

Priority one – Violence prevention

How this links to 2017 Walsall Plan

- Protect communities and individuals from the threat caused by extremist behaviour
- Improving community safety through reducing reoffending
- Reduce the harm to individuals and communities caused by all types of violent behaviour

Evidence for helping in violence prevention

Violence covers a wide remit – ‘The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’ – World Health Organisation, 1996.

Examining the most recent data for violent crime, youth violence (under 25 years) stands out with its relatively high increase from previous years.

See



Police JSNA October
2017 - 2018.pdf

Key documents referenced for evidence base pertaining to this include:

<https://www.eif.org.uk/files/pdf/preventing-gang-and-youth-violence-rapid-review.pdf>

<https://campbellcollaboration.org/library/restorative-justice-conferencing-recidivism-victim-satisfaction.html>

A public health approach to violence prevention for England, DoH, 2011

Key interventions recommended:

Restorative justice – Systematic Review from Campbell collaboration – significant reduction in violent crime post RJC intervention.

Preventing Gang Involvement & Youth Violence: Literature Review

WHAT WORKS?

Most of our knowledge about 'what works' to prevent youth violence, crime and associated factors comes from the USA. Among the most robustly evaluated and effective approaches are skills-based and family-focused programmes, which aim to foster positive changes as well as prevent negative outcomes.

SKILLS-BASED programmes involve demonstrations, practice and activities that aim to develop young people's abilities to control their behaviour and/or participate in prosocial activities.

- Programmes for children and young adolescents focus on problem solving, self-control, anger management, conflict resolution, and socio-emotional skills. Evidence suggests they are particularly effective with at-risk children, who are experiencing early onset behavioural problems or come from low-income backgrounds.
- Some programmes for adolescents and young adults focus on healthy life choices and preventing relationship violence. Evidence suggests they can increase knowledge and change attitudes, but impacts on behaviour and incidents of violence are unclear.

FAMILY-FOCUSED programmes include home visiting, parent training and family therapy. They recognise that creating changes in young people is difficult when they have complex home lives, and therefore take into account family level risk and protective factors.

- Family-focused approaches for infants and young children focus on developing positive parenting skills and strengthening parent/child relationships. Evidence suggests this can reduce early risk factors, such as child conduct problems, and improve parenting practices.
- It is difficult to track the long-term effects of early parent/family interventions through adolescence and adulthood, but initial research suggests they can be effective in reducing delinquency and anti-social behaviour.
- Family therapy is an internationally recognised approach to preventing youth offending and violence, especially with at-risk adolescents and young offenders. It recognises that young people's behaviours are often influenced by their family situation and peer groups, and seeks to equip the family unit with the skills to tackle problems.
- Like other approaches, evidence suggests that adherence to the original programme design can be crucial to maximising effectiveness and avoiding harm, and that the added value of family-therapy based approaches should be weighed against the quality of existing services.

WHAT LOOKS PROMISING BUT HAS LIMITED EVIDENCE?

Approaches that appear promising but have limited evidence include mentoring and community-based interventions. Many strategies aiming to prevent/reduce gang involvement exist, but very few have been robustly evaluated.

MENTORING programmes typically involve an older or more experienced person offering support and guidance to a young person over time.

- Some reviews suggest mentoring for at-risk and high-risk youth can reduce reoffending rates, delinquency and aggression. However, some of these findings are based on low-quality studies, and did not persist after the mentoring ended. A small number of studies have also found negative effects.
- For youth generally, community-based mentoring can improve behavioural, socio-emotional and academic outcomes, but relationships ending within three months may have adverse effects on at-risk youth. A review of school-based mentoring found minuscule effects.

COMMUNITY engagement, data sharing, and partnership building have a role in prevention efforts, but community-based programmes lack robust evaluation.

- Sports programmes in the community aim to engage youth in prosocial activities and increase self-esteem. Preliminary evidence from weaker studies indicates they may have the potential to reduce crime and violence, but more robust research is needed.

GANG-SPECIFIC approaches aim to prevent young people from becoming involved in gangs, and to help them find ways out if they do

- The evidence behind these approaches seems limited or non-existent. Some limited USA-based studies of multi-faceted interventions found very small insignificant impacts on crime outcomes, whilst other studies have focused on attitudinal rather than behavioural changes.

WHAT IS INEFFECTIVE OR POTENTIALLY HARMFUL?

