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<b>Report To:</b>	<b>Safe, Sustainable Communities Committee</b>	<b>Date:</b> 3 May 2011
<b>Report By:</b>	<b>Corporate Director Education &amp; Communities</b>	<b>Report No:</b> SCS/57/11/AH/DH
<b>Contact Officer:</b>	<b>Drew Hall / Louise McVey</b>	<b>Contact No:</b> 01475 714272
<b>Subject:</b>	<b>Violence Reduction - Joint Action Group (JAG) Final Recommendations</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Committee with the final recommendations of the Joint Action Group (JAG) on violence reduction and seek approval to develop the recommendations via action plans to inform any future strategy/policy that focuses on violence in the Inverclyde area.

## **2.0 SUMMARY**

- 2.1 Inverclyde Council was given test site status on violence reduction cultural change from the Scottish Government following the success of the “No Knives – Better Lives” campaign in late 2009.
- 2.2 The JAG consisted of seconded officers from Health, Social Work, Police, Safer and Inclusive Communities and Education working together one day per week for approx 44 weeks over a 52 week period
- 2.3 The report on the JAG’s efforts and their recommendations is detailed in Appendix 1. The report, including all appendixes, is available in the Member’s lounge.
- 2.4 It is proposed that the recommendations are taken forward through the community safety partnership and that partnership officers will produce action/implementation plans for submission to the Committee and Alliance for approval later this year.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Committee:
1. note the recommendations made within the JAG report and supports that these recommendations should be reflected when Inverclyde Council and partners are producing future strategies, policies and interventions around the issues of violence in the Inverclyde area; and
  2. remit to the Community Safety Partnership to take forward the recommendations in the development action plans which will be subject to further approval from this Committee.

**Albert Henderson**  
**Corporate Director Education & Communities**

## **4.0 BACKGROUND**

- 4.1 Inverclyde recently piloted the Scottish Government initiative “No Knives Better Lives” from which there was the development of a learning test site to research the culture of violence, aggressive behaviour and weapon carrying in the area and how services are delivered around these issues.
- 4.2 Through various discussions between Safer and Inclusive Communities and the Scottish Government it was agreed that a multi agency group should be formed to research, carry out a scoping exercise and look at service redesign around violence and the culture of violence that exists in the area.
- 4.3 The test site status enabled Inverclyde Council to apply for £50,000 to second a team of practitioners to carry out local research on factors and reasons contributing to the high incidences of violence that occurs in the area.
- 4.4 The team consisted of seconded officers from health, social work, police, safer and inclusive communities and education working together one day per week for approx 44 weeks over a 52 week period
- 4.5 The Violence Reduction Unit is a key partner in the JAG, providing a “Problem Profile” of the area. Data Sharing protocols have also caused difficulties in collating relevant historical information to produce a problem profile. However, the analyst did work with the figures that the JAG had managed to collate and provided Inverclyde with the report based on these.
- 4.6 The Scottish Government has also appointed a consultancy agency, ODS to assist in conducting the evaluation of the JAG and the processes used to achieve the agreed short term outcomes. They will provide the report to the Scottish Government in 2011.

## **5.0 PROJECT REPORT**

- 5.1 The five distinctive parts of the project were:
  - Scoping – this has resulted in a service directory and lifeline map of services;
  - Review – to collate strengths, weaknesses, gaps and synergies. Practitioners were also invited to participate in a questionnaire/survey;
  - Service Redesign- taking practitioners suggestions and negotiate changes in service delivery;
  - Implementation – adapting the changes; and
  - Evaluation – ODS evaluating the whole process.
- 5.2 The JAG members have carried out extensive work to obtain information that is relevant to the project. This included: a literature review, surveys, practitioner and client interviews, seminar and workshops and the development of a problem profile for Inverclyde.
- 5.3 The main findings detailed in the report are :-

### ***The Literature Review informs us that:***

- A. Academic research on infant development is overwhelming regarding the damage caused by abuse, neglect and domestic abuse. Poor attachment can result in lack of empathy which can be a key characteristic in anti social behaviour.
- B. Multi agency approaches involving the community work best, the earlier the intervention the better and more cost effective the outcome.

***The Problem Profile informs us that:***

- A. Although violence in Inverclyde is decreasing, it is still unacceptably high and above the Scottish average.
- B. The profile indicates that violent offenders in Inverclyde are predominately young, male and known to the victim. In addition, the profile highlights the characteristics of social deprivation and difficulties within Inverclyde.

***The Service Directory informs us that:***

- A. Inverclyde has a wide range of services provided by statutory and voluntary agencies.
- B. All agencies support the need for a regularly updated and accessible service directory.

***The Service Provider Consultation informs us that:***

- A. Protocols for Child Protection, Domestic Abuse and MAPPA are good examples of interagency working. However, it is hoped that such good practice arrangements can be applied to other areas of working.
- B. Practitioners would like more inter-agency training, a better understanding of each others' roles and a greater knowledge of other services.
- C. Without exception all services feel under resourced in relation to priorities around early intervention and violence reduction.

***The Service User Consultation informs us that:***

- A. While victims mostly felt well supported, perpetrators felt there was a lack of coordination amongst rehabilitation services.
- B. Any multi agency approach must include housing.

## **6.0 IMPLICATIONS**

### **6.1 Strategic**

The progression of the recommendations of the Joint Action Group will make a valuable contribution to several strategic aims and objectives as set out in the:

- Scottish Government National Performance Indicators;
- Inverclyde Single Outcome Agreement;
- Inverclyde Community Safety Partnership Strategic Assessment;
- Early Years Framework;
- NHS HEAT Targets;
- Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland; and
- Preventing Offending by Young People: A Framework for Action.

