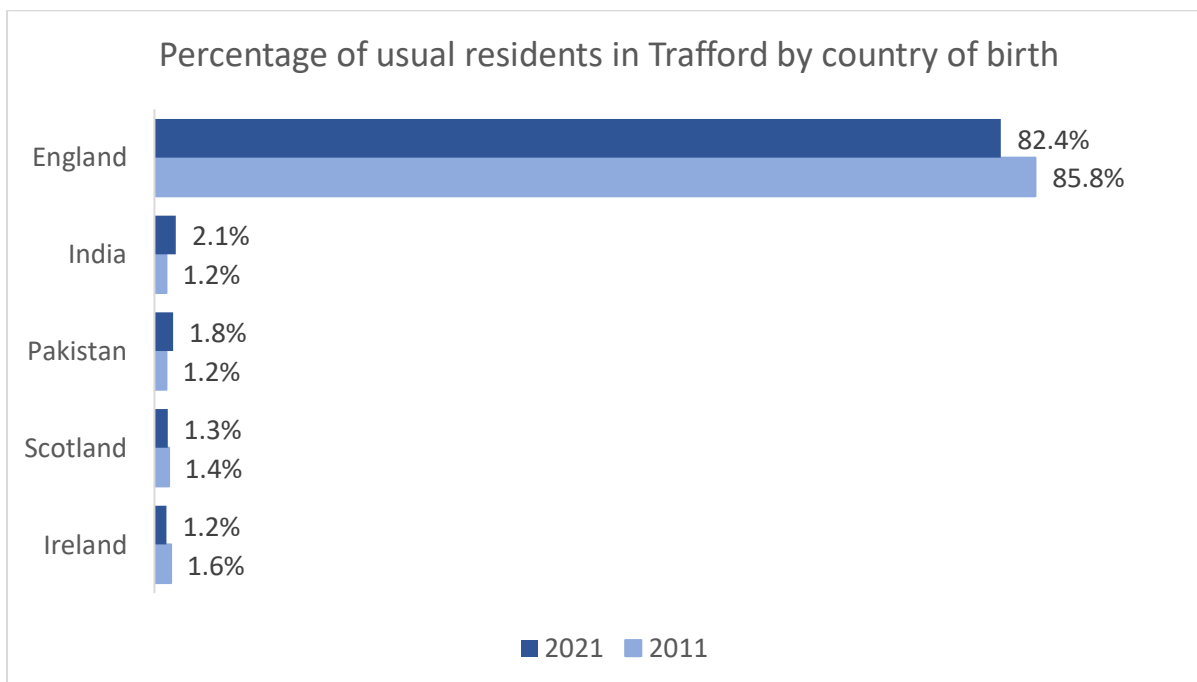
Between mid-2022 and mid-2023, Trafford saw a 2.2% decline in the population aged under 5 years, compared to a 0.4% increase in Greater Manchester (GM) and no change in England. Trafford's 20-24 age group decreased by 1.4%, contrasting sharply with GM's 3% increase. The 35-39 age group in Trafford decreased by 0.7%, while GM, England, and similar local authorities all saw increases of around 2.5%. For those aged 85-89, Trafford saw a slight 0.1% decrease, whereas GM, England, and similar local authorities reported increases of 2.3% to 2.9%.

Trafford's population grew across all broad age groups but at lower rates than GM, England, and Similar Authorities. The 18-64 age group in Trafford increased by 0.1% compared to GM's 1.5% growth, and the 65+ age group grew by 0.6%, compared to about 1.5% in England and Similar Authorities.

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.

The number of 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%).



Source: [ONS Population Estimates 2023](#)

Ethnicity

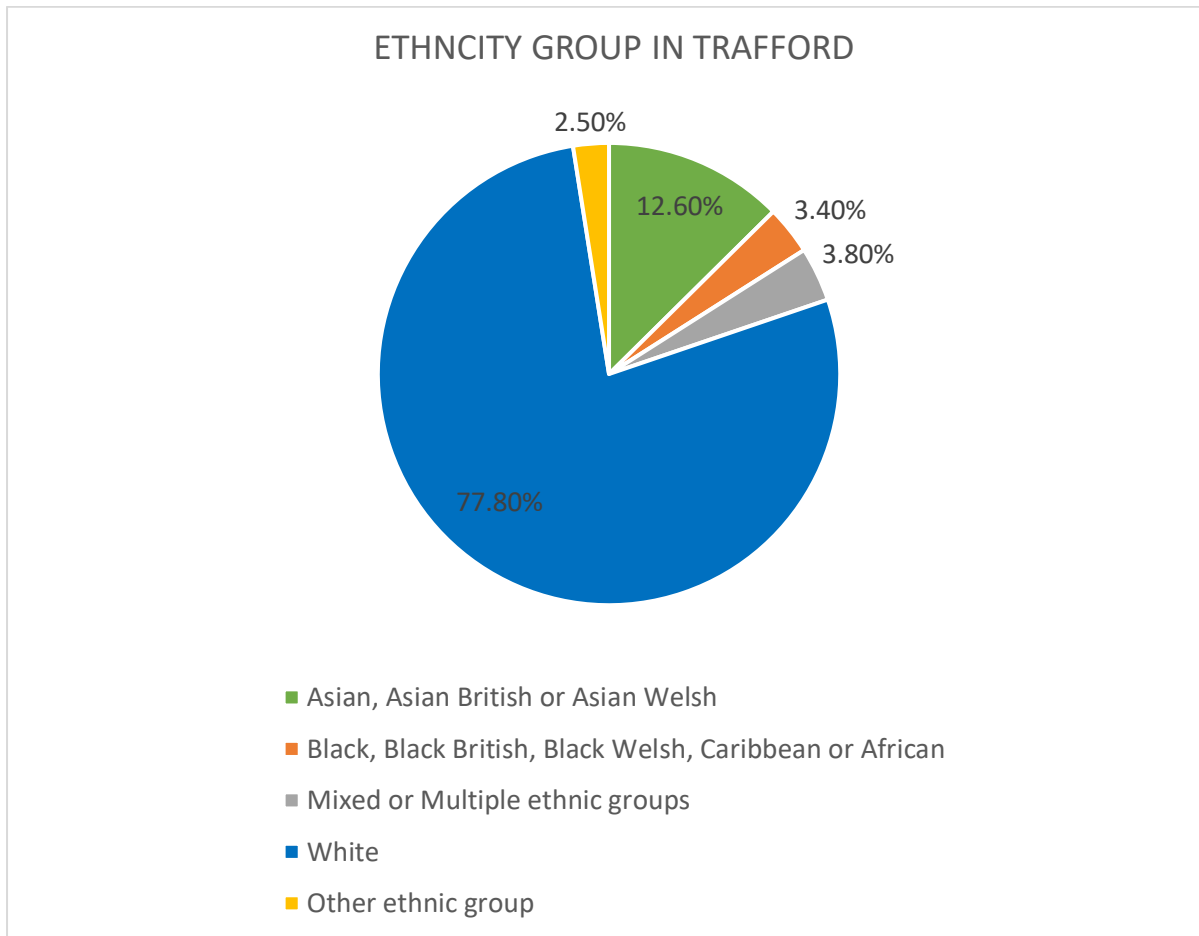
In 2021, 12.6% of Trafford inhabitants were identified as "Asian, Asian British, or Asian Welsh", as against 7.9% in 2011. The highest rise among high-level ethnic groupings in this area was 4.7%.

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.

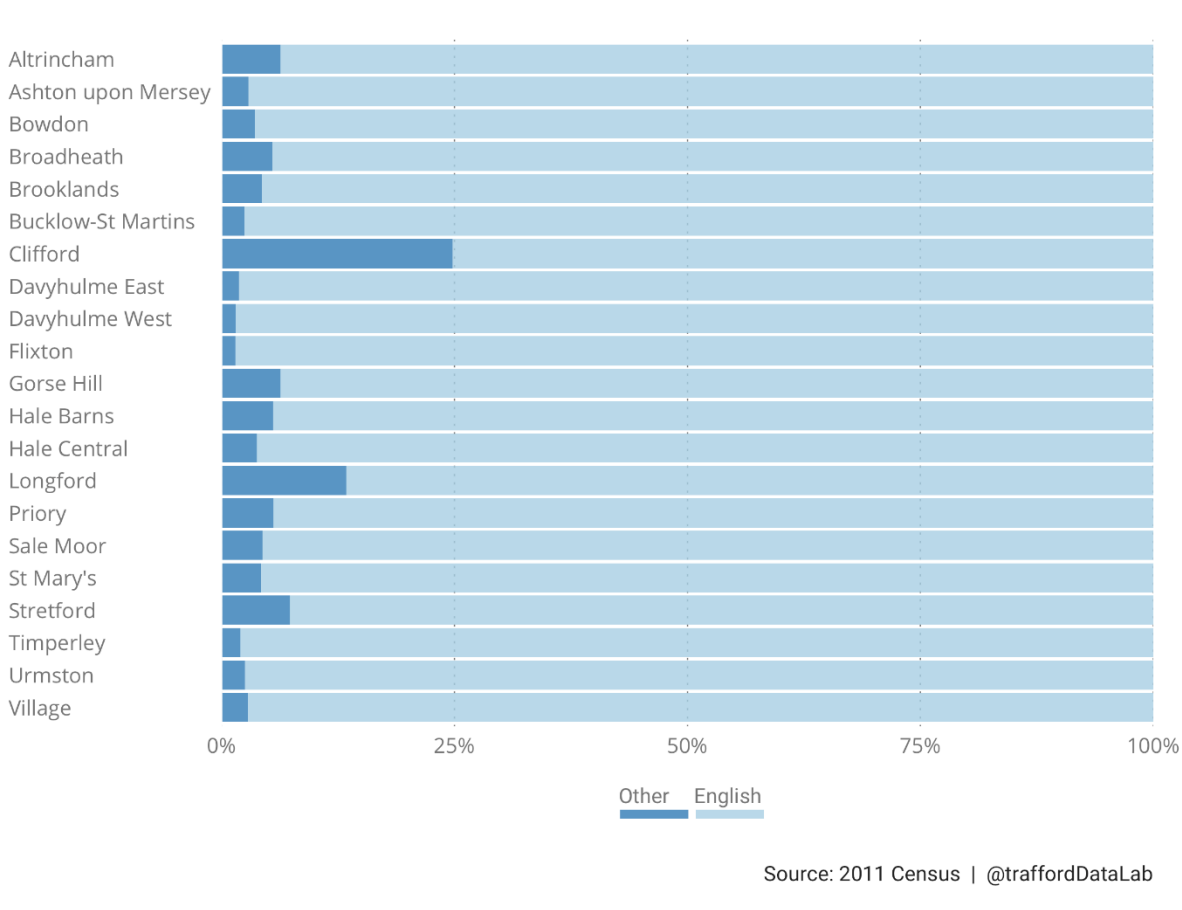
Differing patterns of aging, fertility, death, and migration may be contributing to England and Wales's shifting ethnic mix. Changes may also be reflected by differences in how people self-identify between censuses.



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.



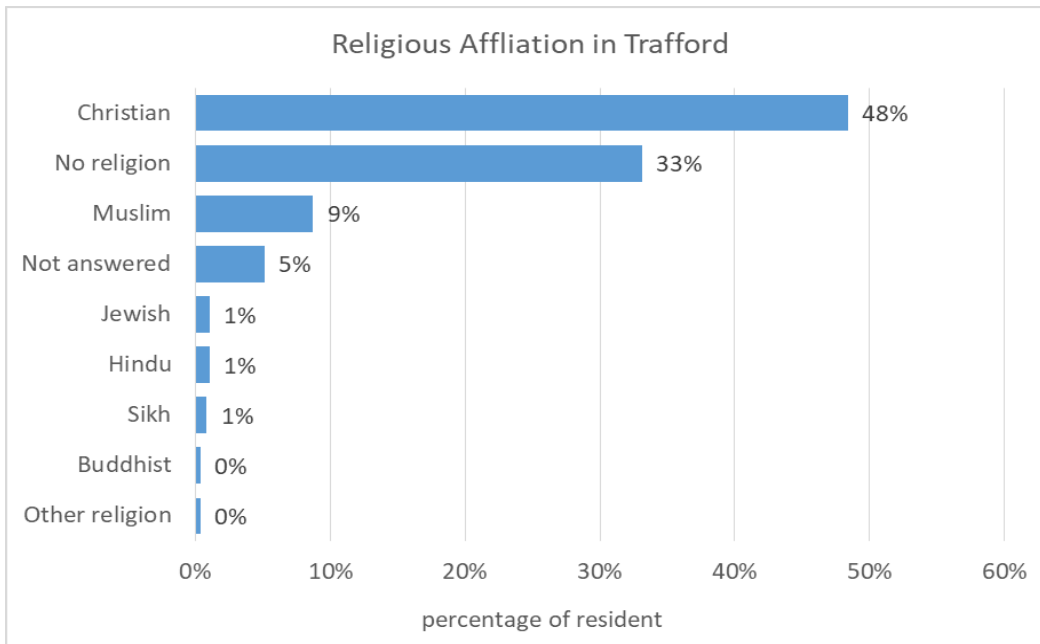
Religion

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 an affiliation to "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 most populous religion in Trafford with 113,712 residents (48%) adhering to the Christian faith. The second most populous were people who reported not having a religion, constituting 77,864 residents (33%). The Muslim population was seen to number around 20,548 residents (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

Age-standardised data helps to make comparisons between populations by adjusting for differences in age distribution, which may vary due to differing proportions of older or younger individuals. Based on age-standardised data, 16.6% of Trafford residents are classified as disabled according to the Equality Act. Of these, 7% report that their daily activities are significantly limited, while 9.6% experience a slight limitation in their daily activities. Trafford's disability rates are lower than those of Greater Manchester (9.2% limited a lot, 10.5% limited a little), the North-west (9% limited a lot, 10.7% limited a little), and England (7.5% limited a lot, 10.2% limited a little). In Trafford, 83.4% of residents are not disabled under the terms of the Equality Act, compared to 80.2% in Greater Manchester, 80.3% in the North-west, and 82.3% in England. Non-age-standardised data shows 84% of Trafford's population reported not being disabled, up 1% from the 2011 Census. Additionally, 7.2% of Trafford residents report having a long-term health condition without limitations on daily activities. Among Trafford's areas, Partington has the highest disability rate at 24.4%, with 11.9% of residents experiencing significant limitations and 12.6% experiencing slight limitations. Hale has the lowest disability rate at 10.1%.

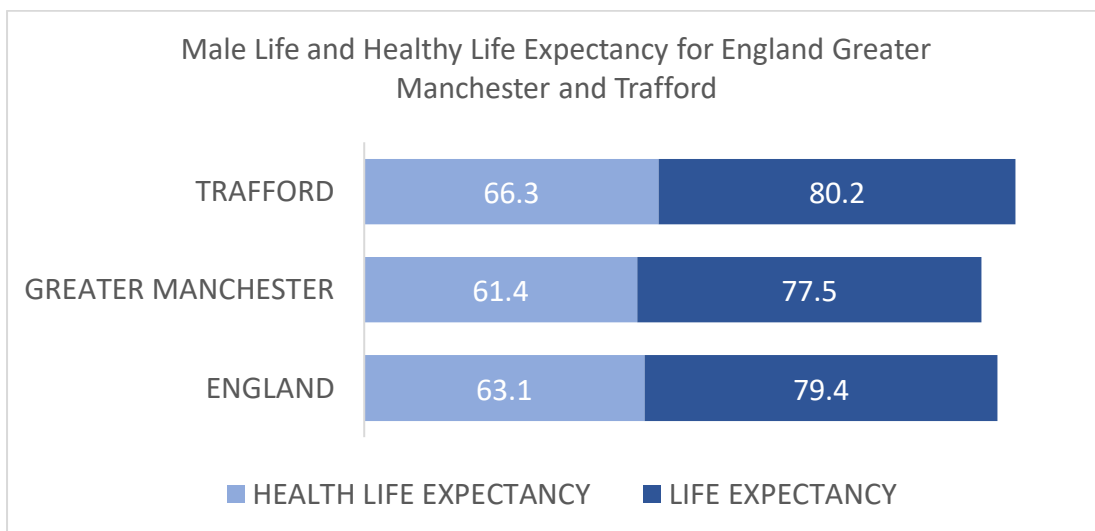
Health in Trafford

Life expectancy is the average number of years a person is projected to live, given current mortality rates. In Trafford, the average life expectancy at birth is 80.2 years for males and 83.8 years for females, which is similar to the England figures (79.4 years for males and 83.1 years for females) (ONS data, 2018-2020).

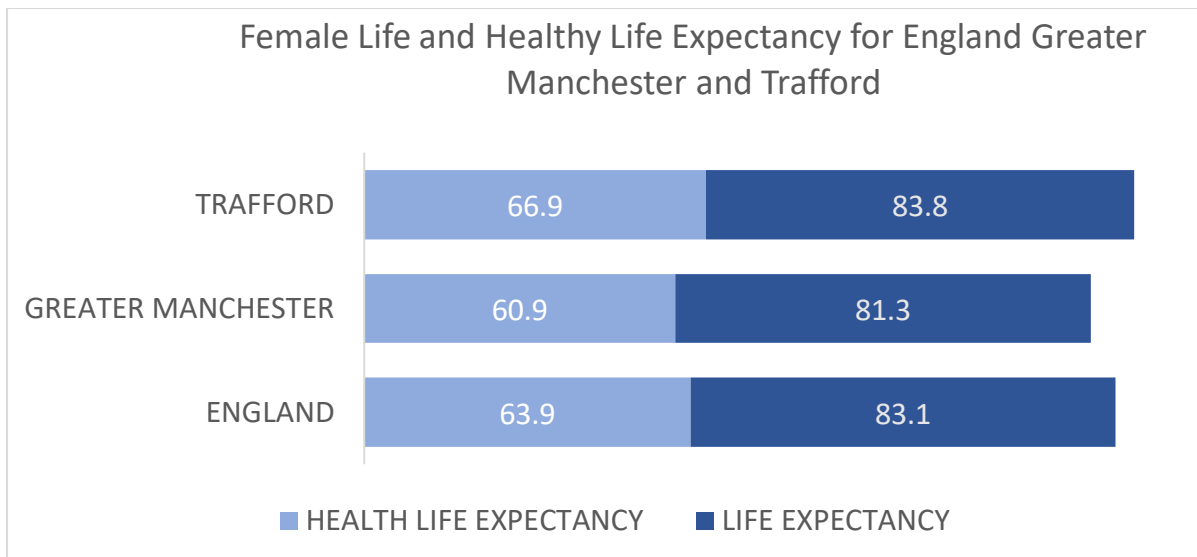
However, this figure varies within Trafford. For example, a male in Hale Barns can expect to live up to 84.4 years, while in Bucklow St-Martins, the average life expectancy for males is 74.9 years, a difference of 9.5 years. Females in Hale Central have an average life expectancy of 88.1 years, whereas females in Bucklow St-Martins have an average life expectancy of 79.2 years, a difference of 8.9 years.

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](#)

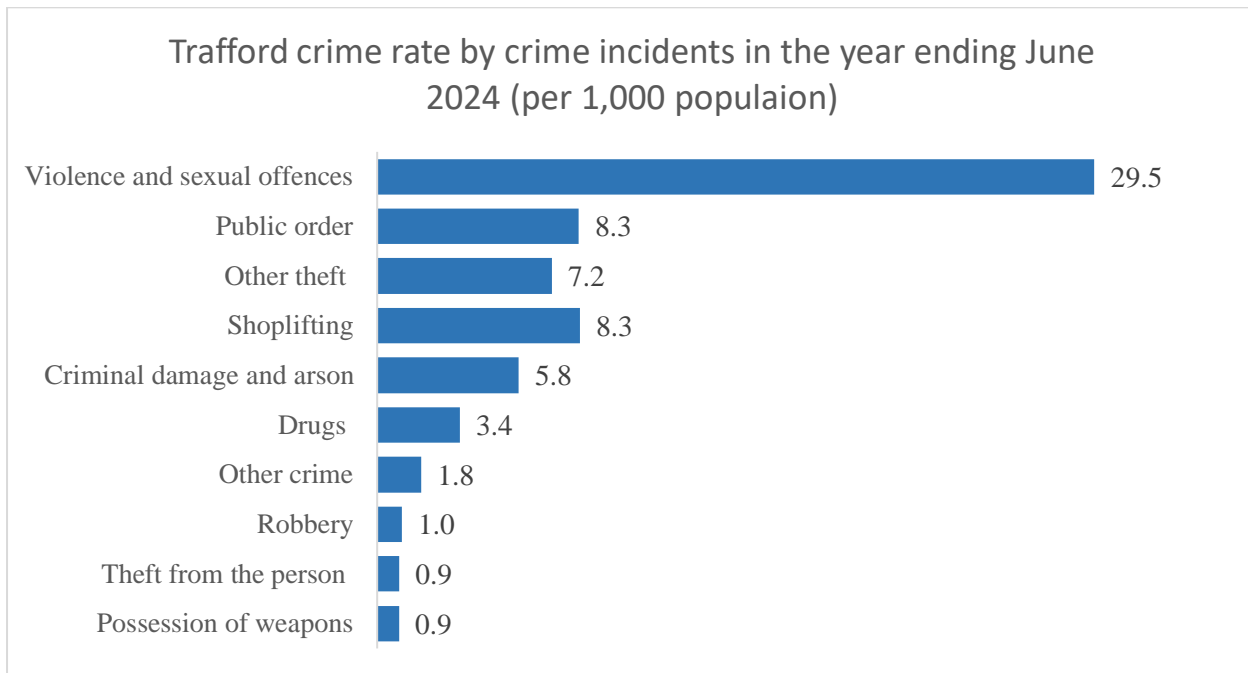
5.3 Violence

The total number of reported crimes nationwide has decreased over the past 20 years. However, since the mid-2010s, there has been a sharp rise in police-recorded serious violent crimes, such as homicide, robbery, violence with injury, and offenses involving sharp objects. This trend is evident across England and Wales.

