



Serious Violence Duty

Bury's Strategic Needs Assessment

Updated January 2025

Executive Summary

This is Bury's second Strategic Needs Assessment in relation to Serious Violence. The aim of this strategic needs assessment is to provide an overview to our communities and partners about our knowledge and understanding of violence across the Borough of Bury, in the context of the wider Greater Manchester region, and the risk and protective factors for why violence occurs.

Bury's LET'S principles are at the heart of our approach to tackling Serious Violence. In building a strategy, we will ensure that our strategy is distinctly local – driven by the latest performance and intelligence picture of the area. We will ensure that it is enterprising – allowing each citizen to thrive in their livelihoods by taking a life-course approach to prevention and early intervention. We will ensure that violence reduction is done together with the citizens of Bury, ensuring that our work is done 'with' – not 'to' the communities. Finally, we will ensure that our strategy builds on Bury's existing strengths – such as our strong partnership-working across sectors – so that that we tackle the root causes of violence from every angle through directing our efforts on existing assets and services with a proven track record to bring about positive change.

Our Strategic Needs Assessment highlights where our spatial, demographic, and thematic foci lie in terms of serious crime reduction. In the past few years, Bury has seen an increase in violent crime offences in line with regional and national patterns. Overall, most Serious Violent Crime (SVC) takes place broadly in the East and South of the Borough, and the N1G1 Bury East beat remains the District Hotspot for most categories; with problem areas around the Interchange and surrounding vicinity, as well as Silver Street, particularly during the NTE after premises close. More broadly, areas experiencing the highest volumes of violent crime are also those that are the most deprived. We know that Adverse Childhood Experiences (ACEs), including poverty, are high determinants of criminality. As such, local efforts must lie in preventative, early intervention work within these areas with a focus on cost-of-living support, family help, and community-building to tackle criminality in the years to come.

Young people feature highly across all types of serious violence discussed in this needs assessment, both as offenders and victims. In particular, the volume of youth victims and offenders of knife-enabled crime and robbery are disproportionate to Bury demographics. Moreover, our violence with injury crime volume in schools and colleges has doubled in 2022. In at least a fifth of offences, victims have experienced ongoing bullying from the offender(s), and many young people in possession of a weapon in school have cited the need for protection as their key motivation for doing so. In order to tackle this, we need to extend our preventative work to a younger audience and ensure that messaging around knife crime and serious youth violence is clear, consistent, targeted and proportionate.

Violence with injury is the most common type of serious violence across the Borough, followed by domestic abuse (including violence with injury), personal robbery, possession of weapon, and knife-related crime offences. Tackling disproportionality in both victim and offender profiles across crimes remains a high priority; an over-representation of BAME groups for arrest, prosecution, and conviction remains disproportionately high compared to the population of Bury, but more understanding is needed as to whether offenders are travelling into Bury to commit crime in order to mitigate and remove any vulnerabilities.

Breaking this down to specific crime types, Bury's Serious Violence picture can be summarised as below

<i>Crime type</i>	<i>Bury-specific intelligence</i>	<i>Victims</i>	<i>Perpetrators</i>
Violence with injury	Remains the top cause of SVC in the Borough, though with slight decrease from previous years. Sees seasonal increases from May-July, October-December	45% of victims are under the age of 25.	2/3 of repeat offenders are male.
Violence with injury (domestic abuse)	Occurs in similar locations as other violence with injury crimes. Second lowest rates in Greater Manchester (although GM higher rates than UK averages).	Bury has a higher than national average of repeat victims in the 18-25 category.	26 addresses accounted for 324 callouts.
Sexual offences	Bury's sexual assault rates are above national averages	N/A	N/A
Possession of weapon	Increase in Bury seen year-on-year, but this increase has slowed down since 2019. 2022 saw an increase of 9.6% compared to the previous years. Majority of crimes related to possession of a bladed article.	68% victims male, 20% under 18, and 63% under 45	Unusual increases in Besses in recent years could be due to the M45 urban street group.
Knife Crime	Bury is one of the lowest areas for knife crimes across GM but Bury East has ranked top in the past couple of years. 20% of Bury's knife crime takes place in the N1G1 beat. Robbery and violence with injury are the highest causes of knife offences.	31% of victims under 18.	36% of offenders under 18. Black ethnicity is over-represented in offenders.
Personal Robbery	Bury has the lowest average monthly count across GM, but there are occasional series of incidents, especially during Heaton Park events and in the N1G1 wards and N2L1 ward. Other hotspots include Metrolink Stations.	Most crimes are opportunistic – repeat victims are rare.	75% of all offenders are under 25 and 50% under 18. Black offenders are disproportionate – 9x higher than Bury's demographics. This requires further research.
Modern Slavery	100 recorded crimes since 2017 with year-on-year increases. 65% of cases are around drug-dealing, 15% around exploitation for cannabis farms, and 10% around sexual exploitation.	76% of victims under the age of 17. Black/Asian groups disproportionate.	No repeat offenders.
Firearms discharges	1 recorded incident in Prestwich in 2022, linked to an organised crime group and debts money laundering debts.	N/A	N/A

As the data highlights, Bury's Serious Violence picture is largely youthful and concentrated in pockets of deprivation, not least the N1G1 beat which sees most of our serious violence cases across all categories. Young people feature highly as both victims and offenders. This is extremely costly – both for current service provision and for years to come. Bury's children are the future of the Borough, and being caught up in criminality from an early age can impact educational development, life prospects, and health. Moreover, while violence impacts the individual, it also has consequences the wider community, negatively affecting social and economic development. Indeed, violence is both cause and an effect of deprivation. Since those who have witnessed it are more likely to partake in it, its presence can cause a cyclical presence of criminality in an area. If not addressed, this work directly against Bury's 'Let's Do It!' goals of becoming an enterprising Borough which is achieving faster economic growth than the national average, with lower than national average levels of deprivation.

With this in mind, Bury's strategy to reduce serious violence takes a targeted, strengths-based and system-wide approach in order to tackle the root causes of youth violence. Bury's approach aligns with Public Health principles, focusing on prevention, early intervention and response activities which take a holistic, data-driven understanding of the problem and apply principles and practices which are evidence-based and based on good practice from Greater Manchester (GM) and across the country.

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Chapter 1: Introduction

Violence is not inevitable. Violence is preventable. Together we can stop violence.

This is the mantra of the Greater Manchester Serious Violence Duty Needs Assessment and one echoed through Bury's approach.

Violence is not an inherent part of the human condition. It can be predicted, and it can be prevented. It is also complex. Risk and protective factors all interact.

There are strong and growing links between early exposure to violence to ill-health across all stages of a person's life (McVie *et al.*, 2019). In addition to death, physical injury and disability, violence can lead to stress that impairs the development of the nervous system and immune system; thereby leading to ill-health in later years. People who are exposed to violence are at increased risk of a wide range of immediate and lifelong behavioural, physical and mental health problems, including being a victim and/or perpetrator of further violence. Violence can also undermine the social and economic development of whole communities and societies (WHO, 2022a).

In recent years, data-driven and evidence-based approaches have produced knowledge and strategies that can prevent violence. These include interventions at individual, close relationships, community, and societal levels (WHO, 2022a). Across Bury, as in the wider Greater Manchester conurbation, communities and partners have come together and continue to do so to find collaborative solutions, to reduce violence and to create healthier and more inclusive communities.

Serious violence is not a singular entity, nor is it experienced universally or in the same way by different people. There are many types of violence. Whilst one strategy, one organisation or one community may focus on one 'type' of violence, there are many inter-dependencies and substantial overlap with similar root causes. It is acknowledged that people living in the most disadvantaged areas often face the greatest impact from violence. This is particularly true for victims, who are often subject to multiple types. Therefore, inequality is a large factor in violence. It is critical that we focus on equality and equity to ensure that we reduce violence.

Bury's *Let's Do It!* approach seeks to reduce inequality and the disproportionate impact this has on specific local communities of place and experience. The 'LET'S principles' are at the heart of Bury's approach to identifying and addressing serious violence – being insight-led; targeting resources with a focus of prevent, reduce and or delay impacts; and empowering our communities.

Through this, we recognise that preventing violence is broader than focusing on the violence alone. It is about ensuring that there is good emotional wellbeing, resilient communities, engagement and cohesion, as well as good employment, good education and supportive and nurturing environments to flourish. It also includes ensuring that we recognise the growing evidence that many perpetrators of violence are often victims of violence too. There have been many studies providing evidence to determine what our risk and protective factors are. Understanding these factors means we can develop and adopt new public health-based approaches to tackling violence. Such approaches focus on stopping violence occurring in the first place by reducing known risk factors and promoting the known protective factors throughout the life course.

Aim and Objectives

The aim of this strategic needs assessment is to provide an overview to our communities and partners about our knowledge and understanding of violence across the Borough of Bury, in the context of the wider Greater Manchester region, and the risk and protective factors for why violence occurs.

A public health approach to violence prevention and reduction underpins this assessment. It considers what the data tells us, listens to, amplifies, and collectively involves the voice of local people and communities, assesses the published evidence, and gathers good practice from other areas within Bury and Greater Manchester. Our objectives for this Strategic Needs Assessment are to:

1. Understand what a public health approach to violence prevention means and how it can be applied in practice.
2. Set out our evidence-base of violence across Bury, considering the prevalence and incidence of the various types of violence by person, place, and over time, taking a life-course approach.
3. Set out our evidence-base of our community assets and where there are opportunities to enhance and strengthen further.
4. Determine the gaps in our knowledge and understanding and make recommendations for future action thereby building violence prevention capacity at national and local levels

Definitions

Violence is defined by the World Health Organization (WHO) as:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

Within various definitions of violence, the scope of the activity which is constituted within the definition varies. In some specific types of crimes such as homicide and knife crime are listed; in others including criminal definitions, certain crimes are classed as offences other than serious violence, for instance:

- According to the current Home Office crime counting rules, rape is classed as a sexual offence rather than violence against the person (Home Office 2022a).
- The Crime Survey for England and Wales does not include sexual violence in their ‘violent crimes’ definition.

The Police, Crime, Sentencing and Courts Act 2022 does not define serious violence for the purpose of the Serious Violence Duty, other than to pertain that terrorism is not included and violence is not limited to physical violence against a person. The scope of the Duty includes consideration of domestic and sexual abuse; violence against property; threats of violence; criminal exploitation; modern slavery and gender-based violence.

Bury's Community Safety Partnership recognises the broader definitions of serious violence, including:

- The Youth Endowment fund which defines this as, *“the use of force or threat of force against another person or people, for example punching someone, threatening someone with a weapon, or mugging someone. This also includes sexual assault, which is when somebody intentionally touches someone in a sexual way without their consent”* (YEF, 2022)
- Serious Violence Strategy 2018, *“Specific types of crime such as homicide, knife crime and gun crime and areas of criminality where serious violence or its threat is inherent, such as gangs and county lines drug dealing. It also includes emerging crime threats faced in some areas of the county such as the use of corrosive substances as a weapon.”*

In line with the above definitions and scope of the Serious Violence Duty, Bury Community Safety Partnership echo the Greater Manchester Violence Reduction Unit in valuing the opportunity to ensure a comprehensive definition of violence is used that includes all forms of violence, which is important when considering the interplay between various types, and from place-based and time-trend perspectives. Therefore, for the purposes of this strategic needs assessment, the WHO definition will be used, whilst also taking into account the Home Office's Serious Violence Duty Statutory Guidance (2022b) as outlined above.

Governance

Bury's Community Safety Partnership (CSP) oversees the planning and implementation of local delivery against the Serious Violence Duty. The CSP's multiagency Tackling Crime and Anti-Social Behaviour subgroup has been re-purposed and expanded to become Bury's Serious Violence Duty Partnership Steering Group, led by a Superintendent at GMP.

The Steering Group is responsible for the co-development of this Needs Assessment and subsequent action plan; with the CSP overseeing and signing these off. The CSP is chaired by the District Commander for GMP and Executive Director within Bury Council, and the delivery of the partnership reports locally to the Team Bury Delivery Co-ordination group.

This Needs Assessment and subsequent Action Plan will be published on the Bury Council website so that it is publicly available, and a copy will be submitted to the Home Office.

Bury CSP is also actively engaged with the Bury & Rochdale Youth Justice Partnership Board who in November 2024 established a formal Serious Youth Violence subgroup which is chaired by the Strategic Partnerships Manager, Bury Council.

Chapter 2: A Public Health Approach to Violence Prevention

The Serious Violence Duty extols the public health approach to serious violence, with the aim on targeted, co-ordinated prevention but ensuring a consideration on the determinants and risk factors in people's lives, rather than just focusing solely on the act of criminality. This is in keeping with Bury's 'Let's Do It' approach and public service reform intentions.

The World Health Organization (2017a) defines a public health approach to reducing violence as one that:

'Seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence... By definition, public health aims to provide the maximum benefit for the largest number of people. Programmes for primary prevention of violence based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at a population-level.'

Violence is a major public health problem, affecting many people's lives through death, injury and harmful effects on neurological, cardiovascular, immune and other biological systems. Victims and perpetrators of violence have higher prevalence of adverse childhood experiences. They often show high-risk behaviours such as unsafe sex, harmful alcohol and drug use and smoking, all of which contribute to lifelong ill health and premature mortality (WHO VRU 22-26, 2022).

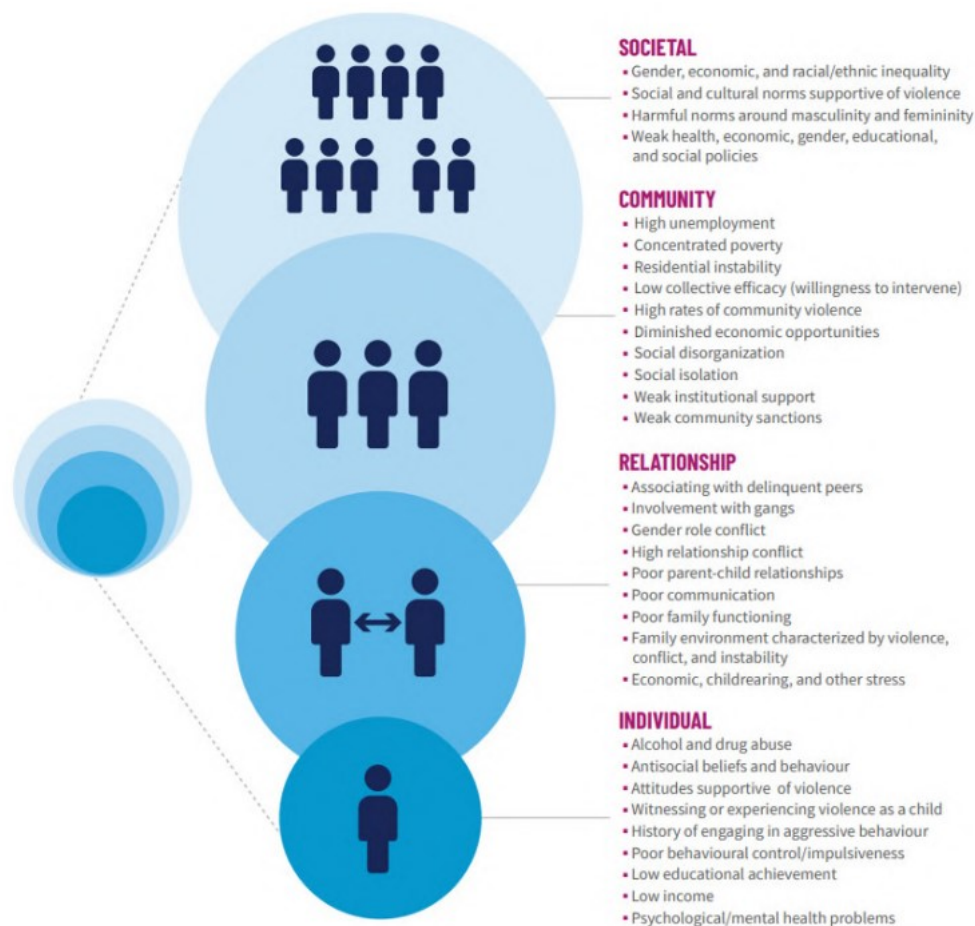
Violence is a major cause of ill health and poor wellbeing and is strongly related to other socioeconomic inequalities. The most deprived fifth of areas in England have hospital admission rates for violence five times higher than those of the most affluent fifth. Violence affects individuals and families through to communities and our wider society. The financial impact of violence cannot be under-estimated and has a significant impact on our health services, criminal justice system and wider economy (Bellis et al., 2012).

Because of its complexity, the biggest opportunity to reduce and prevent violence is to have a whole system approach that is led by our communities. It is necessary to first understand the situation, using local data and evidence, and then to address the risk factors and thereby prevent people from being involved in violence, and support those who are victims and those who witness violence. No one agency can resolve this issue alone and no one agency's data can provide enough intelligence (Bellis et al., 2012). There is a need to bring our insight and resources together to enable clearer and more comprehensive understanding of the situation and for shared ownership of outcomes and solutions. As such, partners from across education, early years, health, and care (including public health), housing, wider Council services, Fire & Rescue, probation and the voluntary and community sector are working together across Team Bury – at a strategic level through the Team Bury partnerships, and in neighbourhoods through public service leadership teams and place-based practitioners. The Public Service Leadership Teams are to provide mutual challenge and support on complex cases, problem-solving of system-wide risks and develop place strategies based on community assets, aspirations, and priorities. Their guiding principles are to prevent, reduce and delay, to identify the pareto cohort (80% of work generated from 20% of caseloads), and to apply the LET'S behaviours of asset-based collaboration and prevention.

Social ecology and prevention analysis approaches

Addressing circumstances that impact on people's lives requires a population approach which considers impacts across different levels of the social ecology model.

Figure 2.1 Social Ecology Model of Population Health



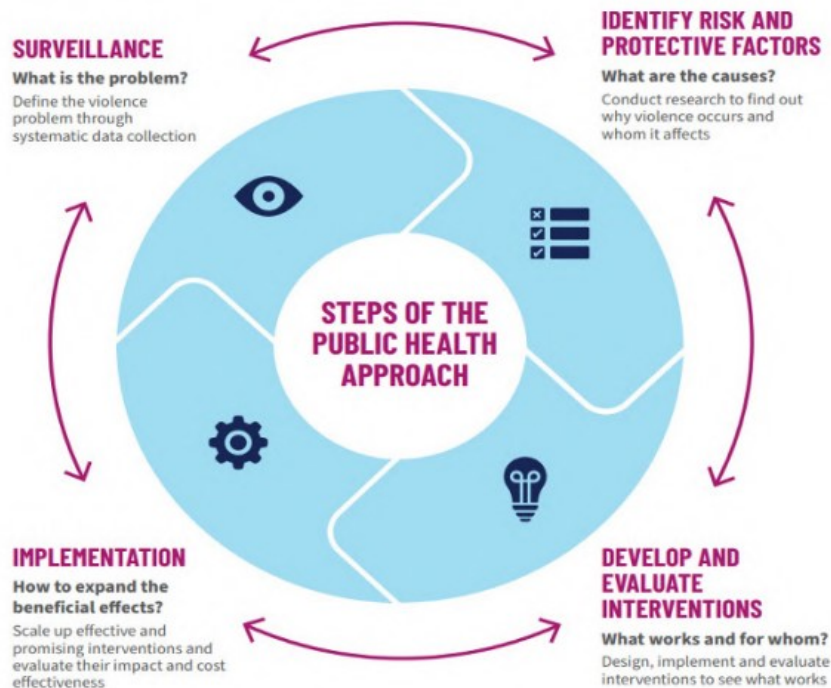
Source: World Health Organization (WHO)

This enables us to get a better understanding as to why some population groups are at greater risk of violence than others and how we can mitigate against it. It recognises the systematic changes and whole system approach to improving outcomes by taking a public health approach. In Bury, this recognises the importance of the wider “*Let’s Do It!*” strategy and policy framework to support thriving and resilient communities, but drills down to the very local circumstances and life conditions of individuals.

As such, interventions take place across a continuum from universal through to targeted approaches. This is to improve safety to the greatest number of people whilst recognising bespoke approaches across different communities of place, interest and experience, and furthermore with individuals and their families.

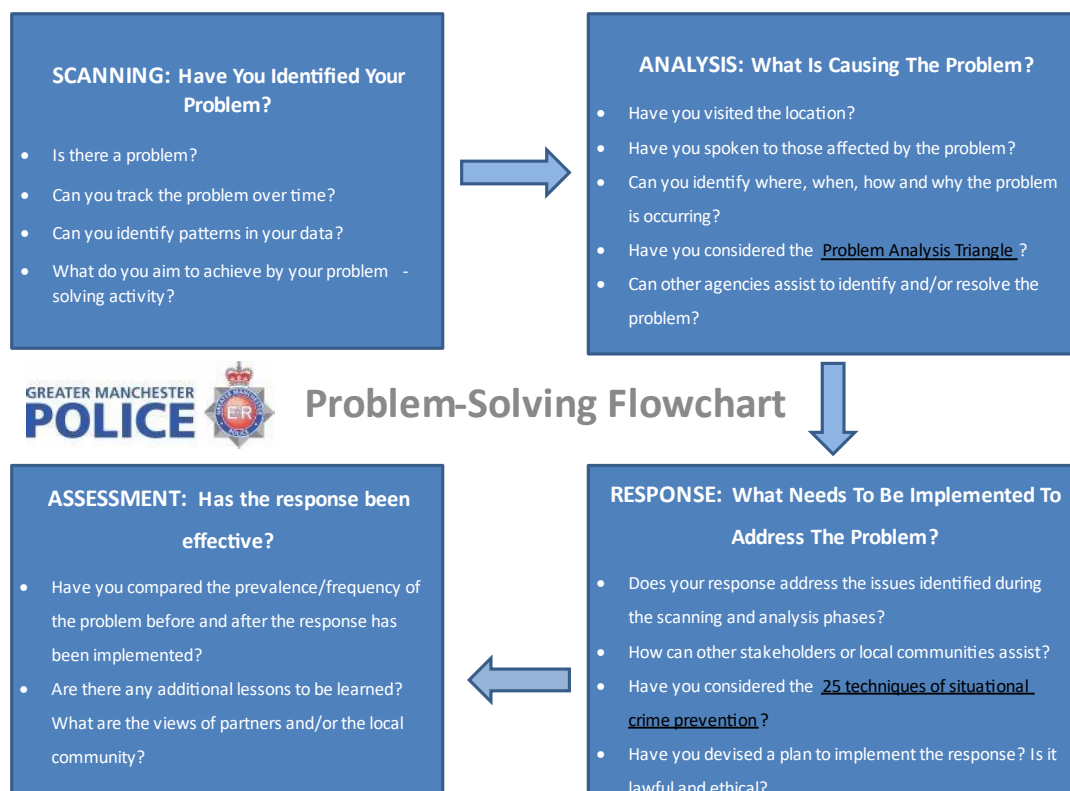
There is a strong synergy between the WHO Violence Prevention Unit four step public health approach with the recursive SARA approach within policing.

Figure 2.2 World Health Organisation Steps of a Public Health approach



Source: WHO Violence Prevention Unit: Approach, objectives and activities, 2022-2026

Figure 2.3: Greater Manchester Police Problem Solving Flowchart



It should be noted that the SARA process isn't a linear sequence. Rather, the acquisition of further data and information informs further questions, refining knowledge and adjustment of approach. The key for both models is that systems don't jump straight to a response without the first stages. When implemented (or facilitated – especially through community empowerment and enablement), the response is evaluated to understand whether it has had the desired impact, improved outcomes and further informs ongoing activity. These approaches provide an analytical framework, separating the different types of violence, the nature of the problem, and the action required to deal with it, but also identifies and emphasises the common features and linkages between the different types of violence which leads to a holistic approach to violence prevention (College of Policing, 2022).

Levels of Prevention

There are three stages of opportunities to prevent violence:

Primary	Prevent violence before it starts. This aims to reduce people's tendency for violence. Primary prevention of conditions for violence should be our main objective.
Secondary	Provide early support when violence is happening, working together to mitigate further escalation and to stop it becoming established. This involves warning and intervention as an early stage, de-escalation of violence, and conflict-handling alongside effective planning. This aims to lower the chances of those involved in violence being involved again.
Tertiary	Look to find ways to help people move away from a life of violence. This includes criminal justice, enforcement, and holding people to account for their actions. It involves response, treatment, and rehabilitation as well as reconstruction and resolution. It is also to ensure that those affected by violence get the support that they need.

Taking a life-course approach is a central pillar to public health principles. By considering the three stages of prevention, we can work together to develop a range of policies and interventions across the life course (Bellis, 2012), considering pregnancy and early years, childhood and youth, and adulthood.

Policies, plans and interventions for preventing and responding to violence need to take account of health and social needs at all stages of the life course, including pregnancy, infancy, childhood, adolescence, adulthood, and older age (WHO VRU 22-26, 2022).

It is clear that 'early years' intervention is critical, ensuring that children and young people have a stable, supportive and nurturing beginning that lasts into adulthood, where intergenerational cycles of violence can be broken.

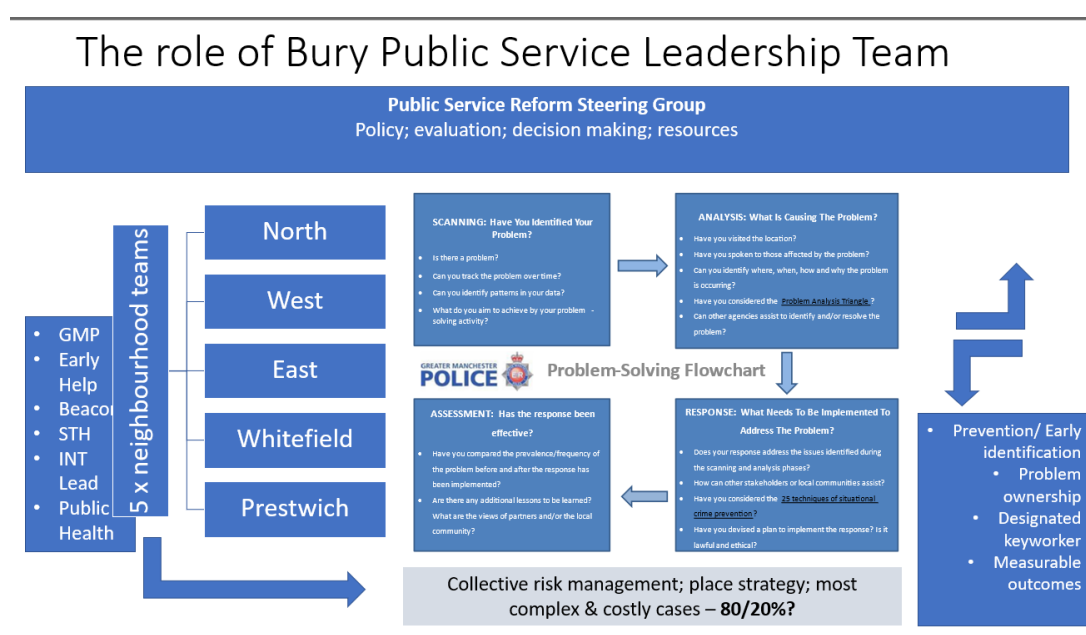
It is important that we understand how violence impacts on each stage of the life course. For example, how domestic violence starts or gets worse during pregnancy through to the long-term impact of adverse childhood experiences and the inter-generational relationships. This is so that we can work on the best evidence to break the cycles of violence and deprivation.

Delivering in neighbourhoods

A key mechanism to delivering such partnership and asset-based approaches is through targeted place-based insight and collaborative activity with local communities. This addresses specific cohorts of risk with tailored interventions, empowering and enabling through linking people to assets where they spend their lives.

In Bury, LET's is being delivered through a neighbourhood model in which practitioners at place (in the neighbourhoods) are increasingly coming together to work in a co-ordinated and collaborative way. In doing so, they are able to collectively identify opportunities for prevention and early intervention, to problem solve as a partnership, and to tailor solutions that best address the specific needs of the local communities in that place. This is led by a series of Public Service Leadership Teams (PSLTs) made up of representatives from across the specified authorities within the Serious Violence Duty – including GMP Neighbourhood inspectors, Greater Manchester Fire & Rescue officers; local Health and Care Integrated Neighbourhood Team Leads; neighbourhood leads from Six Town Housing; the locality Early Help lead in Children's Services, and neighbourhood Beacon Service (social prescribing) link worker.

Figure 3.6: The role of Bury's Public Service Leadership Teams



These PSLTs support a 'Team around the neighbourhood' approach through which People & Communities Plans are being developed. In essence, these support the 'LET'S Do It' approach tailored for each specific neighbourhood, recognising the specific local characteristics of a neighbourhood, the assets available within them (local opportunities), local risks and vulnerabilities, and community-generated priorities.

This Needs Assessment has been informed through PSLT insight, whilst the recommendations for delivery will be realised in place through the teams and inclusion within the respective People & Communities Plans.

Chapter 3: Scope and Methodology

This needs assessment enables us to understand the prevalence of violence across Bury and an understanding of the risk factors and protective factors for violence across the life-course.

The Serious Violence Duty came into force on the 31st January 2023 and covers the requirements set out in Chapter 1 of Part 2 of the Police, Crime, Sentencing and Courts Act 2022 (the PCSC Act). The Duty requires specified authorities – namely Police, Justice (Probation/ Youth Offending); Fire & Rescue; Health (via Integrated Care arrangements) and local authorities – in a local government area to work together and plan to prevent and reduce serious violence, including identifying the kinds of serious violence that occur in the area, the causes of that violence (so far as it is possible to do so), and to prepare and implement a strategy for preventing, and reducing serious violence in the area.

In addition to the specified authorities, there is an expectation to liaise fully with education, prison and youth custody authorities, as well as the local voluntary sector.

When developing this needs assessment, it is important to understand the national, regional and local drivers, including key strategies, legal requirements, plans, and also the interdependent needs assessments and strategies. This is to ensure that the focus and approach is right for Bury, but also so that links can be made to the other documents for avoidance of duplication whilst ensuring gaps are prevented.

Figure 3.1 overleaf outlines the principal policy drivers at a national and regional level on Serious Violence, providing links through to the strategies that both set the scope of this work and contribute to the wider determinants of the safety of local communities. As one of the ten districts of Greater Manchester, Bury is an integral part of the Greater Manchester Combined Authority (GMCA). The GMCA is the regional Police and Crime Commissioners' Office under the Greater Manchester Mayor and the Deputy Mayor who leads this agenda.

As a Marmot region, Greater Manchester is well-versed in seeking to understand and collectively address inequalities and this reflected in this paper through Bury's "*Let's Do It!*" approach.

Figure 3.1: National (Blue) and Regional (Purple) Policy on Serious Violence:

<p>Serious Violence Duty 2022:</p> <p>To ensure that preventing and reducing serious violence is a priority for Community Safety Partnerships (CSPs). National guidance, produced December 2022, sets out effective partnership working, advice on data sharing, information on monitoring and inspection and advice on working with the voluntary and community sector and young people.</p> <p>Find out more here.</p>	<p>Domestic Abuse Act 2021:</p> <p>To reduce the amount of domestic abuse and related crime by stopping people from becoming perpetrators and helping all victims and survivors who have escaped from domestic abuse get back to life as normal. The act also focuses on reducing the amount of people who are repeat offenders, and improving the systems and processes that underpin the response to domestic abuse across society.</p> <p>Find out more here.</p>
<p>Serious Violence Strategy 2018:</p> <p>To break the deadly cycle of violence that devastates the lives of individuals, families, and communities. Sets out how the Government will respond to serious violence. Consolidates the range of important work already being taken forward and renews government's ambition to go further. Focus is not solely on law enforcement but also partnerships across a range of sectors including our communities.</p> <p>Find out more here.</p>	<p>Violence Against Women and Girls' Strategy:</p> <p>To increase support for victims and survivors, ensuring they have access to quality support appropriate to their needs. The Government's long-term fundamental ambition must be nothing less than to reduce the prevalence of violence against women and girls.</p> <p>Find out more here.</p>
<p>Greater Manchester Strategy:</p> <p>The Greater Manchester Strategy sets out a route to deliver a vision for a greener, fairer, and more prosperous region with better wellbeing, homes, jobs, and transport for its 2.8mn residents.</p> <p>Find out more here.</p>	<p>GM Standing Together Police and Crime Plan:</p> <p>'Standing together' is a partnership plan that brings forth a focus on people-centred policing, criminal justice, and community safety across the region. The plan focuses on keeping people safe, supporting victims, reducing offending, and strengthening communities.</p> <p>Find out more here.</p>
<p>GM Serious Violence Strategic Needs Assessment:</p> <p>The Greater Manchester Violence Reduction Unit's Strategic Needs Assessment sets out the broader serious violence picture across the region, establishing a baseline for the strategy.</p> <p>Find out more here.</p>	<p>GM Health and Justice Strategy:</p> <p>The strategy informs and enhances our understanding of the way in which we understand and address the health, social care and criminal justice factors that lead to life-long poor health and reduced life expectancy for those in the criminal justice system (offenders and victims).</p> <p>Find out more here.</p>
<p>GM Gender-Based Violence Strategy:</p> <p>Addresses the disproportionality of issues affecting women and girls, including abuse, subconscious bias, and harassment.</p> <p>Find out more here.</p>	<p>GM Independent Equalities Commission (Marmot City Region):</p> <p>Includes bold and ambitious recommendations to reduce health inequalities and build back fairer from the Covid-19 pandemic.</p> <p>Find out more here.</p>
<p>GM Drug and Alcohol Strategy:</p> <p>Outlines the new, resident-shaped strategy to tackling substance misuse across the city-region.</p> <p>Find out more here.</p>	<p>GM Night-Time Economy Strategy:</p> <p>Supports the region's night-time economy with commitment to ensure good employment and support. As well as the economy, it also focuses on safety, regeneration, and accessibility.</p> <p>Find out more here.</p>

Greater Manchester Violence Reduction Unit (GM VRU)

Established in October 2019, the Greater Manchester Violence Reduction Unit (VRU) is a team of subject leads and experts from the police, probation, public health, health, education, community and voluntary sector, youth justice and local authorities, working together to address the underlying causes of violence and working with communities to prevent it. The VRU in Greater Manchester is one of twenty VRUs across the country.

The VRU, through Greater Manchester's Mayor and the Deputy Mayor for police, crime, fire and criminal justice, launched its Serious Violence Action Plan in the summer of 2020. This action plan sets out seven priorities based on its local data, intelligence and local voices within communities.

Figure 3.2: GM Violence Reduction Unit Overview



Source: Greater Manchester VRU

In April 2020, the GM VRU produced a [strategic needs assessment](#) which has been updated annually. These assessments are important for all concerned. Through such insight, we can identify our needs and assets for our communities and understand local trends as well as intervene appropriately through a universal or targeted approach to prevent violence and strengthen our assets.

Bringing together intelligence on violence into one place ensures a multi-agency lens approach and to allow us to better understand the levels of violence across the city-region. In doing so, strategic priorities and direction of planning can be refreshed and re-focused. This enables collaborative solutions to be found.

Bury is actively engaged with the Greater Manchester Violence Reduction Unit as part of core business and a specific community led pilot in Bury East (see section 7.22) – with the image below showing an example of young people coming together to promote the message of 'I Am Greater' than violence through their work with the VRU to paint a mural and QR information code opposite Bury College at Bury's famous market.

Figure 3.3: I Am Greater mural, Bury Town Centre



Source: Greater Manchester Violence Reduction Unit – see also <https://www.youtube.com/watch?v=8S-iz9fRPCk>

The Borough of Bury and LET'S Do It!

Our vision for Bury, built upon conversations with communities, is to stand out as a place that is achieving *faster economic growth than the national average, with lower than national average levels of deprivation*.

To realise this vision, the Let's Do It! strategy has been co-produced with local communities and partners as our overarching Borough strategy. Our approach is to:

- Let's... All play our part in local communities; with enterprising spirit; working together in a way that recognises and celebrates the assets and strengths of our communities and our residents.
- Do it... by connecting everyone to the plans for economic growth and public service improvement across every township.

In developing this Needs Assessment, and to drive the delivery of actions from this, the principles of LET'S will be central to our approach.

Figure 3.4: Serious Violence through the lens of LETS

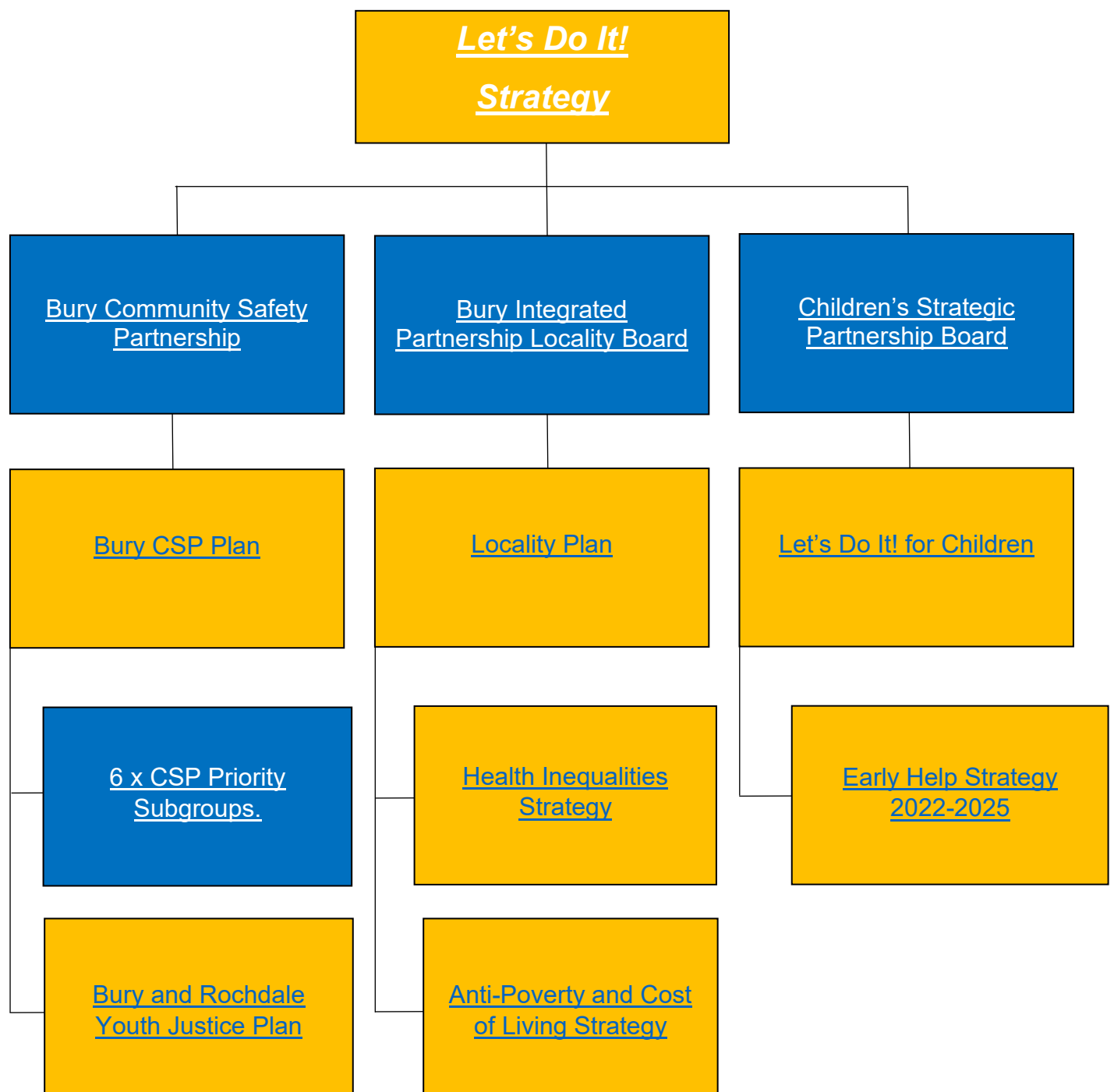
Local neighbourhoods	<ul style="list-style-type: none"> • Focusing on geospatial trends and insights • Bringing and build on collective talents, energies, and community power in our neighbourhoods • Engaging with people where and how they live • Removing barriers to collaboration in communities • Working together across public services as one team in each neighbourhood <p><i>Examples: Violence Reduction Unit community led pilot in Bury East; crime data at beat and Lower Super Output Area spatial levels</i></p>
Enterprising spirit	<ul style="list-style-type: none"> • Removing barriers that that prevent people from getting on and connecting local people to opportunities through their skills, confidence, and relationships • Supporting people to demonstrate pride in places where we live • Harnessing and nurturing all talents to allow equal life chances • Looking for innovative ways to improve outcomes; to do things differently but to also learn from what works. • Being courageous <p><i>Examples: linking apprenticeship opportunities and technical/vocational skills provisions through diversionary activity, e.g. DJ workshops leading to music skill development sessions</i></p>
Delivering Together	<ul style="list-style-type: none"> • Developing a new relationship between public services, communities and businesses based on co-design and accountability • Doing 'with' and not 'to' by bringing a greater focus on wellbeing, prevention, and early intervention • Growing relationships and new connections within and across boundaries • Valuing and developing the role and voices of people and communities to shape and deliver (their) local priorities. <p><i>Examples: Team Bury partnership problem solving on Kay Gardens; Public Service Leadership Teams including Neighbourhood Inspectors, Health & Care leads, housing, and social prescribers; Joint patrols with TravelSafe and Street Pastors</i></p>
Strengths-based approach	<ul style="list-style-type: none"> • Bury being a place where people are helped to make the best of themselves by recognising and building on the strengths - not deficits - of all our children, families and our communities and taking an evidence-led understanding of risk and impact to ensure the right intervention at the right time • Recognising and embracing cultural diversity • Demonstrating dignity, kindness, and respect in all that we do <p><i>Examples: Alliance approach to develop sustainable and innovative approaches to collaboration building from and on local community assets</i></p>

These “LET’S principles” are strongly aligned with World Health Organisation (WHO) approaches to tackling serious violence and the region’s own approach. WHO refer to a *“a comprehensive and coordinated response for preventing and responding to violence requires partnership and collective action with multiple public sectors such as health, education, employment, justice, housing, social development, and other relevant sectors, as well as civil society organisations, faith-based organisations, academia, and the private sector, as appropriate to the country’s situation”* (WHO VRU 22-26). It goes on to note that, *“partnerships with our communities and other organisations is essential so that we develop and implement a whole-system, whole-community response”*.

Meanwhile, the Greater Manchester Serious Violence Strategic Needs Assessment also recognises the importance that, *“through partnership working we take an asset-based approach, recognising all the strengths and resources – natural, human, educational, economic, and environmental – available to a community to improve its security and health”*.

“LET’s Do It!” is the overarching strategy for Team Bury and figure 3.5 shows the wider Team Bury governance and strategies that drives the delivery of this approach.

Figure 3.5: Team Bury Governance in relation to Serious Violence



Key: Yellow – Strategies and Policies/ Blue – Boards and Partnerships

Bury Community Safety Partnership

Delivery against the Serious Violence Duty, including the development of this Strategic Needs Assessment, is being overseen by Bury's Community Safety Partnership (CSP). The CSP is a statutory local partnership which is co-chaired by the District Commander of GMP Bury and an Executive Director within Bury Council. Through data analysis and community engagement, the CSP has developed six core local priorities, with safeguarding running as a core through these. This in turn delivers on the Greater Manchester *Standing Together* Strategy.

Each Bury CSP priority is overseen by a Steering Group and led by a partner member of the CSP itself as set out in Figure 3.7 below.

Figure 3.7: Bury Community Safety Partnership Priorities

CSP Priority	CSP Priority Lead	CSP Subgroup	Links to Serious Violence
Reducing drug-related offending	Director of Public Health, Bury Council	Bury Drug and Alcohol Partnership	Drug and alcohol as a pre-cursor/ determinant to violence including the Night-Time Economy
Supporting victims and tackling the causes of domestic abuse	Director of Children's Services, Bury Council	Domestic Abuse Partnership Board	The Serious Violence Duty includes domestic and sexual abuse – both in terms of victims and perpetrators
Strengthening community cohesion	Chief Officer, Bury Voluntary and Community Faith Alliance	Community Cohesion Group	Promoting integration, addressing tensions and investigation disproportionality in being a victim/ offender of serious violence
Creating and maintaining safe spaces	Group Watch Manager, Greater Manchester Fire & Rescue Service	Creating and Maintaining Safe Spaces Steering Group	Reducing vulnerabilities within communities and settings (town centre/ transport) to increase actual and 'feeling of' safety
Tackling crime and anti-social behaviour	Superintendent, Greater Manchester Police	Serious Violence Steering Group	Responsible for the identification, analysis, and partnership approach to prevent and tackle serious violence
Reducing Reoffending	Assistant Chief Officer, Probation Service Bury & Rochdale	Reducing Reoffending Board	Focus to prevent those who have committed serious violence from doing so again

Methodology and data caveats:

A collaborative approach with local subject experts from a range of agencies and partners was taken. This also included community leaders, young people, and victims to ensure a broad and inclusive methodology was employed.

The data gathered for this needs assessment has been taken from several sources across specified and broader local partners, along with regional and national datasets. Data is available at different levels depending on the source, with some indicators at upper tier authority level and some at lower super output (LSOA) area level. Data is provided as at granular (most local) level available to avoid masking any inequalities that may be present at a hyper-local level.

There is often a time-lag of data. This is more pronounced at national levels but is also often the case locally. This is due to the time taken to cleanse the data to ensure that it is as accurate as possible to enable national, regional, and local comparisons to be made. There can be limitations to the data. For example, not all fields of data are captured at source, and changes in definitions or recording of data changes over time, with some levels of data being too small to present due to confidentiality. Correlation does not mean causation.

It is important that the data and intelligence we use are as complete, accurate and high quality as possible. There are audits that are undertaken to assess the quality of the data recorded and inspections and assessments take place to ensure this.

In 2020, Greater Manchester Police (GMP) was inspected by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), where concerns were raised around the quality of crime recording. Since this inspection, significant improvements have been made. As a result, data from 2021 onwards shows a rise in the number of crimes, including the number of violent offences, stalking and harassment, and violence without injury.

