Devon Preventing Serious Violence Strategy 2024-29

Foreword

This Preventing Serious Violence Strategy outlines our collective ambition for keeping people, families and communities in Devon safe from the risk and experience of violence.

Our Serious Violence Needs Assessment has demonstrated with stark clarity the prevalence and impacts of serious violence in Devon. It has also highlighted the complexity of violence and the factors that can contribute to its occurrence. This Strategy presents a unique opportunity to respond, placing our communities and their lived experiences of violence at the centre of our work.

At the core of the Strategy is an appreciation of the inherently complex nature of violence and its drivers and of people's needs and experiences, and the importance of public health and human learning systems approaches to our work. This involves addressing the root causes of violence across the life course and developing holistic, flexible and bespoke responses that take account of complexity and are tailored for our communities and local contexts.

Building on our existing work to prevent violence and harm in Devon, we have already made progress towards achieving some key areas of this Strategy. We recognise we are at a much earlier stage of realising our ambitions in relation to other areas and intend for this Strategy to support us in furthering this work, strengthening our learning and evolving our practice as we do so.

This Strategy also presents an opportunity to galvanise leadership and commitment around the prevention of serious violence and encourage a greater focus on this agenda across the work carried out by our partnerships and systems in Devon. This includes seeking opportunities to realign and evolve existing work to focus on the people, places and priorities we have outlined below as forming the foundation of our Strategy.

The ways in which we work, both as partnerships and with our communities, and the approaches we use are as important as the work we carry out. This Strategy includes a commitment to act in alignment with our guiding principles, which are grounded in public health, trauma-informed and human learning systems approaches.

We intend for the collective vision, ambition and approach outlined in our Strategy to form the start of a sustained, long-term focus on preventing serious violence across Devon.

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Contents

Introduction

This Strategy has been developed in response to the Serious Violence Duty, introduced in 2023, which requires specified authorities in local areas to 'work together to prevent and reduce serious violence'.[1] It outlines Safer Devon's framework for preventing and reducing serious violence in Devon.

The Strategy is grounded in a public health approach to violence prevention; recognising that addressing the root causes of violence is crucial for prevention. It appreciates the complexity of violence and its causes, of people's lives and needs, and the complexity present in our systems and acknowledges that violence prevention is a long-term ambition requiring sustained preventative focus, system leadership, commitment and investment. The Strategy therefore outlines a 5-year framework for initial action, laying the groundwork for continued long-term focus on prevention.

In line with the Duty requirements, we have carried out a Needs Assessment to understand what serious violence is happening in Devon and its drivers. It highlights the disparate occurrence and effects of violence across Devon; a people and place-based approach to prevention will allow us to identify groups and places which, due to the disproportionate incidence of violence or factors understood to contribute to its occurrence, require a more targeted focus. This will give opportunity to direct delivery and resource where need is greatest.

Devon has good foundations in place to support a preventative response to serious violence. We can build on work initiated over recent years by the Safer Devon Partnership, Devon's District Community Safety Partnerships and our wider partners to build resilience to harms taking place in the home, between peers and in communities. However, we recognise that further work and dedication is required to fulfil our collective ambitions.

This Strategy outlines an overall vision and priorities for our work to prevent violence. An action plan outlining how we will work towards these priorities will ensure the delivery of the Strategy and provide detail about our specific actions and activities as well as their expected impacts on our communities.

Additional to our core delivery work, there will be opportunity to link into and align with activities taking place across the peninsula and in other strategic partnerships across Devon, including the Devon Safeguarding Children's Partnership and the Torbay and Devon Safeguarding Adults Partnership. Through building on our existing relationships, we can work across these partnerships to consider how violence prevention can be best supported through our local systems.

This Strategy is iterative and will evolve through learning and reflection, as we recognise that our understanding of violence and its drivers, the experiences and strengths of communities, opportunities for prevention and the maturity of our responses will evolve over time.

What do we mean by serious violence?

There is no single accepted definition of serious violence. When explaining what we mean by this term it is important to consider which harms we are referring to, their impacts and the factors that contribute to their occurrence.

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[1] The Serious Violence Duty was introduced through the Police, Crime Sentencing and Courts Act 2022. The full statutory guidance can be read here: Home Office (2023), *Serious Violence Duty Statutory Guidance.*

This Strategy follows the Safer Devon Partnership's agreed definition of violence:

The intentional use of physical, sexual or psychological force or power (including threats of violence and including coercive and controlling behaviour).

Within this, we have defined 'focus areas'. These are in keeping with the Serious Violence Duty's focus on 'public space youth violence', weapons-related violence and criminal activities where serious violence or its threat is inherent, such as drug related activities.[1] The focus areas are also reflective of the findings from our Serious Violence Needs Assessment:

- Violence linked to specific contexts and factors, including domestic abuse, sexual violence and violence against women and girls, weapons related violence, violence linked to drugs and alcohol, violence in the context of exploitation and violence linked to specific places and spaces.
- Peer to peer harms, including physical violence, harmful sexual behaviour and violence taking place online.

Within these focus areas, our attention has been given to:

- Violence in young people (under 25s).
- Adults in the context of the harms they can cause towards young people (for example sexual and criminal exploitation).
- Adults who are more vulnerable to involvement in or victimisation through violence, including adults experiencing multiple disadvantages.

These focus areas have informed the groups and priorities we give attention to in this Strategy, which are discussed further below.

We have drawn on local and national datasets, partner insights, academic findings and lived experience insights from young people living in Devon about their experiences of violence. We have identified a significant number of key findings and also areas where additional exploration is needed to strengthen our understanding. When we refer to our findings about 'serious violence', we are referring to a range of offences that, based on the above criteria, were agreed to be in scope for our Serious Violence Needs Assessment.

Three key data sets are observed within the Needs Assessment which form the evidence base for this Strategy. These are: Police crime data, Youth Justice Service data and Probation data. It is important to note that each agency will include differing offences within the scope of what they consider to be 'serious violence'. A breakdown of offences in scope in relation to each agency can be found within the Appendix of the Needs Assessment.

In relation to Police data, which forms the basis for the vast majority of findings below, offences in scope are as follows; **Homicide, Violence with Injury, Robbery, Arson, Trafficking of Drugs, Possession of Weapons, Rape, Other Sexual Offences and Stalking and Harassment.** Although not an offence in its own right, **domestic abuse related offences** are captured in these figures.[2]

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[2] In law, there is no specific offence of 'domestic abuse'. It is a general term describing a range of behaviours and can be applied to a number of offences. Crown Prosecution Service (2022), _Domestic Abuse_. In Devon and Cornwall Police crime data, offences can be flagged as domestic abuse related, for instance an offence of Actual Bodily Harm could be flagged as domestic abuse related.

What serious violence is occurring in Devon?

Our findings show that whilst levels of serious violence taking place in Devon are low compared to national comparators, **serious violence is a growing concern within Devon's communities with indications of increasing trends in recent years.**[3]

The following headline findings should be read in conjunction with our Serious Violence Needs Assessment and Executive Summary, which provide more detail including a complete list of caveats associated with the data.

There has been an **overall increase** in the level of total serious violence crime, **by around 12%.**

Domestic abuse is consistently associated with serious violence; around a third of serious violence crime was tagged with a domestic abuse flag.

Violence with Injury comprises the majority of serious violence offences.

There are indications that **violent crimes being committed may be becoming more severe in nature**; 'most serious' Violence with Injury offences (e.g., Grievous Bodily Harm) have risen by 33%.[4]

Adults are responsible for the majority of serious violence offences recorded in Devon within Police crime data. Offences carried out by under 18s account for less than 20% of total offences.

Victims and those linked to committing the **'most serious' Violence with Injury offences are most likely to be adult males** between the ages of 26-55.