According to the most recent Crime Survey for England and Wales (CSEW) data for individuals interviewed in the year ending June 2024, total crime reduced by 18% compared to the year ending March 2020 (COVID-19 pandemic) nationally. The latest CSEW estimates revealed a 10% rise in the number of total crime incidents compared to last year's survey (year ending June 2023). This increase could partly be due to the previous survey period (July 2021 to May 2023) still covering times when COVID-19 restrictions were in place. However, it is too early to determine whether this is just a short-term fluctuation or the beginning of a new trend. Most types of crime remained significantly unchanged, there were significant increases in robbery, violence with injury, and consumer and retail fraud. Robbery has returned to pre-pandemic levels, rising to an estimated 139,000 incidents, up from 60,000 incidents in the year ending June 2023. Violence with injury has returned to pre-pandemic levels, rising by 50% to an estimated 562,000 incidents, up from approximately 376,000 incidents in the year ending June 2023. The number of homicides saw a slight decrease of 2.8%, dropping from 578 offences in the year ending June 2023 to 562 in the year ending June 2024. Homicide is a very low-volume offence, and so these figures will fluctuate. Offences involving knives or sharp instruments (excluding data from the Greater Manchester Police force area) increased by 4%, rising to 50,973 offences compared to 49,187 in the year ending June 2023. However, this figure remains 2% lower than the year ending March 2020, which recorded 51,982 offences.

In the year ending June 2024, Trafford's crime rate was 76.1 per 1,000 people, showing a 14% decrease from the year ending June 2023. This is lower than the average crime rate for similar areas, which is 86.2 per 1,000, and significantly lower than the Greater Manchester Police force area average of 114.6 per 1,000. It is also the lowest rate across all Greater Manchester.

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 the lowest across local authority areas in Greater Manchester (29.5 per 1,000 population) and lower than the Greater Manchester Force area (50.9 per 1,000 population).



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

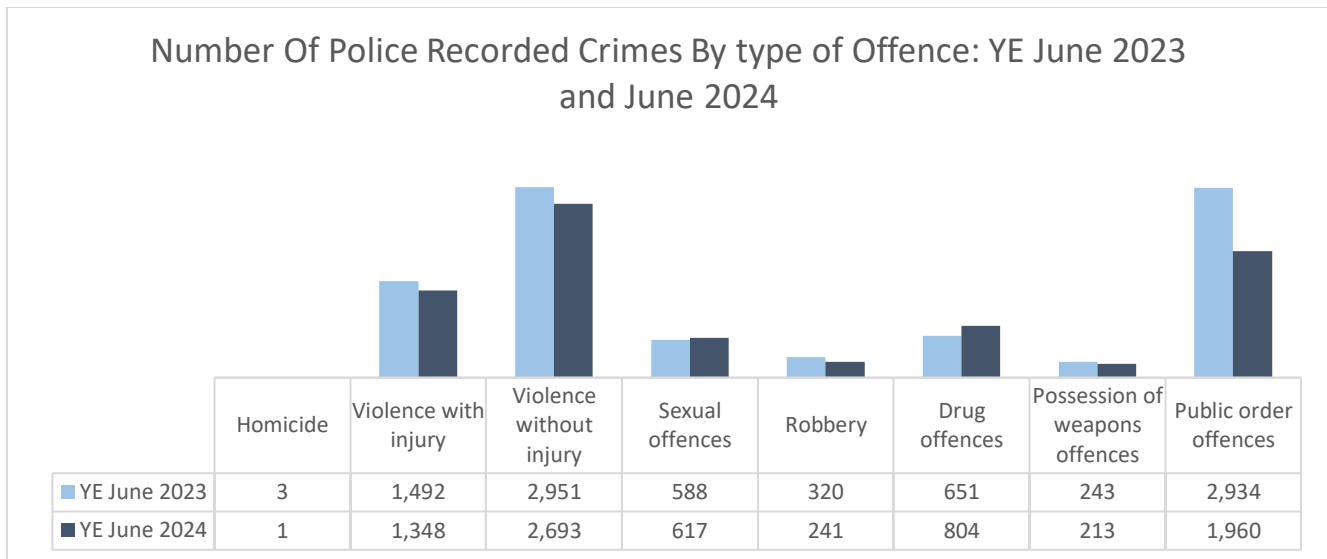
Violence Against the Person

This section aggregates findings from police-reported crime, public services, and healthcare statistics to illustrate patterns of violence in Trafford.

Violence Against the Person (VAP) includes a range of offences from minor offences such as harassment and common assault, to serious offences such as murder, actual bodily harm and grievous bodily harm.

Between the year ending June 2023 and the year ending June 2024, Trafford recorded 6,347 violent offences, a decrease from 7,422 in the previous year. This represents a 14.5% reduction in violent crime.

The chart below compares the number of police recorded crimes by types of offence between year ending June 2023 and June 2024.

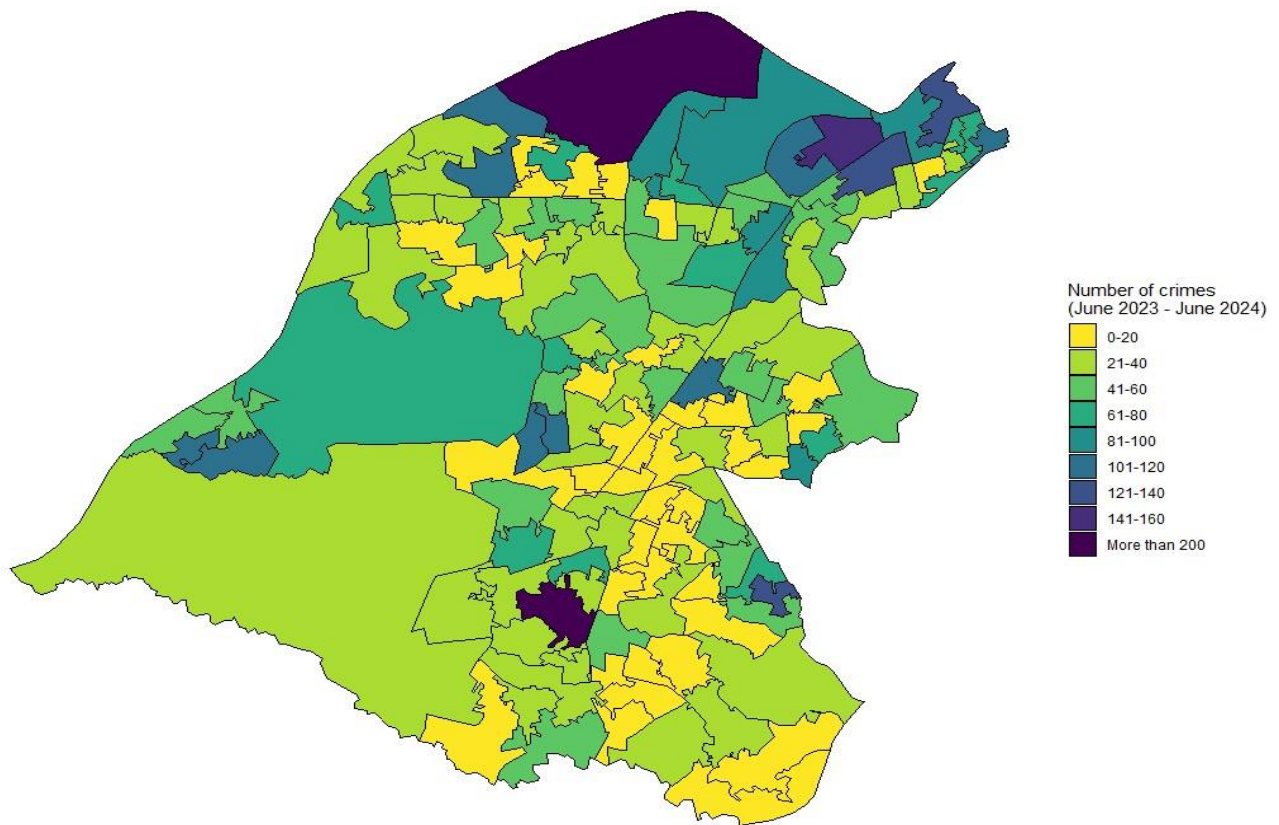


Source: [Office for National Statistics](#)

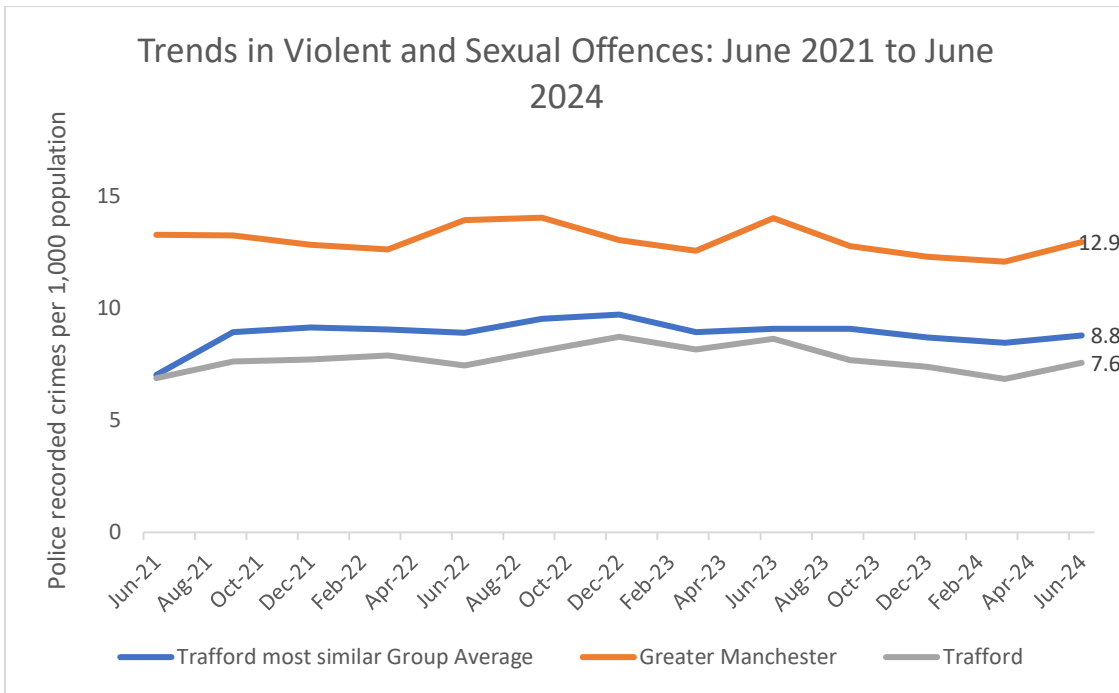
In the year ending June 2024, 1,348 incidents of violence with injury were recorded in Trafford, compared to 1,492 in the year ending June 2023, representing an 10% decrease. Additionally, there was a 33% (974) reduction in public order offences in the year ending June 2024. Possession of weapons offences declined by 12% (30), and robberies decreased by 25% (79). However, drug-related offences increased by 24% (153), and reported sexual offences rose by 5% (29).

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

Gorse Hill & Cornbrook ward in the North Neighbourhood reported the highest number of violent crimes (690) 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 was lower than both the Trafford most similar group average and Greater Manchester average in the year ending June 2024. The lowest rate in Trafford was recorded in the quarter ending December 2020 (6.4 per 1,000 population), while the highest was in the quarter ending September 2022 (8.7 per 1,000 population). Although there were some fluctuations, particularly in early 2021, the overall trend remained relatively stable thereafter. Greater Manchester saw minor peaks in mid-2022 and early 2023, while Trafford remained more stable, with a slight downward trend towards the end of the period.

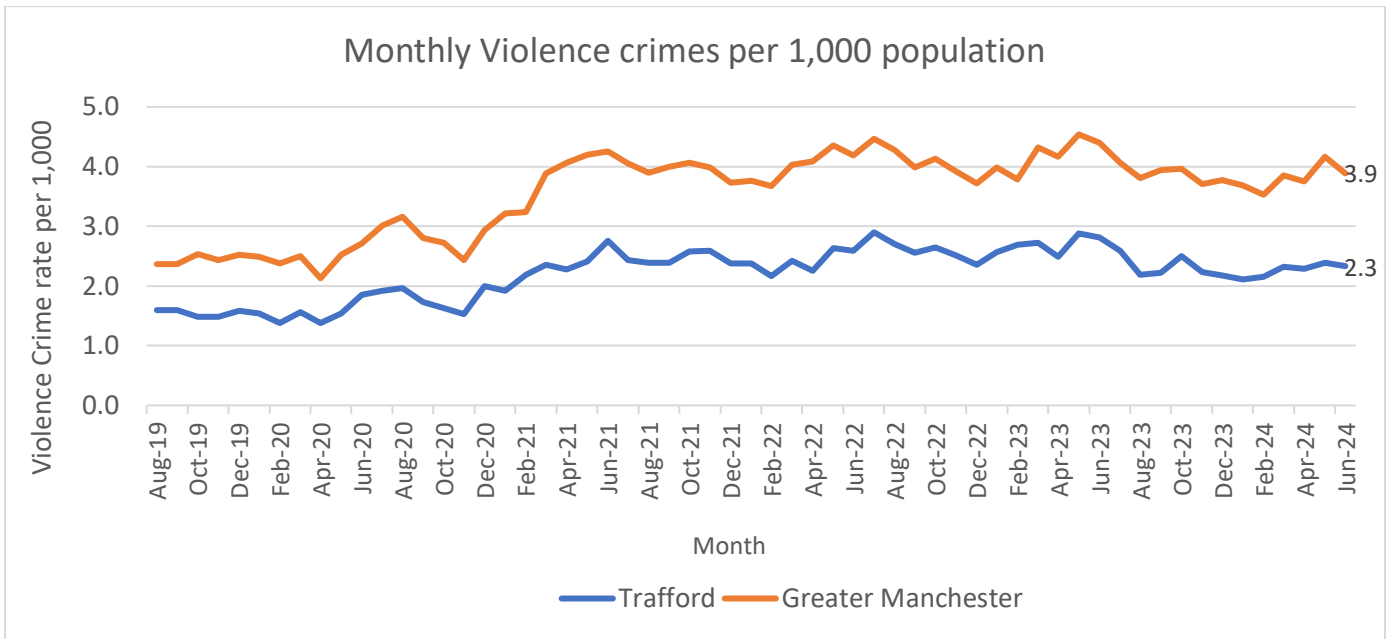


Source : [police.uk](https://www.police.uk), n.d.

From the monthly violence crime rates chart below, it is evident that violent crime rates tend to peak during the spring and summer months, particularly from April to July. This seasonal trend is observed in both Trafford and Greater Manchester, with Greater Manchester showing more pronounced increases.

In Trafford, the fluctuations are less extreme than in Greater Manchester, but there is still a noticeable rise during the spring and early summer months. A steady increase is visible from April to June in most years, followed by a levelling off or slight decline in the autumn and winter months.

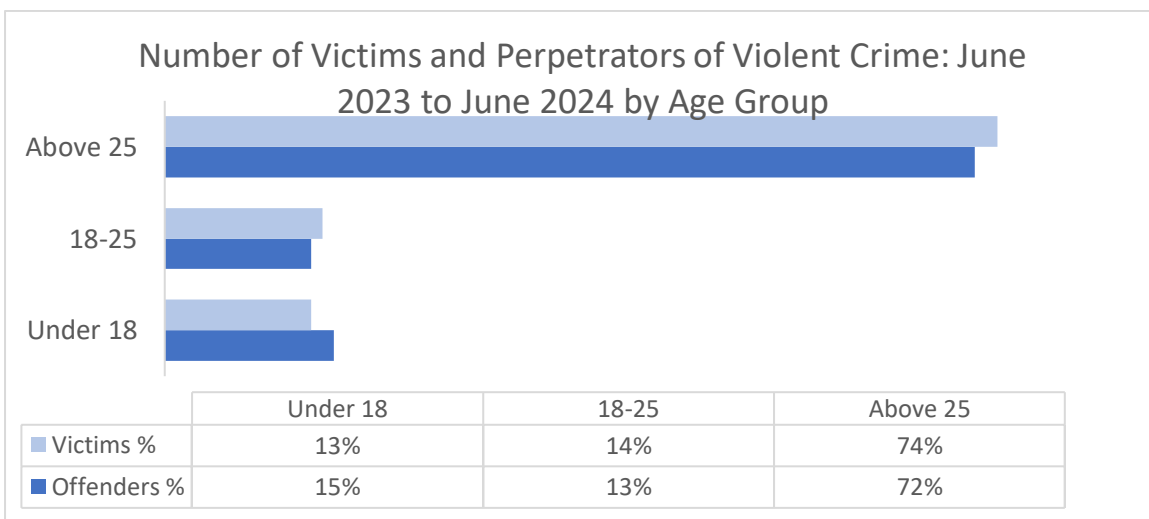
Summer holidays and outdoor events may contribute to these higher crime rates, as larger gatherings and social activities provide more opportunities for violent crime. In contrast, colder winter months likely discourage outdoor activities, leading to fewer opportunities for such incidents.



What do we know about perpetrators and victims of 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. Between June 2023 and June 2024, 7,126 individuals were identified as victims of violent crime, a 3.7% decrease from the previous year’s total of 7,397. 90% of these people were one-time victims and 10% were repeat victims. In addition, 4,796 individuals were recorded as suspected perpetrators of violent crimes from June 2023 to June 2024, reflecting a 5.8% decrease from the previous year. 80% of these individuals were one-time suspected perpetrators and 20% were repeat suspected perpetrators.

The chart reveals the age group distribution of both victims and suspected perpetrators of violent crimes from June 2023 to June 2024

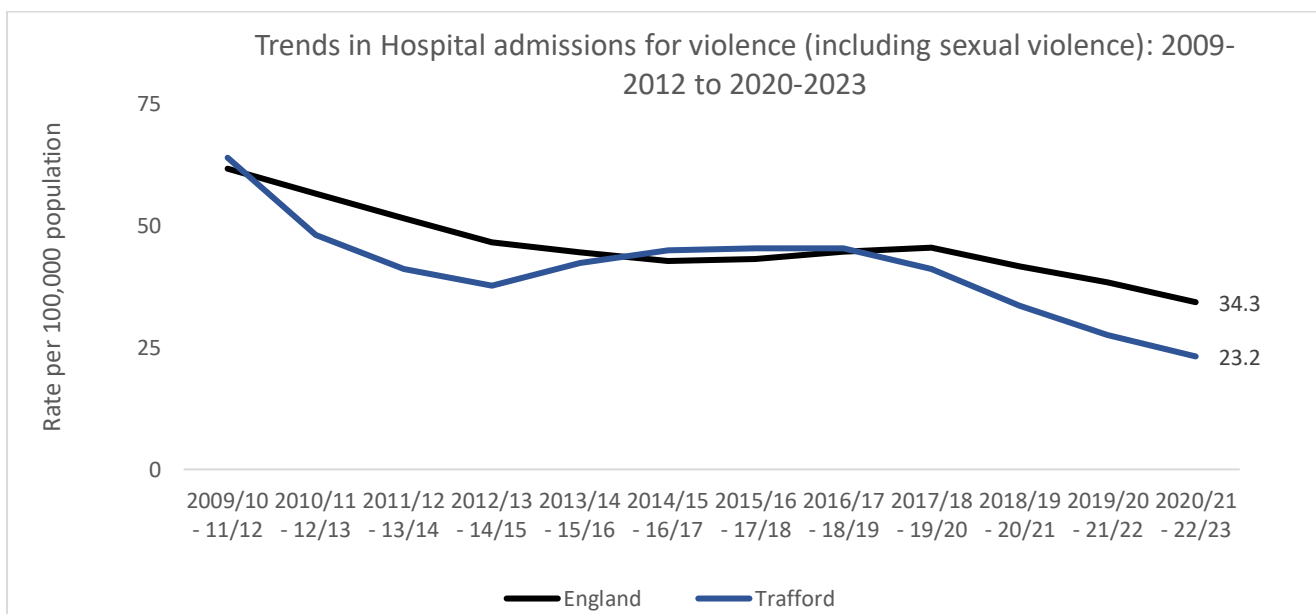


Source: [Greater Manchester Integrated Care Partnership \(2024\)](#)

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.

Hospital admissions for violence is the number of emergency hospital admissions for violence. An analysis of Hospital Episode Statistics (HES) data in Trafford indicates that hospital admission rates for violence have continued to decline since the pandemic and remain statistically lower than the average for England.