It should be noted that this rise is likely due to improvements to the recording of the intelligence and may not reflect a true rise in offences. It should be acknowledged that different datasets use different definitions for violence. Therefore, not all figures and trends are comparable, and direct comparison is not always possible.

There is a national definition for domestic abuse. However, people are not arrested for 'domestic abuse', but rather the specific crime that they have carried out, i.e. physical abuse, sexual abuse, financial abuse. Therefore, on police records, 'domestic abuse offences' includes all crimes with a domestic flag added by police officers. As such, both violent and non-violent offences are captured. Domestic abuse flagged offences may occur both in public or in private, and offending can be driven by the same underlying causes as other types of violence and therefore has been included in all analyses.

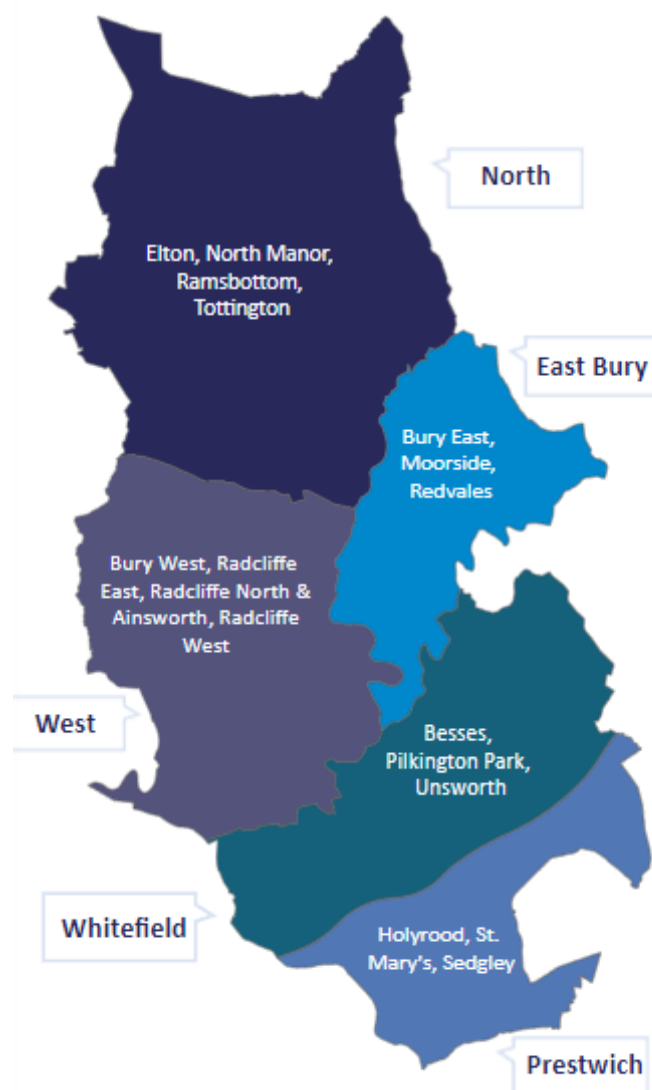
The impact of Covid-19 and the restrictions that were put in place to prevent the spread of the virus since March 2020 changed people's behaviours, which in turn had an impact on violence as described throughout the report. It is too early to tell what the full impact Covid-19 has had on violence and whether any change, positive or negative, is sustained. Therefore, care must be taken when interpreting trend data which includes this time period.

Chapter 4: The Characteristics of Bury

Bury is a Metropolitan Borough located in the north of the Greater Manchester region, situated in North-West England. Bury has a diverse population of 193,850 (Census 2021).

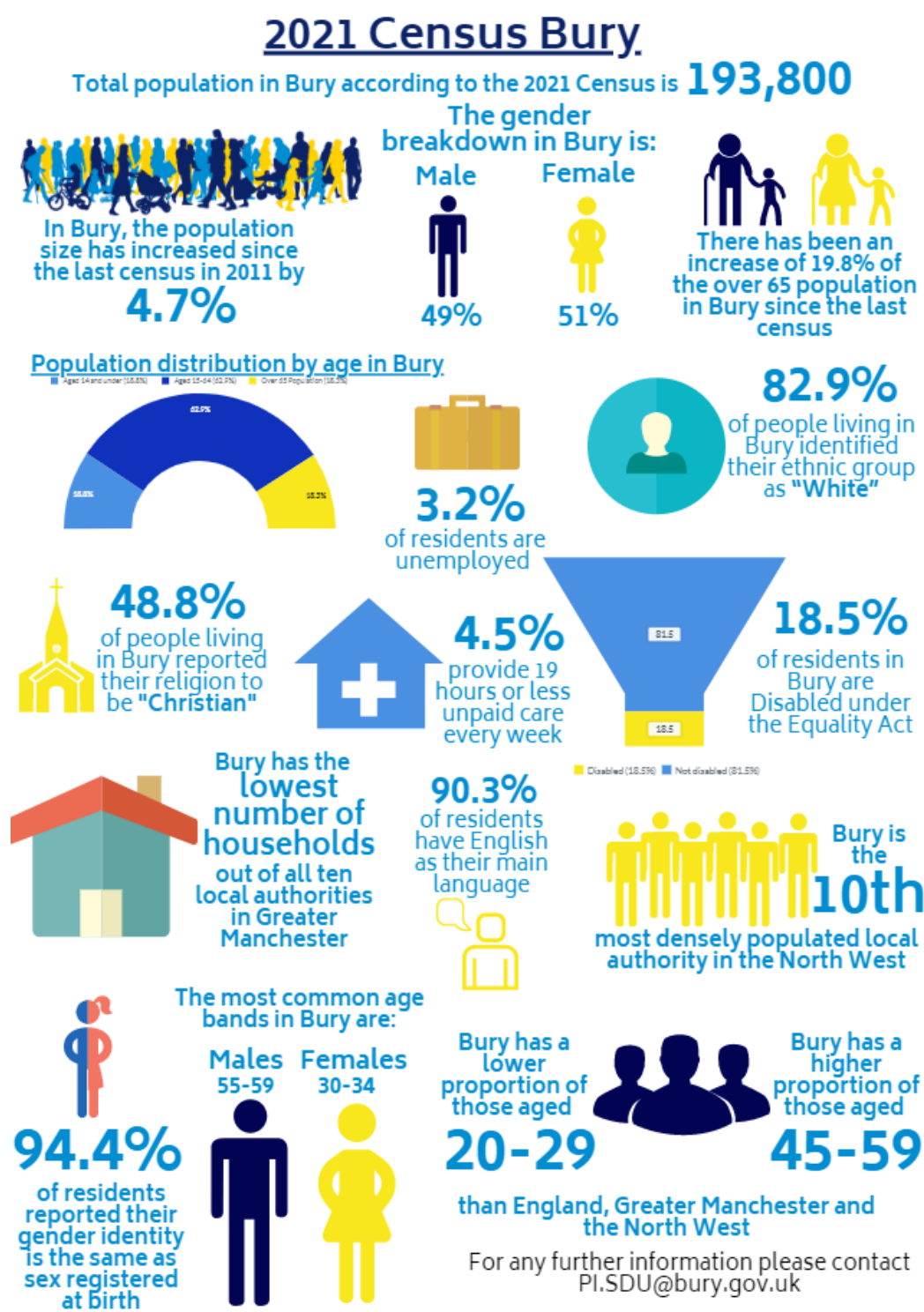
The district is made up of six towns, namely Bury, Prestwich, Radcliffe, Ramsbottom, Tottington and Whitefield – each of which have their own demographic profile, characteristics, and depth of community assets.

Figure 4.1: Map of the Borough of Bury



In keeping with the “*LET’S principle*” of Local Neighbourhoods and the Greater Manchester White Paper on Public Services, public services operate on a footprint of five neighbourhoods, each with a population of c. 30-50k residents. As with the towns that they’re composed of, each neighbourhood has its own character and specific characteristics – which collectively make up a Borough whose demographics are set out in figure 4.2 below.

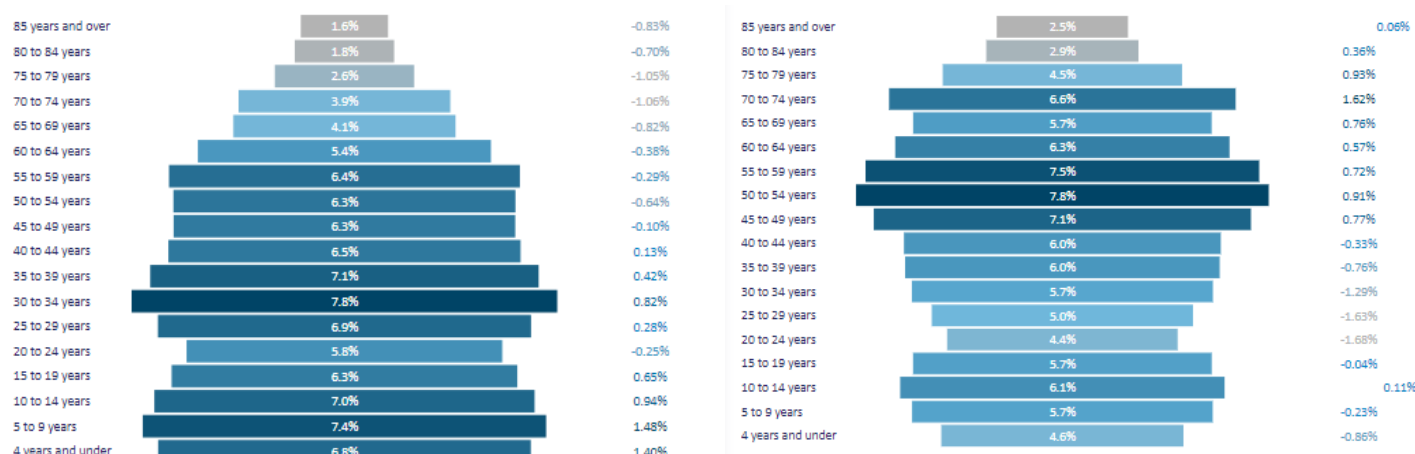
Figure 4.2 : Infographic of Bury's population based on 2021 Census data



Age

The median age varies across the Borough from 30 in Sedgley Park to 51 in Elton Vale. The population pyramids below are for East Bury (left) and North Bury (right) and show the variation within a 3-mile radius in the Borough.

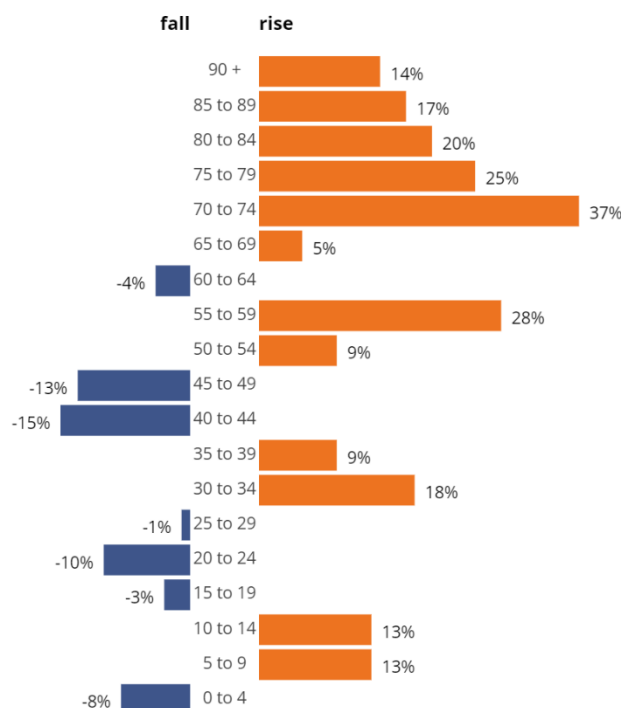
Figure 4.3: Age profile of Bury residents (Bury Directory, 2021)



29.5% of Bury's population are aged under 25, compared to 31.9% across Greater Manchester and 29.1% nationally.

As with Oldham, Rochdale and Tameside, Bury has a highly young population that reduces substantially for 18–24-year-olds as young people leave the area for university and/or work, and a larger proportion of older population (65 years and above). Indeed, this latter population has increased by 20% in the last decade- as shown by the figure 4.4.

Figure 4.4 : Percentage population change by age group in Bury, 2011-2021



Understanding age profile is important from a violence prevention perspective. The majority of victims and perpetrators (sometimes referred to as offenders or suspects) of violence are younger people, from childhood (victims) through to adolescent years and into working age. Young people are most at risk of experiencing violence, and most likely to experience

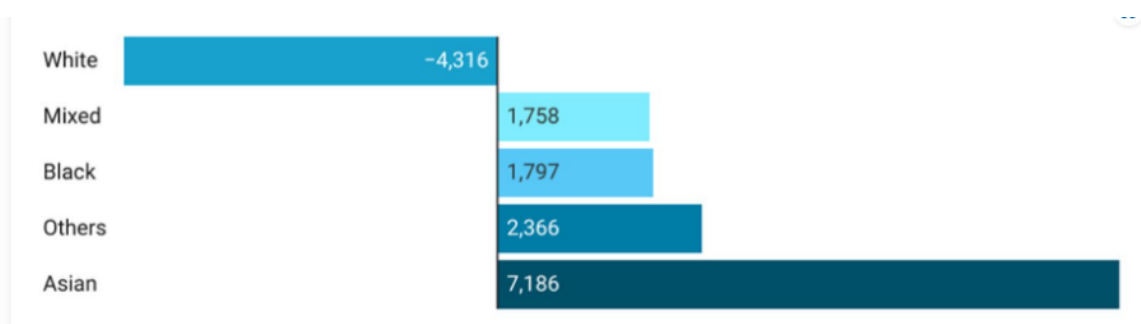
multiple forms of interpersonal violence (Wales Without Violence, 2023). Therefore, it is expected that particular types of violence and crime will be higher within particular parts of the Borough.

Through taking a public health-based life course approach, this Needs Assessment runs through the age profiles to determine the local picture in relation to this national evidence.

Ethnicity and Faith

According to the 2021 census results, the majority of Bury's resident population (160,716 individuals, representing 82.9%) identified their ethnic group within the high-level "White" category, which is 1.9% higher than the national figure of 81% for England. Notably, this figure represents a significant decrease of 6.3% from the previous census conducted in 2011, when 89.2% of Bury's usual residents identified as "White." This reduction is consistent with the nationwide trend, which saw the proportion of the population identifying as "White" decrease from 85.4% in 2011 to 81% in 2021. The image below shows the change in reported ethnicity numbers between the Census is 2011 and 2021

Figure 4.5: Population change by ethnicity in Bury, 2011-2021



Within the Borough, there is significant geographical variation shown in the table below, which outlines the percentage of population by broad ethnic census categories across the 26 Medium Super Output Areas (MSOAs) of the Borough. Figures highlighted in orange show the most significant variation from the Borough average, with those in yellow also notably higher. There are notably higher non-White populations in Fernhill, Pimhole and Fishpool, within the Bury East neighbourhood, and within Whitefield (Besses) and Prestwich. Such variations impact the characteristics of our communities, the nature of assets in these neighbourhoods, and potential risk factors to individuals being involved in serious violence.

Figure 4.6: Variation in ethnicity across Bury

MSOA name	White: English, Welsh, Scottish, Northern Irish or British	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White: Other
Ainsworth & Bradley Fold	92.3%	3.3%	0.6%	1.7%	0.4%	1.7%
Bank Top & Radcliffe East	81.6%	7.6%	1.9%	3.4%	1.5%	4.0%
Besses	75.5%	6.5%	5.3%	4.2%	2.4%	6.1%
Black Lane	90.5%	3.5%	1.0%	1.9%	0.5%	2.6%
Buckley Wells & Fishpool	48.2%	38.0%	2.2%	2.9%	2.2%	6.6%
Elton Vale	90.3%	5.3%	0.6%	1.4%	0.6%	1.8%
Fairfield & Jericho	72.6%	11.3%	5.9%	3.3%	2.9%	4.0%
Fernhill & Pimhole	43.9%	41.6%	2.8%	2.6%	3.1%	5.9%
Higher Woodhill	84.3%	7.8%	1.4%	2.4%	1.0%	3.0%
Kirkhams & Holyrood	77.5%	9.3%	1.8%	2.6%	2.5%	6.3%
Nuttall & Tottington	95.0%	0.8%	0.3%	1.6%	0.2%	2.0%
Outwood Gate	84.6%	4.3%	2.4%	3.0%	1.4%	4.3%
Prestwich Central	73.0%	8.7%	1.8%	3.4%	3.9%	9.3%
Prestwich Clough & Rainsough	74.4%	8.7%	3.3%	4.0%	2.4%	7.2%
Prestwich East	76.4%	7.5%	2.5%	4.2%	2.3%	7.1%
Radcliffe	81.7%	6.6%	3.0%	2.9%	1.4%	4.3%
Ramsbottom	90.7%	3.4%	0.5%	2.1%	0.4%	2.9%
Redvales & Hollins	71.9%	17.6%	1.4%	2.7%	1.6%	4.8%
Sedgley Park	61.7%	17.3%	1.3%	2.5%	7.6%	9.6%
Summerseat	94.6%	1.3%	0.3%	1.6%	0.2%	2.0%
Unsworth	84.6%	7.2%	0.8%	2.3%	0.5%	4.5%
Walmersley & Limefield	79.7%	12.6%	1.7%	2.3%	0.8%	2.9%
Walshaw & Woolfold	92.9%	2.1%	0.9%	1.5%	0.3%	2.3%
Whitefield East	75.9%	9.5%	2.0%	3.6%	2.6%	6.5%
Whitefield West & Park Lane	80.1%	6.5%	0.5%	2.4%	3.9%	6.7%
Whitehead Park	84.0%	7.3%	1.8%	2.4%	1.2%	3.3%

This information important from a violence prevention perspective. We know from the evidence that ethnicity itself is not a risk factor for violence and that there is very little, if any, relationship between ethnic category and involvement in violent crime, drug use, gang involvement, property offences and antisocial behaviour (Stott et al., 2021).

However, we also know from the evidence that there is over-representation of Black and Asian minority ethnic groups for arrest, prosecution, and conviction statistics (Stott et al., 2021) and over-representation of children who are of Black heritage being a victim or witnessing violence. Half (51%) of children who are of Black heritage have been a victim or a witness, which is 12% higher than the rate for children identifying as White (YEF, 2022).

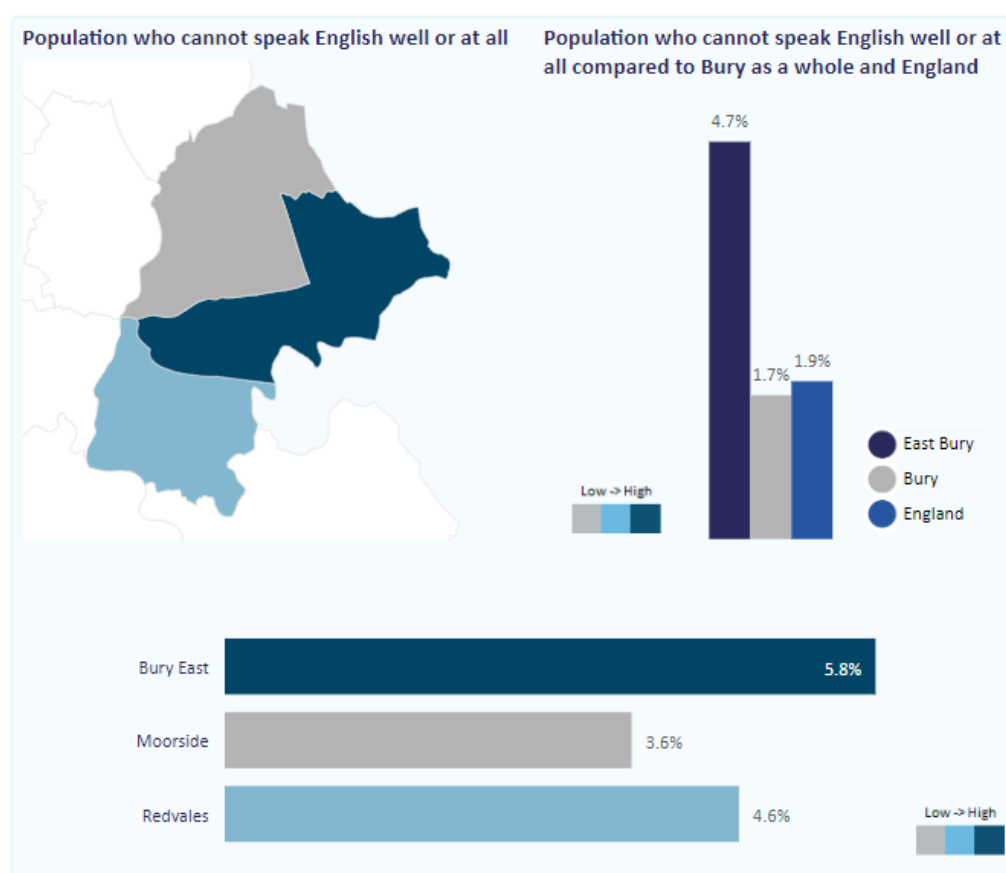
Analysis undertaken as part of Greater Manchester Police's efforts to reduce ethnic disproportionality in policing found that use of force and stop and search is much higher against non-White residents (GMP 2021). Residents who identify as Black are 5.3 times as

likely to be stopped and searched residents who identify as White, 4.0 times as likely to have force used against them, 5.7 times as likely to have a taser used (including drawing a taser only), and 2.8 times as likely to be arrested. While these are lower levels of ethnic disproportionality compared to national data where people from Black heritage are 9.0 times more likely to be stopped and searched (England and Wales), it nevertheless highlights the different experiences of policing and law enforcement of people of Black heritage, particularly young Black males.

Additionally, around 23,000 people in the city region were born outside of the UK -12.1% of Bury residents compared to 12.7% across England and Wales (excluding London). Again, there is significant regional variation in this regard, with figures ranging from 27.5% in Bury East ward down to just 3.5% in North Manor ward.

9.7% of Bury residents have a language other than English as their first language, compared to 8.9% across England and Wales. This ranges from as high as 18.3% in Manchester down to 3.5% in Wigan. The University of Manchester's Multilingual Manchester project estimate the total number of languages spoken in the city region could be as high as 200 (University of Manchester, 2013). Bury East has the highest volumes of residents who cannot speak English well or at all.

Figure 4.7 : Population who cannot speak English well or at all comparison – Bury East



The diversity across ethnicity has similarities to that of faith. In the Redvales ward, for example, the Muslim population currently stands at 28.3% - more than 3 times the national average, whilst the Sedgley ward has a Jewish population of 38%, which is 76 times the national average. North Manchester is home to the second largest Jewish population in the country, with a mix of communities including Charedi, situated across Prestwich, Broughton (Manchester), and Salford.

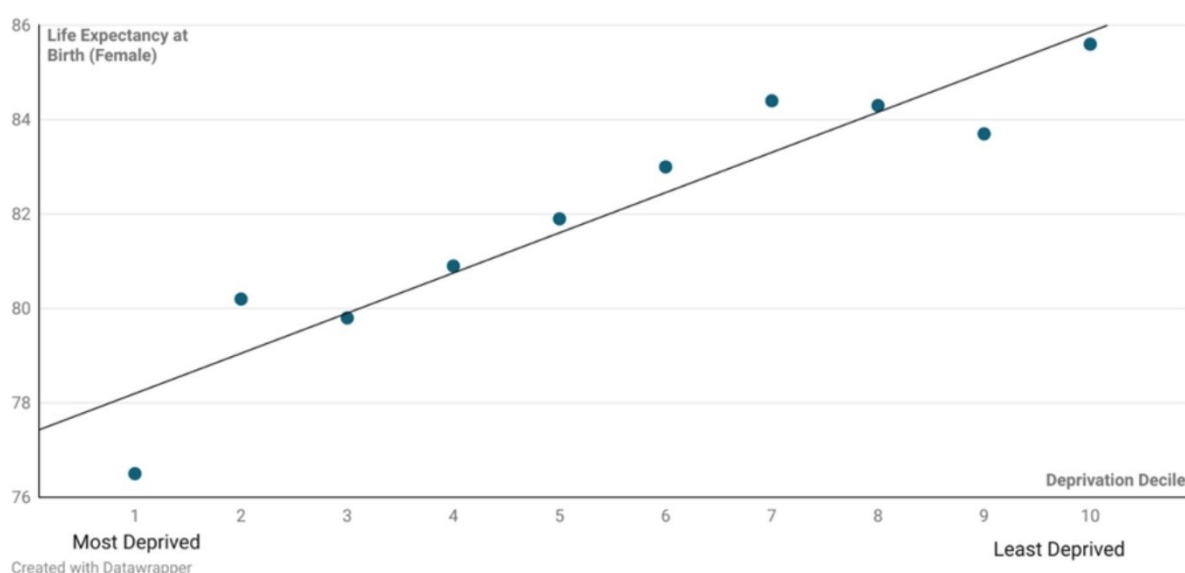
Health, Wellbeing and disabilities

Both male and female life expectancies are lower than national averages across Bury but have stark ward-level variations. Male life expectancy in the Moorside ward – at 74 – is 11 years behind female life expectancy in North Manor.

Life expectancy is a key measure of a population's health status. Inequality in life expectancy is therefore one of the foremost measures of health inequality. An area's overall level of deprivation correlates closely with its life expectancy. People residing in affluent areas have a significantly longer life expectancy than those residing in deprived areas (Raleigh, 2022). For Bury, this can be demonstrated using a "slope index of life expectancy inequality" indicating the disparity in life expectancy between the most deprived and least deprived population groups.

Males born in the most deprived areas (decile 1) have a life expectancy of 71.3 years, which is the lowest among all the deprivation deciles. As the levels of deprivation decrease, the life expectancy increases. The highest life expectancy is observed in males in the least deprived areas (decile 10), with a life expectancy of 82.9 years. The graph below shows the equivalent for females.

Figure 4.8: Life expectancy plotted against deprivation decile



Overall, the data shows that there is a significant gap in life expectancy between the most deprived and least deprived areas, with the gap being more pronounced for males than for females. However, the gap has slightly decreased over times for both sexes - 11.6 years for males, 9.1 years for females.

The Equality Act (2010) defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effects on their ability to carry out normal day-to-day activities. Disability and age are closely related, with older people being more likely to be disabled. Bury's total population who have a limiting illness or disability is close to the national average at 18.5% (compared to 17.3% nationally). Bury West is the locality with the highest rate (20.8%). Bury North has the lowest rate (17.1%). The regional variation in this respect is fairly low on a ward-level.

It is important to understand levels of disability across our population in relation to violence because people with a disability are at increased risk. In 2019, the Crime Survey for England and Wales found that almost 1 in 4 (23.1%) disabled adults experienced crime compared with 1 in 5 (20.7%) non-disabled adults. Around 1 in 7 (14.1%) disabled adults aged 16 to 59 years experienced domestic abuse in 2019 compared with 1 in 20 (5.4%) non-disabled adults.

Sexual orientation and identity.

Bury is home of the first Pride of the calendar year within Greater Manchester, typically taking place in March or April, led by the local LGBT+ Forum. The Office of National Statistics introduced a voluntary question in the 2021 census on sexual orientation. 4,362 people in the Borough identified as orientation other than heterosexual, which equates to 2.8% of respondents. 737 respondents reported not identifying with the gender assigned to them at birth (145 trans men, 165 trans women, 61 non-binary).

Deprivation

There is extensive international and local research indicating that almost all social challenges, from violent crime to poverty to ill health, follow a distinct social gradient and disproportionately affect residents of the most deprived areas. We know from the evidence that the prevalence of violence is higher in more disadvantaged areas and that those who live in the most disadvantaged areas suffer the greatest from the impact of violence.

In line with Greater Manchester's status as Marmot City Region, the Violence Reduction Unit's public health approach to violence, and Bury's own Health Inequality Strategy, recognising and understanding these inequalities is key to tackling the problems of violence (Institute for Health Equity, 2021). As such, deprivation levels as well as demographics are important to understand and contextualise from a violence prevention perspective.

Deprivation is not the same as poverty and although both are related, they are distinct concepts. As an example, despite having a relatively high income, a person or family may still experience deprivation because of other factors like poor housing conditions, a lack of social support systems, or limited access to opportunities and services (Mack, 2016). Deprivation can have a significant impact on health outcomes of an individual, increasing the risk of poor health, injury and premature mortality. This is because people who experience deprivation are more likely to be exposed to physical, social and environmental factors that can have a negative impact on their health, as well as face barriers to accessing healthcare and other services (Hanif, 2015).

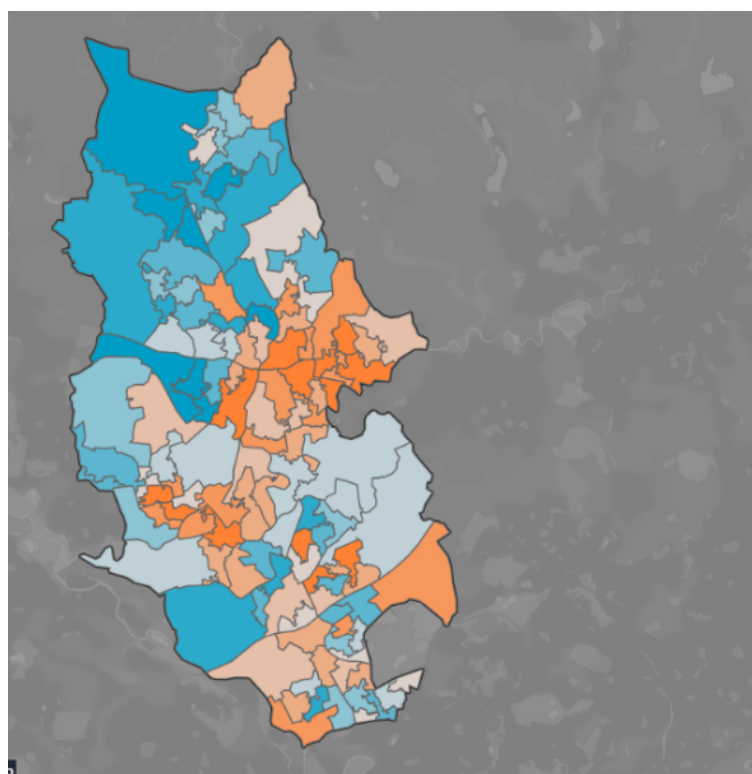
Bury ranks 95th of 317 Local Authorities in England in terms of deprivation ranking (where 1 is most deprived). Overall Bury is the 8th most deprived of the 10 Greater Manchester districts and amongst our CIPFA statistical neighbours, Bury is ranked 15th out of 16 – i.e. second most deprived.

However, digging below Borough level shows stark differences experienced by local communities.

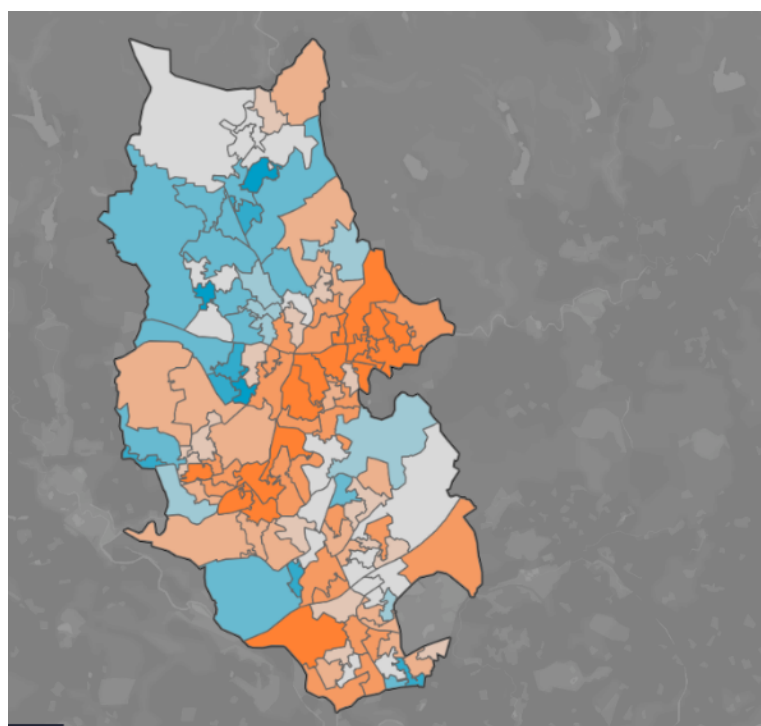
A quarter (23.3%) of Lower Super Output Areas (LSOAs) in Greater Manchester are among the most deprived 10% of areas in England. For Bury, 10% of residents are in the most deprived 10% of LSOAs, with 36% of residents in the 30% most deprived locations.

The maps below show the local and prevalence of LSOAs with the respective deciles according to the most recent Index of Multiple Deprivation data (2019). The top map takes the overall deprivation domain, the second the crime specific domain which indicates that 48% of Bury residents live in the 30% most deprived areas for this domain.

Figures 4.9 and 4.10 – Deprivation levels in Lower Super Output Areas in Bury – overall deprivation domain and crime specific domain.



Decile	Number of LSOAs	% of LSOAs
1	12	10.0%
2	15	12.5%
3	16	13.3%
4	10	8.3%
5	10	8.3%
6	14	11.7%
7	10	8.3%
8	14	11.7%
9	10	8.3%
10	9	7.5%



Decile	Number of LSOAs	% of LSOAs
1	16	13.3%
2	23	19.2%
3	19	15.8%
4	14	11.7%
5	18	15.0%
6	7	5.8%
7	14	11.7%
8	6	5.0%
9	3	2.5%

Source: Greater Manchester Poverty Action

Bury's Anti-Poverty and Cost of Living Strategy identifies the specific neighbourhoods where the index of multiple deprivation is most acute being:

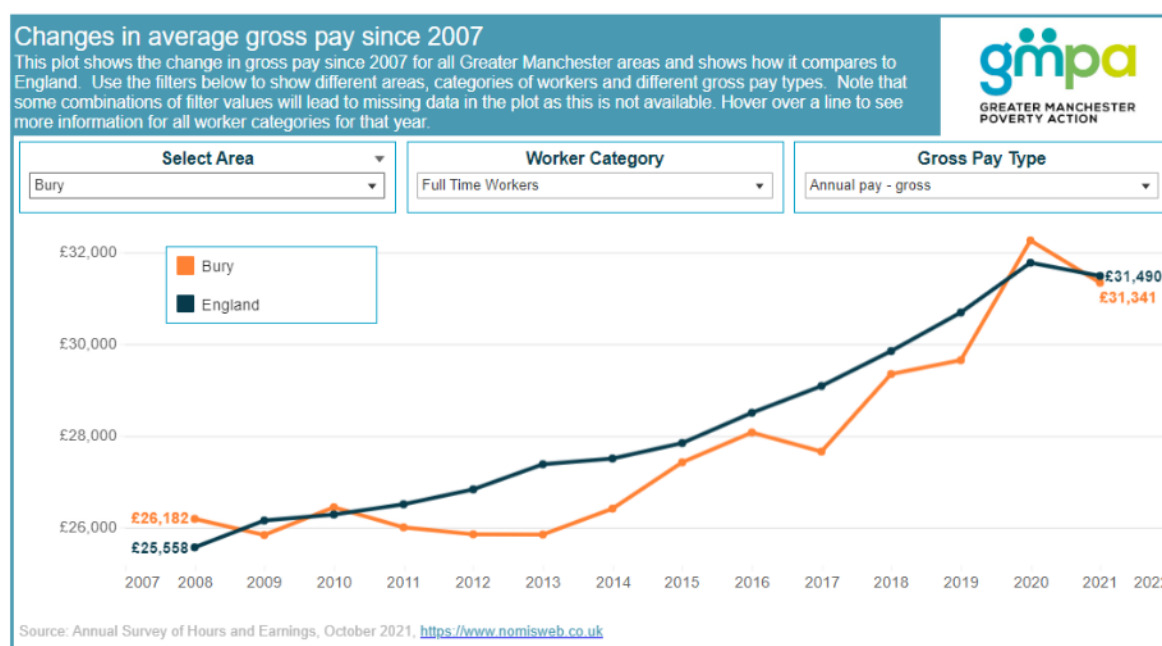
- Bury 007E: Moorside Ward, East Bury, around Kingfisher Drive/ Thrush Drive. (Ranked 50th of 32,844 LSOAs nationally, with 1 being most deprived)
- Bury 016C: Radcliffe North and Ainsworth Ward, Radcliffe neighbourhood, around Coronation Road/ Westminster Avenue
- Bury 021B: Besses Ward, Whitefield Neighbourhood, around Ribble Drive
- Bury 007D: Bury East Ward, East Bury neighbourhood, around Hazelwood High.

Data from NOMIS on official labour market statistics for the period of April 2022-March 2023 shows 81.6% of Bury's economically active population being in employment, above both the North-West average of 73.6 and the national figure of 75.5%.

Benefit claimant unemployment rate in Bury is 5.6%, above the national average of 5.0%, varying from 2.5% in North Manor ward compared to 9.9% in Bury East ward.

Annual gross income at Bury stands at £31,341 - not far off the national average of £31,490. Across Bury, 22.9% of workers were earning below the real living wage (2021). Average total household income is below the Borough average in East Bury (particularly Bury East ward) and Radcliffe (particularly Radcliffe West).

Figure 4.11: Change in average gross pay in Bury and England average.



Place-based context:

Bury's partnership working is strong, as evidenced by our thriving multi-agency boards, public service leadership teams and 'Team Bury' sessions. It is important to consider how we can further strengthen these partnerships from a violence prevention perspective.

Bury's education system consists of 28,121 children and young people of statutory school age in state-funded schools, including 16,090 of primary age, and 11,388 of secondary age, with 544 in special schools. The state-funded landscape is made up of 64 primary schools, 13 secondary schools, and 4 special schools. There are also two colleges and one

independent 4-18 grammar school, as well as an independent, non-maintained special school. 45 of the schools are academies and 17 are local authority-maintained schools.

The percentage of primary-age children in provisions that are judged 'good' or better is 90.3%. The equivalent for secondary schools is 65.7%. The two colleges are both judged 'good'.

To ensure that we have a good health and social care service, Greater Manchester has a recently established Integrated care system (ICS), ten locality integrated care partnerships and nine NHS Trusts: Bolton NHS Foundation Trust; GM Mental Health NHS Foundation Trust; Manchester University NHS Foundation Trust; Northern Care Alliance NHS Foundation Trust; Pennine Care NHS Foundation Trust; Stockport NHS Foundation Trust; Tameside and Glossop Integrated Care NHS Foundation Trust; The Christie NHS Foundation Trust; Wroughtington, Wigan and Leigh NHS Foundation Trust. These partnerships, which include local authority, police, voluntary and community sector, come together to improve health outcomes. The Integrated Care Board is a specified authority within the Serious Violence Duty, 2022.

There are currently four His Majesty's Prison Service (HMP) covering the GM city region, including HMP Buckley Hall in the Bury & Rochdale sector. Additionally there is :

- HMP and Young Offender Institution (YOI), Hindley, in Wigan
- HMP Forest Bank in Salford, which is a contracted prison
- HMP Manchester Prison in Manchester, which is a high security prison

Greater Manchester Fire and Rescue Service is one of the largest Fire and Rescue Services outside London with more than 1,637 members of staff and 41 fire stations. Within Bury, there are three fire stations (in Whitefield, Ramsbottom, and the Town Centre) which are served by approximately 71 firefighters. The stations collectively cover the M60/M66 motorway, the Bury-Manchester Tramline, as well as Fairfield and Prestwich hospitals.

Bury has a strong night-time economy (NTE) offer and is proud to be Purple-Flag accredited since 2015. Bury was also the first town of culture in Greater Manchester and has recently published a new cultural strategy which looks to ensure that culture is embedded in the heart of the Borough's plans, ensuring that it always has a 'seat around the table'.

Chapter 5: The Borough Of Bury – Serious Violence

Nationally, crime has fallen rapidly over the last 20 years. However, since the mid-2010s there have been steep increases in police recorded homicides, robbery, and violence with injury across England and Wales and Greater Manchester. Fortunately, homicides and our most serious forms of knife and gun related crime remain low in numbers compared with other types of crime and violence, accounting for about 1% of all recorded crime in Greater Manchester. However, whilst homicide rates have more than halved in Greater Manchester since their peak in the early 2000s (excluding homicides committed by Harold Shipman), in 2021/22 they stood 49% higher than eight years previously.

Police recorded violent crime has been rising in Greater Manchester, reflecting improvements to Greater Manchester Police recording practices at the end of 2020 onwards. Greater Manchester rates have followed a similar pattern to both national figures and our peers in recent years, and indeed, Greater Manchester's rate of violence with injury is amongst the lowest of most similar forces group in recent data.

Figure 5.1: Annual police-recorded violence with injury per 1,000 residents for Greater Manchester and England, 2002-2022

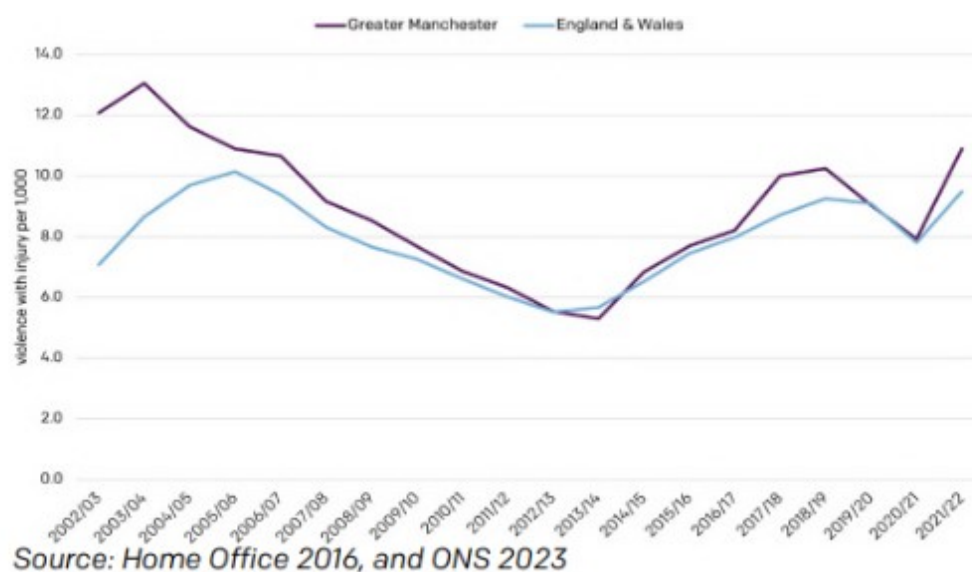
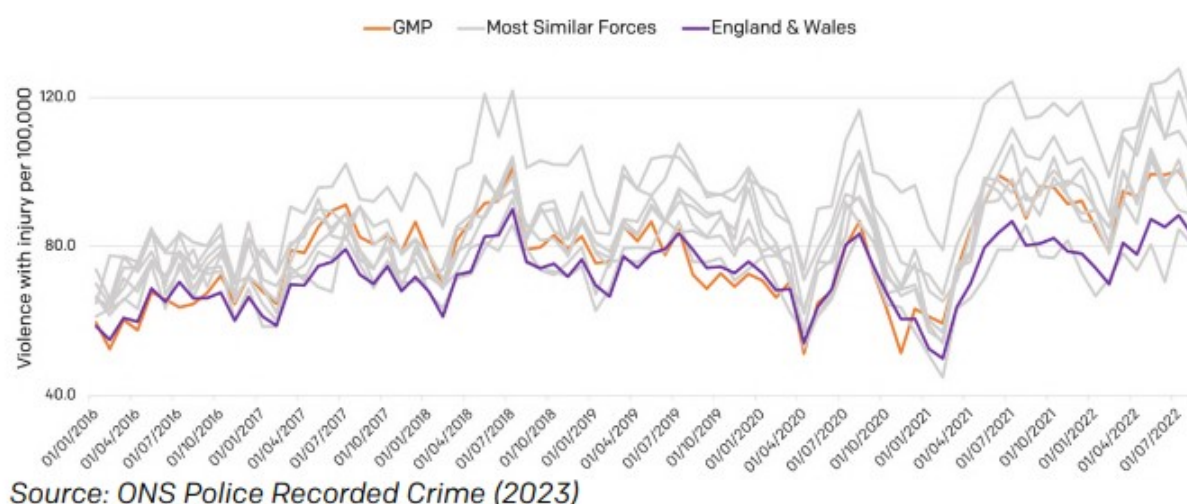
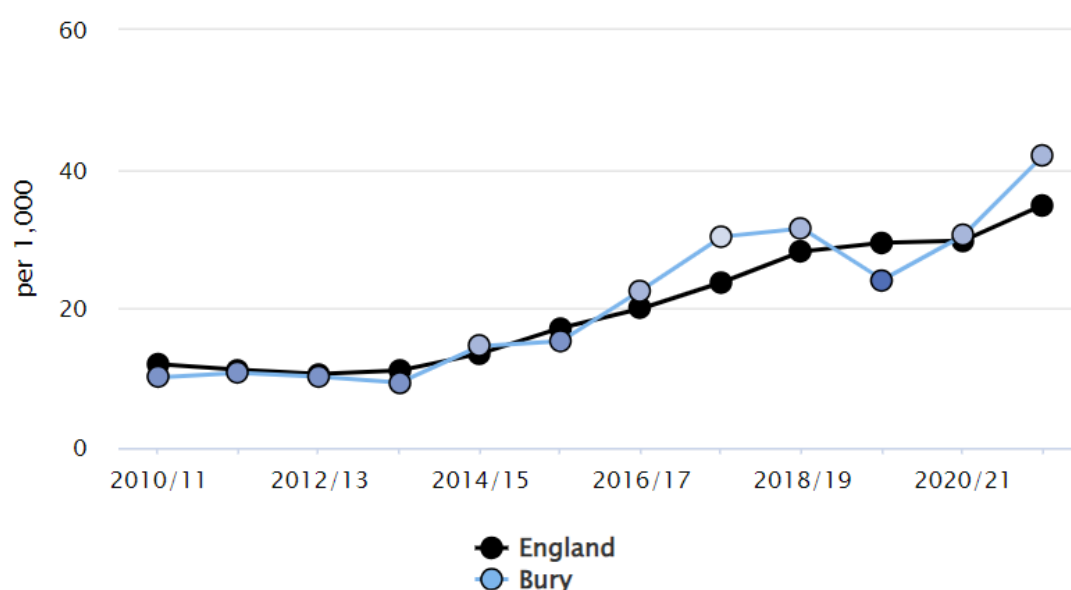


Figure 5.2: Monthly police recorded violence with injury per 1,000 residents 2016-2022



In this context, Bury has seen an increase in violent crime offences. Bury's rate has largely been consistent with the national average and is routinely the third lowest rate in Greater Manchester region.