Our evidence indicates that a significant cohort of vulnerable adults **carry out serious violence as a result of complex needs and drivers,** and that adults experiencing multiple disadvantages are **vulnerable to being victims of violence and exploitation.**

Provisional Devon Youth Justice data indicates that **serious youth violence appears to be increasing.**

Substantial overlap is being seen between young people who are victims and those who are carrying out harm.

Qualitative data indicates a **normalisation of violence** between young people. **Exposure to and use of violence online appears commonplace,** including threats, physical violence, bullying, pornography and harmful sexual behaviour.

Violence appears to be a concern for young people in Devon, including concerns about **violence taking place between peers** and concerns about **feeling unsafe in their local areas.**

Young people have identified **peer pressure, being cool and fitting in** as important factors for involvement in violence.

Knife crime is an area that would benefit from further research. Whilst Police crime data does not suggest young people are at risk, there are known limitations with this data and **insights from young people and partners have indicated that knife crime may be an area of risk.**

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[3] Unless stated, all Police crime data for serious violence relates to the period from November 2018 to October 2022.

[4] 'Most serious' serious violence crimes include offence descriptions such as Grievous Bodily Harm (GBH). A full list has been published alongside the Serious Violence Needs Assessment.

Available evidence indicates that **drug related serious violence is increasing.**

Drug business models, including county lines and other dangerous drug group activities, **present risks to both children and adults from violence, exploitation** (including child criminal exploitation) and the cuckooing of vulnerable adult drug users.

Child criminal exploitation (CCE) and child sexual exploitation (CSE) are often interlinked and co-occur with violence.

Generally considered to relate to drugs, **CCE is an important factor in young people who have carried out serious violence offences.** CSE is seen at lower levels in this cohort, however it is likely to be underreported.

The occurrence of serious violence is gendered:
- Of all serious violence victims with a recorded sex, **60% are female** and 40% male.
- Within the 4 years observed, **around 26% of all female victims were victimised more than once,** compared to 18% of male victims.

Women are much more likely than men to experience specific kinds of violence, including sexual violence and domestic abuse:
- **85%** of victims of Rape and Other Sexual Offences were female.
- **76%** of victims linked to a domestic abuse related serious violence crime were female.

The majority of serious violence that females experience is perpetrated by men. Of crimes linked to an offender, 81% of crimes with a female victim were committed by a male.

Females are infrequently recorded as committing serious violence offences in crime data, accounting for 17.5% of those identified as committing an offence. **Where females carry out serious violence, evidence indicates that they are likely to have a higher prevalence of vulnerabilities.**

Young females are particularly vulnerable to becoming a victim of a sexual offence, with 50% of female victims of Rape and Other Sexual Offences being under 18.

Most male victims of serious violence are within **younger cohorts** (26-35, followed by under 18s, then 18-25).

Males between 18-45 make up the majority of people committing serious violence offences.

We have identified a number of needs and drivers throughout our Needs Assessment relevant to people's involvement in serious violence in Devon. Our findings are weighted towards young people, in keeping with the Serious Violence Statutory Guidance; however, they are likely to be relevant to adults too.

The below diagram presents these needs and drivers through an 'ecological lens', demonstrating how they are interlinked across four spheres: 'individual', 'relational', 'community' and 'societal'. We provide further insights about these needs and drivers in our Needs Assessment.
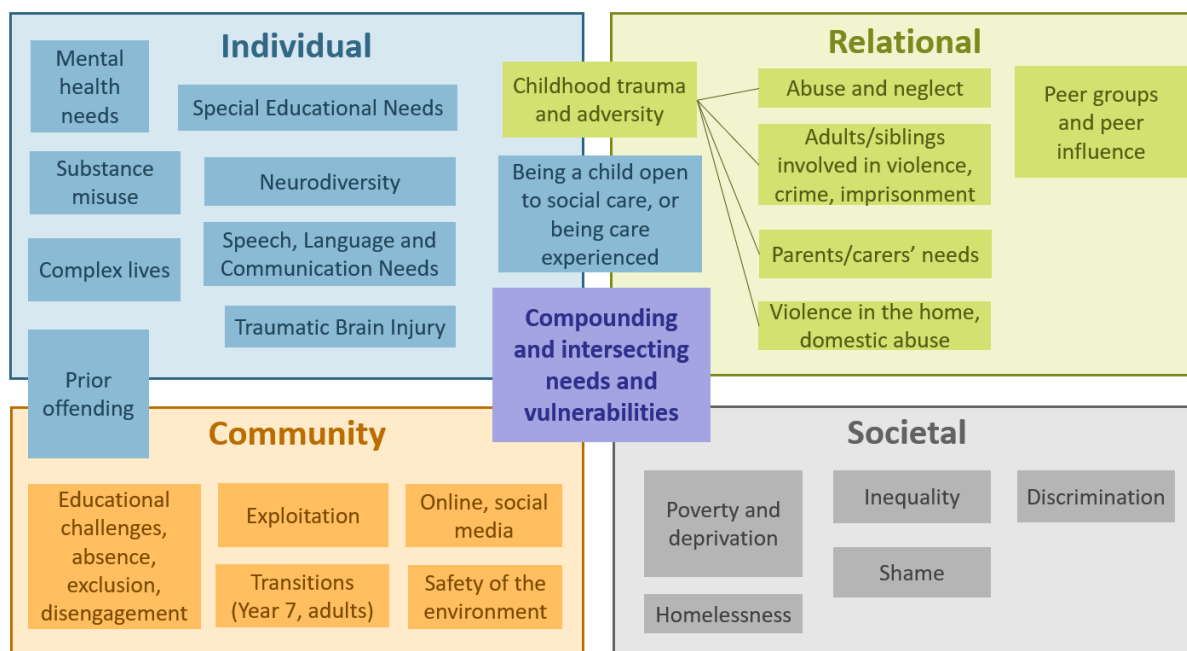
Figure 1: Ecological model of needs and drivers relating to serious violence.

How will we respond and who is involved?

The Serious Violence Duty requires a number of agencies (known as specified authorities) to work together as part of a local response. These are: Local Authorities, the Police, Integrated Care Boards (NHS), Probation services, Youth Justice services and Fire and Rescue services. The Duty also requires relevant authorities (Educational institutions, Prisons and the Children and Young People's Secure Estate) to be consulted with and involved in partnership arrangements for the Duty.

A separate amendment to the Crime and Disorder Act 1998 has made preventing people from becoming involved in, and reducing instances of, serious violence a new statutory duty for Community Safety Partnerships. This includes preparing strategies in relation to this requirement.[2]

Our partners have collectively agreed that the Safer Devon Partnership, which includes senior representatives from specified authorities as well as the Chairs of Devon's four District-led Community Safety Partnerships, will lead on the Devon response to the Serious Violence Duty. This encompasses the responses of Devon's four District Community Safety Partnerships.

To have greatest impact, our work to prevent serious violence requires bringing together partners from across our systems and connecting with our communities. We have therefore brought together a varied range of local partners to inform strategy development alongside the specified and relevant authorities.

Given the reach of our partners across District, county-wide, Greater Devon and, in some cases, peninsula geographies, collaboration within and across these localities is important. This will provide opportunity for joint working with shared priorities across a range of geographies and facilitate a place-based focus where concentrations of violence, and vulnerability factors, are greatest.

Additionally, the Police and Crime Commissioner is taking a convenor role for the Duty across Devon and Cornwall. The Commissioner will chair the Peninsula Strategic Serious Violence Prevention Partnership, a group bringing together representatives from across the peninsula to provide strategic oversight and monitoring of the delivery of the Serious Violence Duty.

