Reducing Knife Crime: We need to ask 'What Works?'

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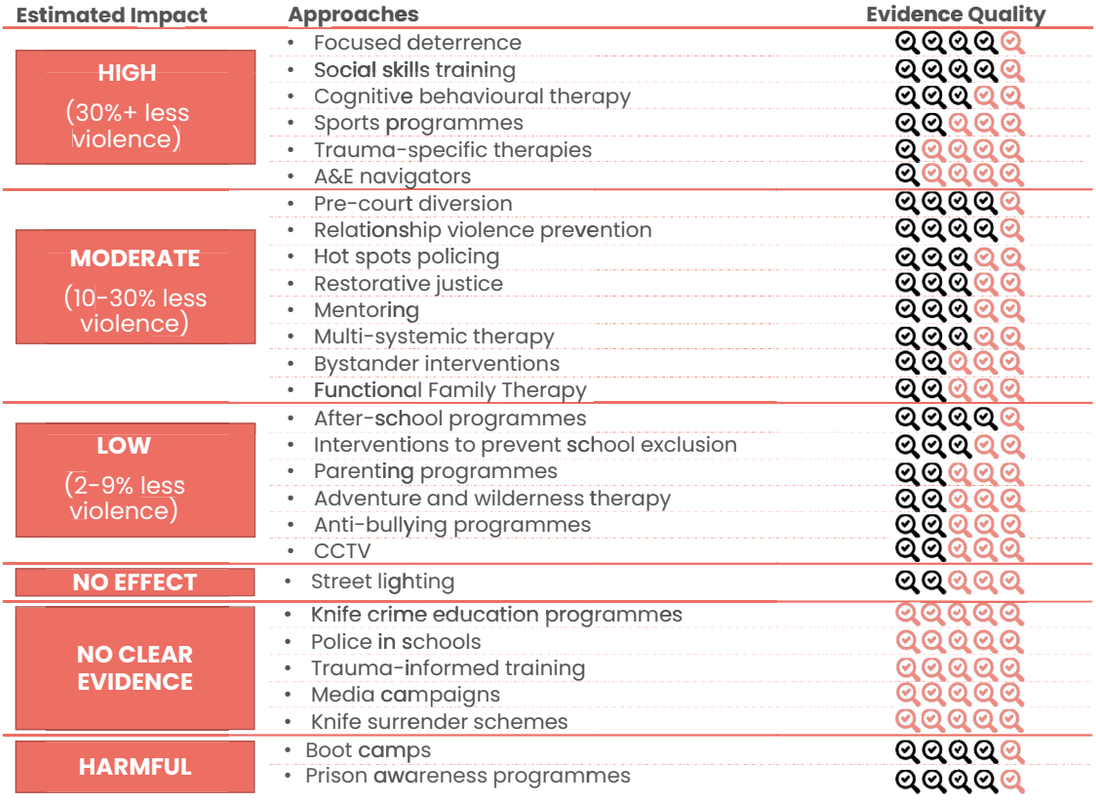
In 2019, the government gave the charity that I lead — the Youth Endowment Fund — £200m of taxpayers' hard-earned money. Why? Because they were worried about knife crime. They wanted to know what works and what doesn't to prevent this violence, and so, they asked us to start summarising the best available evidence. You can find it online for yourself here: www.youthendowmentfund.org.uk/toolkit.

Figure 1. *Summary of the evidence of What Works to prevent Violence committed by young people*



I want to tell you why this work matters so much and how — working together — we can make this country safer for our children. But first I need to tell you about Child C.[1]

The most important thing about Child C is that he was a child. Born in 2004 in Leicester, he was never old enough to vote, never old enough to drive, never old enough to watch a 15 at the cinema. He liked playing football, enjoyed taking his uncle's dog — Benji — for walks in the park and told friends he wanted to become an entrepreneur when he was older. He once persuaded his mum to buy gloves for those sleeping rough in the city centre of Nottingham, the place where he grew up.

