HOUSE OF COMMONS

Home Affairs Committee

Oral evidence: Serious Violence, HC 1016

Tuesday 16 October 2018

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Watch the meeting

Members present: Yvette Cooper (Chair); Rehman Chishti; Tim Loughton; Stuart C. McDonald; Alex Norris; Douglas Ross; John Woodcock.

Questions 1–80

Witnesses

I: Philippa Addai; Darren Laville, Founder, Epiphany People; Yvonne Lawson, Chief Executive Officer, Godwin Lawson Foundation; and Caroline Shearer, Chief Executive Officer, Only Cowards Carry Weapons Awareness.

II: Duncan Bew, Consultant Trauma and Acute Surgeon, King's College Hospital NHS Foundation Trust; Maggie Clarke, Assistant Director – Universal Services, Compass; and Dr Magnus Nelson, Consultant in Emergency Medicine, Brighton and Sussex University Hospitals NHS Trust and Assistant Medical Director, South East Coast Ambulance Service NHS Foundation Trust.

Examination of witnesses

Witnesses: Philippa Addai, Darren Laville, Yvonne Lawson and Caroline Shearer.

Q1 **Chair:** This is the Home Affairs Select Committee inquiry into serious violence. I welcome our panel. Thank you very much for coming and sharing your family experiences with us. We are hugely grateful to you for your time. This inquiry is about the lives lost and the devastating consequences of serious violence, and that is why we felt it was so important to start by hearing of your experiences and your thoughts about the experiences of other families that have been hit by serious violence in this way. Thank you very much for your time. Could I start by asking each of you to tell us what happened to your sons, what happened to your families, and the impact that it had? Philippa Addai, would you like to start?

Philippa Addai: Yes. My son, Marcel Addai, was stabbed 14 times on 4 September 2015 by a gang of seven. At the time I was not around; I was in Coventry starting my second year of college. I got the message that I had to come down, and when I arrived I went to the site where my son was. There was still blood on the floor. When I went to view him, he had a slash on his face where they slashed it with a knife. It is very hard. It is really hard.

Q2 **Chair:** Yes. When did it happen?

Philippa Addai: 4 September 2015. It was on a Friday.

Q3 **Chair:** Yvonne Lawson?

Yvonne Lawson: I didn't think I was going to be this emotional. I am Yvonne Lawson and my son's name was Godwin Lawson, and he is still Godwin to me. Godwin, at the age of 16, got a scholarship to play football at Oxford United because he was really talented at sports. That meant that Godwin had to leave home and move to Oxford, which was a challenge because Godwin was born and brought up in Stamford Hill. He had never moved away from London before. That was an excitable moment for him. It was a challenge for the family. Nevertheless, he decided to move to Oxford.

In Oxford he settled and he was really enjoying football. He had a really beautiful future ahead of him. Godwin, however, would come to London every fortnight to see family and friends. Usually, he would come on Friday night and go back to Oxford on the Sunday evening. Godwin came to London on 27 March 2010, and he would always go and see his friends before coming home. As much as we really hated it, Godwin would always see his friends in Stamford Hill. At this point, the family had moved to Enfield, but Godwin would always go back and see his friends because Godwin used to call that his catch-up and gossip time.

On that particular night, he went to see friends, and he had known these boys from nursery. I knew the family as well. As they were walking down the street, one brother apparently had a problem with a few of the local boys. When they saw Godwin's group, four boys got out of the car and started chasing his group. One of them had a knife. He ran past Godwin and went to the brothers. He started to stab the brothers randomly. One I think received four stab wounds. I think the other one received about six. Godwin was able to run away from the scene, but for some reason he decided to come back and stop the fight. As he was trying to stop the fight, the boy who had a knife told Godwin, "This is nothing to do with you". As he was saying that, trying to push Godwin out of the way, the knife just went to Godwin's heart and within two minutes Godwin collapsed and died on the street.

I remember being at home. There was a knock on the door. Typically, I just thought it was Godwin knocking on the door. There were three police officers who came to tell us that Godwin lost his life. I remember hearing that word that Godwin died. I was in denial, "I don't think it's Godwin", not that I was wishing that it would be somebody else. I just kept ringing Godwin's number. I just could not believe that the police officers were saying that Godwin has taken his last breath on the street alone. After going through mixed emotions of denial, angry, furious, painful, all emotions are running through you, laying on the floor and rolling from one end to the other, we had to go and view Godwin's body. I was not able to do that. I just remember going and there was this tent. I looked at the tent and I could not go in to see Godwin. Godwin's dad came and said, "It is actually Godwin". He nodded his head and he said, "It's actually Godwin in that tent".

That moment was when our nightmare as a family really began. As a mum, when you have a child, the child then becomes your world. When they are taken away from you in this senseless manner, your whole world just rips apart.

Q4 **Chair:** Thank you for telling us. I am so sorry about what you have been through. Caroline, do you want to tell your story?

Caroline Shearer: On the day of my son's murder I was out shopping with my daughter for her wedding dress. I came home. She had picked her wedding dress and I had picked a floppy hat, being mother of the bride. My son was home. Jay was an A-level student. He had started to drive four weeks beforehand, so we bought him a small car. He loved his car. This particular evening I said, "Are you going out tonight, Jay?" He said, "No, I'm too tired" and everything was fine.

I was cooking dinner and he walked in and said, "Mum, I'm going out". He said, "One of my friends has just contacted me". I said, "Where are you going?" We knew where he was going. We knew where it was at. We knew what time it finished and we knew who the people were. It was a really affluent area, nice area. My husband said to him, "You're not going to drink and drive?" He said, "No, we've got a designated driver. I'm

leaving my car behind". Prior to this, the week before, Jay had just got through to round 2 of "Junior Apprentice" with Alan Sugar.

Anyway, we went to bed and about 9.45 pm my little dog barked. He never barks, and my husband said, "There's someone at the door". He went down to the door and then he said, "Caroline, you've got to come down". I didn't want to come down the stairs, and he said, "You've got to come down". I thought, "No, I'm not". Anyway, I came down and I saw the policeman's boots. I said, "Has there been an accident?" because I just thought, "Car accident". "No, no, no", he said, "Your son's been stabbed". I said, "What do you mean he's been stabbed?" We didn't mix with people like that, "What are you talking about?" He said, "You have to come with us and you have to come with us now". He said, "Change your pyjama top" so I went upstairs and I put my top on and I sprayed perfume. Why would I put perfume on? I got in the police car. I think they took us at about 200 miles an hour. It was like G-force and they did not say a word to us.

Halfway there, they said on the radio, "We have mum and dad here" and my husband said, "I'm not Jay's dad. I brought him up but Jay's dad lives somewhere else". So then it was all mayhem because they had not told Jay's dad. At this time Jay was still alive. However, I knew that halfway through on the journey that Jay had died. We got to the hospital and I saw the policeman in front, "Are we going that way?" and the policeman said, "No, we have to go this way". This policeman bent down beside me as I went to get out of the door. I will never forget it. He was a really big, fat, chunky policeman with a really nice face, and he said, "I'm really sorry, your son has died". I said, "What do you mean he's died? I only saw him an hour and a half ago. He couldn't be dead".

Anyway, at that I just went mad. I grabbed the Taser out of his pocket and tried to put it in my mouth because I just wanted to die. It took four of them to get me into the hospital and I think six of them to actually get me into the room where they tell you your loved one is dead. I then went a bit hysterical. I needed to see Jay, and they came out and they said, "You can't see Jay". I said, "Why can't I see Jay?" "He's not your property anymore, he's forensic evidence." I said, "He's my son". "He may be your son but he's nothing to do with you anymore." There were two police guarding the room and I couldn't go in there, even just to say goodbye.

Anyway, two days later they allowed me to see him, and I will tell you now, I had never seen a dead body. I had always been quite proud that I had never really known anyone that had died. Looking at him, he was so old and he was so still and he was so cold. I kissed him on the forehead and I held my daughter's hand at the same time, as my daughter was just hysterical. I thought, "He's going to wake up in a minute. He's going to blink and go 'boo'". That is really what I wanted him to do. He never did.

Then, of course, the trial and everything else took three years. In the meantime, my dad died of a heart attack because of it. We were foster parents for teenage boys and teenage girls, and the foster child that had been brought up with Jay later committed suicide to be with Jay. After that, the young girl that was there when Jay was murdered—our foster child at the time because Alex had moved on—was found murdered four months ago in Basildon. This ripple effect, people think that this one stab wound, this one—but Jay was stabbed a few times. He was stabbed in the alleyway and then they ran after him and hit him over the head with a bottle and then they stabbed him again through the heart just for good measure. Jay, when he turned up at the party, said, "I don't want any trouble". This gang had just gate-crashed this party of a 16 year-old girl. That is when the new life started and the old me, I don't know who she was. I can't remember her.

Chair: I am so sorry for what you have been through. Thank you for telling us. I am so sorry.

Caroline Shearer: I think I speak for a lot of people, a lot of other people as well.

Q5 **Chair:** I think you do. I am so sorry we are having to ask you these questions again. Darren, could you tell us your story?

Darren Laville: Yes. My son, Kenichi Phillips, was shot dead on 17 March 2016. This was a day where he had quite a positive day. He went out and he went for an interview for an apprenticeship. We later found out that he got the job as a personal trainer, and he was at a point where he was really at a high point in his life. He was looking forward to the birth of my grandson, which he never got to see. This just rocked and broke us. My oldest son was present there. He was there at the time. It just broke us, just broke us. Yes, it just broke us completely.

I can certainly relate to what Caroline was speaking about. We had to wait four days to see him because he was property of the state, evidence. Even then, we could not touch him because he was behind a glass screen. It was then three months before we could bury him. It was just unbelievable. Before we could really start to see those being held accountable—I struggle to call it justice—in a legal setting, it took five trials. That is including everybody from the gun supplier to those who assisted the offenders while they were on the run. In that time, there were two "Crimewatch" appeals for an offender. It was just unbelievable. It was very high profile for Birmingham. It was pretty much a case that rocked the West Midlands. Everybody knew. It was then that I realised also how popular he was and how many people knew him and everything else. As well as that, in that whole period of trauma we were adjusting to bringing up and bringing a new life into the family. It was just unbelievable, really unbelievable.