The core aim of this Strategy is to adopt a public health approach to serious violence which focuses on prevention, addressing the multiple underlying factors that contribute to the occurrence of violence in society.[3]

Factors influencing vulnerability and resilience to violence are experienced across the life course and in many different contexts and circumstances. This includes influences occurring at individual, relational, community and societal levels (see page 9, figure 1). These influences are likely to intersect with and compound one another, creating greater challenges and complexities over time.

Therefore, preventing serious violence requires holistic, flexible and bespoke responses. These should take account of the complexity of violence and its causes, people's lives and needs, and complexities within our systems and create approaches that work for our communities and local contexts, in keeping with the principles of Human Learning Systems.[5]

Prevention also requires a layered approach, stretching from a universal, population-wide focus to a more highly targeted focus on groups and places experiencing the most immediate risk of violence.

This layered approach allows us to take steps to prevent violence at the earliest possible opportunity and before vulnerability factors have emerged, whilst also responding where concerns are developing, accumulating, and where risk and vulnerability have heightened.

By focusing on prevention throughout our responses we can reduce the risk of harm to people, families and communities and work with them to strengthen wellbeing and resilience.

The diagram below shows an adapted version of the public health model of violence prevention, showing the three stages of prevention built into this Strategy.

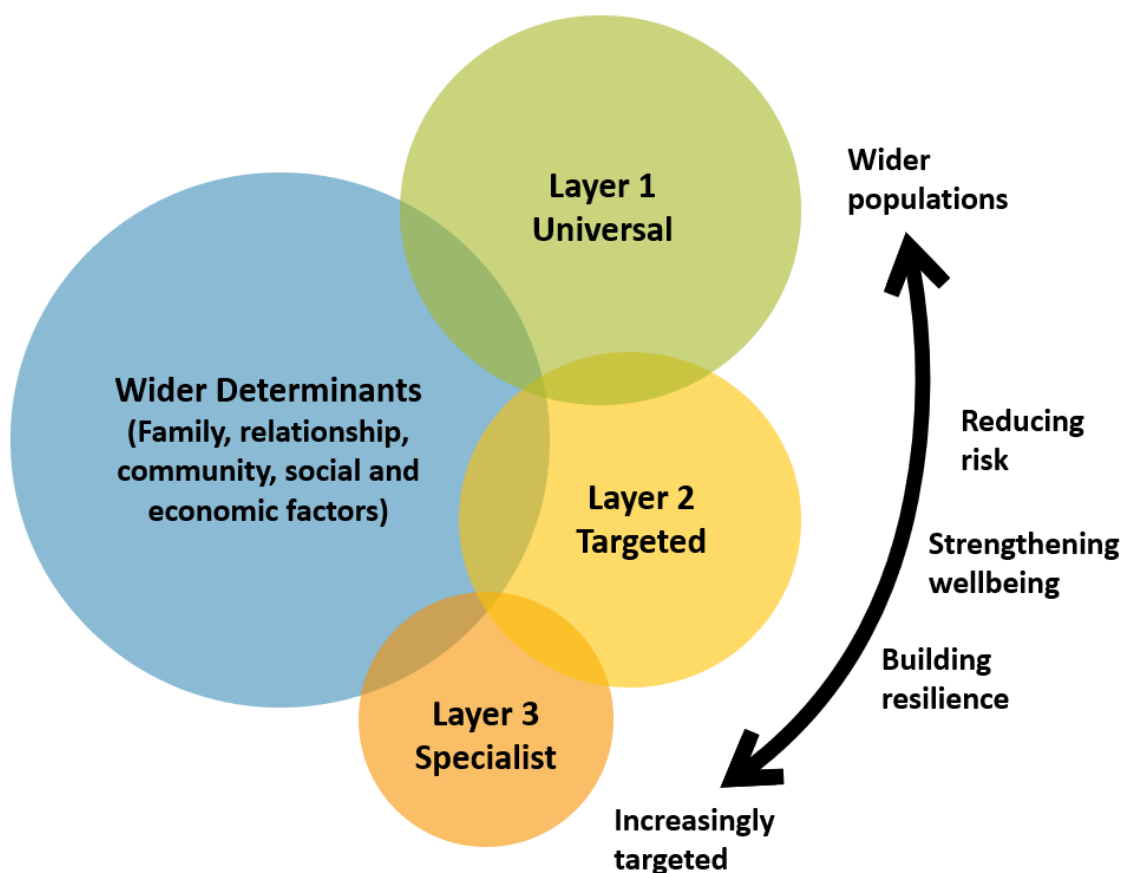
[5] For more information see: https://www.humanlearning.systems/

Figure 2: Public Health Model of Violence Prevention, adapted from Public Health Devon

Layer 1: Universal (Primary Prevention)

- Prevent vulnerability factors from emerging by strengthening protective factors.
- Target groups: groups with no or few vulnerability factors, focus on whole populations (e.g., adolescents).
- Examples: Healthy Relationships education for young people in schools.

Layer 2: Targeted (Secondary Prevention)

- Early intervention where vulnerability factors are emerging or accumulating, with focus on reducing risk and harm and building wellbeing and resilience at the earliest opportunity.
- Target groups: groups where concerns are starting to emerge, grow or become more complex with likely impacts on wellbeing and life chances – e.g., children experiencing domestic violence and abuse, children with a family member in prison, children and young people excluded from school.
- Examples: whole family recovery support from domestic violence and abuse.

Layer 3: Specialist (Tertiary Prevention)

- Specialist support where risk is heightening or there is a risk of immediate harm.
- Target groups: groups at heightened risk of becoming involved in or victimised by violence, who are on the periphery of the criminal justice system, or who may be at risk of re-offending.
- Examples: work with young people experiencing exploitation, Turnaround, Young Person's Behaviour Change Project.

It is important to consider how we can create a shared understanding and commitment to violence prevention across our partnerships and systems and develop opportunities for joint working. Collaboration is best grounded in common approaches and principles, commitment to leadership, and shared responsibility and accountability.

Co-production with people, families and communities will allow us to situate their voices, experiences and expertise at the centre of our response. Identifying opportunities for co-production, including involvement in decision making, and building trust and confidence in this approach within our systems is an area we intend to prioritise.

Through adopting a place-based lens in our response, we will have opportunity to work alongside partners and communities situated in areas of greatest need in Devon and develop ways to build resilience, strengthen protective factors and, through doing so, reduce the disproportionate harms these communities experience.

Our strategy will have a two-fold focus:
- To consider how the Safer Devon Partnership can respond to serious violence through building on existing work and utilising opportunities such as the Home Office-devolved Serious Violence grant.
- To explore how we can embed focus on preventing violence and our strategic priorities across our wider partnerships and systems within Devon and the peninsula, influence opportunities for joint working and encourage the adoption of shared approaches and practices across a wider footprint.
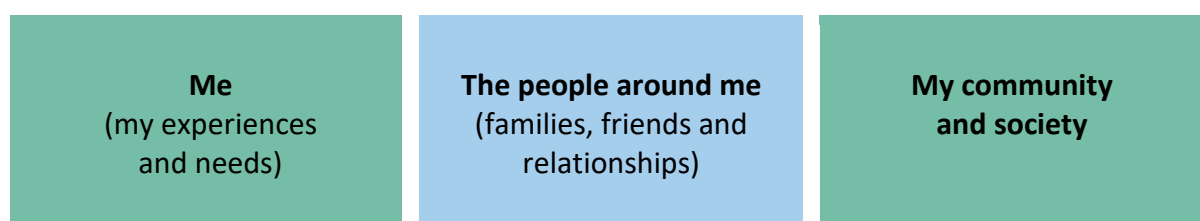
In many cases we believe our priorities and approaches will have benefits beyond the scope of preventing violence, given their focus on building resilience and wellbeing in our families and communities and adopting ways of working that are inclusive, compassionate and take account of people's lived experiences, for example through adopting trauma and shame-informed approaches.