Between 2009 and 2023, there were **3,334** violent crime (including sexual violence) hospital admissions in Trafford. The chart below shows age-standardized hospital admissions rate for violence (including sexual assault) rate per 100,000 over a 3-year rolling periods (2020/21-22/23). It indicates a general pattern of decline over this period for both Trafford and England, with a higher rate of decline in Trafford indicating significant progress in reducing violent crime requiring hospital treatment.



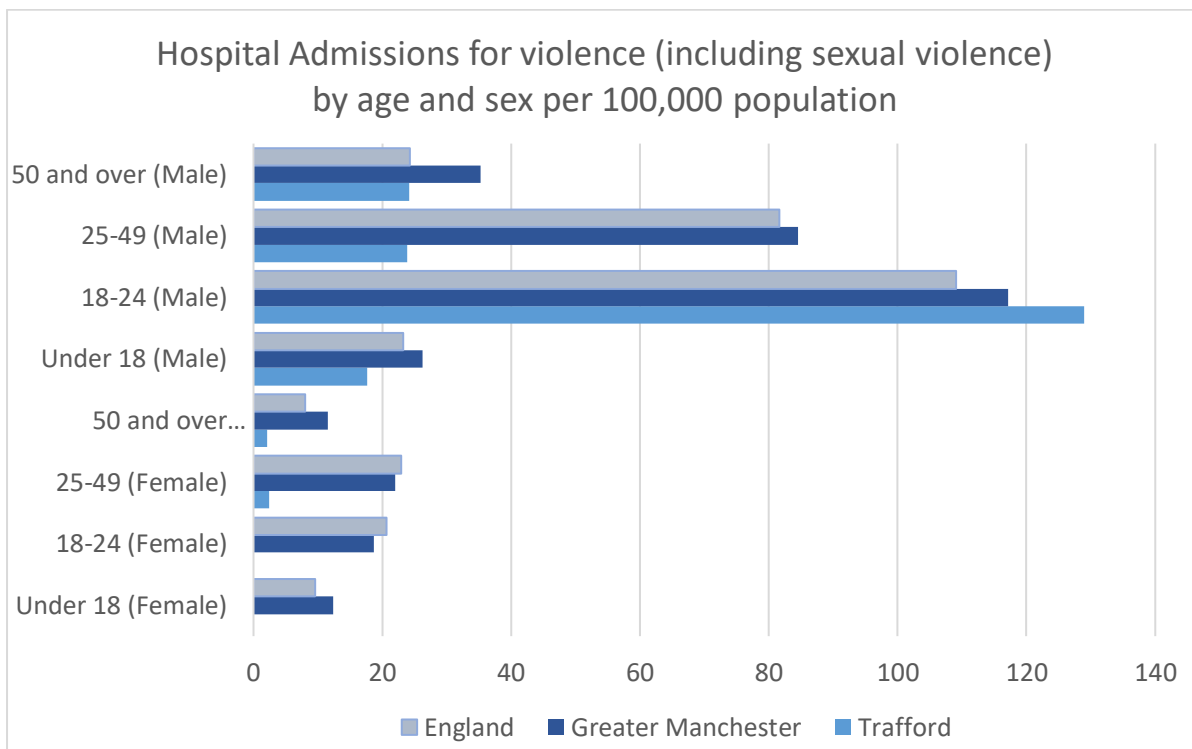
Source: [Fingertips](#)

Trafford remains the only local authority in Greater Manchester with a significantly lower rate of hospital admissions due to violence (23.2 per 100,000) compared to the England rate of 34.3 and Greater Manchester rate of 44.3 per 100,000.

Males have consistently much higher rates of hospital admissions for violence compared to females across all age groups, as seen in the chart below. This difference is particularly evident in the 18-24 and 25-49 male age categories. The 18-24 (Male) group has the highest rate in all regions, with Trafford recording over 120 hospital admissions per 100,000, which is higher than both the Greater Manchester and England averages.

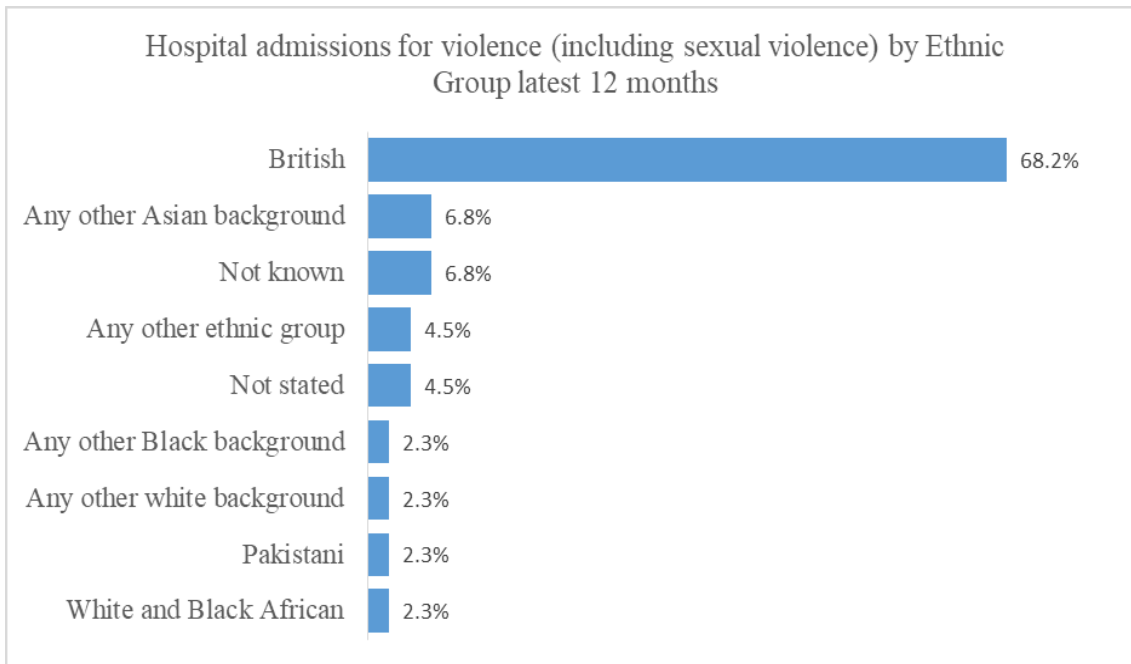
The 25-49 (Male) group has a much lower rate than the 18-24 age category. In this category, Trafford and Greater Manchester have similar rates, both exceeding the national average. For males aged 50 and over, the rates drop significantly across all regions, with much smaller variations between them.

Females across all age groups have much lower hospital admission rates for violence compared to males. Trafford, Greater Manchester, and England have similar admission rates for females, with small differences in the 18-24 and 25-49 categories. This highlights the need for targeted interventions in younger male populations in Trafford to reduce violence and related hospitalizations.



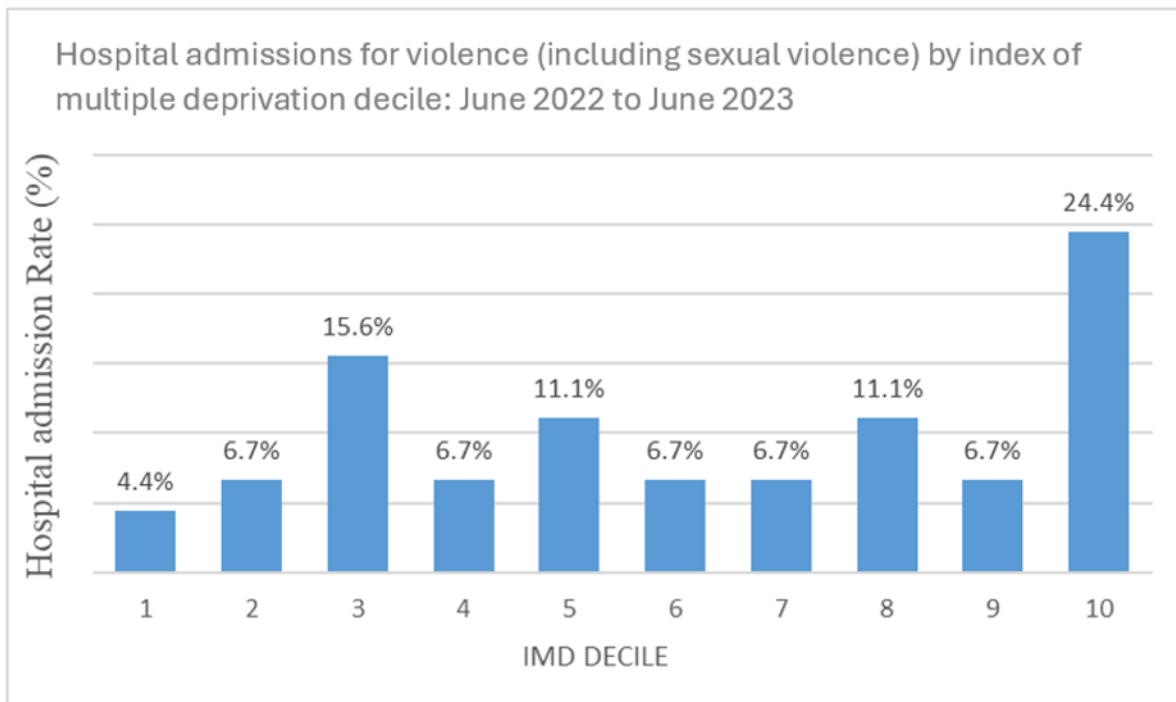
Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

Hospital admissions for violence categorized by ethnicity revealed that the White British population accounted for the highest proportion with 68.2% of admissions in this category as shown below.



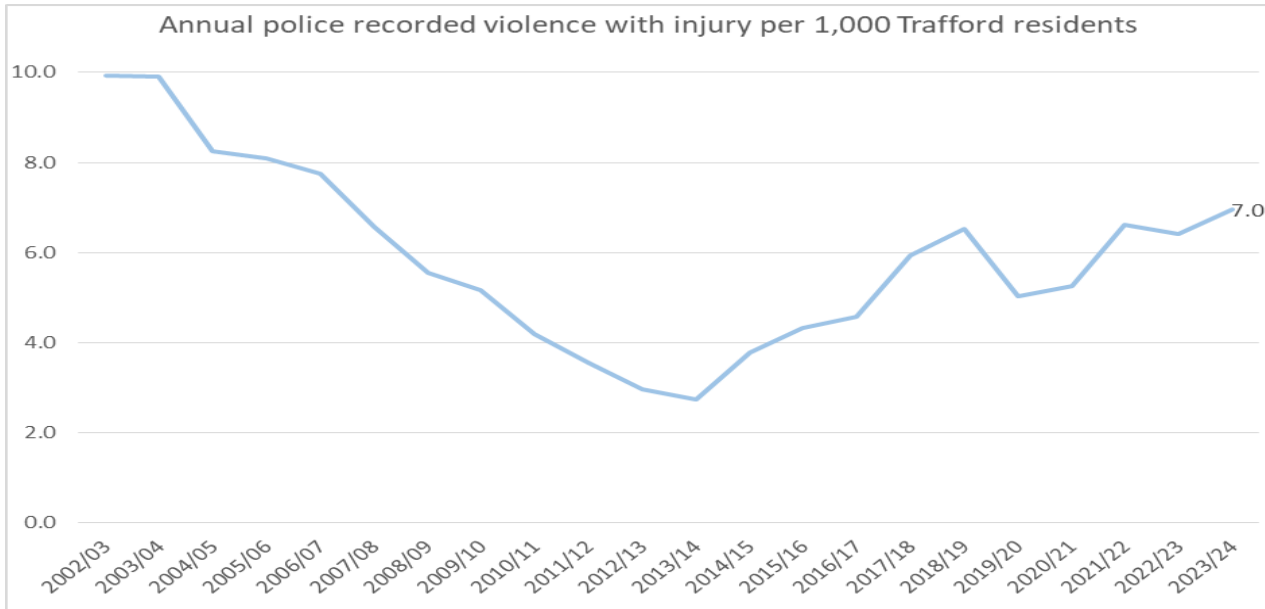
Source: [Greater Manchester Integrated Care Partnership \(2023\)](#)

The admission rates for violence in the least deprived areas in Trafford (i.e. 10th Decile) were higher than in the most deprived areas (i.e. 1st Decile) 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 because of violence compared with communities living in the least deprived areas.



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

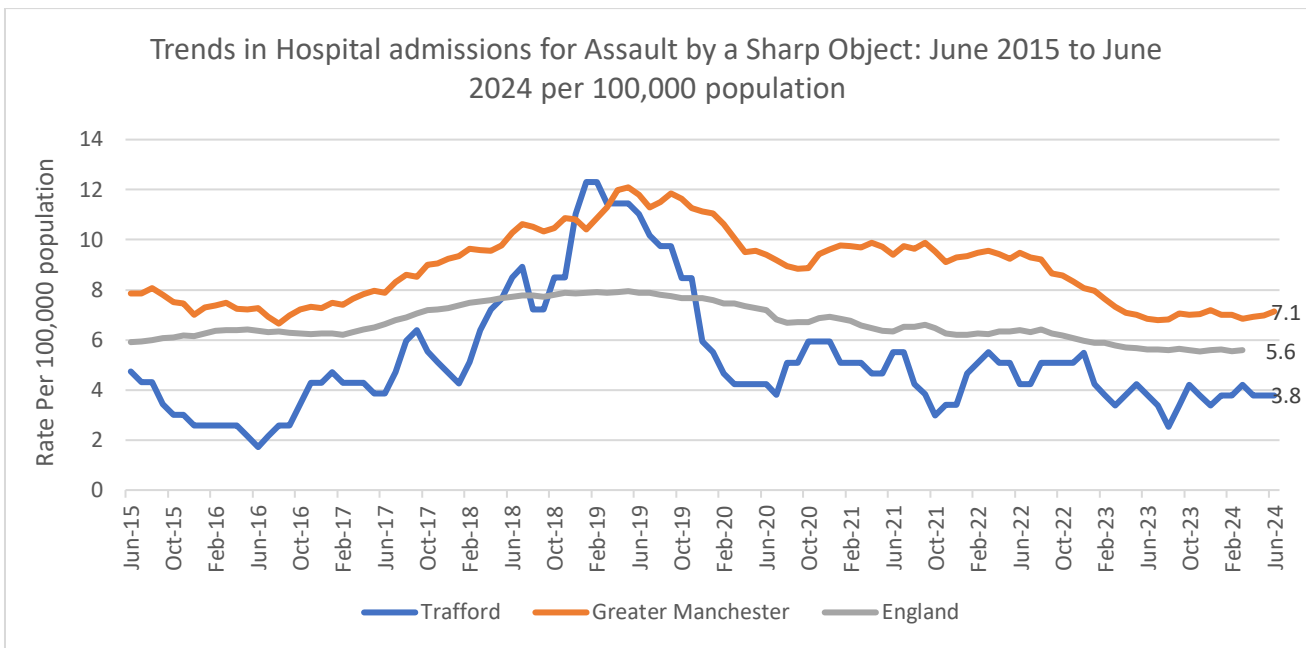
Rates for violence with injury peaked in 2002/03-2003/04 for Trafford and then slowly reduced until 2013/14, when rates of violence started to increase again until 2019/2020, at which point they reduced sharply. This is the period when Covid-19 restrictions were in place. Since 2021/22 the rates have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



Source: [Greater Manchester Integrated Care Partnership \(2024\)](#)

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.

A similar picture is evident for hospital admissions from assaults with sharp objects only with Trafford experiencing fluctuating rates of hospital admissions over the years, with a noticeable peak around late 2018 to early 2019, where the rate increased to about 12 per 100,000. This is much higher than England during that period as seen in the chart below.



Source: [Greater Manchester Integrated Care Partnership \(2024\)](#)

Between April 2019 to June 2024, 2,286 people attended A&E because of assault in Trafford. The average rate of daily admittance is **1.2**.

- **Assault in a public place**

40% of people who attended A&E due to assault were assaulted in a public place. Of these, 88% were assaulted with a knife or sharp object, 7% with no weapon, and 5% with another type of weapon. Males accounted for 76% of the victims, while females made up 24%. The most affected age group was 15-19 years (23.3%), followed by 20-24 years (18.8%), and 25-29 years (11.7%).

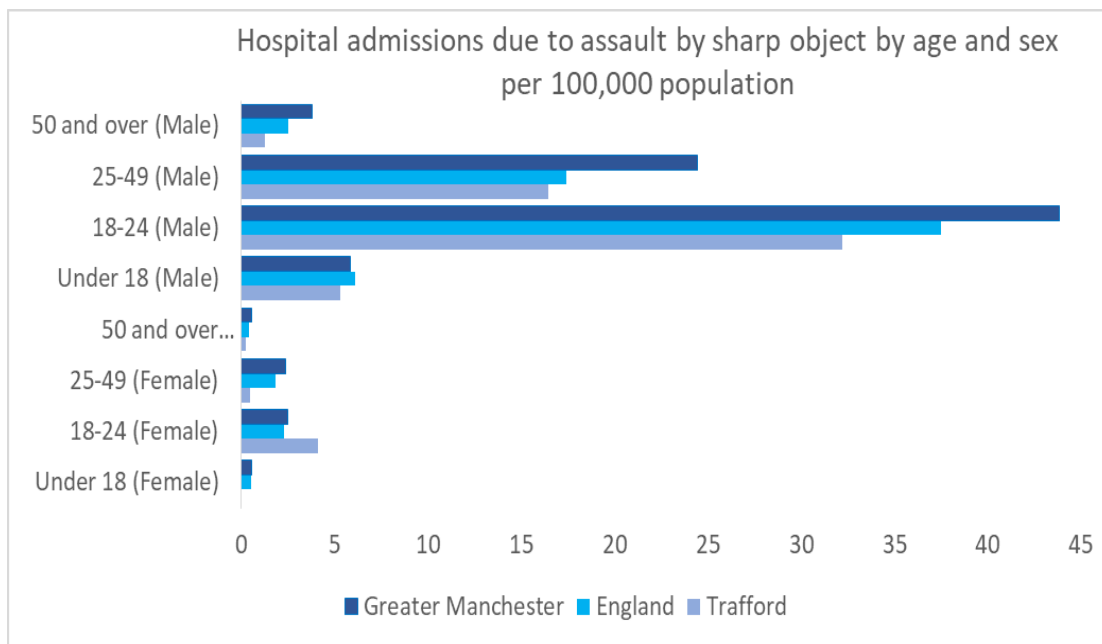
- **Assault in the home**

Furthermore, 37% of people who attended A&E reported assaults that had occurred in the home. Of these home assaults, 58% involved a knife or sharp object, 22% involved no weapon, and 20% involved other types of weapons. There was no significant difference between males (49%) and females (51%) regarding assaults in the home. Victims were distributed across age groups, with the highest incidence in the 25-29 age group (14.6%), followed by those aged 30-34 (12.9%). Additionally, individuals from the White British ethnic category (90%) attended A&E due to assault more frequently than those from other ethnic groups. This trend was also observed for assaults in public places, where 83% of attendees were from the White British ethnic group.

- **Assaults outside the home (other places)**

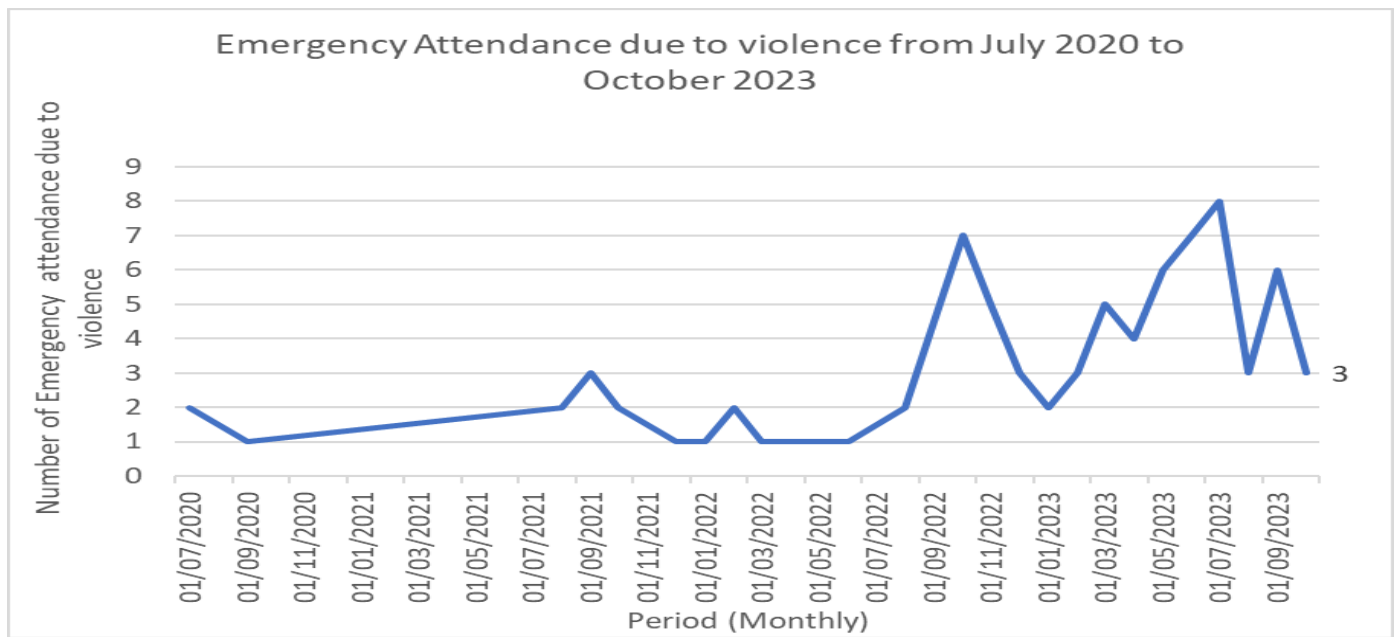
23% of people attended A&E due to assault that took place outside the home. More than twice as many males (70%) were assaulted in comparison with females (30%). The White British population formed the highest proportion of victims (77%) by ethnicity followed by Asian British population (11%). Both Mixed and Black British ethnic groups had the same rate of assaults outside the home (4%). The highest proportion of assault victims (15.1%) 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

Q3 2024 (July-September) latest data received from Greater Manchester Fire and Rescue Services indicated there was no attack on the Fire and Rescue Service during the period in Trafford.