Q6 **Chair:** In the experiences you then had after that, with going through the criminal justice system, the trials and things that took place and support,

did any of you get any good support that was really helpful and that made a difference? If so, what was it? What was it that could provide any positive support at such an unimaginable time? Answer in any order; it is just anybody who wants to say anything.

Darren Laville: I can say in terms of your normal victim support, that was the service that we struggled to engage with because once you enter into the system your whole family enters into the system as well. There is a level of trauma and mistrust and all sorts of stuff that takes place that it needs to consider. When people are offering support, it needs to be the right folk offering the support. That is one of the things we found key.

Thankfully, we did have support from one of the West Midlands Police and Crime Commissioner-supported organisations called Community Vision. There was a lady there called Joan Campbell, who was certainly our rock for our family and was able to give us some real sure guidance. Once you enter that journey, it feels like everybody wants a piece of you from the media. We needed some support in terms of how we negotiate with the media and how we work with the media because sometimes we can—

Caroline Shearer: Yes, I think when it starts you don't realise. You just think people are asking questions because they are interested. Then you realise no, they are asking questions because they want to sell newspapers. I learnt that very, very early on and I turned it around so I used them so that my campaign and my charity could get out there.

I did have help. My liaison officers—there were two of them—always told me to focus on something, don't focus on the trial. When the trial came, it took two years to get to trial. There were five of them and it took three months, every day going to trial. The victim support stepped in because they knew we lived quite a way away from where the trial was. They put us up in a hotel for near on three months. I can't praise them enough, especially one man called Rick Munns. He is now a chief detective. He ran the victim support and they supplied me with a counsellor. I don't like counsellors; they don't know what they're talking about. I had a couple, and a couple came through and they sat on the settee and crossed their arms and thought they knew it all because their nan had died. I just said, "No, I don't want them". Then out of the blue this one lady came along called Jocasta. If it had not been for her, I would not be here today. I wish to God now I could still see her, but that help only lasts a short time. It is just a pin drop in the ocean.

Q7 **Chair:** Philippa and Yvonne, did you get any support?

Yvonne Lawson: We were so lucky. Our liaison officer—I cannot remember his surname now but I think his first name was Andy—was extremely supportive. He offered us information all the way through because at that moment you are going through so much emotion, you are so confused. You want so much information and you want it there and then. You obviously want the perpetrators caught. He kept reassuring us that they were doing all that they can, that they had 50

people on the case working day and night. To hear that gave us a lot of reassurance because sometimes you feel isolated and you feel, "Do they really care? Who cares about whether my son is here or not?" To hear that from Andy, to know that the criminal justice system was doing everything to catch the perpetrators, was reassuring.

Just him making us feel he was part of the family was quite comforting. At one point I forgot that he is not really part of us because he made himself available. He would call us. However, I have seen other families that have not had the same support, so I think it is not consistent. Consistency is really important.

The other reassuring thing that I had was just to talk to another mother who had also lost their child through violent circumstances. To me, I think that is what really helped me because she came and she held me. I could understand straight away. I could empathise because she has been through the same journey. To see her having her hair done and putting makeup on gave me hope, thinking, "I will be able to put on makeup one day and be able to do my hair". That was very comforting to know that somebody that had been through the same had come to see me and give me words of support.

I tend to do that now. Every time I hear of an incident, I do go and support mothers. That is how I got to know that the liaison officers are not consistent because I saw a family over the weekend. They lost somebody three weeks ago and the liaison officer still has not visited the family. They have only been talking to them via telephone. That was disheartening to hear. How can you liaise with a family when you have not seen them face to face? It was quite heart breaking.

Q8 **Chair:** Philippa, did you get any support?

Philippa Addai: Yes, from the police liaison officer. We had two, Steve and Andy. I cannot remember their last names, sorry. They kept us up to date on if they have caught anybody. They were also trying to get me to come back down to London, because at the time I had started my second year. Straight away after my son was murdered I went back to Coventry to start my second year course on the Monday. I wanted to do something in his memory because he loved the fact that I had completed my first year, so I was going back for my second. They were trying to tell me, "No, come back, we can tell the college to give you time off", but I said, "No, I want to do this. It is my chance to do it for him in his memory". Apart from that, they were very informative with my parents at the time. They kept them up to date on the case.

Q9 **Chair:** I think all of you in different ways have done a lot of work since, campaigning or on prevention work. Could you tell us a bit about some of the work that you have done since everything that happened and what you are working on now?

Darren Laville: We have established our own community enterprise organisation called The Epiphany People. By its name it insinuates pretty much an awakening for parents and families and the community to see what is going on here, which is great for me to be in this forum here and also provide that epiphany to the Committee here in terms of the realities.

We look to tackle all issues that are considered to be what they may call "road", the sorts of issues that may be found in terms of child criminal exploitation, county lines, the popular terms that are used, and those who are victims of violence and community violence. What we have done in a sense is establish a couple of parenting support programmes. We have one that is a fathers' group, which was written by Dr Martin Glynn. The programme is called Dear Dad, and it looks at dealing with some of the issues that are often one of the risk indicators when looking at those violent offenders in terms of father absence. With this programme, it is a restorative and healing approach to tackling father absence as it seems to be quite a bane. There has been some research into the cost on society of father absence, and it is really quite catastrophic in terms of how much it is felt. Yes, we have that and we are the only organisation that has been licensed to be able to offer that programme.

We also have another project called the Magnum Family project, which is more of a generic parent programme. I would not really say generic because as well as looking at enabling and empowering parents with the tools to be able to make a safe transition into adulthood with their children at a time when it is very much a challenging time, what we look at is a lot of the issues. What we also discovered is that in terms of a lot of the training that practitioners may be getting around these issues there was no means for that knowledge to be passed on to parents, so that is what we also do. We will deliver programmes on child criminal exploitation, county lines, the grooming process and lots of other stuff as well. That is what we do. As well as that we are in the process of in the new year kick-starting our family trauma services to respond to those who have been victims.

Chair: A lot of work, thank you.

Caroline Shearer: I think it was about a month after Jay was murdered I saw some TV programme and I said, "I'm going to start a charity called Only Cowards Carry Weapons Awareness", a real mouthful I know. However, I did start it. I started it with a bookmark. A friend of mine was an accountant and he said, "I'll look after you". I went around the schools with bookmarks telling Jay's story and not to carry a weapon. I came home one night and I said to my husband, "You taught Jay to ride a bike. You taught Jay to swim. You taught Jay not to speak to strangers. Why didn't you teach him about weapons?" My husband looked at me and he went, "Because it doesn't enter people's families like ours". That clicked in my brain, "Why don't we teach our kids about weapons? Why aren't we?"

Anyway, this was four years ago. Since then we have trained over 40,000 children. We have workshops that are really engaging, interactive, and some are very, very graphic. However, they are age appropriate and the headmaster decides what one they want. Since then, we have the Home Office grant. We are running a CUT programme, which is a children under threat programme. It is like a mobile workshop but where kids come to us. We have only been doing it about four weeks and one thing we have found is we have more adults coming to us and grandparents coming to us. They don't understand what is happening. If the parents do not understand what is happening, what hope do the kids have to understand what is happening? I am on the turn now because I am now thinking we have to supply this information to the adults so they can train their kids, so that is the way we have gone with the project. We have sort of gone off the project a little bit, but we have had to.

We have placed 19 knife amnesty bins and collected something like 30,000-odd weapons, knives and whatever. We apply for grants and I am partnered with the Police and Crime Commissioner, Essex Police, Crimestoppers, Lads and Dads and quite a few more. It is hard work but if I don't go to work I don't get out of bed, so I have to do it to make sure that other families do not go through what we have been through, or try to save a life.

Chair: It is a powerful impact you have had.

Yvonne Lawson: I am really blown away by that. When Godwin died, I used to work in a primary school. My question was: how could Godwin's death have been prevented? I went to Godwin's teachers. I went to Godwin's football clubs, after-school clubs, and I was just talking to all adults that knew Godwin as to how this death could have been prevented. The more I talked to adults the more I found out that some adults had information as to some of his affiliations. He was not walking around with the right people, although he was on the right track and had a really good supportive family. As parents, we didn't know because Godwin would always bring home all the right people that mummy and daddy would expect to see, but when he was out there he would choose to hang around with all sorts of friends.

I was quite interested in prevention more than anything else. I was talking to my local council and it seems they were all focusing on the actual gangs and Exit. My question was: how do we prevent all this from happening? Godwin had a classroom teacher and the teacher must have spotted some signs. Godwin had a coach. The coach surely would have spotted some signs.

We started the Godwin Lawson Foundation two years after Godwin died, and our focus was mainly about prevention and intervention, to go into schools and talk to head teachers and form tutors about the young people that they think may be at risk. The teachers know. They know these young people that may be at risk. They may be at risk because of the affiliation, just like Godwin, because Godwin's life was at risk not

because he was in a gang but because of his affiliation. That could have been prevented.

The more we talked to teachers the more they gave us a whole list of young people that were at risk. With the Godwin Lawson Foundation our aim was to focus on prevention and provide workshops to help those young people that were at risk from going down that route, joining gangs and going that route that is going to end up sometimes being extremely hard to prevent them. Once they have tasted a lifestyle, then it is hard to prevent them.

Q10 **Chair:** What age group are they?

Yvonne Lawson: We work from year 6, mainly secondary school from year 7 to year 11. The head teachers will identify young people that may be at risk. They might have a brother or sister who is already in a gang or they might be at risk because of where they live or they might have a boyfriend who is already in a gang. We offer tailored workshops. We do workshops because we realise that there are lots of gaps in confidence building, resilience, soft skills that are underestimated in our curriculum that young people need. Those soft skills are what they need to be able to say, "I don't want to be part of this because I know I have really good talent and skills". That is what we really focus on. We give them one to one. We do mentoring, resilience, confidence building and decision-making workshops.

I am happy to say that we have been able to offer over 3,000 young people those workshops with help from MOPAC. Currently, we are working with young people at PRU who maybe have been excluded from school for one reason or the other to see how we can offer them interventions to keep them back on track.

