Health as a Catalyst for Violence Prevention

Breaking the Cycle of Violence Conference

10th June 2026

Adolescent Safeguarding and the Importance of Multi-Agency Working in a Major Trauma Setting

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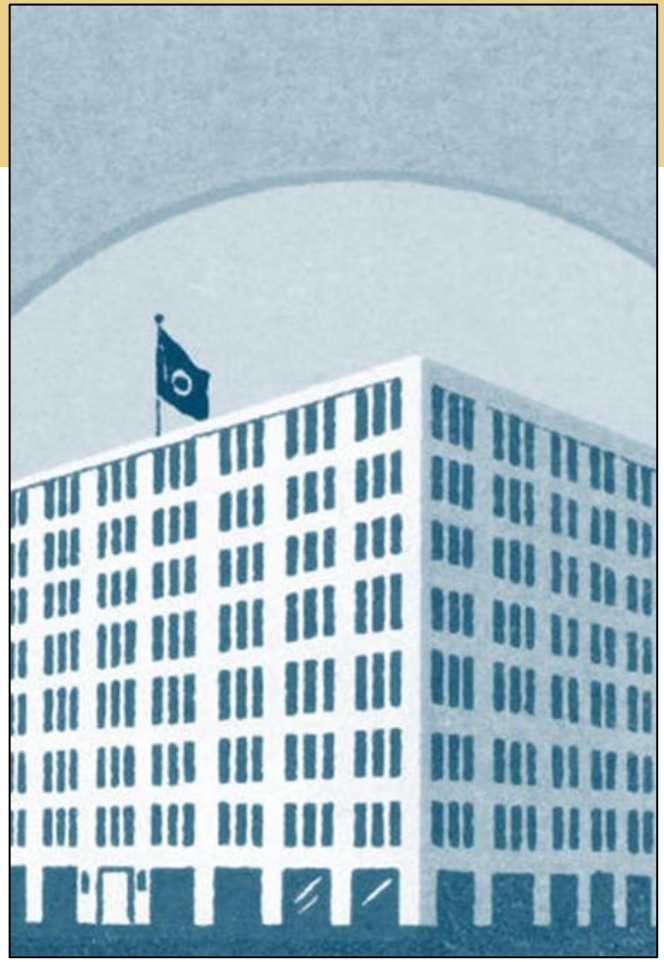
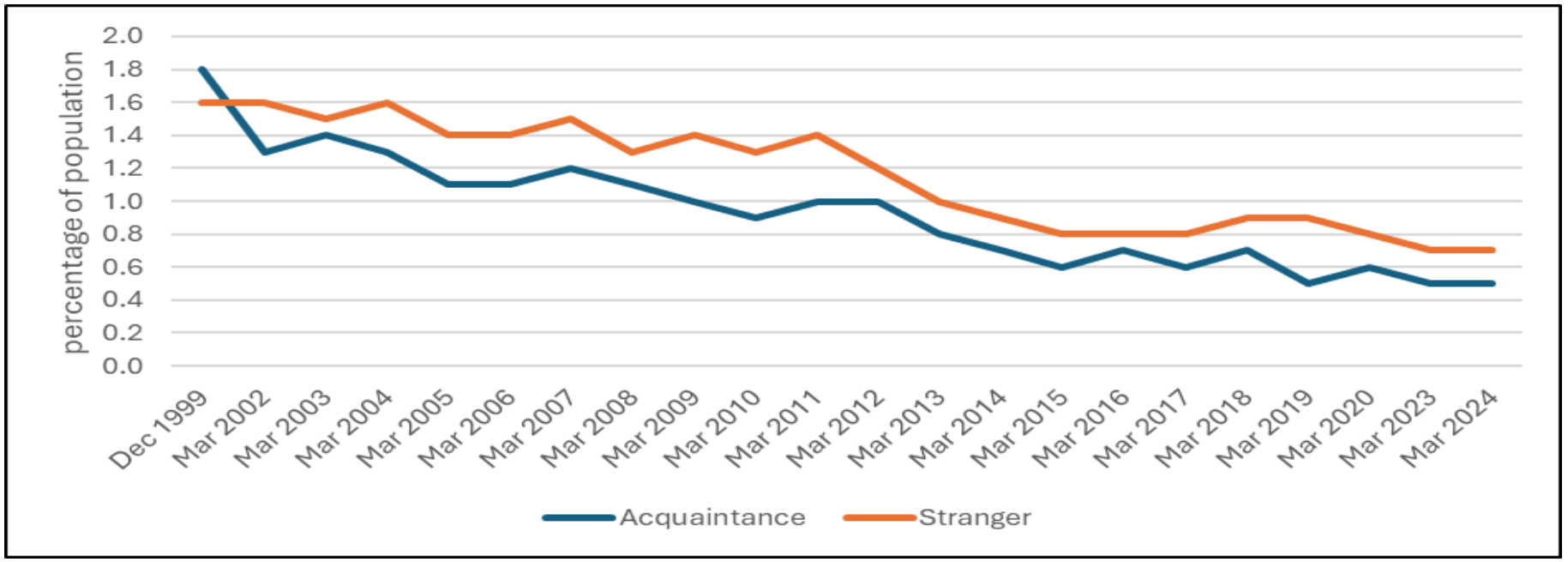