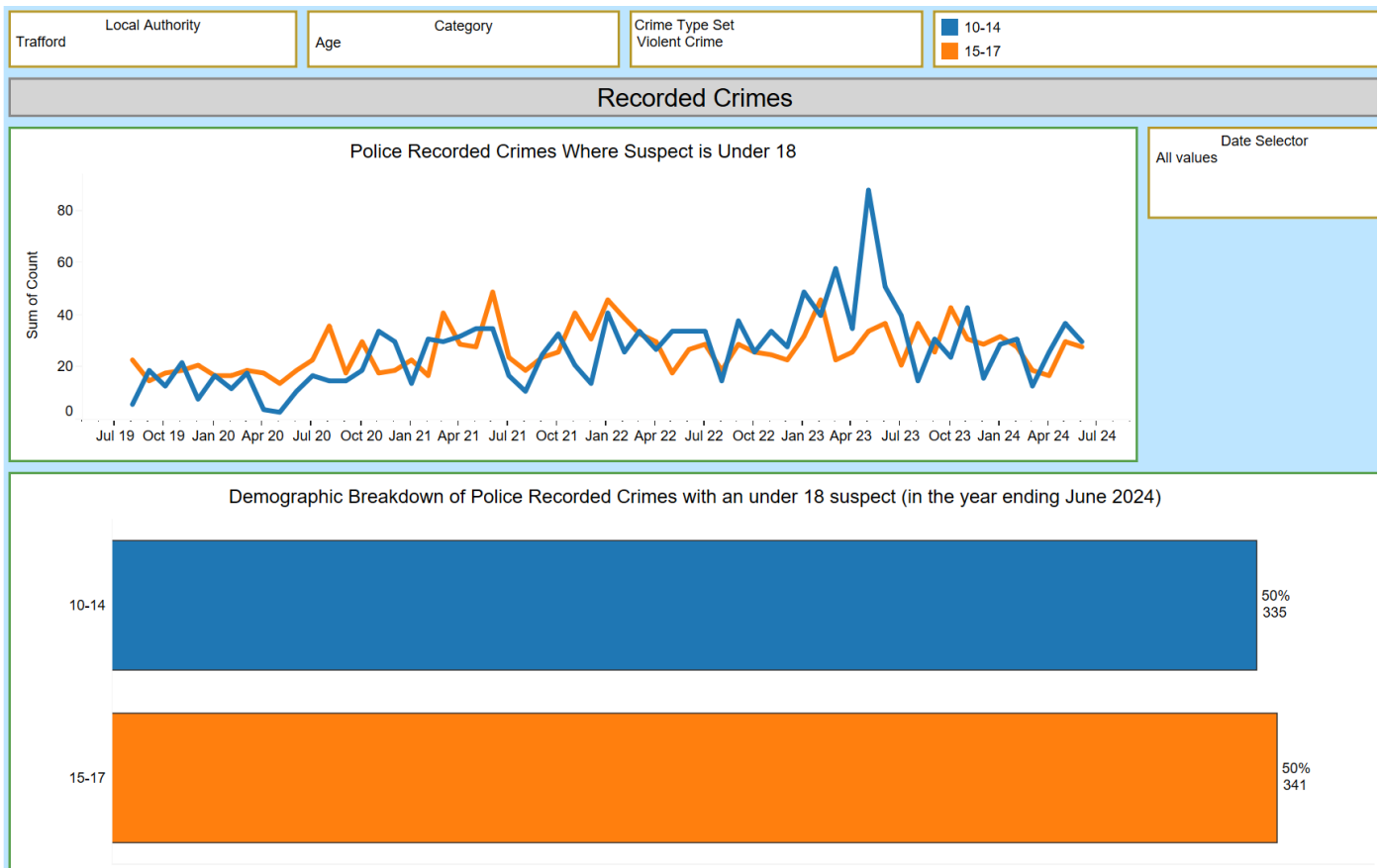
Youth violence

According to the population of Trafford at mid-year 2023, 30% of the population in Trafford is estimated to be under 25 years of age and a further 26% are aged 19 and under.

In the year ending June 2024, **14% (676)** of the violent crimes recorded by the police were committed by those aged under 18 years of age, and **13.5% (647)** of crimes were committed by those aged 18-25 years, this has not been a significant change since year ending June 2023.

A closer inspection of violent crimes involving suspects under 18 during the same period revealed an even split between the 10–14 and 15–17 age groups, with no difference in the percentage of recorded incidents. This suggests that violent crime involving youth suspects in Trafford is not predominantly skewed toward either older or younger teens; both age groups are equally represented in the data.

However, the 10–14 age group shows more significant peaks in certain months (notably April to June 2023), which may indicate periods when this age group is more active in recorded incidents.



Source: [Greater Manchester Integrated Care Partnership \(2024\)](#)

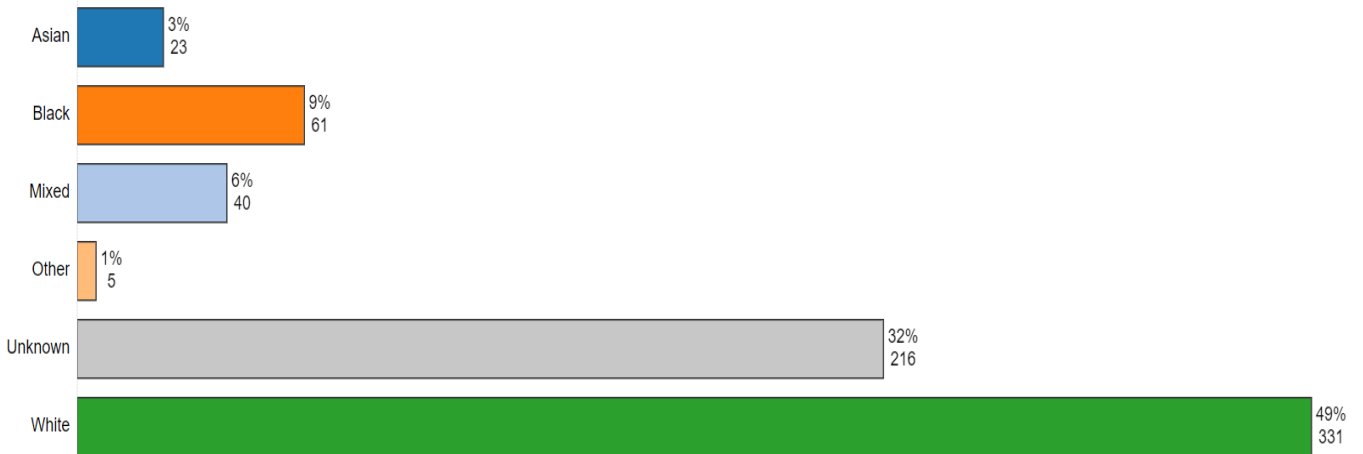
More males were recorded as suspects, making up 61% (409), while females accounted for 37% (248), and 3% (19) had an unknown gender.

Among the recorded youth crime suspects, 49% are White, totalling 331 individuals. This demographic represents nearly half of all suspects under 18, indicating a higher proportion compared to other ethnic groups. A significant portion (32%, 216 individuals) of this total fall under the "Unknown" category, meaning that the ethnicity data is unavailable for nearly one-third of suspects. This high percentage of unknowns can skew the accuracy of demographic analysis, obscuring the true distribution of ethnicities.

Additionally, 9% of the suspects are identified as Black, comprising 61 individuals. Although this number is smaller than that of the White group, it still constitutes a notable segment of the youth suspect population.

Mixed ethnicity suspects account for 6% (40 individuals), and Asian suspects represent 3% (23 individuals). These groups have lower representation in the recorded crime data compared to both the White and Unknown categories

Demographic Breakdown of Police Recorded Crimes with an under 18 suspect (in the year ending June 2024)



Furthermore, the latest data up to Year ending March 2024 from the Youth Justice Board's Serious Violence shows that the number of young people with offending behaviours, and those whose offences lead to substantive outcomes remains relatively low in Trafford, as indicated by national comparator data. However, there remains a small but significant group of young people who are at risk of offending and continue to display these behaviours.

Trafford Youth Justice is a multi-agency resourced team, who work together to prevent, reduce, and respond to young people who are exploited into, or involved in violence and knife related crime, in addition to other behaviours. The staffing establishment consists of a Head of Service Vulnerable Adolescent Service, Practice Manager, Team Leader, Case managers and practitioners, a mental health practitioner, victim / restorative justice practitioner, and Referral Order volunteers. Our partners include a seconded police officer, specialist nurse, speech and language therapist, probation officer and children's adolescent mental health link designated link worker.

The Youth Justice landscape has evolved significantly since the 1998 Act and national, regional, and local indicators report a rise in the number of young people who have complex and competing needs, linked to the trauma they have endured through adverse childhood experiences. Trafford Youth Justice has seen an increase in the seriousness of behaviours, and the number of young people who sexually harm others, and / or who pose a high or very high risk of serious harm to others, and high or very high risk of re-offending through violent and knife related behaviour, drug and alcohol use, and Urban Street Gang associations or those exploited into Serious Organised Crime.

The Youth Justice Board has introduced new Key Performance Indicators that now requires Youth Justice Services to report on the performance, and practice around violence and knife related behaviour, in addition to other risk and protective factors.

- To treat children fairly and reduce over-representation of certain groups of young people [disproportionality].
- To prevent harm through experiencing exploitation.
- To reduce offending, and re-offending.
- To reduce the use of custody for young people, and/or to improve the experience of custody and ensure effective resettlement.
- All young people must have suitable and stable accommodation.
- All young people must have the right Education, training, and employment (ETE) opportunities and be supported to attend.
- Young people with SEND/Additional Learning Needs will have an advocate in youth justice to support them to achieve.
- Young people will have access and support for their mental and physical healthcare, and emotional wellbeing.
- Young people will have access to substance misuse services and support.
- Young people will be diverted from the criminal justice system through the delivery of out of court disposals.
- The partnerships / management Board will be well attended and ensure effective service delivery.
- Youth Justice will work collaboratively with wider services, including social care and partners to reduce the over-representation of cared for children in the criminal justice system, and to ensure young people are safeguarded.
- Serious youth violence through knife and gang related behaviours is an evolving concern and youth justice interventions need to evolve to reflect the current landscape.

- Restorative Justice is fundamental to providing a Youth Justice Service and the victims of crime have a right to be heard.

Youth Justice support young people through the assessment, planning, and intervention, process, delivering 1-1 and group work activity to address the range of contextual safeguarding issues across three domains: Prevention, Diversion and Court/Custody when violent and knife related behaviour is a feature.

Prevention/ Mentoring: Youth Justice offer an early intervention and mentoring service to prevent young people and their families becoming embroiled in violence and knife related behaviours. With no legal framework this is a consent based mentoring scheme using a strengths and ambition led relational approach, to support young people to make good decisions so that they are more likely to achieve their aspirations. We have implemented the 'Turnaround' Ministry of Justice funded initiative that promotes work with brothers, sisters, parents, and wider family members to break familial intergenerational cycles of violent behaviour and build resilient families to sustain change. Turnaround Programme - GOV.UK (www.gov.uk)

Diversion: The term out-of-court disposal refers to resolving a situation without going to court. Disposals can be informal (non-statutory) or formal (statutory) and do not involve a decision made through the Court. Informal options may include no further action, a community resolution, or a deferred prosecution; and formal options may include a Youth Caution, or Youth Conditional Caution. Disposals tend to follow a model of assessment and intervention, and whilst Youth Justice practitioners deliver the interventions, the Police impose the sanction. It is recognised that diversion is not appropriate in all cases and will depend on the gravity of the behaviour/offence, and potential or actual harm caused, which can then result in a substantive outcome. Greater Manchester Youth Justice Services are scrutinised through a formal panel process involving the Crown Prosecution Service when a young person has received a diversionary disposal for a violent or knife related behaviour, and we are assured that Trafford is compliant with this.

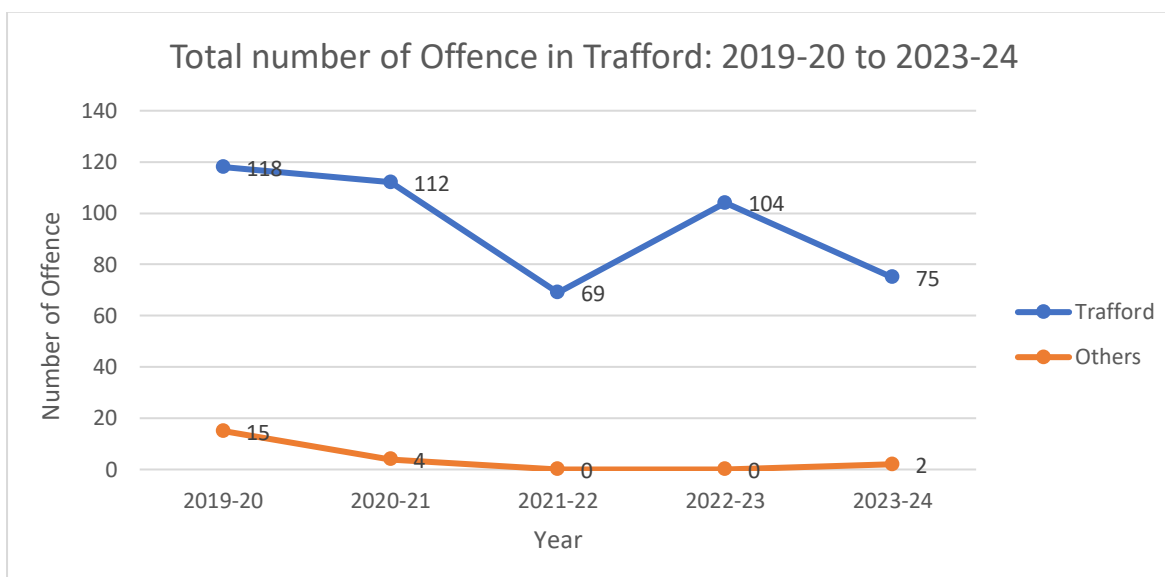
Court / Custody: The Court are legislatively bound when remanding young people to custody, or to the care of the local authority; and in sentencing young people to either a community, or custodial sentence, showing regard to the principle aim of preventing offending, and the welfare of the child. Young people will appear before the Court when the seriousness of the offence warrants it. Trafford Youth Justice provides an assessment via a pre-sentence report to the Court to advise of the most appropriate sentence, considering the young person's individual circumstances. On occasion this may include an assessment of dangerousness if the young person persistently commits violence or knife related crime. Every young person supported through a community or custodial sentence has an intense programme of work that ranges from one, two or three appointments each week, or up to twenty-five hours of intervention and electronically monitored

curfew if the Court impose an Intense Support and Surveillance condition. The Court can impose this option as part of a bail programme, community order or as a licence condition following release from custody. All of which are 'enforceable,' and the Youth Justice service can return the young person to Court through breach procedures if they re-offend or fail to comply with the Order.

In the year ending March 2024, 38 young people in Trafford received a substantive outcome, representing a 26% decrease compared to the previous year (51) and is only slightly higher than the number reported in 2021/22



Additionally, 75 offences committed by young people in Trafford were prosecuted, resulting in substantive outcomes. This marks a 28% decrease compared to the previous year. Similar to the trend among young offenders, the total number of offences remains well below the previous year's figure and is only slightly higher than in 2021/22.



The number of offences categorized under 'Others' (where an intervention by Trafford YOS is linked to a young person not necessarily under Trafford's responsibility remains 2 for the year.

GENDER OF YOUNG OFFENDERS

Gender	2019-20		2020-21		2021-22		2022-23		2023-24	
Male	52	90%	46	94%	29	81%	45	88%	30	79%
Female	6	10%	3	6%	7	19%	6	12%	8	21%
Grand Total	58	100%	49	100%	36	100%	51	100%	38	100%

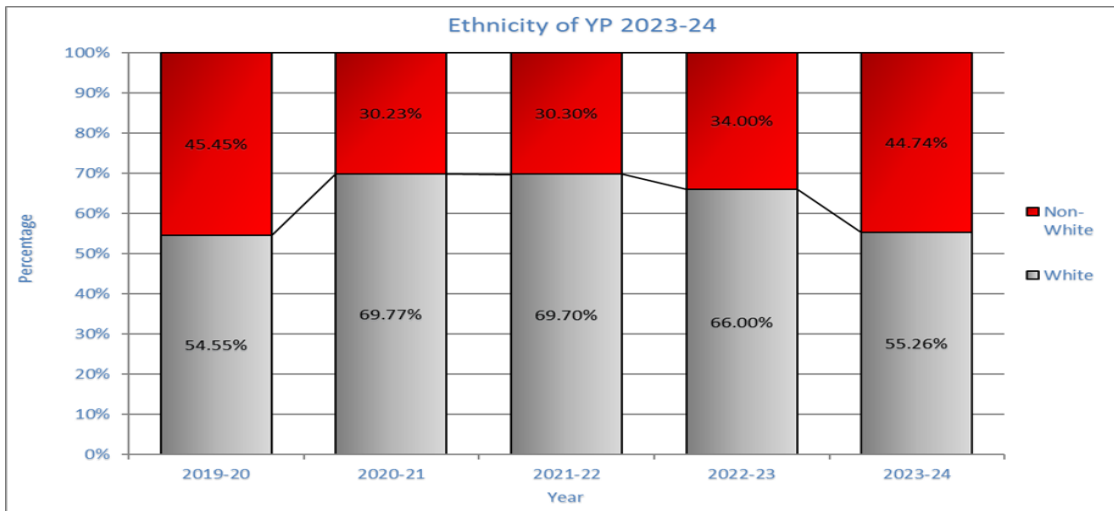
ETHNICITY OF YOUNG OFFENDERS

Ethnicity	2019-20		2020-21		2021-22		2022-23		2023-24	
Asian	3	5%	0	0%	0	0%	1	2%	1	3%
Black	3	5%	4	8%	5	14%	8	16%	4	11%
Chinese & Other	4	7%	0	0%	1	3%	0	0%	2	5%
Mixed	15	26%	9	18%	4	11%	8	16%	10	26%
White	30	52%	30	61%	23	64%	33	65%	21	55%
Refused/No Info.	3	5%	6	12%	3	8%	1	2%	0	0%
Grand Total	58	100%	49	100%	36	100%	51	100%	38	100%

Ethnicity data is available for all 38 young people receiving substantive outcomes in the year. Therefore, each young person represents 2.6% of the total in the chart below. With this in mind, and considering the caveats mentioned above regarding gender, the following observations are made:

- 55% (21 individuals) of young people are recorded as being from a White background by the end of Q4, compared to 60% of the school population according to the January 2024 census.
- 11% (4 individuals) are recorded as Black, while the school census reports 4.7% of pupils as Black.
- 26% (10 individuals) are of Dual/Mixed ethnicity, compared to 9% in the school census.
- 3% (1 individual) are recorded as Asian, while the school census shows 17% of pupils as Asian.
- 5% (2 individuals) are recorded as Chinese or Other ethnicity, with the school census reporting 8% of pupils in this category.

The 'White / Non-White' split is not significantly different from the school census, with the difference equating to just two young people. However, over time, there are consistent variations, with an overrepresentation of young people from 'Black' and 'Dual Heritage' backgrounds, and an underrepresentation of young people from 'Asian' backgrounds.



AGE

The average age of offenders in the year ending March 2024 is 16.11 but remains below 16.4 reported last year which is in line with years before that.