### **6.2 Financial**

None currently this may change when any action plan is submitted for approval.

### **6.3 Legal**

None currently this may change when any action plan is submitted for approval.

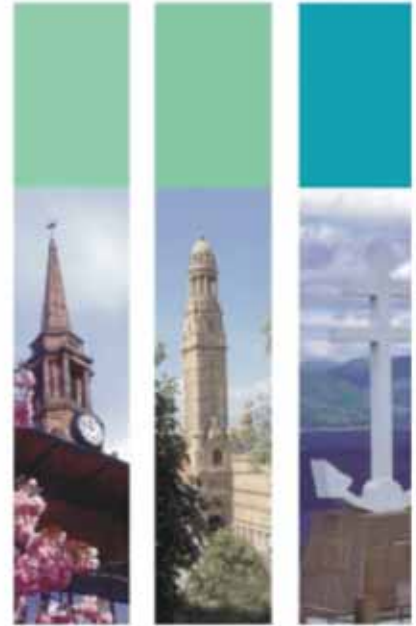
#### 6.4 **Equalities**

When delivering services to our customers, full cognisance is taken of equality and diversity processes and procedures.

### 7.0 **LIST OF BACKGROUND PAPERS**

- 7.1
  - Joint Action Group Report ( **Appendix 1** )
  - Joint Action Group Literature Review on the culture of violence.

Appendix 1



# JOINT ACTION GROUP

## Final Report and Recommendations

# EXECUTIVE SUMMARY

## Background

Following the success of the “No Knives Better Lives” campaign piloted by Inverclyde Community Safety Partnership in 2009, the Scottish Government approached Inverclyde to be the test site for a research study to look at affecting cultural change on violent and aggressive behaviour in Inverclyde.

## Process

A multi disciplinary team (Joint Action Group- JAG) was formed with support from the National Violence Reduction Unit and Scottish Government appointed consultants. A problem profile of violence within Inverclyde was compiled, along with a service directory and an academic literature review. Consultations with service providers and service users were conducted through questionnaires, personal interviews and a one day conference.

## Findings

### ***The Literature Review informs us that:***

- A. Academic research on infant development is overwhelming regarding the damage caused by abuse, neglect and domestic abuse. Poor attachment can result in lack of empathy which can be a key characteristic in anti social behaviour.
- B. Multi agency approaches which involve the community work best and the earlier the intervention the better and the more cost effective the outcome.

### ***The Problem Profile informs us that:***

- A. Although violence in Inverclyde is decreasing it is still unacceptably high and above the Scottish average.
- B. The profile indicates that violent offenders in Inverclyde are predominately young, male and known to the victim. In addition the profile highlights the characteristics of social deprivation and difficulties within Inverclyde.

### ***The Service Directory informs us that:***

- A. Inverclyde has a wide range of services provided by statutory and voluntary agencies.
- B. All agencies support the need for a regularly updated and accessible service directory.

### ***The Service Provider Consultation informs us that:***

- A. Protocols for Child Protection, Domestic Abuse and MAPPa are good examples of interagency working. However it is hoped that such good practice arrangements can be applied to other areas of working.
- B. Practitioners would like more inter-agency training, a better understanding of each others' roles and a greater knowledge of other services.

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- C. Without exception all services feel under resourced in relation to priorities around early intervention and violence reduction.

### *The Service User Consultation informs us that:*

- A. While victims mostly felt well supported perpetrators felt there was a lack of coordination amongst rehabilitation services.
- B. Any multi agency approach needs to include housing.

## Recommendations

- A. An increased focus on early intervention.
- B. Enhanced partnership working and improved data sharing processes.
- C. Increased community involvement.
- D. A commitment to evidence based practice.



# SECTION 1-INTRODUCTION

## 1.1- Background

In 2009 the No Knives Better Lives initiative was launched and piloted in Inverclyde by the Scottish Government. This initiative aimed to educate young people on the dangers and consequences of carrying a knife. In the first six months of the pilot, knife carrying fell by 23% in Inverclyde despite recorded police stop searches doubling.

Following on from this initiative, the Scottish Government approached Inverclyde Council proposing funding of £50,000 to conduct a scoping and research exercise into the culture of violence in the area and the services that are being delivered which might affect a positive cultural change in violent behaviour including weapon carrying. This funding has been almost doubled with the equivalent of £100,000 in kind from partner agencies providing personnel and services to ensure the success of the project.

The Joint Action Group (JAG) was subsequently formed in January 2010 through the Inverclyde Community Safety Partnership and comprises staff from Inverclyde Council Safer Communities, Social Work Services, Education Early Years Services, Strathclyde Police and Health. Externally The National Violence Reduction Unit provided professional support and consultancy services, whilst also giving the JAG an overview of approaches to Violence Reduction elsewhere.

## 1.2- History of Violence in Inverclyde

The National Violence Reduction Unit prepared a report which identified Inverclyde as having some of the highest recorded violent crime statistics in Scotland. The statistics illustrate that the overall level of reported violent crime has been decreasing year on year in Inverclyde in the 4 years prior to 2009, which follows the same general trend observed across the Strathclyde area. However these levels are still unacceptably high. Approximately 36% of serious violent crimes involved a knife or blade. Approximately 38% of violent crimes occurred indoors which mirrors the general shift in the profile of reported violence in Strathclyde as a whole, with more violence taking place within the home. Strathclyde Police KC sub division which covers the Inverclyde area has one of the highest murder rates in the Strathclyde area, with 12 murders occurring over the last 4 years.