Our strategy

Our areas of focus: people and places

We have identified three key areas of focus for this Strategy. Within these, we have identified groups and places where specific consideration would be beneficial based on the findings of our Needs Assessment.

Given the attention of the Serious Violence Duty on public space youth violence and its causes, we have focused predominantly on children, young people and families, although we have also identified adults with multiple disadvantages as a group of focus given their prominence within our Needs Assessment.

Me (my experiences and needs)	**The people around me** (families, friends and relationships)	**My community** **and society**

Me (my experiences and needs)	Why we are focusing on these groups
Children who have care experience, and children who are open to social care.	• Young people who have care experience are disproportionately represented in the Youth Justice System.[6] They often face intersecting needs and experiences, such as Adverse Childhood Experiences, trauma and Special Educational Needs and Disabilities (SEND), and may have heightened vulnerability to exploitation. • Children open to social services who are not 'Looked After' are also likely to have experienced Adverse Childhood Experiences and trauma, potentially increasing their vulnerability to becoming involved in serious violence. • Devon Youth Justice data shows that in 2021/22, 39% of serious violence offences were committed by children open to social care. In 2022/23 this figure was 44%. These figures are inclusive of Looked After Children.
Children with Special Educational Needs (SEND), Speech, Language and Communication Needs (SLCN) and who are neurodivergent, particularly where there are compounding risk factors, and including where needs are undiagnosed and unidentified.	• There is an overrepresentation of young people with SEND, Speech, Language and Communication Needs (SLCN) and who are neurodivergent within Youth Justice cohorts, including young people who have carried out serious violence offences.[4] • The prevalence of young people with SEND in the Devon Youth Justice serious violence cohort is greater than the prevalence in cohorts who have carried out other offences. In 2022-23, 29% of all serious violence offences were carried out by a young person with identified SEND needs, compared to 17.5% of all other offences.[7] • Underdiagnosis and 'diagnostic overshadowing'[8] in relation to SLCN, neurodivergence and SEND is well recognised.[5] • Partner insights highlight a lack of diagnosis and support as a potentially important factor which may increase vulnerability for some young people. National research evidences this in relation to Developmental Language Disorder (DLD), which comes under the umbrella of SLCN.[6] Whilst this finding is specific to DLD it is likely to hold relevance to other needs.
Adults who experience multiple disadvantages.	• Adults facing multiple and compounding disadvantages, such as substance misuse needs, being in poor health and experiencing violent or unhealthy relationships are likely to have experienced multiple Adverse Childhood Experiences.[7] • Exposure to multiple childhood stressors is associated with subsequent involvement in violence as a victim or perpetrator, including intimate partner violence. Indeed, national research suggests up to 52% of violence perpetration could be linked to Adverse Childhood Experiences. Additionally, violence, including violence in the home and intimate partner violence, can facilitate the intergenerational passage of Adverse Childhood Experiences.[8] • Multiple and complex needs have been identified as a prominent theme for adults in Devon where concerns are greatest around serious violence; a high number of needs were seen in adults who had committed serious violence offences and were on Probation (on average, females were linked to 5.9 needs per offence and males were linked to 5.4 needs per offence). Homelessness and indications of a chaotic living condition were also prevalent. 20% of the Probation cohort were registered to No Fixed Abode or had no recorded address.

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[6] For the purposes of this Strategy, we refer to children who have care experience as those where the local authority has become their corporate parent at some point during their childhood – often referred to as Looked After Children.

[7] It is unclear how far underreporting as well as underdiagnosis of SEND may be a factor in this data.

[8] Diagnostic overshadowing is where some behaviours or needs are looked for more than others. This means someone may receive a diagnosis without exploration of whether there may be additional underlying reasons for their behaviour or needs. Once someone receives a diagnosis, any future difficulties they experience or changes in their presentation may be attributed to their existing diagnosis instead of other factors.

	• Partner insights suggest that adults with multiple disadvantages are at greater risk of being victims of a range of violent harms, including drug related violence and exploitation. The risk of sexual violence and sexual exploitation towards women is a particular concern.
Children and young people who are at risk of contextual harms (risks from outside of the family).	• Exploitation has been identified as a significant area of concern for children and young people involved in serious violence. • Data from the Devon Children's Services REACH (Reducing Exploitation and Absence from Care or Home) Team shows that Child Criminal Exploitation (CCE) is the most commonly identified form of exploitation for children and young people, along with Child Sexual Exploitation (CSE). CCE is generally considered to relate to drugs; however, business models of exploitation (such as county lines or local dealers) can vary and be unclear, with implications for the exploitation, harm and violence experienced. Often CCE and CSE can co-occur. • Devon Youth Justice data shows there were concerns regarding CCE for 28.9% of young people who committed a serious violence offence in 2021/22, whilst in 2022/23 this figure was 19.2%. In 2022/23 11.5% of children who committed a serious violence offence were believed to have previously been sexually exploited. It is likely that CSE is underreported. • Young person peer groups present particular harms, with anecdotal evidence from partners highlighting concerns around certain peer groups who carry out violence and a range of interlinked and wider harms within a group context.

The people around me	Why we are focusing on these groups
Young people and families who are affected by imprisonment or involvement in crime or violence.	• Familial imprisonment and involvement in crime can be a potential risk factor for children becoming involved in violence and crime. Children who experience parental imprisonment are more likely than their peers to experience multiple adverse childhood experiences, have complex behaviour and emotional needs, and be arrested and imprisoned later in life.[9] • Local lived experiences research by Space Youth Service indicates parental imprisonment has a significant impact on young people's mental and physical wellbeing, their home life and their behaviour. 44% of children consulted by Space had experienced family going to prison. Whilst these figures relate to a small sample of 36 children, meaning their generalisability is unclear, they highlight a currently unmet need in Devon.
Young people and families who are affected by the needs of parents and care givers, for example substance misuse and/or mental health.	• Partners have highlighted the importance of the needs of parents and care givers, especially needs around substance misuse and/or mental health, in potentially heightening vulnerability for young people. • Local data from the first cohort of young people in the Turning Corners programme in 2019/20 (who were identified as being at risk of crime, violence and/or anti-social behaviour) indicates that 39% grew up in a household with adults who experienced alcohol/drug needs and 16% had a parent living with a mental health condition.[9] • The Devon Young Person's Behaviour Change Project, which works with young people who display harmful behaviour, has reported that of 28 children in the service from April 2022 - March 2023, 46% had a parent with a mental health need.

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[9] Turning Corners was an early intervention programme for young people in South Devon at risk of carrying out anti-social behaviour, crime and violence.