I have one really special story that I would like to share. It is this young person who when we saw her head teacher, the head teacher said, "No, she's a lost cause. There is no way, she is on the verge of being excluded". Once she tasted our workshops and did our mentoring and went on a residential weekend—that is another thing. We take them away from their catchment and take them on a residential weekend for them to see another life. The fact that Godwin was able to go to Oxford and taste another lifestyle and see another environment really helps a young person's aspirations. We do take them and show them the world outside where they are, because sometimes if you don't experience something it is quite hard. Experience I think is really important, so we give them that rich, stimulating experience.

Yes, that is what we are doing. I am glad to say finally another thing that we did was a campaign to change the knife crime law. We were very, very lucky. I met a really good MP, Nick De Bois at Enfield, and we campaigned together. I remember going to see Nick De Bois and I said, "We need to change the law". I didn't have a clue and Nick De Bois said, "Yvonne, I am going to help you". I am really excited to say that the law

if young people are caught carrying a knife for a second time came out of that campaign.

Caroline Shearer: Yes, it is supposed to be four years but how many—

Yvonne Lawson: Yes, absolutely. It is more a deterrent. I think it deters young people. When I go into primary and secondary schools and I share the mandatory sentence law, young people—

Caroline Shearer: It is not mandatory.

Yvonne Lawson: It is. If you are caught carrying a knife for the second time it is supposed to be mandatory.

Caroline Shearer: It is supposed to be.

Yvonne Lawson: It is supposed to be.

Caroline Shearer: This is what I want to ask for is mandatory across the board so the judges haven't got the, "Oh, you were this, you were that, don't worry about it". I do not believe in a second time carrying a knife. My son was killed by somebody carrying a knife for the first time. What are we doing allowing our young children to run around in this country? In a minute you have 15 13-year-olds beating up 59-year-old men. They are violent. They are vicious. They have some really big issues. One of the big issues is playing the games that they play. Because they are not going out and falling off their bike and gravelling their knee, having it picked out by your mum with a pin, they don't know this sort of harm and hurt. They see it. To them their virtual reality is reality. As far as our children go, if we do not stop it, I can see in 10 years' time the children will be ruling us. We are the adults. We are supposed to be guiding these children. When a child is wrong you are supposed to say no, you are not supposed to let the child say, "No, I want to do it this way". You guide them the right way. Sorry.

Yvonne Lawson: No, that is absolutely fine. I think you are quite right there. Parental forums as well is what we do, and that is what comes in, helping parents to say that it is okay to draw lines and it is okay to look in your child's handbag and trousers, reassuring parents that it is fine to do that. Some parents need more help and support than others. I think parental forums are a really positive way forward.

Darren Laville: In my experience of working with families as well we have found that when it comes to anything around these sorts of issues our theory is it is almost like a double-sided sword. There is a level of shame and there is a level of blame. In terms of approaching services there is a level of shame, then there is also a level of blame as well. They are some of the things we need to consider. When offering these services, it is key that we look at who is offering these services.

Caroline Shearer: It is also key to offer if somebody is carrying a knife for the first time. We offer a weapons awareness programme. We have

done many who have come down from London with their parents who have been caught with a knife and are due in court. We sit them through the workshop one on one. They get a certificate to say they have done it and a letter. They take it to the court to prove that they have been to a weapons awareness course. We supply these courses. These courses should just be like the drink-driving courses. If someone is caught the first time with a knife, they go on a weapons awareness course so they are aware.

Q11 **Chair:** Philippa, I think there were community marches in Hackney, is that right?

Philippa Addai: Yes, that is correct.

Q12 **Chair:** Who came together for those?

Philippa Addai: It was Janette Collins and Tracy Prescott from The Crib, and they came together to make Enough is Enough because Marcel and Moses Fadairo died. It was, "We want to end this, we have had enough of all this violence". We wanted everyone to come together on the march.

Q13 **Chair:** Did you get young people as well as parents coming together?

Philippa Addai: Yes. It was nice to see the young there as well, knowing that they care themselves.

Chair: Tim Loughton is going to ask some questions.

Q14 **Tim Loughton:** We have listened to some pretty tough evidence on this Committee. That was really difficult to listen to and I cannot think how difficult it is for you to recount it and everything you have been through since. If there is one positive, it is really encouraging to hear some of the work that you are doing to try to prevent other families going through the same and the charities and foundations that you are working with. I think that is really good and as much publicity as we can give them, we will certainly do that.

I want to come back to the whole issue of why and how meaningless, completely meaningless, these tragic deaths and so many others have been. There is no logic to it and it is a question of being in the wrong place at the wrong time in so many cases. A few years ago I spent some time filming a documentary for Channel 4 in Birmingham. I spent some time living in Newtown and got to meet a lot of the gangs there, including people who have been in jail and including people who have come out of jail and then set up something called Young Disciples, which, Darren, you may be aware of. I think it has done similar work to what your group is now doing by trying to turn round the lives of people who have been on the wrong side of the tracks.

One thing that really struck me was, just to show how meaningless it was with the gangs—and many of your experiences have involved gang mentality behind some of this violence—the postcode gangs that exist in Birmingham and other parts of the country, where just because you

happen to live in a certain postcode you become the deadly enemy of somebody who is from another postcode. How meaningless is that?

One thing that really alarmed me—and, Yvonne, you talked about some of the work you are doing but with secondary schools—is how I went into primary schools and saw the embryonic foundations of some of those gangs in the playgrounds of primary schools. You can see how that mentality is almost inbred into some of those kids that inevitably they are going to end up in a gang outside of the playground and ultimately could end up in some of the horrors that we have heard from you. How do we stop that? How do we get to those kids or the families early to get them on the right path rather than that slippery slope that seems to happen?

Darren Laville: I think we need to look at the role of trauma a lot. When you are living and growing up in a community where you can see violence, you walk past and there is a memorial with some flowers on the way to school, you can see it in the newspaper, you can hear people talking about it, there is all sorts of other media that is being promoted, be it social media or commercial media that promotes a certain type of life, that does not help. In actual fact, I went through a journey like everybody else, looking at why and how to the point I went and studied. I was taught by a criminologist called Craig Pinkney from Birmingham, who enabled me to also look at some of these issues. The reality is that a lot of the issues are outside of the home. You can come from that great family home but the influence is greater outside. It is far greater outside. Nobody brings up their children to be bad. Who does that?

Caroline Shearer: Children are not born with a knife or a gun in their hand, are they?

Darren Laville: Yes, it is not like that.

Caroline Shearer: I just think now we have so many young people having kids themselves, we have kids having kids, if you like, and I don't think that strain helps very much because I don't think there is the support there for those youngsters. Whether they have children or not, by the time they fight to get a flat and it comes down to housing, they have nowhere to live, some of this is ingrained and it is inbred. For me—I have forgotten what I was going to say, sorry.

Darren Laville: Can I follow up on what you were saying?

Caroline Shearer: Yes, you can follow on.

Darren Laville: These issues are not new. They have been around for ages, decades in fact, but it is just as the ideology swings, that is where we see the impact. When we are talking austerity, we can see the difference now. I knew I was going to go there at some point, but when we look at the maths around murder, give me two seconds, it is unbelievable because in London alone—I am not taking into account the city where I live or anywhere else—we are looking at 100 murders and a cost of, say, £200 million for those 100 murders. When we look at the

investment around this strategy, we are talking £40 million. It is disproportionate. £40 million over a couple of years, two or three years. When we look at the cost of keeping an offender in custody, it is £30,000. When we talk about the cost of employing a youth worker for a year, you are talking £30,000. We need to look at the maths around this. A lot of the support that has been put in place to deal with these age-old issues that have been around for ages is not quite there anymore.

Q15 **Tim Loughton:** Can we just come back to the phrase "tasting lifestyles", which I think was one of the ones used? Caroline, you also said that your son was going to an affluent area and knife problems do not happen around here.

Caroline Shearer: That was what I thought. I was what I thought as a normal parent.

Q16 **Tim Loughton:** But it happens. Clearly, it happens everywhere.

Caroline Shearer: It happens to everybody.

Q17 **Tim Loughton:** In terms of how you stop them getting that taste and the playground mentality I have just described, some of the anti-knife charities I have worked with—who have some really impressive people doing some really good stuff—have said to me that in some cases it is quite difficult to get into schools.

Caroline Shearer: Absolutely.

Q18 **Tim Loughton:** Some schools will be in denial of knife crime. "Oh, that is not a problem here. Thanks very much but we do not need you". In many cases it is those very schools who absolutely do. Alternatively, they think they will get a bad reputation if they have somebody in.

Caroline Shearer: I have actually threatened—well, not threatened. I have phoned a couple of schools up. The parents have contacted me. One was an eight year-old who was threatened with a knife by another eight year-old. The school knew about it and they expelled him. I phoned the school up and I said to the school, "What are you going to do about it?" "We can resolve it ourselves". I said, "Are you going to have a professional in to train you?" I said it would be really good for them for the media to know that they are being proactive on the whole thing. They actually had us in. That worked out quite well.

Going on from learning about these people who go out and murder, I have now gone for RJ, restorative justice, with Jay's killer, not to forgive him but I have questions. There are holes in my head that need filling up for that evening. He has agreed to see me. I am not doing it for anything other than the charity, so that I know the process. I can then pass it on to other people and it might heal other people. I am not hoping for too much, but on the other hand, I am hoping for something. I think everybody to their own. My husband won't do it, my daughter does not even know.

You have to go on, because we need to know why. We cannot have these youngsters just running around. They are so young. They are doing drugs. They run from there to there for £200 with some drugs in their hands. We are fighting the money as well, and they are all about the money at the moment. There is no respect. There is no sitting at the dinner table and eating as a family.

Yvonne Lawson: I just wanted to go back to the question you asked. In terms of gangs, we have just done this very small project for Haringey Council. We were able to speak to over 50 young people in Haringey and young people were able to talk to us about why some of them joined gangs. The reasons seemed to be quite complex. They are all very different and complex reasons. Some of them join because they want to be known, to be popular. Some of them join for money because they will get a chance to sell drugs. Poverty is a big thing. Some of them gave reasons that they were pressured to join gangs. When you get a chance to speak to young people—and that is where we should be heading, getting a space to listen to young people, for young people to tell us the reasons why they are joining these gangs and what sort of things we could have done to prevent them.