Victim and offender profiling identifies that crimes predominantly take place within densely populated areas of deprivation outwith town centres.

Inverclyde Council Department of Education figures indicate that around 30% of school exclusions in 2008 and 2009 were related to violence or the threat of violent behaviour. These incidents varied from threats of physical assault through to physical assault using weapons. Interestingly 53% of pupils excluded for violent or threatening behaviour were female and 47% were male.

## 1.3- Current Context

In recent years there has been a strong emphasis on tackling the violent culture in Inverclyde. As previously intimated, since 2009 Inverclyde has been the pilot area for the Scottish Government's No Knives Better Lives initiative to deter young people carrying knives and weapons. The campaign targets young people through schools and through the media using internet sites. Since it was launched there has been a 35% reduction in the number of people carrying weapons, despite an increase in the



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number of stop and searches carried out by Strathclyde Police. Phase 3 of the campaign was launched in November 2010. The initiative is not only supported by local partners but by local young people. The campaign is being driven through a range of local activities with hard hitting communications and provides people with opportunities to get involved such as driving the campaign amongst their peers and participating in diversionary activity. This is coupled with structured programmes and interactive workshops.

The JAG identifies that violence not only affects victims and offenders but also families, communities and the economy of the area.

Although crime overall has dropped in Inverclyde annually since 1999, 2010 has seen recorded violent crime increase by 27.7% despite concerted police and partner agency efforts. While the police will be unrelenting on those who perpetrate violence we must as partner agencies find innovative ways of focusing our resources on identifying and addressing factors leading to violence ensuring every opportunity is taken to prevent those patterns of behaviour which have blighted the Inverclyde community for too long.

### 1.4- Project Outcomes

The JAG together with external consultants appointed by the Scottish Government agreed various outcomes which provided a framework for the project. Developing these outcomes allowed specific recording of the tasks and activities required to achieve the overall aim of the project namely to affect cultural change around violence in Inverclyde. To attain the project outcomes the group compiled a service directory of statutory and voluntary services within Inverclyde and an academic literature review. Consultations with service providers and service users were conducted via interviews, a survey and a one day conference.

### 1.5- Purpose of Report

The purpose of this report is to provide stakeholders and Scottish Government with a narrative explaining the work that the Joint Action Group has undertaken and to offer recommendations to improve service provision and impact on violence within Inverclyde in the future. The report highlights the processes implemented throughout the project to reach the agreed outcomes. A comprehensive review of recent academic research has been undertaken and will be used as evidence of the need for early intervention.



# SECTION 2- APPROACH/METHOD

## 2.1- Management and Delivery

The initial proposal was to commission a consultant. However the members of the Community Safety Partnership in Inverclyde thought there would be more value in the findings and recommendations if the Community Safety Co-ordinating Group managed a practitioner based multi agency group, seconded from key services in the Inverclyde area.

Throughout the 12 months of the JAG the management responsibility has predominately been with Inverclyde Council Safer and Inclusive Communities. However in line with the original proposal, management, consultation and discussions have taken place through multi agency forums including the Community Safety Co-ordinating Group, Community Safety Senior Officers Group and the Single Outcome Delivery Group for Inverclyde Alliance. In addition the progress of the JAG has been monitored by the Corporate Management Team of Inverclyde Council.

In the long term the Co-ordinating group will continue to monitor the progress of the recommendations of the JAG and the implementation phase of the project.

## 2.2- Scoping

The scoping exercise was undertaken to identify why Inverclyde has a high incidence of violence and aggressive behaviour and to look at what is being done to tackle these issues by the public sector partners.

The JAG started by meeting practitioners within the area, either in their own service or associated agencies to discuss the services that they deliver, to which client group, and what impact these services may have on individuals who are reported to be violent or displaying aggressive behaviour. Discussions took place through meetings, telephone conversations and face to face interviews. The scoping exercise also included the review and analysis of relevant local statistics and the National Violence Reduction Unit agreed to undertake this challenge, using Strathclyde Police statistics and adding available statistics from Education Services and the Scottish Children's Reporter Administration. It was hoped that statistics from Inverclyde Royal Hospital Accident and Emergency Unit would be included but although various discussions took place current recording systems did not allow this to happen.

## 2.3- Review of Academic Evidence

Although a review of the academic evidence was not a task that was in the original proposal, once the members of the JAG convened it was suggested that conducting a review of the academic research would provide the evidence to support some of the recommended changes.

The JAG has researched various academic publications over the past several months around violence and aggressive behaviour and the causes of it. This was edited and the relevant information used as the platform for the final recommendations.

The difficulty with carrying out a literature review is that the subject area is vast and complex and there is so much research material available around the causes of violence and around effective interventions, trying to contain it in one document has proven problematic.

## **Appendix 1**

### **2.4- Engagement with Service Providers**

Engagement with service providers has been undertaken through 3 main phases during the project. Between March and May a service directory was compiled. JAG members contacted staff in relevant areas (pre birth-5 years/5-16 years/16 years plus) to identify core work/programmes/projects and initiatives that might have a role in reducing violence. Staff were contacted to establish a description of the work, the referral criteria, the referral route, the service offered, an assessment of un-met need and an evaluation of the work.

An online survey using a mixed method strategy was undertaken during August-September 2010. 300 staff members from a wide section of public sector bodies were contacted to establish staff views on existing services. Staff were asked to consider the strengths and weaknesses of services provided in relation to primary prevention, early intervention and other responses to violent or aggressive behaviour. Staff were also asked to consider how policies and guidelines impact on their working practice, and also asked to consider the strengths and weaknesses of partnership working and data sharing. 165 responses were received.