Figure 5.3: Violent offences per 1,000 population



(Source: OHID's Population Health Analysis Team using Home Office crime data and ONS population data)

Figure 5.4: Police-recorded serious violence crimes- Violence Reduction Unit

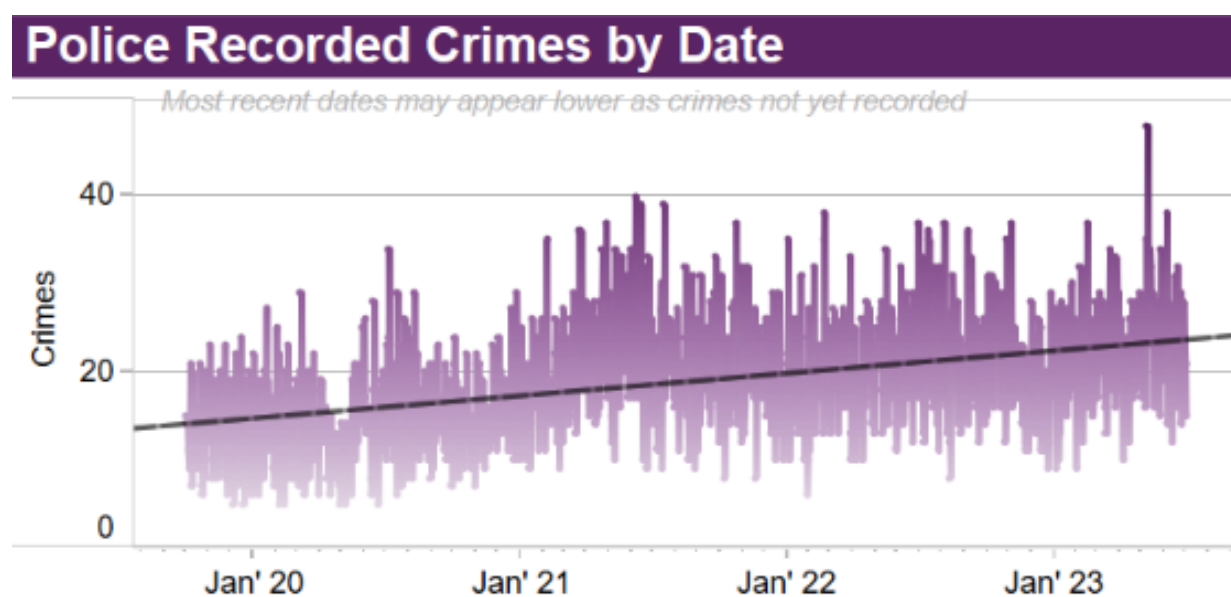
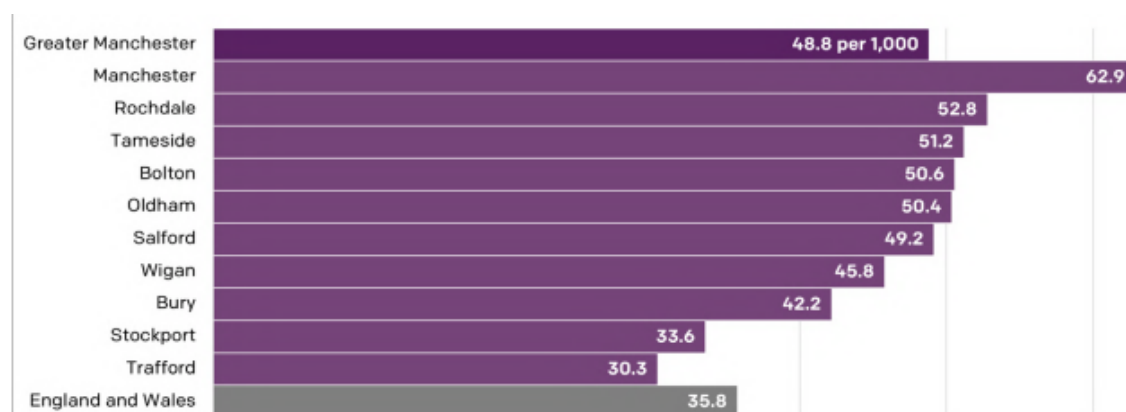


Figure 5.5: Police-recorded violence with injury offences crimes per 1,000 residents for year ending September 2022



Source: ONS Police Recorded Crime (2023)

Figure 5.6: GMP crime data comparator



Overall, the rate in Bury is more pronounced in under 18s than it is for those 18-25, or aged over 25. Of note, such crimes by those aged under 18s are more prominent in the week including Friday evening, whereas for those aged 18-25 this is reversed, with lower weekday levels and increase into Saturday and Sunday. This will be further outlined below.

Of serious crimes within Bury in 2024 this has included:

- **1,637 violence with injury offences recorded which includes which 500 crimes flagged as related to domestic abuse**
- **161 offences of personal robbery**
- **272 possession of weapon offences**
- **225 knife related crime offences (data only available to 30th November)**
- **1 firearm discharge.**

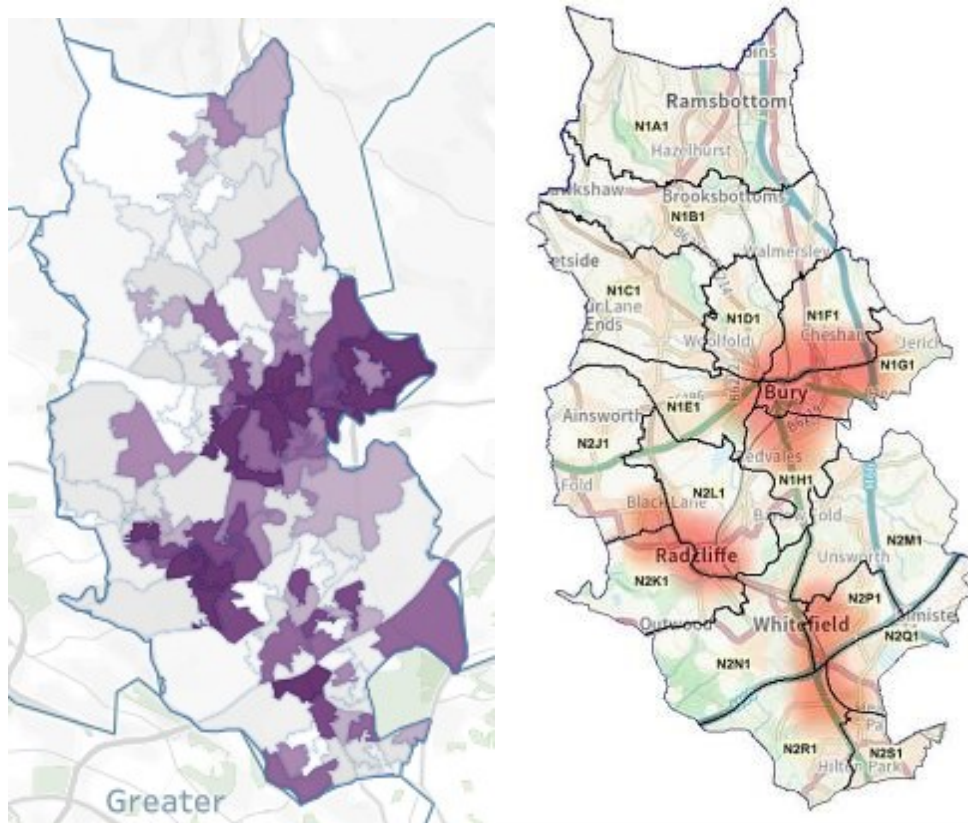
Homicide is a relatively low-volume offence, yet the impact is devastating and far-reaching. In England and Wales, there were 590 victims in the year ending March 2023. This is a decrease of 94 (14%) compared to the year ending March 2022. Homicide rates have also been declining in Greater Manchester, there have been 47 offences committed in 2021/22, 31 in 2022/23 and 32 in 2023/24 (time periods from April to March).

From 2022 to mid-month December 2024, there have been five murders and six attempt murders committed in Bury, seven of which involved the use of a knife. There have been four manslaughter offences (one of which is corporate manslaughter). Two manslaughter offences committed in 2023 occurred as a result of punching the victim resulting in their falling and hit their head on the ground.

Within the Borough's overall serious violence criminality, there are significant differences in terms of risk characteristics, underlying conditions, and rates of criminality impacting on particular demographics of the population.

Geographically, the heatmap of police-recorded criminality in relation to personal robbery, violence with injury, knife crime and possession of a weapon clearly demonstrates concentrations of activity and specific hotspots of criminality.

Figure 5.7: Comparison of Violence Reduction Unit reported serious violence and 'all crime' hotspots



Of most focus is Bury Town Centre – the N1G1 Beat in policing terms and Bury East Ward from a Council perspective.

N1G1 Beat/ Bury Town Centre

Bury district crime and incident figures are low in comparison to other districts in GMP. As of mid-December 2024, Bury district has the lowest personal robbery volume in GMP out of ten districts, and is the 9th in Force for possession of weapon and violence with injury crimes.

At beat level, whilst N1G1 East is usually amongst others in volume for possession of weapon, personal robbery, and violence with injury; beat sizes vary across the force – Bury N1G1 is 4.19km in size, whereas other high volume beats such as Piccadilly Gardens, Central Manchester is just 0.15km or Bolton Town Centre at 1.3km, so beat comparison is not useful. Recently, force and local intelligence units, and the Violence Reduction Unit use LSOA's or hexagons covering an area of 0.17km to identify SVC and ASB hotspots. For Bury district, the chronic hotspot is the Town Centre from the Interchange through Silver Street and Haymarket Street up to The Rock.

This area covers a vibrant area comprising a busy Town Centre and surrounds with:

Third highest retail footfall within Greater Manchester including Bury Market

Two sixth form colleges which attract students from across the region

Residential properties combining modern flats and terraced housing

Transport interchange including Metrolink terminus

Purple flag-accredited night time economy centering on Silver Street and a cultural quarter

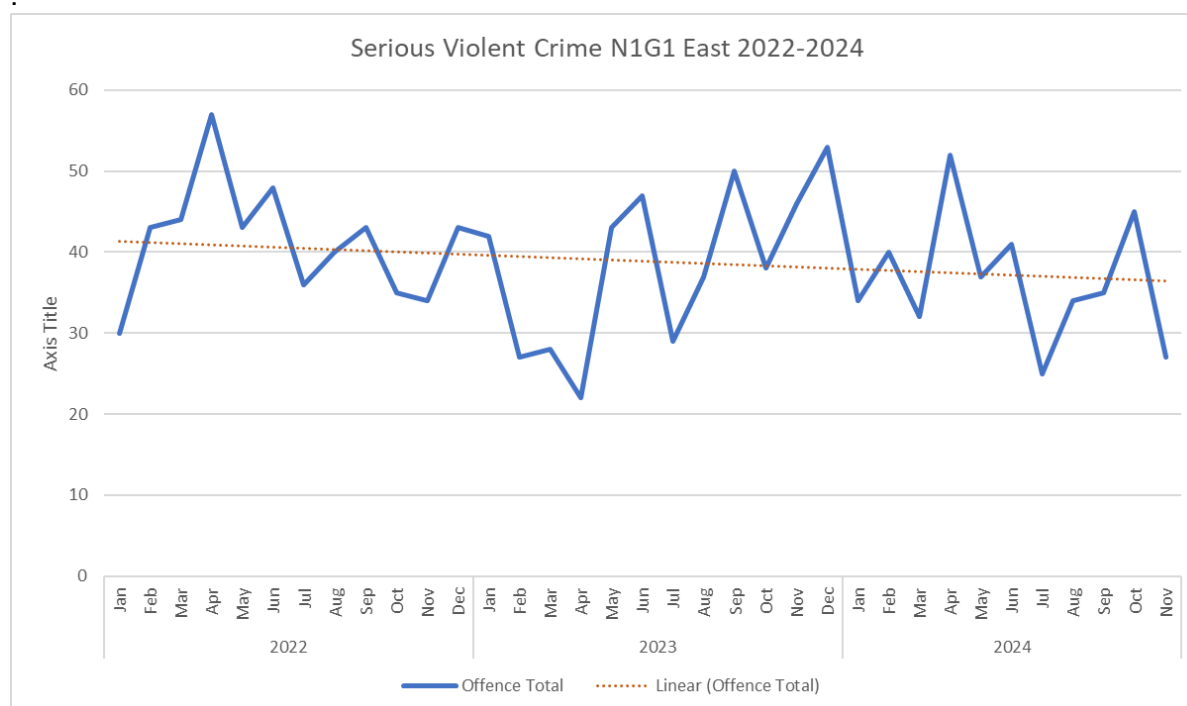
Fairfield General Hospital

The policing beat extends into surrounding residential areas which include some of the areas of most entrenched and intense deprivation in the Borough. 28% of the area's residents hold no qualifications (compared to 19% Bury average) and 20% of the area have some kind of a disability (17% UK average). The population is highly youthful, with 29% being under the age of 19 (23% UK average). 26% of the population were born outside of the UK (12% Bury average) and 5% do not speak English well or at all (2% UK average). Research shows that inequality – and in particular adverse childhood experiences (ACEs) such as poverty or poor parental health - is one of the top risk factors for criminal behaviour (McVie et al., 2019). In particular, unstable parental employment, low income, and living in a high-crime neighbourhood can increase problematic behaviour in childhood behaviour (ibid.) Each additional ACE before the age of 12 increases the chances of violence by 7%, victimisation by 15%, and arrest by 12% (ibid.). Both ACEs and poverty have strong effects on the possibility of criminal conviction. Given the demographic makeup of the area – pointing to greater levels of deprivation compared to the rest of the Borough – there is a higher need for early intervention efforts to tackle inequalities and subsequent criminality.

The volume of serious violent crime reported on the N1G1 comprising of violence with injury, personal robbery and possession of weapon offences has remained consistent with 463 crimes committed in 2023 and 452 crimes in 2024.

Section 18 offences (wounding with intent to do grievous bodily harm) have remained at consistent levels since 2022. There are peaks in volume in March 2024, due to an incident in the Town Centre amongst youths resulting in three stabbings, and in October, these incidents are varied and unrelated. Section 20 offences (wounding or inflicting bodily harm) have reduced.

Figure 5.8 Serious Violence Crime in N1G1 beat/ Bury East 2022-2024



The peak times for serious violence in this area are:

- 15:00-16:00 Tuesday to Friday
- 00:00-04:00 on Saturday and Sunday mornings
- 1400-1800 Saturday and Sundays

The table (figure 5.9) below sets out the characteristics of offenders and victims of serious violence within this area.

Figure 5.9: Nature of serious violent offenders and victims on N1G1 Beat

Offenders	Characteristic (where recorded)	Victims
36 (committing between 2 and 4 offences each)	Number of repeat nominals	9
75% male	Gender where recorded	69% male in NTE 61% male in daytime
30 crimes	Multiple offenders	Data not available
14-18 years old with even distribution across 20-39 age ranger	Peak age	NTE: 56% aged 18-34; 15% under 18 Daytime: 34% aged 18-34; 30% aged under 18
69% White British 20% Asian 7% Black/ African/Caribbean Data not stated in 24% of cases	Ethnicity (self-defined where recorded)	86% White British 8% Asian 2% Black/ African/ Caribbean

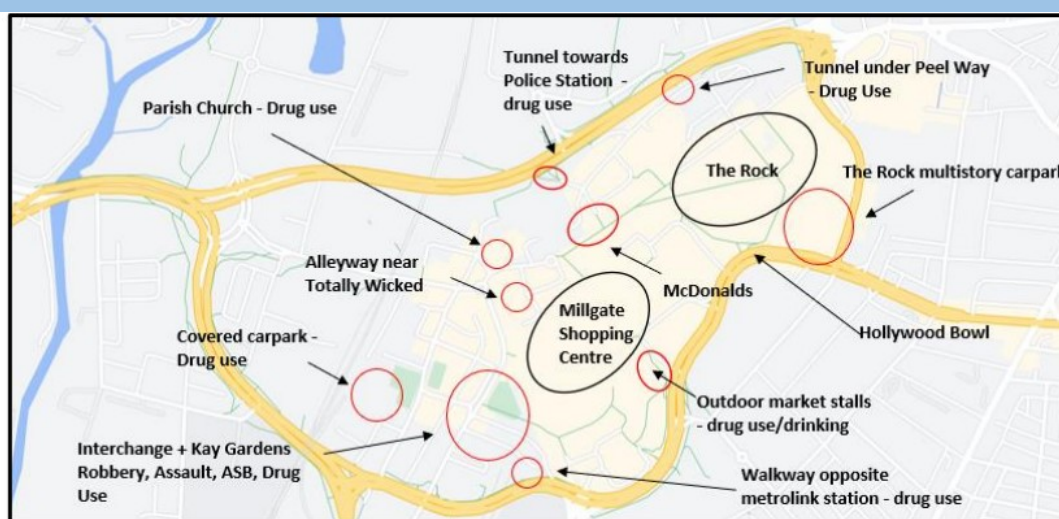
For Violence with Injury crimes, 61% of this crime type occurs in the Night-Time Economy (NTE). Alcohol consumption is regularly linked to incidents of violent crime, with the ONS reporting that for 2022/23, 38% of victims of violent crime believed the offender to be under the influence of alcohol.

Examples of activity in Bury to address serious violence across both daytime and Night-Time economies are set out below.

Figure 5.10: Focus on Operation HEARTBEAT

Operation HEARTBEAT is a Bury District priority to tackle hotspots of criminality within Bury Town Centre. This includes high visibility pulse patrolling, both by GMP but also in partnership with Transport for Greater Manchester; Millgate and Rock security colleagues including communicating through CCTV connectivity and radio; and Bury College with Council ASB officers to identify nominals.

The operation includes having repeat offenders assigned to neighbourhood beat officers who carry out home visits, weapon sweeps of the centre and support to the enforcement of a Public Space Protection Order in the town centre, especially around the hotspot of Kay Gardens which is a popular meeting point including for criminality due to its proximity to the Interchange, retail and entertainment offer and numerous ingress/egress points.



Patrol Plan of Town Centre for Op HEARTBEAT

Figure 5.11: Focus on Operation LYNX

Operation LYNX is the Bury district NTE public safety and public order operation occurring every Friday and Saturday night in the Town Centre. This includes collaborative work between Greater Manchester Police, Bury Council's licencing Team, and the local Street Pastors. It provides high visibility policing in the NTE with specific patrol plans, checks on licenced premises, and promotes Best Bar None. It also includes visits to key locations including taxi ranks. Street Pastor volunteers look after the safety and well-being of vulnerable people - especially those under the influence of alcohol or drugs - providing first aid and helping them to get home safely. They also clear up glass bottles for safety and feed information back to the police about things they have seen or are concerned about.

In 2024 this partnership activity was built upon through:

- Expanding work with Bury Street Pastors to increase public guardianship earlier into the day as part of a Safer Streets funded initiative within the beat area
- Enhanced CCTV provision through Safer Streets Round 5 funding
- Extension of LYNX resources to cover the period from 0300-0500 hours through Operation EXPEDITE



Metrolink

Bury Interchange is the terminus of the Bury-Altrincham and Bury to Piccadilly line, both of which run through the heart of Manchester City Centre and are the busiest across the Metrolink network. There are six stops within the Bury district boundary (Heaton Park to Bury Interchange on the map below, with Bury and Radcliffe stops being the busiest of the district.

Patronage on the Metrolink system has steadily increased during 2022, although it has not yet returned to pre-covid levels.

During 2023, 67 violent crimes (violence with injury, personal robbery, and possession of weapons) occurred at Metrolink Stations in Bury (compared to 61 the previous year), and 42

to date as of mid-December 2024. The most common location is the Interchange with 33 recorded crimes in 2023 and 23 to date in 2024. This is also the terminus for the bus network, so crimes are location based rather than as a result of what transport is used. Radcliffe and Prestwich tram stops are the next highest volume locations with 19 and 17 crimes recorded respectively in 2023/24

Violence with injury remains the most common violent crime type recorded within these crimes (26 in 2023 and 22 in 2024 as of mid-December), 77% are lower-level assaults whereby a victim has been pushed, punched, or kicked resulting in minor injuries.

The next most common violent crime type occurring on the Metrolink is Robbery (29 crimes in 2023 and 14 in 2024). The Interchange had the highest number of offences (11 in 2023, six in 2024), followed by the Radcliffe stop (four crimes in 2023 and six in 2024). Personal Robbery was typically enabled by assault or using threatening language (including threats to harm or 'shank/stab' although no knife is seen by the victim). In 2023, one victim was struck to the back of the head with a claw hammer at Prestwich tram stop; and also at this location, three victims have been shown a knife by the offender/s prior to property being stolen.

The peak time for crime on the Metrolink network is between 15:00-20:00hrs and is joint patrolled by Bury police officers with Council ASB colleagues, detached youth outreach teams and Travelsafe colleagues, around the Interchange including Bury College for student egress at the end of the day. This has led to quick identification of groups causing issues where a proactive response including banning orders has led to a reduction in harm and risk over the previous years.

A summary of the offender/ victim profile for Metrolink based incidents is set out below:

Figure 5.12: Nature of serious violent offenders and victims on Metrolink

<i>Offenders</i>	<i>Characteristic (where recorded)</i>	<i>Victims</i>
Multiple suspects for 9 crimes (ranging from 2-9 offenders)	Number of repeat nominals	2 repeat victims (in both cases involved at least 1 interaction with known individual to themselves)
64% male	Gender where recorded	70% male
14 (29%) (Age range 13-59)	Peak age	13-19 years (67%) (Age range 13-61 year)
Exposed to DA between adults; intelligence linking offenders to USG	Common features	No specific features

Given the age peak within the table above, our Operation Avro activities have focused on the end of a school/working day; this tallies with feedback from pupils providing insight as part of the Circles of Influence session on transport safety (see section 7). Similarly, a submission in August 2023 for Home Office Safer Streets Funding included an intervention of dedicated youth outreach provision on the transport network including the Interchange and through to Whitefield.

In October 2021, police were called to reports of a large group of males armed with machetes fighting at Radcliffe Metrolink station. Several members of the public rang 999 with initial information that someone had been stabbed and that up to 50 males and females were at the location. On police arrival, a male with a four-inch cut to the back of his head was

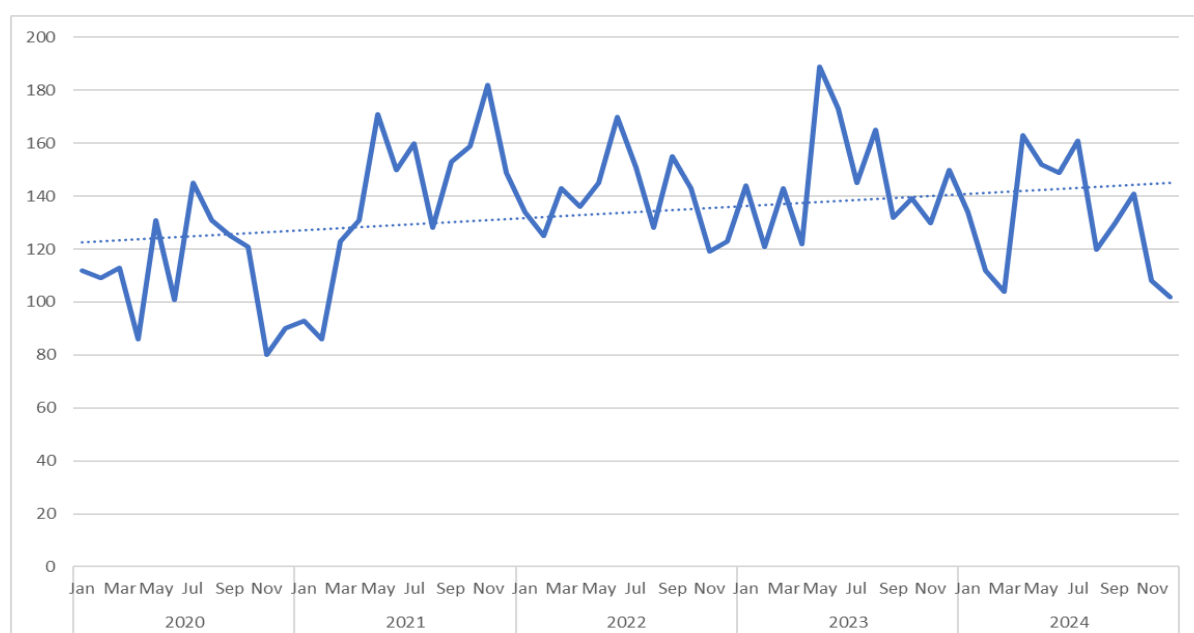
located and given first aid treatment at scene. A knife was found on 'Banana Path/Walk' – a pedestrian pathway that is easily accessed from the Metrolink car park, and where it was reported that several of the group had fled. In 2023, the Crown Prosecution Service decided that this would be filed no further action as the victims retracted their statements stating they had moved on with their life and did not want this hanging over them. An Environmental Quality Audit has been completed for the station and included with the 2023 Safer Streets Bid. This bid was successful and has seen the introduction of dedicated youth detached outreach workers on the transport network, alongside TravelSafe colleagues. Also see section on Urban Street Groups in chapter 7.

This next section will consider the types of serious violence most prominently experienced in Bury.

Serious Violence types: Violence with Injury

During 2024, 1637 violence with injury offences have been committed, a decrease of 6.8% from 2023 (n = 1758). The proportion of violence with injury offences which Bury accounts for across the force is 6%; one of the lowest in force - only Trafford district has lower volumes.

Figure 5.13: Levels of Serious Violent Crime in Bury 2020-2024



Seasonal trends are observed with peaks in the number of offences beginning in late spring to early summer months (May to July) and later in the year from October to December.

In 2024, for assault crimes where serious injury has been inflicted, 161 offences related to section 18 assault (2023 = 174, 2022 = 149), 39 offences related to section 20 assault (2022 = 72, 2023 = 45) and there were no attempted murder offences (2023 = 4, 2022 = 2). In June 2022, the offence of non-fatal strangulation and suffocation came into effect and 28 offences were recorded this year. In 2023, this rose to 141 recorded offences and 126 offences as of December 2024.

Figure 5.14: Serious Violence Offence Types within Bury – comparison of Attempt Murder, Section 18 and Section 20 offences

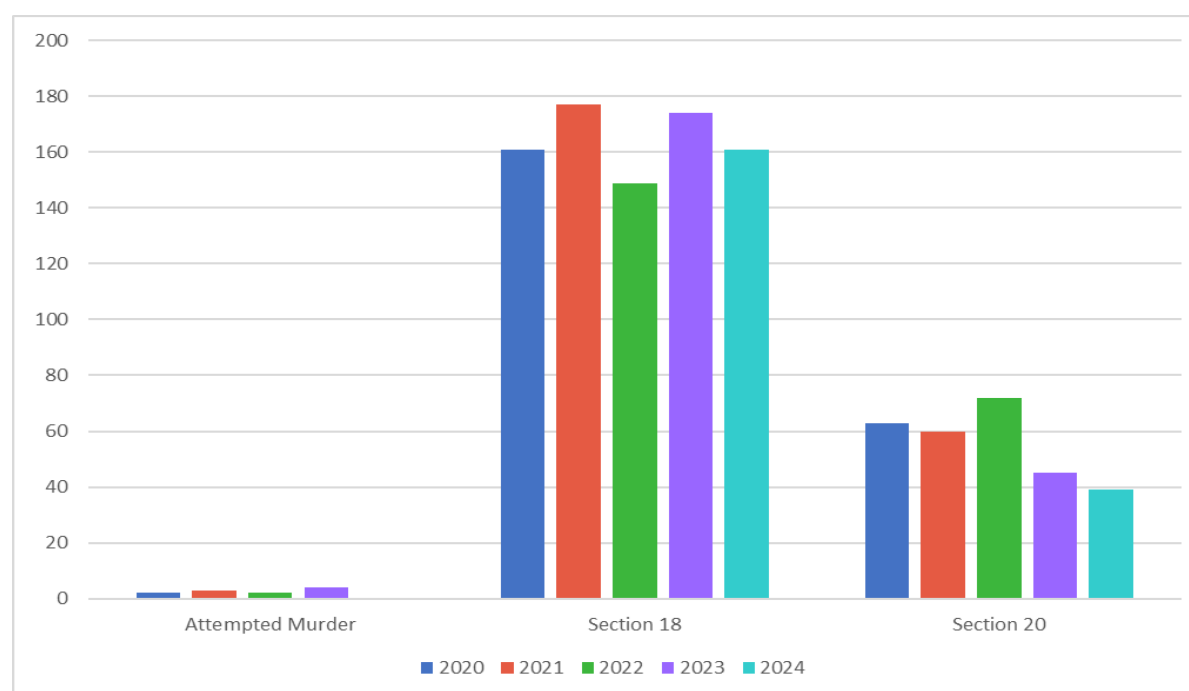
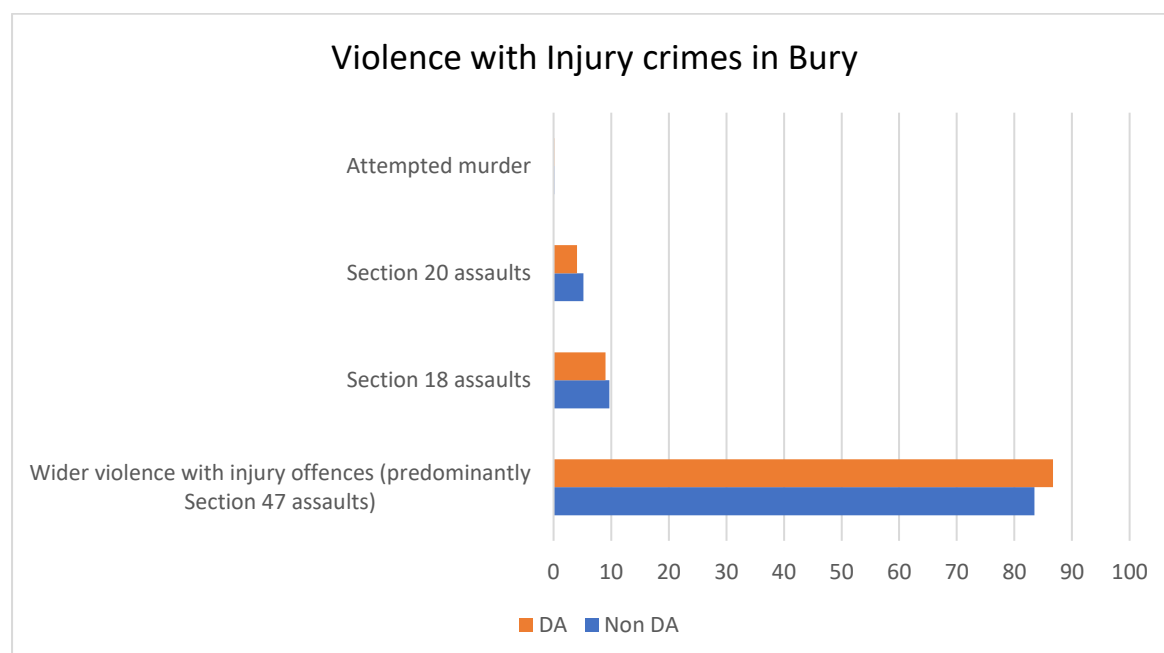


Figure 5.15: Serious Violence Offence Types within Bury –split between those with and without domestic abuse flag



Over a rolling 12-month period, Bury's solved rate for such crimes is 8.1%, considerably above the force average of 5%, and Bury also has the second lowest rate of insufficient evidence to proceed when a suspect has been identified. One third of crimes were closed with 'victim does not support', and this is to be assessed to determine local measures to increase victim confidence in support prosecution.

Violence with injury, non-domestic abuse

Of all violence with injury offences recorded in Bury in 2024, 76% of these are **not** flagged as being DA. DA. The prevalence of non-DA violence with injury is not universal across the Borough. East, Moorside and Radcliffe East wards have recorded highest levels in recent years. Of note, East Ward/ N1G1 beat is considerably higher than other locations linked to the analysis above.

Figure 5.16: Non-DA Violence with Injury offence locations

Demand Locations by Total Number of Offences Over 5 Years:

Beat	2020	2021	2022	2023	2024	Total
N1G1 - East	201	288	311	277	277	1354
N2R1 - St Mary's	91	107	94	108	89	489
N1F1 - Moorside	66	100	106	109	102	483
N2L1 - Radcliffe East	60	90	97	104	104	455
N1E1 - Bury West	73	65	61	94	93	386

Demand Locations by Total Number of Offences in 2024 (mid December)

Beat	2020	2021	2022	2023	2024	Total
N1G1 - East	201	288	311	277	277	1354
N2L1 - Radcliffe East	60	90	97	104	104	455
N1F1 - Moorside	66	100	106	109	102	483
N1E1 - Bury West	73	65	61	94	93	386
N2R1 - St Mary's	91	107	94	108	89	489

Bury West ward is the fifth highest area overall. However, the number of offences has continually fallen year on year. Most reports on this beat are from Cygnet Hospital. The reduction is highly likely due to changes in hospital policy for reporting offences and also high-risk patients being moved to other care facilities. Offences at hospitals are predominantly patients on Mental Health wards committing assaults on other patients or staff.

In terms of specific locations, 3 of the top 4 are hospital settings. The primary location is Silver Street, which is the centre of Bury's Night-Time Economy. The Rock, Kay Gardens and Bury Interchange also feature from the Town Centre.

Figure 5.17: Non-DA Violence with Injury offence locations

Location	Offences
Cygnnet Hospital	56
Fairfield General Hospital, inc Mental Health Wards	38
Silver Street, incl inside bars/clubs **	49
Prestwich Hospital, inc Edenfield	32
Bury Interchange	12
Sky Bar, Kay Gardens	11
Tottington High School	9
Red Lion, Prestwich	7
Elton High School	6
Wilton Arms, Radcliffe	6

** Silver Street also incorporates offences that have occurred inside licensed premises. Crimes committed on the street are often recorded on the nearest building however, the Monkey Bar at 18 Silver Street recorded the most offences (n = seven) of all premises in 2024.

Compared to 2022 volumes, offences at hospitals have increased; particularly Cygnnet hospital which recorded 27 offences in 2022. The majority of recorded incidents for Fairfield occurred on mental health wards. For all hospitals, there is a realistic possibility that some of this increase can be attributed to changing patient admissions who have different mental health assessments and needs.

There are several schools which feature as repeat locations. Comparison with other districts shows that this is common and Bury records one of the lowest for violence on school premises (only Trafford district is lower). The work of the Violence Reduction Unit includes a focus with schools to increase awareness of getting involved with serious crime and identifying and working with young people at risk of violent crime. More information on violence with injury associated with school settings and VRU activity is set out in section 7.22.

Juvenile victims of violence with injury (non-DA) in Bury in 2024 accounted for 24% of total victims.

Where gender was recorded, 64.5% of victims of violence with injury (non-DA) crime in Bury were male. Ethnicity data was only available for half of the victims, but this showed an over-representation of those identifying as black with 5.7% of cases compared to a population equivalent of 1.9%

There were 45 repeat victims and 67 repeat offenders in 2024 for this crime type, with males more likely to commit repeat offences (42 males compared to 25 females).

Violence with Injury – DA

Of the 1,637 violence with injury offences recorded, 409 (25%) were flagged as being related to Domestic Abuse (DA), a 4% reduction from the previous year.

The locations of such offences are broadly consistent with non-DA crimes, though with a greater prevalence in Redvales (bordering Bury Town Centre), and less so in St. Mary's ward (Prestwich).

Figure 5.18: Domestic Abuse crime reporting locations 2018-2022

Beat	2018	2019	2020	2021	2022	Total
N1H1 Redvales	47	42	33	45	53	220
N1G1 East	70	41	49	56	51	267
N1F1 Moorside	56	52	34	42	47	231
N2K1 Radcliffe West	46	50	41	51	42	230
N2L1 Radcliffe East	60	34	30	34	44	202

As of 2024, these five beats remain the highest on district for domestic abuse reporting and yearly report volumes are consistent with the exception of Redvales where 37 domestic abuse flagged offences occurred, and Radcliffe West with 34 offences.

72.9% of victims of violence with injury crimes which were DA related were female, compared to 35% when DA was not a factor.

For offences involving domestic abuse, there were 23 repeat victims in 2024 (18 repeat victims are female); and 39 repeat offenders, (27 repeat offenders are male).

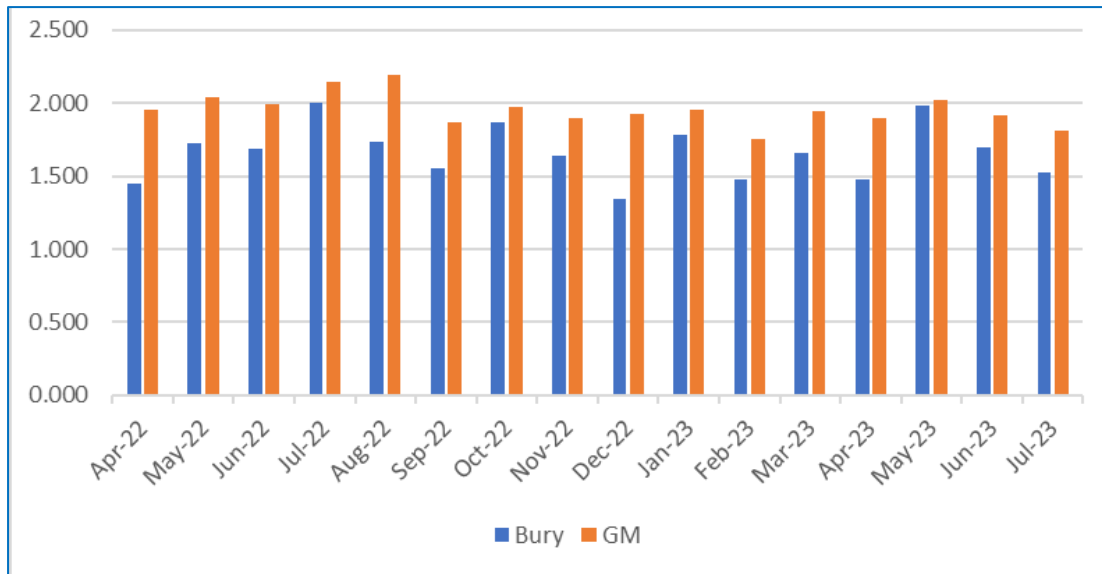
Domestic Abuse (all crimes)

National figures show that 5.7% of adults aged 16 to 59 years experienced domestic abuse in 2022. There was no significant change compared with the year 2020 (6.1%), the last time the data were collected (ONS 2022). However, all police reported figures combined flagged 910,980 recorded offences as domestic abuse-related in March 2022. This is a 14% increase from 798,607 recorded offences in March 2020 (ONS 2022).

Of all recorded crimes in Greater Manchester 18.1% were domestic abuse related, above the national average of 17.1% (2021/22). Domestic abuse related offences account for 19% of prosecutions in Greater Manchester, the highest rate among all police force areas (77% of which result in a conviction).

Bury has seen a consistent rate of domestic abuse offences in the past 18 months ranging between 1.4 cases per 1,000 people (December 2022) and 1.98. (May 2023).

Figure 5.19: Rate of Domestic Violence Offences per 1,000 population



Bury has the second lowest rate over the 12 months out of the 10 Greater Manchester GM authorities, with only Stockport having lower rates. The rate of DV crimes per month in recent years in Bury per month fairly steady with July 2022 highest monthly figure in last 18 months, including no notable increase during the FIFA Men's World Cup in winter 2022.

Within the Borough - Moorside, Bury East and Radcliffe East account for the highest prevalence of overall Domestic Violence crimes in twelve months to April 2023.

- Moorside: 414
- Bury East: 388
- Radcliffe East: 376

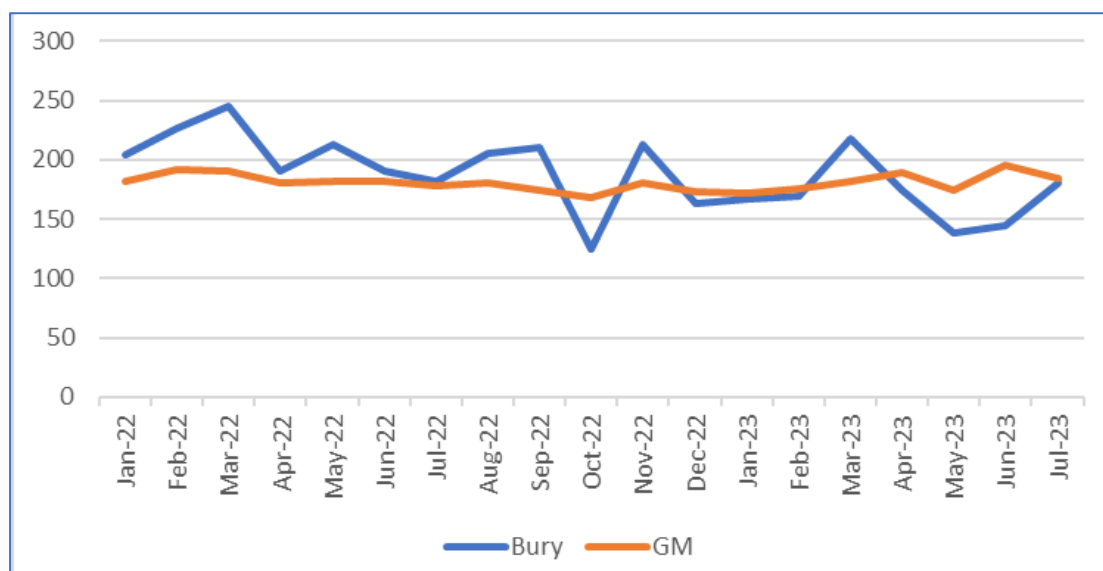
The Greater Manchester Serious Violence Duty Needs Assessment identified there wasn't as strong a correlation between domestic abuse and deprivation as other crime types. However, this correlation does seem to be as strong in Bury.

When considering addresses with 5 or more callouts within that time period, these were predominantly in Bury East and Radcliffe West.

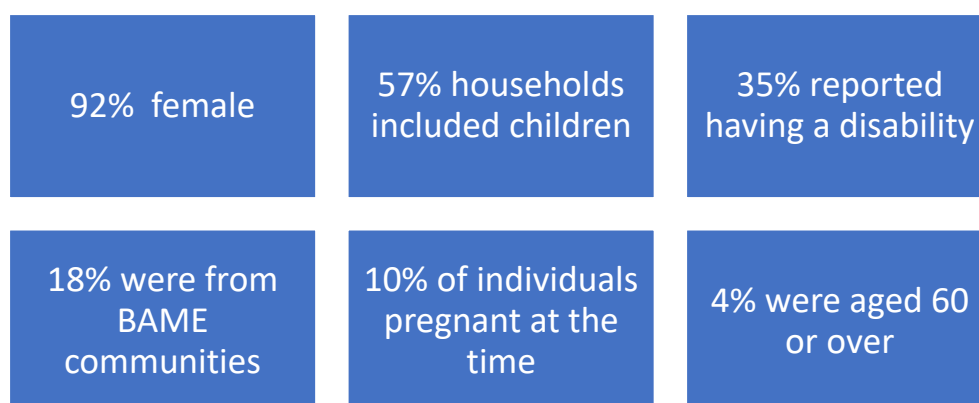
26 addresses within Bury accounted for 324 GMP call outs, with each address having 10 or more incidents in the 12 month period to April 2023 and are an area of focus for the Bury Domestic Abuse Partnership Board. These are not exclusively in the wards specified above.

The Office of National Statistics (ONS) compiles the severity of all domestic abuse offences based on the offence and the outcome of each crime recorded by GMP. From January 2022-July 2023, the average severity in Bury has been above the Greater Manchester average more than it has been below this, so whilst overall rates are low the severity of the respective cases as of significant severity.

Figure 5.20: Average severity score of DA Crimes in Bury/GM



For the 12 months up to April 2023, the profile of domestic abuse victims in Bury is set out below:



The nature of the abuse being experienced within Bury is broken down as follows:

- 63% physical abuse
- 61% emotional and psychological abuse
- 52% controlling behaviour
- 40% stalking and harassment
- 23% sexual abuse
- 22% financial
- 13% rape
- 6% honour-based violence

The risk management of cases includes a daily priorities meeting to discuss all high-risk cases with representation from GMP, Social Care (adults and children), commissioned support including Safenet (commissioned domestic abuse support), Achieve (commissioned substance misuse services), Probation, and Criminal Justice Mental Health. Any cases

including young people are automatically screened through the MASH (Multi Agency Safeguarding Hub), and there is a fortnightly MARAC (Multi Agency Risk Assessment conference) meeting, co-chaired between GMP and the Council with an average of 30 cases discussed at each meeting.