Caroline Shearer: There are so many different reasons.

Yvonne Lawson: Because there are so many reasons why they join, there are so many interventions. I do not think everything is going to be straightforward or that we have everything in neat boxes, because it is so complex. There is no magic wand. I wish there was a magic wand so that you could just wave it and say, "That is it", but because they are human beings, and human beings are so complex and have different needs, we need a range of strategies.

We are passionate about prevention and intervention. If more focus could go on prevention and intervention, getting the schools on board and getting the schools not to think this is more about their reputation but more about child safeguarding. When I go into schools I hardly ever mention the words "knife crime" because once you say "knife crime" they all say, "Oh, we do not have that problem", even if it is right in the middle of Haringey or Tottenham. They will all deny because it is all about reputation and they do not want other parents to think they have that problem. I do talk about "safeguarding" and I think that is how we should talk because this is a safeguarding issue. If we are getting young people being murdered, as adults there is a lack of responsibility somewhere. We need to let teachers be accountable for that as well. I think that is the way we should be looking at this.

Also, when you speak to some young people you realise that they do have mental health issues. There is a correlation between crime and mental health. I think we should welcome this mental health/wellbeing approach that has been coming up.

Q19 **Rehman Chishti:** First, can I just say that I echo all the Chair has said.

My heart goes out to each and every one of you and thank you for all that you are doing. I have a 17 year-old nephew and a 15 year-old nephew. They go to a school. It could easily have been one of them.

Caroline Shearer: I hope you go home and tell them about it when you see them, so that they know. That is what the awareness is about.

Q20 **Rehman Chishti:** Yes, it is about awareness. I had to go and see the mother of a 17 year-old constituent who was killed in a knife attack recently. I cannot imagine what each and every one of you had to go through but thank you for all that you are doing to prevent others losing their lives in this cowardly way.

Can I just ask this specific question first to you, Yvonne? You raised the point about schools having signs of individuals being sucked into gangs earlier. At the moment the Government has a strategy called Prevent that picks up signs of extremism at an early stage. It is a statutory duty to report back to the authorities. Would you then say that there should be a similar statutory duty on schools and all the other public bodies to ensure that where they see signs of individuals being sucked into gangs or knife-related issues, they should then have a duty to report, which could lead to early intervention?

Yvonne Lawson: Absolutely. That is what we are pushing for. I used to be a primary school teacher and in a classroom of five year-olds a teacher can already spot the signs, but nothing gets done. It would be great if we could empower teachers to look for the signs and direct them as to how they can report so that appropriate intervention can be offered at the appropriate time, because as children grow up timing is so crucial.

Q21 **Rehman Chishti:** Can I ask you a question, Darren, specifically on the criminal justice side? Before doing this job I used to prosecute and defend cases across the range. With regards to you, you said that you had to deal with five different trials that take place, one with possession of a firearm, the gun you mentioned. The specific point for yourself: were they cases where they were retrials and juries had to be discharged? If it was the case, did they ask families' view in relation to what should happen next? I am trying to get the family involvement throughout the process.

Before you answer that, linked to that, to all the members of the panel I will ask this question, if I may. The issue with the criminal justice, if I might break it down, is that from the first point when you are approached by the police and get told the Crown Prosecution Service are making a decision to the first point of trial, to then coming to court, which can be quite alien, seeing people with their wigs and gowns asking questions on admissibility, to a final decision by a jury, the sentence by the judge, and the victim impact statement, where would you say the system can be improved to better support families?

Finally, on the point of victim impact statements, just looking at your case, Philippa, the individual who murdered your son Marcel was given 25

years and 22 years. In that, do you think the judge gave due credence to the victim impact statement that you provided at the end of the trial? Just across the spectrum, if I can just start with you, Darren.

Darren Laville: In terms of the mention of the five trials, because one of the offenders was on the run that was two trials at that point. Then there were two further trials for assisting an offender, and then around the supply of arms, which was linked.

Q22 **Rehman Chishti:** Yes. Were you kept informed all the way through the process?

Darren Laville: We were, absolutely.

Q23 **Rehman Chishti:** Can I just ask the same to you, Caroline? In terms of the whole process from the beginning to the end, where do you think we can make the system better to support families?

Caroline Shearer: As much information as they give you, the worst thing I found when I was sitting in trial was that the perpetrators—one of them had a brother, a girlfriend—were sitting there and they were allowed all the information. They would sit there day after day with all the information on the case. They would know everything. We were allowed nothing. It is like we are the victims, in jail from the day our children die. I understand the judicial system and everything else but to have them sitting there with all the information, knowing that we are not allowed the information and that I am not allowed to know the five people they were, but I was if I guessed the name.

Then I would be told by the police, "This is what you have to say". It was when we did Crimewatch, the interviews and everything. In the end I went, "No, I cannot keep reading off this paper". In one of the places they gave me a piece of paper I had to read. I know they have their structure and they were really worried about me going off—but it does need improving so that we can sit there and we can think that we are somebody, not just the dead person's mother. There is no name for us. You get an orphan, you get a widow; what are we?

Q24 **Rehman Chishti:** Great. Yvonne, can I just ask you, the individual who murdered Godwin got 19 years. Do you think the judge gave sufficient attention to the victim impact statement?

Yvonne Lawson: You have to remember with Godwin's we had four perpetrators but only one was prosecuted. The three others got away. We had a second trial and they still got away because they did not have enough evidence. That was disheartening for the family because the whole trial was for three months, so we did that, and then we had to do it again for the second trial and there was no positive outcome. Those boys are out there in our community injuring others because the criminal justice system did not have enough evidence to put them away.

Q25 **Rehman Chishti:** Can I just ask one question on that, if I may? I am

just trying to get it clear in my mind. With regards to when the prosecution or police said to you that they do not have sufficient evidence and that they have to a certain threshold to take the case forward, did they explain to you where there was a weakness in the system and where the problem was with the evidence or did they not go through that with you?

Yvonne Lawson: No, I do not remember going through the steps of what the whole criminal justice was going to look. Most of the time victims' families are very confused. It was my first time ever going to such a place. There was the whole language that they used. Sometimes they need to break their language down so that victims' families can understand what they are referring to, as well as going through the process so that we have an expectation, because sometimes you go in there and because things have not been talked through, you do not know what to expect.

Philippa Addai: I only went a few times because it was very difficult. When I was there, there were supposed to be seven of them. Only four were sent down. The other three were acquitted. Now, they were all there. They were the drivers, but they were acquitted because they were saying that there was not enough evidence. The jury found them not guilty. The judge wanted to convict all of them but, because of what the jury said, she was not able to convict them.

Q26 **Rehman Chishti:** Was it explained to you why there was not sufficient evidence? With the jury decision coming in and the acquittal being done, was it explained to you why the others who were not found guilty by the prosecution team there, to give you a better understanding of what may have led to that acquittal? Was that explained to you or not?

Philippa Addai: No.

Q27 **Chair:** If you had a magic wand and there was one thing that you could change to prevent this kind of violence happening to other people, what would be at the top of your list, whether it is something Government should do, police should do, something that should happen in communities or schools? What would be your top thing to change if you could?

Yvonne Lawson: Collaborative working, working together and sharing information. Everyone doing their role and doing it properly, coming together and working together. I do not think we share enough information as agencies with each other. There is lots of information that is lost somewhere along the way. Again, when information is lost a human being's life is then at risk. As a mother, I think every agency coming together, working together, supporting each other, everybody knowing that they have a role to play and playing that role properly.

Caroline Shearer: I agree. Data-sharing. Data-sharing between ambulances, hospitals and police. Hospitals have the confidentiality thing. They cannot pass on the information to the police unless the person has

died. This data all needs to come together so that we know where we are working. I have asked for the FOI from an ambulance and then I asked for the FOI from the hospital the ambulance went to. There was something like 20 patients lost that had been stabbed and the ambulance had seen to them. It works, but the police need this information. It is the data-sharing, absolutely.

Q28 **Chair:** Does anybody else have anything you would do with a magic wand? Philippa?

Philippa Addai: I would like to see, personally, more police on the beat, how they used to be. I remember when I was younger I was out of school and one of the police used to come up to me and say, "'Ello 'ello," you know, "What are you doing here?" They were more engaging with you. Now you hardly see them. You only see them in cars. There should be more interacting with the young ones to stop the hate as the kids get older towards the police.

Q29 **Chair:** Darren, anything?

Darren Laville: More visible people that are employed to be able to do the work that engages young people early, and that are accessible. It would be about having safe spaces for young people to go to, for me, and the joint working, strategically looking at how we review a lot of our safeguarding within schools and how the notification process with Ofsted considers issues around county lines and youth violence. There are just so many grey areas.

Also, in terms of the police, when reporting a young person missing, including the 12 questions that are used to assess whether a young person is absent or missing. Are they at risk of child criminal exploitation? Can we see this being equal to the other two agendas of exploitation and grooming such as Prevent and child sexual exploitation? Ultimately, in terms of the level of training that took place in schools, I would like to see the caretaker and the dinner lady trained so that they can spot the signs, the same way the Prevent agenda was actually held—

Caroline Shearer: That is fine as long as they have the positions behind them so that if they spot them, there is somewhere to send them.

Darren Laville: Absolutely.

Caroline Shearer: 15% of murders across the board are committed by looked after children of some sort. The social services have a massive part. I know this because I was in the AFT team. They have a massive part. They do not have any awareness courses for any of their looked after children. These looked after children, they turn 18 and they are then off on nothing. They are cut off. Some of them are given a house. The house, they know, is already occupied by somebody who could be there for drugs. The whole system then starts again because these kids have never had a normal upbringing. These kids are looked after. The

social services really do need looking at to start implementing any of our workshops or anybody's workshops for these children.

Darren Laville: Absolutely.

Caroline Shearer: Do you think?

Darren Laville: Yes.

Caroline Shearer: Because you cannot get into them. You talk about schools.

Q30 **Chair:** Can I just ask you a final question? Is there anything that we should have asked you about that we have not or anything else that you would want to say to us, the Committee, to the Government that we will be sending a report to, or to anybody else, really, to the public about what should be done to tackle this kind of serious violence?