The ambulance arrived while he was still breathing but it was too late to save him. Five hundred children die every year because of accidents, but this wasn't an accident. Child C was hunted down. He was struck head-on by a stolen Mercedes. Lying on the ground, he

1 https://www.chscp.org.uk/portfolio/child-c/

was not helped. He was attacked. Those who killed him had been looking for him. The pathologist's report says that he was stabbed nine times.

His life had been far from easy. He was five when his father was sent to prison and six when he was deported. You could say that as he grew up, he got into the wrong crowd. He was arrested aged 13 for carrying a knife, moved to live with his grandmother in London to get out of trouble in Nottingham — where he slept on her couch. He was arrested again aged 13 when police in Bournemouth raided a house used for drug dealing and found him forced to work in the house. Excluded from school aged 14, he found himself in the middle of a conflict between two gangs of children that ultimately led to his death. His killer — who's own father had been murdered and who's stepfather had abused him — was just 18. Some people will say that what happened to Child C was inevitable. It wasn't. There were clear moments that could have changed everything. Moments when the emergency bell should have rung so loudly that we adults should have intervened. That first arrest. Clang. The move to London. Clang. Finding him in the drug house. Clang. The long-term absence from school. Clang. The lack of housing. Clang. The exclusion. Clang. Each bell said the same thing. This. Was. A. Child. Who. Needed. Help.

He was not alone. Over the last five years, over 100 children have died from knife violence.[2] Over 100 lives cut short. That's a powerful statistic. But unfortunately, it faces the problem that many statistics face. They go to the wrong place in our head. They sit in the part of our brain that stores, or forgets, numbers. And so, this statistic sits there passively alongside other statistics. It nestles beside the 8 minutes it takes light to reach us from the sun, the 180 degrees that the oven should be set to, and the 195 countries that make up the world. It's the wrong place.

This fact shouldn't be in the file for *statistics*. It should be in the file for *children*. The file where new CBeebies shows go, where BMX bikes and nerf gun fights are placed, where stories at night-time rest, and where we remember cuddles and tantrums. In that file needs to rest this fact: 100 children died in our country because of street violence. It should stand out. It should look ugly and unwelcome amongst the rest of the file. It should scream 'something is not right'. 100 children died in our country because of street violence and Child C was just one of them.

Here's the other problem with statistics. As they colour in bar charts and soak into pie charts, they seem inevitable. How far is it from London to Paris: 213 miles. How tall is Nelson's column: 52 metres. How hot is the sun: 15 million Celsius. These are facts. They don't change. They are inevitable; they couldn't have been different. The number of children who die on our streets isn't like that. It is not inevitable. It's tragic.

And these children are just a part of the story. For every child that died, there are hundreds more injured. In the last year, over 1000 children and young people arrived in A&E for emergency treatment after being stabbed.[3] When surveyed, 1 in 7 teenagers told pollsters that they had been physically assaulted in the last year, 1 in 13 teenage girls said they had been sexually assaulted, four in ten teenage children said they had either been assaulted or witnessed violence.[4] These are not inevitable numbers. They are children.

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As you hear these words, what do you feel? Revulsed, ill, angry? I hear a small quiet voice. Seven simple words. Words that haunt me when I feel I am making no difference and drive me when I feel I can do more. They simply say this, 'it doesn't have to be this way'.

It doesn't.

When giving birth was more dangerous than going to war

In Vienna in the 1840s, becoming pregnant was a dangerous thing to do. At the highly prestigious research hospital, where doctors saw you rather than less well-trained midwives, only 9 out of 10 women left the maternity ward alive.[5] Women in labour were known to try to give birth on the street rather than end up in the ward. If 40 babies were born on an average day, four women would have died. By the end of the

2. ONS. (2023). *Homicides by a sharp instrument of under 18-year-olds 2016-2021*. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtableshomicideinenglandandwales
3. ONS. (2023). *NHS admissions for assault with sharp objects by age group, England and Wales*. Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/15498nhsadmissionsforassaultwithsharpobjectsbyagegroupenglandandwales
4. Youth Endowment Fund (2022). *Children, Violence and Vulnerability Annual Report*. Retrieved from: https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2022/
5. Loudon, I. (2013). Ignaz Phillip Semmelweis' studies of death in childbirth. *Journal of the Royal Society of Medicine,* 106(11), 461–463.

week, twenty women would be dead. Estimates suggest that annually, 2000 women were losing their lives. You had more chance of surviving being called to the front during the First World War than you did being called to give birth in Vienna's doctor-led maternity ward. The situation was intolerable and yet it was tolerated. Why? Because it was seen as simply inevitable.