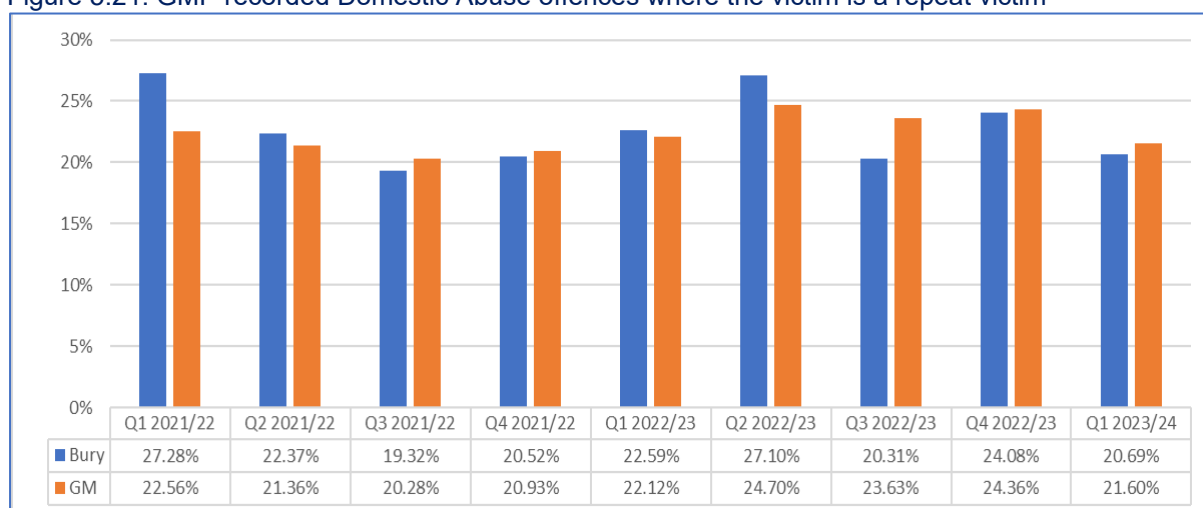
In the past 12 months, there has been a reduction of the number of cases heard at MARAC, with 486 cases being discussed. Within these:

- 576 children were living in households raised at MARAC.
- Repeat cases have fallen from 48% to 35%, which is the largest reduction across all 10 GM authorities.
- There has also been an increase in referrals by partner agencies, rising to 28% from 17% last year, which is above average across GM.
- 21 cases discussed focused on a male victim, which is 4% of all cases.

It should be noted that there is currently a review of the MARAC approach and processes taking place across Greater Manchester, with draft findings due in October 2023.

In relation to repeat victims of domestic offences, overall Bury's figures are fairly consistent, with a lower average in 2022/23 than the previous year and comparable with the regional average.

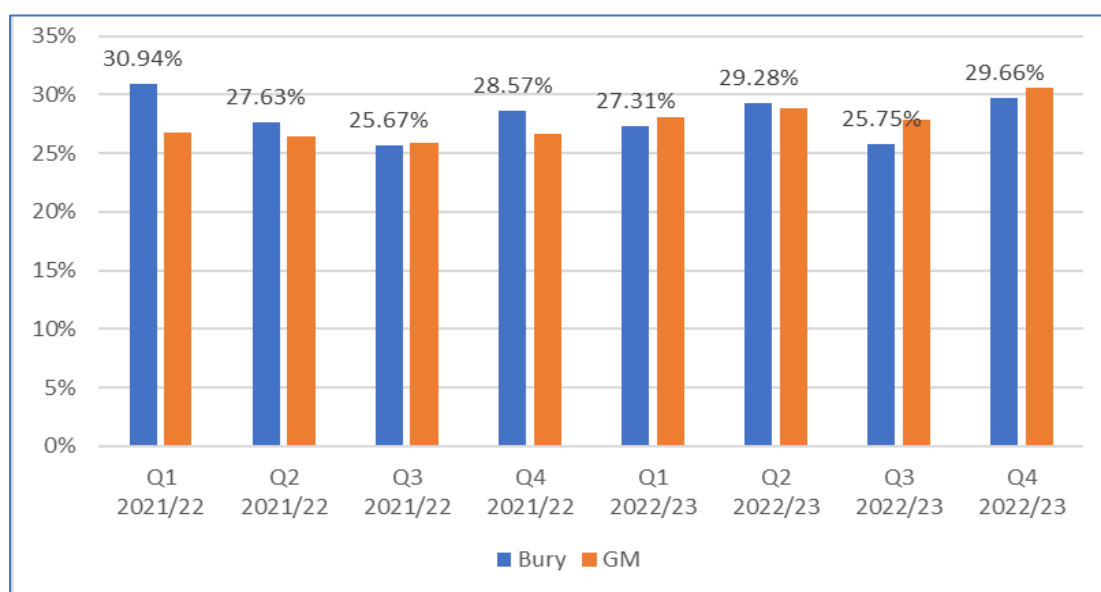
Figure 5.21: GMP recorded Domestic Abuse offences where the victim is a repeat victim



However, Bury's figures for repeat victims aged 18-25 is above the regional average for 4 of the last 5 quarters and this is an area requiring further focus, including the potential added value of the Family Safeguarding Model being rolled out.

In relation to repeat offenders, the proportion is consistent as a whole. It is in an improved position when compared to regional average from being consistently higher than, to not repeatedly lower than Greater Manchester percentage.

Figure 5.21: Percentage of all Domestic Abuse suspects who are repeat offenders:



Perpetrator behaviour change is one of the four principal priorities of Bury's Domestic Abuse Partnership Board. This has included the Drive programme as part of wider GM initiative working with high-risk, high-harm perpetrators to disrupt abusive behaviours through Talk, Listen, Change. This has complimented the Bridging to Change programme which is provision in relation to medium-risk adult perpetrators; the Respect Young People programme which focuses on addressing adolescent to parent violence; and Encouraging Healthy Relationships programme which targets support to those who have harmed through intimate relationships. The latter two schemes in are targeted at 14 years and over. Funding was secured through NHS GM Bury colleagues to secure provision for the Anchor Project between Fort Alice and Talk Listen Change, offering a bespoke offer to children aged 5 and up including group work to help children overcome the trauma of domestic abuse and/or unhealthy relationships, one to one supporting change sessions, emotional support working with DVA trauma, safety planning, and risk assessments.

In addition, in the autumn of 2024, Bury began the pilot for Greater Manchester Police on the issuing of Domestic Abuse Protection Orders (DAPOs). As of 8th January 2025, In total, seven DAPOs have been issued since the start of the Bury pilot in November 2024, with a further one set to go before the courts next week. A temporary order is currently in place whilst we await the outcome on a full order.

<https://www.gmp.police.uk/news/greater-manchester/news/news/2025/january/domestic-abuse-protection-order-pilot-reaches-six-weeks-in-bury-and-expands-this-week-to-wigan/>

[GMP secures first innovative order to protect domestic abuse survivors in GM | Greater Manchester Police](#)

Case Study: Talk Listen Change Anchor Programme

For the first time in 2021, The Domestic Abuse Bill statutorily included the recognition of children as victims of domestic abuse in their own right. Regionally, this had already been identified with the GM Violence Reduction Plan (2020), including domestic abuse perpetrated by children and young people within its scope.

A specialist domestic abuse support programme for children was commissioned in Bury through health and children's services colleagues, through which Talk Listen Change and Fortalice to provide support to young people who had witnessed, been victim to, or portrayed behaviours deemed to be harmful to others under the definition of domestic abuse. 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others. (Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol)

Over the last 10 months the Bury Anchor programme provision has become established across Bury and is offering a bespoke offer to children aged 5 and up including:

- Group work to help children overcome the trauma of domestic abuse and/or unhealthy relationships.
- Emotional support working with DVA trauma.
- Safety planning and risk assessments.
- Strategies, tools, and techniques for creating and maintaining healthy relationships (underpinned using CBT/AMBIT strategies).
- Support for CYP displaying harmful behaviours in their own relationships; CYP will have their values & beliefs about relationships challenged & gain strategies to react positively in challenging situations.
- Respect Young People's programme for children and young people displaying unhealthy behaviours in their relationships towards their parents/carers. Whole family approach collaborating with parents/carers and CYP.
- Insight into violence/abuse and its effects; emotional regulation; solution-focused work; goal setting; cognitive behavioural work; empathy-building; conflict-resolution.

TLC are currently supporting 52 young people and have discharged 18, totalling 60. Fortalice supported 19 children through to discharge.

10 young people and their parent/carers have successfully completed the Respect Young People's Programme so far. The age split so far is 13% aged 5-9; 64% aged 10-14; 23% aged 15-19 and the gender split is 29% female and 58% male.

Outcomes so far:

- 83% decrease in hyperactivity
- 83% report a decrease in conduct problems
- 44% report an increase in prosocial behaviours
- 83% report a decrease in psychological distress
- 54% report a decrease in conduct problems
- 50% report a decrease in emotional problems

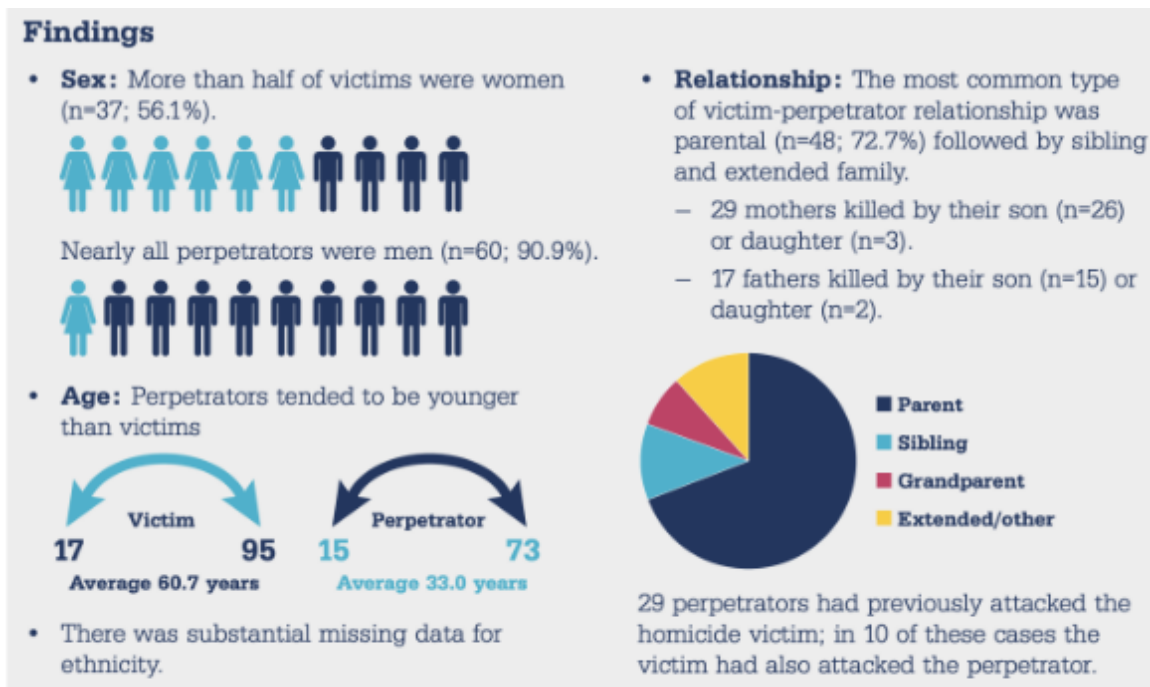
Figure 5.22 – Operation Encompass

Operation Encompass is a Greater Manchester police operation which ensures that when children are linked to domestic abuse incidents – whether present or not – police officers make a referral which gets passed on to schools. The initiative is key to ensuring that children and young people are not only recognised as victims of DA in their own right, but also provided with appropriate support and guidance at an early stage. This can help address childhood trauma caused by exposure to violence, and assist in preventing young people's behaviour to be adversely influenced by childhood experience of violence in the home.

GMP are committed to the Encompass initiative. In Bury, we have a 100% sign-up rate by our schools and colleges. The Early Help Team has been set up to receive all reports, which has enabled the Borough to also receive reports for early years 0 – 4 and for children not in mainstream education. Bury is set up for Encompass for all children (age 0 to 18) and the Early Help Team link in to other relevant partners such as Healthcare colleagues to ensure early intervention work can take place. Regular training and electronic briefings are provided to ensure that all officers are compliant.

For a wider domestic violence perspective, adult family homicide (AFH), is defined as the killing of one or more family members by another family member where both victim and perpetrator are aged 16 or over, for example, where an adult kills their parent or grandparent. Intimate partner homicides are not included in this definition, so that the different dynamics of adult family violence can be better understood. The findings of the HALT study are set out in Figure 5.23.

Figure 5.23: HALT Study Findings



Source: Chantler [MMU2621-Briefing-paper-Adult-Family-Domestic-Homicide_V5.pdf](#)
[\(domestic-homicide-halt.co.uk\)](#)

The HALT research team found five interlinked precursors to AFH:

- Mental health and substance/alcohol misuse
- Criminal history
- Childhood trauma
- Financial factors
- Care dynamics.

GMP Bury data indicates that 184 domestic flagged crimes in the 12 months to April 2023 included an influence of alcohol flag, 7 had influence of drugs flag and 30 had both alcohol and drug flags attached.

There is further information on these risk factors in sections 6, 7, and 8.

Child-to-parent abuse (CPA) or adolescent-to-parent abuse (APA) is any behaviour used by a child or young person to control, dominate or coerce parents. It can include emotional, verbal, physical or financial abuse and includes 'coercive control'. It is complex and often misunderstood. This is partly because it is drastically under-reported and there are also many misconceptions about the abuse. Many abused parents have difficulty in admitting that their child is abusive. They feel ashamed, disappointed, and humiliated - blaming themselves for the situation which has led to an imbalance of power.

Other types of domestic abuse that includes family members is referred to as so-called 'honour-based abuse'. So-called honour-based abuse is a crime or incident committed to protect or defend the 'honour' of a family or community. Offences that may cover so-called honour-based abuse, include female genital mutilation (FGM) and forced marriage (College of Policing, 2021). Victims of honour-based abuse are not confined to one gender or ethnic group.

A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities or mental incapacity, cannot) consent to the marriage and violence, and threats or any other form of coercion is involved. Duress may include emotional force, physical force or the threat of physical force and financial pressure (HM Government, 2020). The Forced Marriage Unit supported 337 cases nationally in 2021, 35% of which involved victims aged 18 or younger (Home Office, 2021c).

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences including mental health problems, difficulties in childbirth, causing danger to the child and mother and/or death (HM Government, 2020). Like forced marriage, FGM is a criminal offence and is illegal in the UK. It is child abuse and a form of violence against women and girls. FGM is often an embedded social norm, as such engagement with families and communities plays an important role in contributing to ending it.

Honour based abuse is much less prevalent than domestic abuse, but there are still sizeable number of cases in the UK each year. In the year ending March 2022, there were 2,887 honour-based abuse-related offences recorded by the police in England and Wales (Home Office, 2022c). Of these, 78 were FGM offences, 125 forced marriages and 2,522 other honour-based abuse-related tagged offences (Official Statistics 2021). In Greater Manchester, there were 330 honour-based abuse for the year ending March 2021.

Honour Based Abuse and Violence embraces a variety of crimes of violence (mainly - but not exclusively - against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believe to be the correct code of conduct." The Right to Choose: Multi-Agency Statutory Guidance for dealing with Forced Marriage (2014). Honour based abuse and violence does not discriminate on race, religion, or culture. These hidden crimes can affect people from all communities.

Through the Bury Domestic Abuse Partnership, there is a current focus on increasing honour-based violence awareness, including through:

- Delivery of bitesize training on a routine basis since December 2022
- Senior Leadership Team training across the Team Bury system in February and April 2023, with future sessions being planned
- Commissioned training for front line professions and voluntary sector leads
- HBV established as standing item on Domestic Abuse Partnership Board and specific content to be included on data dashboard.

Due to the personal and culturally sensitive nature of the practice, there is little data on prevalence of FGM in Greater Manchester or the UK and it is widely considered to be underreported. Nevertheless, using demographic data and global research, we can estimate that there are around 160,000 women across England today who have been subject to the practice and another 6,000 girls under 15 are at risk. In Greater Manchester, we estimate that there are around 6,200 women over 15 who have experienced FGM, and around 380 girls under 15 at risk.

Nationally there were 134 domestic homicides in the year ending March 2022, which is 18 more than the previous year and a similar number to the average over the last decade (n=129). Just under half of all homicides in Greater Manchester occurred indoors in a private, usually residential location. Women and girls accounted for 73% of domestic homicide victims in the latest year. Of the 37% of male domestic homicides, almost all were male to male homicide. For all domestic homicides overall, males accounted for 93% of convicted suspects (ONS, 2023).

There are 4 current Domestic Homicide Reviews taking place commissioned by, or involving Bury partners. 2 of these are Bury commissioned, both females. The other two are supporting colleagues in Oldham (Greater Manchester) and Conwy (Wales).

Sexual offences including rape:

The World Health organisation (WHO) defines sexual violence as:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Globally, sexual violence is a significant public health, human rights, and gender equality issue, placing large burdens on individuals' health and wellbeing, as well as local communities, public services and wider society (WHO, 2010). Efforts to understand, prevent

and respond to sexual violence have increased in recent decades, and various factors have been identified as increasing, or mitigating risks of harm (WHO, 2010).

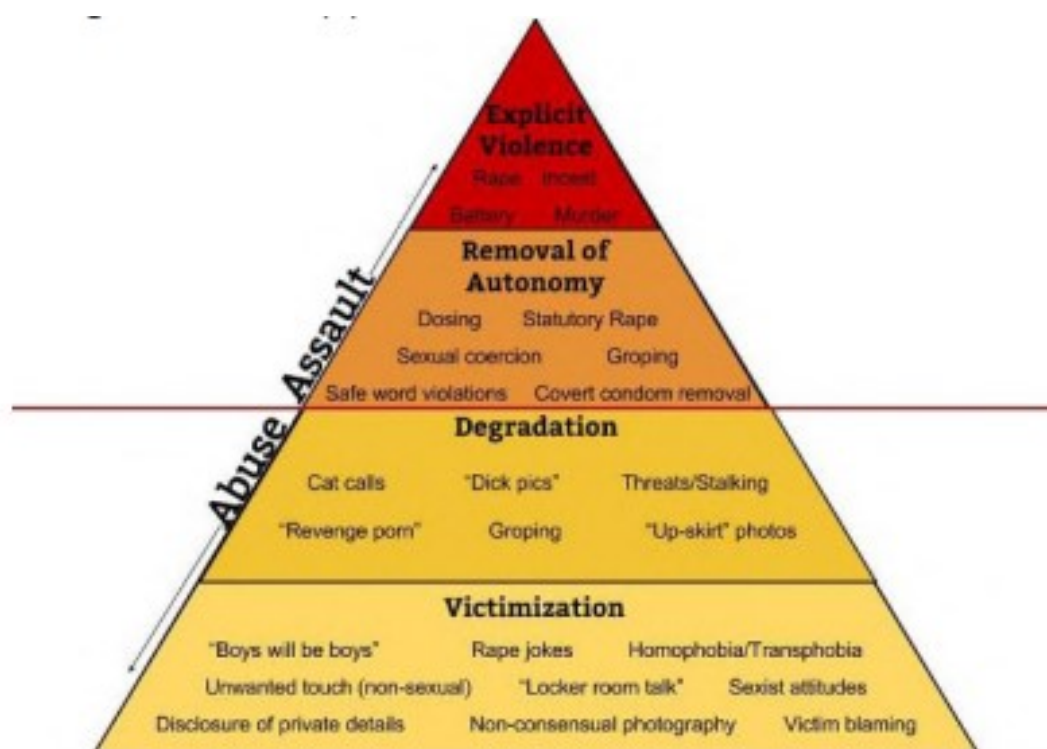
Sexual violence can have devastating impacts on victims. These can include:

- Injury
- Sexually transmitted infections
- Unwanted pregnancies
- In most severe circumstances, disability and even death

As well as the physical injury, sexual violence has lasting impacts on victims' mental health, social relationships and life opportunities, through impacts on education, employment and health-related behaviours, i.e. use of alcohol or drugs as a coping mechanism (WHO, 2010). Such harms place significant pressures on public services and society.

It's also important to understand the pathway to violence. The image below demonstrating the so-called pyramid of sexual violence shows how sexual abuse can start, and even at a very young age such as 'boys will be boys' and move through to sexual assault. (Cervix & Chandra, 2016)

Figure 5.24: Pyramid of sexual violence (Cervix and Chandra, 2016)

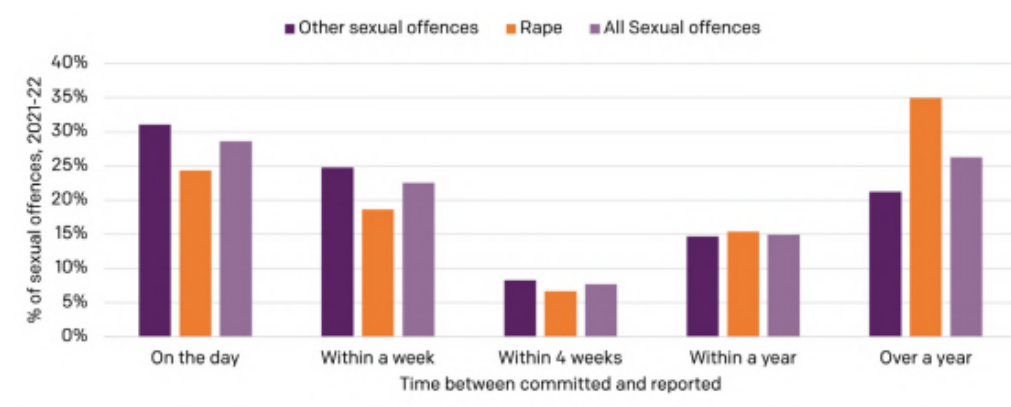


In 2022, for England and Wales, 2.3% of adults aged 16 and over had experienced sexual assault, including attempted offences (ONS, 2022). Police-recorded sexual offences rose by 22% over a two-year period (2020 to 2022). This increased to 193,566 as the highest annual figure recorded in England and Wales. 23% of all sexual offences and 20% of rape offences reported had taken place over a year prior to the incident being recorded (ONS, 2023). Within this two-year time period, the number of recorded sexual offences was lower during

periods of lockdown and restrictions, but there has been a substantial increase since April 2021 (ONS, 2022).

The number of sexual offences recorded by Greater Manchester Police rose by 41% from 2020 to 2021, including a 26% rise in reported rapes, with 11,700 sexual offences reported in 2022. About half of all sexual offences are reported within a day or a week. However, it should be noted that a substantial proportion of reported sexual offences are historic (26% are reported more than a year after the offence, rising to 35% for rapes), and this does not necessarily reflect the volume of offences being committed.

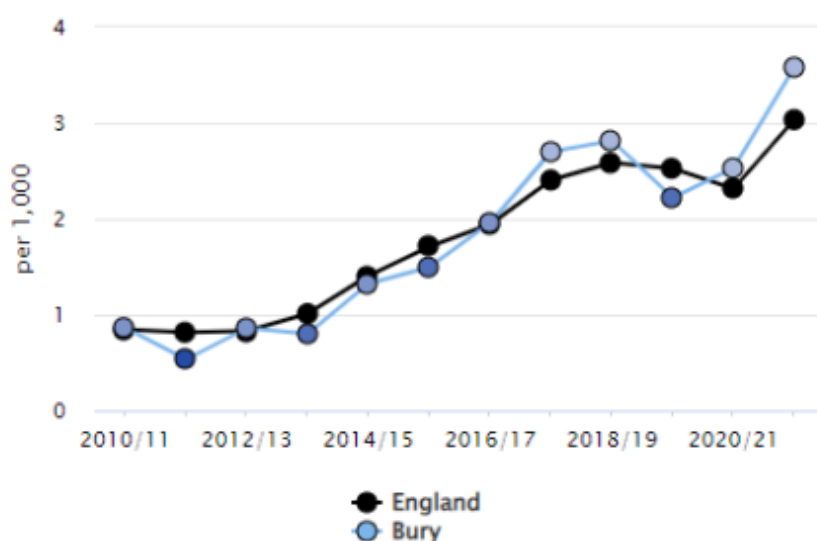
Figure 5.25: Variations in timeliness of reporting of sexual offences



Despite this, the number of unreported sexual offences means these figures are a significant underestimate of the number of victims across the city region.

Within the region, Manchester and Rochdale have the highest rates (5.2 and 4.5 per 1,000 population respectively) but Bury's rate has risen from being usually below to now above the national average.

Figure 5.26: Violence crime – sexual offences per 1,000 population



(Source OHID Fingertips)

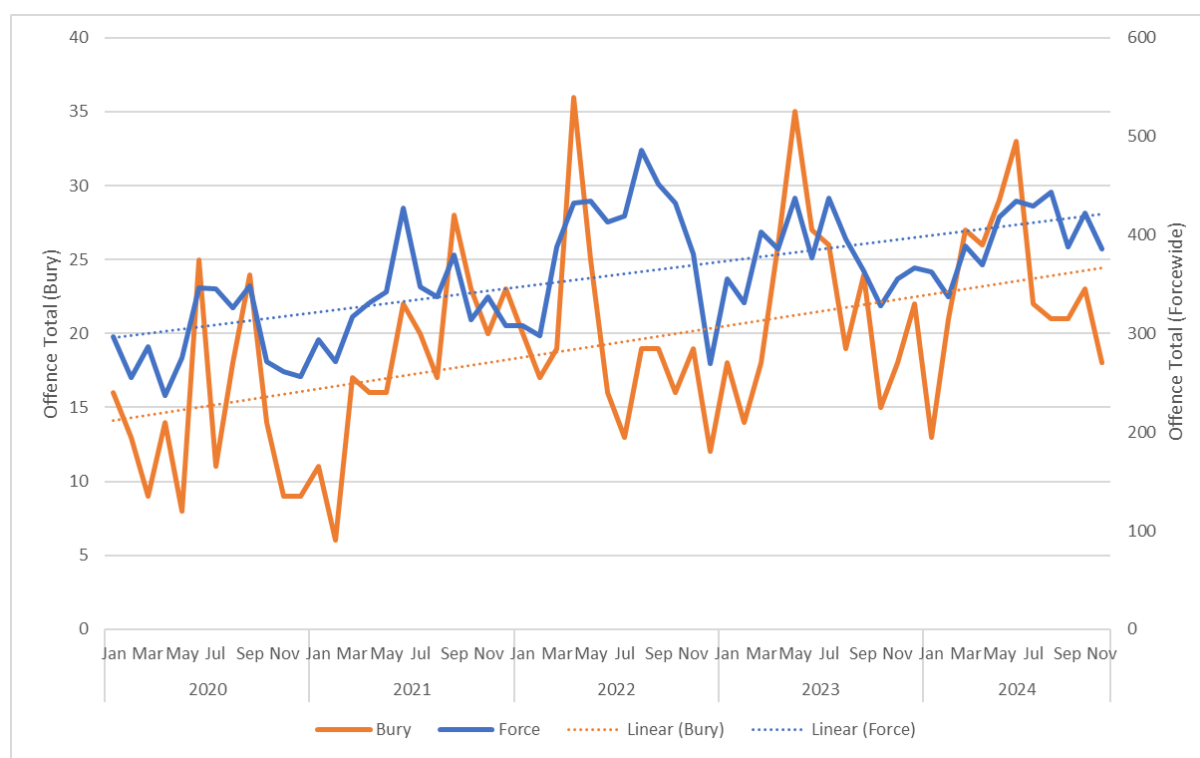
Of the sexual assaults reported in England and Wales, 35% (70,633) were rape offences. For rape offences, this is a 20% increase from 59,104 since March 2020 whereas other sexual offences increased to 128,388, a 23% increase compared with 2020 (ONS, 2023).

It is suggested that increases in sexual offences is due to several factors. This includes the impact of high-profile incidents, media coverage, campaigns for people to come forward to report recent and/or historical incidents, as well as a real increase in the number of victims. However, the numbers of sexual assaults are still expected to be lower than reported. This is because the CSEW estimates that fewer than 1 in 6 victims of rape or assault by penetration report the crime to the police. The CSEW also indicates that more than 1 in 3 stated that the perpetrator was a partner, ex-partner, or family member (ONS, 2022).

Possession of weapons

Bury has recorded increasing numbers of possession of weapon offences over the last five years (in line with Force volumes). In 2024 there were 268 offences; similar to the 2023 total of 262; however, it is highly likely that the increasing trend for weapon possession offences is as a result of targeted action weeks and proactive operations in response to threats which leads to an increase of stop searches in hotspot areas of violent crime.

Figure 5.27: Possession of Weapon Offences committed in Bury and Force wide, January 2020- November 2024

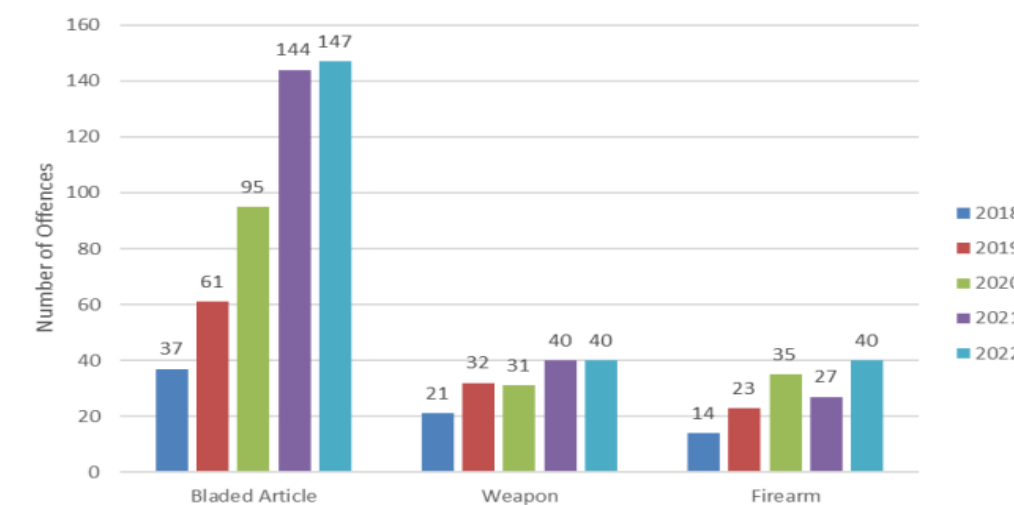


Of the 268 possession of weapon offences committed in 2024:

- 64.6% related to possession of a bladed article (including knives, machetes, axe)
- 10.1% related to firearms (including imitation firearms, bullets, bb guns)
- 25.4% related to other weapons (non-bladed article or firearm weapons, e.g. hammer, bat, knuckle duster)

This offence category also includes seized weapons intercepted at customs.

Figure 5.28: Annual number of offences on Bury District for bladed article, weapons and firearms



Of the firearms offences, for which there was an increase of 13 offences between 2021 and 2022 (48.1% increase) this related to:

- 48% air weapons
- 35% unconfirmed reports
- 5% tasers
- 5% imitation devices
- 2.5 % (which equates to 1 case) confirmed handgun

Figure 5.29: Locations with highest frequency of weapons offences

Repeat Beats for All Possession of Weapon Offences from 2018 - 2022						
Beat	2018	2019	2020	2021	2022	Total
N1G1 - East	18	24	33	47	59	181
N1F1 - Moorside	8	16	19	23	29	95
N2L1 - Radcliffe East	10	10	13	20	22	75
N2K1 - Radcliffe West	10	7	13	13	10	53
N1H1 - Redvales	2	8	13	9	18	50
Repeat Beats for Possession of Weapon State Offences from 2018 - 2022						
Beat	2018	2019	2020	2021	2022	Total
N1G1 - East	16	19	23	27	47	132
N1F1 - Moorside	7	15	17	13	24	76
N2L1 - Radcliffe East	8	7	11	10	16	52
N1H1 - Redvales	1	7	11	8	13	40
N2K1 - Radcliffe West	5	6	10	8	10	39
Top Beats for All Possession of Weapon Offences 2022						
Beat	Number of Offences					
N1G1 - East	59					
N1F1 - Moorside	29					
N2L1 - Radcliffe East	22					
N1H1 - Redvales	18					
N2P1 - Besses	15					

The areas in which there have been the greatest number of recorded possession of weapon offences between 2018-2022 were East, Moorside, Radcliffe East, Radcliffe West, and Redvales. This is mostly consistent with the top beats for 2022. In 2022, Besses recorded the fifth most possession of weapon offences while Radcliffe West dropped to eighth.

33.3% (11) of the weapons offences and 40.0% (4) of the firearms offences committed in Besses between 2018-2022 occurred in 2022. This suggests an unusual increase in possession of weapon offences occurring in this area that has led to the emergence of Besses in the top five beats for 2022. This is likely linked to the activities of the Urban Street Group activity (see chapter 7) and the associated proactive policing by the Whitefield neighbourhood crime team.

During 2022, 24.0% of the 229 offences recorded were victim-based offences, with over two-thirds of victims being male (68.1%). The age profile for victims varied by gender, with male victims typically older than females.

Gender	Predominant victim age bracket	Second highest victim age bracket	Third highest victim age bracket
Male	35-44 (28%)	25-34 (19%)	16-24 (16%)
Female	16-25 (33%)	35-44 (27%)	25-34 (20%)

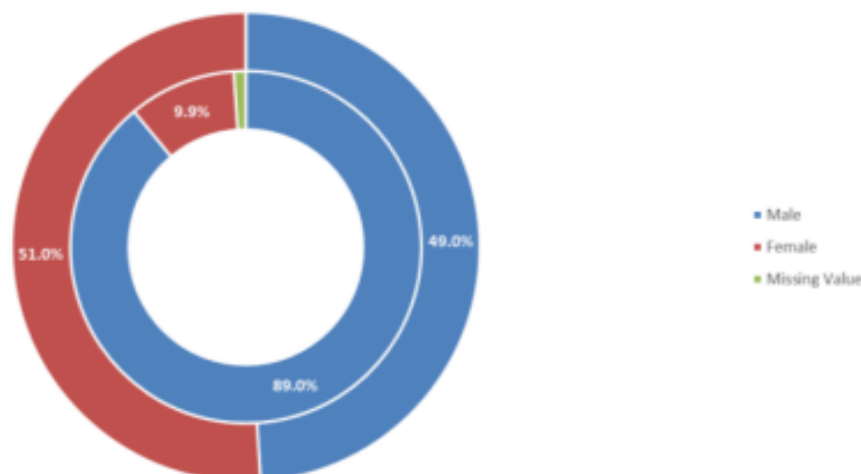
Of the 55 offences, 20% of victims were under 18 years old, 9.1% contained domestic abuse flags, and 0 contained hate crime flags. However, 63.6% contained no data for such flags.

It is noted that self-defined ethnicity was not recorded in 38.2% of the 55 victim-based offences. Where it was reported, it aligned with the demographic breakdown of Bury's population.

There were no repeat victims of possession of weapon offences during 2022.

During 2022, 182 offenders were linked to 227 crimes, with 18 repeat offenders. Of the 182 offenders, 89% were recorded as male, which is significantly disproportionate to the overall population of Bury.

Figure 5.30: Possession of Weapon offenders in Bury 2022 by gender



The age profile of offenders ranged from 11 to 69, for females from 15 to 54 (with only one female offender under 16).

Gender	Predominant offender age bracket	Second highest offender age bracket	Third highest offender age bracket
Male	16-24 (37%)	Under 16 (18%)	25-34 (17%)
Female	16-24; 35-44, 45-54 all 27.8%		

Therefore, whereas male victims were of an older age profile, male offenders are predominantly from a younger age profile, with over half of these aged under 24.

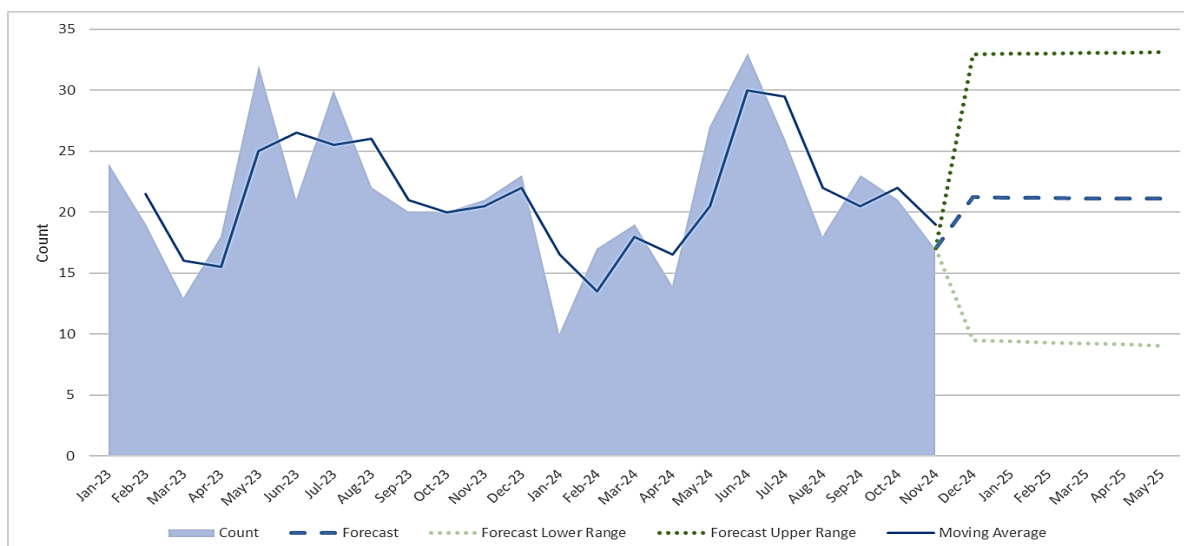
Of the 148 offenders who gave self-defined ethnicity, 71% registered White British (Bury population is 78.2%); 10.8% registered as Asian Pakistani and 8.1% Asian (various backgrounds).

Knife related crime

Knife Crime is any crime that involves a sharp or bladed instrument and can include anything from a kitchen knife or piece of glass to a potato peeler or a knitting needle. Knife crime can range from threat of violence, where someone is carrying a sharp or bladed instrument, to someone who receives an injury as a result of a sharp object or bladed instrument.

During 2023, a total of 263 knife-related crime offences were reported. This is an increase of 20.64% (45 offences) compared to 2022 however, not as high as 2021 with 284 offences. As of November 2024, 225 offences have been recorded this year, and it is highly likely that end of year volumes will be similar to, or slightly decreased from 2023. Currently, Bury is the only district in force showing a reduction in knife crime as of November 2024 (- 4%); the force is showing a 16% increase (rolling 12 month period comparison).

Figure 5.31: Knife related crime levels in Bury 2023-2024



Bury District is currently the lowest contributors of knife related crime, with only Trafford District recording less crime in the last year. At beat level, the N1G1 East beat was previously the highest contributor of knife crime in GMP; as of November 2024, it ranks second in force; although it is important to acknowledge that it covers a much larger area than other beats in the force. Approximately 21.7% of knife crime in Bury occurs on the N1G1 beat. As previously referenced, this should be considered in the context of the characteristics of this area including major retail, residential, transport, healthcare, education, and leisure facilities.

Violence with Injury crimes account for the largest proportion of knife offences in 2024 at 33.8%. Possession of weapon accounts for 29.3% and personal robbery is 20.9% (this is a 25% reduction from the previous 12 months). Unsurprisingly, for Violence with Injury crimes, the physical use of a knife or sharp instrument is common as there is an intent to cause harm, whereas for Personal Robbery; the *threat* of using a knife is most common – physical harm is rare. The possession of the knife and the implied threat that the offender will use it provides ‘coercive power’ over the victim who is highly likely to comply out of fear of being seriously hurt.

Figure 5.32: Crime types with associated knife offences in Bury in 2022

Crime Type	Used: Serious Injury	Used: Minor or No Injury	Non Physical	Verbal Only	Unknown	Total
Robbery of personal property	1	7	40	20	2	70
Violence with injury	47	9	6	4	3	69
Possession of weapon offences		7	32	4		43
Violence without injury	1	3	11	11		26
Robbery of business property			4	1		5
Rape			1		1	2
Homicide	1					1
Other sexual offences					1	1
Theft from the person			1			1
Total	50	26	95	40	6	218

Bury East and Moorside wards recorded the highest frequency of robbery of personal property and violence with injury with a knife linked to the crime.

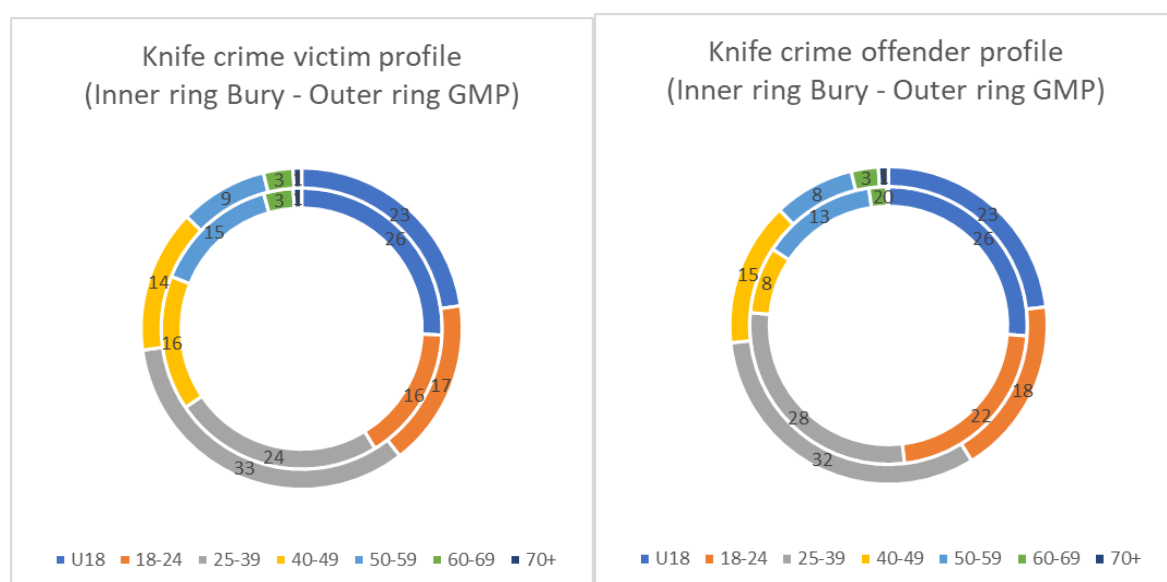
In relation to the Night-Time Economy (1800h-0600h) violence with injury is the highest contributor to knife-related crime accounting for 36.8% of incidents of which, wounding with intent to do grievous bodily harm is the highest subcategory with 26 offences.

Victim and offender attributes of knife related crime in Bury show disproportionately across different characteristics:

Age

- The proportion of victims of knife crime aged 18 and under is 26%. This is disproportionate to Force at 23%.

Figure 5.33: Knife related crime victim and offender age profiles



- This position is echoed for Bury's offender profile, where over a third over offenders of knife crime in the Borough are aged under 18, disproportionate to the force level and proportion of this age group of the Borough's overall population.

Ethnicity

- Whilst ethnicity data is not complete for victims or offenders, where it was provided this victim profile matched that of the Borough's demographics.
- Whereas victim ethnicity is representative of the ethnicity breakdown of the population in Bury, offender ethnicity is disproportionate, with White offenders under-represented and Black Offenders over-represented. The proportion of Asian offenders matches the population in Bury.
- 25% of offenders did not provide their ethnicity. 69% of those who defined their ethnicity (124) identified as White British (86). 11% (14) of offenders identified as

Asian: Pakistani/Other. 8% (10) of offenders identified as Black:
African/Caribbean/Other. 4.84% (6) of offenders identified as Mixed Race.

In 2022, where gender was recorded, 77% of victims of knife crime in Bury were male.

There were seven repeat victims (two crimes each). All repeat victims are male. Domestic abuse was a factor for two of the victims, both had been assaulted with a knife or sharp instrument by their female partner. During 2022, 37 victims were identified as being linked to DA flagged offences. Gender was recorded for all victims. Gender is almost evenly split with 21 female and 18 male victims.

In 2022, 127 knife related crimes had one or more named offenders attached. 157 distinct offenders have been identified. There were 21 repeat offenders, committing between two to four crimes.

In the summer of 2022, a *Bury Knife Crime Problem Profile* was commissioned by the GMP Bury Superintendent which reflected much of the above with headlines including:

- Bury East, St Mary's and Radcliffe East are the hotspot areas for knife-enabled personal robbery crimes. Adjoining beats Moorside, Sedgley and Radcliffe West are the next highest beats.
- 8% of the linked personal robbery suspects are recorded as Black ethnicity based on the police defined ethnicity records. This is not representative of the demographics and may be indicative of nominals travelling to Bury from other districts in GMP. A further piece of research is required to increase awareness of the geographical spread of knife-related crime offenders to increase system insight in terms of their home locations. Are these individuals travelling from within the Borough to the hotspots of activity, or from further afield? If so, what can be done to mitigate and remove any vulnerabilities using this knowledge?
- 79% of the personal robbery victims are males. This mirrors the national trend that males are significantly more likely to fall victim to robbery than females.
- 14 -18 are the peak offender ages for possession of weapon crimes
- Knife enabled crime in the Night-Time Economy mainly affects the Bury East beat. Fairfield General Hospital, Bury Interchange, Silver Street, The Rock, and Haymarket Street are the hotspot locations.
- The Interchange and Metrolink network provide opportunities for offenders both to travel easily to commit crime. Victims and offenders of knife-enabled crime on the tram network are more likely to be juveniles.
- 95% of the linked offenders for knife enabled personal robbery are males.

This Strategic Needs Assessment is an evolution of that problem profile, and details some of the partnership activities to address knife crime, including Operation Sceptre (figure 5.32).

Figure 5.34: Focus on Operation SCEPTRE

Operation SCEPTRE: This is a week of action to raise awareness of the dangers of knife crime and reduce it by targeting those carrying weapons, disrupting the supply of knives, and providing young people with positive alternatives to crime. In Bury this has included:

- Visits and knife crime workshops with schools and colleges including Hazelwood High and a public session in Whitefield with the Romero West Foundation.
- Weapons sweeps, including in the canal in Radcliffe in conjunction with local Councillors.
- Deployable knife arches at Bury College and Metrolink stations across the Bury network.
- Warrants connected to violence and knife-enabled crime.
- Stop and searches in identified hotspot areas.
- Disruption visits to habitual knife carriers.
- Joint activity with Operation CONCEPT (illegally imported weapons) visits
- Joint visits with Trading Standards on test purchasing



In March 2024 Bury Community Safety Partnership hosted the Knife Angel in Bury Town Centre. Working in partnership between the Bury Business Improvement District, Bury Council and Greater Manchester Police, the Knife Angel took up residency from 1st March to the 27th March as part its national Anti-Violence Tour.