Background – Violence and Health

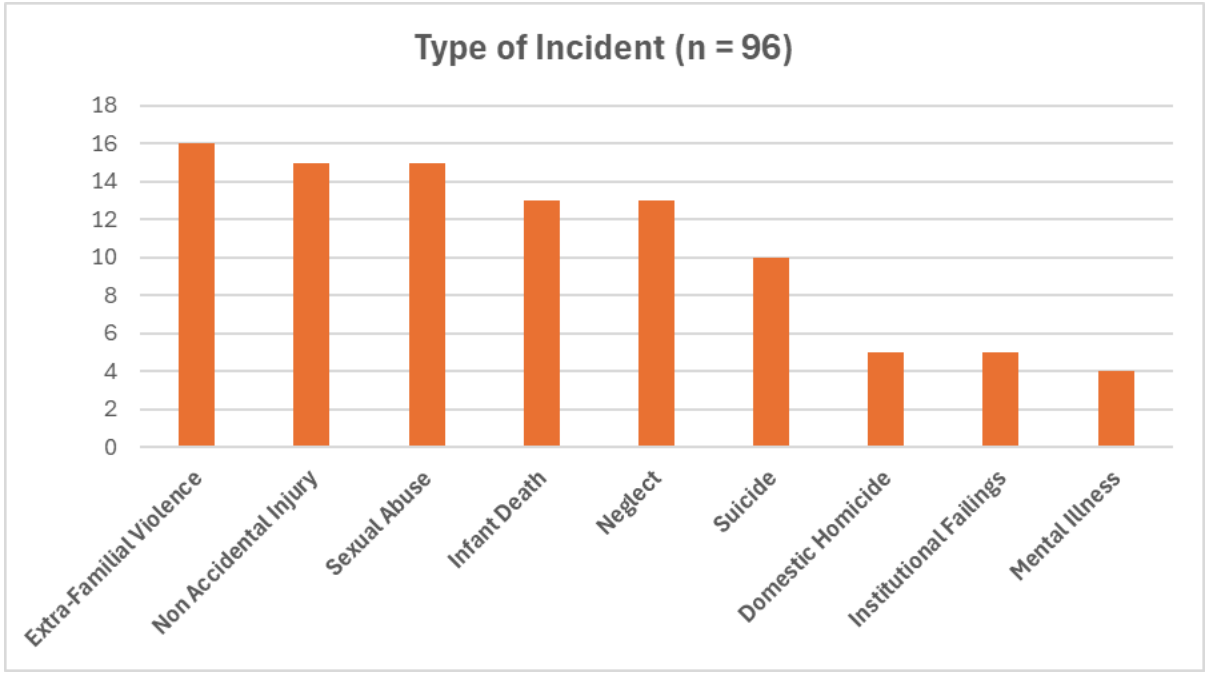
In 2024/25, 1,188 NHS hospital admissions were recorded for under 25s assaulted with sharp objects. 52 under 25s were victims of homicide involving a sharp object.