Apart from to one doctor working on the ward, Doctor Ignaz Semmelweis. Semmelweis could not tolerate the loss of life. And so, he set about systematically testing what could be causing it. Step by step, he tried everything — birthing positions, ventilation, diet, and even the way laundry was done. In each case, he worked as a scientist. He would change one thing and keep everything else the same. Confident that one day things would improve, and he would know which thing had been the cause. Except nothing worked. Until he left. Called to visit another hospital, he found on his return that death rates had plummeted while he was away. Semmelweis was a leading surgeon in the hospital. When he wasn't treating patients, he researched and taught other doctors by operating on dead bodies. When a pregnant woman needed him, he would drop his research and head over to the ward. It is obvious to us now what was happening. His hands were covered in germs and infections as he delivered the babies. He — and the other researching doctors — were killing the patients. We hear the story and stand amazed that they could not see it. But they couldn't. This was 20 years before Pasteur proved that tiny invisible particles — called germs — existed, and that infection could be spread by unclean hands, rather than nasty smells (the prevailing view at the time).

Semmelweis spread the word around the ward. Doctors must wash their hands, their clothes, their tools. Everything must be cleaned thoroughly before moving from research to delivering babies. The result? Transformational. The death rate fell from 1 in 10 to 1 in 100. What was seen as inevitable was proved to be anything but. Today — informed by the research of Ignaz Semmelweis — mortality rates of mothers in childbirth have improved a further 900-fold.[6] What our ancestors saw as unavoidable, we now see as inconceivable.

But — I hear you say — we are not talking about hospital-based medicine. We are talking about reducing violence. It's totally different. Violence is not predictable, amenable, nor susceptible to change in the way that a hospital can deliver for its patients. Violence is built into human nature. You can't make changes to reduce it, like you can women dying in childbirth. Except you can. The murder rate in England is lower today than it was 500 years ago, 200 years ago and even 20 years ago.[7] [8] Like the doctors in Vienna, what we do makes a difference, whether we believe it does or not.

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Don't believe me? Let me share two stories

Story 1: In Glasgow, police officers Karyn McClusky and John Carnoghan had had enough. Glasgow's murder rate was the highest in the country. They decided to try a new programme — that had worked in the US. It was called Focused Deterrence. First, you identified the people causing the violence and invited them to a meeting. Then you gathered together members of the community who wanted the violence to stop and got them to make their case. Mothers shared stories of losing sons, ex-gang members spoke of how they had turned their lives around, surgeons spoke of having to operate on children who had been stabbed. Then the young men (they were nearly always young men) were made an offer. Each youngster was given a card with a number on it. If they wanted to move away from the violence, all they had to do was call the number and ask for help. When they called, you had to then move heaven and earth to provide what was needed: whether a new job, a training programme, a chance to move to a new part of town. The young men could also choose not to call and to continue with the violence. In this case, the police would do everything they could — within the law — to make their lives difficult. Focused Deterrence seemed to have reduced violence everywhere it had been tried,[9] and so Karyn and John brought it to Glasgow.