Darren Laville: For me, looking at having the right organisations delivering support for the young people. Could there be more support in terms of capacity and infrastructure with these community organisations, rather than just saying, "No, it is too high-risk and we will not support those organisations"? Quite often they have all the necessary skills to do the intervention work, but in terms of governance, management stuff and all those other concerns that may be barriers to funding, that needs to be supported because it is a real issue.

Caroline Shearer: I do think we pussyfoot around too much sometimes. The kids are the kids, as I said before. The police, they need some help. We have Victorian police running around with batons, handcuffs and a whistle. Not so much in London but in Essex and other areas, our police will attempt to disarm somebody with two or three knives and they have nothing. They wear a stab vest that is only in the front and the back. If our police throughout the country were allowed a taser, just a taser, if they come across these groups of kids that are attacking a man, a woman, whoever, a child, and they cannot physically get into that fight without being harmed, they can then—why are our police not being given the tools they need to fight?

We are not talking about kids running around with a knife going, "Stab, stab"; these are violent thugs. These are people who want to use machetes. They want to use death stars on you. They want to see how far a death star will go into your thumb. This is what the gangs do. There is a point system. The worse the murder you commit, the higher-profile it is, the higher you are in prison. We have to start at the bottom and we have to work to the top, but let us not forget the people who are supposed to be doing the job they are supposed to be doing.

Q31 **Chair:** Philippa, Yvonne, anything you want to add?

Yvonne Lawson: I just wanted to add to what Darren said about putting in the right support for organisations with the right credentials, who

actually do the work. The Godwin Lawson Foundation, it has taken us a long time to get to where we are although we have the skills, the tools and the knowledge to go in. It is giving support to organisations, helping them to go and do the work to make that difference.

Q32 **Chair:** Philippa, anything to add?

Philippa Addai: Yes. I think witnesses need more protection when it comes to witnessing crime because sometimes I see on Instagram that someone has posted their statement or someone else's statement and it has their name on it. In the prisons, they ask someone on the outside to get back at that person for retaliation. I think they need to hide the names, give them "Witness A" or "Witness B" without asking for personal details. Also, to me the prisons are very lenient. They have their own laptop, they have their phones, they are posting on Instagram what they are doing, smoking; it is like they are in a holiday camp. It does not matter how long they get, it is the fact that they seem to want to be there. They keep coming back there. They should fear prison. It should not be a holiday.

Q33 **Chair:** Thank you all for your evidence and say how sorry we are about what has happened to Marcel, to Godwin, to Jay and to Kenichi? We have huge admiration for your strength in coming, giving evidence and sharing your stories, and also for speaking out for them and speaking out to prevent this kind of serious violence devastating people's lives and affecting more families. Thank you so much to you for being ready to tell your stories today. We are hugely grateful and also hugely sorry. Thank you very much.

Yvonne Lawson: Thank you for inviting us and thank you for being sympathetic and empathetic. I was looking around and I could just tell from your faces that you really felt our pain. Thank you.

Caroline Shearer: I appreciate it. Thank you. I speak for not just us four, I speak for every other parent whose child has been murdered.

Chair: Thank you. What I can assure you is that the reason we wanted to hear from you at the beginning is that we wanted your stories and your experiences to be at the heart of this inquiry. In the end, this is the kind of pain and suffering that we should be trying to prevent. Thank you very much.

Examination of witnesses

Witnesses: Duncan Bew, Maggie Clarke and Dr Magnus Nelson.

Q34 **Chair:** I would like to welcome our second panel. We are very grateful for your time this afternoon. Can I just ask you to introduce yourselves?

Duncan Bew: Thank you. I am Duncan Bew. I am a trauma surgeon and Clinical Director of the major trauma centre at King's College Hospital. I am also the co-founder of the charity Growing Against Violence.

Maggie Clarke: I am Maggie Clarke. I am here representing the School and Public Health Nurses Association. I am Assistant Director for a charity that works with children and young people both in school nursing and children who are affected by alcohol, drugs or poor sexual health.

Dr Nelson: I am Magnus Nelson. I am an Emergency Medicine Consultant down in Brighton. I am also Assistant Medical Director for South East Coast Ambulance Service and work with the Kent Surrey Sussex Air Ambulance charity.

Q35 **Chair:** Thank you. I would like to start by just asking you to tell us a bit about some of the trends in serious violence that you have seen from your perspectives over the last five to 10 years. Who wants to start? Mr Bew?

Duncan Bew: Thank you. We have seen a significant increase in violent assaults over the last 18 months but particularly a trend starting from around about 2013 or 2014. We have seen about a 30% increase in violent assaults in the last 18 months but in fact the numbers have almost doubled since 2013.

Across the whole of the UK, we have formed major trauma networks from 2010 and 2012 onwards. We now have 27 major trauma centres that form a hub of trauma networks into which trauma units and local emergency hospitals feed. We have data from those major trauma centres but also we have the local emergency hospitals and we have trauma units that also receive patients. The ambulance services will triage patients to our major trauma hubs. Obviously what we are seeing at the major trauma centres are those patients who have presented via the ambulance service, who have been triaged, but also about 30% to 40% of patients actually self-present to the major trauma centres with injury. If you look at ambulance data alone, you do not see the self-presented. We see the same thing within our trauma units. Although I am representing those numbers for the major trauma centres, we still also have a significant burden of injury that is seen by our other small hospitals and by primary care as well.

We have seen a trend, particularly in young people between the ages of 12 and 18, which has increased, but also we have seen an increase of all ages coming in as victims of violence. In fact, the median age is about 27. I think there has been a perception that we have just been seeing knife crime, which we have not. We have seen violent assaults of all kinds. While it is just predominantly affecting young people, youth violence, we find the term "youth violence" quite difficult. The WHO classifies that as between 11 and 29, which is quite a broad range. In fact we often think of youth as being a younger age. What we are seeing is a really broad range of injury.

While of course we are seeing the injuries from interpersonal violence, we have also seen an increase in self-directed violence as well, linked to mental health, and not just in young people and adolescents but also in middle age, and there are elderly people coming in with self-directed violence as well. Sometimes the statistics are mixed together.

Maggie Clarke: I am talking about the school nurses over the country. I am not sure if you are aware but we collect data universally from children, young people and families. At year 6, year 9, and leaving school, we have the opportunity to ask them themselves, in a confidential manner, what it is that are issues for them. Increasingly, we are finding that young people are very aware of gangs, names and terminology that is used. In some cases it is seen as cool to be part of a gang. For some people it is considered to be aspirational. We are hearing reports of increasing numbers of young people carrying knives. Sometimes they feel scared and it is for protection; sometimes it is seen as an aspiration to be part of the gang. We are also seeing young people who we may not have classed as vulnerable going missing and coming back and reporting as having the time of their lives because they have been given money and validation. There appears to be, in a lot of cases, very limited awareness of the grooming process and what is actually happening with this.

Dr Nelson: Brighton is a slightly different take from your normal metropolitan thoughts around interpersonal violence and penetrating trauma specifically. Back in 2010 and 2011, we started to see what we felt was an increase in the number of patients presenting to our hospital with penetrating trauma. We undertook a five-year process of looking at the data from the ambulance service and our own records and it showed that year by year, there had been a statistically significant but small increase in penetrating trauma presenting to us that was not reflected in the self-harm events and also in the gunshot wound numbers that we were seeing. We do see a relatively small number of total victims compared to, say, London or larger metropolitan centres, but we do replicate the people we are seeing it in and that increasing trend that has been seen elsewhere in the UK.

Q36 **Chair:** Your sense then is that this is not simply about the biggest cities, this is a widespread trend across the country?

Maggie Clarke: Yes.

Dr Nelson: That was the real surprise in doing the work. We were not sure if it was the fact that Brighton had become one of the major trauma centres and we were just seeing more of it, or if there was more of it out there. As it transpires, there is more of it out there. There has always been a level of interpersonal violence with blunt objects but we have seen a transition from the penetrating trauma being people who were unfortunately struck by broken bottles or glass, to actually being assaulted with bladed weapons. That has been a real change over the last five or six years for us in Sussex.

Duncan Bew: There are quite different patterns, though, between our more urban centres and some of the more rural centres. Across the country, the incidents of penetrating injury and violent injury are less than 5%, whereas our major urban centres and London are seeing anything between 30% and 40% in certain months, with certain seasonal variation in that as we would see in relation to the amount of blunt trauma that we get.

Q37 **Chair:** Is that more concentrated in the summer?

Duncan Bew: It is more concentrated sometimes in the summer. With young people it is around the different times of schools, term time and non-term time, and around the opening and closing time of schools, with peaks in attendance between 4.00 pm and 6.00 pm and then later in the evening, after school time.

Q38 **Chair:** Four to six o'clock is a peak time?

Duncan Bew: Correct, for young people to come in with penetrating injuries.

Q39 **Chair:** That period immediately after school?

Duncan Bew: That is right. There are different patterns across different areas. I think sometimes we think of London as one place or we think of the southeast of England as one place, but we see very different patterns of violence from different areas. There will be some areas where we see a wider level of general societal violence with people carrying weapons because they are afraid or because they want to feel like they belong to something, like they matter, and much less of a focus towards gang structure is driving the injuries.

Q40 **Chair:** Much less of a focus?

Duncan Bew: Much less of a focus, that is right. Not all the violence we are seeing is gang-related. Similarly with firearms injuries, we have seen a 75% increase in firearms injuries between 2016 and 2017 at King's but very few of the injuries are related to anything other than intentional assaults with a firearm. In contrast to the States, there is very much less of a focus towards self-directed violence with firearms weapons. In the States, 60% of the homicides are as a result of firearms injuries, whereas in our study, only two out of 182 shootings that were received at King's were self-directed violence, largely due to the availability of weapons.

We see a combination of different factors, I think. Some violent assaults that are led predominantly by high-level drug trade and by organised gangs, and some that is at a wider level of societal violence that is driven by the opportunity of just having a weapon. Some of that—I think often the majority of it—is driven by fear because people genuinely do not feel protected and they have to carry a weapon in order to feel safe.