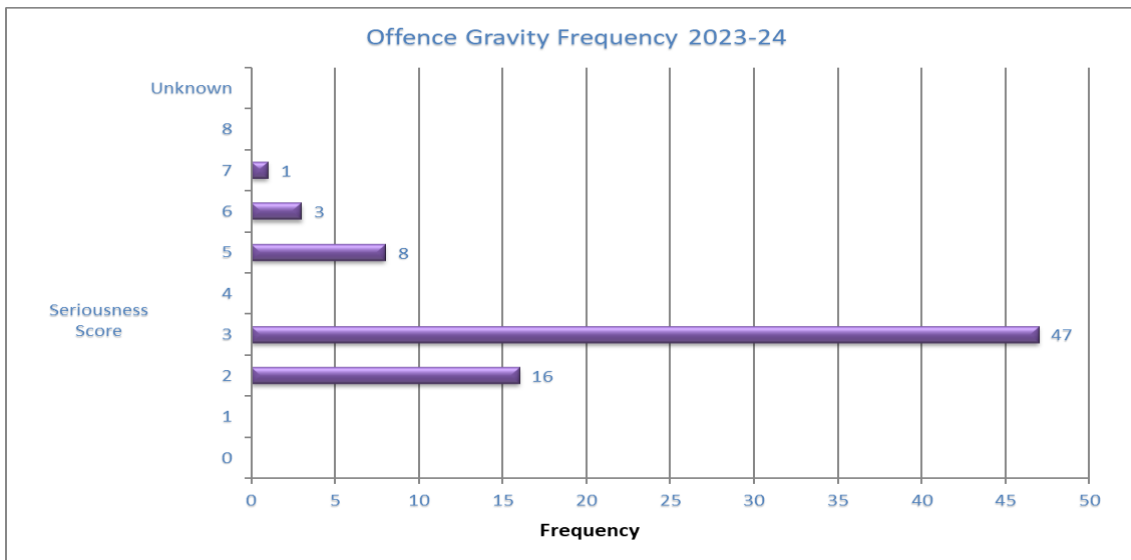
OFFENCE TYPES

Violence Against the Person (VAP) remains the most common offence type in the year 2023/24. There were 32 VAP offences year-to-date, making up 43%. The next highest category is Criminal Damage, with 8 offences, or 11% of the total.

There have been 7 offences each for Theft/Handling and Sexual offences representing 9% of outcomes each. Other offence categories include 6 Public Order offences (8%), 5 Drug offences (7%), 4 Motoring offences (5%), 3 Robbery offences (4%), and 1 each for Theft, Non-Domestic Burglary, and 'Other.

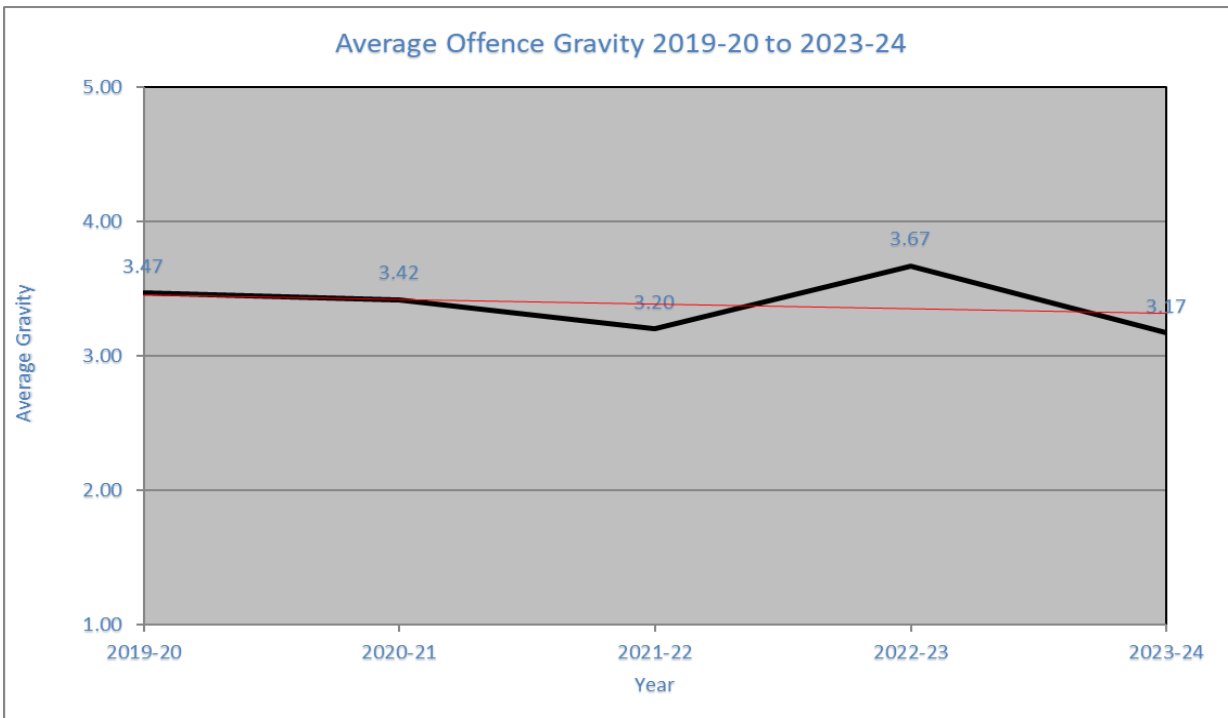
VAP Offence Description	Count
Possess knife blade / sharp pointed article in a public place - Criminal Justice Act 1988	9
Assault by beating	5
Possess an offensive weapon in a public place	5
Assault a person thereby occasioning them actual bodily harm	4
Common assault	4
Assault a constable in the execution of his / her duty	1
Attempt to assault a person thereby occasioning them actual bodily harm	1
Common assault of an emergency worker	1
Section 18 - wounding with intent	1
Threaten a person with a blade / sharply pointed article in a public place	1

Offence Gravity



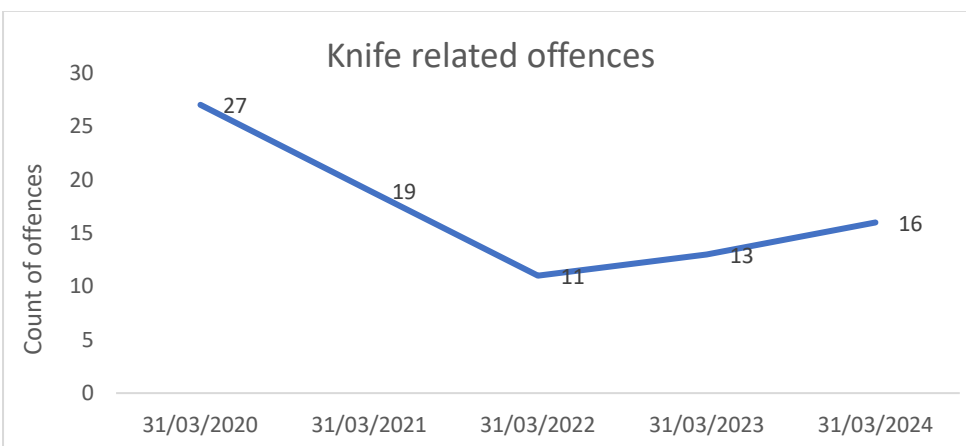
The Offence Gravity scale goes from 1 (most minor) to 8 (most serious).

The average offence Gravity has been around 3 all year prior to YE March 2024 which has seen an increase to 3.17 for the year. This remains the lowest annual average in the last five years. Most substantive outcomes (84%) were for offences with a gravity of 3 or below (63 offences). Of the 12 offences with a gravity above 3, these included Wounding with Intent (1), Robbery (3), Witness/Jury Intimidation (1), Making of Indecent Material (1), and Making/Possession of Indecent Photographs (6).

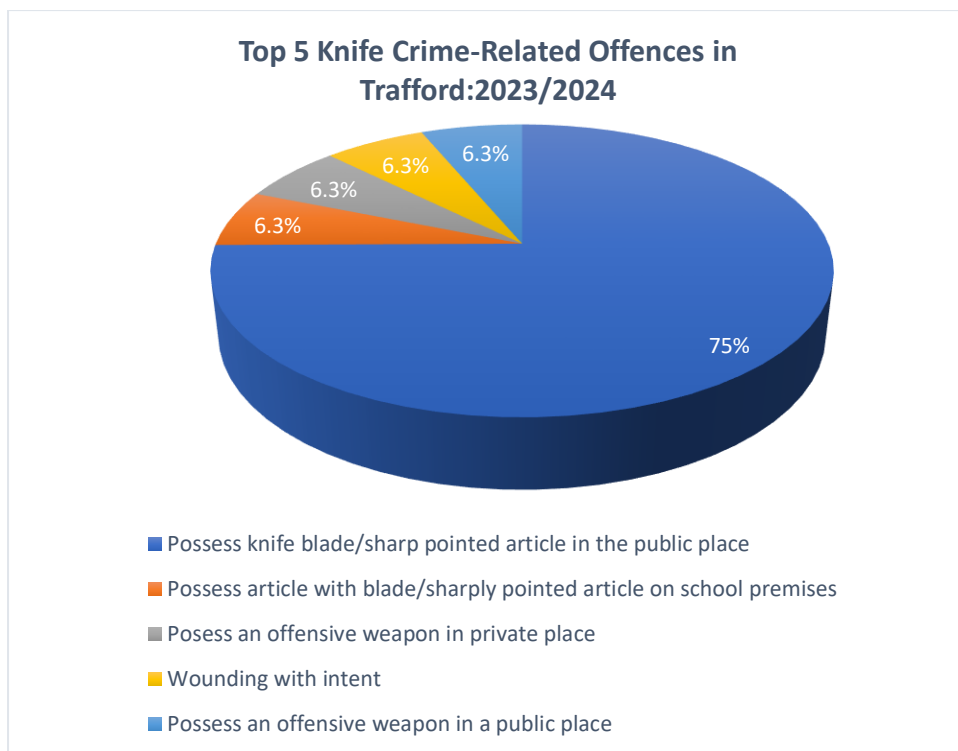


Knife Related Offences

The graph below shows knife-related offences committed by under-18s in Trafford from March 2020 to March 2024. It reveals a slight increase in offences in 2024, rising from 13 in 2023 to 16, a 23% year-on-year increase. While 2024 is still lower than 2020 (27 offences), it's a rise from the recent low of 11 in 2022. The slight rise in knife-related offences in 2024, after a period of stability may suggest that the issue is not fully resolved and could be influenced by new factors. It's important to monitor this trend closely.



The chart (below) breaks down the data in the chart (above) to offence type.

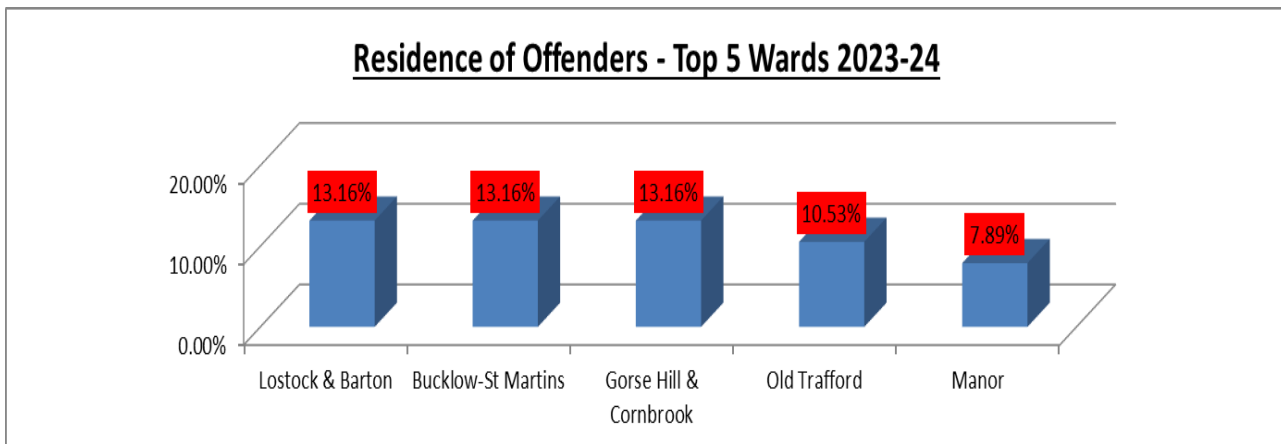
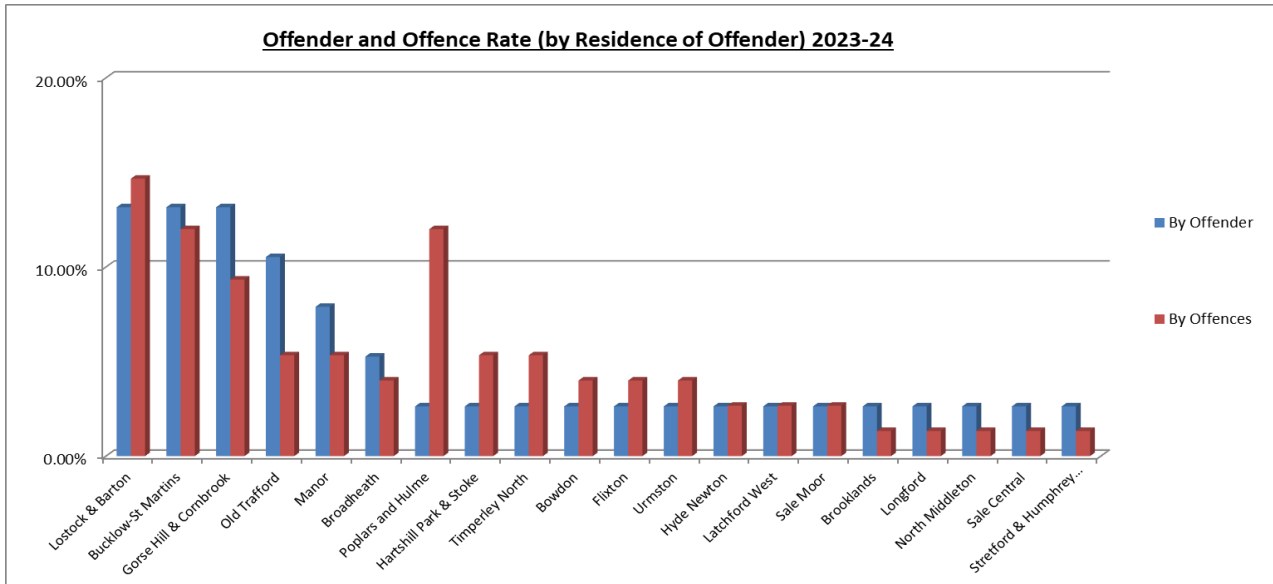


LOCALITY

All Youth Justice (YJ) locality data is based on the residence of the offender. The tables below show the 2023-2024 rates for both offenders and offences, categorized by resident ward and locality. Currently, five offenders are residing outside Trafford. Four wards have the highest levels of both youth offending behaviour and offences committed, of which three are based in the North Neighbourhood. This data has not been adjusted for population size.

Ward	By Offender	By Offences
Lostock & Barton	13.16%	14.67%
Bucklow-St Martins	13.16%	12.00%
Gorse Hill & Cornbrook	13.16%	9.33%
Old Trafford	10.53%	5.33%
Manor	7.89%	5.33%
Broadheath	5.26%	4.00%
Poplars and Hulme	2.63%	12.00%
Hartshill Park & Stoke	2.63%	5.33%
Timperley North	2.63%	5.33%
Bowdon	2.63%	4.00%
Flixton	2.63%	4.00%
Urmston	2.63%	4.00%
Hyde Newton	2.63%	2.67%
Latchford West	2.63%	2.67%
Sale Moor	2.63%	2.67%

Brooklands	2.63%	1.33%
Longford	2.63%	1.33%
North Middleton	2.63%	1.33%
Sale Central	2.63%	1.33%
Stretford & Humphrey Park	2.63%	1.33%



Ward and locality data are based on the primary address of the young person as recorded in the system at the time the report is generated. Because the numbers are small, they may be subject to significant variation over short periods. Given the low numbers of offenders, it is difficult to draw firm conclusions about the correlation between deprivation and offending based on data from a single quarter or even a single year. However, wards with higher levels of relative deprivation in Trafford consistently appear over time in this chart, showing higher numbers of offenders and offences.

By locality, the data shows the following:

Locality	By Offender	By Offences
North	42.11%	32.00%
West	18.42%	20.00%
Central	15.79%	10.67%
Non-Trafford	13.16%	24.00%
South	10.53%	13.33%

The North area is the most relatively deprived overall in Trafford, while the West contains the most deprived small areas. The South is the most populated area in Trafford. Although the Central area is generally not highly deprived, there are specific areas of significant relative deprivation within the locality.

SAFEGUARDING ANALYSIS

During the reporting period, of the 38 young people who received substantive outcomes, 28 were involved with Safeguarding services: 8 were 'Cared For,' 6 were subject to a Child Protection Plan, and 14 were classified as 'Child in Need' at some point during the period. This represents 74% of the group.

The Greater Manchester Violence Reduction Unit (VRU) undertook work to understand the prevalence of crime and the force's response where a child is named a suspect in 2020.

The findings identified that between August 2019 and June 2020, 15,796 (14.4% of all crime demand in GMP) crimes had been recorded with children as named suspects. When examining these cases, the force recognised that 70% were closed with 'no further action'. Crime closure comments highlighted that in many circumstances investigators were reluctant to criminalise young people.

The force identified these instances as missed opportunities for diverting young people away from further adverse criminal events and towards positive interventions.

Prevention through prosecution, intervention, education and diversion (PPIED) is a trauma-responsive and collaborative intervention to identify and offer support services for young people engaged in repeat offending.

PPIED was introduced by Greater Manchester Police (GMP) in 2020. The PPIED pilot was introduced with the following aims.

1. Ensure that every child in Greater Manchester who is named as a suspect is treated as a child first, and a suspect second.
2. Promote a trauma-responsive approach to offer enhanced support for children and families.
3. Reduce harm and prevent the likelihood of reoffending.

PPIED identifies young people who:

Have been named as suspects in at least two crimes in 12 months are deemed 'invisible' by police and child support services (Young people are classified as 'invisible' if they are identifiable on police operational systems but not on partner systems. In contrast, young people are deemed 'visible' if the young person is identifiable on police operational and partner systems. If the young person is identified as 'invisible', then a referral to PPIED can be made.) The young people are made 'visible' to support services via a PPIED panel. This identifies a relevant support package to meet the young persons' needs and promote diversion from further offending behaviour. (College of Policing, 2023)

5.4 safety and public perceptions of crime in Trafford

Public perceptions of safety can vary significantly from insights derived from reported crime statistics and are influenced by various factors. In 2019/20, the Deputy Mayor for Greater Manchester commissioned an ongoing, large-scale quarterly independent survey known as the Greater Manchester Police and Crime Residents Survey (Greater Manchester Combined Authority, 2023). This survey reaches nearly 13,000 residents of Greater Manchester each year, making it one of the largest surveys of its kind in the UK. It provides valuable insights into residents' feelings about their living environments, with results reported at the local authority level. This allows for detailed perspectives on how Trafford residents perceive safety and crime in their area.

The most recent survey, conducted in June 2024, highlighted the following findings:

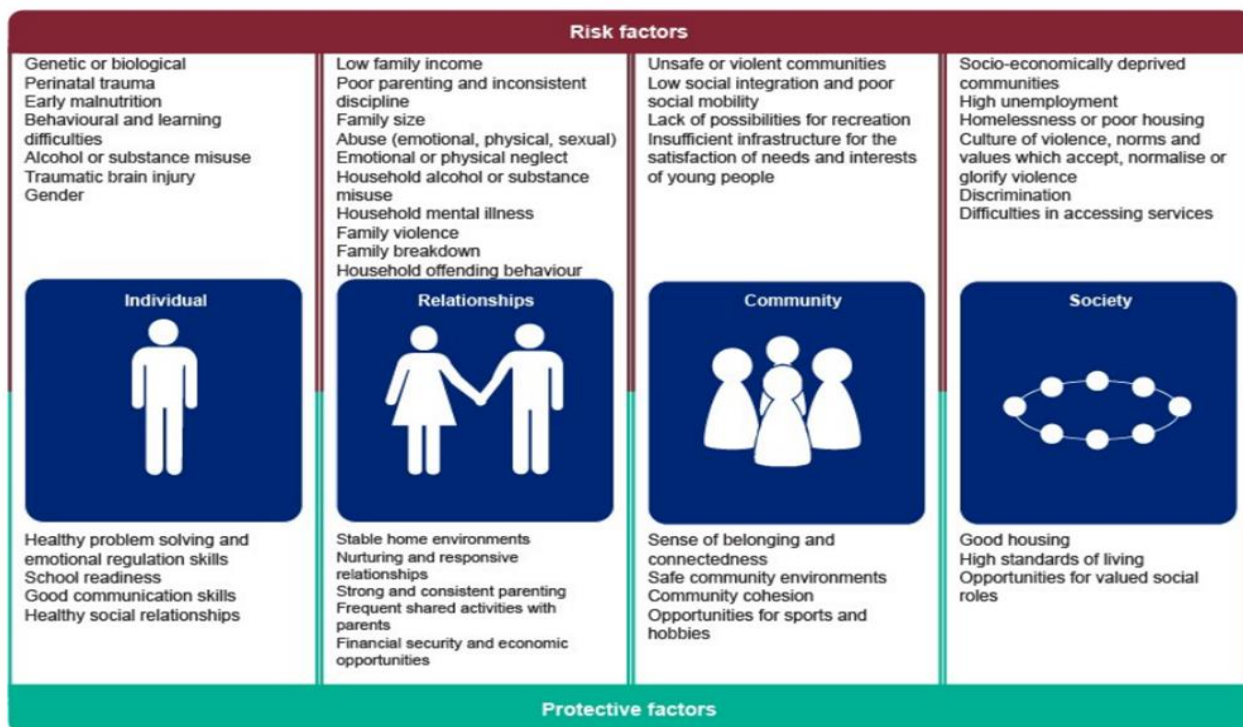
- 95% of Trafford residents felt safe in their local area, which is higher than the Greater Manchester average of 88%.
- 68% felt they could get help from Greater Manchester Police in an emergency, the second highest in Greater Manchester, exceeding the Greater Manchester average of 62%.
- 46% felt they could get help from Greater Manchester Police in a non-emergency situation, similar to the Greater Manchester average.