A one day conference was held on the 21st September 2010 inviting 150 staff members from a wide section of public sector bodies seeking to establish what services do well and how they could improve and what were the successes of partnership working and what can be done to improve this. This one day conference brought together policy makers and practitioners working with children, young people and adults affected by violence or aggressive behaviour. Three speakers were also present. Dr Christine Puckering from the University of Glasgow introduced the topic of baby brain and infant development. Professor Fergus McNeill from the University of Glasgow spoke about the issues of working with individuals who offend and in particular the theory of desistance. In conclusion DCS John Carnochan from the National Violence Reduction Unit discussed the benefits of partnership working.

### **2.5- Engagement with Service Users**

A series of face to face interviews were undertaken in the autumn of 2010. Firstly our seconded police officer met with 2 victims of crime to discuss their views on service provision at the time of their initial complaint. The seconded social worker and the seconded early years worker met with 3 convicted prisoners with a history of violence to gather their views on service provision. The seconded early years worker met with 3 more individuals in order to provide a case study of a victim, a case study of a perpetrator, and a life story. In November 2010 youth representatives of a local based charity were interviewed and their views on services provided by the public sector were sought.

### **2.6- Review of JAG Approach**

The original bid to the Scottish Government was submitted in late 2009, with the formation of the JAG partially complete in February 2010 and not fully complete until June 2010. This caused considerable delays in the early stages of the project. However, it is the view of the JAG that it would have been better if the group had been in post prior to the start of the project.

The breadth and complexity of the term violence and types of violence made it difficult to agree on the correct approach. Whilst the original brief focused simply on violence reduction, there was an expectation that the JAG would focus on family, children and youth intervention. Differences in how violence and how other

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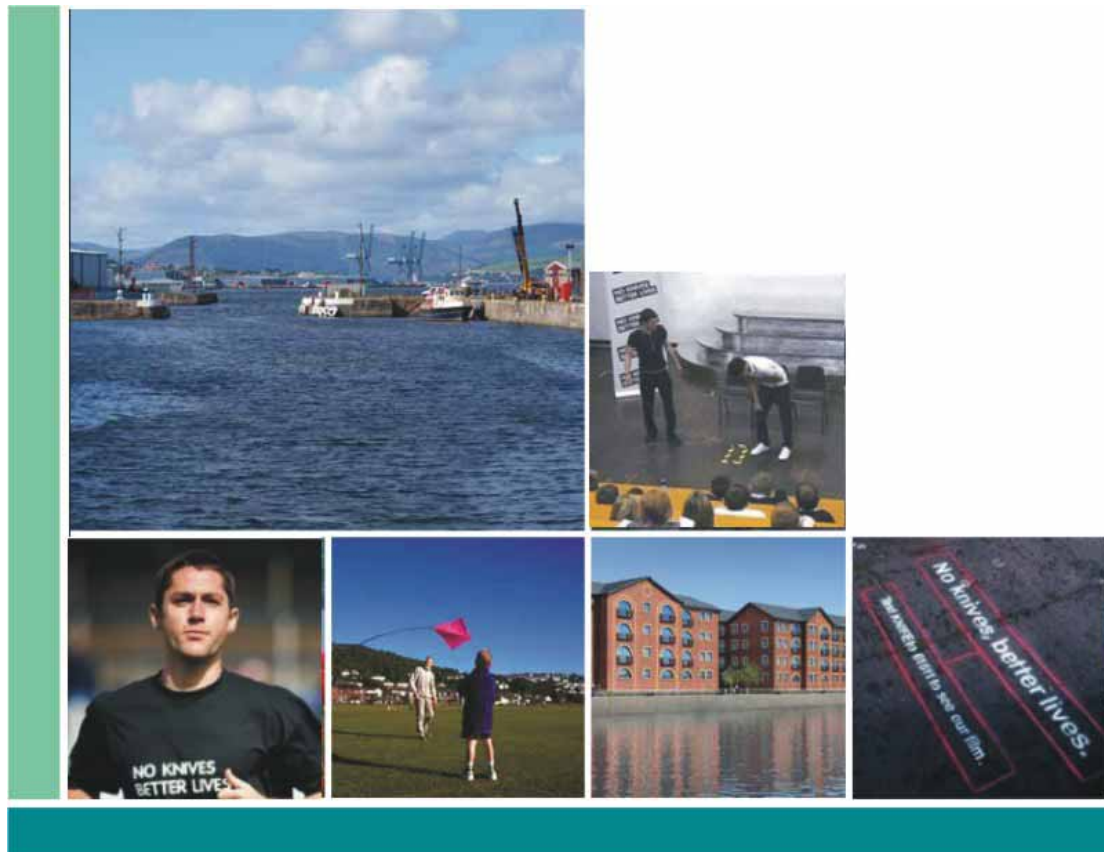
associated terms were defined caused problems early on in the project with the team working to an agreed mandate.

In the early stages of the project it became apparent that data sharing between agencies, especially in regards to a 'life line' of life stories had not been agreed. Data sharing protocols should have been agreed prior to the start of the project.

Management of the JAG has always been the responsibility of the Community Safety Coordinating Group, with designated staff taking an overview of the progress of the project. It was always envisaged that the JAG would be self managed, with the original proposal to be used as guidance. However, it is the view of the JAG that this approach has not been as effective as it could have been, because in April, after the outcomes were agreed and tasks allocated accordingly, the members felt they needed further leadership and management to prompt them on future direction.