Dr Nelson: Part of the work that we did looked at the postcode hotspots by location because we wanted to try to understand where those patients

were coming from and the time of day. Again, a slightly different population to the population you see at King's. Ours tends to focus around the night-time economy of our larger urban areas. We see 60% of our admissions for penetrating trauma between 8.00 pm and 2.00 am. It is a slightly different mix. The average age of our victims is 31, although approximately one-third are aged between 15 and 24. There is still a large younger cohort but ours is a slightly different presentation. However, it is still increasing and I think it is that general level of background acceptance of societal violence and carrying a bladed implement as protection.

Q41 **Chair:** Could you just say a little bit more about why you think this is happening and other factors, whether it be alcohol, drugs, the gang-related issues or the violence? Just as much as you are able to tell us what you are seeing and what might be driving this.

Duncan Bew: The analysis of the location of injuries, our most severely injured patients come from our most socially deprived areas. They have the least access to education, the least access to opportunity, the greatest barriers to housing and to services, and the greatest levels of adverse childhood experiences. That is against other things that are associated, including school exclusions and a general lack of inclusion within society. We see those hotspots again and again around firearms data and also in terms of the data of where our stabbings come from as well.

Very sadly, it is also within our networks as well. It is not just in the locality around a major trauma centre like King's but also around the smaller hospitals out in the periphery of our service with very similar patterns of injury. When looking at those there is much more of a swing towards younger and younger patients coming in, those toward 14, 13 or 12 years of age, in that very difficult transition between primary and secondary education, as was alluded to in the earlier session.

What is really important, I think, is to start to look at a wider definition of violence, to take away the word "knife" from it, to take away "young people", and to look at the interpersonal violence that is happening in people's homes, domestic abuse and all kinds of other violence, and the inextricable link to the sexual exploitation and the normalisation of inappropriate sexual relationships in that age group as well. It is all inextricably linked, particularly in terms of some of the activity we see with young people being exploited along the county lines, but also in environments where they get used to something and it becomes normal. They get used to it. It is just because we have not been looking for that specific issue.

If we can listen to young people and genuinely understand their fears and what they are facing in terms of risk, we can only then start to get close to what the issues are. Certainly going into schools with the Growing Against Violence charity and with the work in the hospitals, we have not,

I do not think, actually opened the Pandora's Box of all of the risks that young people are facing.

Maggie Clarke: I completely agree. We collect data from young people themselves. We are slowly collecting that and then working with other agencies. For me as a public health nurse, I think the public health approach is the only way forward. We need to be listening to young people, to be working with young people to work on the messages in the way they want to receive these messages, and really understand what it is that makes them fear for their lives or fear that they have to have this knife to protect them.

Also, some young people are dealing drugs because it is financially lucrative for them. They can help support their families. They are living in very difficult circumstances. There are huge financial gains there as opposed to working at a shop or something when you are quite young. They are not seeing the disadvantages. What we need to do, as public health nurses working in schools and working with communities as we do, is to give the message that there is a better way out there. There is a different way.

The other thing now that young people say to us is that they really struggle to find someone to talk to that they can trust. We work with schools, we help to support schools giving the message and that is fantastic, but sometimes you want somebody else. Young people say to us that they want nurses, they want school nurses in there that they can talk to. Their geography teacher, their maths teacher, they are marvellous but they have other things to do. They do not necessarily want to share something that has happened to them on the street last night with somebody who is going to be teaching them double maths later. They want somebody who is accessible, confidential, knows what they are talking about and will work with other people.

Dr Nelson: Again, as Duncan alluded to, the drugs and alcohol problem, from a more coastal perspective, is a large driver for this, be it the sale of drugs or the consumption of drugs and alcohol in the evenings. Coupled with that, the public health crisis around, "What is the transition that has made it acceptable to carry a bladed item as a level of protection?" Certainly from a Sussex perspective, because it is not seen as a major problem we do not have that level of intervention or that level of understanding in the schools. It may be that we are just in a lag phase behind some of the major metropolitan cities and we are just starting to see the problem. Because we do not have the resource to necessarily address that group of young people at the correct stage now, we may miss an opportunity going forward to really make an impact for the people within Sussex.

Maggie Clarke: We are not sharing data correctly. We are collecting data, a lot of people are collecting data in isolation and there is a lot of great work going on out there, but it is not joined up.

Q42 **Tim Loughton:** I want to go back to Maggie Clarke on the school nurse aspect but first, Mr Bew, all the headlines have been about the knife killings in London but from what you have said, there have been a lot of gun killings as well, which completely puts a lie—not surprisingly—to the claims by President Trump that the reason we have all these problems is because we do not have guns to defend ourselves, which is, to coin a phrase, complete bollocks, isn't it?

Duncan Bew: That is right. The media has often focused on those people who have sadly died from these injuries and crude mortality is not a good indicator of the overall level of violence out in society. We know that the major trauma systems and the whole chain of survival from our first responders and police administering first aid on the street, all the way through to our rehabilitation teams make a big difference to survival. What we really need to focus on also, though, are survivors who have life-changing injuries. We need to understand that. There are a lot of people who have significant injuries and we need to be able to offer them a level of service to get back to the lives they deserve.

Q43 **Tim Loughton:** Dr Nelson, my constituency is next to the city of Brighton and Hove. You said it was possibly just a lag phase before we get hit by what is happening in some of the bigger cities. I hope you are wrong.

Dr Nelson: Certainly in the last 12 months at the Royal Sussex we have had 101 people admitted with stab wounds, of which 40% have had to be admitted to hospitals. Of that 40%, 50% of those have been admitted either direct to theatres with their injuries or to a critical care environment. Not only is the number increasing but the severity of the injuries is increasing as well.

Q44 **Tim Loughton:** I do not know if you were here for all of the previous session. We were very much focused on kids who happened to be in the wrong place at the wrong time with feral gangs who were attacking them. You are saying that we do not really have that problem around Brighton?

Dr Nelson: I am saying that we do not know that we have that problem, potentially, in Sussex. There are the county lines. We know that there are police operations that successfully interrupted county lines down to the Sussex coast. I am sure that children are much the same across many places and playground gangs do grow up into groups of young people who socialise together and will look after themselves, to some effect.

Q45 **Tim Loughton:** But are you seeing that in Brighton? Obviously there are more challenging parts of Brighton, Moulsecoomb, Whitehawk or whatever. Are those injuries you are seeing more drug crime related or domestic violence related rather than inter-gang warfare related?

Dr Nelson: Interpersonal violence and it is between individuals who are out on a Saturday or Friday night having a good time and are potentially offered or not offered drugs, or who are the victims of people seeking funds to buy more drugs. That certainly seems to be a large proportion of

what we see in and around Brighton, Bognor and East Sussex. All of the larger seaside areas seem to be heavily represented in terms of penetrating trauma that comes to us in Brighton.

Q46 **Tim Loughton:** You neatly avoided mentioning my constituency in between Bognor and Brighton. Can I come back to Maggie Clarke? The point I made to the earlier witnesses about embryonic gangs in primary school playgrounds, is that your experience? I was really interested in some of the comments you made about the empathy that you can have with the school nurse that you do not get with perhaps your geography teacher or whatever. We have lost a lot of that.

Maggie Clarke: We certainly have, yes.

Q47 **Tim Loughton:** Going back to the old days when I was at primary school, the school nurse came around, she did your nits and there was lots of preventative stuff. She was the person who came along and you listened to her to keep you out of trouble. Now it seems to be, because of the shortage of school nurses and because they are so stretched, reactive stuff. You almost become a social worker in too many cases as well, dealing with some problematic kids. Is that a fair analysis or not?

Maggie Clarke: Yes, I think you are right in a lot of cases. It depends on the commissioners. Although there are commissioning guidelines, school nursing services commission differently in lots of different areas. We do not do nits anymore—

Q48 **Tim Loughton:** They still exist, though.

Maggie Clarke: I know. It is a bigger problem. What we do do, however, is collect health questionnaires. We are in there to speak to people. We work with schools, we work with communities, and we work with young people themselves. Some of the really good work we do is working with the school health champions. We say to the young people, "In your year 6 questionnaires, bullying came out as an issue. What do you think we should do about it?" and we have done some work with people going from year 6 to year 7. There are lots of pockets of really good work there. It is not just with the school. We do support the school staff, and the young people, but we support the parents as well. We are a safe place to do that. We have confidential text messaging services. There are various ways. We are quite modern now. We are very trusted people. There are very few of us, unfortunately.

Q49 **Tim Loughton:** What would you do more of, if there were more of you, to get the biggest bang for your buck?

Maggie Clarke: More school nurses. We would certainly do more of the online questionnaires. We collect the data and we would be able to go with some real proof of what is going on in each school. We would then be able to work with the school, work with other charities, and work with other people, to do some preventative work, but really early on. Then we could start looking at trends and start asking, for instance, "What is it

that makes carrying a knife aspirational? What is it? What else could we do? Who else could we work with?" School nurses are very good at that sort of thing, but there are not enough of us, unfortunately. We are campaigning madly for more school nurses. We can be that real conduit between the school, the parents, and the young people. The young people trust us. There is lots of evidence of that. The British Youth Council produced some evidence recently. Young people trust us to be visible, accessible and confidential.

Q50 **Alex Norris:** I am going to start with what might sound like a bit of a stupid question, but I think it is going to be my only chance to ask it, so I am going to ask it, anyway.

This is possibly more of a clinical subject. When individuals present, how are they? Obviously, they are in a bad way because they have been in a violent situation, which means they have had to go to a hospital, but are they reflective and are they in a change moment at the point at which they present? They presumably have had their immediate health needs dealt with and they are now in a sort of transitional phase.

Duncan Bew: The majority of people who present are absolutely terrified. They are very, very afraid. They are out of their normal environment. They are in a very scary situation—sometimes they feel they are going to die, they know they are going to die, they may be going to die—and that puts them in entirely out of the place and the structure they thought they were safe in before.