- 52% expressed overall satisfaction with Greater Manchester Police, which is lower than the Greater Manchester average of 55%.

In relation to young people's perceptions of community safety and crime, Greater Manchester conducted the #BeeWell Neighbourhood Survey (University of Manchester, 2023), which is completed by pupils in Years 9 and 10 attending secondary schools across Greater Manchester. The most recent survey, conducted in Autumn 2023, revealed that 88% of Year 10 students in Trafford agree or strongly agree that they feel safe in their local area, a slight increase from 87% reported in Autumn 2022.

6 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. A public health model of violence reduction supports introducing interventions at the 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 regarding 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.

6.1 Adverse Childhood Experiences (ACES)

6.1.1 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 years of age and can have potentially long-lasting negative effects on the health and wellbeing of individuals. A study of more than one thousand incarcerated women in California found a strong trajectory between ACEs experienced and violent behaviour, with those experiencing more ACEs being at a higher likelihood of engaging in violent behaviour toward others ([Saxena and Messina, 2021](#)).

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.

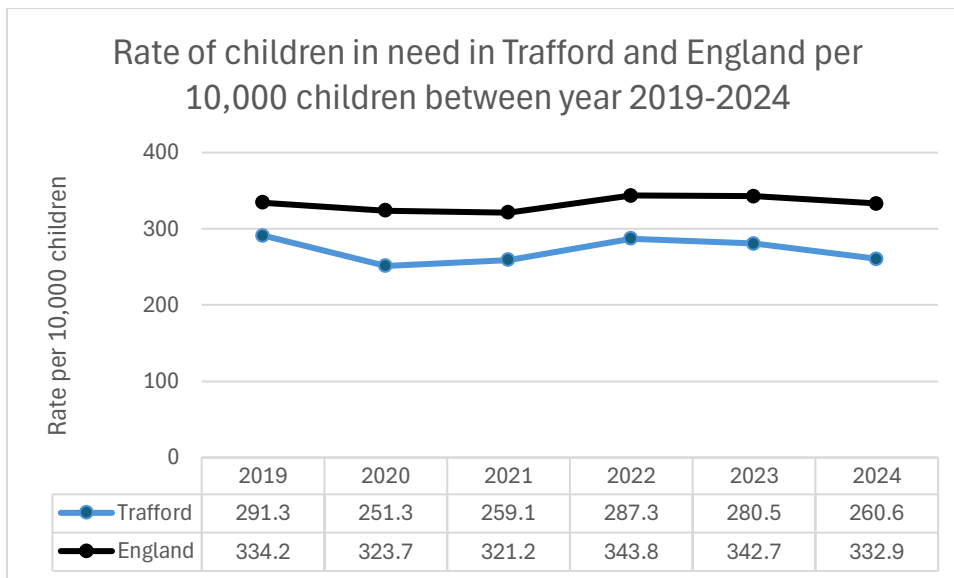
The 10 original ACEs are:

- 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.

6.1.2 Adverse Childhood Experiences (ACES) in Trafford

In the year ending March 2024, Trafford identified 1,460 children as being in need, representing a rate of 260.6 per 10,000 children. This marks a 4.9% decrease from the previous year, when 1,536 children were identified, with a rate of 280.5 per 10,000 children. This rate or count per population of children in need is lower than the England rate of 332.9 per 10,000. The rate is decreasing in both England and Trafford, as shown below, and the rate of decline is steeper in Trafford than across England.



Source: [GOV.UK, 2024](https://gov.uk)

Additionally, the percentage of children in need with a disability in Trafford is declining, standing at 7% (102) at the end of March 2024, compared to 8.1% (124) at the end of March 2023. In contrast, England's rate is increasing, rising to 13.6% from 12.8% the previous year.

The number of children in need plans for the year ending March 2024 is 359 (64.1 per 10,000 children), reflecting a 23% decrease compared to the previous year, when the figure was 464 (83.5 per 10,000 children). However, nationally, this rate has slightly increased from 85.1 per 10,000 children to 86.2 per 10,000 children.

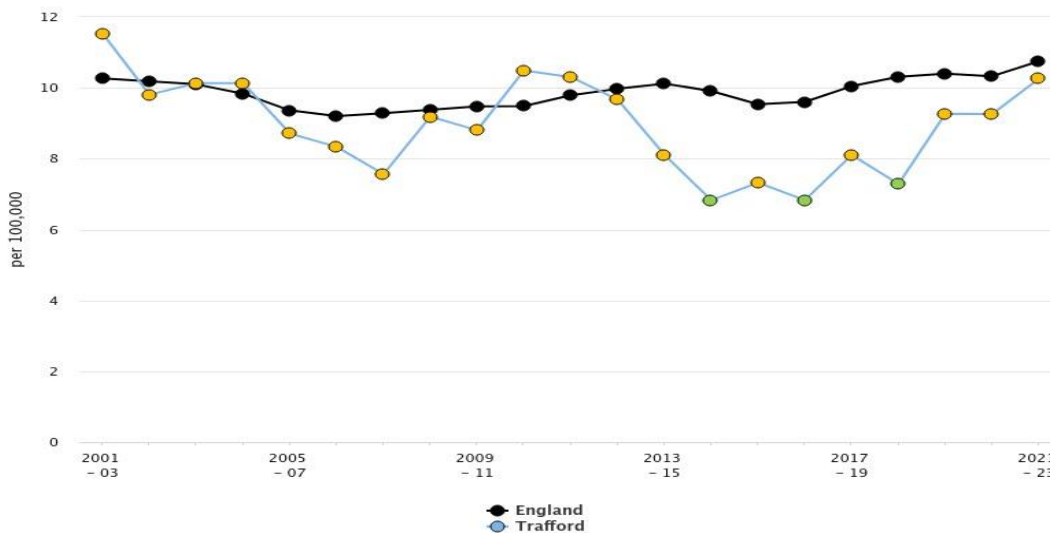
Furthermore, the number of children in Trafford who were looked after increased from 350 (63 per 10,000 children) in the year ending March 2023 to 377 (67 per 10,000 children) in the year ending March 2024, while the rate for England remained unchanged at 70 per 10,000 children. Similarly, the number of children in Trafford who started to be looked after rose from 109 (20 per 10,000 children) in the year ending March 2023 to 142 (25 per 10,000 children) in the year ending March 2024, with the national rate (28 per 10,000) also remaining unchanged. Children who are looked after are identified as having poorer health outcomes and being more vulnerable. There is also a strong link between children in care and offending behaviours, with over a third of children in young offender institutions and more than half in secure training centres having previously been in care ([Sinclair et al., 2021](#)).

Out of the 377 children in Trafford who were looked after in the year ending March 2024, 66% (249) were taken into care due to neglect and abuse. This percentage is the highest since the post-COVID period and matches the national rate for England (66%). 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. Since 2017, Trafford's suicide rate has shown a noticeable upward trend, reaching levels similar to the national average of around 10–11 per 100,000 by 2021–2023. Specifically, Trafford's suicide rate increased slightly from 9.3 per 100,000 in 2020–2022 to 10.3 per 100,000 in 2021–2023, which is not statistically different from the England average of 10.7 per 100,000. While England's suicide rate remains relatively stable, Trafford's suicide rate displays higher variability, which could indicate local factors influencing the suicide rate more heavily than in other regions.

Suicide rate (Persons, 10+ yrs) for Trafford



Source: [Fingertips](#)

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 2024, 67 young people under the age of 18 in Trafford were present at the scene of domestic abuse crimes. This represents a 23% decrease (20 fewer individuals) compared to the same period last year, when 87 young people were at the scene of domestic abuse crimes.

Additionally, 21 individuals under the age of 18 were identified as victims of domestic violence, representing a 36% reduction (12 fewer victims) compared to the same period last year. Of the 21 victims, 1 (5%) was identified as a repeat victim, while 20 (95%) experienced domestic abuse for the first time. When compared to the same period the previous year, 28 (85%) young people were one-time victims of domestic abuse and 5 (15%) were repeat victims. This indicates a significant decrease in the number of young people under 18 identified as victims of domestic violence, alongside a lower proportion of repeat victims and a higher proportion of one-time victims. It is important to note that the numbers in both categories are relatively small. However, across Greater Manchester, the trends regarding repeat and one-time victims of domestic abuse are remarkably similar

6.1.3 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 has 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 a model - Trafford Relational Behaviour Policy Framework- has been developed and 11 more schools have been recruited into cohort 2. Attachment and Trauma Awareness will be the theme of the 2023/24 'Bridge Conference' where participating schools will be presenting their learning. We also have a Children's Reference Group where pupils have been consulted regarding 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 as 'requiring improvement to be good'. However, Ofsted also noted the 'significant political and corporate support and commitment to the improvement of outcomes for children and young people in Trafford'.

6.2 Education

6.2.1 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 2022/23, 72.2% of children achieved a good level of development at the end of Reception, according to the OHID School Readiness indicator. This is higher than the England average of 67.2%. Trafford generally performs well in early childhood education compared to England, indicating that most children are starting school with the skills they need to succeed. While Trafford performs well, children from lower-income families (as indicated by being eligible for Free School Meals (FSM) are falling behind both their local peers, who are not eligible for FSM, and FSM students across England. The percentage of children with free school meal status achieving a good level of development was 47.5% in 2022/23, which is below the England average of 51.6%. This suggests a developmental gap which points to a need for focused support and interventions to promote equity in educational outcomes.

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. Off-rolling is the practice of removing a pupil from the school roll without using a permanent exclusion, when the removal is primarily in the best interests of the school, rather than the best interests of the pupil. This includes pressuring a parent to remove their child from the school roll (Ofsted, 2019).

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.

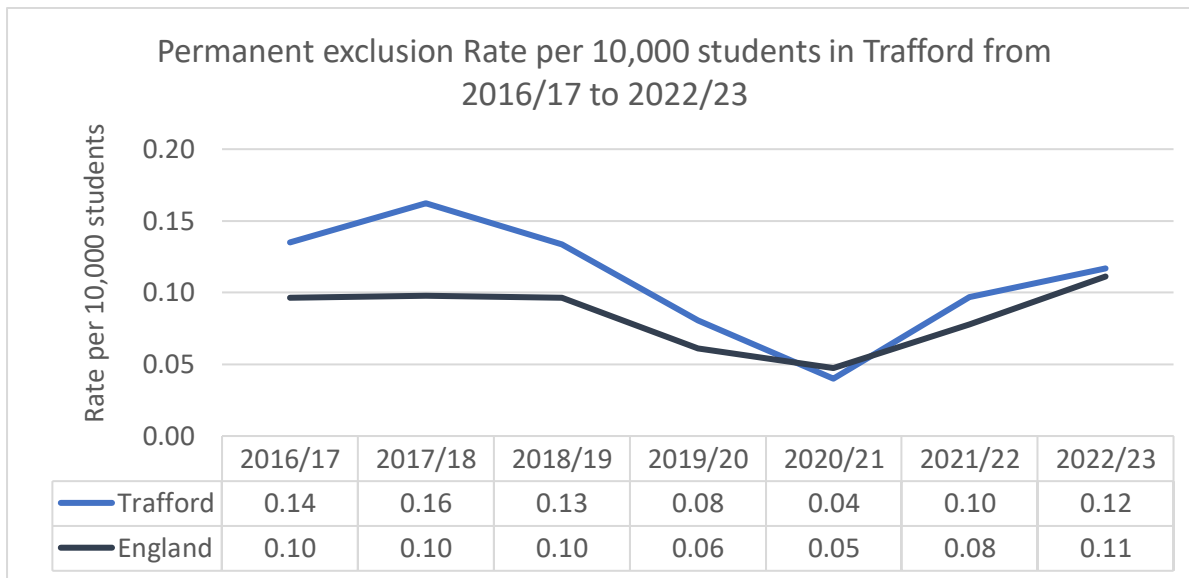
Research in 2020 by the [Prisoner Learning Alliance \(PLA\)](#) found that nearly two-thirds (59%) of prisoners have truanted from school, and 42% were expelled or permanently excluded from school. ‘The link between school exclusions and children ending up in the criminal justice system is clear. In 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.

A systematic literature review from Bekaert, Dunman and Cook (2024), found that multi-level whole school approaches were assessed as most effective in reducing school exclusion. However, this review also indicates efficacy of a pupil targeted approach.

6.2.2 Education in Trafford

Below shows the permanent exclusion rate for Trafford from 2016/17 to 2022/23

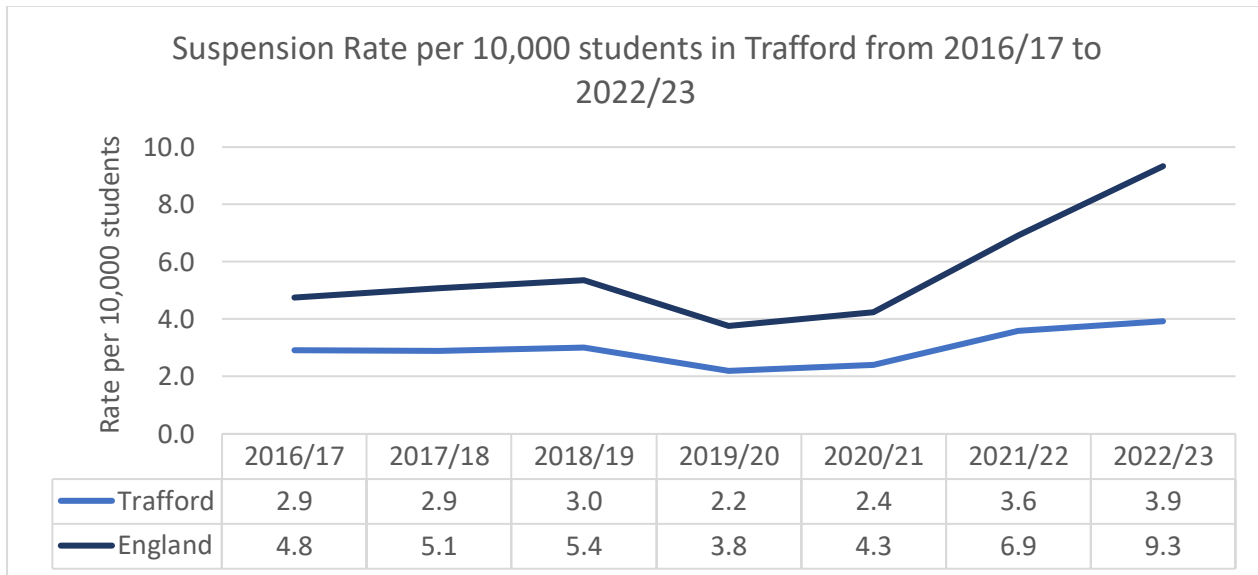


Source: [Department for Education \(2023\)](#)

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). Exclusion figures for 2019/20 and 2020/21 likely decreased due to the pandemic. However, in 2022/23, there was a 20% increase in Trafford compared to 2021/22 and a 37.5%

increase in England. Despite this, the permanent exclusion rate remains slightly lower than pre-pandemic levels.

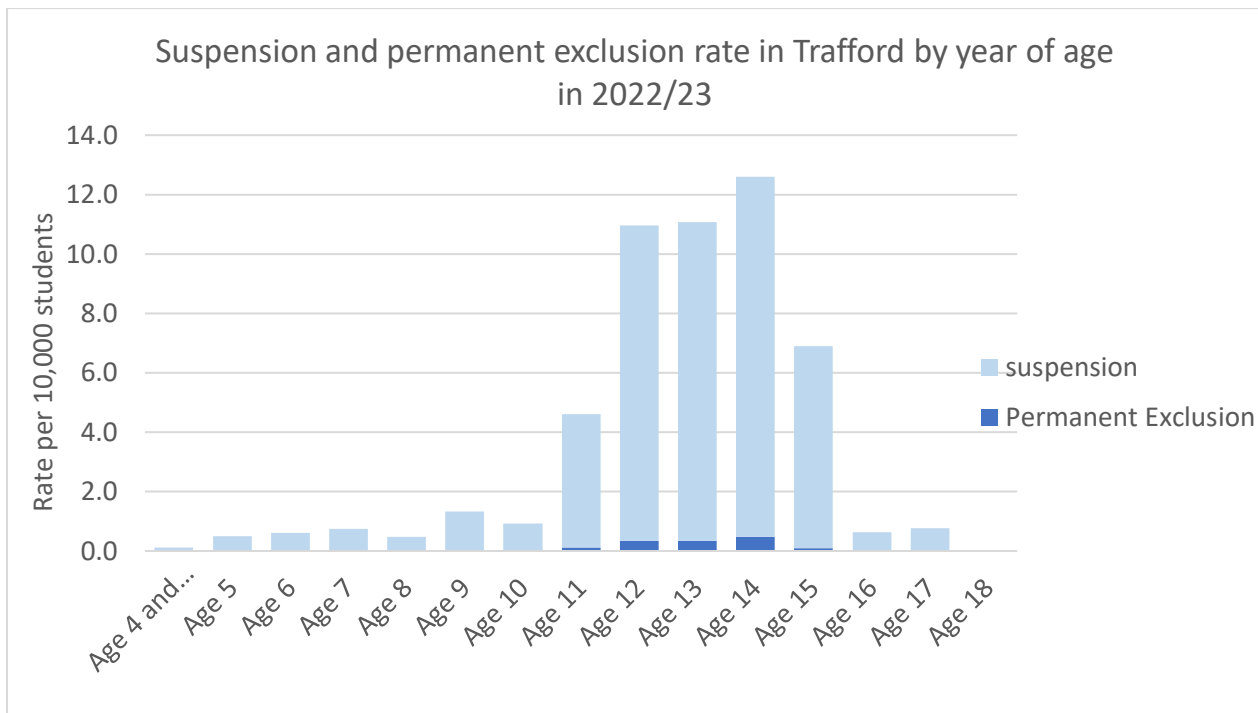
The suspension rate in Trafford is lower than the England average, but in the 2022/23 school year, more Trafford children were suspended than any year since the 2016/17 school year.



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

In the academic calendar 2022/23, Trafford recorded a total number of **1,767** incidents of school exclusions (both permanent and temporary), and **1,596** in 2021/22, which represents an increase of 11%. 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 14. 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, 2022/23 academic year



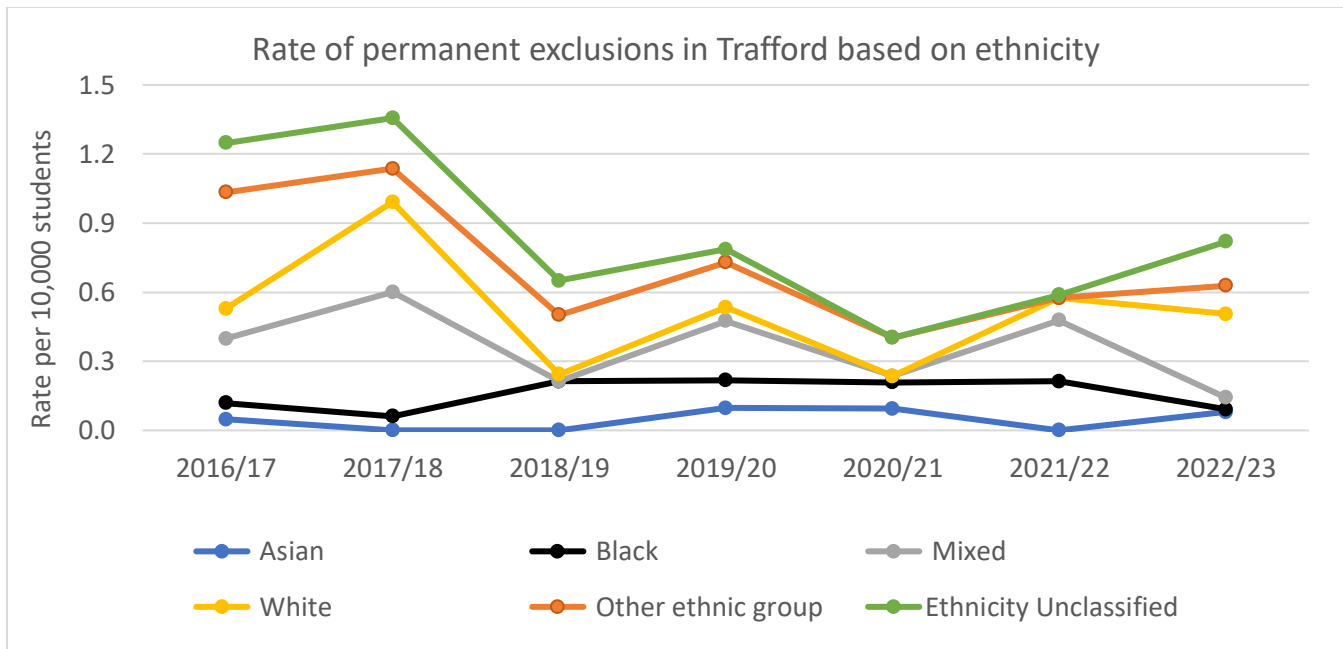
Source: [Department for Education \(2023\)](#)

Persistent disruptive behaviour remains the leading cause of both suspensions and permanent exclusions in Trafford (39%), similar to England (38.5%). The second most common reason for exclusion is physical assault against another pupil (17.2%), followed by drug and alcohol-related incidents (14.1%). Physical assault against an adult account for 9.4%, while verbal abuse or threatening behaviour towards an adult is 6.3%, and the use or threat of an offensive weapon or prohibited item is 4.6%.