It has been suggested for future research proposals that someone with experience in project management should be appointed at the start to ensure the project is kept 'on-track' and the outcomes achieved.

The conference was very labour intensive for the members of the JAG and in retrospect took up a disproportionate amount of time. Feedback highlighted some weaknesses in the facilitation of the workshops. A de-brief suggested that the members' time could have been better spent acting as workshop facilitators rather than as conference organisers.



### SECTION 3- KEY FINDINGS

**The most important discovery we have made during this process is that the culture of violence in Inverclyde is neither inevitable nor irreparable.**

Given that there are many effective interventions already in place, that there is a highly skilled and motivated workforce available and that in some areas partnership working is already well established there is every reason to be optimistic that a structured, coordinated and properly resourced approach to early intervention could bring huge returns, not just in terms of quality of life for individuals and for the community as a whole but also in terms of reduced public expenditure in the long term.

#### **3.1- Literature Review (Appendix A)**

##### ***a) Intervention should begin antenatally.***

The volume of academic research on the causes and nature of aggressive and violent behaviour and on the effectiveness or otherwise of interventions is overwhelming and we cannot hope to do more than dip into it.

However, even the most cursory scan of the evidence reveals that the problem of violent behaviour has roots in infancy, perhaps even earlier. Attachment theory is longstanding but added to it now is a wealth of information, including neurological research, regarding the damage that can be caused to the infant brain by abuse or neglect and the consequences for that child's development. There is growing evidence that an infant's cortisol regulation, normally established in the early months of life, if disrupted, may have consequences later for both learning and behaviour.

##### ***b) Poor attachment, especially if compounded by harsh discipline and the witnessing of violence in the home, is one of the most accurate predictors of later aggressive behaviour.***

Poor attachment and poor interaction between mother and infant appear to interfere with the acquisition of empathy. Lack of empathy appears to be a key characteristic of antisocial behaviour.

Add to that the witnessing of violence within the family, absorbed by a child almost by osmosis, and that child's future is more or less settled. The majority of seriously disruptive children have witnessed violence at home.

##### ***c) Lack of attainment in school is a key factor.***

One of the most important consequences of poor nurturing in the pre-school years is poor attainment at school. Although it is not yet clear how much is due to developmental damage and how much is due to lack of confidence and inability to form relationships, it is clear that learning is seriously impaired, leading to feelings of alienation. Thus begins a downward spiral of alienation, delayed learning, increased feelings of exclusion and humiliation, leading to increasingly disruptive behaviour, leading to further alienation. This kind of behaviour is often a predictor of alcohol or drug abuse or violent offending in adolescence.

Growing up in an area of deprivation, being excluded from school, associating with like minded peers, easy availability of alcohol or drugs, have all been cited as risk factors for violent or aggressive behaviour in adolescence. The debate about whether

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these factors are causal or correlations is ongoing.

### ***d) Investment in the early years yields the greatest return.***

The evidence for successful interventions mirrors the evidence above. Just as the problem starts in infancy, so the most effective interventions are those which start in infancy or even antenatally and enhance the relationship between mother and infant. Interventions directed at the pre-school years are also found to be effective where attention is still directed to creating the bond between mother and child as well as helping parents deal with behaviour. And there is still time to do that kind of work in the early years of primary school. After that it becomes much more difficult as behaviour may by then be entrenched. Failure to intervene is likely to result in an ongoing cycle of abuse. The literature also shows that early intervention yields the greatest return economically.

### ***e) The most successful interventions involve the community.***

The literature tells us that the most successful interventions feature a multi-agency approach, clear protocols, and a commitment from the whole community. We have evidence of that within Inverclyde itself. These were all features of Inverclyde's "No Knives, Better Lives" campaign, which resulted in a 35% decrease in knife carrying among young people, and of the Inverclyde Initiative, a police led initiative which led to a 50% reduction in calls regarding anti social behaviour for the duration of the project. In both these campaigns the media also played an important part. In Glasgow the Community Initiative to Reduce Violence (CIRV) also demonstrates the value of a multi agency community involved approach.

### ***f) Interventions should be evidence based.***

Our review of the literature clearly demonstrates the need for interventions to be evidence based. There are so many programmes and interventions that have been positively evaluated that it should be unnecessary to depend on any that have not. Although many of these interventions have been evaluated in other European countries or in North America, many interventions have been evaluated in the UK and we should simply select the best. Brief Interventions, Mellow Parenting and Triple P, all already selected by Inverclyde, have all been very positively evaluated

## **3.2- The Problem Profile (Appendix B)**

### ***a) Police Data***

We received very good data from the National Violence Reduction Unit which profiled offenders and indicated the most common times and key locations of violent crime within the Inverclyde area.

The overall level of reported violent crime has been decreasing over the last four years, in keeping with trends across the rest of Strathclyde. Nonetheless, numbers are still unacceptably high. More than a third of serious violent crimes (murder, attempted murder and serious assault) involve a knife or a blade. The majority of offenders are white, 81% are male and the peak age for offenders within Inverclyde is between 15 and 21 years. The victim profile is similar. The majority of offences are carried out on a Friday or Saturday night between the hours of 9pm and 1 am, with slightly more offences occurring during the summer months because of increased daylight hours.

More than a third of violent crime occurs indoors which again is a growing trend and may be due in part to the low cost of alcohol in off sales. And while many of the crimes take places in town centres, the postcodes of both victims and offenders suggest hotspots well away from town centres. It is also important to note that in

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most cases of violent assault in Inverclyde the victim and perpetrator are known to each other.