Young people and families who are affected by domestic violence and abuse.	• National and local research evidences a relationship between witnessing and/or experiencing domestic violence and youth violence.[10] Our understanding of the prevalence and importance of childhood domestic violence and abuse in young people and adults who carry out violence and harmful behaviour is emerging and would benefit from further research.
	• Domestic abuse comprises a third of all serious violence crime. Children experiencing familial domestic abuse are recognised in law as victims in their own right.[11] The prevalence of childhood exposure to domestic abuse across the population in Devon is currently unclear. However:
	   o 49% of First Time Entrants in the Devon Youth Justice Service within a 12 month period had experienced domestic abuse either as a victim or witness.[10]
	   o 36% of young people engaged in structured activity with the Y-Smart young person's substance misuse service reported having experienced domestic abuse as victims in their lifetime.[12]
	   o 83% of young people in Turning Corners in 2019/20 had experienced domestic abuse as a victim or witness.
	   o On average, 85% of adults displaying harmful behaviours that have engaged in community behaviour change programmes report having experienced domestic abuse as children.[13]

My community and society	Why we are focusing on these groups
Education settings (schools, alternative provision and colleges).	• Evidence indicates that children involved in serious violence in Devon have experienced multiple educational challenges. • Children who were cautioned or sentenced for a serious violence offence in Devon were found to have low educational attainment, a high number of absence periods before the offence, a high number of suspensions or exclusions before the offence (88% had previously been suspended) and a high number of alternative provisions.[14] • Exclusion is a particular concern as a factor increasing risk around involvement in violence. 2021/22 Devon Youth Justice data shows 37% of serious violence offences were committed by children with at least one prior exclusion. In 2022/23 this figure was 44%. • Attendance at an alternative provision (AP) is also a concern. Local Department for Education data (relating to children in KS4 from 2012/13-2017/18) shows that 42% of children in Devon who were cautioned or sentenced for a serious violence offence had ever attended an AP. Of this cohort, 65% of children were in an AP before their first serious violence offence. • National recognition has been given to the importance of disengagement from education, including through suspension and exclusion, in creating conditions for exposure to exploitation, criminality and violence and in escalating risk.[15] • International evidence indicates a link between violence taking place in schools and later criminal justice involvement.[16] Local qualitative insights highlight concerns around bullying, racism, homophobia, transphobia, harmful sexual behaviour, misogyny and violence in schools, and indicate a rise in violence between peers and towards staff.

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[10] This research was carried out against Police crime and intelligence reports. It is possible that data around the experience of domestic abuse in First Time Entrants may not have been entered into the system, due to the unreported nature of this crime. Therefore, it is possible that the number of First Time Entrants who had experience of childhood domestic abuse is higher than reported here.

Communities experiencing the greatest levels of violence, harms and factors known to influence this, for example deprivation, poverty, the presence of drug activities and concerns around the Night-Time Economy.	Whilst further work is required to understand the occurrence and experience of violence across our communities in Devon, evidence indicates the occurrence of serious violence is influenced by local factors: • Local data shows the highest levels of serious violence crimes take place in urban areas; these are busy and usually densely populated areas that often have prominent Night-Time Economies. • Insights from young people and partners suggest certain places and spaces may present greater risks around violence and associated harms. Lived experience work with young people highlights concerns around the safety of their local areas. • The presence and nature of drug business models is likely to influence the occurrence of violence linked to supplying drugs. • Poverty and deprivation can combine with other factors to heighten the risk of young people becoming involved in violence. Socio-economic factors have been identified as a core foundation of violence, and child poverty as a key driver.[17] • 67% of young people cautioned or sentenced for a serious violence offence in Devon were eligible for free school meals (note, this is less than 2% of the total children on free school meals).[18] Local Police data indicates that drug possession and trafficking offences are more likely to occur in more deprived postcodes.
All young people, focusing on safety and exposure to violence and harmful behaviours in adolescence.	• Lived experience insights from young people in Devon tell us that exposure to violence as a witness or victim, online or in person, appears normalised for young people. Online spaces and social media appear an important facilitator of violence. Harms young people are exposed to include bullying, pornography, sexual violence, physical violence and fights. Peer to peer violence is also an important concern. • Harmful sexual behaviour in young people often appears normalised, including sexual harassment, unhealthy relationships, the sharing of explicit images and online sexual abuse. An anonymous survey of 17 girls working with Space Youth Service in a programme for young people at risk of experiencing/displaying harmful sexual behaviour showed that: 52% had received unwanted physical touching; 76% had experienced unwanted sexual images; and 70% had experienced controlling behaviour from a partner. Regardless of the small sample size, this indicates that harmful sexual behaviour and unhealthy relationships are present, and a concern, for young people in Devon. • Insights from young people have highlighted knife crime as a concern and a potential area of risk. • Peer pressure, fitting in, safety and protection appear important for understanding young people's involvement in violence.

Our vision

> **Our vision is for people, families and communities in Devon to thrive, safe from the risk and experience of violence.**

Our priorities

We will strengthen our collective response to preventing serious violence through delivering the following priorities.

Core priorities
Priority 1: Shape a series of preventative responses for young people and adults who, based on their individual needs and experiences, are at greatest risk of involvement in violence, taking account of intersecting needs and the individual ways needs may present.
Priority 2: Strengthen our understanding and response to contextual harms to reduce exploitation and peer group related risks.
Priority 3: Strengthen our early years and early help targeted offer for families where risk and vulnerability factors in relation to violence are present.
Priority 4: Challenge the normalisation of violence, particularly in relation to young people - supporting them to develop healthy and respectful relationships, both intimate partner and peer to peer.
Priority 5: Work towards creating inclusive and supportive education environments where all young people can thrive, with a focus on strengthening their wellbeing, resilience and opportunities.

Cross-cutting priorities
Priority 6: Work towards trauma, shame and neurodivergence-informed systems (see appendix 1 for our definitions of these terms).
Priority 7: Strengthen our learning about serious violence, needs and drivers, and what works well as prevention.

We will define achievable actions, outputs, outcomes and impacts and the subsequent long-term changes we aim to see in our communities in our delivery plan, which will be developed during 2024 following publication of this Strategy. The steps to achieving our intended impacts are explored further in the diagram below.

Priorities	Resource to respond	Activities we will deliver	Outputs	Outcomes	Impacts
•Identify our priorities through our evidence base	•Identify the resources we have available across our systems	•Develop and deliver interventions to respond to our priorities	•What can we measure through carrying out these activities?	•What are the short and medium term effects of our work?	•What are the long-term changes we can contribute to?

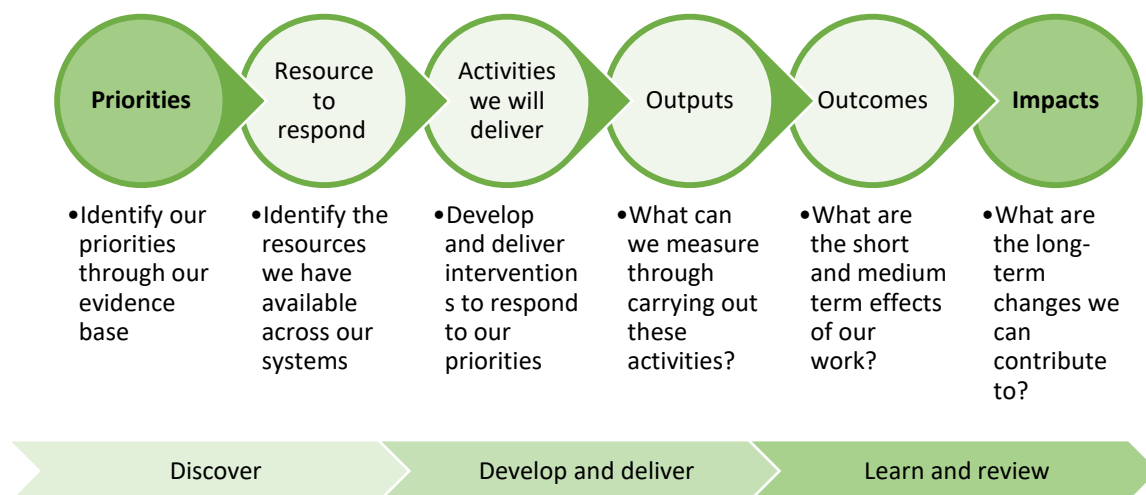Discover | Develop and deliver | Learn and review

Figure 3: Diagram showing a model theory of change for our Strategy, outlining how our priorities will lead to activities that we deliver, in turn leading to outcomes and long-term impacts for communities.

Further details about our priorities are provided on the following pages, including our rationale for selection. We have listed examples of work already being progressed by partners that are contributing towards delivering our priorities; at the same time, we recognise there is substantially more to do.