6. https://www.npeu.ox.ac.uk/mbrrace-uk/data-brief/maternal-mortality-2019-2021
7. Eisner, M. (2003). Long-term historical trends in violent crime. *Crime and Justice*, 30, 83-142;
8. ONS (2023). *Homicide in England and Wales: year ending March 2022*. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/march2022#:~:text=Longer%20term%20trends%20in%20homicide,the%20year%20ending%20March%202022.
9. https://youthendowmentfund.org.uk/toolkit/focused-deterrence/

Story 2: Oscar winners don't normally show you how to reduce violence. But the 1978 best documentary winner was unusual. It told the story of Rahway Prison in New Jersey, home to some of the most violent offenders — most notably the 'lifers group'. In the 1970s, Rahway Prison started opening its doors to young people who had started getting into trouble at school and with the law. Not as inmates, but as visitors. The prisoners — desperate for their mistakes not to be repeated — would share their stories with the visitors. Interviews with the children involved many years later showed the impact it had on them with children saying that it had changed their views for good.[10]

Surely — this is what we need. We should be funding these programmes, expanding these programmes, using all our collective efforts to spread these programmes. Except we shouldn't. Because there's a problem.

These two programmes are not alike. One of them doesn't actually reduce violence or cut crime. In fact, it has the exact opposite effect. The children going into Rahway Prison became more likely to harm someone, more likely to get arrested and more likely to end up in prison.

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We have a problem. Both programmes had great stories to share, both had founders who can tell you why they work, both can find participants who believe it made a difference to their lives, and both have articles written by journalists on how life-changing the programme is. But the fact is, one of them significantly reduced violence and the other made it worse. We have to be better at telling the difference.

Let's return to Vienna. Doctor Semmelweis tried and tested a whole set of different solutions. He ran experiments. Birthing positions, ventilation, diet, the way laundry was done, hand washing. Each time, he tried one approach and measured carefully, scientifically, what the impact was. He carefully recorded the number of deaths over a period of time until he saw the truth. One of his changes was not like the other. Deaths fell. How do we know that one of these violence reduction programmes doesn't work? How do we know that it increases crime in the local area by 26 per cent, when the others reduce violence by more than that amount? Because we learnt from Doctor Semmelweis.

For each of those programmes: Focused Deterrence and the Rahway Prison programme an independent organisation was paid to see if they worked. How did they do this? Simple. For every child supported by Focused Deterrence there was another child — with the same background — that was not put on the programme. And they checked if there was a difference. This is the exact way that we know the Covid vaccines work. People volunteered to receive the unproven jab. Half received the real thing and half received nothing. Those with the jab did better.

This is how we know the truth. It was through careful work like this — sometimes called a Randomised Controlled Trial — that we know that the children sent into prisons by Scared Straight became more likely to end up in prison. Consider the horror of this for a moment. Over 50 years, thousands of children were taken into prisons, scared and made more likely to commit crime. Taxes were taken from local families and spent on making their neighbourhood less safe. Imagine if your child was one of these children. Imagine if you were one of the families living in the area.

What do you feel hearing this? My view is simple: This is not ok.

It's not ok for adults to invent programmes with taxpayers hard-earned money and then run them — unchecked — on children. It's not ok for us to say that something 'works' simply because there is a glossy website, a compelling speech, a moving visit, or a powerful anecdote. Thousands of children were sent to visit those prisons. Thousands. It is not good enough.

'But I know what I am doing definitely works.'

Sadly, today, there are adults who oppose proper checking of whether programmes are helping or harming children. What does that mean in practice? It means that they defend the status quo — that adults should be able to invent a programme and just keep experimenting on children without proper checks as to whether it is doing harm. Adults are in fact remarkably good for arguing that their programmes should be delivered without rigorous proof that it is helping. Three arguments crop up.

First, we have the 'no-one must miss out' argument. Here, we adults object to the idea of some children — the control group — not receiving the unproven, potentially harmful programme that they

10. https://jjie.org/2011/02/01/scared-straight-graduate-plays-starring-role/

have designed as it is so clearly effective (despite it not being properly assessed).

Second, we have the 'children are not guinea pigs' argument. Here, we adults perform remarkable logical gymnastics. We object to the idea of assessing what we are doing as it amounts to 'running an experiment on children who are not guinea pigs'. We seem to miss the irony here. By not testing the impact of our programme, we become the ones treating children like guinea pigs in an experiment with no control group where we never know the consequences.