But while we have very good data from the police we lack comparable and compatible data from other agencies.

### ***b) Injury Surveillance.***

Evidence from Glasgow and Cardiff tells us that possibly only half of violent crime is reported to the police. We would have a much clearer picture of the nature and scale of violent assaults if we had a comprehensive injury surveillance system within the local accident and emergency unit. This would allow the police and other agencies to target resources much more effectively. In those areas where injury surveillance schemes are already in operation there has been a significant reduction in violent crime as a result of targeted preventative work in the localities identified.

We could almost predict the rate of violent offences in Inverclyde by the rate and nature of school exclusions for violent or aggressive behaviour and it would be interesting to compare postcodes to see if the same localities are featured. If we look at the statistics for children referred to the Reporter for poor care, perhaps we might find the same localities, perhaps even the same families. (Most young offenders are already known to the Reporter as children previously reported for neglect) Again we might find a tie-in with children referred to nursery for a pre-three place, or families referred to Mellow Parenting, or assessed in infancy for intensive health visiting support, perhaps even a tie-in with teenage pregnancy rates.

### ***c) Agencies need to share data.***

If all the information systems were to collect the necessary data and if all the information systems were compatible, we would have a much clearer picture of the nature and scale of the problem and a much better chance of targeting resources appropriately. Therefore it is important to review information sharing protocols.



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### 3.3- Directory of Services (Appendix C)

#### ***a) There are some great services already in place***

The service directory reveals a wealth of interventions from prebirth to adulthood, many of which have been positively evaluated either locally or nationally, and which together represent a huge investment in training and a firm commitment to partnership working.

For example, there are clear multi agency protocols when dealing with matters of child protection or domestic abuse. The collaboration of health and social work services in the "Special Needs in Pregnancy" project has been recognised nationally. There have been many multi agency training courses provided in child protection, in domestic abuse and in parenting training. The importance of parent - infant attachment has been recognised by the provision of training in baby massage and the promotion of breast feeding.

The importance of early years education is recognised in Inverclyde's Early Years Framework and by the provision of pre - 3 nursery places for vulnerable children, usually as the result of a multi-agency assessment. By encouraging the involvement of parents in Bookbugs and other activities, early years establishments promote positive relationships within families.

Inverclyde schools also work very hard to support vulnerable children with schemes such as nurture groups, the buddy system, peer support groups and the peace initiative. An Inverclyde school was the first in Scotland to win a Rights Respecting School Award. Support is also provided by the mental health link worker, and by a specialist nurse for Looked After and Accommodated children. Young people who have problems with drugs or alcohol are offered support by joint health and social work agencies. There are many youth intervention programmes offered by various agencies.

The involvement of many voluntary organisations such as Barnardo's, NCH, Choose Life, Action for Children and Children1st further extends the support available to children, young adults and families.

#### ***b) However, the directory also highlights some important gaps.***

Given that prevention first requires the identification of risk, current risk assessment could be improved. Although midwives now routinely offer pregnant women the opportunity to disclose domestic abuse, it may not always be disclosed. If either parent has a history of violent behaviour, that may not be disclosed. There may have been police involvement in the past, but that information may not be available. We need to find better ways of identifying those parents or stepparents who themselves have a history of violent or aggressive behaviour.

Although health visitors, who provide a universal service and make a full assessment at each new birth, find on assessment that about five per cent of Inverclyde families require intensive support, the support the health visitor is able to offer will depend on the other demands of her caseload.

Individual practitioners in each agency have been trained in providing baby massage and parenting training, but there is no parenting coordinator and without a coordinator provision remains scarce, piecemeal and largely down to the motivation and dedication of a few individuals.

These are lost opportunities right at the start of a child's life, for identifying risk and



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intervening at a time of maximum effect. If a more rigorous process of risk assessment and a more defined and coordinated response were developed, more prevention would be possible, and fewer interventions would be required later.

Likewise, although individual schools work hard to provide support for vulnerable pupils, we need an overview, and we need a defined strategy, which includes the provision of parenting programmes for the parents of children in the first few years of school, when change is still possible, and we need to expand the support services we already have.

For adults there would be other opportunities for intervention if emergency departments were able to make referrals out of hours. Also, it might be useful to develop clear referral pathways for those occasions when injuries are attended to by dentists or GPs rather than emergency departments.

c) The directory also revealed funding issues. The post of mental health link worker for young people is temporary (Fairer Scotland Funding). Access to other counselling services for children is limited by a lack of resources. Provision of parenting programmes is limited by a lack of resources. There is no funding available for a parenting coordinator. There is no funding available for the Counselling in Schools programme.

Serious consideration must therefore be given to ways of securing additional funding and to ways of redeploying existing resources.

We can report that funding was recently secured for the Triple P Parenting Programme.

### **3.4- Consultation with Service Providers (Appendix D)**

Our main finding from our consultations with service providers (conference and staff survey) was that practitioners feel that partnership working and information sharing works well in some cases but not in others, that there is a need for more joint training and a greater understanding of each other's roles, and that services are insufficiently resourced.

#### **a) Conference**

Our conference, at which the speakers were Dr Christine Puckering of "Mellow Parenting", Fergus McNeill, Professor of Criminal Justice and Social Work at Glasgow University, and Detective Chief Superintendent John Carnochan of the National Violence Reduction Unit, was attended by 82 delegates from all the different partner agencies within Inverclyde. 90% of participants rated the speakers as excellent and more than 70% found the subject matter relevant to their work.