Core priorities	Our evidence	Examples of work we are already doing
Priority 1 Shape a series of preventative responses for young people and adults who, based on their individual needs and experiences, are at greatest risk of involvement in violence, taking account of intersecting needs and the individual ways needs may present.	Young people and adults at greatest risk of involvement in violence are likely to experience multiple, intersecting and compounding experiences and needs. For example, in relation to young people, the Department for Education has demonstrated nationally that: 'children with higher numbers of multiple risk factors are more likely to be children who are cautioned or sentenced for a serious violence offence, compared to children with fewer multiple risk factors'.[19] Regarding adults, offences committed by people on Probation between April 2022 and March 2023 were linked to 5 needs per offence on average for the total cohort, indicative of high and multiple needs. It is important that when working with people we take account of the breadth and complexity of their experiences and needs. This involves using person-centred approaches that are adaptable and flexible to people's needs and exploring inclusive and wraparound models of support. It is also important that services are aware of how presenting (primary) needs (e.g., substance misuse) can mask underlying (secondary) needs and experiences such as past or ongoing trauma.	The Young Person's Behaviour Change Service supports young people who have experienced domestic abuse in their home and are beginning to demonstrate harmful behaviours towards a family member or intimate partner. Two evaluations have evidenced the efficacy of this service in reducing aggressive behaviour, improving relationships, feelings and behaviours, and reducing the burden on partner services. Dialectical Behaviour Therapy training has been introduced by Y-Smart, the young person's substance misuse service, to educate young people in how to live in the moment, develop healthy ways to cope with stress, regulate their emotions and strengthen their relationships with others. Together, the adult substance misuse service, is strengthening pathways between Police Custody suites and people arrested due to substance related needs to encourage them into treatment. Where relevant to their offending, courts can award Mental Health Treatment Requirements, Drug Rehabilitation Requirements and Alcohol Treatment Requirements. These are delivered by Together practitioners. The Police-led Intervention Clinic is creating opportunities to intervene with young people under the age of 18 when they offend for the first time or are on the periphery of offending behaviour. A whole-family approach is taken, focusing on intrafamilial harm and risks from outside the family. With consent, young people are referred to services offering skilled support and intervention. This could be linked to wider needs such as speech and language, neurodivergence, or family dynamics. A Fire Safety Intervention Programme is provided by the Fire Service for children and young people under the age of 18 who show an unhealthy fascination with fire or have engaged in fire setting behaviours. Interventions include fire safety education, arson awareness and peer pressure, personal and family safety. This promotes children and young people's development and social and emotional learning, building their resilience around making safer choices.

Priority 2 Strengthen our understanding and response to contextual harms to reduce exploitation and peer group related risks.	Exploitation has been highlighted as a factor in violence taking place in Devon. As noted on page 14, Devon Youth Justice service data highlights the presence of Child Criminal Exploitation and Child Sexual Exploitation within cohorts of young people who have committed a serious violence offence. Anecdotal insights have highlighted risks within young person peer groups, with indications that certain peer groups are carrying out violence and wider harms within a group context. Evidence about these areas is limited and would benefit from further exploration. The Devon Adolescent Safety Framework (ASF) has provided a framework for responding to contextual harms experienced by young people. A review of the ASF has identified opportunities to strengthen Devon's existing contextual safeguarding response.	The Devon Adolescent Safety Framework is undergoing review, including the identification of recommendations and priorities for future work and the production of an outcomes framework. The Devon Youth Justice Service is carrying out work with partners to increase the understanding of young people experiencing exploitation and how they present across different services. Work is ongoing to explore and develop a Risk Outside the Home (ROTH) Service for interventions with children and young people whose risks and needs are outside of the home, in line with their age and developing maturity. This will include missing episodes, antisocial behaviour and pro-social identities/activities, and young people at risk of exploitation.
Priority 3 Strengthen our early years and early help targeted offer for families where risk and vulnerability factors in relation to violence are present.	Evidence indicates that familial experiences can heighten vulnerability in relation to violence for children and young people. Our Needs Assessment has identified the importance of focus on childhood trauma and adversity, including domestic violence and abuse, parental and caregivers' needs (including substance misuse and mental health) and families affected by imprisonment or involvement in crime or violence. Adverse childhood experiences are associated with vulnerability to violence throughout the life course and can transmit intergenerationally, creating potential for cycles of violence in families. Research shows a significant proportion of justice-involved children and adults in prison have experienced adverse childhood experiences.[20] Traumatic experiences during the early years of life, including the first 1,000 days, are particularly crucial for later outcomes.[21] This highlights the importance of early years as a focus for work with families. Further evidence for the areas discussed above can be found on pages 14-15.	A 12-month whole-family Domestic Violence and Abuse Recovery Support 'Test and Learn' Pilot was recently introduced. Run by SAFE, NDADA and Community Links and commissioned by Safer Devon and Devon County Council, it worked with families, including children, who had experienced domestic abuse with the aim of supporting them to recover from these experiences, build resilience and break the cycle of violence. An external evaluation is currently taking place. FearFree deliver a whole family behaviour change offer. Family members who have perpetrated domestic abuse are supported through a behaviour change programme, whilst children, if appropriate and desired, are supported by a children's worker. Family members who are victims/survivors are allocated an IDVA (Independent Domestic Violence Advocate) for direct support and to co-ordinate the response. Anti-social behaviour and safeguarding training for frontline housing officers in East Devon Council is being developed to help identify and respond to ASB early on. This will help prevent escalation, identify families and young people with potential vulnerability and provide support and signposting. Similar work in Mid Devon is being explored.

Priority 4 Challenge the normalisation of violence, particularly in relation to young people - supporting them to develop healthy and respectful relationships, both intimate partner and peer to peer.

Local evidence indicates there is a growing culture of normalised violence and harmful behaviour in young people. Lived experience insights from young people in Devon show that online violence is commonplace with 52% of young people viewing violent content on social media. Misogyny and harmful sexual behaviour are frequently observed and perpetuated both online and offline.

Bullying, racism, misogyny, homophobia, biphobia and transphobia have all been noted to occur in schools in Devon and seem normalised. Further work is needed to understand the extent of serious violence experienced by people with protected characteristics.

International evidence indicates links between school violence and later criminal justice involvement.[22] Preventative, education-based and bystander approaches focused on young people, parents and carers at the earliest opportunity are likely to address the roots of these issues and promote healthy and respectful behaviour and relationships.

Let's Talk online support sessions for parents and carers of teenagers and pre-teens are being run by South Devon and Dartmoor Community Safety Partnership, focusing on challenges young people are facing today and exploring ways they can be supported. Recent topics have included exploring teenage relationships, mental health and emotional wellbeing, anger and challenging behaviour, and bullying and online challenges.

A pilot of the Mentors in Violence Prevention Programme is being rolled out by Safer Devon to a selection of secondary schools, where trained young people teach their peers about the scope of violence and empower them through their own leadership to be 'active bystanders' by challenging harmful behaviours.

A Safer Spaces, Safer Places project is being developed in Teignbridge in partnership with Young Devon and Space Youth Service. The project is commissioned through the Community Safety Partnership utilising funding from the Government Levelling Up Fund, and tackles violence by building resilience in communities with a focus on young people and women and girls. This includes work to make town centres feel safer for all, and to change the culture of misogyny through a whole community approach.

A Reactive and Harmful Sexual Behaviour Panel is currently being set up across Targeted Early Help services, which will include training and supervision for practitioners, information, advice and guidance for partners and a route into service delivery where needed. The Panel will focus on harmful behaviours which are sexually motivated and also on behaviours which are reactive to specific situations for a child, but which result in inappropriate behaviour which can be seen as sexual.