Overall reported crime rates decreased, including violence-related offences.

The overall UK homicide rate is now 0.88 per 100,000, the lowest level since 1977.

Background – Defining Risk



Serious Case Reviews published in 2023

	MENTIONED IN REPORT (16)	TOTAL MENTIONS
SOCIAL GROUPS, GANGS	15	80
CRIMINAL OFFENDING	15	78
ATTENDED PRU	14	88
RISKS NOT KNOWN	14	125
PREVIOUS VICTIMIZATION	14	63
PREVIOUS PERPETRATION	13	36
KNIFE POSSESSION	13	40
CHILD PROTECTION	12	33
RISKS KNOWN	12	49
ANTISOCIAL BEHAVIOUR	12	71
RACE AND CULTURE	12	77
DRUG POSSESSION OR DEALING	11	32
ANXIETY OR DEPRESSION	11	32
MISSING EPISODES	10	41
DOMESTIC ABUSE	10	20
SOCIAL MEDIA	10	25
PARENTAL NON ENGAGEMENT	10	37
SPECIAL EDUCATIONAL NEEDS	9	36

Background – Defining Risk

14 of 16 SCRs - risks not known or adequately understood

- Delays in Referral
- Delays in Assessment
- Information Sharing Issues
- Non-Engagement
- Missed Opportunities
- Strategic Challenges

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Background – The Problem with Thresholds

'How have we ended up with so many multi-agency meetings about a vulnerable child which last longer than the amount of time any of the professionals in the room will ever have spent with the child concerned? Why are we surrounding some vulnerable children with ten or more different professionals, none of them taking a lead or building a trusted relationship with the child? Why does the system do so much to stifle relationship-building and hold back innovation, and why is it so risk averse?'

Chair of the Commission on Young Lives, 2022

Study Setting

Major Trauma Centre in East London

Approximately 7-800 knife and gunshot related trauma calls per year.

Approximately 2/3 of study cohort under the age of 25.

Violence reduction caseworker service offered to all patients under 25 attending with violence-related injuries.

‘No patient discharged until safe to discharge.’

Multi-Agency Safeguarding

Aim: *Understand whether the provision of multi-agency safeguarding meetings reduced the likelihood of a young person experiencing violence in future.*

1. Whether outcomes improved for young people receiving co-ordinated support via a Strategy or Discharge Planning Meeting vs young people who did not.

2. Whether there was a difference in impact between meeting types

3. Determine which professionals attended these meetings, who contributed towards discussion, and whether their involvement had an impact on future harm

Multi-Agency Safeguarding - Key Terms

Discharge Planning Meeting

- Held to prepare a patient for discharge from hospital.
- Designed to ensure continuity of care after discharge.
- No compulsory attendance for professionals, varied attendance.

Strategy Meeting

- Compulsory multi-agency meeting
- Determines the need for protection from significant harm
- Agreed actions made to safeguard child
- Have a quorum of at least 1 representative each from healthcare, local authority and police.
- Section 47 enquiries as part of the meeting

Methodology – Data Collection

Hand Search of Emergency Department Trauma Logbooks	Local Trauma Patient Registry	Violence Reduction Caseworker Notes
• Searched every patient admitted as a trauma call by hand • Checked MRNs through hospital records for any patients whose mechanism or age was unclear • Demographic, admission and treatment data available	• *Collector* dataset – software platform inputted by data administrators • Injury severity and treatment codes available • Acted as second-check for any additional patients missed by hand search	• Casenotes for patients seen by violence reduction workers • Included additional demographic information, formal risk assessments, as well as any further support • Additional diary of referrals used as tertiary check for any patients missed by first two data collection approaches

Medical records checked for minimum 2 years post-index attendance. Any re-attendance to hospital within trust for violence-related injury.