The workshops reported the usual concerns about insufficient resources, the need for better partnership working and the need for improved information sharing, but overall delegates told us very clearly that they found the day illuminating, relevant and inspiring, and would like more of the same!

#### **b) Staff Survey**

The staff survey findings were broadly similar to those of the conference workshops. Child protection, domestic abuse and MAPPA protocols were often cited as good examples of multi agency approaches which work and where information sharing is satisfactory. But there were also complaints of poor information sharing owing to time constraints, incompatible IT systems and insecure email systems and of difficulties

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caused by the unavailability of referral services out of hours.

Most services, unsurprisingly, felt that they were under resourced and have difficulty finding the time to meet with partners. On the other hand, some practitioners reported attending a plethora of multi agency meetings. Many complained about bureaucracy and paperwork. A frequent complaint was about short term funding, which means that a lot of energy is diverted into securing funding for services which ideally should be mainstream

Many practitioners felt that the interventions they are offering are too little too late, that interventions should have taken place much earlier, when a child was very young. There were many pleas for greater access to specialist services such as educational psychology, camhs, and adult mental health services. Others made pleas for the government to make greater use of the media.

Importantly, most practitioners wished to have a greater understanding of the roles of other agencies and a greater knowledge of all the other services available.

This consultation highlighted that carefully considered changes to partnership working might better meet the needs of clients.

### **3.5- Consultation with Service Users (Appendix E)**

This consultation was an effort to discover the impact, if any, as seen through their own eyes, of the various support agencies on the lives of victims and offenders.

#### ***a) Victims***

The victims interviewed for this consultation reported overall satisfaction with service provision, in particular police support and housing. The only complaint was about not always being informed when perpetrators were released by court.

#### ***b) Perpetrators***

A few important factors stand out: the witnessing of violence in the home as a young child, growing up in a "rough" area", the disruption of the relationship between their parents, the inability to get along with a parent's new partner, the influence of like minded peers, and, importantly, the inability to make any real headway at school. Later, alcohol and drugs are factors but seem more like symptoms than causes

Crucially, the role of the various agencies is seldom perceived as helpful. School, because of poor attainment, increases feelings of worthlessness. Residential care units may or may not be helpful - some may make you feel safe and teach you some skills, others may not.

Later, no-one seems able to provide a job or a decent house. Housing options seem to consist of the homeless unit or the roughest streets in the district, both of which options mean possible contact with their victims (it is they who have to point that out to housing) and probable contact with drug addicts and criminals. There is no real evidence, as far as service users are concerned, of partnership working or joined up thinking.

Once they themselves become parents they have renewed contact with social work but find the relationship acrimonious because social work are now protecting their children from their violence and again they feel bereft of any real support. It seems that there is no service or agency which is able to persuade them that they matter. That may well be an impossible task. Again it points to the need for intervention at

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the very start of their lives.

These are the service users for whom no intervention has made a real difference. Others will report the transformative power of interventions such as counselling or mellow parenting or the teaching of basic skills where, significantly, they have been made to feel that they do matter.

### **c) Life Story**

The life story of a man who was both victim and perpetrator was heartbreaking. As a child he had suffered the usual pattern of neglect, abuse, parental alcohol abuse, domestic abuse, school exclusion (for assaulting a teacher), and periods in care. As an adult he suffered the predictable consequences: illiteracy, unemployment, homelessness, drug abuse, petty thieving, violent crime, imprisonment, relationship difficulties and the inability to care for his own children who are now in care as a result

This man provided a dramatic illustration of the ongoing cycle of emotional deprivation and its consequences, and with great pathos concluded himself that the roots of his problems lay in his mother's inability to care for him as an infant.

## **3.6- Views of Members of the Joint Action Group**

Most members of the Joint Action Group felt that despite the difficulties of combining the work of the project with other work, the process was worthwhile in that they had learned a lot about the nature of the problem and the interventions needed to address it. They also felt that they had gained a greater understanding of the work of the other agencies.

However, there were significant difficulties and they should not be understated. Preparation for the project definitely needed more time than had been allocated - time to reach proper agreement among the partner agencies on a clear mandate; on clear information sharing protocols; on a clear management structure with inbuilt supervision and feedback for the project team; on the precise level of commitment from each agency; and on the most suitable representation from each agency.

Despite the benefits of an interagency team approach to the project, which were readily acknowledged, it was felt that perhaps the employment of one person (as initially envisaged), would have been more straightforward. While employing an outside consultant might have sacrificed local knowledge, that could have been overcome by the secondment of someone from within one of the local services.

However, in the end, all the team found it worthwhile and are eagerly anticipating the implementation of the recommendations.

## **3.7- Summary**

### **1. The Literature Review informs us that**

- a) the roots of violent behaviour lie in infancy
- b) we need to know if parents have themselves experienced violence
- c) we need to respond to that experience appropriately
- d) the earlier the intervention the better
- e) multi agency approaches work best
- f) success is more likely with community involvement
- g) educational experience can be crucial

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h) interventions should be evidence based

### **2. The Problem Profile reveals that**

- a) figures for violent crime in Inverclyde are decreasing but are still very high
- b) all agencies need to collect more data
- c) information systems need to be compatible
- d) there needs to be better information sharing protocols
- e) we should consider locality based multi agency working

### **3. The Service Directory tells us that**

- a) there are already some excellent interventions in Inverclyde
- b) there is a need for more funding for some interventions such as counselling in schools and for more parenting classes.
- c) there is a need for a parenting coordinator

### **4. The Service Provider Consultation suggests that**

- a) Child Protection, Domestic Abuse and MAPPA are good examples of interagency working
- b) practitioners would like more multi-agency training, a greater understanding of each other's roles, and a greater knowledge of other services available.
- c) we need stronger partnership working arrangements;
- d) all services feel under resourced