DETERRENCE & DISCIPLINE-based approaches aim to deter youth from criminal behaviour via scare tactics (e.g. prison visits) or militaristic programmes (e.g. boot camps).

- Robust reviews and studies consistently indicate that these types of approaches are ineffective, and may even make things worse (e.g. increase the likelihood of offending)- particularly for at-risk or delinquent youth. More broadly, evidence suggests that, grouped together during implementation, deviant peers may encourage deviant behaviour, and undermine interventions effects.



Key actions under this theme could be focussed on:

1. Currently, there are some commitments from partners which look to provide volunteering opportunities to perpetrators and/ or victims of violence. This could be adapted slightly to provide mentoring support to those youths at risk of violence, as well as some support to restorative justice approaches.
2. Supporting NHS and LA staff to better identify and support those at risk of youth violence
3. More effective partnership working through developing intelligence on reasons for youth violence

Measurements

Reduction by 10% in youth crime – 100 people trained in RJC and peer mentoring?

Priority two – Getting Walsall on the Move

How this links to 2017 Walsall Plan

- Enable and empower individuals to improve their physical and mental health
- Develop an environment to enable healthy lifestyles
- Improve air quality
- Promote environmental sustainability

Evidence for helping the population to get increase physical activity

Key documents:

PHE, Everybody active, every day, 2014

In considering evidence of what works to increase population level physical activity, 4 domains have been identified:

- Creating Active Societies - The role societal attitudes play in shaping our view of health and how to stay healthy.
- Creating Active Environments – The role that the Environment we live in plays
- Creating Active People – Encouraging and supporting people to become more physically active.
- Creating Active Systems - A range of initiatives across the system that are not simply focused on health

National guidance provides recommendations to promote physical activity across a range of settings and groups including – in the workplace (NICE, PH13, 2008); walking and cycling (NICE, PH41, 2012); environment (improvements to the physical environment to encourage and support physical activity) (NICE, NG90, 2018); Children and young people (NICE, PH17, 2009); exercise referral schemes (NICE, PH54; 2014).

Key interventions recommended:

As a system, we need to be aware that the following impact how active people are:

- street layout and connectivity

- location, density and mix of land use
- physical access to public services, employment, local fresh food
- safety and security
- open and green space
- affordable and energy-efficient housing
- air quality and noise
- resilience to extreme weather events
- community interaction
- transport

- 1) This has implications for how towns and cities are designed including good infrastructure for transport which supports active travel as well as access to good quality green spaces. NICE recommends that active travel should be encouraged between work place sites, as well as making sure there are showering facilities available for staff. Signage in workplaces to encourage stair use is also effective in making people more active.
- 2) There is a social element to physical activity too – people are more likely to partake and continue an activity aimed at communities, neighbourhoods and workplaces. This could include free community classes such as fitness/aerobics and health walks in public places (parks, community centres, worksites).
- 3) Local authorities can also develop programmes of travel plans. These aim to encourage people to change their travel habits by providing them with detailed information of possible alternatives.
- 4) Individual approaches can also be implemented in specific settings, such as the workplace, with office-based screening and advice with telephone follow up/community support

Key actions under this theme could be focused on:

- 1) Encouraging agencies to develop a travel plan which encourages staff and residents to use active travel to reach their offices/ places of work – supporting intervention 1 and 3
- 2) Developing a programme of community and workplace based physical activity – supporting intervention 2

Measurements

- 1) Baseline – currently 59% of adults are estimated to be active in Walsall (CMO guidelines of 150 mins moderate activity per week). 29% are physically inactive (Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week)¹

Aim – to decrease inactive population by 1 % = 1740 fewer inactive adults using both actions.

¹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000005/ati/102/are/E08000030/iid/93014/age/298/sex/4>

Priority three – Improving the environment of our Walsall Town Centre

How this links to 2017 Walsall Plan

- Enable and empower individuals to improve their physical and mental health
- Develop strong and sustainable infrastructure
- Reduce loneliness and isolation and increase support through social networks
- Develop an environment to enable healthy lifestyles
- Actively support inward investment to make Walsall an attractive place to live and work
Improve air quality
- Promote environmental sustainability

Evidence for improving our town centre

Key documents:

Spatial planning for health: evidence review 2017 (PHE)

Healthy High Streets - Good place-making in an urban setting (IHE)

Guide to the Healthy Streets Indicators (TfL)

10 Healthy Streets Indicators have been developed by TfL:

1. Pedestrians from all walks of life

London's streets should be welcoming places for everyone to walk, spend time in and engage in community life.