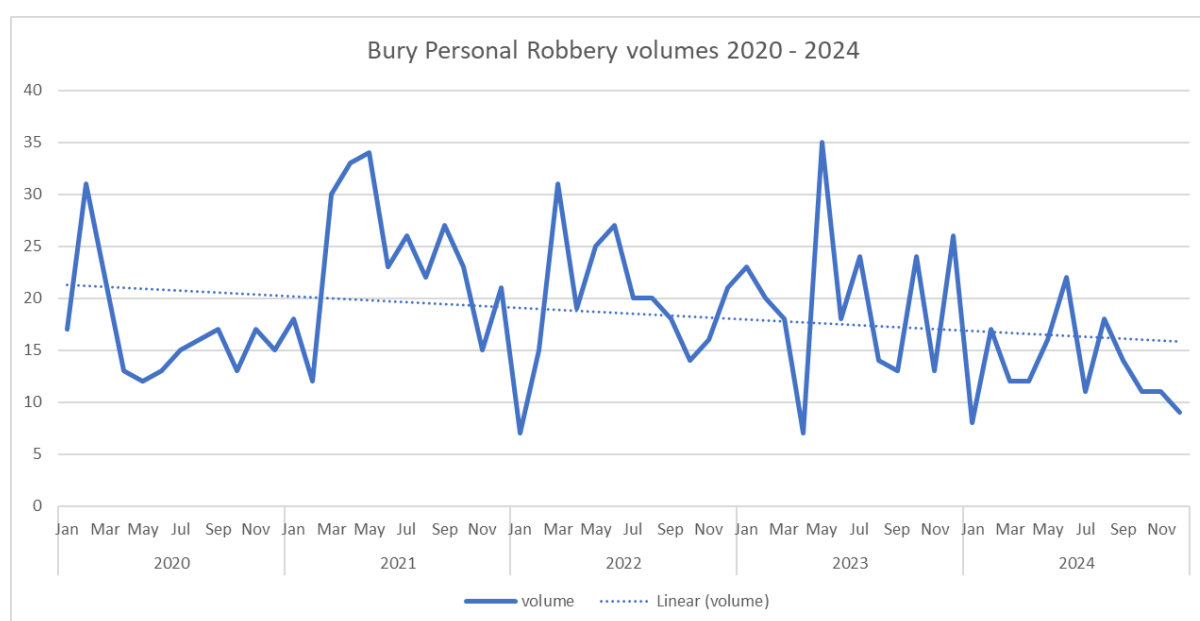


The Knife Angel increased the awareness of the dangers of knife enabled crime and risk of carrying knives which associated awareness inputs into local schools and education settings. A vigil was held during this period with related sperformance by representatives from Liv's Trust; a performance by Encore Youth Fire Choir; A poetry reading from local poet Richard Easton; A spoken word piece from Layla Redmayne from MAD Theatre Company and candlelit vigil which offered a moment for collective reflection and commitment to building a safer and more compassionate community.

Personal Robbery

Bury has the lowest average monthly count across the GMP force and the monthly average personal robbery count for 2024 is currently 13 reports. At the end of 2023, it was forecast that robbery volumes would continue to decrease and this is confirmed by end of year 2024 volumes.

Figure 5.35: Bury Personal Robbery levels and trend



Despite the low overall level, the Borough adversely suffers from occasional series of robberies given the ease of transit across the region. Bury East Ward (N1G1) has been highlighted as one of the top at risk beats, and on occasion Radcliffe East (N2L1) has featured. An additional spike has also been identified around large-scale events at Heaton Park

Hotspots for personal robbery crimes predominantly include the Bury East Ward, not least due to this area incorporating a vast proportion of the town centre, including: two major shopping centres; the market; leisure facilities; the interchange; and being surrounded by a ring road with several subways.

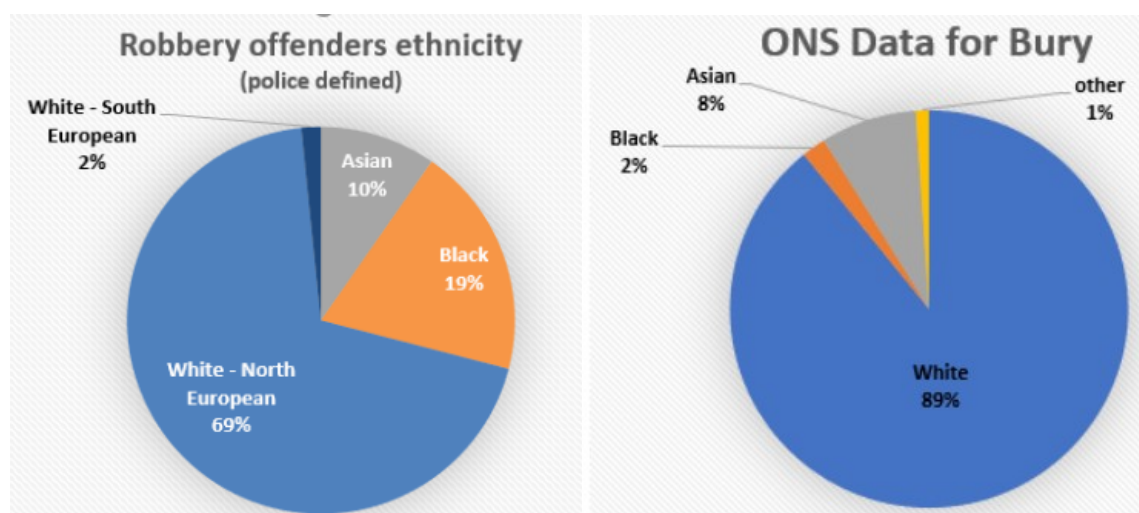
Ward	Bury East	Radcliffe East	Moorside	St. Mary's	Sedgley
Crime count	84	21	19	14	14

5 of the top 15 locations are Metrolink stations across the Borough.

In 2024, 51.8% of personal robbery offenders are 18 or under, with a peak age range of 15 years and are likely to commit offences with associate/s. The peak age for victims of personal robbery is similar at 16 years. Due to the majority of the district offending being youth crime, desirable/ fashionable items impact significantly. E-cigs, vapes, mobile phones, electric scooters and electric pedal bikes are common items stolen during robbery.

Victims of personal robbery are more likely to be white (72%) males (82%) and 91% of offenders are male.

Figure 5.36: Bury robbery offender ethnicity comparison:



It should be noted that some of these individuals may reside in neighbouring Districts, but as referenced in relation to knife crime profile, this requires further research.

Overall, 31.6% of personal robbery crimes over 12 months (1/1/22 to 31/12/22) have at least 1 linked offender. The District Integrated Offender Management function also incorporate District-owned prolific personal robbery offenders into their cohort as a priority. At time of writing, 26% of the cohort has a personal robbery or theft from person offending history.

Over the current rolling 12 month average, Bury has the highest *Solved rate* at 8.1% (GMP rate 5%) for Personal Robbery. Also of note is the encouragingly low rate (5.1%) for Suspect identified – Insufficient Evidence reporting in the work to bring offenders to justice.

Modern Slavery

Bury district has 100 recorded crimes since January 2017, steadily increasing year-on-year with more resourcing and understanding during this period.

Unlike other serious violence activity, there are no specific locations linked to these crimes. Whilst there are risk factors in relation to exploitation as set out in chapter 7, there have not been specific sites which has multiple modern slavery concerns, with a large number of such crimes geo-coded to Bury Police Station.

In this time, there have been 87 victims identified, 6 of which have been repeat victims. Of these victims:

- 35% crimes related to victims being forced to deal drugs
- 15% related to cannabis farms
- 10% of victims were exploited for sexual purposes.

There are no temporal patterns to activity, though October 2020 was a peak month for reports in the past 5 years, potentially as activity took place following the initial Covid-19 lockdown. Most of these cases were National Referral Mechanism referrals from Bury Council. It is anticipated that due to increased activity against Organised Criminal Groups (OCGs) – see chapter 7 – the volume of modern slavery crimes identified will increase.

The majority of victims of modern slavery are vulnerable male children used to sell drugs. The female victims were generally exploited for sexual purposes.

In the 12 months to April 2023, Bury recorded 25 modern slavery crimes. Of these:

- 65% of victims were forced to deal drugs (up on the rolling 5-year average)
- 19 of these victims (76%) were aged 17 or below (10 of whom were under 16)
- There was one repeat victim and no repeat offenders.
- Black and Asian victims were disproportionality high compared with the borough demographic (victims and offenders), though the sample size is quite low.
- 4 crimes relate to Albanian nationals found during warrant executions at cannabis farms, ages ranging from 22 to 34.

Offenders for sexual exploitation appear to be the most likely to be arrested for modern slavery as opposed to those forcing victims to sell drugs.

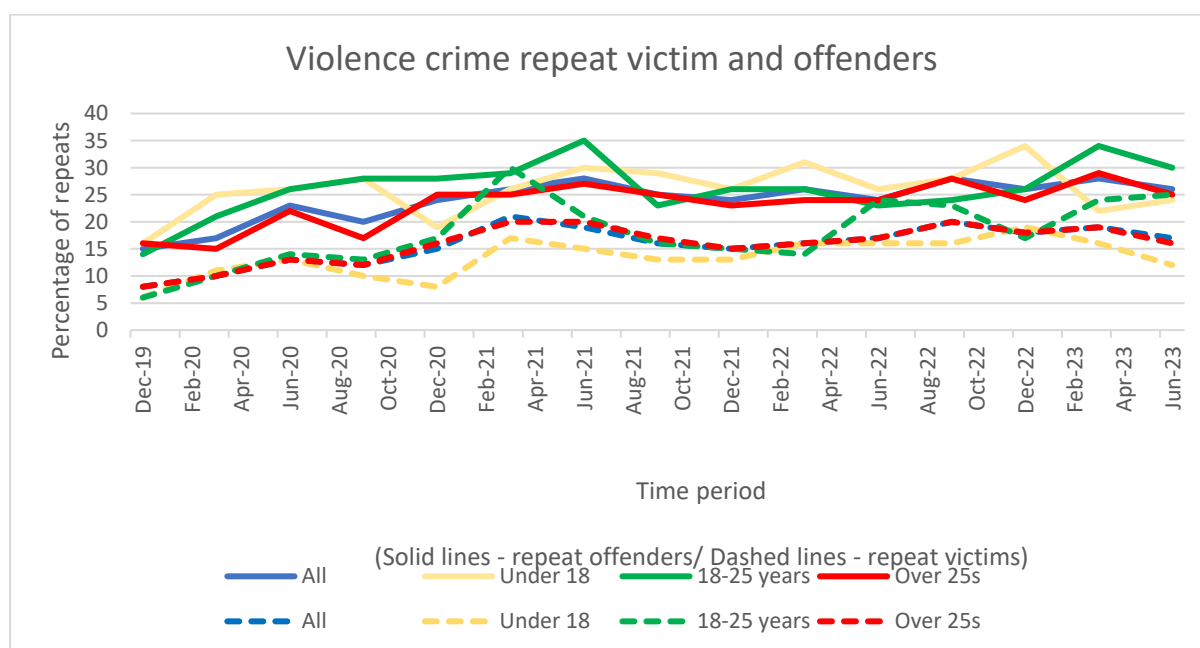
Firearms discharges

During 2022, there was one recorded firearms discharge which took place in Prestwich. This related to a threat to life by an unknown OCG with intelligence suggesting this was linked to money laundering and associated debts.

Repeat victims:

Whilst serious violence is perpetrated by a small minority, those individuals do considerable harm (PHE, 2019). In 2022, just 24% of offenders were responsible for over 50% of violent crimes in Greater Manchester. Even more strikingly, over 50% of the harm caused by violent offences was caused by just 5.9% of offenders.

Figure 5.37: Violent crime repeat victim and offender rates (all Serious Violence)



Within the 12-month period, 2680 victims and 3788 offenders were identified. When collated, it was found that 1048 of these individuals were repeats as either victim, offender or both. Further filtering identified 307 individuals featuring as both.

When this data is broken down by gender, a disparity in the representation of females is identified. Within the original data set (n=6468), females comprised 36% of the records returned. Within the filtered dataset detailing individuals as victim and offender (n=307), females comprised 40%. It is within the Top 10 of this dataset that disparity is highlighted: 50% of the top 10 are female.

Within these 10, there are 28 links to crime as a victim and 51 links to crime as an offender.

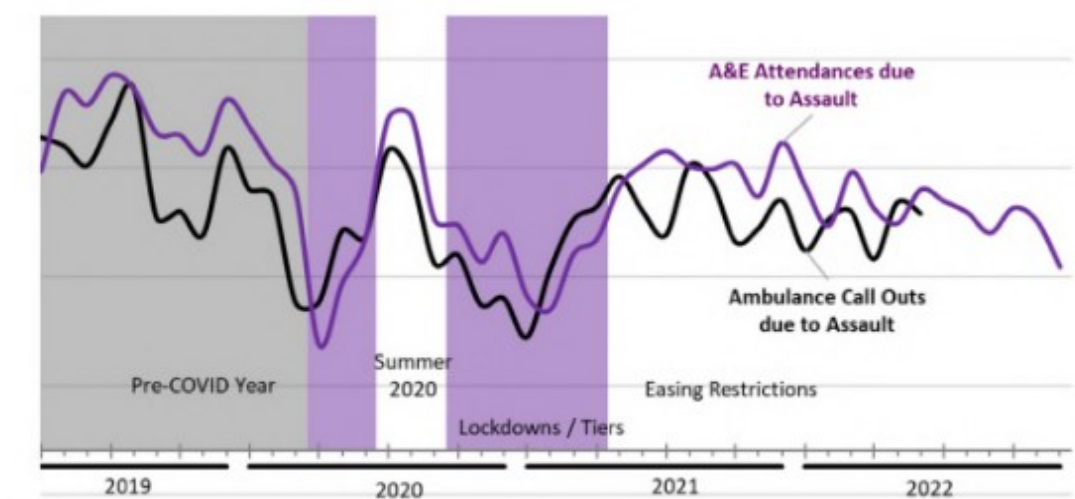
Health system data:

In some cases, violence is serious enough for people to seek help from health services, such as emergency departments and ambulance services, or even require hospital admission. By drawing upon our health data, we can explore further any underlying trends which are unaffected by police recording practices or engagement with communities.

Since 2019, an average (per month) of 790 people attended an Emergency Department and 470 people called an ambulance due to assault in Greater Manchester. Of these ambulance callouts over this period, around two thirds (67%) could not be matched to a police-recorded crime, indicating the value of health data to understand hidden and unreported violence.

While changes to crime recording practices have resulted in a significant step upwards in violent crime, since the end of 2020 (through police data), health data indicates that underlying volumes of serious violence may be falling over the past years. Both ambulance callouts and Emergency Department attendances due to assault stand below pre-COVID levels in latest data.

Figure 5.38: Trends in monthly ambulance call outs due to assault and emergency department attendances due to assault in Greater Manchester, 2019-2022

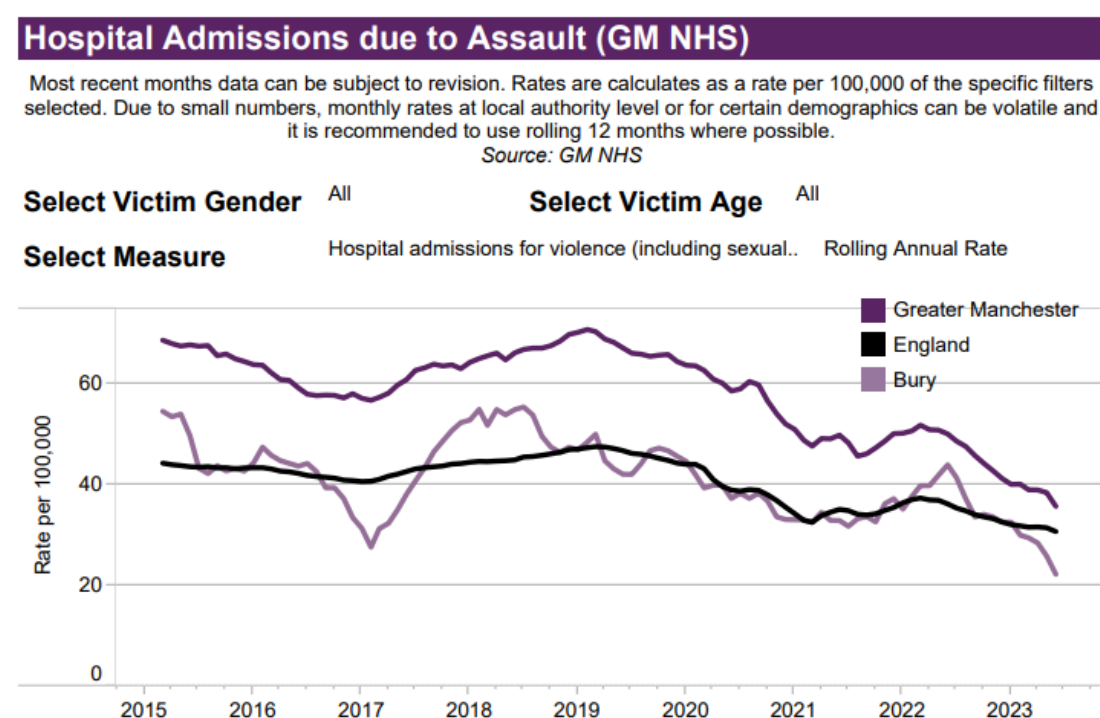


Source: Liverpool John Moore's University Trauma and Injury Intelligence Group (LJMU TIIG)

Across Greater Manchester, there were 5,110 hospital admissions for violence (including sexual violence) between 2018/19 and 2020/21, an annual rate per 100,000 people of 57.8, considerably above the England average of 41.9.

Bury was one of only three GM districts below this figure at 41.4 and this is the third lowest figure in the region.

Figure 5.39: Bury Hospital Admissions due to assault

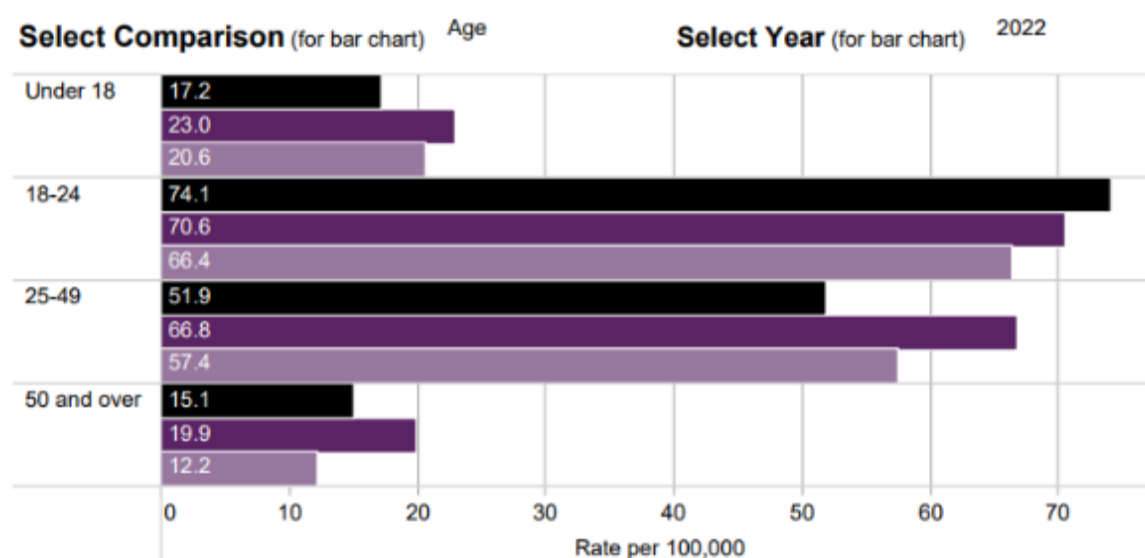


When looking at victims aged 25 and under, the rolling annual rate between 2019 and 2022 fluctuated above the England average^{4.23} (and occasionally GM average) but since early 2022 has seen a sustained decrease to below 20 per 100,000 population (i.e. lower than the all-age average for Bury).

By gender, hospital admission rates within Bury mirror the national average, though in the last five years the rate of female hospital admissions rate has dropped and remained below the national average.

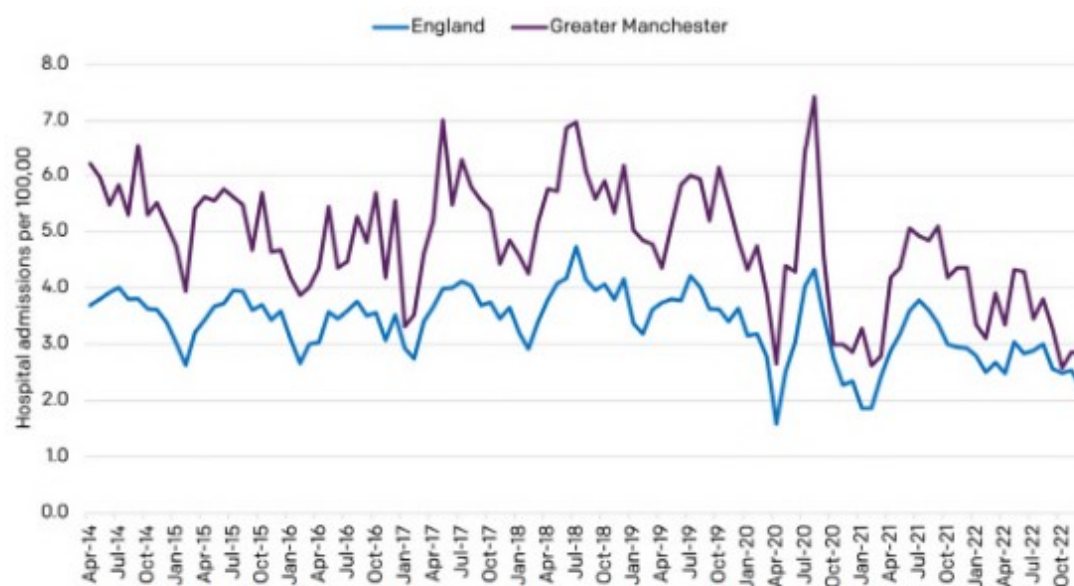
In relation to age, Bury has a greater rate of admittances than the national average for those aged under 18 and 25-49 year olds, but lower than national average admissions for those aged 18-24 and over 50.

Figure 5.40: Age comparison for hospital admissions due to assault for Bury residents



Looking at rates of hospital admissions over time, a seasonal pattern can be observed. Hospital admissions rise over the summer and fall during winter months. Aside from a significant summer spike during summer of 2020, rates of hospital admissions due to assault have remained below pre-COVID rates in recent years, both nationally and within Bury (and wider Greater Manchester)

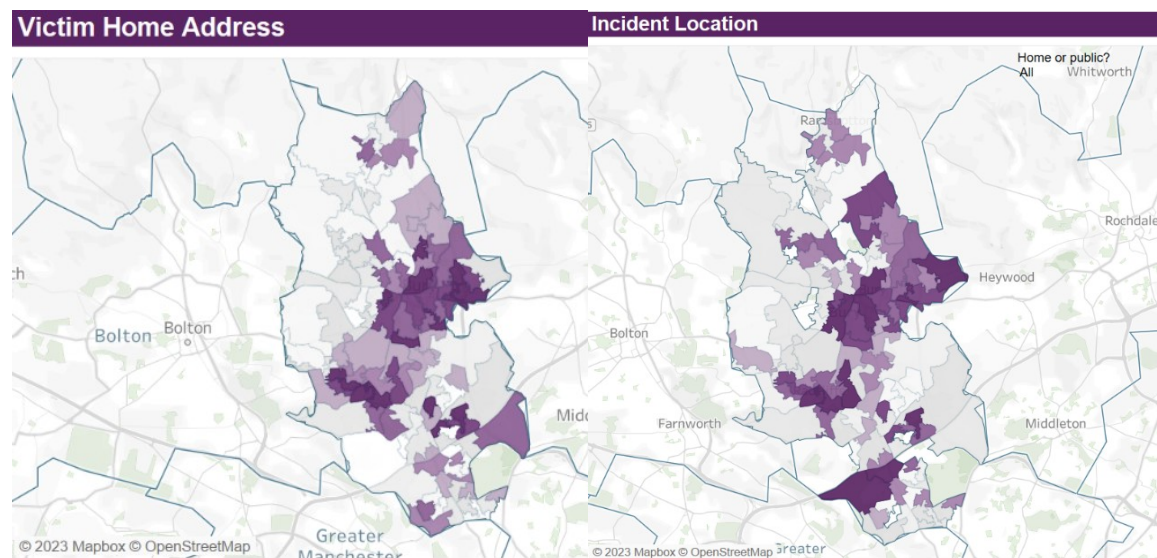
Figure 5.41: Hospital admissions due to assault (including sexual assault) monthly rate per 100,000 population, 2014-2022



Source: Greater Manchester Integrated Care Partnership (2023)

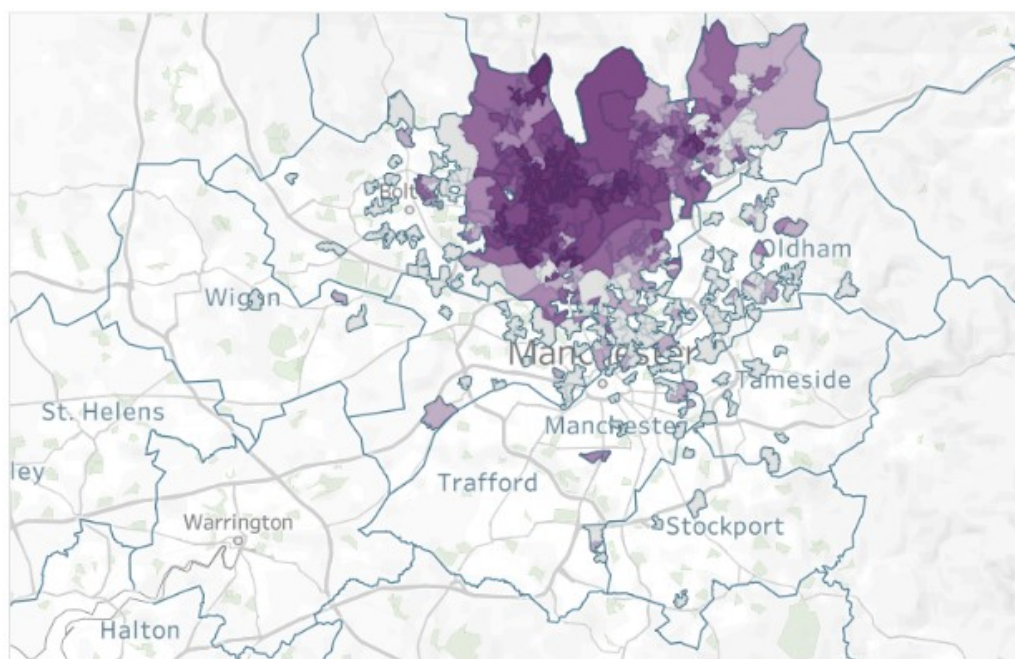
If specifically considering attendances at Accident and Emergency for Assault, the average daily A&E attendances due to assault in Bury is 1.5., which is the 4th lowest in Greater Manchester. There is a close correlation between the attending victim's home address and recorded incident location where provided, and these correlate to broader crime mapping hotspots.

Figure 5.42: Accident and Emergency attendance for assault – comparison of victim home address and incident location within Bury



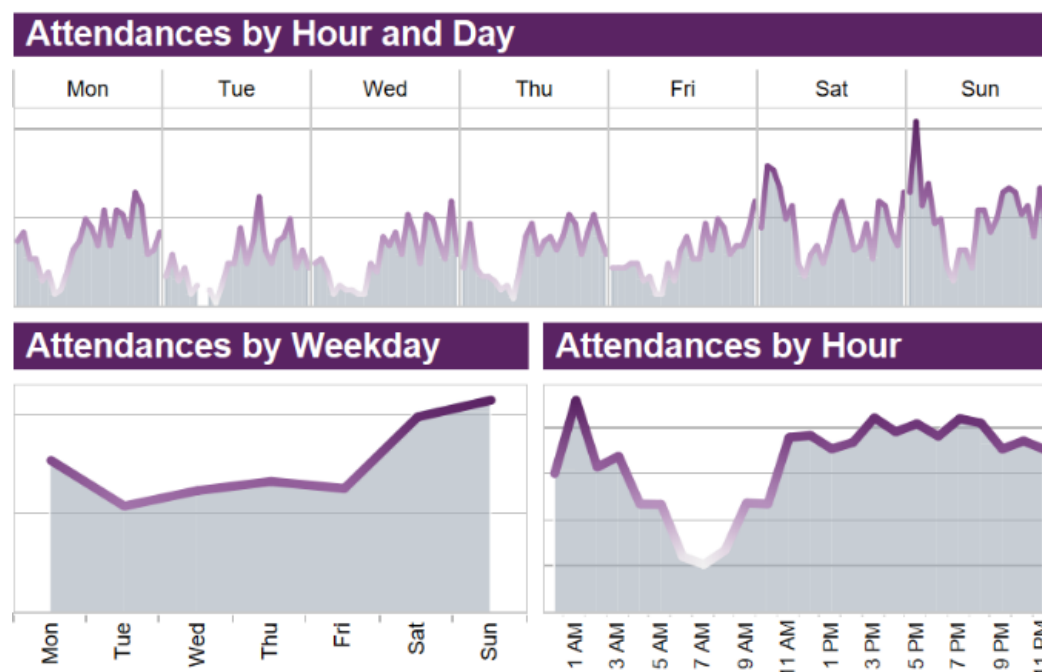
Within the Bury District is Fairfield General Hospital, which has a slightly higher average attendance rate of 1.6. The map below indicates where from within the conurbation victims of such violence live who attended Fairfield.

Figure 5.43: Accident and Emergency attendance at Fairfield Hospital in Bury for assault from across Greater Manchester



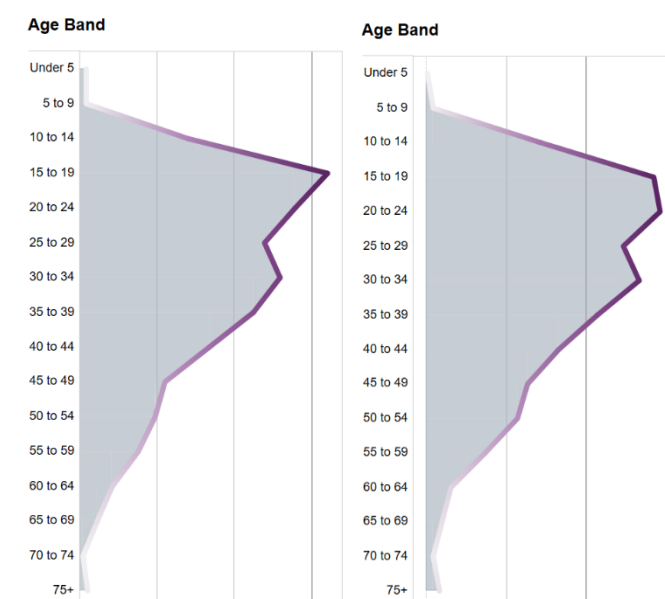
Focusing on Bury data, attendances peak in peak on Saturday evening into Sunday morning, in particular.

Figure 5.44: Temporal analysis of A&E attendance for assault by Bury residents.



The age profile of attendees shows a peak in 15–19-year-olds, with the rate dropping slightly by 30 years old (though falls less steeply than the peak occurs in pre-teen years) followed by a smaller peak in the early 30s age group and then steady tapering decline through the rest of the life course. When considering admittances into Fairfield, whilst a broadly similar pattern can be observed, there level drops off less around the early 20s age group with a less pronounced initial peak in the early teens period.

Figure 5.45: Accident and Emergency attendance for assault – age profile for Bury residents (left) and Fairfield admissions all localities (right)



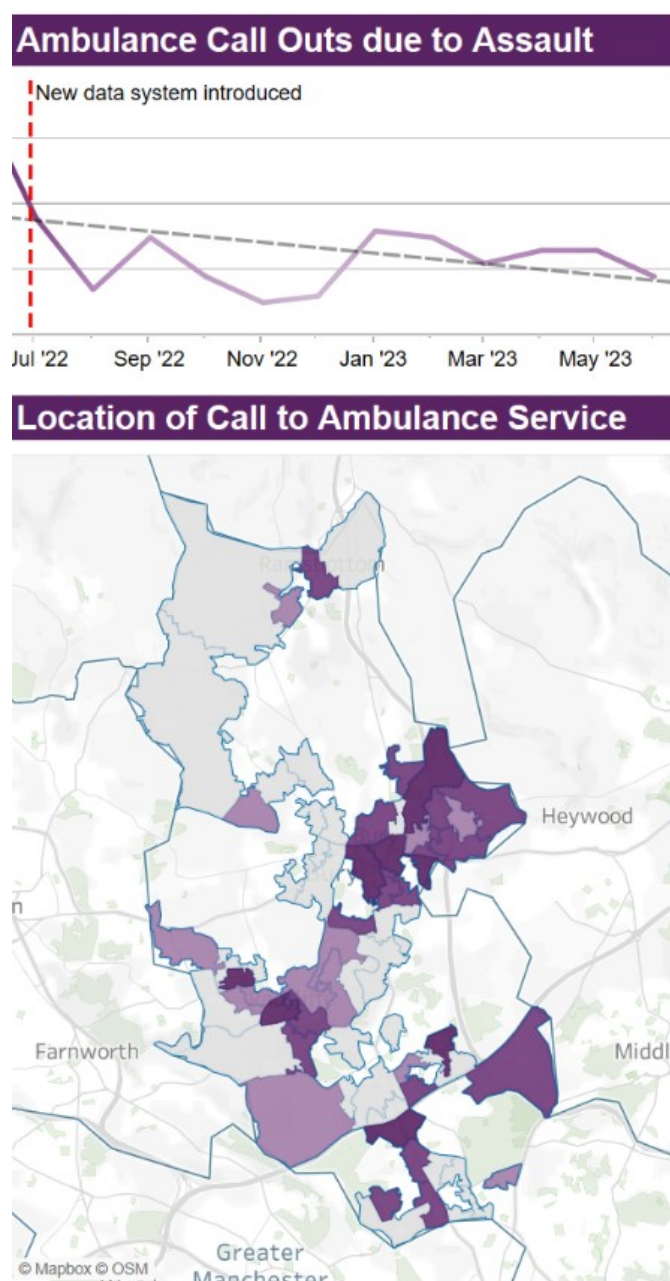
Where the incident happened at a Bury resident's home, 16% were aged 30–34, with this being the most prevalent age bracket. For the same age group, the figure is only 11% when

the incident was reported out of the home. In these cases, the peak age group is 15-19 years old which accounted for 19% of all admissions. This later age group for home incidents reflects demographics in relation to domestic abuse being included in A&E admissions.

Ambulance data

In the Bury district, there is an daily average of 0.8 ambulance call-outs due to assault and this figure is on a slightly decreasing trajectory. The most prominent location for call-outs relates to the Buckley Wells and Fishpool areas of Bury, which includes Bury Town Centre.

Figure 5.46: Ambulance call out data due to assaults – Bury residents.



Callouts rise to an initial peak on Friday night, drop on Saturday mornings, but increase again sharply in the afternoon and evening into Saturday night. There is a gentle increase from

Tuesday to Friday. 64% of callouts are to male victim , with 25% of calls being for victims aged 25 or under.

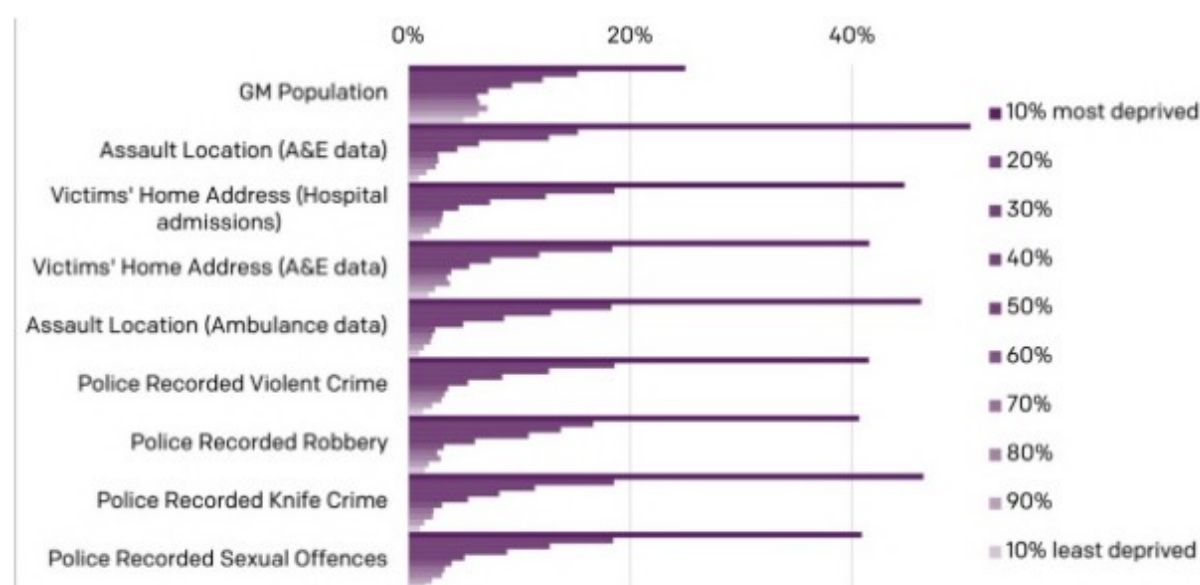
A clear trend by hour and days of the week exists across both ambulance call outs and A&E attendances (Figure 5.45/5.46). Friday and Saturday evenings are the peak times, mirroring the night-time economy days. Incidents are at their lowest at 7am, when a steady increase starts, reaching a peak around 9pm and then a slow reduction until 7am. This reflects both the night-time economy and working hours, especially when domestic abuse is implicated.

Link to deprivation

Emergency department data, like that from ambulances, shows that of those incidents where a location was recorded, 51% occurred in areas of Greater Manchester among the 10% most deprived in the country. Two-fifths (42%) of victims live in these most deprived areas despite making up only 25% of the Greater Manchester population.

The disproportionate impact of violence in more deprived areas is mirrored across both health and police data. Across all crime types and sources of data, we can see that those areas among the 10% most deprived nationally bear the heaviest burden of violence, both in terms of the location of the incident and the home communities of the victims themselves.

Figure 5.47: Proportion of violence and other crimes by deprivation decile of incident location and victim home address

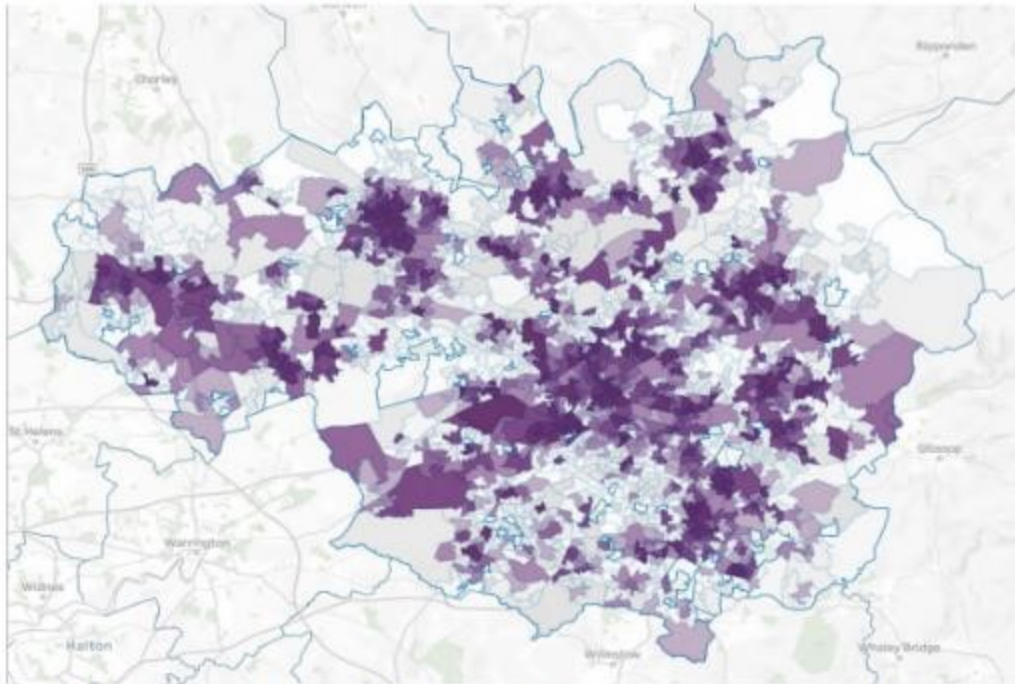


Source: Combined data from Greater Manchester Police (2023), LJMU TIIG (2022), and ONS (2022)

This pattern in part reflects the geographic spread of violence, with incidents tending to occur primarily where there is heavy footfall (for example town centres, city centres, travel hubs, and high streets) or higher vulnerabilities (for example more deprived and isolated neighbourhoods)

Figure 5.48: Ambulance call outs due to assault by Lower Super Output Area of incident 2019-2022.

Ambulance call outs due to assault by LSOA of incident 2019-2022



Source: North West Ambulance Service via Liverpool John Moore's University Trauma and Injury Intelligence Group (LJMU TIIG) (2022)

Chapter 6: Risk and Protective Factors

– Pregnancy And Early Years

The 1,001 days from conception to the age of two sets the foundations for an individual's cognitive, emotional, and physical development. It's a time of rapid development, and it's a time when babies are at their most vulnerable (HM Government, 2021). A baby's social, emotional, and cognitive development is impacted by the relationships around them, from their parents/caregivers and their families and friends.

In addition to influencing child development by affecting foetal development, maternal health and behavioural risk factors can influence the risk of adverse health outcomes later in life including cardiovascular diseases, diabetes, and mental health disorders. (Bury JSNA)

If a baby, child or young person experience adversity during this important developmental time, there can be long-lasting consequences with increased risk of poor health and social outcomes. It is important to ensure that babies, children and young people experience love, care, and nurture during their 1,001 developmental days and beyond (HM Government, 2022).

Bury's population includes 11,157 babies and infants, representing 5.8% of Bury's total which is similar to England average of 5.4%. Locally this varies from 3.3% in Summerseat to as high as 9.1% in Sedgley.

Domestic Abuse

Whilst pregnancy can be a time of great happiness and joy, it can also be a time when domestic abuse can start for the first time and can get worse if there is already domestic abuse within the household (NHS, 2023). Around 30% of domestic abuse begins in pregnancy, and between 40-60% of women experiencing domestic abuse are abused during pregnancy. This makes domestic abuse the most common health problem for women during pregnancy. Domestic abuse is a pattern of assault and coercive behaviour, and can be emotional, physical, psychological, financial and/or sexual.

National research by Women's Aid indicates that 6% of those in community-based domestic abuse services and 8% of those in refuges in 2021-22 were pregnant (Clark *et al.*, 2023). The rolling average of individuals accessing Independent Domestic Violence Advocacy in Bury who are pregnant at time of accessing provision is 10.3%

Domestic abuse brings many risks for both the pregnant women and their unborn baby, including infection, premature birth, miscarriage, injury and death. Domestic abuse can also affect a woman's mental health and wellbeing as well as aggravate existing health problems or chronic pain conditions.

It is important to identify if domestic abuse is taking place, including during pregnancy. We must remember that domestic abuse is not the fault of the victim/survivor, and we must ensure that people are supported and encouraged to report their experience to someone, whether a health professional, the police, or a charity. The *Domestic Abuse Act 2021* (Home Office, 2021a) ensures that all children under 18 years of age, including babies, are recognised as victims of domestic abuse in their own right when they see, hear or experience domestic abuse and are related to either the victim or the perpetrator.

Locally, our capacity to identify and support victims of domestic abuse has been enhanced through a dedicated role in primary care. Alongside Child IDVA provision and the rollout of the Family Safeguarding Model in Bury, this is a positive step to increase system-wide awareness, including through healthcare settings on earlier intervention to support victims.

Lone Parents and the impact of poverty

Babies are completely reliant on their parent/caregivers, and later development is heavily influenced by the loving attachment babies have to their parents/caregivers. Parental conflict can impact on the mental health of the baby as well as other adverse childhood experiences and other traumatic exposures. Conversely, having a loving, nurturing and stable environment where babies are able to feed, be loved, and cared for results in positive outcomes.

Therefore, it is important that parents or carers get the right type of support to help them give their babies the best start for life (HM Government, 2021). The role of midwives, health visitors, school nurses and wider support is extremely important during this stage of development. The mental health and wellbeing of mothers, fathers, partners, and carers is also important for the development of the baby. Poor mental health can impact a parent/caregiver's ability to bond with their baby. This is why it is important that parents and carers have their own needs met so they can meet the needs of their baby (HM Government, 2021).

However, we know from evidence that there are greater challenges for single parent households, especially from a financial perspective, where many households are living in poverty.

Of the just over 80,000 households in Bury, there are 9,629 lone parent families (11.9%) compared to 12.9% of households within Greater Manchester and 11.1% nationally.

For Bury, when considering those households with dependent children, the figure is just over 6,000 (7.5% of the total household population), with the highest prevalence in the Borough as per the tables below, which shows particularly acute prevalence in Besses whereas in Radcliffe East this is more spread out across the Ward.