Observational Study – Multi-Agency Safeguarding

Quantitative Text Analysis of Safeguarding Notes

Drawing statistical inferences from text – occurrences and co-occurrences.

Included any patients from cohort who were aged 11-17 and admitted as an inpatient following violence-related injuries.

Safeguarding notes and transcripts were analysed for quantitative insights – which meetings occurred, who attended, who contributed.

Outcome Measure was re-attendance to hospital with a violence-related injury.

Child A1

Social Worker – YES

Nurse – YES

School Teacher – NO

Multi-Agency Discussion – Cohort Description

	N	%
Total patients	467	
Median Age	16 (15-17)	
Male	425	97
ITU admission	62	14
Requiring Theatres	199	46
Previous Attendance	85	19
Seen by caseworker	303	69
Accepted support	213	49
Strategy Meeting	98	21
Discharge Planning	87	19
Both Strategy & Discharge Planning Meeting	38	9
Re-attendance	46	10
Med time Re-attendance (years)	1.04 (0.68-1.43)	
Home Borough Within Hospital Trust Catchment	151	35
Home Borough Within Trauma Network Catchment	344	79

Table 5.1 – study cohort profile

Sample from 2015-2019, and from 2022
Aged 11-17, admitted to hospital

- 1 in 8 required ITU admission
- Almost half required surgery
- 1 in 5 previously attended with violence injuries

- 10% re-attendance rate for whole cohort
- Median time to re-attendance – 1 year

Multi-Agency Meetings Over Time

	Total	Re-attendance	No-Reattendance	*p*
Total	467	46 (9)	421 (91)	
strategy meeting	108	5 (5)	103 (95)	*0.0364*
no strategy meeting	359	41 (11)	318 (89)	
2015	44			
strategy meeting	1	0	1	
no strategy meeting	43	6	38	
2016	79			
strategy meeting	3	0	3	
no strategy meeting	76	10	66	
2017	83			
strategy meeting	14	0	14	
no strategy meeting	69	6	63	
2018	140			
strategy meeting	20	1	19	
no strategy meeting	120	15	105	
2019	30			
strategy meeting	5	2	3	
no strategy meeting	25	3	22	
2022	67			
strategy meeting	55	2	53	
no strategy meeting	12	1	11	

Table 5.3 – Re-attendance rates for patients receiving Strategy Meeting vs not

Very small number of children receiving strategy meeting support in 2015

By 2022 82% of children received a strategy meeting, and only 6 patients had no multi-agency discussion at all.

Working Together to Safeguard Children - Key guidance for safeguarding services, highlight importance of strategy meetings

Language not always helpful, ie '**reasonable** suspicion of harm' and '**should** hold a strategy meeting'

Not all Multi-Agency Meetings are the Same

	N	RE-ATTENDED	%
TOTAL	467	46	*10*
NO STRAT/DPM	294	33	*11*
STRAT OR DPM	173	13	*7.5*
DPM	65	8	*12.3*
STRAT	108	5	*4.6*
STRAT W/ ST GILES	80	3	*3.8*
STRAT, NO ST GILES	28	2	*7.1*

Multi-agency safeguarding reduced the likelihood of re-attendance consistently. Strategy Meetings had a significant impact on re-attendance rates

Strategy Meetings with violence reduction caseworkers present had the biggest impact on re-attendance.

Conclusion

Multi-Agency safeguarding such as strategy meetings are indicative of the ***importance of systems change****, alongside the provision of distinct interventions.*

Evidence shows that strategy meetings have been increasingly adopted over the years, and that with the right membership and right contributions they significantly reduce the likelihood of repeat violence-related injuries.

Risks are not fully understood until Multi-Agency discussion happens. We cannot rely on pre-existing statutory risk flags alone to decide which Child or Young Person is at risk.