Third, we have the 'my programme is too complex' argument. Let me share a quote with you from an organisation that makes this argument: Our programme 'is a holistic system … that focuses on the unique situation of each individual'. It is not suited to randomised trials because they 'focus on isolated … conditions without considering the overall health of the individual 's overall health.'[11] What programme is it that is so holistic and complex that a proper assessment can't be used? It's the art of putting incredibly small doses of medicine in water, otherwise known as homeopathy. It's an unconvincing argument in this case, it's an unconvincing argument in almost any case.

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Finally, we have the 'people are not numbers' argument. This comes from a good place. Here, we argue that 'These evaluations are about numbers. Our work isn't about numbers, it's about individual children. It's about compassion. You can't reduce our work to numbers.' This sounds very convincing at first until we consider what those numbers are measuring. They are normally the number of children who end up in prison, or the number who commit acts of violence, or the number who become victims of homicide. How can we suggest these numbers don't matter? If we care — truly care — about individual, unique, precious children, we must care about these numbers. It doesn't sound very compassionate to suggest that these numbers don't matter. In fact, if my programme exists to improve the lives of children but it actually makes a large number of their lives worse, I would suggest that it's not ok to simply for me to say that 'I'm not about the numbers'.

Children deserve better that that. Victims deserve better that that. As professionals, you deserve better than that. You have dedicated your professional lives to make lives better. You deserve to be treated as professionals. You deserve proper researched information on what works. You deserve to do work that we have properly tested.

So, what do we do?

First, we must know what works. I am impatient with adults telling me that they care about children too much to support a proper test of whether something hurts or harms them, by having a proper control group. I am impatient with adults telling me, 'Oh you just couldn't test what we do — it's special.' Human ingenuity has found ways to test the impact of tutoring programmes, policing reforms, home visits for pregnant women, text messaging parents of children missing from school, family therapy, and after-school clubs. I simply don't believe that it can't test whether our programmes harm or help children.

I have noticed, incidentally, how adults who make these arguments are very much in favour of someone testing the safety of the things that impact them. I have started considering bringing some items with me when I meet with those opposed to assessing the impact of programmes on children. I will bring a bottle of slightly green water and a container of slightly odd smelling biscuits. I will admit that the water has come from a spring near our house that may have bacteria — I haven't had the water supply tested — and the oven I baked the biscuits in may have a mould problem, I haven't got round to checking. I have a suspicion that those with strong anti-evaluation views may soften as I pour out the water and hand out the biscuits.

Enough argument by anecdote. Here's the thing: it is not acceptable for us adults to deliver untested, unproven programmes to vulnerable children. It is unacceptable for us adults to argue against proper evaluation of our programmes. Just as in Vienna, death is not inevitable. Just as in Vienna, proper evaluation can show us how to save lives. But one thing needs to be very different from what happened in Vienna...

What really happened in Vienna

I didn't tell you the full story about Vienna. I told you that Doctor Semmelweis had proved hand washing

11. Dr K. Dhawale, homeopathic practitioner, quoted in Outlook India, Feb 4th 2022; Retrieved from https://www.outlookindia.com/website/story/in-defense-of-homeopathy/294001

would save hundreds of Viennese lives. I told you that 200 years later, the truth that he had discovered had transformed medicine, saving millions of lives. I didn't tell you about what happened in between.

Perhaps you can imagine. Semmelweis is lauded for his discovery. Hospitals start competing on cleanliness with doctors outdoing each other to have the most pristine surgeries. Survival rates soar within months across Europe and medicine is transformed. Not quite.