Figure 6.1: Single family household prevalence in the Borough

Ward	Percentage of single-family households – lone parent family with dependent children
Radcliffe East	11.6
Radcliffe West	11.3
Besses	11.3

Lower Super Output Area	Percentage of single-family households – lone parent family with dependent children
Bury 021B (Besses)	21.4
Bury 007E (Moorside)	21.1
Bury 021E (Besses)	16.7
Bury 018D (Radcliffe West)	16.0
Bury 016D (Radcliffe West)	14.6

Research shows that living in poverty impacts our life chances and development in a variety of ways. Having a low-income, below the living wage, increases parents/caregivers' stress levels, impacting on family dynamics. Conversely, increases in household income can boost children's educational achievements and emotional and physical wellbeing. Children who live in poverty often report feeling excluded and embarrassed, citing it as a key source of unhappiness and a cause of worry about their parents (Quint *et al.*, 2018).

Children living in single parent households are more likely to live in poverty. This may be due to various reasons, such as low maintenance payments for children, high childcare costs, and the absence of a second income. Nearly half of single parents, of which 90% are women, are living in poverty (Women's Budget Group, 2019). Single parents are twice as likely to live in poverty than married or co-habiting parents (HM Government, 2021). Around 145,000 children are living in poverty in Greater Manchester, representing around 1 in 4 children (Foster, 2022).

In Bury, Childhood poverty was specifically identified as a priority within the local Anti-Poverty and Cost of Living Strategy which outlines that:

- The childhood poverty rate (after housing cost) for Bury as a borough is 32.1%.
- This is down from 34.3% in 2017 but higher than it was in 2015 (30.5%) and currently ranks as 4th lowest in Greater Manchester.
- It is noticeable that locally the percentage of children living in poverty has some correlation with the areas of greatest deprivation overall, though an exception to this is Sedgley in Prestwich which, after housing costs, has the highest rate of childhood poverty with over half of children experiencing hardship. However, the neighbouring Holyrood ward has half the level of Sedgley.

The disproportionate impact across the Borough can also be seen through the tables below.

Figure 6.2: Percentage of children living in poverty, before and after housing costs, by ward (GM Poverty Action)

After housing costs	Sedgley 50.4%	Bury East 45.5%	Radcliffe West 42.3%
Before housing costs	Bury East 37.2%	Redvales 31.2%	Moorside 27.4%

Figure 6.3: Percentage of Children (aged under 16) living in absolute low-income families (DWP data published March 2023)

Ward	2021/22	2020/21	2019/2020
Bury East	34.2%	36.7%	39.0%
Moorside	27.5%	27.7%	30.9%
Redvales	27.4%	30.2%	32.4%

Parental responsibilities of those in criminal justice system:

Around 15% of men aged 18-25 on Greater Manchester probation caseloads at the start of 2023 had parental responsibilities and national research indicates (Meek 2011) that around a quarter of young males in prison are fathers or about to become fathers. Anyone in contact with the Criminal Justice Service can create a ripple effect on the whole family, and for

children having a father in prison increases the likelihood of antisocial behaviour and being involved themselves in the Criminal Justice system (Farmer Review 2017).

The Farmer Review (2017) demonstrated that families are an asset in reducing reoffending, supporting the welfare and safety of men in prison and, crucially, in providing the hope that men in prison need to begin a process of desistance from crime. Families support loved ones in prison emotionally, practically and financially. They often have the keenest insight into their family member's mental health and the most realistic understanding of their needs both inside prison and on release.

Young adult men in the criminal justice are often a vulnerable group with histories of social exclusion, poor education, exposure to trauma in childhood, and time spent in local authority care. Lack of exposure to positive parenting in early life and opportunity to develop fathering identities is further exacerbated through contact with the Criminal Justice system, arrest, court attendance, and whilst in prison. These issues present significant challenges when integrating back into their own families as parents or older siblings, or when becoming new step partners when forming new relationships, resulting in ongoing impacts to the young people under their care.

Children in Care

The life chances for children who are taken away from their families and put into care are very poor, with increased risk of teenage pregnancy, poor educational achievement, substance misuse and mental health problems. This comes at a high cost. In 2017-18, council spending on children's social care amounted to almost £8.8 billion (116 in HM Government, 2021). Children's social care spending has increased year on year since 2012 and nationally, and the number of children being taken into local authority care remains at an all-time high. As of March 2020, just over 80,000 children were in care, an increase of 2% from the year before (118 in HM Government, 2021). Rates of children who are looked after are especially high in Greater Manchester, with 92.1 looked after children per 10,000 population aged 0-17 years in 2022, which is 32% higher than the England average of 69.8 per 10,000 population aged 0-17 years.

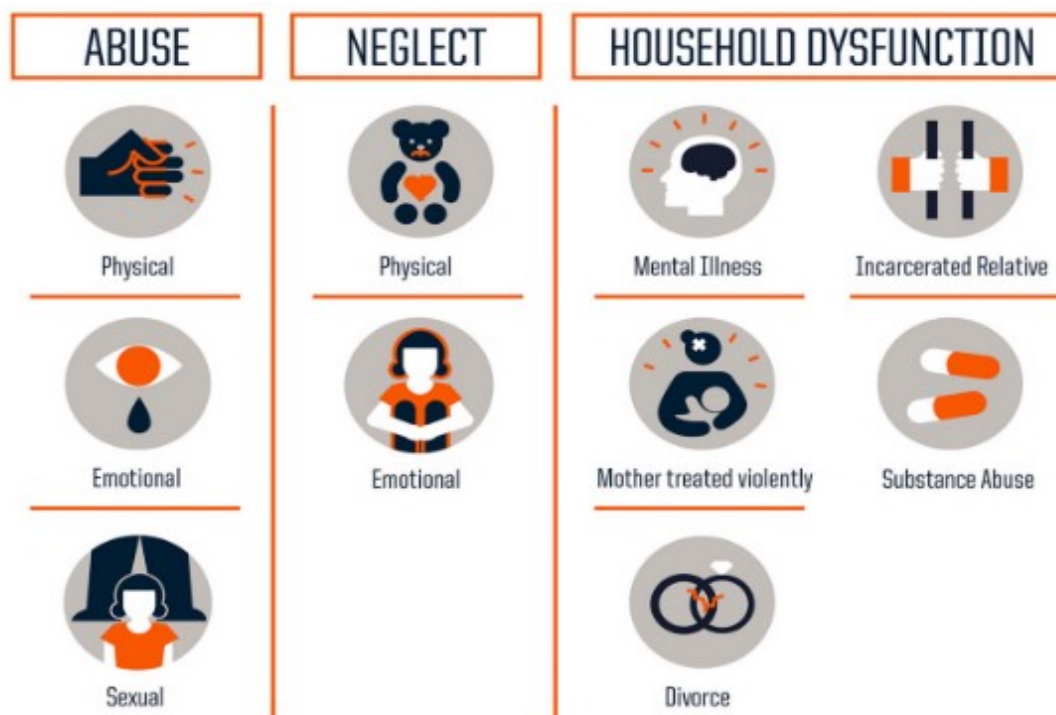
A disproportionate number of children from the care system end up involved in the criminal justice system. Around 14% of children on youth justice service caseloads in Greater Manchester between 2021- 22 are or were looked after children compared to less than 1% of children across Greater Manchester

Adverse Childhood Experiences

Living in a household with domestic abuse and/or mental illness are two defined adverse childhood experiences (ACEs). ACEs are traumatic events which result from direct and indirect abuse or neglect from a parent and/or carer towards children and young people, or wider household dysfunction.

The Greater Manchester Serious Violence Duty outlines the recognised ten ACES that have been codified across practitioners.

Figure 6.4: Adverse Childhood Experiences



Source: Centre for Disease Control and Prevention. Credit, The Robert Wood Johnson Foundation

Local work, including that by Enterprising Youth who are part of Bury's Community-Led Pilot Alliance working with the Greater Manchester Violence Reduction Unit, has recognised that there is a much broader group of adversities, traumas and life events that can impact a person's life (Figure 6.5)

Enterprising Youth have trained 670 residents and professionals in ACEs awareness, with the principles embedded within the Bury Children's Strategic Partnership approach. There is also a specific focus on ACEs and trauma-informed practice as priority of the Radcliffe Integrated Neighbourhood Health and Care Team.

There is no data on drug misuse during pregnancy for Bury and its statistical neighbours. Data for England is available for drug misuse in early pregnancy and the data suggests that 1.4% of pregnant women were recorded as misusing non-medicinal drugs or other unauthorised substances at the time of booking appointment with midwife in 2018-19. Data on inequities are available for England only. Higher percentage of women (2.8%) in most deprived deciles in England misuse drugs in early pregnancy compared with the least deprived decile (0.4%)

Figure 6.5: Recognition of wider traumas and Adverse Childhood Experiences























Additional Adverse Childhood Experiences ...our list to date

enterprising
YOUTH

(January 2020-23)

Many practitioners working with instances of childhood trauma and adversity, recognise that the 10 ACEs are not in any way a comprehensive or finite list.

Through our work with children and adults, we have recognised a range of experiences that commonly elicit a trauma response and qualify as a traumatic event in the lives of those struggling. Some of these are listed below. Some of these experiences are examples that fall within the existing ACE's categories, others do not. Many we share here are recognised in evidenced research coming from larger organisations, i.e. UCSF Benioff Children's Hospitals, USA.

1. Witness or subject to community violence (in school/neighbourhood) 
2. Witness or subject to racism (self or family member) 
3. Witness or subject to discrimination based on ethnicity (self or family member)
4. Witness or subject to discrimination based on disability (self or family member)
5. Witness or subject to discrimination based on sexual orientation 
6. Witness or subject to discrimination based on gender identity
7. Witness or subject to discrimination based on religion 
8. Witness or subject to bullying 
9. Witness or subject to Police attending an incident (inc at your home) 
10. Subject to poverty (insufficient food / clothing / heating / unable to participate in activities due to lack of £) 
11. Subject to homelessness (homeless / moved homes more than twice in a year inc. living with other family members)
12. Subject to partner abuse (i.e. girlfriend/boyfriend) 
13. Experienced peer violence 
14. Experienced the death of a loved one (parent/carer/sibling) in the household 
15. Witnessing or subject to the brutality, neglect, or violent death, of a pet at the hands of another 
16. Witness to, or aware of, suicide of person known to them (or attempted) 
17. Age inappropriate responsibilities 18. Witness or subject to a serious accident or incident 
19. Supporting someone close who has experienced trauma (aka secondary trauma) 
20. Subject to serious illness, medical procedures, and invasive or frightening treatment experience 
21. Living with loved one (parent/carer/sibling) who has a serious illness or disability 
22. Feel unloved (uncared for / unimportant / no affection provided by parents or primary caregivers) 
23. They, or their siblings, removed from birth family (now living in care / foster parents / adopted) 
24. Strained family relationships 
25. War 

It is well evidenced that chronic stress in early childhood, whether it is caused by repeated abuse, severe maternal depression, or extreme poverty, has a negative impact on a baby's development. Without the protection of adult support, toxic stress becomes built into the body by the processes that shape the architecture of the developing brain. This has long-

term consequences for learning and a baby's future physical and mental health (HM Government, 2021).

It is important that when we think about violence reduction and prevention, we consider this from pregnancy right through the life course and investment in early years development. This must include the support of families and caregivers, including those family members who may be living elsewhere such as prison.

Childhood adversity (from 0-18 years of age) is unfortunately common, using population prevalence studies. In England, just over half (53%) of the adult population have at least one ACE and nearly a tenth (9%) have four or more ACEs (Bellis *et al.*, 2014). Whilst northern areas have the same prevalence of at least one childhood adversity (53%) when compared to England's figure, the prevalence of four or more ACEs increases.

Whilst ACEs occur across our society, the prevalence of ACEs is higher in different settings and for specific groups of people. For example, people who have an addiction, such as drugs (including prescribed medication), alcohol, tobacco, gambling and those who are homeless have much greater exposure to childhood adversity than those without addiction. Children who attend alternative provision, those who are in the youth justice system, and those who are in the care system are all at increased risk of trauma and adverse childhood experience. It is estimated that children (from 0-18 years of age) whose parent/caregiver is incarcerated are 67% more likely to have also witnessed domestic abuse. ACEs are also more prevalent where families are poor, isolated, or living in deprived circumstances (EIF, 2020). However, even when deprivation is taken into account, a dose-response relationship between ACEs and poor health and social outcomes remains.

Research (Felitti *et al.* 1998; Bellis *et al.* 2012, 2014; EIF, 2020) into ACEs consistently shows the associated risk of poor health and social outcomes in later life

Compared with adults with no ACEs, those adults who experienced four or more ACEs in childhood (between 0-18 years of age) are:

- 4.9 times more likely to have a memory impairment
- 4.7 times more likely to have depression
- 2.3 times more likely to get cancer and 2.1 times more likely to have a cardiovascular disease
- 3.5 times more likely to have a sexually transmitted infection

In addition to health conditions, adults who experience four or more ACEs in childhood are:

- 7 times more likely to consider themselves an alcoholic
- 5 times more likely to have used illicit drugs
- 10 times more likely to have injected drugs

ACEs can also have a behavioural impact, leading to increased risk of illicit drug use, suicidal ideation, violence perpetration and school absenteeism (BMJ, 2020). Adverse experiences are also linked to such issues as criminal activity and school expulsions (HM Government, 2021). ACEs have been shown to have an impact on the likelihood of both future violence perpetration and victimisation.

Early Break – Prevalence of ACES with parents

Early Break is a charity that works across Bury, Salford, Trafford, Rochdale, Oldham, and Bolton. It provides emotional health and substance misuse services, including substance misuse services in Bury and is a member of the VRU Community Led Pilot in Bury East.

Their family work provides child-centred family services where children are affected by their parent's substance addiction and criminality. The aim of the service is to work with the whole family to break the cycle of intergenerational behaviour.

Early Break assessed 53 adults who accessed their services in relation to ACES (2022/23) and found:

- 100% (53) had at least 1 ACE
- 35.8% (19) had between 1-3 ACEs
 - 30.2% (16) had between 4-6 ACEs
- 33.9% (18) had 7 and above
- 64.2% (34) had 4 or more ACEs
- The average number of ACEs was 4.7

The most common ACE was parental separation/divorce, with 71.7% (38) of adults stating this, closely followed by their own parents using drugs, 64.2% (34). 35.8% (19) of adults stated that they had been sexually abused as a child and 21% (11) said that their parent had been in prison.

Greater Manchester Violence Reduction Unit (VRU)

In 2019 Greater Manchester set an ambitious plan to become an Adverse Childhood Experience and Trauma-Responsive system. Greater Manchester VRU has supported this agenda since its agreement in 2019 and has contributed to the leadership of the agenda, supported the work financially, and has embedded the agenda across all of its work programmes.

Through the ACEs and Trauma Responsive programme of work, which includes input from Enterprising Youth and Bury's Youth Violence Reduction Group, a whole system approach is taken to reduce the impact and prevalence of ACEs across the population.

Taking a life course approach, the aim of the programme is to focus on the prevention of ACEs, promotion of recovery, and prevention of re-traumatisation and enablement of trauma-experienced people to live well. There has been immense engagement and drive, with Greater Manchester Police committing to becoming trauma responsive and the development of podcasts for Primary Care.

Despite the pandemic, significant progress has been made to establish relationships and identify system leads across Bury, the other nine local authority areas and develop a Community of Practice.

Figure 6.6: Greater Manchester Violence Reduction Unit Whole System approach to ACES



Source: Collaborative approaches to preventing offending and re-offending in children (CAPRICORN)

The GM activity includes drawing upon assets across the region, including those from Bury to embed such an approach, with more detail on Bury's Community Led VRU pilot in the next chapter. Regionally, this has included the Big Life Group focusing on mental health provision with schools and wellbeing settings, Early Break who have run an intergenerational trauma project, and Street Games training community sport practitioners across the region.

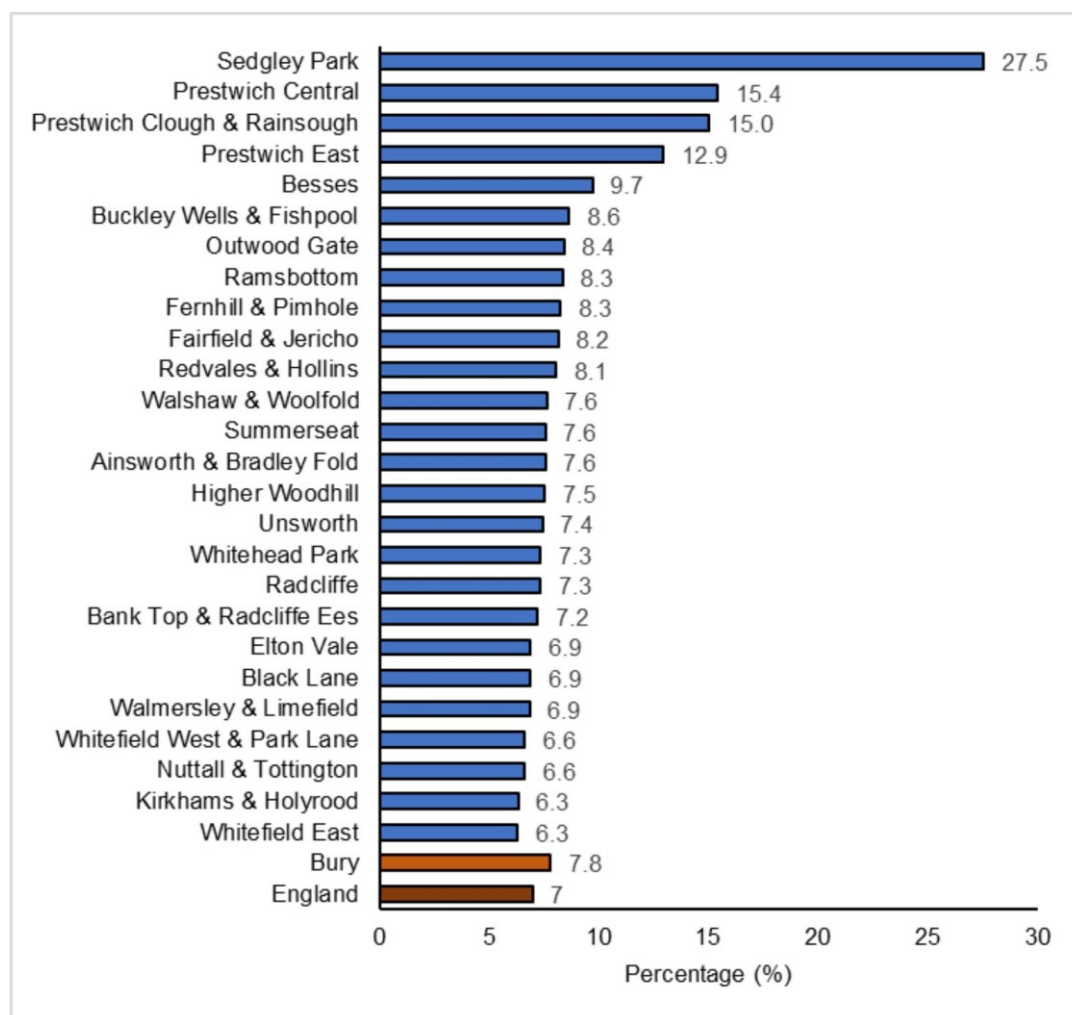
Chapter 7: Risk and Protective Factors

– Children and Young People

Youth violence is understood as violence either against or committed by a child or adolescent or a young person up to the age of 25 years, which can impact on individuals, families, communities, and society (RCPCH, 2020). It can include a range of acts from bullying and physical fighting to more severe sexual and physical assault to homicide (WHO, 2020). When it is not fatal, youth violence and violence against young people, has a serious, often lifelong, impact on a person's physical, psychological, and social functioning. Health and social outcomes are worsened through increased exposure to violence (RCPCH, 2020). The fear of violence often leads people to change their behaviour, which can perpetuate the cycle of violence. As such, it is important to understand people's perception regarding violence and their feelings of safety alongside the data (YEF, 2022).

Bury's population include 15,031 young people, which makes up 7.8% of the Borough's total. This is slightly higher than the England average of 7%, varying by ward from 6.3% in Holyrood and Whitefield East to over a quarter of the residents of Sedgley Park.

Figure 7.1: Proportion of young people within overall population within the Borough



Youth violence against children is harmful and often has serious impacts on health and wellbeing across the life-course, as shown the image below. Its destructive effects harms children, impacts families, communities and nations, reaching across generations. In response to the increasing recognition of the scale, consequences, biology, and costs of violence against children, there is a real commitment to its prevention (Hoeffler and Fearon, 2014).

Figure 7.2: Impact of violence on wellbeing of young people



Source: Wales Without Violence, 2023

Children and young people can be victims of violence, witnesses to violence, or perpetrators of violence. The causes of these are complex, though the foundations are often set out through their early years. It is important that a whole system approach to reducing youth violence recognises the impact of events much earlier in life (as outlined in Chapter 5), as

well as the impact of events from families, communities and society later on in life (Chapter 7). This must include upstream interventions, early years investment, family support, and contextual safeguarding as well as improving cohesion.

Young people and violence in Bury:

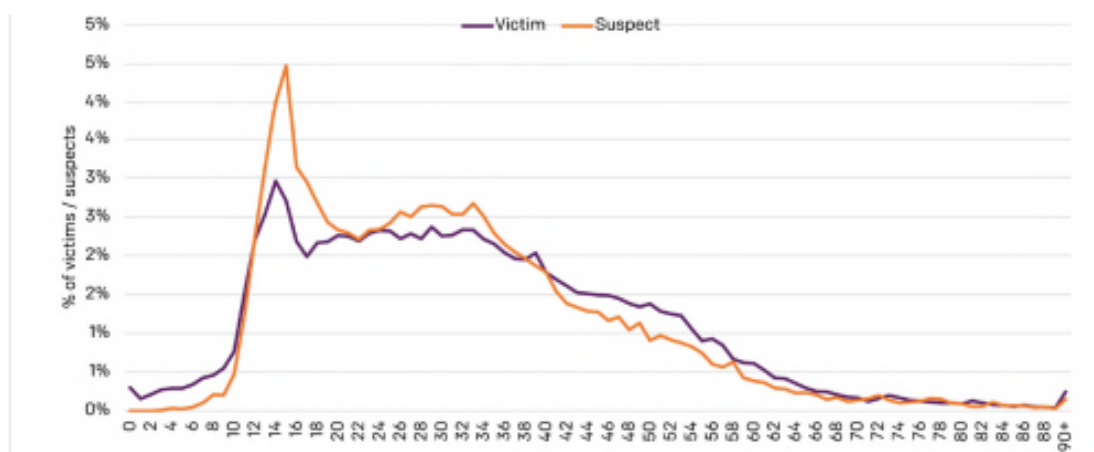
Section 5 outlined that for serious violent crimes across Bury, young people were often disproportionately likely to be either the victim or offender, though the degree to which varied by crime time. Figure 7.3 below set outs the particular characteristics of this.

Figure 7.3: Serious violence crime profile with a focus on youth

Violence with injury (non-Domestic Abuse)	29% of offenders and 24% of victims are aged under 16, which was the prominent age group across genders.
Domestic Abuse	57% of households include children, with over the 18 months to June 2023 an average of 124 domestic abuse incidents where a child has been present in Bury each month.
Possession of Weapons	Of the 55 victim-based offences, 20% of victims were under 18 years old
Knife related crime	Over one third of offenders under 18 and the frequency of victims in this age cohort one-third higher in Bury than the Force average.
Personal Robbery	75% of all offenders 13-25 (49% are under 16). 41% of victims were under 25.
Modern Slavery	19 of 25 victims (76%) were aged 17 or below (10 of whom were under 16)
Health Stats	Hospital admissions for assault – above average for under 18s, below average for 18-24. A&E attendance for assault peak in 15–19-year-olds.
Serious crime associated with the Metrolink	Peak age of offenders 14 and for victims between 13 and 19.

Bury's violence profile mirrors trajectories seen in the region, where crime starts to increase from the age 10-15 and peaks very quickly around 16-17 years, followed by a steady reduction.

Figure 7.4: Age distribution of non-domestic abuse violence with injury suspects and victims in Greater Manchester, 2020-22 total.



Source: Greater Manchester Police (2023) via GMVRU

The type of violence towards young people differs by gender. Plan International UK found that 38% females aged 14-21 have experienced verbal harassment, including sexual comments in public places, at least once a month (Plan International, 2018). Another study found that 1 out of 3 women aged 16 to 34 years had experienced one form of harassment in the previous 12 months. YEF (2022) found that girls were nearly five times (8.3%) more likely to be the victims of sexual assault compared to boys (1.4%). Boys were much more likely to be victims of robbery. The Young People's survey (SHEU, 2022) stated that up to a quarter of older pupils reported unwelcoming behaviours from boyfriends/girlfriends, like jealousy, hurtful language and 'checking my phone'. In total, 86% of groups surveyed said that they have been told to stay safe while online. However, 11% of older females (14-15-year-olds) say that they have sent sexual images of themselves.

Analysis of violent crime has highlighted a cross-cutting theme of youth-related serious violent crime from both an offender and victim perspective. As such, a thematic threat priority has been established through partnership activity as a problem profile is to be created reviewing the crime types set out in this Needs Assessment including consideration of Urban Street Groups.

Urban Street Groups

Urban Street Groups tend to be less organised than organised crime groups (OCGs) and more concerned with perpetuating a threat of violence or harm across a geographical area related to the group's main activities. The term 'group' is intentionally used to avoid the term 'gang' which can be seen as a badge of honour or glamourising the collective.

These types of groups can be involved in varied forms of serious criminality that can have a significant impact on local communities. In 2019, during the police response to Operation SYCAMORE (a GMP Force initiative to tackle increasing volumes of weapon enabled crime), the Intelligence Unit at Bury District became aware of a group of youths from the Whitefield area who identified themselves as 'The 45's' with intelligence. They routinely carried knives and other weapons. The group's target of attention were males living in the Bury area (identifying as 'BL9'er's) and vice versa. Throughout 2019 and 2020, numerous

intelligence reports alluded to members of both groups carrying knives, machetes, and other weapons, and details of pre-arranged fights. Members of the public became aware of the tensions and would post information and photos on social media of groups of up to 40 young males walking down the street, carrying iron bars in the Clarence Park / Walmersley Road area of Bury. The district acted upon this by making the area a regular patrol zone for officers and targeted detached youth outreach provision.

The rival groups would post on social media warning the other to stay away from their area. A member of one of the groups later became affiliated with an OCG. In October 2021, the two groups arranged a fight (resulting in a violent disorder) at Radcliffe Metrolink with numerous youths in possession of machetes and bars as referenced in the aforementioned Operation HELIODOR example.

In May and June 2022, several personal robbery crimes were committed in Bury Town Centre with one victim stating he was asked 'Where are you from?'. All of the victims lived in the M45 postcode area. It is unknown if any youths living in the BL9 postcode were approached by the offenders, but not robbed due to living in the BL9 area.

There is very little reliable source intelligence that specifically refers to USG's active in Bury and membership. Intelligence is usually individual specific and that they may be involved in various types of criminality or victims of county lines. The lack of reliable intelligence to inform the overall intelligence picture impedes our understanding of USG membership and activity. Intelligence in 2022 suggested that knives are being hidden around the Kay Gardens / Interchange area in Bury Town Centre due to the BL9 and M45 gangs coming face to face in the town centre. Police officers conducted a weapons sweep using a metal detector; no weapons were found. The Town Centre Policing Team continue to make regular weapons sweeps. Other intelligence in 2022 stated that the issues between the two groups had started a while ago and this dispute had now passed down to younger affiliates. From this intelligence, it appears that those affiliating with BL9 do not want those affiliating with M45 to enter Bury Town Centre. As of 2023, USG affiliation is occasionally mentioned in the body of a crime or intelligence report however, there is not enough information to reliably inform the district of the current picture.

Risk factors in education:

There is a known causal relationship between education and crime (WHO 2022-26). Low educational achievement, alongside low commitment to school and school failure are well evidenced risk factors for violence. Whereas good school readiness, engagement with education and academic achievement are identified protective factors against involvement in violence (WHO 2022-26).

Factors that correlate with involvement in crime (as victim or perpetrator) and school attendance and exclusion are deprivation, special education needs (SEN) (particularly social, emotional and mental health) and disabilities (SEND), and social care involvement and/or looked after status.

Because violence is complex and multi-agency response is required, it is important to ensure that education settings and the wider workforce collaborate to improve outcomes for children and young people. As such, various activities and interventions are often implemented at universal through to targeted levels within schools, colleges, pupil referral units (PRUs) and alternative provisions to support children and young people and to engage them in education.

YEF's national survey found a large proportion of children and young people are absent from school because of their concerns about violence. 14% had been absent from school in the last 12 months because they felt they would be unsafe. 14% also said they struggled to concentrate in lessons due to worries about violence. A quarter (27%) of victims said they had skipped school due to safety concerns (YEF, 2022).

It is normal for a teenage child who was a victim or witness of violence to tell someone what they had gone through (YEF, 2022) and 81% of those with direct experience of violence told someone.

- 57% told a parent or carer
- 33% told a friend
- 29% told a schoolteacher
- 17% told a sibling

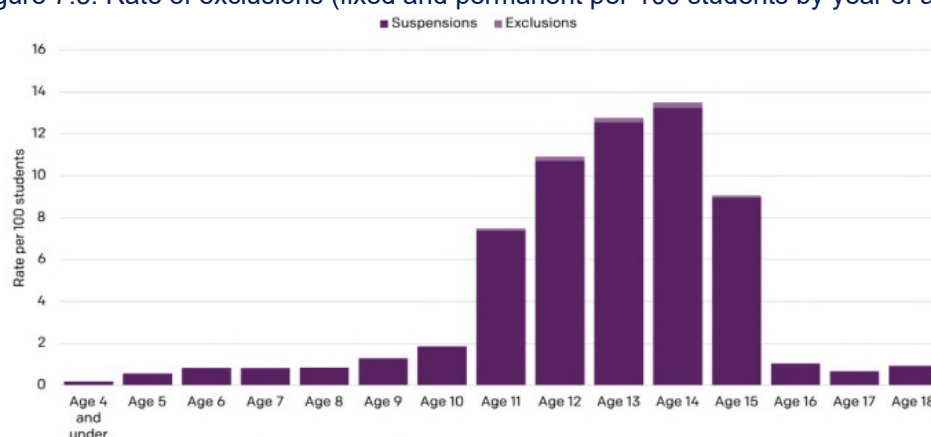
The risks associated with exclusions are clear. Primarily, there is a safeguarding risk. When a young person is not in school, reasonable checks are taken to ensure the safety of the young person. This is because exclusions can result in isolation from peers, a sense of rejection as well as long-term risk of exclusion from other opportunities to achieve or succeed. There is also increased risk of exploitation for the young person, which increases the risk for a lifetime of crime and violence.

The rate of exclusion across Greater Manchester is 5.6% higher than the national rate. If Greater Manchester's exclusion rate were in line with the England average, there would be 118 fewer exclusions for one academic year. Across the city-region:

- Boys are much more likely to be excluded than girls.
- Children and young people who receive free school meals are more likely to be excluded compared with those who are not eligible.
- Exclusions occur more frequently for White population (5.5 per 100 White students), closely followed by Mixed (5.1 per 100) and then Black (3.3 per 100). Asian heritage has the lowest rate (1.5 per 100). These local trends mirror national figures.

Across Greater Manchester there were 20,966 incidents of all exclusions (fixed and permanent) in the 2020/21 academic year, giving a rate of 4.6 per 1,000, which has increased by 11.4% compared with the previous year.

Figure 7.5: Rate of exclusions (fixed and permanent per 100 students by year of age, 2021/22



Source: Department for Education (2022)

In Bury, the overall rate for permanent exclusions across primary and secondary schools in 2021/22 academic year was 0.14, above both the North-West (0.11) and England (0.08) figures. This is largely driven by exclusions in secondary schools, where the rate was 0.34, reflecting the trend in the graph above. 58% of those excluded at secondary schools were boys and almost half of all exclusions were for disruptive behaviour.

The exclusion rate overall for Bury schools was 7.43 per 1,000 pupils which is also above the North-West (7.12) and England averages (6.91). Again, this is much higher in secondary schools (17.93) compared to primary schools (0.78) which is line with the national trend. 63% of suspensions were for boys.

The Weapons protocol has been introduced as part of the local Exclusion Protocol. As part of the weapons protocol, the Step Out project has been in place since 2020/21. This is funded by the violence reduction unit to provide support and training to schools as well as 1:1 work with students identified as in need of early intervention either by Police or schools. The programme works predominantly with young people who are/have displayed aggressive behaviours and/or anti-social behaviours. This includes students in possession of weapons in school, although this accounts for a relatively small part of the cohort. The programme was initially set up to reduce permanent exclusion due to possession of a weapon.

Since its inception, all secondary schools have been offered training and support for staff regarding approaches to working with young people with trauma. This support has taken different forms in each of the schools.

- In 21/22 the step out project provided bespoke 1:1 support for identified young people worked with 51 individuals. The majority of pupils were referred by schools with a small number referred by the Police. Most were referred due to “threats of violence” or “violence” (48). Two were referred due to “threat of a weapon” and one for possession of a weapon.
- In 21/22, the programme was successful in terms of its original purpose as of those individuals worked with. One student was permanently excluded for violent behaviour, not involving the use of a weapon.
- An initial analysis of 2022/23 data shows 40 young people were worked with, including one exclusion for possession of a knife. This young person was quickly supported back into another school.

Work is currently ongoing to produce a substance misuse protocol to promote a multi-agency approach in order to reduce placement breakdown for possession of substances.

Whilst school-based intervention is an important part of Bury’s prevention agenda, if individuals most at risk of, or already susceptible to serious violence are not in a school setting, this needs to be a central pillar to youth violence intervention.

According to latest official figures for Greater Manchester, in 2021/22 there were 21,280 school-aged children and young people who were the subject of an Education Health and Care Plan or had a statement of SEN, an increase of 9% from the figure 12 months prior (19,561) and this has been rising over the past 5 years. In Bury, the percentage of pupils with an EHC Plan has increased from 3.6% in December 2020 to 4.8% in October 2021.

The most common SEN across all Greater Manchester local authorities is autism spectrum disorder, followed by social, emotional, and mental health, and speech, language, and communication.

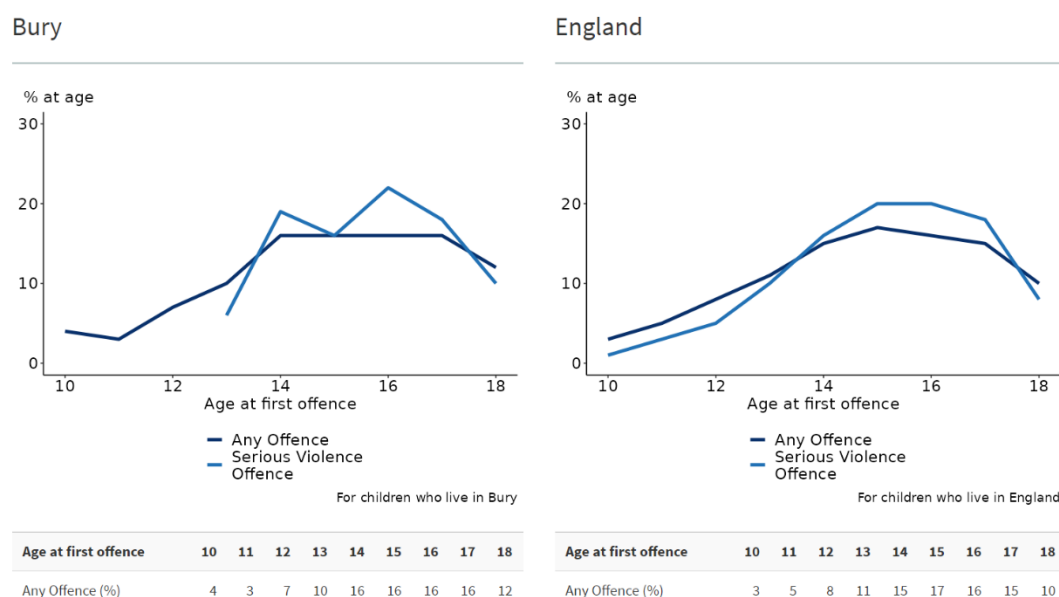
While 4.3% of school students have a statement of SEN, a much larger proportion receive SEN support. 63,205 pupils are recorded as in receipt of some form of SEN Support provision, 12.8% of the total on roll (which compares to 12.6% across England as a whole). While the number of students with a recorded statement of SEN has been growing, the number of those in receipt has stayed fairly static. It is likely that the rising rates of identified SEN are a result of better awareness and identification of need, and the levels of support provided indicate that there may be many more students with special educational needs that have been historically identified within official data.

In relation to wider social care support, as of 1st April 2023 there were:

- 1,422 Bury children open to statutory Children's Social Care
- 351 Bury cared for children
- 212 Bury children with a child protection plan.

Department for Education insight has reviewed the correlation between education achievement, children being open to social care, and offending. This shows serious violence offences tend to start slightly later in childhood compared to the national average which leads to a sharper rise in the early teenage years.

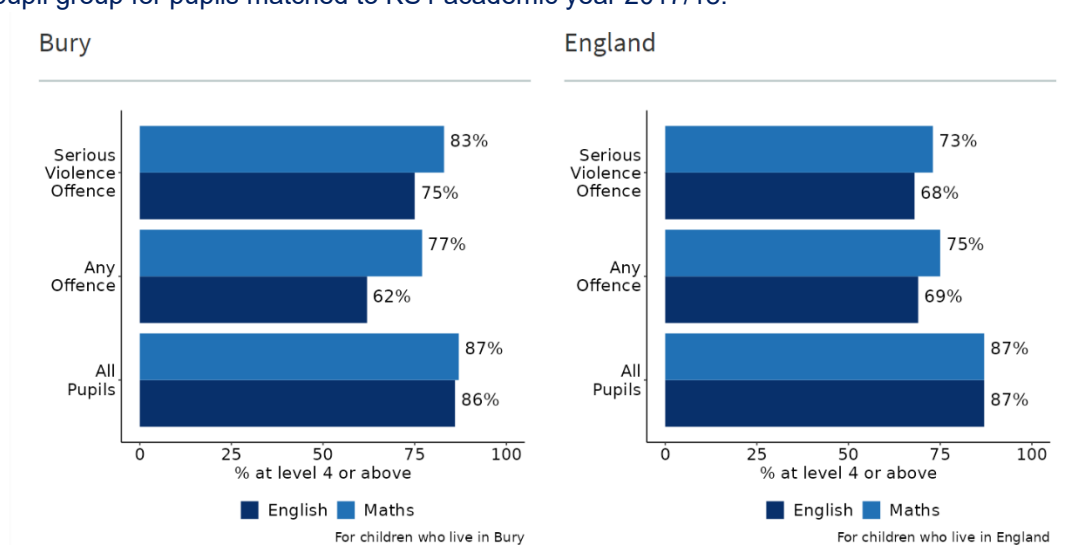
Figure 7.6: The proportion of children relative to their age at first offence by offending group, for pupils matched to KS4 academic years 2012/13-2017/18



(Source: <https://department-for-education.shinyapps.io/childrens-social-care-and-offending/>)

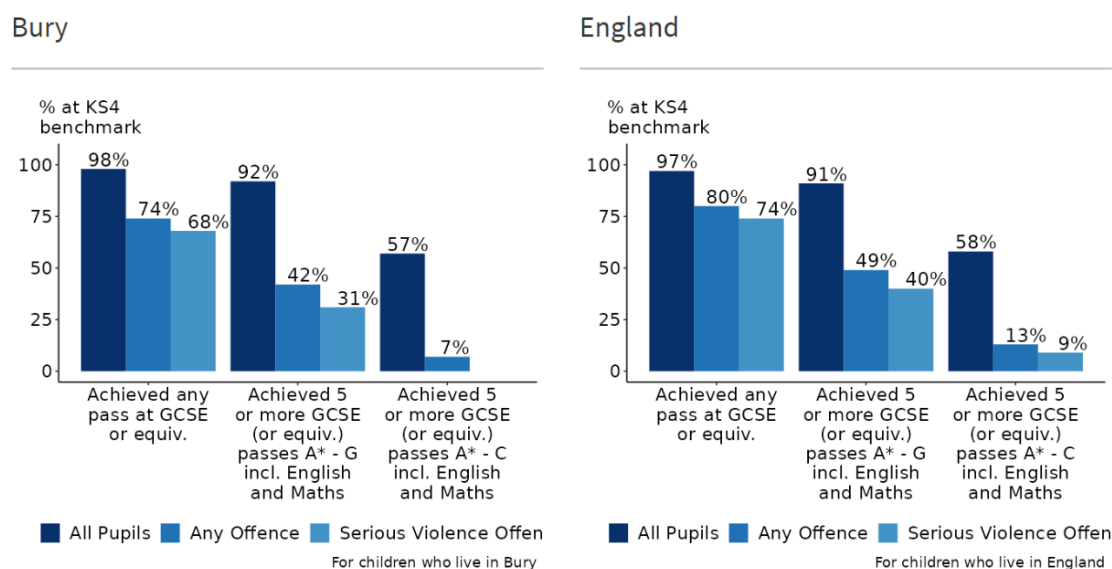
From an attainment perspective, at Key Stage 2, serious violence offenders in Bury achieve better outcomes than the national average but, particularly in England there is a drop off against those pupils who have not committing offences.

Figure 7.7: The proportion of all pupils who achieved level 4 or above at key stage 2 by offending and pupil group for pupils matched to KS4 academic year 2017/18.



However, by key stage 4 results, serious violence offenders in Bury are achieving worse outcomes than their national peers and the gap between serious violence offenders and all pupils has widened significantly.

Figure 7.8: The proportion of all pupils who achieved various key stage 4 benchmarks by offending and pupil group for pupils matched to KS4 academic year 2014/15-2017/18.



In terms of the number of young people cautioned or sentence for serious violence offences, Bury is fairly consistent in numbers and gender breakdown with the national average, and there is little difference between young people who live in Bury (regardless of where they study) and those young people who attend school in Bury (regardless of where they live).

Figure 7.9: Percentage of children who were cautioned or sentenced for a serious violence offence:

	Bury (young people who live in Bury)	Bury (young people who attend school in Bury)	Stockport (Statistical neighbourhood)	England average
Children cautioned or sentenced for an offence	335 (3%)	351 (4%)	4%	4%
Children cautioned or sentenced for serious violence offence	111 (1%)	104 (1%)	1%	1%
Gender breakdown of those committing any offence	77% male	77% male	80% male	77% male
Gender breakdown of those committing serious violence offence	83% male	84% male	80% male	86% male

The tables below outline of those children who were cautioned or sentenced for a serious offence their engagement with elements of social care. It shows that Bury offenders are more likely, than the national average to have ever been a Child in Need or attended alternative provision, but less likely to have ever had SEND support.

Figure 7.10: Proportion of children who had been recorded as being Child in Need/ Child Looked After, by offending and pupil group, for pupils matched to K4 academic year 2012/13-2017/18.

	Who had ever been a Child in Need	Who had ever had SEND support	Who had ever attended Alternative Provision	Who had been persistently absent
Children who live in Bury	62%	60%	58%	86%
National average	54%	66%	40%	85%

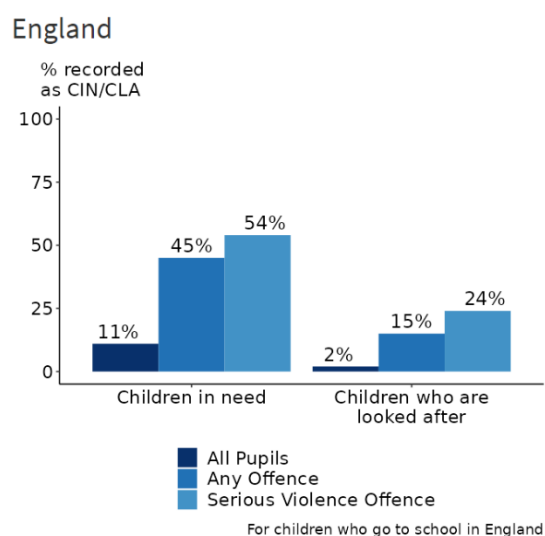
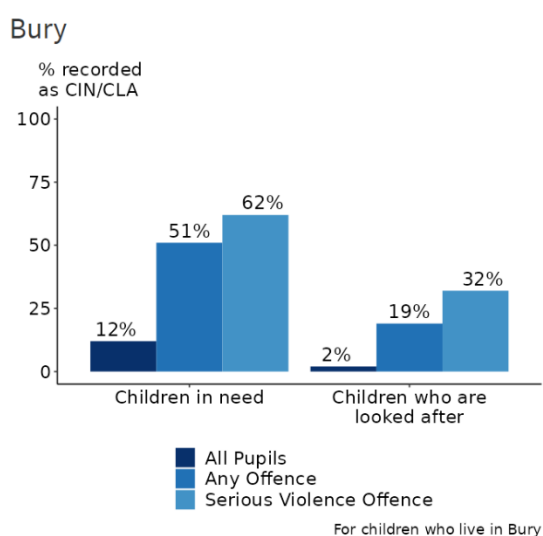


Figure 7.11: Percentage of those who had a particular lived experience who had been cautioned or sentenced for a serious violence offence:

	Percentage of children in Bury	National average
Who had ever been a Child in Need	5%	5%
Who had ever had SEND support	5%	7%
Who had ever attended Alternative Provision	12%	14%
Who had been persistently absent	2%	2%

Wider attainment

Young people who are at risk of underachieving at the age of 16 can end up 'not in education, employment or training' (NEET) by age 18. It is plausible that faced with such prospects, young people may turn to crime (Machin *et al*, 2023). Of all young people who enter youth justice, the majority are categorised as NEET, both before their time in youth justice (35%) and after (36%).

There are notable gaps in data and intelligence for young people ceasing their studies in Further Education, and similarly poor data on young people Not in Education, Employment or Training from age 16 upwards. However, every local authority works hard to track the destinations of every young person having reached school leaving age.

In Bury, whilst overall Borough averages on qualification rates can be seen to be consistent across regional and national average levels, this masks significant differences within our neighbourhoods.