### **5. The Service User Consultation suggests that**

- a) any multi agency approach should include housing
- b) while victims on the whole feel well supported, perpetrators do not.
- c) as before, intervention needs to start in infancy



## SECTION 4- RECOMMENDATIONS

### 4.1- Parenting

*The Literature Review clearly showed that parenting interventions work, that the earlier they are offered the more effective they are, and that ideally they should begin antenatally. It also showed the need for ongoing monitoring and evaluation. Service provider consultation highlighted the need for the coordination of parenting programmes and for ongoing training.*

*The JAG recommends*

- **There should be a review of the tools available for formal assessment of parent infant interaction.**
- **A dedicated parenting coordinator is required to ensure parents are referred to the group which best meets their needs, to support facilitators, to oversee the process and to ensure quality service and proper evaluation.**
- **A secure electronic system is required for parenting referrals, which could be accessed by the referrer to check progress or record changes in circumstances.**
- **The provision of parenting programmes should be a priority for all staff who have undergone parenting skills training.**

### 4.2- Early Years and Schools

*The Literature Review evidenced the interventions possible at an early life stage. Insufficient nurturing was evident in the narratives of the service users' stories.*

*The JAG recommends*

- **Greater involvement of parents in nursery activities for pre-school children.**
- **The introduction of a Nurture room in family centres and schools to support children who have behavioural problems due to poor nurturing experiences or who live in chaotic households.**
- **Investment in a school based counselling service to provide confidential therapeutic support for young people who have family relationship problems and lack parental support.**

### 4.3- Youth Services

*The evidence showed the need for services to take account of territorial issues and be provided "out of hours" and at weekends.*

*The JAG recommends*

- **That services are flexible enough to meet the needs of local young people e.g. available at times and places where they are most needed.**

### 4.4- Substance Misuse

*The problem profile and consultations revealed that substance misuse is a factor in anti-social behaviour and offending. The Literature Review tells us that intervening at crisis times may encourage engagement with services.*

*The JAG recommends*

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- **Arrest Referral schemes should be formalised as an early intervention within custody suites.**

### **4.5- Domestic Abuse**

*Service Provider Consultations evidenced frustrations at difficulties in accessing information on new, and potentially concerning, adult male partners within family units. The Literature Review also highlighted non-mandatory services for perpetrators of domestic abuse.*

*The JAG recommends*

- **As with substance misuse it is recommended that Arrest Referral procedures are formalised in order to maximize the number of perpetrators accessing support for factors contributing to their behaviour.**
- **The practice of providing a single point of contact within each agency for the sharing of information in relation to violent behaviour should be part of a preventative approach.**

### **4.6- Training**

*Feedback from the conference indicated that practitioners would like more training in the same format with high profile speakers who motivate and inspire. The workshops at the conference and the questionnaires indicated a lack of knowledge on the link between early childhood experiences and violent and aggressive behaviour. Practitioners also agreed that multi agency training gave more insight.*

*The JAG recommends*

- **More multi agency training for all staff which will influence stronger partnership working and allow us to share skills and resources more effectively.**
- **That the workforce in Inverclyde has access to specialised training on early brain development and how it impacts on later life.**
- **Mandatory child protection training to be considered for all staff within Inverclyde Council and partners.**

### **4.7- Effectiveness**

*As highlighted in the Literature Review, the requirement to work from a body of evidence is embedded within all partner agencies. That interventions can be counter-productive was also out-lined. The Service Directory evidenced a number of services that were not grounded in evidence-based practice.*

*The JAG recommends*

- **The Juvenile Intervention Group should be re-designed to maximize the full potential of this early and effective intervention.**
- **All unevaluated services should be reviewed immediately, and where necessary, replaced by alternative evidence-based services.**
- **A regularly maintained web-based directory of services should be created.**

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### **4.8- Information Sharing/Partnership Working**

*The consultation with service providers revealed that whilst there are examples of excellent practice around child protection, domestic abuse and MAPPA, there is a need for clarification around data sharing outside these areas. The consultation also revealed frustration with the lack of secure email availability and incompatible multiagency systems. The problem profile revealed a wealth of information stored by individual agencies highlighting the potential knowledge that could be gained by data layering.*

*The JAG recommends*

- **A partnership analyst should be identified to collate and analyse the wealth of information collected by various agencies and services.**
- **Secure E-mail should be available for all relevant workers.**
- **A multi-agency tactical and tasking group should be established to address the issues of violence within the area.**
- **There should be ongoing guidance and training on data sharing for practitioners across all agencies.**
- **An Injury Surveillance system should be introduced within Inverclyde Royal Hospital Accident & Emergency Department.**

### **4.9- Implementation**

*The Service Provider Consultations evidenced anxieties around the impact that the financial constraints would have on future initiatives and service redesign. The Literature Review evidenced the cost-effectiveness of intervening earlier and in a more profound manner.*

*The JAG recommends*

- **Partner agencies should urgently consider appointing an Implementation Manager to pursue the Joint Action Group recommendations.**
- **Inverclyde should continue to promote itself as a 'pilot area' for future Scottish Government initiatives.**

The above findings and recommendations are in line with many other important reports such as the 2007 report into Infant Mental Health by Dr Christine Puckering for Heads Up Scotland, the 2010 report into Violence Reduction by the Wave Trust, and the recent report into Early Intervention by Graham Allen MP. Violence in our society is an urgent public health problem requiring urgent solutions.