Police Youth Engagement Officers are delivering education in local schools where concerns are greatest around knife crime through the national Operation Sceptre initiative, raising awareness in young people regarding the consequences and dangers of carrying knives.

Priority 5
Work towards creating inclusive, supportive education environments where all young people can thrive, with a focus on strengthening their wellbeing, resilience and opportunities.

Educational challenges, particularly exclusion as well as disengagement from school, have been identified as important factors heightening risk around involvement in serious violence.[23] Devon Youth Justice data shows that in 2022/23, 44% of serious violence offences were committed by children who had at least one prior exclusion.

Local Department for Education data shows that attendance at an alternative provision (AP) is also a risk factor for children. 42% of children who were sentenced or cautioned for a serious violence offence in Devon (who were in KS4 between 2012/13-2017/18) had attended an AP. Of these, 65% were in the AP before an offence was committed.

Exclusion disproportionately affects certain groups, including children and young people with SEND, children and young people on free school meals and children and young people open to social care. These groups are also overrepresented in cohorts involved in serious violence.[24]

Partners have also highlighted concerns around bullying, violence and harmful behaviour taking place in schools.

Partners have indicated that more could be done to ensure education environments are inclusive and safe places where all young people feel supported, including young people with additional needs.

The Inclusion and Education Wellbeing Teams work to support children and young people where they may have additional needs or be unable to attend school, and where children and young people are at risk of exclusion. This includes providing guidance to schools regarding reasonable adjustments, funding packages to support therapeutic adjustments, and alternative provisions.

Additionally, the Inclusion Team, in partnership with organisations such as Space Youth Service, provide support to schools where concerns or challenges arise, for example around harmful behaviour occurring within a year group. Support can include group work for young people within the school setting delivered by Space to address concerns and give young people the tools to challenge harmful behaviour.

Early Help and School Inclusion are working together to promote integrated working and close the gap for children at risk of not reaching the best education outcomes. This includes exploring opportunities to focus on this agenda within the Youth Justice Service and to provide learning for practitioners about the barriers to successful education engagement.

Work is ongoing with Early Help to explore the development of a transition offer across Devon for young people moving from year 6 into year 7 who may benefit from support with the transition from primary to secondary school. This follows a successful pilot in Exmouth.

Devon County Council encourages all education settings to report incidents of bullying, prejudice and racism. Each incident is reviewed to ensure settings are taking appropriate response, preventative and proactive measures. Support provided by the Council to settings includes: workshops to support young people who are targeted and feel unsafe and young people who cause repeated harm; Equality, Diversity and Inclusion pupil forums to hear Devon children's voices on what equality, safety, belonging and respect looks like to them and in their school; and resources to support schools to improve policy, practice and awareness around Equality and Diversity.

Cross-cutting priorities	Our evidence	Examples of work we are already doing
Priority 6 Work towards trauma, shame and neurodivergence-informed systems (see appendix 1 for our definitions of these terms).	A significant number of young people and adults in the criminal justice system have experienced childhood trauma and adversity.[25] This is in addition to traumatic experiences that may take place later in life. The experience of shame is closely linked to trauma, and it is likely that many people who have encountered trauma also experience shame. Experiencing shame can lead people to behave in ways that mask the shame they feel. These responses vary depending on the individual and can include anger, aggression, hostility and violence.[26] A high number of young people and adults in the criminal justice system are understood to be neurodivergent, and may have differences in how they process and learn information, function, and communicate.[27] Being trauma, shame and neurodivergence-informed across our organisations and systems is crucial for ensuring we work with people in a compassionate, inclusive and person-centred way that can take account of their past experiences, meet their present needs and address barriers in the way our services and systems operate.	In a Devon County Council initiative, pioneer professionals supporting victims of domestic abuse and sexual violence have been PATH (Psychological Advocacy Towards Healing) trained to improve psychological support available to victims. Supported by the EOS Board,[11] the Sexual Violence Pathfinder is delivering a trauma stabilisation workforce development programme across the domestic and sexual violence and abuse system. This will improve the psychological support available for adults who have experienced sexual violence and abuse and provide trauma stabilisation interventions. The Interpersonal Trauma Response Service, commissioned by NHS Devon, provides training and support services to all GP practices across Devon to identify indicators of trauma and abuse and make clinical enquiries. Adults and children affected by domestic abuse, adults affected by sexual abuse or sexual violence or concerned about their own abusive behaviour in relationships, and children affected by domestic abuse are eligible for support. 'Putting the Pieces Together' is being delivered through the Devon Integrated Care System, providing training on complex trauma and language and communication development for professionals working with children, young people and their families in Devon, Torbay and Plymouth. Facilitated through the Anna Freud Centre, the National Autism Trainer Programme is being delivered to the Devon Youth Justice Service. The programme is co-designed and co-delivered by people with lived experience of neurodiversity. Professionals will be trained as trainers to upskill staff in the needs of young people with autism.

[11] The EOS Board is a partnership between Southwest peninsula local authorities, Integrated Care Boards, Victim Support and the Office of the Police and Crime Commissioner.

		Trauma informed work is being developed through the Children's Social Work Academy. To date, this has included the development of a Dyadic Developmental Psychotherapy (DDP) Forum and awareness raising materials for practitioners. The Trauma Informed Health Project, funded by NHS Devon, is a collaborative project with the Royal Devon University Hospitals Trust to develop examples of, and guidance for, providing trauma informed and shame sensitive health care in acute settings such as hospitals.
Priority 7 Strengthen our learning about serious violence, needs and drivers, and what works well as prevention.	Our Needs Assessment has developed a detailed picture of violence taking place in Devon and factors influencing its occurrence and has highlighted where we can build further insights. The prevalence and scope of some kinds of violence in Devon is unclear, including knife crime, violence within peer groups, exploitation, modern slavery-related violence and the role of Organised Crime Gangs and the level of harm they may cause to communities. There are currently gaps in our understanding of the experiences of violence of people with protected characteristics, including ethnically diverse people and LGBTQ+ people, and the intersection between hate crime and violence. Evidence suggests that many people involved in serious violence may have multiple and intersecting needs, however conclusive local evidence is lacking. We need to strengthen our understanding about how intersecting personal characteristics, experiences and needs can combine to create unique experiences of violence and in some cases heighten vulnerability and risk. We can build on our existing 'test and learn' approach to strengthen our understanding of what works well as prevention – using evaluation, quantitative data and qualitative insights from people accessing services and those involved in delivery.	Space Youth Service has been working with Safer Devon to collect information from peer-led lived experience research projects about young people's experiences of topics including familial imprisonment, weapons, drugs and alcohol, harmful sexual behaviour and fights. Work is taking place with the Devon Children's Social Care Quality Assurance Service to design multiagency learning events focusing on serious youth violence cases. This will involve a multiagency exploration of the events in these cases, interventions from services, successes and missed opportunities. Timescales around this work are to be determined. We are working to strengthen the sharing of data around serious violence, using the findings from our Needs Assessment and gaps in our understanding to identify areas for future work.

Our underlying themes

A number of themes run throughout this Strategy and will be used to inform work against our priorities.

1) **Relatable moments** - identifying opportunities to engage with young people, families and adults to build resilience and wellbeing and support change.

   Relatable moments can include times and places where there may be greater opportunity for engagement, such as during early years and through education settings. They can also be moments when risk is heightened, including at the point of exclusion, when a child or young person comes into social care, or when they first come into contact with the Police.[28]

2) **Breaking cycles of harm in families and communities** – working to break cycles of harm and violence, including the intergenerational transmission of harm and violence in families.