Semmelweis did travel to spread his ideas. He moved to a hospital in Pest in Hungary. His work saved hundreds of women's lives in that hospital as the mortality rate fell just as it had in Vienna.[12] But back in Vienna, his colleagues gave up on the handwashing. Their hands hurt from the chemicals. Their egos hurt from believing they were the ones spreading the disease. Their professional reputation hurt from the accusation that they had given up on proper doctoring, the sort of doctoring that knew fine well that disease was spread by bad smells not invisible 'particles' on your hands and clothes. And so, they turned their back on the evidence and — by doing so — they turned their back on the women of Vienna. They returned to 'proper doctoring', the sort of doctoring that condemned thousands of women to unnecessary deaths. Within in a few years, the mortality rate rose back to 1 in 10.

Semmelweis couldn't believe it. He wrote a book desperately making the case for what he had proven.[13] He spoke at the Vienna Medical Society laying out what he had found. He wrote letter and letter calling on the profession to do what worked. No-one seemed to care. After his research was ignored, he had a nervous breakdown, and was sent to an asylum. He would die soon after — aged just 47 from an infection that he probably wouldn't have suffered if people had followed his research.

It would take years for things to change. It took two decades for Louis Pasteur to prove that tiny transferable germs were causing infection not bad smells. Still things didn't change. Doctors made token nods towards hand washing but up until the end of the 19th Century — fifty years after Semmelweis — they continued to wear blood-covered black coats as they operated — the proud uniform of men doing battle with disease. Even then the ideas weren't fully embraced. It was not until the 1980s that the US government issued doctors with official hand hygiene guidance.[14]

From 1846, we knew what worked. We had clear evidence of how to reduce maternal deaths. And yet we did not change what we did. And thousands of women died. Thousands of babies grew up without their mothers. Thousands of people lost loved ones. All entirely unnecessarily. Why? Because we didn't like the idea of changing what we did to fit the evidence.

We mustn't let history repeat itself.

What happened in Vienna is hard to hear. For at least fifty years, professionals knew how to save women's lives and did nothing. It should be hard for us to hear this. And hear it we must because we mustn't let this appalling history repeat itself.

We have evidence today on what works to reduce violence on our streets. It tells us that we need more Focused Deterrence, and much less of scaring children into good behaviour. It tells us that high quality sessions in school on violence in relationships can reduce violence against women and girls by almost twenty per cent,[15] that giving young people at risk a trained mentor can reduce violence by twenty-one per cent,[16] and that there is no clear evidence in favour of putting police in schools,[17] knife bins in our communities,[18] hard hitting anti-knife campaigns in our communities,[19] or providing short training sessions on trauma.[20]

We have a choice. We can be like the doctors in Vienna and simply ignore the evidence. We can wait until someone insists that we do what works. Or we can get on the side of the children and do what works as soon as possible. This isn't easy. Sometimes doing what the evidence suggests is annoying — like washing your hands all the time — or awkward — like going against the prevailing view amongst your colleagues. But the rewards are so huge: the personal satisfaction from being a true professional. The sense of relief from doing what is most likely to save lives. And that's before we talk about the benefit to children. Children like Child C. His life was only just beginning. He deserved the best evidence-based response to the crisis he was facing. He didn't get it.

It doesn't have to be that way. Together we can change it.

You can find the evidence on what works to prevent violence committed by children at the YEF Toolkit here: https://youthendowmentfund.org.uk/toolkit/

12. Semmelweis, I. (1983). *Etiology, Concept and Prophylaxis of Childbed Fever* (translated by K. Codell Carter). University of Wisconsin Press.
13. Semmelweis, I. (1983). *Etiology, Concept and Prophylaxis of Childbed Fever* (translated by K. Codell Carter). University of Wisconsin Press.
14. World Health Organisation (2009). *WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care*. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK144018/
15. https://youthendowmentfund.org.uk/toolkit/dating-and-relationship-violence-prevention/
16. https://youthendowmentfund.org.uk/toolkit/mentoring-2/
17. https://youthendowmentfund.org.uk/toolkit/police-in-schools/
18. https://youthendowmentfund.org.uk/toolkit/knife-surrender-schemes/
19. https://youthendowmentfund.org.uk/toolkit/media-campaigns/
20. https://youthendowmentfund.org.uk/toolkit/trauma-informed-training-and-service-redesign/