Figure 7.12: Attainment levels in Bury:

Population qualification levels	Bury	Greater Manchester	England and Wales
No qualifications	18.5%	20%	18.2%
Level 4 or above.	32.3%	32%	33.8%

Within the Borough:	Wards with highest proportion	Wards with lowest proportion
No qualifications	Bury East 27.3% Moorside 26%	North Manor 12.6% Ramsbottom 13.6%
Level 4 or above.	St. Mary's 41.8% North Manor 41.5%	Bury East 23.2% Radcliffe East 24.9%

Educational settings as locations of crime:

In 2024, 54 violence with injury crimes occurred on school premises, including primary, high schools and colleges. This is a reduction from previous years (74 recorded in 2023; 77 recorded in 2022).

82% of these offences in 2024 are recorded as a Section 47 assault with the majority of these involving pushing, kicking, or punching. There are three offences of non-fatal strangulation (this crime came in to effect in 2022); one where the victim was placed in a headlock causing them to black out for a short time, another where the victim was strangled by the offender who had been bullying him and one crime between a pupil and their father during a reintegration meeting where the father placed his hands on child's throat.

Victims and offender are twice as likely to be male; peak age range for offenders is between 12 and 16 and for victims 12 to 15.

Offences for weapon possession in schools has also fallen, there were three recorded weapon crimes (all involved a knife) in 2024 and one of these was accidental (family had attended a bonfire the previous night and used a knife which was placed in a coat pocket and forgotten about). There were four recorded offences in 2023; three involved a knife and one involved a bb gun).

Youth Justice System

Bury and Rochdale Youth Justice Service set out to, “inspire, encourage and empower – supporting our children’s individual needs to achieve a brighter future” with a key focus on working in partnership with children, their families and communities to achieve positive outcomes, tailoring interventions to reflect the individual needs of children. This is delivered by a Child First principle, as set out in the four tenets of the child outlined by the Youth Justice Board 2022.

Figure 7.13: Tenets of a Child

As children	Prioritise the best interests of children and recognising their particular needs, capacities, rights and potential. All work is child-focused, developmentally informed, acknowledges structural barriers and meets responsibilities towards children.
Building pro-social identity	Promote children’s individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.
Collaborating with children	Encourage children’s active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their carers.
Diverting from stigma	Promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.

The Bury and Rochdale Youth Justice Partnership set 9 Priorities including:

- Ensure our young people are children first and offenders second. The Voice of the Child and Family needs to be at the centre of the work that is carried out with our young people.
- Ensure Cared for Children are not overrepresented in the Criminal Justice Service.
- Support young people transitioning between Children’s and Adults Services

Bury and Rochdale Youth Justice Service caseload includes 147 open cases, including 6 out of court (OOC) disposals and 26 court imposed disposals relating to Bury young people.

Nationally, the trends in Youth Justice cohorts have changed in recent years with more children (typically two-thirds) being dealt with in the out-of-court. Based on the above data, Bury and Rochdale YJS had 11% of the caseload that were OOC Disposals which is less than the national average. This may be a consequence of the serious nature of offending in Bury and Rochdale (resulting in Court Disposals) which is characterised by an increase in serious youth violence and children committing seriously violent offences at a young age with some of them having had no previous youth justice involvement.

In relation to total of 166 Out of Court and Court Disposals during 2022/23:

- 77% were aged between 13 and 17
- 86% were male
- 33% were from BAME communities
- 18 were Cared for Children; 7 subject to a Child Protection Plan; 36 were children in need.

First time entrants to the Youth Justice System:

There has been an overall decrease in the number of Bury and Rochdale first time entrants over the past 5 years as a whole, but this figure has increased year-on-year for the past 3 years.

Figure 7.14: First time entrance to Youth Justice System per 100,000 of 10-17 aged population

FTE PNC Rate per 100,000 of 10-17 population	Bury & Rochdale	North West	Greater Manchester	YOT Family	England
Oct 21 - Sep 22	169	151	180	151	148
Apr 21 - Mar 22	154	139	171	148	143
Apr 20 - Mar 21	147	140	150	163	159

The Bury rate is higher than the North-West, but lower than Greater Manchester averages. The current rate of 169 is significantly lower than the pre-pandemic rate of 224 which would indicate that whilst FTE's have increased since we came out of lockdown, the pre-pandemic work completed on OOC's remains effective. Not becoming a first-time entrant means a child not having a criminal record that can hamper their future life chances.

A Multi-Agency Audit took place in 2022 to review first time entrants into Bury and Rochdale Youth Justice System. The audits aimed to understand what services were involved prior to the child becoming involved with the youth justice service. 10 children would be randomly selected from a list of all children who were identified as First Time Entrants between 1st January 2022 and the 30th June 2022.

45 children were identified as first-time entrants, 24 were Bury children and 21 were Rochdale children. 10 children (22%) were randomly selected, 4 of which were Bury children with the 4/6 split agreed based on the fact that the overall first-time entrants over the past 12 months were the figure was slightly higher for Rochdale than for Bury.

Key characteristics which emerged from the audit:

- Adverse childhood experiences and trauma feature heavily in the Youth Justice Assessments of children. Eight of the children audited experienced some form of abuse within their childhood:

- 5 children experienced parental domestic abuse within their family life.
 - 4 of the children experienced neglect, emotional abuse and physical abuse;
 - 1 child suffered neglect, emotional abuse and sexual abuse
- 4 children were living with or had lived with a parent with mental health difficulties, and 3 children were living with or had lived with a parent with substance misuse issues
 - 7 of the young people were identified as NEET (not in education, employment or training) at the time of their offences. 1 child was identified as having Special Educational Needs (SEN) and 2 children had an Education, Health and Care Plan (EHCP).
 - 6 of the young people audited were known to, or open to complex safeguarding teams in Bury or Rochdale for either Child Sexual Exploitation (CSE) or Child Criminal Exploitation (CCE) concerns. 3 were open due to concerns of both CSE and CCE. However only 3 young people were open to complex safeguarding teams at the time of their offences.

Further key learning from the audits highlighted that:

- High level of previous offences recorded with no formal outcome highlights that young people are not being referred in for prevention work at the earliest opportunity, resulting in too many young people entering the youth justice system at OOC or Court level. This has resulted in us missing the opportunity to support, prevent and divert from criminal behaviour.
- Black, Asian and minority ethnic children are disproportionally represented as First Time Entrants within the youth justice service.
- 6 out of 10 young people were noted to have substance misuse issues, predominately regular or excessive cannabis use or alcohol use.
- High numbers of children involved in youth justice services experiencing low mood, anxiety, and depression.

Wider youth justice data:

Youth re-offending data is higher than the Greater Manchester average which has seen a significant improvement within the last year of data. Bury has closed the gap on the England average.

Figure 7.15: Reoffending Binary for Youth Justice System cohort

Reoffending Binary	Bury & Rochdale	North West	Greater Manchester	YOT Family	England
Jan 21 – Mar 21	32.3%	32.2%	27.5%	31.3%	31.0%
Apr 20 – Jun 20	35.7%	33.5%	33.0%	37.1%	32.3%
Jan 20 – Mar 20	31.8%	33.0%	32.4%	35.2%	33.8%
Jul 19 – Sep 19	31.7%	33.5%	27.8%	36.0%	32.6%

The most committed main offences are Violence against the person. There is a focus on the local youth justice service going forward to look more closely at the violence against the person offences to see if these involve weapons.

Overall, the number of Out of Court (OOC) interventions has increased from 133 to 168 in 2022 when compared to the previous year evidencing an increase of 20%. The number of Community Resolutions (CR) remains similar with 82 last year and 79 this year. However, the number of Youth Cautions (YC) and Youth Conditional Cautions (YCC) has increased significantly from 51 to 89.

76% of young people involved in Youth Justice were engaged in suitable Education Training or Employment the end of their intervention, this is a significant increase on the 2021/2022 figure of 59.25%.

Serious Violence and Exploitation:

Safeguarding of children and young people is integral to the work of the Youth Justice and evidenced in assessments, programmes, and interventions. Strong links are in place with our Children's Social Care (CSC) within Bury Council and the Bury Complex Safeguarding Teams. At a strategic level the Youth Justice Management Team are represented on Bury Safeguarding Children's Partnership arrangements and the associated safeguarding sub-groups where they make an active contribution. At a GM level, protocols are in place across authorities regarding the movement, transfer, and caretaking of cases within the youth justice system and Bury and Rochdale Youth Justice are part of the GM Training Partnership, which ensures safeguarding is embedded within its training programmes.

Serious Youth Violence (SYV) data has shown a slight increase in the number of SYV offences for this latest reporting period compared to the same time last year. SYV offences make up a lesser proportion of offences now committed by young people, however overall caseloads across the youth justice service have increased, which highlights the greater complexity of the current youth justice caseload.

At the end of April 2023 there had been 27 SYV offences, this is an increase of 1 on the same time the previous year. The rate of SYV per 10,000 of the general 10-17 population was 6%, an increase of 0.2% on the previous year. This equated to 5% of all offences committed by children being SYV offences, a decrease of 2% on the previous year. 47% of those convicted for serious youth violence being of black, Asian, mixed or other heritage.

Of these 27 offences, 16 were offences by Bury Children and included robbery, Section 18 wounding with intent, possession an offensive weapon in a public place, possession of an imitation firearm with intent to cause fear of violence and false imprisonment.

Young people and Probation

In August 2023, 17% of Bury's probation caseload was aged 25 years and younger, matching the Greater Manchester rate. 95% of these individuals were male (both overall and for under 25 age categories, whilst for females aged under 25 in the current cohort this was their first time in probation.

Of those aged under 25, 36% of the caseload related to high or very high-risk cases compared to 50% across all age groups.

37% of the caseload were known to have alcohol misuse needs and 31% alcohol misuse.

Domestic Abuse was a consideration in 40% of the caseload and 5% of the Bury probation caseload were care experienced.

Of the violent offenders, which includes 33% in caseload for malicious wounding, 9% for endangering life and 8% rape, the ethnicity of offenders was 80% white British, 7% Asian and 5% black, indicating a disproportionality of black offenders within this caseload compared to the demographics of the Borough.

Young people and substance misuse

There were 9,005 children living in Greater Manchester whose parent/caregiver were accessing treatment for substances, including alcohol (NDTMS, 2023). It is not possible to estimate the total number of children across Greater Manchester living in households where substance misuse is present. However, local data from NDTMS (2023) estimates that 78% of adults with alcohol dependency living with children and 65% of adults with opiate dependency living with children have an unmet substance misuse treatment need. Therefore, these adults are not accessing treatment for their substance addiction and need. However, caution is needed with this data as there are many factors to consider but does give us an indication of potential unmet need.

Just over half (58.4%) of people who are in the Bury substance misuse treatment service are neither parents and/ or do not live with their children, mirroring regional and national trends. This may be expected given the high proportion of males in contact with the service and the reasons outlined previously as being barriers for females. 18.4% of the Bury treatment population were parents who live with children and 4.7% of adults were not parents but did live with children. However, 17.3% of adults were parents but did not live with their child/children.

In 2021/22 there were 80 young people in the substance misuse service, as part of a regional cohort of 945 young people (NDTMS, 2023). Within Bury 68.8% of these people were made, which is above the regional (63.9%) and national figures (63%)

Young people, the perception of crime and in particular knife crime

Youth Endowment Fund research and the Crime Survey for England and Wales both suggest that young people perceive that violence is increasing. A recent study undertaken across Greater Manchester found that 47% of young people thought that knife crime

incidents was increasing. At Bury's latest *Circles of Influence* session (see focus below) in June 2023, this was echoed by participants.

Some of this could be attributable to the fact that a higher proportion of teenage children reported to be a witness of violence than being a victim. Just over one in three (35%) of teenage children witnessed violence. When combined with the number of victims, the total number of children who reported direct experience of violence in the last 12 months rises to 39% (YEF, 2022). Therefore, two in five young people experience violence whether as a victim, perpetrator and/ or victim.

Bury Circles of Influence – July 2023 Conference Report highlights

Circles of Influence is an annual conference organised by Bury Youth Cabinet that brings together young people aged 11 to 18 from across Bury with decision-makers. The conference is designed to give young people the opportunity to ask decision makers questions and work together to shape services. Youth Cabinet members consulted with their peers to establish themes which matter most to young people. For 2023 the top priorities identified were:

- Transport
- Education and Life Skills
- Mental Health
- Knife crime and youth violence
- Cost of living crisis

Senior decision makers from the council, elected members, GMP, health service, TfGM, Six Town Housing, Bury Voluntary and Community Faith Alliance and community groups were all in attendance. We had 41 decision-makers and 50 young people from 8 secondary schools and colleges across Bury attend the conference on Thursday 6th July. Young people came from a variety of backgrounds and with a variety of learning needs and the event was planned and facilitated by young people.

90% of the young people who took part expressed that there were concerned to some degree about knife crime and youth violence.

Two thirds of participants outlined that out and about they at times feel unsafe and have places they would avoid.

Focus groups took place on each of the topics, with the key points relating to knife crime and youth violence being:

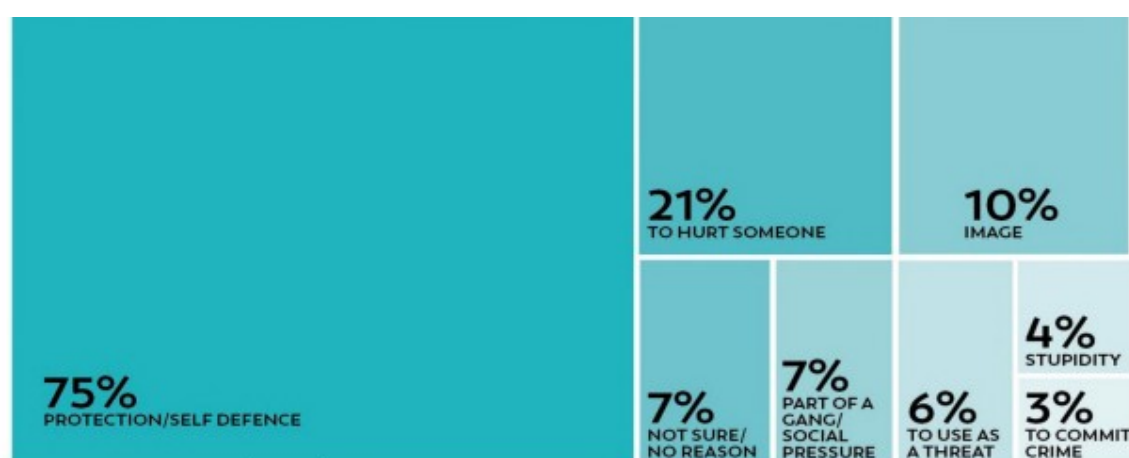
- Knife crime is perceived as a problem due to their ease of access and a request for further education in schools.
- That the training on engaging with young people developed by the Youth Cabinet be delivered to GMP and community safety colleagues,
- A desire for more patrols, particularly around the town centre and Interchange before and after school.
- Explore the opportunity for joint environmental quality audits with young people.
- Ensure young people are involved in the co-production of the future design of public spaces including the new interchange.
- Co-produce a youth safety action plan with the council and partners.
- Increase police presence on the Metrolink network.

Following the group discussion, a prioritisation exercise based on the overall priorities took place. This indicated Education (how schools can better inform pupils on non-traditional pathways); Mental Health & Wellbeing (promotion and awareness of available services) and Cost of Living crisis (more education on economics and budgeting as the top 3 priorities – followed by more education on all aspects of knife crime and support.

SMSR Ltd. were commissioned by Greater Manchester VRU to explore the relationship between young people and knife crime. The study found that 7% of young people 'occasionally' or 'often' carried a knife, and 5% of young people stated that they had 'ever' carried a knife, which is higher than the general population level survey findings of 2% (YEF, 2022). This is because young people who had previously witnessed or been involved in violence where knives were implicated, were more likely to carry a knife themselves.

'Feeling safe' was considered to be the fundamental factor in their decision-making process as to why they carried knives, with 75% of young people stating 'protection/self-defence' when asked why people carry. The research found that knife violence is predominantly an unintended consequence, borne out of a critical mass in which young people increasingly possess, or perceive others to possess bladed articles and therefore the increased knife ownership significantly increases a likelihood of knife violence.

Figure 7.16: Young people's response when asked 'why do people carry knives?' in Greater Manchester



Source: SMSR Ltd (2022)

Bury Youth Services conducted a consultation with young people in the Borough on Knife Crime and Youth Violence in Bury in January 2023, as a follow up to a similar consultation exercise in November 2021. Through an online survey and focus groups in schools over 1,000 young people took part.

During focus group discussions young people were initially asked if they were concerned about knife crime and youth violence and most young people said that they were not. This was a stark contrast to the responses from the previous year. When asked about their experiences, it became clear that although the majority of young people were saying that they were not concerned, the same number of young people said that they were aware of or had directly witnessed incidents. Young people explained that they weren't concerned because it is just a part of life that they have come to accept. Young people also talked about not worrying about it as they could choose not to go out to avoid the threat or to stay close to their homes where they felt safe.

The causes driving, encouraging or causing youth violence and knife crime in Bury according to the consultation activity are set out in Figure 7.17

Figure 7.17: Summary of responses to Bury Youth Service Knife Crime engagement on the reason young people in Bury carry, or believe others to carry knives



Evidence shows that for young people, weapon-carrying is influenced by their peers (Brennan, 2018). Research has shown that if one person within a friendship group begins to carry a weapon, then others are likely to do the same (Dijkstra *et al.*, 2010). Certain types of knife or weapon may be seen as more desirable or have a higher 'status symbol' or appear more threatening and this is also likely to influence what type of knife someone chooses to carry.

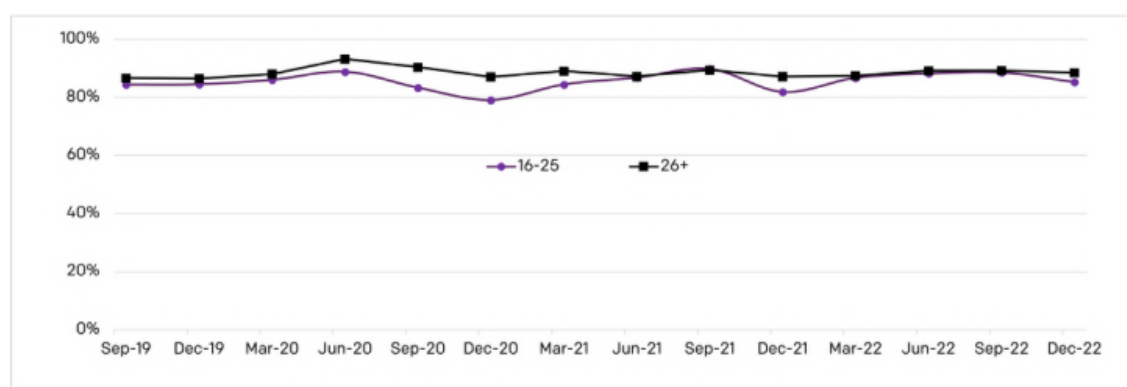
Regional research with the youth justice service in Manchester found that social media exacerbated disputes, which was mentioned by youth workers and young people, in particular filming to humiliate the victim. This in turn was seen to increase young people carrying weapons, particularly knives. Reputation and respect were seen as key concepts driving knife possession and serious youth violence.

Over half (55%) of children had seen real-life acts of violence on social media in the last 12 months. It rose to three in four (75%) for witnesses of violence and 85% for victims of violence. Therefore, many children and young people are seeing real-life violence on social media (YEF, 2022). The most common violence seen online was fighting and threats of physical assault, with 44% and 33% of children saying they'd seen each respectively in the last 12 months. A small but worrying proportion had seen sexual assaults, with 13% of teenage children having seen this material. Girls were more likely to have seen sexual assault and boys were more likely to have seen gang activity (YEF, 2022).

The Greater Manchester Policing and Community Safety survey speaks to 13,000 residents aged 16 and over each year. The latest figures show that the majority of the public state that they feel 'very' or 'fairly' safe in their area. However, younger people tend to feel a little less safe in their local area compared with older people although the difference is not significant (Figure 6.30), with 85.8% of people aged 16-25 saying that they felt 'very' or 'fairly' safe in their local area compared to 88.8% of those aged over 25 years of age.

Young women in particular feel less safe, with 83.4% of those aged 16-25 feeling safe in their local area compared to 89.0% of male respondents of the same age. Younger people's feelings of safety also appear more susceptible to seasonal variation, where a slight fall in feeling safe is found every October to December which also fell to a greater degree during the first waves of COVID. Almost all (94%) of young people aged 16-24 who study in Greater Manchester said they felt safe at their place of study.

Figure 7.18: Proportion of Greater Manchester residents who said they felt 'very' or 'fairly' safe in their local area by survey quarter and age, September 2019-December 2022.



Source: Greater Manchester Policing and Community Safety survey (2023)

Bury's Community Safety Partnership has established a Women & Girls Safety group as part of the Creating & Maintaining Safe Spaces priority, with more information on this in Chapter 8. This seasonal variation is something the group is responding to, including partnership activity as part of 'Darker Nights', a Safer Streets submission including awareness and reporting on Women & Girls Safety, and work with the Bury Business Improvement District on increasing lighting in elements of Bury Town Centre.

#BeeWell:

#BeeWell is a programme that annually surveys the wellbeing of pupils in Years 8 to 10 in secondary schools across Greater Manchester and will deliver positive change in all our communities as a result.

The programme is a collaboration between the Greater Manchester Combined Authority, University of Manchester, Anna Freud Centre for Children and Families, and the Gregson Family Foundation.

The #BeeWell survey was co-created with 150 young people to ensure it feels relevant and meaningful to them. #BeeWell's Youth Steering Group helps to lead the programme and ensure it is youth-centred at all times.

#BeeWell's three main principles are to:

- Listen to young people's voices
- Act together for change
- Celebrate young people's wellbeing

In 2022, 2,210 young people from Bury took part.

Figure 7.19: Profile of Bee Well Survey 2022 results

	GM Avg	Bury Avg	Female	Male	FSM	SEND
Life Satisfaction	6.53	6.58	6.16	6.95	6.29	6.49
Psychological Wellbeing	23.04	23.18	21.85	24.38	22.75	22.51
Self-esteem	13.74	13.82	13.51	14.10	13.69	13.57
Negative affect	6.58	6.22	7.90	4.72	6.82	6.72

Taking life satisfaction which is scored 0 (low) to 10 (high) this was highest in Bury East neighbourhood (though there was a decrease in year 10 males) at 6.75 and lowest in North Bury at 6.48

There has been a decline in young people reporting that they have good places to spend free time. In 2021, 75.5% of young people in Year 8 agreed or strongly agreed that they had good places to spend free time, compared to 67.6% of those young people when they were

surveyed again in Year 9 in 2022. For Bury, this is demonstrated in Bury North (years 8-9), Whitefield (years 8-9 & year 10) & Prestwich (year 10).

81% of young people **reported that their area is very safe or safe to live in**, whilst 14% reported that their area is fairly or very unsafe. (*Note – changed question for 2022.*) Using Year 1 #BeeWell survey results, colleagues from Education Policy Institute overlaid the #BeeWell data with publicly available data, producing a report that identified that neighbourhood crime risk was associated with fewer young people reporting they felt safe or that people in their area were trustworthy. For Bury, this is demonstrated in Bury North, where there was a 5% decrease in Y10 young people feeling safe, albeit higher than GM average.

Given the predominance of serious violence in Bury East across crime types, the table below provides a snapshot of Bee Well Survey Feedback for this area.

Figure 7.20: Bee Well Survey focus on Bury East

Worse than GM average	Better than GM average
Percentage of free time and can do things they like often 69.9% (cf 72.8%)	Attend a religious service 44.3% (25.9%)
Go to youth clubs, scouts, guides 22.2% (25%)	Local environment of supportive and trustworthy people 52.3% (47.4%)
Local area safe to live 80.3% (80.9%)	Good places to spend free time 69.7% (64.8%)
Helpful neighbours 58.2% (60.8%)	Life Readiness – ability to cope well with problems 72.3% (65.8%)
Discrimination due to race 16.1% (14.9%)	Feel in control 79.2% (76.9%)
Discrimination due to gender 14.3% (12.2%)	Well prepared after education 82.5% (77.5%)

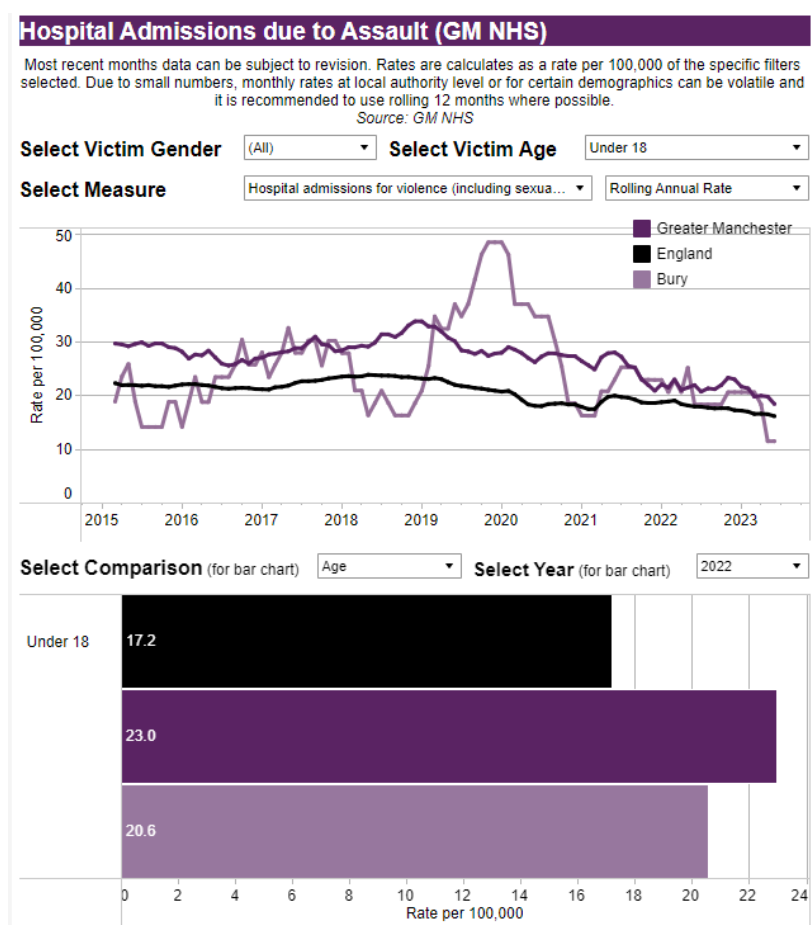
Source: <https://uomseed.com/beewell-neighbourhoods/2022/profile/>

Whilst respondents thought their local area was less safe to live than the GM average, this figure was comparable considering it is the Borough's hotspot for serious violence. The large above average response to numbers attending a religious service could point to an opportunity to further liaise with local faith leaders as conduits to engagement on serious violence prevention.

Health data focusing on young people

When looking at hospital admissions for violence, including sexual assault for under 18s, there is a slight decreasing trajectory at both Greater Manchester and England levels, though the regional rolling average remains consistently above the national rate. Due to small numbers at local authority level, this presentation of this data appears more volatile, but generally Bury has fluctuated between the Greater Manchester and England rate, and as of June 2023 there were 11.4 admissions per 100,000 population in Bury compared to 16.1 (England) and 18.4 (GM average).

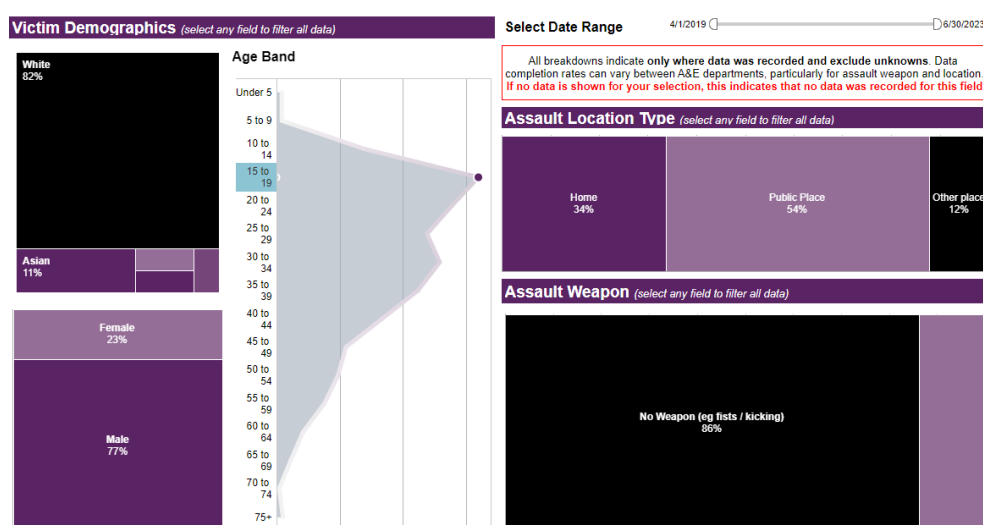
Figure 7.21: GM VRU Dashboard – Hospital admissions due to violence for Bury residents – focus on victims aged under 18.



(Source: GM VRU Dashboard, 2023)

A&E data for assault presentations peak during the late teens period following a sharp rise from the age of 10-11 up to 15-19-year-olds.

Figure 7.22: GM VRU Dashboard – A & E attendances due to assault for Bury residents



(Source: GM VRU Dashboard, 2023)

It is noticeable to compare this period, with the equivalent data for younger children, and for the adult peak age group (30-34 years old).

Figure 7.23: Variation in profiles of A&E attendances due to assault based on age

	Age 10-14	Age 15-19	Age 30-34
Average daily attendance	0.1	0.2	0.2
Proportion male	72%	77%	67%
Proportion White ethnicity	84%	82%	89%
Predominant assault locations	55% public place 14% home	54% public place 34% home	68% home 25% public place
Proportion of assaults NOT including a weapon	92%	86%	91%

This shows a variance in where violence is more likely to be experienced by young people, with this being more likely to be outside of the home setting, which could include transport to and at education and learning settings; whilst the increased proportion of home assaults for the older age group recognises the prevalence of domestic abuse being a more primary form of violence experienced by this age group.

Deliberate fires by youths

Adolescence years is also the most common age for arson suspects, with offending peaking at 13-15 years, then declining into older ages.

Greater Manchester's Fire and Rescue Service (GMFRS) 'Fire Smart' programme provides bespoke, educational sessions to young people up to the age of 17 years old who are engaging in concerning behaviour associated with fire. Referrals come from a variety of sources and are routed via GMFRS's Contact Centre.

Referrals into the Fire Smart programme are offered a priority Home Fire Safety Assessment (HFSA) within 24 hours of receipt of referral. Operational crews deliver the HFSA in the same way they would address a threat of arson. In many cases, a Firefighter will proactively engage with the child or young person during the HFSA and discuss the dangers of fire play. The family or individual is then offered a follow up visit from a member of the Prevention Department, who will deliver a focused session on fire safety and impact of fire setting with the family and/or child/young person. This session can take place in the home or in alternative community venue, including Fire Stations or the GMFRS Fire Training Centre here in Bury.

The table below shows the ward with the highest percentage of young people being responsible for deliberate primary fires, which aren't the obvious locations compared to other crime types.

Figure 7.20: Wards of Bury with greatest percentage of deliberate fires started by young people.

Ward	% of deliberate primary fires started by under 18s
Tottington	75 (n.3)
Redvales	33 (n.4)
Elton	33 (n.2)
Besses	25 (n.2)

It will be important to ensure referrals into Fire Smart in Bury are representative of this data.

Preventative and Early Intervention approaches to youth violence in Bury:

Recognising the importance of prevention and early intervention, a youth violence partnership approach reports into the Community Safety Partnership's Tackling Crime & Anti-Social Behaviour subgroup (which is Bury's Serious Violence Duty Steering Group). This brings together public and voluntary sector organisations to develop proposals and oversee delivery of Violence Reduction Unit funding into the Borough, alongside wider CSP initiatives. Strategically this sets out to improve relationships and communications across partners, maximising opportunities for identifying those on the cusp of, or susceptible to violent criminality and seeks a wider ripple response to incidents when they do occur to best support families, peer groups and affected young people.

Within the 12 months up to April 2023:

- Engaged with 1,236 young people through detached outreach work, responding to intelligence from GMP, community groups, Community Security Trust and response to hot spot areas or incidents.
- This has included detached Friday night work in partnership with Early Break.
- Developed stronger relationships with Transport for Greater Manchester and TravelSafe including weekly reporting on young people who have committed incidents on the network.
- 6 youth sessions per week with an average of 228 young people accessing weekly.
- 69 young people refer for mentoring support, of which 37 accessed weekly 1-2-1 support. Given high volumes of referrals, group sessions were run on a 5-week cycle with 8 young people per session and facilitating access to the Duke of Edinburgh scheme.
- Supported 39 young people through the Diversionary Activities Fund including access to sporting and musical activities.
- School-based group mentoring supported 1,300 young people across 35 primary schools offering health relationship sessions, tackling bullying, and safe travel.
- Training to 503 professionals including parental support and street groups through the Bury Safeguarding partnership and level 3 trauma-informed practice training to school staff.
- Co-produced 'how to listen to young people' tool for partners.
- Supported delivery of B.Safe to all year 8 pupils across the Borough's high schools including specific input on knife crime.

Figure 7.21: Case Study of Youth Violence work in Bury

Case Study of youth violence work in Bury	
Background of the young person	<p>S was 15 years old and lived with dad, and older brother and sister. The family are close knit and support and care for each other.</p> <p>There is a history of involvement with Children's Social Care since July 2007. The children were on Full Care Orders with their parents between 2009 and 2012. Concerns were around maternal drug abuse and chronic neglect. Sadly, S's mother passed away, when S was about 2 years old and Dad took over parental control.</p> <p>Dad is in fulltime employment as a mechanic, he always does his best to attend any meetings or appointments which are made for them, he is very pro-active.</p> <p>S maternal grandmother lives on the same avenue with another older sister who lives with her, but S has no support or contact from them.</p> <p>S has support from her paternal grandfather when Dad is not available, and she shares a close relationship with him.</p> <p>S attends alternative provision due to her unpredictable behaviour in mainstream school. She was never abusive or rude to staff or pupils, but she would leave class and wander around the school, sometimes being found on school grounds or the toilets.</p> <p>Generally, S gets good feedback from the Pupil Referral Unit (PRU) although she was easily influenced by other young people attending there and she played up to them to make them laugh. She didn't realise they were laughing at her and not with her.</p>
Referral pathway	<p>S was referred to Youth Offending Partnership by her Social Worker regarding concerns she was becoming known to the police and preventative work needed to be undertaken to try and prevent S from entering the Criminal Justice System.</p> <p>S was committing Anti-Social behaviour in Bury town centre and could be verbally aggressive to people and security staff in the Millgate shopping centre.</p> <p>There was also an investigation pending regarding S causing wasteful employment of police and sending letter/communication/article conveying a threatening message.</p>
Assessment	<p>A strengths-based, trauma-informed assessment identified S and her family's strong points.</p> <p>Education needs</p> <p>S was already undergoing a CAMHS assessment and a EHCP assessment was requested, but they rejected this as they said there was not enough evidence. Because of this, an EP assessment was secured and completed by Senior Educational Psychologist and the report will be used in support of the appeal which was ongoing when case was closed.</p>

	<p>Cognition need S' strengths was she was blatantly honest with me around her behaviours and admitted she did not know why she behaved this way, but she wanted to change, and she was open to support.</p> <p>Diversiory need She also had a keen appetite for sport such as football, boxing and swimming but that she just wasn't motivated in to accessing this.</p> <p>S also engaged well and despite her behaviour in school she was well liked. Dad was very pro-active and supported S immensely.</p>
Planning	<p>We completed a plan which involved S completing 1:1 sessions looking at;</p> <ul style="list-style-type: none"> • Anti-social behaviour and the impact this can have on the community and victims. • Actions & Consequences of offending behaviour • Anger and aggression, identifying triggers, we put an action plan together what she can do to avoid aggression when she had these feelings and thoughts. • Negative peer groups, how to resist these and make positive peer choices. • Positive leisure activities she could attend and engage in. • Joint work with school to better understand her involvement in criminalised behaviour and the ripple effect this has in school to offer support/advocate to help her transition to a more positive experience. <p>Collectively with S, sessions were planned sessions to cover the topics above and research activities she could get involved in. This led to weekly martial arts sessions and open gym access which she was supported to attend and now goes on her own.</p> <p>The plan also include access to funding to gain an EP assessment to support with the EHCP which will help access to CAMHs and support a school.</p> <p>The plan was reviewed during Team Around the Family meetings attended by Dad and other professionals and progress was shared and changes made when things weren't working as well as they should. It was agreed S engaged better when work was undertaken in the community rather than in school or at home. Due to this, it was agreed to move out sessions to a community centre and continued to look at where support could be accessed in the community.</p>
Impact	<p>Impact of the plan and S's engagement were:</p> <ul style="list-style-type: none"> • No police incidences reported. • S had been identified by the detached team in the town centre, but they have reported that she's not been seen by them. • Changed her peer group and no longer associated with the negative peers. • We were able to obtain EP assessment which will support her EHCP. • Attended and engaged in boxing at Bury Academy and we recently received a good report identifying the progress she has made. • A referral to a mixed football team was accepted and she will start attending in September.

In addition, Bury has been working with the GM Violence Reduction Unit to deliver a community-led pilot programme, which in Bury has been delivered as an alliance approach and in June 2023 provided an update to the Team Bury Partnership.

Figure 7.22: Greater Manchester Violence Reduction Unit Community Led Programme – The Bury Alliance

The Bury Alliance, a Community Led Programme

Greater Manchester Combined Authority (GMCA) Violence Reduction Unit (VRU) commissioned 10GM to deliver a programme of work around community-led approaches to tackling serious violence. This was to specifically focus on working with children and young people aged 10 – 25 & their families, with a key priority of building trust and working with communities to find solutions to problems that exist in their area.

Community engagement began in August 2021, with the VRU Community Lead consulting with the people themselves and, public sector services supporting the communities of the Moorside and East wards in Bury East.

The programme built on the recent engagement in Bury on the *Let's Do It!* strategy and on the refresh taking place at the time of the Borough's Community Safety Plan. The co-development sessions in Bury East outlined that as well as seeking to prevent violence and the impact of this on local communities, this would be dependent on, and supportive of outcomes of

- Improved aspirations.
- Improved access to activities and opportunities.
- Improved mental and physical wellbeing.
- Improved relationships between young people and their parents/carers.
- Improved sense of pride, respect and belonging in their community.

In the spirit of LETS, existing community assets in Bury East were invited to collaborate, supported through the Bury Voluntary and Community Faith Alliance. With no single large anchor organisation to lead the activity, collectively an Alliance provision was formed, through which 3 local organisations were awarded funding to provide their expertise and build on existing strengths within the community assets to support this agenda. This composed of:

Universal Offer: *Bury Defence Academy, boxing fitness*

- 4 weekly sports classes. Boxing, Boxercise, Wrestling and Fencing.
- Regular sports competitions, sponsoring young people to represent BDA.
- Upskilling volunteers, supported work experience.
- Training sports coaches, providing pathways into potential careers.

Targeted & Tertiary Offer: *1Message – 'lived experience' mentoring programme*

- Mentoring both in school and in the community.
- After school sports sessions.
- Outreach in conjunction with the youth detached team in Bury Youth Service.
- In school awareness sessions.

Targeted, supporting families: *Early Break, person-centred family support*

- Using an evidenced-based toolkit to equip families to resolve conflict before it escalates.
- Trained Family Worker, supporting parents to regulate their emotions & also importantly practice self-care in order to build resilience.

Overall approximate participation rates during pilot to date (October 2022 – August 2023)

- Individuals engaged on raising awareness around criminal exploitation and violence: **200**
- Participation in Bury Defence Academy VRU sessions: **300**
- Targeted tertiary level input and mentoring: **28**
- Professionals trained including in Adverse Childhood Experiences: **45**

Case study: Young person B – male, 15 years old.

School identified the young person based on

- *Attendance over 10% below expected attendance target.*
- *Aggressive and challenging behaviour within the school and reports of conflict in the community when with their peer group.*
- *Internal exclusions and a number of isolations in school, which were impacting on the young person's sense of belonging and he felt another school may be the answer.*
- *Risk of CCE and peer pressure. Young person had limited understanding of how street-vulnerable he was and how peer groups were having a negative influence on him. This was causing arguments at home.*

Through VRU Community Led Programme, Young Person B was introduced to a mentor through an awareness assembly. This led to an initial meeting with the Head of Year and the young person, followed by 1-1 sessions each Friday.

Mentoring sought to identify the passions and interests of the young person and facilitate connections to these.

Following the support:

- *Improved attendance to 90% and attended revision sessions for mock exams.*
- *Fewer isolations and no temporary exclusions.*
- *Improved relationship with Head of Year, with whom a trusted relationship has been built so that if the mentor was not available they could access support through the Head.*
- *Greater self-awareness and understanding of risky behaviours.*
- *Engagement with positive activities including school sport sessions and even helping coach the younger pupils.*

Within the last twelve months, targeted youth violence reduction activity has included:

- Youth Project worker has continued with the voice work and worked in conjunction with other aspects of the funding allocated support to gain feedback and understand offer
- Work started on the street self defence project to pull partners together and pilot the offer within the college as a starting point. Young people involved in the street first aid related to the central bury stabbing incident earlier in the year have been consulted to be involved. T
- A working group has created a session with 'business card' which has info and a link to the street first aid video, using Tourniquet kits which have been purchased as a resource. It will be rolled out in Jan with Health, st pastors, youth workers, CST, police, prevention team, YJS, ASB, community, 3rd sector orgs undertaking a joint detached approach to spread the info as far and wide as possible. Session will be

run in schools via the youth service with a pilot operating in the college and Health services in conjunction with communities and police are planning on delivering to members of the public in the evening to further increase reach

- Backwards deep dive into young people entering the youth justice system to audit support and contact by professionals previous to their entrance to review if opportunities were missed and undercover gaps in support. This piece of work will be reported on alongside a deep dive into the provision offered young people in the prevention arena to review approaches, strengths, barriers and gaps. We've also met with ICT experts to look at overlapping data to better understand the young people accessing prevention support and pull themes of impact/lack of impact across neighbourhoods and types of provision. They are creating a system to record this work and prevention providers have been informed and are working on pulling together their individual data for comparison. This will be completed in February 2025.

Within the last quarter of 2024:

- 1,077 young people engaged through detached outreach provision including through targeted detached and universal youth club sessions.
- 17 referrals from professionals working with young people at risk of criminality including access for gym passes and access to GMFRS diversionary projects.
- 68 young people input into Circles of Influence event on 6th November 2024.
- 22 young people supported through mentoring

Chapter 8: Risk and Protective Factors For Violence – Adulthood

The impact of serious violent crime on society is significant. There are huge costs to individuals, families, and communities through loss of life as well as the trauma caused through both physical and psychological injuries suffered. Therefore, a whole-system approach to preventing violence is required with all partners, including our communities who are fundamental to helping shift this trend because we are unable to 'enforce our way out of violence' (HM Government, 2018).

Self-directed violence

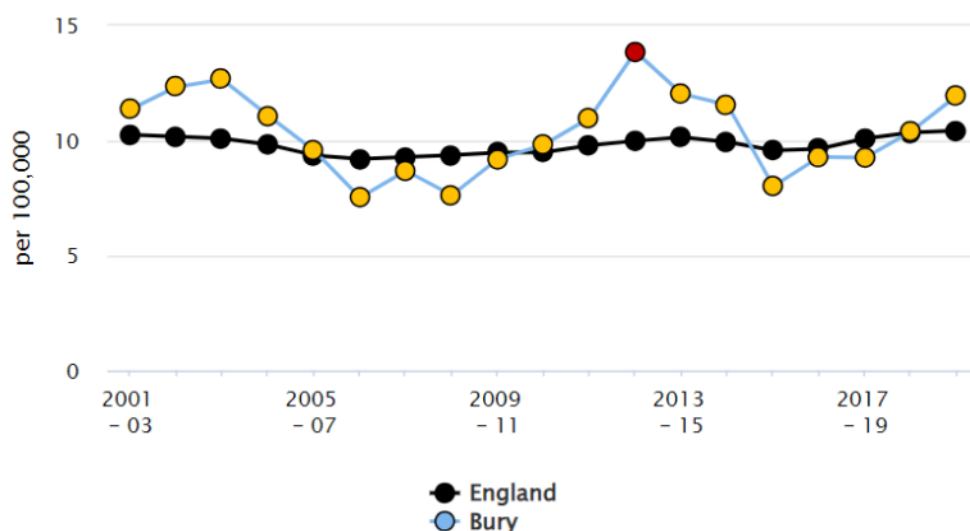
Self-directed violence is when a person inflicts violence upon themselves and is considered suicidal behaviour and self-abuse. Suicidal behaviours include suicidal thoughts, attempted suicides, and suicide itself. Self-abuse includes acts such as self-mutilation.

A person may inflict violence on themselves due to a wide range of factors. However, we do know that persisting mental health problems, in particular depression, are a common consequence of child abuse and neglect in adults. Mental health problems associated with past histories of child abuse and neglect include personality disorders, post-traumatic stress disorder, dissociative disorders, depression, anxiety disorders and psychosis. Studies have found that adults who have experienced child abuse were two and a half times more likely to have major depression and six times more likely to have post-traumatic stress disorder compared to adults who had not experienced abuse. The likelihood of such consequences increased substantially if adults had experienced child abuse along with parental divorce (Afifi *et al*, 2009).

Suicide rates in England and Wales have increased slightly over time. Greater Manchester's suicide rates have increased slightly, from 9.7 per 100,000 in 2018-20 to 10.4 per 100,000 in 2019-21 and are statistically similar to national figures.

The latest data from the Office of Health Disparities through their Fingertips Tool (2022) shows that Bury has the third highest rate in Greater Manchester at 12.0 per 100,000. This showed a decrease in levels in the early 2010s, with year on year increases locally to above the England average.