Permanent exclusions due to drug and alcohol-related behaviour increased by 28% compared to the 2021/22 academic year. This highlights the need for continued attention to substance misuse among students in Trafford. Additionally, exclusions related to physical assault showed an increase, with those involving adults more than doubling and those involving pupils rising by 57%. These trends underscore the importance of ongoing efforts to address and prevent such incidents within schools. Most exclusions in Trafford occur when the student is 14 years old.

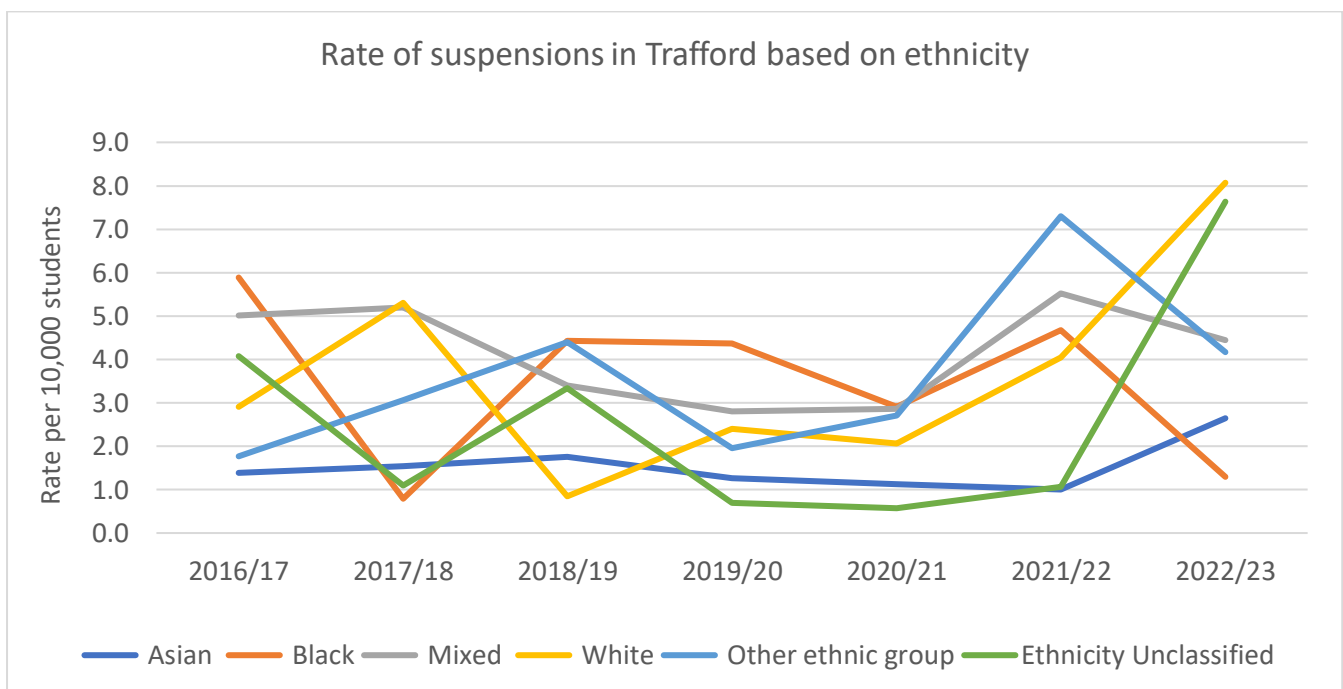
Historically, exclusion rates for Black pupils vary, Mixed-race pupils face consistently higher exclusion rates compared to other groups over time. On average, Black pupils are excluded at a 2.05% higher rate than Asian, White, and other ethnicities combined while Mixed-race pupils are excluded at a 7.10% higher rate than Asian, White, and other ethnicities combined. This is still the case as revealed in the chart below. Recent data on the ethnic 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 \(2023\)](#)

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



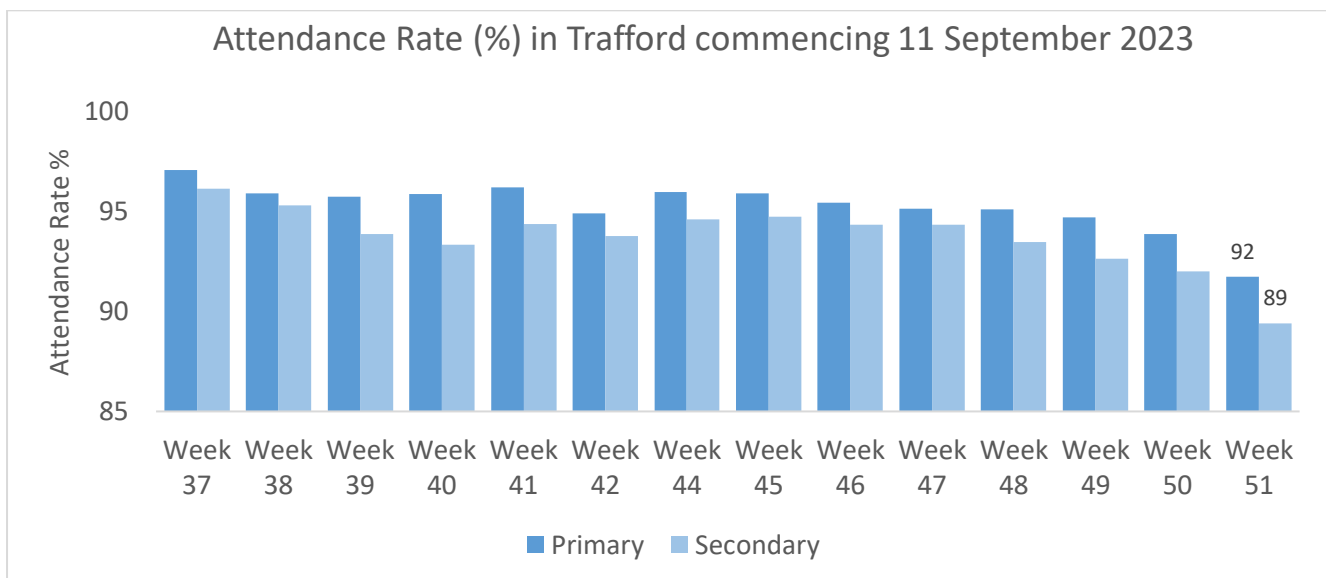
Source: [Department for Education \(2023\)](#)

Educational attainment in Trafford is higher than the England average. In 2022/23 the average Attainment 8 score (a measure based upon achieving 8 GCSE qualifications including English and Maths) is 54.8, the best amongst Trafford’s statistical neighbours, with England having an average score of 48.7 ([Wider Determinants of Health, 2022/23](#)).

The proportion of 16–17-year-olds who are not in education, employment, or training in Trafford is 4.3% and is significantly better than England (5.2%). However, some other similar authorities do better on this indicator. In Stockport, Trafford’s statistical and geographical neighbour, the percentage is 3.3 % ([Wider Determinants of Health, 2023](#)). Reducing the number of young people who are NEET (Not in Education, Employment, or Training) will not only lower the risk of involvement in serious violence but will also enhance individual well-being, foster social inclusion, and support economic stability.

Attendance and Absence

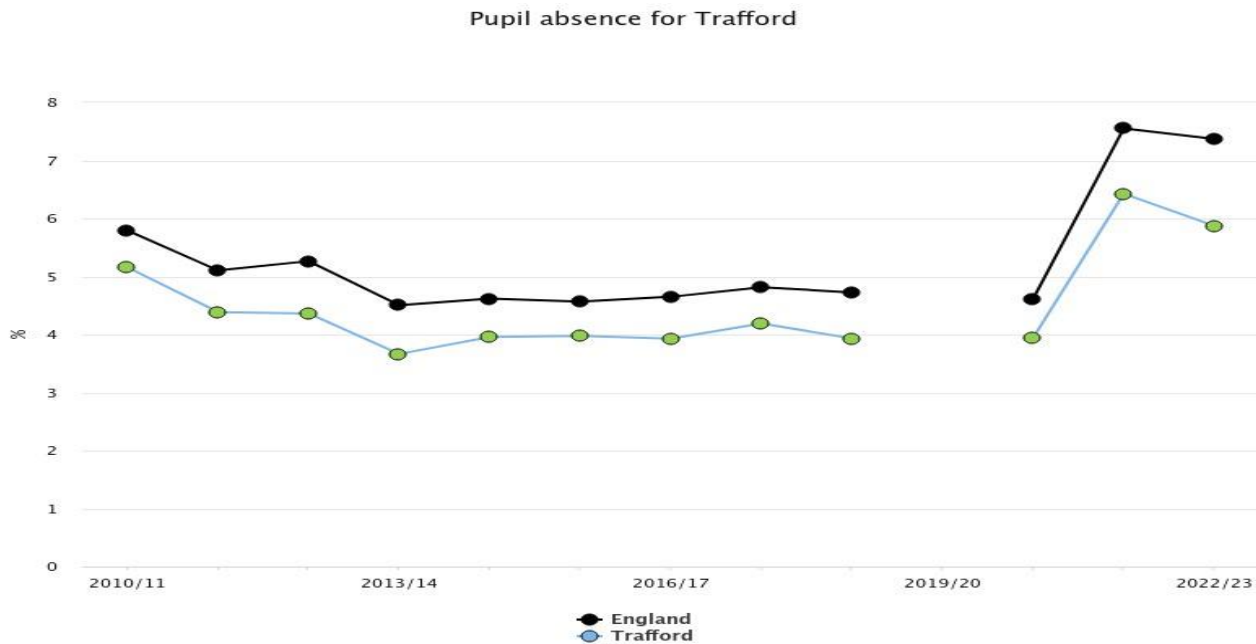
From the available data, the attendance rate in Trafford has been inconsistent since resumption in September 2023 until week 51 across Primary and Secondary schools with Secondary schools experiencing the lowest attendance rate.



Source: [Department for Education \(2023\)](#)

Trafford has consistently had lower pupil absence rates compared to the national average for England across most years. Both Trafford and England saw gradual declines in pupil absences from 2010/11 until 2018/19, as shown in the chart. In Trafford, absence rates hovered around 4% during this period, while England’s rates were higher, fluctuating around 5%. A sharp spike in pupil absence rates for both Trafford (6.4%) and England (7.6%) occurred in 2021/22, likely due to the COVID-19 pandemic, which significantly disrupted school

attendance. By 2022/23, both England (7.4%) and Trafford (5.9%) saw a decline in absence rates, although both remain above pre-pandemic levels, indicating that attendance has not fully returned to normal



Source: [Fingertips](#)

6.2.3 Interventions to support positive education

For the first time in October 2023, no area in the West of Trafford currently has a below average score for measures of communication and language or physical development with respect to child development.

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

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. The Virtual School is a core service within Children and Young People's Service. The Virtual School provides advice and support to children and young people 0-19 years who are Looked After or Previously Looked After, teachers, nursery staff, school governors, support services, social workers, parents and carers.

6.3 Neurodiversity and Special Educational Needs and Disabilities (SEND)

6.3.1 The link between Neurodiversity or Having Special Educational Needs and Disabilities (SEND) 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 individual 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.

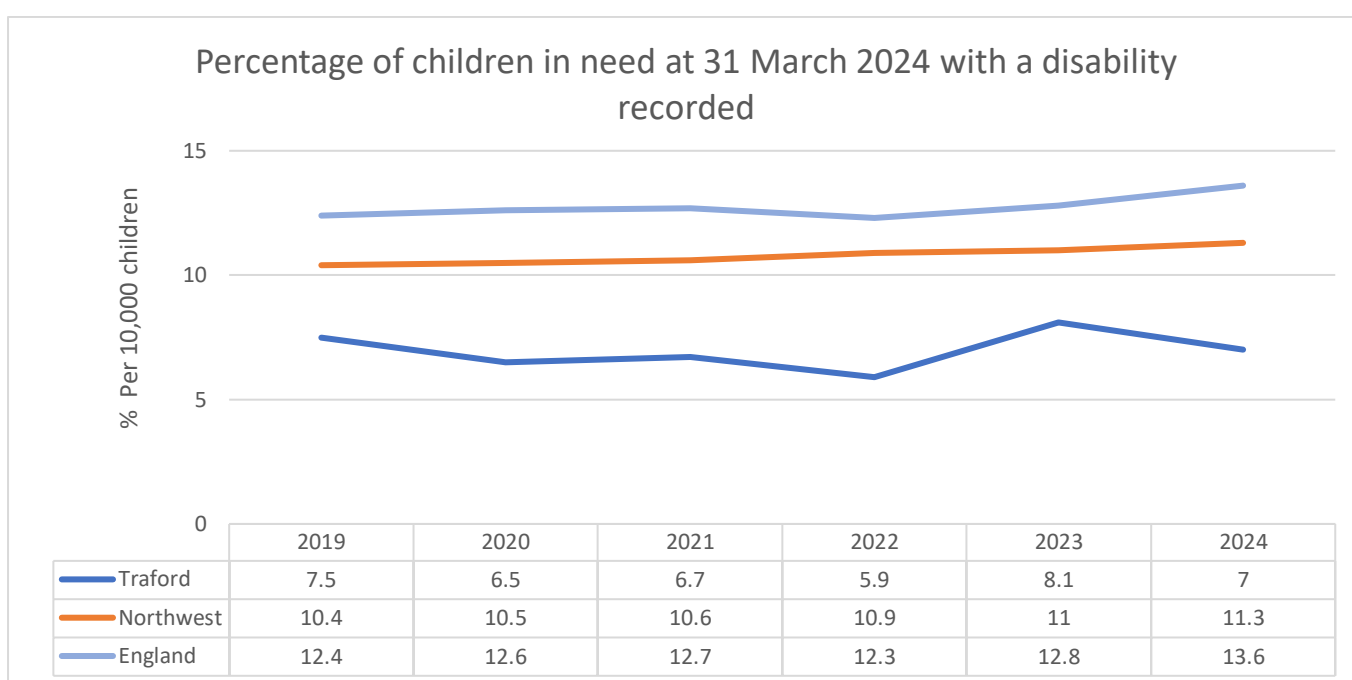
Evidence reviews for neurodiversity and violence indicated that some conditions appear to be more commonly linked with experiences of violence, and that neurodivergence increases the risk of school suspension or exclusion, and engaging in substance misuse, which are risk factors for violence.

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.

6.3.2 Neurodiversity and Special Educational Needs and Disabilities in Trafford

In Trafford, 102 children (7%) with a recorded disability were identified as being in need as of March 2024. This represents a 17.7% decrease (22 fewer children) compared to the previous year, March 2023. Trafford's rate has fluctuated, with a notable dip in 2022, a rise in 2023, and a slight decrease in 2024. In contrast, the Northwest region shows a steady, slight increase over the years, indicating a consistent but small rise in the percentage of children in need with disabilities. England follows a generally upward trend, with a more pronounced increase in 2024 compared to previous years.



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

The most common Special Educational Need (SEN) in Trafford for the year ending March 2024 is Autism/Asperger Syndrome, comprising 57.8% of cases higher than both the national rate in England (44.2%) and the Northwest region (38.3%). This is followed by learning needs at 29.4%, which is lower than the Northwest (34%) and England (34.4%). Behavioural needs make up 20.6% of SEN cases in Trafford, a rate higher than England's (19.4%) but slightly lower than the Northwest's (22.2%). However, the reasons for this increase are unclear based on the available data.

6.3.3 Interventions to support those with SEND or who are neurodivergent.

Trafford has undertaken 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.

6.4 Deprivation

6.4.1 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 places that are more disadvantaged and that individuals who live in these 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.

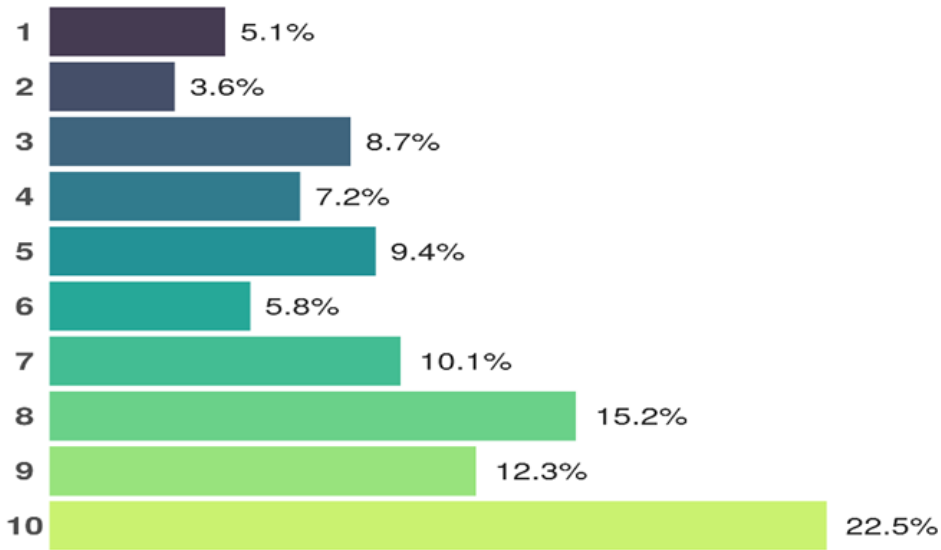
6.4.2 Deprivation in Trafford

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 in Bucklow-St-Martins ward, two are located in St Mary's and three are located in Clifford ward. In addition, one of the LSOAs 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 neighbourhood, as well as in the North neighbourhood, particularly in the Clifford ward. These areas also map onto areas having the highest absolute rates of violent crime, such as Gorse Hill and Cornbrook and Bucklow-St Martins. The least deprived areas are primarily found in Trafford's South and Central neighbourhoods, particularly in and around the wards of Timperley and Brooklands.

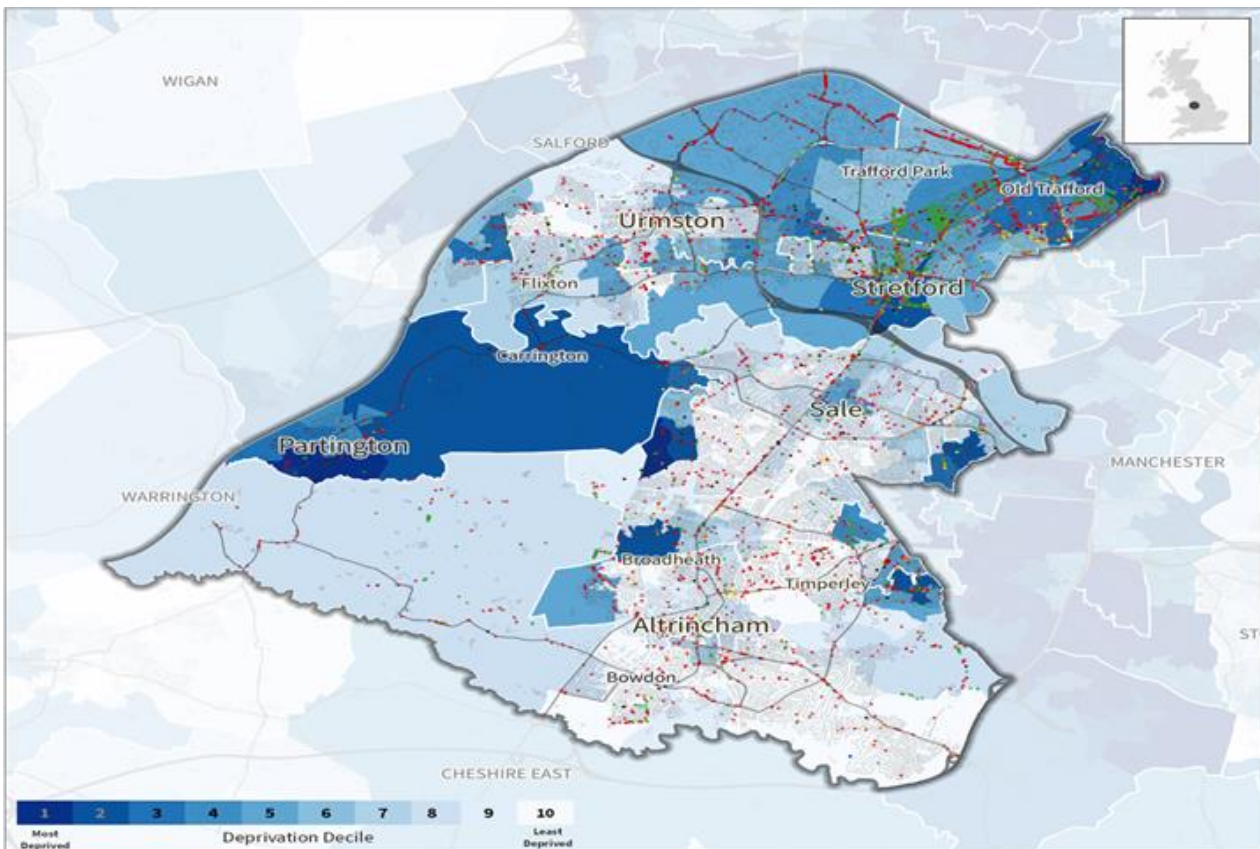
LSOAs in each national deprivation decile

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).