   This involves taking account of needs and drivers taking place at individual, familial/relational, community and societal levels, and considering the impacts of trauma and shame within families and communities. Through adopting whole-family and whole-community approaches, the root causes of these needs and drivers can be addressed and protective factors and resilience can be strengthened.

3) **Transitions** – supporting young people during times of transition, for example primary to secondary and child to adult, with particular focus on 18-25s.

   Key life transitions have been highlighted by our partners, Devon Youth Voice and in research as critical times for young people, being potential times of challenge and creating opportunities to build resilience. These include transitions taking place at the start of adulthood, such as from child to adult services, from youth justice to probation, from child to adult safeguarding and mental health services, and transitions from being in care. Young people have also identified transitions from primary to secondary, from school to college, from education to employment and into housing as important.[29]

4) **Equality, diversity and intersectionality** – consideration needs to be given to protected characteristics, understanding and taking account of the intersecting identities and experiences that can shape vulnerability and resilience to harm.

   When we talk about intersectionality, we are referring to how multiple identities, such as race, gender, gender identity and sexual orientation, interact to create unique individual experiences of discrimination and oppression.[30]

   Given the prominence of gender-based violence within our Needs Assessment, it is important that our responses consider a gendered lens where appropriate.

Our guiding principles

Finally, how we work matters as much as the work we carry out. We have developed a set of guiding principles that are grounded in public health, trauma-informed and human learning systems approaches to working.

They will inform how we work together with our partners, how we work with people, families and communities, and how we seek to prevent violence. As system leaders we will commit to working in line with these principles and to using our example and influence to encourage their adoption across our systems.
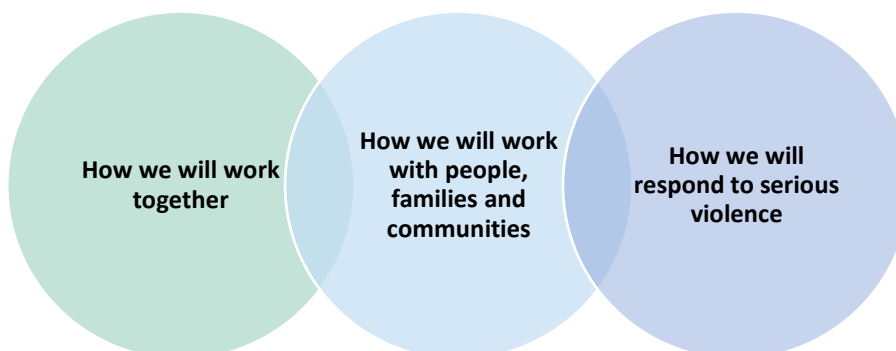
How we will work together

How we will work with people, families and communities

How we will respond to serious violence

Figure 4: Diagram showing our guiding principles and how they interlink.

How we will work together

1) We will work together across our organisations, partnerships and systems to prevent serious violence, with focus on strengthening leadership, creating shared responsibility and accountability and addressing barriers to change.
2) We will take a co-production approach to our work, valuing and maximising the voice, expertise and role of young people, families and communities in our actions, including in decision making.
3) We will empower our practitioners – giving them the time, opportunity and support to work with our communities in new ways and embed new approaches in their practice.
4) We will make the most of the unique value each partner can bring to our work and maximise opportunities for involvement from all specified authorities and Community Safety Partnerships, and from the wider statutory and voluntary sector.

How we will work with people, families and communities

1) We will be strengths-based - focusing on wellbeing, resilience and opportunity and building on the assets of our people and communities.
2) We will be relationship-based – building trusted relationships within families and peer groups and with professionals.
3) We will be inclusive, compassionate and non-judgemental – respecting people's lived experiences and circumstances.
4) We will take a holistic approach - thinking whole-person, whole-family and whole-community.
5) We will recognise and challenge harmful norms, inequalities, exclusion and discrimination, and advocate respect and inclusion.

How we will respond to serious violence

1) We will address the root causes of violence through long term and sustainable prevention and early intervention.
2) We will take a life course approach - focusing on factors that influence vulnerability and resilience from early years and throughout childhood, adolescence and adulthood.
3) We will recognise complexity (in violence and its causes, in people's lives and needs, and in our systems) and the importance of creating bespoke, considered responses that foster connection, value relationships and work for our communities and our local contexts, focusing on learning through the journey.
4) We will be curious and evidence informed – building on our existing understanding and taking account of what we don't know.
5) We will focus on continuous learning and improvement.

Appendix 1: Definitions

Trauma-informed
Trauma-informed practice is an approach to interventions that are grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing services.

Trauma-informed practice aims to:

- Increase practitioners' awareness of how trauma can negatively impact on individuals and communities and their ability to feel safe or develop trusting relationships with services and their staff.
- Improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people accessing services and empower them.
- Acknowledge the need to see beyond an individual's presenting behaviours and ask, 'What does this person need?' rather than 'What is wrong with this person?'
- Avoid re-traumatisation, which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. This can be damaging to people's wellbeing and can affect their engagement with services.

Trauma-informed practice involves 6 principles: safety, trust, choice, collaboration, empowerment and cultural consideration.[31]

Shame-informed
Shame is a complex and negative emotional experience that can take many forms. It occurs when we feel negatively judged or 'less than' others, when we feel unworthy, unloved or as though we might be rejected, or if we feel we have transgressed the standards and expectations we set for ourselves or that are set by others.[32] Shame is closely linked to trauma; emerging research indicates that events such as traumatic experiences and/or societal inequalities can cause an individual to experience shame.[33]

'Chronic' or 'toxic' shame can result in behaviours and responses that mask the shame people feel. These responses vary depending on the individual and can include anger, aggression, hostility and violence.[34] Shame has also been identified as an important barrier to seeking and receiving support. Shame-sensitive practice is important to overcoming this barrier and avoiding further shaming and stigma when engaging with services.[35]

Being shame-informed involves following the principles of shame competence. This is a set of skills, principles and practices that can be learned by individuals and applied within workplace settings, enabling people, teams and organisations to constructively engage with shame to advance wellbeing, dignity and inclusion.[36]

Neurodivergence-informed
Everyone can be described as neurodiverse, as we all vary in the way our brains work, including how we think, learn, communicate and function. The term neurodivergence is used where someone processes, learns or functions differently from what is considered average or typical. Neurodivergent people may find some things very easy and other things more difficult.[37]

The social model of disability states that people are disabled by barriers in society, not by their impairment or difference. Barriers can be physical or they can be caused by people's attitudes to difference. Removing these barriers creates inclusion, equality and opportunity and amplifies diverse abilities.[38]

Being neurodivergence-informed involves taking an inclusive, accessible and non-judgemental approach to the way we work with people and design and deliver services, recognising where barriers exist in the current ways our services, organisations and systems operate. This involves listening to and accommodating peoples' individual needs and preferences around language, processing, learning and communication and ensuring our approaches to support are flexible and inclusive.

Ableism refers to the belief that 'typical' abilities or ways of being are normal and superior, including being 'neurotypical'. An ableist attitude defines people who are neurodivergent as lesser and can lead to harmful stereotypes and discriminatory beliefs, attitudes and actions.[39] Neurodivergence is in no way 'lesser' than any other way of being. Being neurodivergence-informed involves accepting neurodivergence as equal to any other way of thinking, learning, communicating and functioning, and actively challenging ableist beliefs and practices.

Some important components of a neurodivergence-informed approach are training relating to neurodiversity and ableism, accessible practical tools for staff, and cultures that promote inclusion, accessibility and diversity.[40]
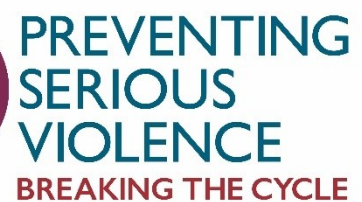
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