For those people who have been involved with gangs, or with illicit activity, that genuinely is an opportunity for us to engage with people, to listen to people. However, even if people have not been in those situations, it is an opportunity to listen and to challenge some of those unmet needs in their lives, and to be able to address issues they may have. There has been some great work done, by Redthread and other organisations, around the teachable moment of injury with young people in particular, coming in with injuries like that, but there is a reachable moment for many people before they have had injuries. We should not be waiting for somebody to have an injury to be able to intervene—at King's, for instance, we have a system whereby a youth worker sees all of our adolescents in the building, whether they have had an injury or not—but working with the charities working in schools, and with the school nurses, to actually go in earlier. We know that there are young people who are in the same environments, which are violent and in which they are susceptible to harm, and there is an opportunity to reach out to them.

So, yes, for those individuals who come in with the injuries, there is an opportunity to see the position they are in and work with them, their families and their peers, but there are opportunities, too, to take that up earlier and translate that information about the environment they have come from, not just to ask them to be resilient but to try and genuinely change the structurally violent situation that they are in.

Dr Nelson: Again, we are talking about two slightly different cohorts of victims, unfortunately. There is a group of people that we see who have just been going about their normal daily lives, have been out having a good time on a Friday night with friends, and something terrible has happened to them. While their injuries are very easy to fix in some case, in other cases incredibly complex, there is a psychological element that I do not think we quite have the ability to address appropriately yet. It is often not the physical injury that is the lasting element in these people's lives; it is the psychological trauma of having been assaulted in such a way. I am not sure yet that we have a joined-up system to support those people. Many of those people—those with what we might consider from a medical point of view to be mildly traumatic, who are discharged within 24 hours—are very much sent back into the community and left to their own devices. There is no formal follow-up process to assess the impact of what has happened to them.

Rehabilitation from a physical and psychological point of view is a large area in which more could be done for these people.

Q51 **Alex Norris:** How are things when you see victims who are also perpetrators? In acts where there are two parties, there is a chance you might see both parties.

Dr Nelson: I am sure Duncan will have been in situations, as have I, where you have one party in a cubicle in the resuscitation room and the other one is diagonally across the room, with police officers. It is not uncommon, unfortunately.

Q52 **Alex Norris:** Duncan, I think the phrase you used was "a teachable moment". I would normally say a change moment, but it is the same principle. For a victim/perpetrator, do you see that characteristic in them, the desire of, "I don't want to be here and I want to do something that means I don't do this again in the future"?

Duncan Bew: Not always, but there is always an opportunity for that. While in a medical sense we treat everybody the same, victim or perpetrator, we do also have to see perpetrators as having likely been victims in the past. For many of those people, they have been living in a violent environment, they may have had adverse childhood experiences, and they may themselves be in need of help.

When it comes to dealing with the psychological impact of injury, we quite often do not think about the impact on the perpetrator, their families and the wider community around them in the same way that we think about the victims. The perpetrators' families are victims as much as the victims' families are. That is something that we would do well more to address but we do not have the resource to be able to do so.

Q53 **Alex Norris:** In my head, certainly if we are talking about youth violence and the sort of penetrative violence we have talked about, there is an immediate health issue—which skilled clinicians like you resolve—and

then there should be a series of other interventions around criminal justice, whether it is related to youth, and the local authority. Does that happen? Are other professionals wrapping round that individual in a whole-person sense?

Duncan Bew: For certain people, of certain ages, with certain injuries, yes.

Alex Norris: Okay.

Duncan Bew: The safeguarding net will wrap around them, they will be supported and the safeguarding process will work. The risk is that we define our safeguarding boundaries by a particular age and particular injury. What we have to do is have a wider talk about the way that we safeguard so that it is not up to age 25, 29, or 35, and we encompass a much broader aspect of that in the way that we look after people in a holistic sense.

Q54 **Alex Norris:** Would you share that view, Dr Nelson?

Dr Nelson: I absolutely agree with what Duncan said.

Q55 **Alex Norris:** Maggie Clarke, to finish, you referenced taking a public health approach to this. Are you saying that our messaging needs to better reflect public health messaging rather than criminal justice messaging?

Maggie Clarke: Absolutely. These things do not happen in isolation and we know that we will have better outcomes if we can have a better approach, much earlier on, supporting young people and their families. So, yes.

Q56 **Stuart C. McDonald:** Ms Clarke, have you or your nurses observed any trends toward knife carrying in schools?

Maggie Clarke: We have not. I did ask that question. We have not particularly seen it in schools. Young people are reporting to us that they are carrying knives outside school but not particularly in school, although we know that it does happen.

Q57 **Stuart C. McDonald:** As for the reasons why young people are carrying knives, you mentioned that it is cool to be part of a gang, for example. In a submission to this Committee, the Children's Society has mentioned peer pressure, fear of violence, feeling a sense of power, and also normalisation of weapon carrying. Is that a pretty comprehensive list?

Maggie Clarke: Absolutely. I completely agree with that. That is what our nurses are finding.

Q58 **Stuart C. McDonald:** Is there anything else you would add to that list?

Maggie Clarke: No, I don't think so. That has covered it. It is the normalisation of knife carrying and the lack of understanding about what the consequences might be if you are involved in a crime or if you have a

knife. I think some people might see it as, "I've got this knife, I'm completely protected and I'm fine" but the consequences of what might happen if you were to use that knife, because you have it, I don't think that is fully understood.

Q59 **Stuart C. McDonald:** Do you have any insight into where young people are generally getting their knives? One approach that this Parliament is taking now is to try to further clamp down on where young people get knives, but to an extent, that is an almost impossible task.

Maggie Clarke: I agree. They can get them from the home or from other people. Knives are quite easily available.

Q60 **Stuart C. McDonald:** Again, it is about intervening so that they do not make that choice, rather than trying to stop them afterwards?

Maggie Clarke: Absolutely. That is what I mean by a bigger public health approach to it—what are the consequences, what can we do to support you.

Q61 **Stuart C. McDonald:** At various times you have all mentioned some sort of link between drugs and knife crime in particular, but violent crime overall. There has been a recent increase in serious violence. Has something changed in the drugs market or the availability of drugs, that has caused, or is linked to, this increase?

Dr Nelson: Historically, it is fair to say, Brighton has been a city with a visible drug problem. In the 1980s, there were high levels of heroin use, through to cocaine use, through to marijuana use. The legal highs of five or eight years ago were a massive problem. Now we see a lot of our regular drug users who come via an emergency department using Spice and those sorts of new illegal highs, which is what tends to bring them into contact with the health services, but it is how they fund their use that is having the knock-on, potentially, to some of the violence that we see. Certainly violence between users seems to be on the increase, as well.

Q62 **Stuart C. McDonald:** Duncan Brew, do you have any thoughts on the changes?

Duncan Bew: Some of the violence that we see is definitely driven by that trade and that is driven by both the economics of the market that exists to buy the drugs in the first place, but also the workforce able to work within in it. Some parts of our public sector are driven by key performance indicators and other capital expenditure, the pursuit of performance or perceived performance. Schools have been off-rolling and the police have been, to a degree, screening out certain things. The threshold for certain offences has changed and therefore we have ended up with a larger number of young people who are effectively falling between different safeguarding nets and are on the streets, unseen and at risk. Those young people—particularly those with high levels of adverse childhood experiences, living in our most socially deprived

boroughs—are ripe for exploitation within that drugs market, through all the things that Maggie has talked about, things that lure them in. Of course, once they are lured in, they have bought into it and are in debt to those organisations. They are remote-mothered, using apps, and they are really drawn into it in a way that makes it very difficult for them to extricate themselves from those structures once they are in them. That is what has changed.

Q63 **Stuart C. McDonald:** Finally, another thing the Department is looking at just now is regulation of access to corrosive substances. Has there been an extent to which sometimes gangs have replaced knives with acid? Or is that a separate trend altogether?

Duncan Bew: We saw a bit of a trend with improvised weapons, such as screwdrivers rather than knives. Sometimes we still see that, which is why it is important to look at the intent rather than just the weapon.

With regard to acid, I do not think they have replaced knives with acid because we still see both. It is important to talk about corrosive substances because quite often it is alkalis rather than acids.

I am not sure they have replaced knives with acid. There have been particular boroughs where there has been a trend to move towards acid. People talk about the balance of diseases and spreading between certain boroughs in London. There have been certain boroughs around the country where there has been a particular focus on acid as a weapon while it has not been the case in other areas.

Q64 **Stuart C. McDonald:** Do you notice any difference in the profile of typical victims when it is an acid, or corrosive substance, attack rather than a knife?

Duncan Bew: Globally there is a big difference between different countries. Within the UK, quite often it has just been opportunistic or it has been related to someone specifically being targeted, but there is no pattern.

Q65 **Douglas Ross:** Can I start with Dr Nelson and your role as assistant medical director of the South East Coast Ambulance Service? The previous panel spoke about protection for police officers who attend a scene where there has been a stabbing or, potentially, a stabbing is in progress. Is there enough support for ambulance technicians and paramedics as the first on the scene, trying to offer emergency help? They have none of the body armour that police officers have.

Dr Nelson: Absolutely. There are a number of initiatives mirroring work that is being done across the country, things like joint response units where police and ambulance service personnel will go to this sort of call together to provide both public order elements from the police service and medical care from the ambulance service, so that medical care can reach patients in a timely fashion. Police and ambulance services do work very closely together. Quite often calls for penetrating or other large-

scale trauma will come via the police service to the ambulance service so it may be that there are already police officers on the scene, and also vice versa; when something like a stabbing comes in, the point of contact will be the police service, to make sure that there is a police response.

Do I think that all ambulance service personnel should be provided with stab vests? Although there certainly is a level of violence within the region I work in, I don't think that that is necessary at this time. I do think that good, joined-up working and initiatives to work with the police service probably provides the level of protection that we require at this point in time. However, obviously you do have to take each case separately. We do have specialised resources within the ambulance service. There are hazardous area response teams and our critical-care paramedics have specific training to work with firearms officers for protracted or active scenes. They do have the appropriate ballistic protection to support both the police going forwards and those providing medical care to the injured.

Q66 **Douglas Ross:** This is not a criticism in any way but is there potential that the response time is lengthened waiting for two parties to go and waiting for protection for the ambulance personnel? Do you have any hesitation about people responding to stabbing calls that come in?