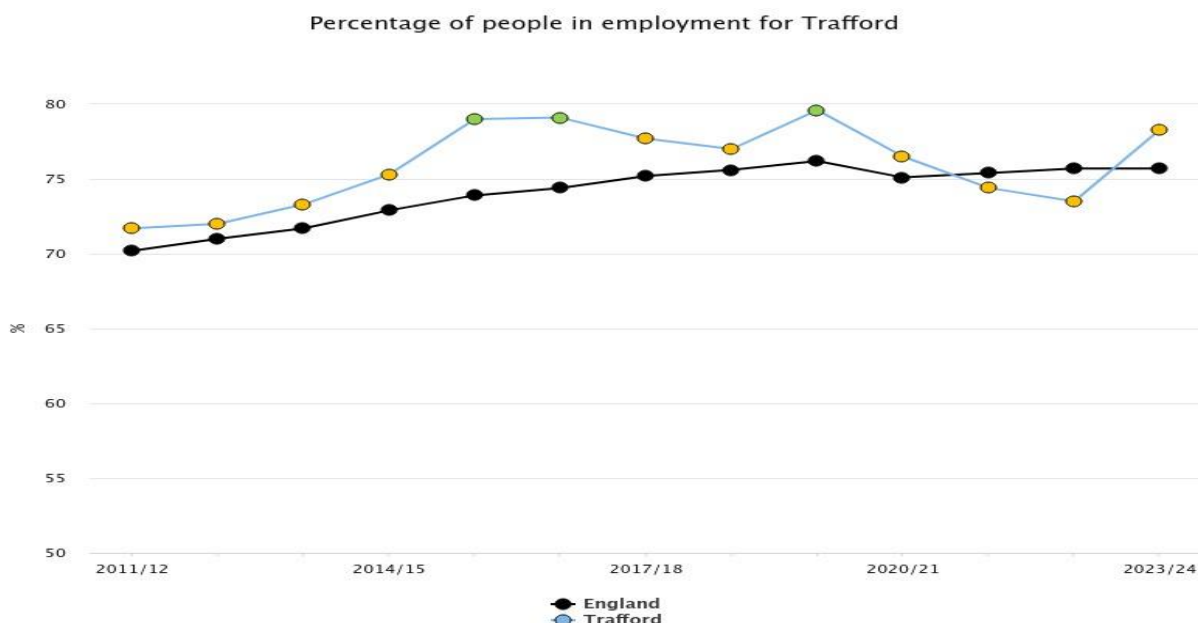
In 2022/2023, data revealed that 6,651 (13.5%) of under-16s in Trafford are living in poverty, which is significantly lower than the England average of 19.8% and Greater Manchester average of 30.4%. This represents a 22.8% increase from the 2014/15 rate, and a 10.6% increase compared to the previous year. 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.

The employment rate in Trafford has shown a general upward trend from 2011/12, with noticeable fluctuations in certain years. The rate appears to be more stable in recent years.

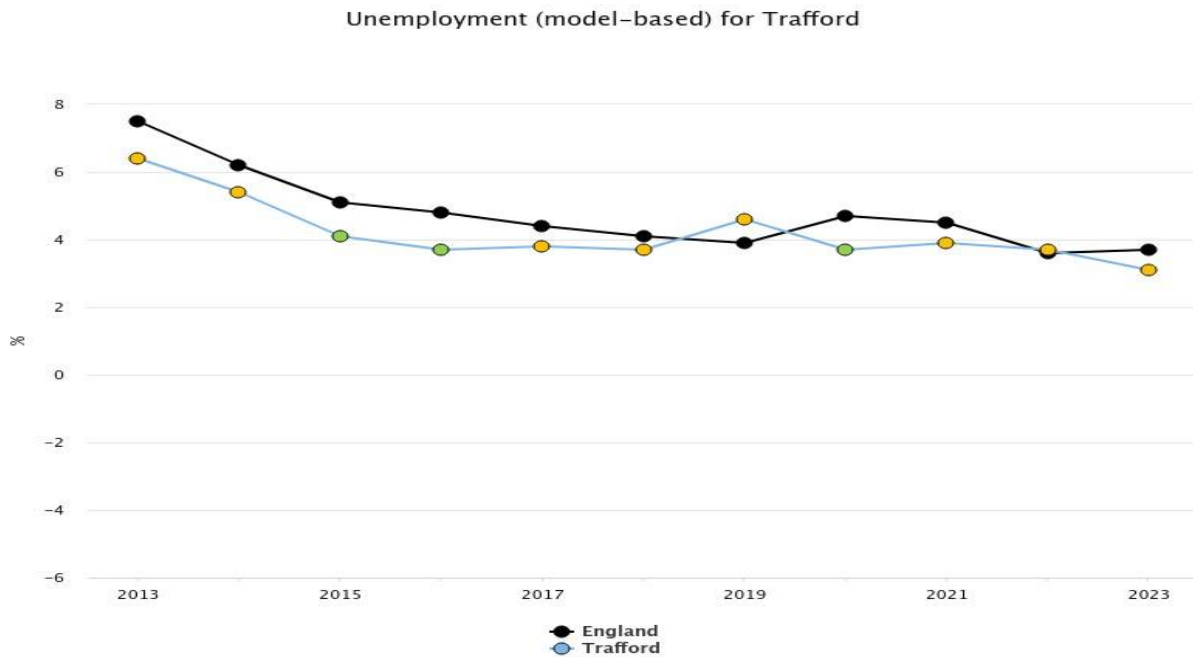
In 2023/24, the employment rate in Trafford for residents aged 16 to 64 was 78.3%, which is higher than the England average of 75.7%. This represents an 8.4% increase from the previous year suggesting a positive trend in employment for residents aged 16 to 64.



Source: [Fingertips](#)

Unemployment rates in both Trafford and England exhibit a gradual decline over the observed period from 2013 to 2023. In 2013, Trafford's unemployment rate was around 6%, while England's was higher at nearly

8%. By 2023, Trafford's unemployment rate has decreased to approximately 3%, while England's rate hovers around 3.7%.

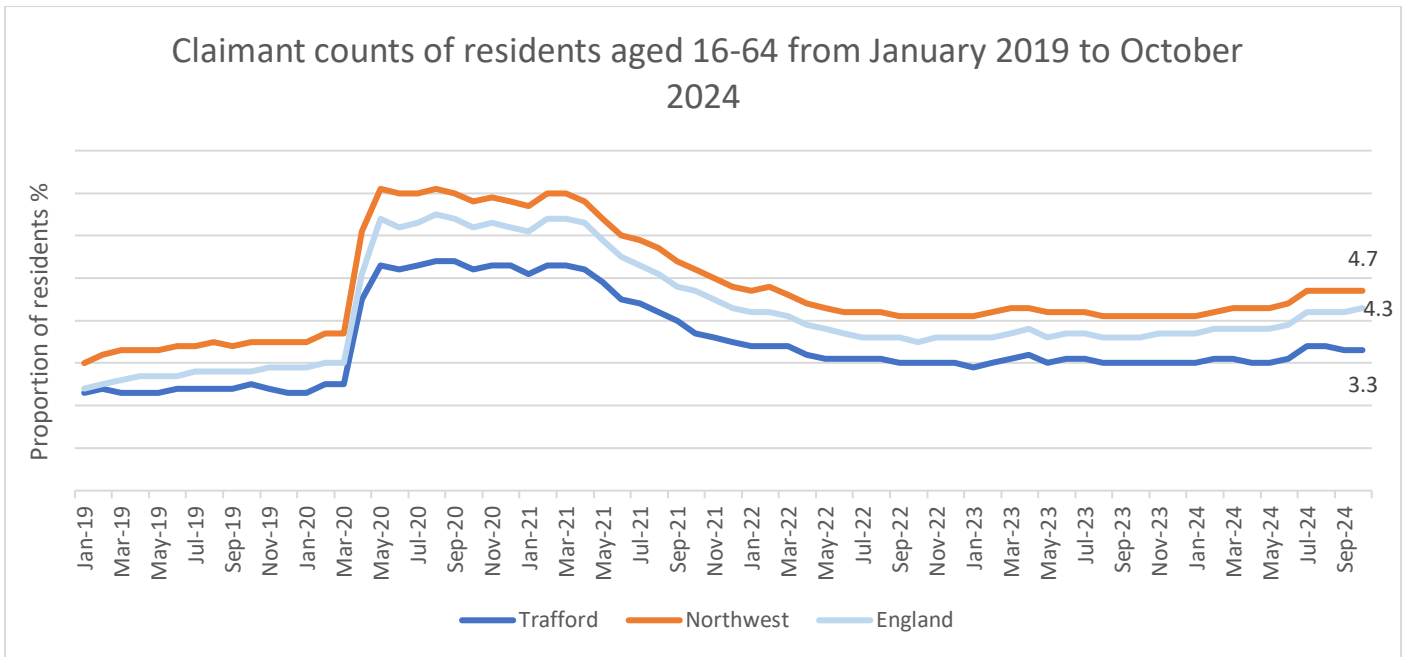


Source: [Fingertips](#)

Both Trafford and England experience some fluctuations in their unemployment rates, particularly between 2019 and 2021, which could be influenced by the economic effects of the COVID-19 pandemic. Despite these fluctuations, the overall trend shows improvement in both regions. Poverty has major consequences for our health, social, emotional, and mental development, conduct, and educational outcomes.

Claimant Count in Trafford

The Claimant Count represents the number of people claiming welfare benefits primarily due to unemployment. The claimant count in Trafford in October 2024 was 4,845, an increase of 11.4% (490 individuals) compared to the figure 12 months earlier. This represents approximately 3.3% of eligible people in Trafford, whereas the average claimant rate in England is 4.3%. The chart below shows how the claimant count has changed over the past five years.

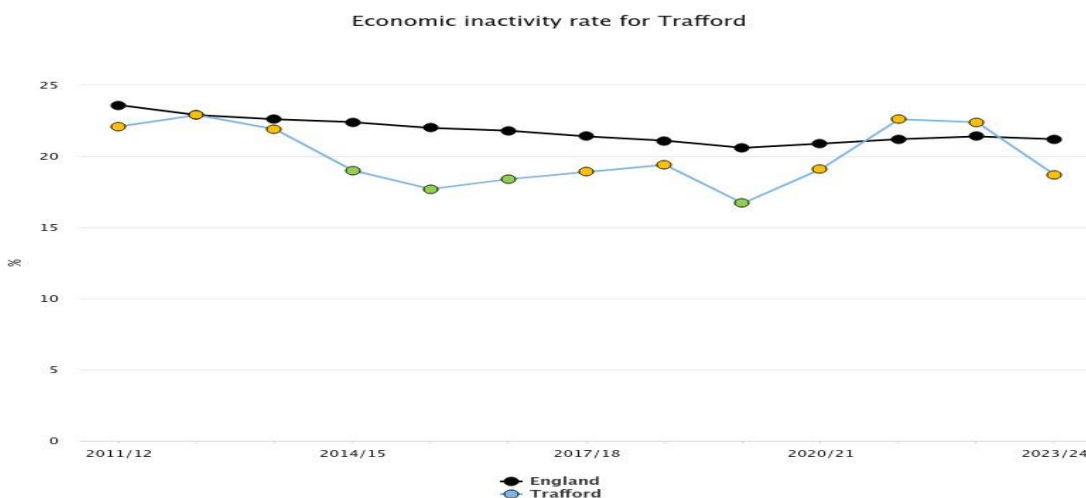


Source: [Labour Market Profile -Nomis](#)

Economic inactivity

Office for National Statistics (ONS defines economic inactivity as people of working age (between 16 and 64) not being in employment, not seeking work within the last four weeks and/or being 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. Between April 2023 and March 2024, Trafford had 27,900 (18.7%) economically inactive people as compared to the England average of 21.2%. However, approximately 9,100 people (33%) are categorized as wanting to find a job.

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



Housing and Homelessness

There is evidence of 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 2022/2023, 1.4 per 1,000 population (139 individuals) in Trafford were estimated to be in temporary accommodation. This figure is significantly better than the England average of 4.2. However, it represents a 4.5% increase compared to previous years, as shown in the chart below.



Source: [OHID Fingertips \(2023\)](#)

6.4.3 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. In addition, the 'Inclusive Economy Board' 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.

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 and VCFSE sectors 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 have 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.

6.5 Substance Use

6.5.1 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.

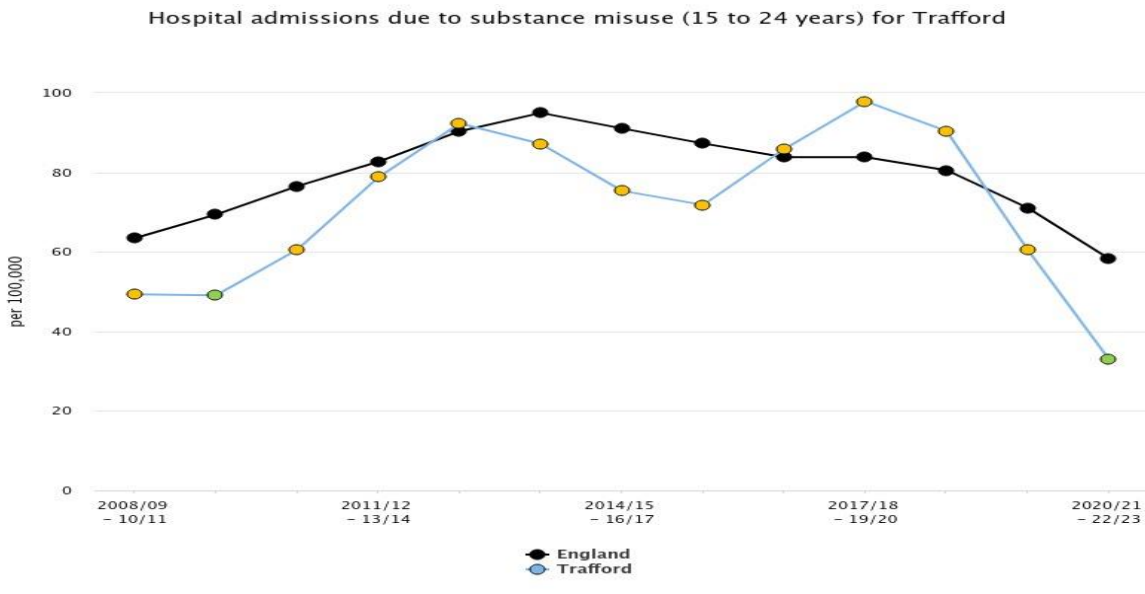
In addition to the individual substance misuse risk factor for violence, using cannabis is noted to be a risk factor in gang involvement for young people, and household alcohol or substance misuse is a relationship risk factor for violence. Young people whose parents use drugs or alcohol are more likely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

6.5.2 Substance use in Trafford

Trafford's rate of hospital admissions for substance misuse among young people was not significantly different from the England average up until the 2019/20–21/22 period. After reaching a peak of 97.9 per

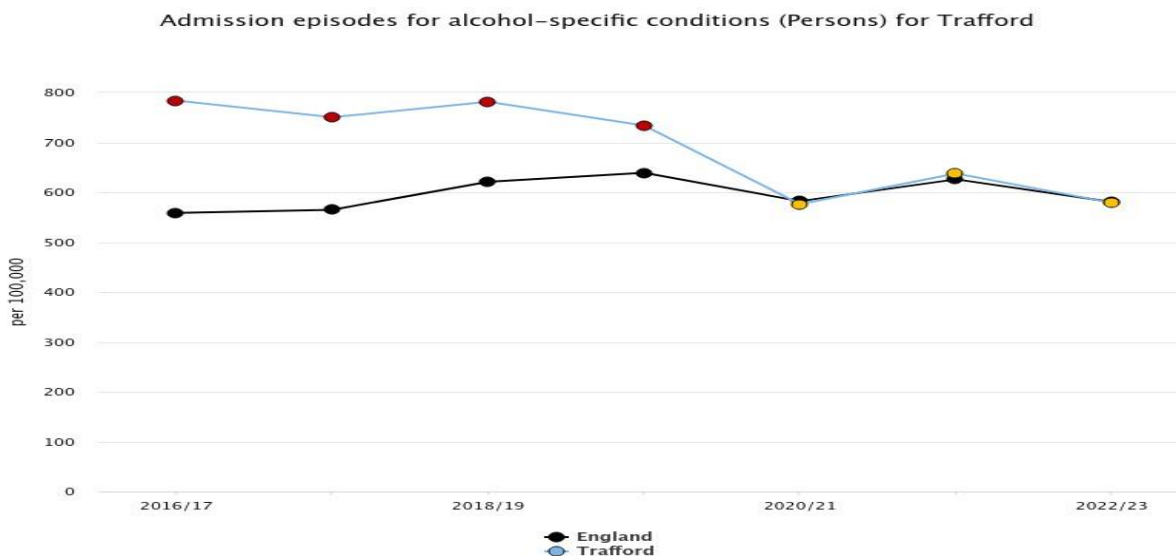
100,000 population in 2017/18–19/20, the rate in Trafford saw a significant reduction. In the most recent data for 2020/21–22/23, the rate dropped to 32.9 per 100,000 population, which is significantly better than the England average of 58.3 per 100,000.



Source: [Fingertips](#)

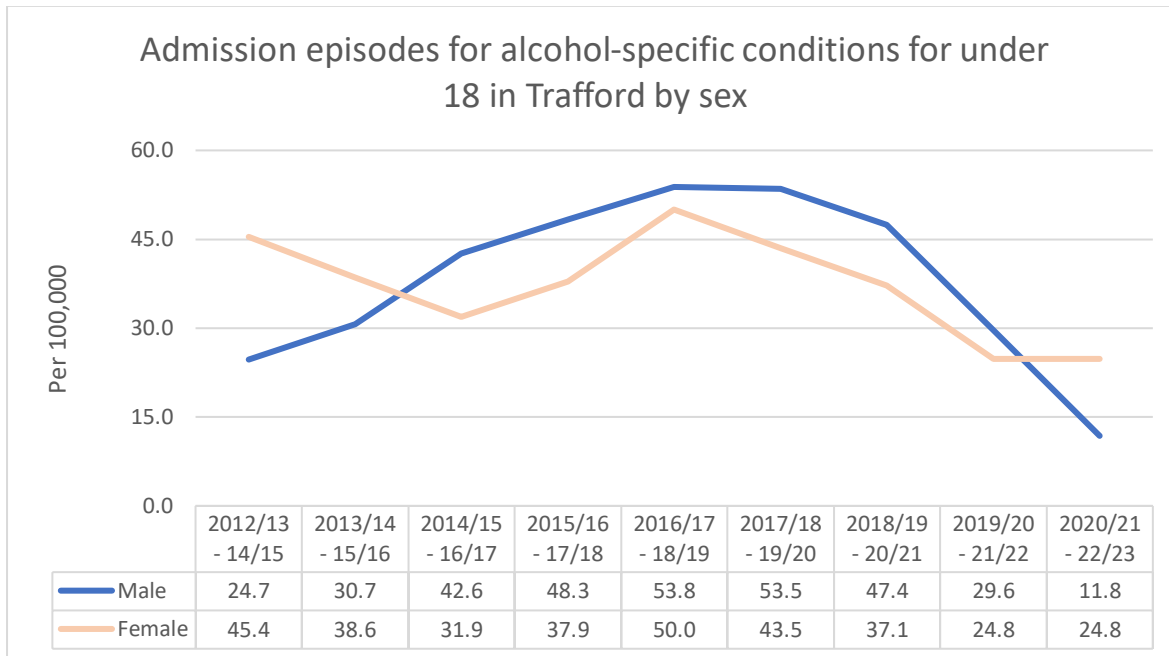
Alcohol

Historically, Trafford has experienced high and rising rates of alcohol-related hospitalisations, especially for conditions where alcohol is the primary cause. However, this rate dropped to 579 per 100,000 people in 2022/23. This figure is not significantly different from the England average of 581 per 100,000, and the rate is on a downward trend, showing improvement.



Source: [Fingertips](#)

In 2020/21-2022/23 data, hospital admissions relating to alcohol-specific hospitalizations under 18 was 18.2 per 100,000 population in Trafford compared to 26.0 per 100,000 population in England. Males under 18 were hospitalized more for alcohol-specific conditions than females as seen below.

Source: [Fingertips](#)

6.5.3 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.

7 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.

7.1 [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.

7.2 [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.

7.3 [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.

7.4 [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. 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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9 Appendix

Appendix 1:

Data Recording Requirements

YJB Data Categories



Legal Outcome Types - Substantive Outcomes

Group	Category
Out of court disposals	Youth Caution
	Youth Conditional Caution
First-tier penalty	Sentence Deferred
	Absolute Discharge
	Conditional Discharge
	Bind Over
	Fine
	Compensation Order
	Referral Order
	Reparation Order
Community penalty*	Youth Rehabilitation Order
Custodial sentence	Detention and Training Order
	Section 250
	Section 254
	Section 259

Taken from [Data Recording Requirements 2024-25 v1.1.pdf](#)