2. People choose to walk, cycle and use public transport

A successful transport system enables more people to walk and cycle more often.

3. Clean air

Improving air quality delivers benefits for everyone and reduces unfair health inequalities.

4. People feel safe

The whole community should feel comfortable and safe on our streets at all times. People should not feel worried about road danger.

5. Not too noisy

Reducing the noise impacts of traffic will directly benefit health and improve the ambience of our streets.

6. Easy to cross

Making streets easier to cross is important to encourage more walking and to connect communities.

7. Places to stop and rest

A lack of resting places can limit mobility for certain groups of people.

8. Shade and shelter

Providing shade and shelter enables everybody to use our streets, whatever the weather.

9. People feel relaxed

More people will walk or cycle if our streets are not dominated by motor traffic, and if pavements and cycle paths are not overcrowded, dirty or in disrepair.

10. Things to see and do

People are more likely to use our streets when their journey is interesting and stimulating, with attractive views, buildings, planting and street art.

Key interventions recommended:

Healthy Streets is about people's experience of the street – often simple steps can be taken to help improve how someone experiences a street.

1. High street diversity

A diverse offer on the high street can positively influence local populations' health by encouraging active travel (walking and cycling), improving access to healthy produce, and providing greater opportunities for social interaction.

2. Green and blue infrastructure

Green and blue infrastructure – such as street trees, parks and ponds – can have positive impacts in a number of ways, including: promoting biodiversity, removing particulate matter from the air, improving flood risk management, encouraging physical activity and benefiting mental health, providing shade and shelter, reducing the risk of heat island effects, and creating a sense of place.

3. Traffic calming

Streets need to be accessible, easy to cross and safe for people of all ages and of all physical abilities. Traffic calming schemes can reduce the number of road traffic collisions by around 15% and can provide a strong stimulus for economic growth through increased footfall, increased likelihood of shop visits, and greater levels of physical activity. Reductions in noise and pollution levels, and an increase in social interactions, also benefit health.

4. Street furniture

Decluttering streets by removing unnecessary street furniture, alongside introducing distinctive landmarks, accessible toilets, pedestrian crossings, seating areas and well-maintained pavements, can improve the experience for many high street users, particularly those who are vulnerable to exclusion. 'Play on the way' interventions, which introduce equipment and spaces designed for children, as well as sensitively used art and symbols, can also contribute to inclusion and community cohesion.

5. Crime prevention and security

Crime and fear of crime can significantly affect footfall and contribute to high street degradation. Crime Prevention through Environmental Design (CPTED) is an approach used to 'design out' crime. Its methods include: promoting local ownership, care and maintenance, improving natural surveillance, balancing access control with permeability (the ability to move freely), and maintaining local areas to prevent further destruction and criminal behaviour.

A local survey of people's views on Walsall town centre yielded over 2300 responses. 90% said they'd be more likely to come into the centre if it was cleaner, and 79% said this would be the case if there were more and/ or better quality shops.

Key actions under this theme could be focussed on:

- 1) Encouraging agencies to give up staff time to help keep Walsall well maintained (fixing broken buildings, tidying up hot spots, planting green infrastructure) – supporting intervention 5 and indicator 10
- 2) Develop a Pool of health promoting licensing conditions across the responsible authorities for new establishments with support of responsible authorities – supporting intervention 1
- 3) Could we trial limiting traffic in certain parts of Walsall Town centre – e.g. Park Street? supporting intervention 3 and indicator 2
- 4) Making use of vacant properties by delivering partner services from them - supporting intervention 1 and indicator 10

Measurements

- 1) Baseline – 1 (in 2019); aim to achieve at least one per month over a 12 month period once priorities agreed
- 2) Baseline – 0; aim to have developed a pool of licensing conditions within 6 months and 3 establishments being subject to these conditions by end of 12 months
- 3) Relaunch town centre survey undertaken in April 2019 – baseline: out of a recent survey of 2369 people, only 21% visited the town centre (TC) once per week. 91% said they would visit more often if the town was cleaner. 73% currently access the TC by car.; aim – in relaunching the same survey, we would hope that 40% are visiting at least once per week; 75% think the town is not clean enough; 50% accessing the town by car
- 4) Baseline – 28.4 % vacancy rate across the TC. Could we decrease this to 20%? Depends on denominator of retail units.