Figure 8.1: Suicide rate per 100,000 population.



Source: Office of Health Disparities Fingertips (2022)

Through self-directed violence, it is clear and evident that many people who are victims of adversity, abuse and violence at a young age are impacted throughout their entire lives. As we develop violence reduction and prevention initiatives, it is important to consider the life course and ensure that Bury's suicide prevention agenda have a strong focus on violence and abuse within childhood. This must be captured appropriately within people's records such as health, children's services, police, so that the coroner can reflect the impact of the person's whole life from childhood, and therefore interventions can be targeted accordingly.

In September 2023, Bury marked the fifth Greater Manchester Month of Hope as part of the NHS Shining a Light on Suicide campaign to raise awareness and break the stigma that surrounds it. Locally, we have produced the "Speak Their Name" Quilt, which tells the stories of 54 people across Greater Manchester who have been affected by suicide and have created each of the squares. The project was developed by The Big Fandango, who use crafting as a way of providing support for families bereaved in suicide. More than 400 people across the borough have been trained by the Big Fandango to spot the signs and triggers of suicide, as well as how to direct people to appropriate support. In addition, a vigil was held with 50 flags carried to represent each life lost to suicide in Bury over the last three years.

Suicidal thoughts and tendencies were registered in 26% of Bury's adult probation caseload as of June 2023. Of the Bury probation cohort over 25 years of age:

- 95% were male (Greater Manchester average in 92%)
- The probation caseload risk rated as "very high" were exclusively over 25 and of these 80% were over 35.
- 80% were White, 9% Asian, 6% Black, 4% Mixed, 2% Other
- 54% of female first attendees were experiencing alcohol misuse, over double the rate for males.
- 26% had experienced self-harm or expressed suicidal thoughts.
- 5% of the caseload were care experienced.

Exploitation

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually, but not always, for personal gain. Exploitation comes in many forms, including:

- Slavery
- Being controlled by a person or a group
- Forced labour
- Domestic violence and abuse
- Sexual violence and abuse including sexual exploitation
- Human trafficking
- Criminal exploitation

Victims of exploitation are targeted, often because of their vulnerabilities. The vulnerability factors for exploitation include:

- Previous experience of neglect, physical and/or sexual abuse, either as child or adult, including adverse childhood experiences
- Unsafe/unstable home or homelessness, either now or in the past (this may be due to domestic abuse, parental substance misuse, mental health issues or criminality)
- Social isolation or difficulties in forming friendships or relationships
- Disengagement with the education system
- No/lack of stable or regular income
- Connections with gang/group members
- Physical or learning disabilities
- Mental health or substance misuse issues – Class A drug users are often targeted as their lifestyles leave them vulnerable to exploitation, particularly in relation to gangs taking over their accommodation
- History of being in care, particularly those in residential care or with an unsettled care history

While most survivors of child maltreatment do not go on to maltreat their own children, there is evidence to suggest that adults who were abused or neglected as children are at increased risk of intergenerational abuse or neglect compared to those who were not abused as a child. Pears and Capaldi (2001) found that parents who experienced physical abuse in childhood were significantly more likely to engage in abusive behaviours toward their own children or children in their care. Whereas Oliver (1993) concluded that an estimated third of adults who were subjected to child abuse and neglect go on to repeat patterns of abusive parenting towards their own children. However, the majority of adults, two-thirds, who were abused as children do not go on to maltreat their own children. It is proposed that growing up in abusive family environments can teach children that the use of violence and aggression is a viable means for dealing with interpersonal conflict, which can increase the likelihood that the cycle of violence will continue into adulthood.

The characteristics of Modern Slavery was featured in Chapter 5 and noted 25 crimes in the last year, two thirds of which related to victims being forced to sell drugs. This tallies with Greater Manchester's position where cannabis cultivation has increased as a form of criminal exploitation.

People who are exploited are often exploited for County Lines. County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries. Although not exclusively, such activity often includes vulnerable adults who are coerced into it by organised crime groups. County Lines are not defined by the distance between the point of control and the point of distribution, but rather the mechanism by which that method of supply is supported (Holligan *et al*, 2020). The 'County' part is the crossing of borders, often to other parts of the country and into rural areas whereas the 'Line' part is the mobile phone line that is used to take the orders of drugs. Importing areas, which are areas where the drugs are taken to, are reporting increased levels of violence and weapons-related crimes as a result of this trend (NCA, 2023). County lines operations seek to increase the amount of profits organised crime groups can make by expanding the reach of the organisation to rural areas with high demand for drugs.

In March 2023 the Home Office guidance was published County Lines Programme overview, which included the following definition: *“County lines’ is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line.”*

Greater Manchester has set out its strategy: Serious Organised Crime strategy (programmechallenger.co.uk). Victims who are exploited for County Lines are exposed to physical, mental and sexual abuse, with people are recruited into County Lines operations through grooming, with many being drafted into drug dealing practices to pay off drug-related debts. Organised crime groups create a base in their chosen target area for the preparation of drugs and a base to deal the drugs from. They usually do this by taking over the homes of local adult victims who the gang/group members have identified as vulnerable, often where the victim suffers from learning disabilities or have an addiction, such as drugs, alcohol or gambling. They do this either by force or coercion - a process known as 'cuckooing'.

Greater Manchester Police is one of four police areas across the UK that has a dedicated County Lines task force (Home Office, 2022a). Sitting within 'Programme Challenger', Greater Manchester's County Lines task force closed 85 County Lines from April 2022 to date.

When discussing persons involved in County Lines, it is noteworthy to understand that this refers to suspects, perpetrators and victims. Many people involved are often victims, having been exploited because of abuse, their vulnerabilities, and their lack of wider social support, as outlined above.

The Bury Challenger Team works closely with complex safeguarding colleagues to provide a partnership approach to this dynamic and during 2024 Operation Island/Vardar has been a focus for such activity.

Figure 8.2: Focus on Operation REVOKE

Operation REVOKE is a district-led operation in Bury, cracking down on drugs supply and undertaking proactive work to shut down county line dealers and gangs. It was primarily established to address risks within the Walmersley Road corridor within Moorside which had been identified given a combination of high serious violent crime rates, characteristics of low income, and high unemployment with high levels of local deprivation. This was compounded by the presence of numerous family-based Organised Crime Groups (OCGs) active in street drug dealing and believed to be selling large quantities of Class A drugs.

The approach being taken through REVOKE follows the Home Office “Clear, Hold, Build” initiative with 3 overlapping phases:

- **Clear** : Design and deliver interventions that target OCG members, their networks, business interests, criminality and spheres of influence using all available criminal, civil and regulatory powers to disrupt them by inhibiting their ability to operate.
- **Hold**: Design and deliver interventions, counter-measures, and contingency plans to consolidate and stabilise the initial ‘clear’ phase
- **Build**: Design and deliver a single, whole-system approach to delivering community empowered interventions that tackle drivers of crime, exploitation of vulnerabilities and geographical locations where harm manifests.

As of 2024, there has been seizures of class-A and class-B drugs with a combined value of approximately £1.5 million, an OCG member charged with money laundering and the major disruption of a drugs line resulting in multiple OCG members sentenced to a total of 53 years for their criminality.

The operation is now in the hold and build element including partnership activity and working with local communities, to both further develop insight in the fight against crime, reduce vulnerabilities in relation to exploitation – whilst also increasing confidence, community pride and increase the quality of life for local residents.

Gender-Based Violence

While most homicide, robbery, knife crime, and violence with injury happens between men and boys, there are particular forms of violence which are particularly gendered in the profile of both offenders and victims. In 2022, 92% of suspects of sexual offences were male and 82% of victims were female; 68% of stalking and harassment suspects were male and 68% of victims were female; and 76% of domestic abuse suspects are male and 73% of victims are female.

In 2022 Bury Community Safety Partnership undertook engagement on Women and Girls Safety in Bury to shape a local action plan and charter. 48.4% of respondents to the Women and Girls’ Safety Charter felt ‘unsafe’ or ‘very unsafe’ walking alone in their neighbourhoods

after dark. 26.9% of respondents were not aware of how to access domestic support services if they needed them. The engagement outlined that Kay Gardens and tram stations were most reported as areas of concern, while the interventions quoted as having the most potential to improve feelings of safety were better lighting, more CCTV, and police/community safety presence, which have informed a local submission for Safer Streets funding, including specific interventions on increased CCTV, public guardianship, and training on Violence Against Women & Girls Awareness.

There has been an increase in recent quarters of Violence Against Women reported crime in Bury.

Figure 8.3: Gender Based Violence: CSP data

Measure	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1	Trend	GM Average
VAWG - Violence Against Women (Female victims of any age)	1,346	1,376	1,538	1,409	1,504	1,678	↑	<i>Local metric</i>
Percentage of women who feel unsafe in their local area	11	10	5	10	11	9	↓	12

Source: Bury Community Safety Partnership report to Overview & Scrutiny Committee (2023)

A Violence Against Women and Girls in Bury Town Centre report was commissioned from the Bury District Intelligence Unit Report and indicates that:

- The mean age for victims is 31
- Younger adult women are disproportionately represented in the data; 29.4% of victims are aged between 18 and 27 years old and 23.5% are aged between 28 and 37 years.
- 69% of crimes are committed by males.
- Female offenders are more likely to commit public order offences or assault against other females than other crime types. They are also more likely to act in groups.
- The age range of offenders for all offences is between 11 and 68 years. The mean age is 34, the mode is 17.
- Of violence with injury crimes, 77% occurred between 1800 and 0600 hours.
- Seven crimes are domestic abuse-flagged (six male offenders and one female offender). Three of these offences have occurred within the NTE where both parties have consumed alcohol, an argument has ensued, and the offender has assaulted their partner.

Figure 8.4 : Map of VAWG offence locations within Bury Town Centre

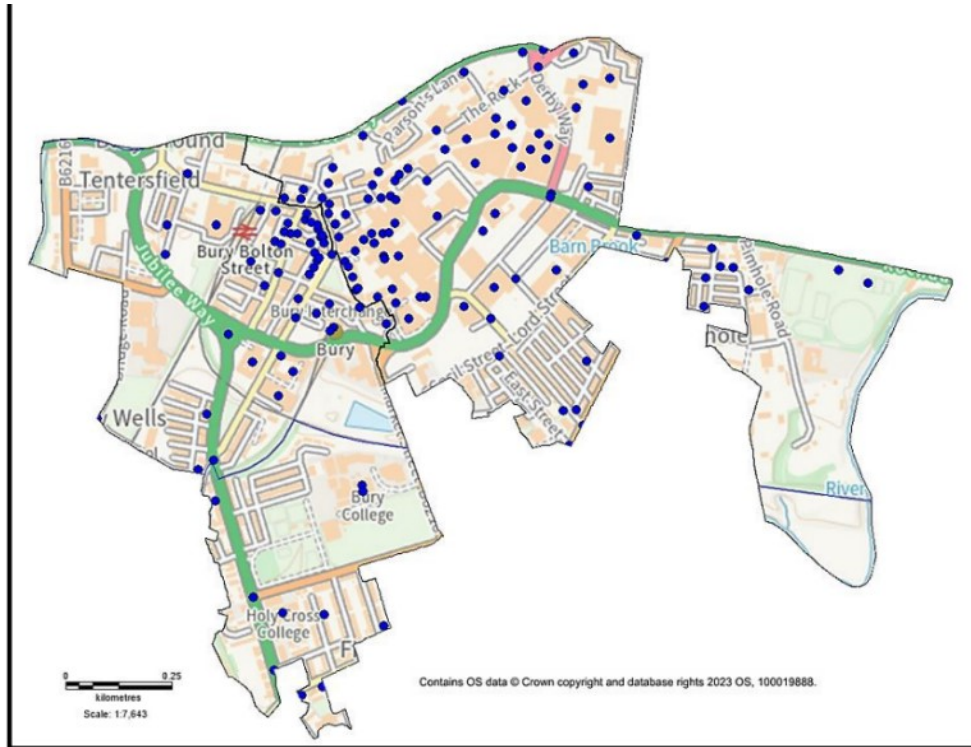


Figure two: map of VAWG offence locations

Source: Violence Against Women and Girls in Bury Town Centre report, Bury District Intelligence Unit Report

Bury's response is co-ordinated through a Women & Girls Safety Steering Group, reporting into the Creating & Maintaining Safe Spaces subgroup – a new subgroup of the Community Safety Partnership based on recent engagement. This allows focus on the 'place' element of problem-solving approach in relation to stewardship/ guardianship (beyond just a focus on victim or offender). Also within this priority is a focus on Night-Time Economy, including building on Best Bar None initiative through initiatives such as the Women's Night-Time/Licensing Charter.

Examples of activities taking place in Bury to address Gender Based Violence include:

- White Ribbon Campaign, with formal accreditation being sought, providing partnership promotion and championing of 16 days of action on gender-based violence.
- Healthy relationships input into B.Safe social education to year 8 pupils.
- Cut It Out campaign to raise awareness of vulnerabilities and support offers for trainees within hair and beauty courses through Bury College.
- Building on Operation Lioness, a GMP-led initiative co create a safer night out for women and increased activity to tackle harassment in local parks over the summer months.

- Proactive involvement in the Greater Manchester Gender Based Violence Executive including the #itisok campaign to change behaviours in males on acceptable conduct.

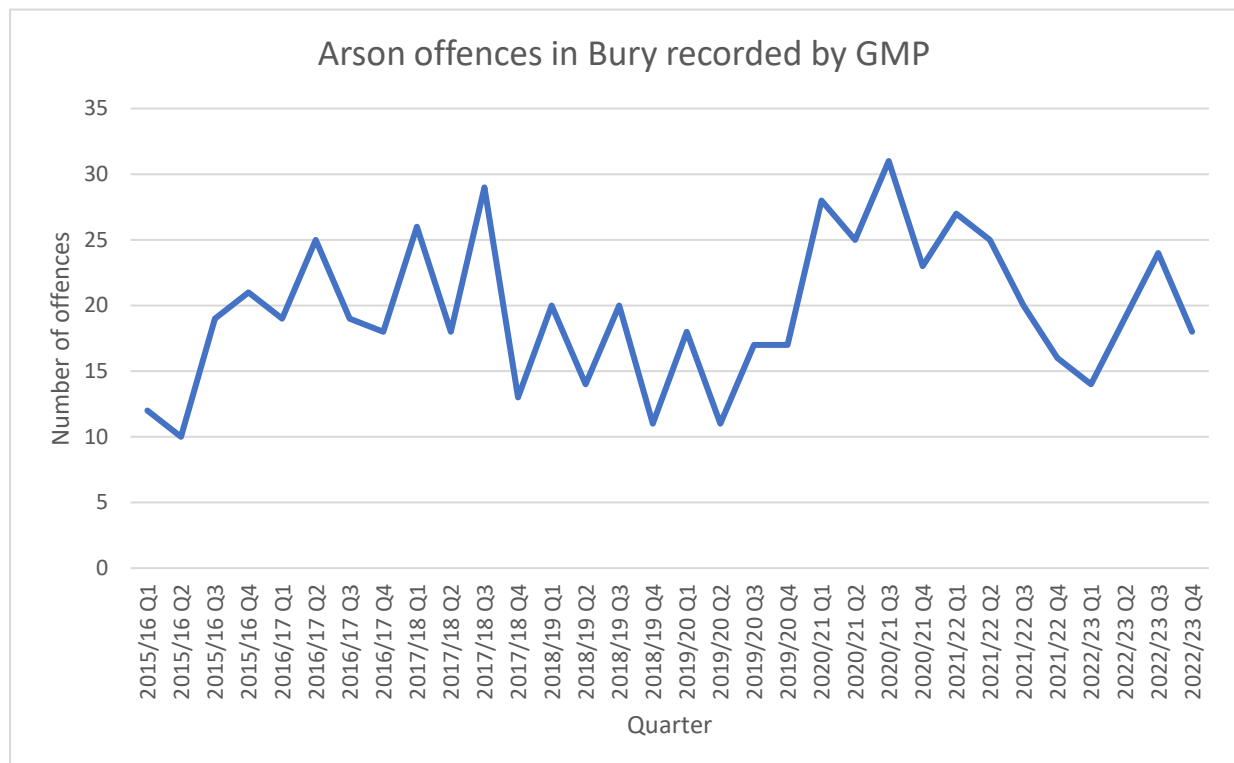
Fire related offences

Arson offences recorded by police have been slowly growing over recent years, although they remain at low volumes compared to other crime types. While there is some evidence of a seasonal pattern - with rates of arson falling during Winter - there is limited evidence that COVID lockdowns affected arson to a significant degree.

Despite the recent rise in arson offences recorded by GMP, deliberate dwelling fires attended by Greater Manchester Fire and Rescue Service have fallen by over 50% over the last decade, from 475 in 2010/11 to 226 in 2021/22. Deliberate non-domestic fires have similarly fallen by 51% from 591 in 2010/11 to 289 in 2021/22, and deliberate vehicle fires have fallen by 42% from 1220 in 2010/11 to 712 in 2021/22.

Since 2015 in Bury the number of arson offences per quarter has varied and shows a consistent overall position. There was a sharp increase prior to the Covid-19 pandemic and despite fluctuations as lockdown restrictions were lifted, there then followed a consistent decrease until a rise around the turn of the year.

Figure 8.5: Arson offences in Bury recorded by Greater Manchester Police



(Source GMP via CSP)

In 2022, there were 2,234 deliberate fires responded to by Greater Manchester Fire & Rescue Service, with April to September being the peak period. The top locations for offences in the Borough were consistent with wider serious violence hotspots:

Bury East	Moorside	Radcliffe East	Radcliffe West	Redvales
356	297	225	200	163

Fire-setting behaviour in adults can be more complex than as seen in children and young people. Such behaviour in adults is often linked to relationship breakdown, emotional and mental health stressors, alcohol, substance use, and sometimes criminality. It is important to ensure that a person-centred response is taken to address this dangerous and life-limiting behaviour and includes a component on fire safety education and the consequences of fire setting, whilst also addressing any associated interpersonal issues.

Greater Manchester Fire and Rescue Service (GM FRS) has worked in partnership with Greater Manchester Probation Service and other services to ensure fire safety and to ensure that the consequences of fire-setting are included in care plans of adults who have set fires. As such, a joint initiative with partners from Greater Manchester's Fire and Rescue Service, Probation Service and Combined Authority is currently being piloted. This is a new offer for adult fire setters and is called The Atlas Programme. This is an intervention for adults who have been involved in, and/or engaged in, harmful or potentially harmful use of fire. The programme aims to assess, engage, educate, and develop support structures for adults.

In line with evidence-based good practice, the programme content combines education and safety sessions along with person-centred input from a clinical psychologist on a 1:1 basis. The aim of this approach is to deliver practical and theory-based sessions to engage this client group, educate on the hazards and impact of fire, alongside therapeutic input to help identify and address, the root cause of the desire to use fire in a harmful way.

Health Harm Behaviours – Sexual Health

Adults who have experienced childhood abuse and neglect, particularly child sexual abuse, are more likely to engage in high-risk sexual behaviour in teenage years through to adulthood, demonstrating the lasting impact sexual abuse has on individuals. Research has found that a history of child sexual abuse was associated with a greater frequency of unintended pregnancy, younger age at first diagnosis of a sexually transmitted infections, and greater likelihood of engaging in sex work (Steel and Herlitz, 2005). It is suggested that the increased likelihood of engaging in risky sexual behaviours include the inability to be assertive and prevent unwanted sexual advances, feeling unworthy, and having competing needs for affection and acceptance - all of which may occur as a consequence of child abuse and neglect (Hunter, 2014).

Over the past three years, approximately 1,300 children and young people aged 0-17 years have been referred to Greater Manchester's Sexual Assault Referral Centre (SARC) each year, which includes around 340 forensic medical exams (including children and young people who live outside of the city region). Around one in five of those that are subject to a forensic medical exam require emergency contraception.

Chlamydia is the most diagnosed bacterial sexually transmitted infection in England, particularly affecting young adults more than any other age group. It poses risks to sexual

and reproductive health, including acute infections with symptoms and complications such as pelvic inflammatory disease (PID), ectopic pregnancy, and infertility.

The National Chlamydia Screening Programme (NCSP) plays a crucial role in promoting opportunistic screening for sexually active individuals under 25 years old. In June 2021, changes to the programme were implemented to prioritise reducing the reproductive harm caused by untreated infections, with a specific focus on offering screening to young women under 25 years old. Across Bury in 2023, the chlamydia detection rate was 2,371 per 100,000 in females aged 15-24 years, which was higher (statistically significant) than England rate of 1,962 and the third highest in Greater Manchester. This rate per 100,000 in females aged 15-24 years nearly halved from 3,254 in 2014 to 1,566 in 2021, before rising to 1,831 in 2022 and its current rate of 2,371 in 2023. Proportion of female population aged 15 to 24 screened for chlamydia in Bury declined from 19.9% (significantly lower than England average of 21.4) in 2021 to 18.1% (significantly lower than England average of 24.4) in 2023. The data highlights several important implications for chlamydia detection and screening in Bury. The higher detection rate compared to the national average suggests either a greater prevalence of the infection locally or more effective case identification. However, the declining screening coverage and its consistent underperformance relative to the national average point to potential gaps in accessibility, awareness, or engagement with testing services. This decline raises concerns about undiagnosed cases and ongoing transmission, as fewer young women are being tested. The observed trends highlight the need for improved outreach efforts, increased accessibility to testing, and sustained education initiatives to address these challenges and improve sexual health outcomes in the area.

There has however been a steady decline in demand for emergency contraception over the past decade, with a 60% fall from 2011/12 to 2021/22 (NHS Digital, 2022). Locally, 1412 emergency hormonal contraceptive items were prescribed by Bury Community Pharmacies between April 2023-March 2024, an increase from 1051 emergency hormonal contraceptive items prescribed between April 2022-March 2023.

Public Health colleagues have formed a partnership group, attended by local sexual health service providers, VCFA reps and wider health colleagues. The partners developed a suite of objectives and priorities and are currently drafting an action plan with various stakeholders across the sexual health system. Priorities include reducing the impact of health inequalities on sexual health and reflecting on the Young Persons Sexual Health Needs Assessment: sexual health needs assessment (theburydirectory.co.uk).

The report includes a summary of a digital survey released in 2023 to gain insight into young people's thoughts and experiences of Relationships and Sex Education (RSE) and local sexual health services. The digital survey was completed by 236 young people from Bury. Alongside this, the local sexual health provider HCRG and the Early Break Voice2Voice workers delivered focus groups with young people.

A wider sexual health needs assessment (for all ages) is currently in the planning stages and should be completed by mid 2025.

Mental Health and Violence

In any one year, one in four adults will experience a mental health problem. Most mental illness starts in childhood, with 50% of all mental illness starting before the age of 14 year

and 75% by the age of 25 years. Mental health illness covers a wide range of conditions such as depression and anxiety as well as schizophrenia. Most people who experience a mental health illness, including those with schizophrenia, will not be violent or dangerous (Mind, 2018).

It is estimated that 5.3% of all violent incidents in England and Wales (2015–16) were committed by people with severe mental illness, which represents only a small proportion of the total number of violent acts committed in the whole population (Senior, M., Fazel, S., and Tsiachristas, A., 2020). For homicides, those committed by people with psychosis are extremely rare. About 30 homicides a year across England and Wales are perpetrated by people with severe mental illness.

Perpetrating violence is relatively uncommon among those with serious mental illness. When it does occur, it is often linked with other issues such as co-occurring substance use, adverse childhood experiences, and environmental factors. Therefore, it may not be the mental illness that is driving the violence but those factors that are known to increase risk. When our neighbourhoods are unsafe, poor and high in crime, violence is an equally likely outcome whether a person has a mental illness or not (De Angelis, 2018).

Many people who experience mental health problems do not ask for help. This is because they fear being stigmatised or locked up if they talk about violent thoughts or urges. Encouraging openness allows people to seek access help more easily (Mind, 2018).

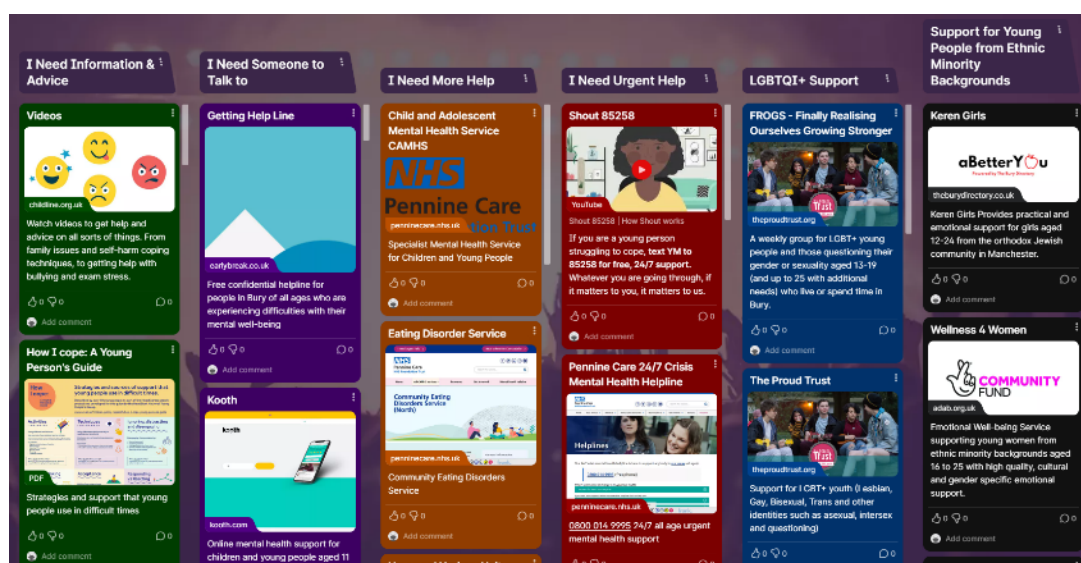
People who have a mental illness are more likely to be a victim of violence rather than be the perpetrator of violence. They are also more likely to be exploited than someone without a mental health illness, and their risk of exploitation increases if they also have a substance addiction and/or a learning disability.

Mental health illness in adulthood has roots in exposure to stressful events in childhood or adolescence. In adults, post-traumatic stress disorder related to experiences of robbery has been reported amongst convenience store and bank employees. Depression, anxiety, and social phobia have been found to correlate with community violence. It is well documented that the impact of violence has a negative emotional and mental impact on individuals, their families, and communities.

Therefore, a person who is a victim of violence, or witnesses violence, their risk of mental illness increases, especially for depression and anxiety.

In Bury, activity to promote mental health support for those below statutory intervention thresholds includes the Getting Help Helpline – which provides non-urgent, non-clinical support and through the Thriving in Bury working group - as well as a partnership Padlet to outline support along the iThrive model. This is available for practitioners and communities to use directly through The Bury Directory.

Figure 8.6: Thriving in Bury Padlet



Addiction: alcohol and substance misuse, gambling

Associations have often been made between childhood abuse and neglect and later substance misuse in adulthood. A strong relationship was found between child physical and sexual abuse and substance misuse in women (Simpson and Miller, 2002). Less of an association was found among men, although men with child sexual abuse histories were found to be at greater risk of substance abuse problems. It is suggested that men are less likely to disclose childhood abuse due to social values and expectations (Simpson and Miller, 2002). However, the overarching topic of drugs has been consistently linked to violence, both in the fact that the drugs market is a driver of violence (Kincaid *et al.*, 2019; Wieshmann *et al.*, 2020) and, that drugs including alcohol can bring out violent tendencies in individuals (Johnson and Belfer, 1995). Health harm behaviours such as drug use were more common among children who had either experienced or committed violence (YEF, 2022). Rates of drug use were significantly higher among both victims and perpetrators of violence, particularly the use of cannabis. 6% of respondents said they had used cannabis within the last 12 months and less than 1% reported using another illegal drug.

A drug market profile was commissioned by GMP and reported in July 2023 to provide an understanding of the market in terms of what substances are in demand; how do drugs link to violent offending; who are the dealers and users; and where are the hotspots?

This pointed to a significant increase in regional drug offences in the last two financial years, with a 200% increase in stop searches. The profile found that 73% of drug offenders were linked to other criminality – violence and acquisitive crimes were the most common.

It found that the use of hire vehicles is a common supply method– particularly when hired under the name of a vulnerable exploited person. It noted that social media plays a key role in reaching the younger market, and Snapchat is a popular way of advertising and arranging the distribution of drugs that are used by young people.

Specifically in relation to Bury, it found that:

- Both the N1G1 and N1F1 policing beats, which relate to the Bury East and Moorside wards, are within the top beats with the region for possession of drugs and trafficking of drug counts in the region.
- Bury has 4th lowest volume of county lines with firearms markers in Greater Manchester (half of that of Salford, and a third of the level of Rochdale).
- Bury-specific references include an increase in the reporting of cannabis edibles (increase during Covid due to the discretion of these products and appeal to users who don't like to smoke), as well as an increase in use and access to tramadol and LSD.

The recommendations through the Drug Market Profile focus on a continued partnership approach in line with the Harm to Hope national strategy through:

- Relentlessly pursuing offenders to tackling supply.
- Early intervention and prevention of substance misuse through a public health approach.
- Breaking the cycle of addiction through the GM Combatting Drugs Partnership.

When considering drugs as a driver of violence, Kincaid *et al* (2019) found a strong correlation between the growing availability of harmful drugs and the rise in serious violence. This includes an increase in the number of drug-related homicide. However, it is important to consider a longer time-period to truly understand the trend especially because numbers are so low.

Of the drug-related homicides across the city-region in 2021/22, 26% of victims were under the influence of drugs at the point of death, with 25% being known drug users. When considering victims of drug-related homicide who were known dealers of drugs, rates have remained consistent over time, being 5%.

In 2023/24, there were 1,160 individuals aged 18+ years in substance misuse treatment, representing 2% of the 56,610 individuals accessing treatment across the North West region (NDTMS, 2024). Of these, 835 (72%) were male, a proportion higher than both the North West average (68.3%) and the England average (68.1%). The under-representation of females within the treatment system is unclear, although some researchers have suggested access to treatment is a barrier for many females (Tuchman, 2010). The biggest barrier that women face is the fear of stigma amongst family and friends, as well as the fear of having their children removed, childcare commitments, or lack of wider support.

The substance misuse treatment population is categorised into four treatment groups: opiates, alcohol only, non-opiates and alcohol and non-opiate only. Comparing the percentage distribution of the substance misuse treatment population in Bury to the North West region across four treatment categories suggests that in Bury, 39.8% of the treatment population is in the opiates category, slightly lower than the North West average of 42.8%. The alcohol only category accounts for 34.2% in Bury, which is higher than the North West average of 28.9%. For the non-opiates and alcohol category, Bury has 13.9% of its treatment population, compared to 15.2% in the North West. Lastly, the non-opiates only category comprises 12.1% in Bury, slightly lower than the North West average of 13.1%. This comparison highlights that Bury has a higher proportion of individuals in the alcohol only category and a lower proportion in the opiates and non-opiates only categories compared to the North West region. Table 8.7 below presents the number and proportion of treatment population by each treatment category for the period 2023/2024

Figure 8.7: Substance misuse treatment profile

	Percentage of substance misuse treatment population Bury (%)	Percentage of substance misuse treatment population Greater Manchester (%)
Opiates	39.8	42.8
Alcohol only	34.2	28.9
Non-opiates and alcohol	13.9	15.2
Non-opiate only	12.1	13.1

The differences in the substance misuse treatment population between Bury and the North West region can be attributed to several factors. Socioeconomic conditions in Bury, such as higher levels of unemployment or social deprivation, might influence substance misuse patterns and the types of substances used. Additionally, the availability and accessibility of treatment services in Bury could differ from those in the broader region, potentially leading to a higher proportion of individuals seeking treatment for alcohol misuse if specialised services are more accessible. Local public health initiatives and campaigns targeting alcohol misuse might also contribute to the higher proportion of individuals in the alcohol only category in Bury. Cultural and community norms regarding substance use and treatment can vary, possibly resulting in less stigma associated with seeking treatment for alcohol misuse compared to opiates in Bury. Differences in data reporting and recording practices could also play a role, with Bury potentially having more rigorous reporting for certain types of substance misuse. Lastly, historical trends in substance misuse within Bury might differ from those in the North West, reflecting longstanding issues with alcohol misuse in the current treatment population distribution. Understanding these factors is crucial for tailoring public health strategies to meet the specific needs of the Bury community and ensuring effective resource allocation.

An analysis of the 2023/24 substance misuse treatment data by age indicates that Bury's age profile closely mirrors that of the Northwest region, though it shows some differences from the national statistics. Specifically, Bury has a comparable proportion of older adults in treatment to the Northwest region but a higher proportion than the national average in England.

- Bury figures for the younger individuals aged 18-29 years reflects trends seen in the northwest region and England. 13% (145) of the individuals in substance misuse treatment were in the 18-29 years age group. This is similar to the regional and national proportion of 13%.
- Individuals aged 30-49 years remains the largest age group at 54% (625) of residents in Bury aged between 30 and 49 years are in this group, slightly lower than the regional (55%) and national figures (58%).
- In Bury, 33% (385 individuals) of those in substance misuse treatment are aged 50 and above. This proportion is identical to the regional figure for the North West (33%) and higher than the national figure of 29%. These numbers indicate that Bury aligns

closely with the North West in having a substantial older population in treatment, contrasting with the national picture, where the proportion is slightly lower.

In the 2023/24 period, the majority of individuals in substance misuse treatment services in Bury (93%), the North West (94%), and England (89%) are White. This indicates an over-representation of the White population in Bury's treatment services compared to the general population, which is 82.9% White. The reasons for this disparity are unclear, but there are often barriers to accessing drug and alcohol treatment services exist, particularly for those whose cultural and religious beliefs discourage substance use.

In terms of ward-level data, our local joint strategic needs assessment shows that in terms of hospital admissions for alcohol attributable conditions for the period 2016/17 and 2020/21, Moorside is the highest, followed by East, Besses, Radcliffe West, Redvales and Radcliffe North, all higher than Bury and England averages. (Bury Ward Profiler | The Bury Directory)

Gambling

The relationship between violence and problem gambling in the general population is under-researched and requires further attention to inform treatment and prevention efforts. Roberts et al (2016) found that among men in the UK, self-reports of problem/pathological gambling remain predictive of a range of measures of violent behaviour adjusting for alcohol and drug dependence, comorbid mental disorder and impulsivity; of the covariates, alcohol and drug dependence have the greatest effect in reducing the gambling-violence association (Roberts et al, 2016). The reported harms associated with gambling include mental ill health, relationship breakdown, financial difficulties, and poor performance at work or school. These harms may be experienced by the person who gambles or by family, friends and colleagues of someone who gambles. Hing et al. (2020) found that while gambling does not directly cause intimate partner violence, it reinforces the gendered drivers of violence to intensify the frequency and severity of intimate partner violence against women.

In terms of Bury, it is estimated that there are 2,626 problem gamblers and 8,023 at-risk gamblers. However, these figures don't take into account all the affected others who may be harmed by gambling. [Gambling statement of principles - Bury Council](#)

The harms associated with gambling are also key factors for being vulnerable and therefore increased risk of exploitation. Harms can build up very quickly, yet recovery often take a very long time. Greater Manchester Combined Authority has undertaken a strategic needs assessment and has found a range of key messages as set out in the image below.

Figure 8.8: Headline findings from the Gambling Harms in Greater Manchester Strategic Needs Assessment



Source: Greater Manchester Combined Authority (2022)

Among Greater Manchester providers of support for victims and perpetrators of domestic abuse, gambling is frequently identified as a contributory factor in cases of abuse. This is supported by academic studies identifying an increased risk of intimate partner violence (including slapping, kicking, punching, threatening with a weapon, cutting or bruising, forcing sex and causing injury requiring medical care) among people experiencing gambling disorder or addiction (53,534 in Great Manchester). In these cases, gambling frequently occurred alongside other substance misuse and mental health issues. In cases of physical violence, this is most often perpetrated by a male on their female partner, either as a male gambler on their female non-gambling partner or a male non-gambler on their female gambling partner. A significant proportion (43%) of gambling-related crimes reported to GMP relate to interpersonal offences of either domestic abuse or theft from someone known to the perpetrator (GMCA, 2022d).

To support activity locally, Bury Council's statement of principles in relation to gambling (as per the Gambling Act 2005) are due to be updated by January 2025. The current objectives are:

- preventing gambling from being a source of crime or disorder, being associated with crime and disorder, or being used to support crime.
- ensuring gambling is conducted in a fair and open way.
- protecting children and other vulnerable people from being harmed or exploited by gambling.

Older people

The World Health Organization states that the abuse of older people, also known as elder abuse, is a "single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect." (WHO, 2022b)

Bury's population has seen an increase of 20% of the local population who are aged 65 or over in the last decade. In Elton Vale and Summerseat areas of Bury, just under one-third of

the population are in this age profile, compared to Fernhill and Pimhole where the figure is low as below 10% (nearly half the Bury and England average of 18.3%)

Abuse of older people is an important public health problem and can happen in both community and institutional settings. An international literature review (2017) estimated that over a 12-month period, 1 in 6 people (15.7%) aged 60 years and older were subjected to some form of abuse. Data on elder abuse in institutions, i.e., hospitals, nursing homes and other long-term care facilities are scarce. However, a literature review indicates that 64.2% of staff reported perpetrating some form of abuse in the past year. Emerging evidence indicates that the prevalence of abuse of older people in both the community and in institutions have increased during the COVID-19 pandemic. Abuse of older people is predicted to increase as many countries are experiencing rapidly ageing populations.

Abuse of older people can have serious physical and mental health, financial, and social consequences, including, for instance, physical injuries, premature mortality, depression, cognitive decline, financial devastation, and placement in nursing homes. For older people the consequences of abuse can be especially serious and recovery may take longer.

Older people at increased risk of being a victim of violence are more likely to have:

- functional dependence/disability
- poor physical health
- cognitive impairment, especially if there's a memory problems or difficulty communicating
- poor mental health
- low income
- feelings of isolation and little contact with friends, family or neighbours

On 15 June 2022, World Elder Abuse Awareness Day, WHO and partners published "Tackling abuse of older people: five priorities for the UN Decade of Healthy Ageing (2021–2030)". These five priorities, arrived at through wide consultation, are:

- Combat ageism as it is a major reason why the abuse of older people receives so little attention.
- Generate more and better data to raise awareness of the problem.
- Develop and scale up cost-effective solutions to stop abuse of older people.
- Make an investment case focusing on how addressing the problem is money well spent.
- Raise funds as more resources are needed to tackle the problem.

In Bury, engagement is ongoing with the voluntary sector led Older People's Network, building on their recent input into a Greater Manchester Hate Crime Awareness week of action event in Radcliffe in February 2023. This includes ensuring serious violence, both in terms of victim, the wider family of any victim, and risks of exploitation are considered across each form of serious violence through the lens of older age.

An example of this is that Domestic Abuse in Later Life training was provided through the Bury Domestic Abuse Partnership Board to 50 practitioners and community leads through a train-the-trainer model in September 2023. The aim of this was to tackle stigma and challenge the understanding that such abuse doesn't only impact younger people.

Chapter 9 : Indicative Recommendations

This Strategic Needs Assessment sets out the volume, nature and risk factors associated with serious violence in Bury. This sits alongside the Strategic Needs Assessment for Greater Manchester, as the region has porous boundaries between the districts, meaning that whilst we will focus on details in Bury, the interventions required extend beyond our six towns.

To ensure synergy with regional plans, Bury's approach will be congruent to the five emerging strategic priorities on the GM Serious Violence approach, with concrete commitments arising from each that reflect consultation with key partners, including the public, VCSE organisations, Police, Fire, Probation & Youth Justice amongst others. The five strategic priorities are:

- **Partnerships for Change:** Invest in partnerships to secure system and cultural change to prevent violence in the long-term.
- **Equality, Equity and Justice:** Deliver responses to violence that recognise the relationship between inequalities, disproportionality, and violence to create a fairer and more equal society, so that everyone across Greater Manchester can live, work, and study in a connected and positive way.
- **Community-Led:** Ensure that services and interventions are community-led, valuing the voice of communities in how services work with them, and ensuring communities are at the heart of problem-solving and decision making to tackle violence.
- **ACEs and Trauma Informed:** All services across Greater Manchester will become trauma-responsive so we can work together to reduce the impact of trauma on future behaviour and outcomes. In seeking to achieve a trauma responsive city region, preventing and reducing domestic violence needs to be a central tenet.
- **Prevention & Early Intervention:** Invest in services which take a preventative approach to individuals at risk of violence and associated harms.

Under these five priorities, Bury's strategic needs assessment has formulated a number of recommendations which form our overall delivery plan.

Partnerships for change	<ul style="list-style-type: none"> • Work together with partners to identify current data gaps which will need to be addressed ahead of the annual refresh of such Needs Assessments including: <ul style="list-style-type: none"> - The percentage of probation caseloads with parental responsibilities and the percentage of men and women in prison with parental responsibilities. - Intelligence on female genital mutilation and honour-based violence cased for Bury and on a ward-level. - An understanding of the percentage of Bury's population who have experienced sexual assault. - The percentage of sexual assaults being rape and patterns over time.
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	<ul style="list-style-type: none"> - Modern slavery cases by ward. - The percentage of looked after children in the Borough with involvement in the criminal justice system. - Bury's permanent exclusion and suspension rates by ward. - Drug use during pregnancy per 10,000 people. <ul style="list-style-type: none"> • In addition to the above, Bury's recent knife crime problem profile have produced the following recommendations and actions to address their intelligence gaps. <ul style="list-style-type: none"> - Develop a further understanding on how some types of knives are sourced/bought to understand how easy it is for young people to obtain one. - Develop a methodology to understand the true picture of knife possession in schools. - Build understanding on the reasons behind young people carrying knives. Youths found in possession of a knife in school have cited safety/protection reasons. However, no further detail is known. Are they fearful of another individual at school/outside school and if so why. Why do they need protection – could they be unidentified victims of county lines? - Improve intelligence collection for knife crime in respect to personal robbery, urban street groups, and violent offences. - Liaise with a point of contact within individual schools to gain more insight in relation to unknown school-based violent crime. - Gather research and data as to why serious violent crime is primarily committed by younger people. - Provide training for the use of flags and markers to gain a better understanding of knife crime and also those influenced by drugs and alcohol. <p>Work with the health services to increase screening for Domestic Abuse.</p> <ul style="list-style-type: none"> • Use problem-oriented-policing (POP) and the SARA process to tackle high numbers of Domestic Violence in target communities – Moorside and Bury East. • Provide further targeted work for pregnant women in areas where Domestic Abuse cases are high (Redvales, Bury East, Moorside, Radcliffe). Increase information-sharing through multiple communication channels for support services available. • Deliver a communications campaign across Council and partners around reporting rape and sexual assault. • Embed motivational interviewing practices into probation services to reduce rates of Domestic Violence reoffending. • Work alongside Transport for Greater Manchester to apply POP and SARA principles to addressing robbery and Violence with injury cases across the Metrolink line. • Increase the use of stop-search to reduce drive down the possession of bladed articles and firearms, as per the Home Secretary's recent calls for to use the police's full range of powers. • Further establish the current picture of urban street groups • Continue work in local schools educating juveniles on the risks associated with carrying knives. Consider expanding this to all colleges and sixth forms and consider delivering this to younger pupils from year 7.
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	<ul style="list-style-type: none"> • Implement an intelligence collection plan for knife crime - particularly Personal Robbery. This should involve inputs from other agencies including Youth Offending Teams and the local authority. • Use POP and SARA processes to address repeat locations and offenders for knife crime. Work with young people to identify and understand motivations and offender profile in more depth.
Equality, Equity, and Justice	<ul style="list-style-type: none"> • Tackle disproportionality of BAME stop-searches and conviction through a task and finish group committed to developing a theory of change, learning from Lewisham's award-winning racial equity project. • Complete targeted work with the 26 high risk, high harm addresses contributing to 324 Domestic Violence callouts through the Drive programme and infuse motivational interviewing into the Talk, Listen, Change programme to drive down reoffending. • Take a targeted approach by directing a focus on family help, and community-building resources to cut childhood poverty in the areas with the greatest need (Bury East, Sedgley, Radcliffe West, Moorside, and Redvales). • Translate Domestic Abuse advice and information into some of the main spoken languages to reach people with limited English-speaking skills. Produce videos with the same content translated for those more likely to find the information online or on social media.
Community-Led	<ul style="list-style-type: none"> • Support VCFA in their refreshed Standing Together programme to be led by young people. • Develop partnerships with our community assets and groups, bringing together representatives from all 6 towns to formulate a people-centred plan for tackling crime and serious violence in their respective areas. • Pilot deliberative approaches for distributing funding to reduce serious violence, learning from similar practices such as the award-winning citizens' assembly led by Bristol's council and VCS. • Provide targeted events for local faith groups with the aim of reducing the stigma around sharing/reporting domestic abuse. • Trial problem-solving sessions with representatives from communities affected by disproportionality in victims or offenders – e.g. disabled, BAME community, women.
ACE and trauma-informed	<ul style="list-style-type: none"> • Continue developing and supporting the Council's Complex Safeguarding and Modern Slavery strategy. • Support GMCA's work in making Greater Manchester an ACE-responsive and trauma-informed region.
Prevention and Early Intervention	<ul style="list-style-type: none"> • Ensure that cost-of-living support is well linked in with Family Hubs to ensure a fairer start to life. • Expand White Ribbon activities and work within schools to include younger age group. • Increase provision of mid-week diversionary activities for under 12s in target communities. • Work with local sixth form colleges to cross-reference and understand where young people are travelling to Bury from. This will help gain a fuller picture of criminality and aid our preventative work. • Clarify and extend the role of hospital navigators, proven to be effective in reducing victims' future involvement in violence, taking learning from award-winning Tower Hamlets council in their innovative approaches.

	<ul style="list-style-type: none"> • Deliver targeted partnership cost-of-living work in areas which are most deprived on the Index of Multiple Deprivation, with promotion through multiple channels of outreach.
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