Dr Nelson: Stabbings are a very small part of the work of the ambulance service so it is very difficult to generalise. I am not aware of any cases where patients have suffered because they have not been provided medical care. It is about partnership working. It is about trying to understand the needs of the injured parties but also not placing any emergency service provider at unnecessary risk. The joint response unit seems to work well in addressing that objective and it may be a model that is looked to be spread out across the South East Coast Ambulance Service. It certainly works well within London with LES and Metropolitan Police.

Q67 **Douglas Ross:** If you deal with a victim and others and a case ultimately goes to court, as a result of your involvement as someone who potentially has treated a victim or the perpetrator, would you automatically have to go and give evidence?

Duncan Bew: We would provide a police statement with regard to any assault that comes through the hospital that is requested by the criminal prosecution service or by the police. If we were required to give further evidence, we would do so in court, in addition to giving our statement.

Q68 **Douglas Ross:** I wanted to check exactly how it worked. We spoke to four people who had lived through murder trials, some of them going on for several years, and clearly that has a harrowing effect on the families, both emotionally and in terms of time away from work. Do you think the court process does not suit you particularly as witnesses? Presumably, if you are stuck in court, giving evidence, you are not doing the job that you are highly trained to do.

Dr Nelson: From a personal perspective, the number of times I have been called to court to give evidence, compared with the number of statements I have written, is minuscule. The courts understand the work that needs to carry on on a daily basis and unless there is clear information required that is not contained in the statement, irrespective of the severity of the case, it is very rare to be called to give evidence from an emergency department perspective.

Duncan Bew: The courts are very understanding about out time and, in turn, we provide very accurate statements so we are very seldom called up and when we are it is for short periods. What we can do better is streamline the process whereby we provide the statements, so that information is gathered more expediently, to be able to help the court process, so as not to cause delays. We heard from the families about the delays and the time spent by those families waiting for trials to take place. Quite often it is the administration of things like collecting statements that contributes to some of those delays.

Q69 **Douglas Ross:** That could be at your end, presumably.

Duncan Bew: Quite often those requests come through to us and we provide those statements but the requests may not come to us directly. I think there are ways in which that process is being improved at the moment, for us to be able to provide statements more quickly and more accurately.

Q70 **Rehman Chishti:** Going back to Mr Norris's question about individuals who present themselves at hospitals and their types of injuries, from speaking to senior police officers—and coming to the point about the violent-crime strategy and the issue of dangerousness—I was led to believe that previously you had individuals linked to the supply of drugs who were carrying knives and would use the knife to stab somebody in the thigh and the buttocks as a deterrent and that now you have more of the direct intent approach of harming somebody, whether it is in the chest or whether to cause other serious injury, and that gives the overall perspective of the dangerousness element, which we have to look at and which you no doubt will then have to give evidence in court about, as to whether they intended to cause that serious injury or whether the serious injury was not intentional, which is often what is in dispute in trials. On that perspective—from where the injuries were before to where they are now, and their type—would I be right in making that assertion and assessment?

Duncan Bew: We still see single stab wounds—injuries that have been carried out as an act to get ratings and status within a criminal enterprise. What we have seen a move towards, particularly in the last 18 months or so, is injuries that are more devastating, particularly to areas of the body that are more difficult to treat.

Rehman Chishti: Correct.

Duncan Bew: Certainly for those homicides that were reported in the press earlier this year, they were really devastating injuries where the victims very sadly could not reach the hospital because of the seriousness of their injuries.

We still see the more low-level stabbings, the single injuries, all the time, but how many of those are just purely opportunistic, related to low-level thefts or things like that, and how many are driven by the specific desire to get ratings within the structure, is difficult to say. Certainly, the number of cases that come in with more devastating, multiple injuries has increased over the last 12 months.

Q71 **Rehman Chishti:** They have increased over the last 12 months? Would you agree with that?

Dr Nelson: Absolutely. From what we have seen, comparing previous academic work looking at where patients have been injured, in the work that we undertook, we found that there were a greater number of injuries to the torso. Certainly, as Duncan says, in the last 12 months or so, the number of patients who have come in with multiple stab wounds to the torso and abdomen has increased significantly.

Q72 **Rehman Chishti:** That goes to the point about the dangerousness attitude of individuals, where they are going to the main part of the torso, where they can cause maximum injury. Would I be right in saying that?

Dr Nelson: Correct.

Q73 **Rehman Chishti:** The other point on that, picking up what Mr McDonald was saying about acid and different types of material being used, can I seek this clarification? Most of the knife injuries that you see now are not with the type of zombie knives—zombie knives are those checkered knives—these are ordinary knives, which people have in their households. So the issue now is about stopping people using the knives and carrying them in the first place rather than about them having those checkered zombie knives. Would I be right in that?

Dr Nelson: Certainly from a local perspective in the region that I work in, we do not see that sort of injury. It is very much a small-bladed knife that seems to be used.

Q74 **Rehman Chishti:** A question to Ms Clarke. On that basis, the reality would be that it is about prevention and stopping people carrying knives because any knife can be used to cause injury, rather than just specialist knives. Yes?

Maggie Clarke: Absolutely.

Q75 **Rehman Chishti:** The final question, if I may. With regard to the serious violence strategy and the effectiveness of the Government's response, I presume all of you have read the strategy. Is that right?

The point I want to ask about is this; it is about early intervention. I have spoken to somebody who has worked in youth offender institutions and now does a brilliant job as a vicar and who has also secured some funding from the Government to prevent people carrying knives, Reverend Nathan Ward. He says this about the serious violence strategy and I would like to take your perspective on this, Ms Clarke. "The serious violence strategy also talks about early intervention. The common theme, I have found, is that the thresholds for early intervention are far, far too high, which means in practice, early intervention is late and often too-late intervention". Is he right in saying that?

Maggie Clarke: That completely resonates with me; absolutely. We need to be in earlier, talking universally to families. It is not always the families—some of the families, we know—but it is universal, going in very early and working with young people in primary schools.

Q76 **Rehman Chishti:** The second point the brilliant Reverend Nathan Ward makes is this: "The point I would make is that local authorities, when placing a young person in another local authority, don't always notify the residing authority, especially in post-16 semi-independent support units. This means that LAs are not aware of the high risk of some young people in their area. This has come up via every professional I have spoken to." Is that correct?

Maggie Clarke: I am afraid I do have to agree with that.

Q77 **Rehman Chishti:** Are the Government listening to get this strategy correct? Or are they bent on pushing for what they think is right rather than listening to experts?

Duncan Bew: There has been a sea change in the language used about violence prevention in the last six months. Our mayor, the Home Secretary, Cressida Dick—everybody within London—have been talking about the public health approach and genuinely thinking about a more joined-up approach, more sharing of information, and less around a violence reduction unit but violence reduction networks where information is shared and, genuinely, about individuals at risk—but that has to have local relevance. You can have a strategy that in a global context takes that structure but the locality has to be within the community, in partnership with the community, and it has to have cultural credibility and relevance to the threat that people face in their real lives. That is the key.

Also, however, with regard to the interlink between school nurses and the different charities, all the various charities have their own role to play within this, but often they are misconceived as having the same role and they are competing for the same resources. What has not happened is that we have not been able to accurately articulate the ways in which the different charities can complement each other in the overall delivery of strategy and at the operational level. That is an issue because the funding for smaller charities, in particular for the way they can work

together, is very difficult. The larger charities may be able to sustain funding but the delivery that is happening at the grassroots and within communities is not sustained. That makes it really difficult to make the transition from an attitudinal change to a behavioural change within communities.

Dr Nelson: On Duncan's point about longevity, the response is important. If we take this as a public health event—if there was an easy solution, it would have been done in the past and we would not be having these conversations—it is about getting the response tailored, using the expertise that is out there, but having it delivered across a five- or 10-year cycle, and not just across an 18-month cycle, saying "Job's done" and we come back to it again in five years' time when there is another problem. It is about putting longevity and lasting effects in place.

Q78 **Chair:** Can I ask the magic wand question? If you had a magic wand, if there was one thing that you could change overnight to make the biggest difference, what would it be?

Duncan Bew: For me, inclusivity. To build inclusivity into policy so that we do not create silos of risk for people; to actively create within policy the ability to look for those who will be at risk; and rather than drive organisations towards key performance indicators, having safeguarding as part of the integral structure and genuinely listening to communities, not just making assumptions that all communities are the same, talking to communities and listening to them so that the help that is being provided to disentangle those violent environments is genuinely relevant to what they need.

Q79 **Chair:** Can you give me a practical example of what that would mean in practice, happening in future, compared to what you see happening now?

Duncan Bew: Take good examples of good practice around public health approaches, like the VRU in Scotland, Cure Violence in Chicago or the INSPIRE approach of the WHO, and give them direct local relevance within a particular community. Within London, we have an issue with interpersonal violence but it is very seldom related to alcohol. In a different area of the country, in a coastal town with equal levels of deprivation, the issue may be sexual exploitation. There may be very different pockets of risk for people, and there are unknown unknowns outside of the target zones we think we are looking at, because of assumptions; that is the problem. It is about the approach, taking a proper public health approach and always maintaining relevance for those people who are at risk. It is not just a static thing. It is a listening objective that continually grows its curriculum and targets those who are genuinely suffering.

Q80 **Chair:** Ms Clarke, your magic wand?

Maggie Clarke: I completely agree. It is taking a public health approach. I would obviously say more school nurses so young people, families, and communities have that support out there. I totally agree with Duncan

that the strategy is amazing but we do need local and community involvement because communities have to be part of our solution, not just seen as the victims or the problem. Communities know what the problem is. They can help us with it.

So, a public health approach, but we have a part to play. We need to collect data and share data, and we need to clearly articulate what is happening out there so that people know where the problems are and what can be done about them.

Dr Nelson: It was clear from listening to some of the victims' families today that there is a huge amount of work being done by people who have been affected by violent crime. My wish: to have a regional understanding of what each region already has, the expertise that exists within them, and a forum for those people to come together and see, as Duncan says, that they are not competing for a small pot of cash but that there is evidence of good practice, of real development of strategies that work at a local and regional level, seeing how that can be rolled out—to start off with, across the region but then on a national scale—to use the expertise that exists rather than trying to reinvent things for the sake of a new strategy.

Chair: Thank you very much. I thank you not just for giving evidence today but also for the immense amount of really important working you are doing to help victims of violence. Thank you very much.