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Strategic Needs Assessment for Violence

An evidence-based assessment on violence, risk and vulnerability to support a whole system approach to prevention

2026/27

GMCA GREATER MANCHESTER COMBINED AUTHORITY

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Chapter 1: Introduction

Violence continues to have a significant impact on people and communities across Greater Manchester. While the most serious harms, such as homicide, remain relatively rare, they represent only a small part of a much wider and more complex picture. Violence affects health, wellbeing and opportunity and is closely linked to patterns of inequality across the city-region.

Recent violence data shows a mixed but improving picture in Greater Manchester. Rates of homicide in the city-region have fallen markedly over the past four years following a peak in late 2021 and 2022. As of December 2025, homicides are down by 32% compared to the previous year and stand at their lowest rates on record since 1990. At the time of writing, homicide rates in Greater Manchester are also below the national average.

Reductions have also been seen in key violence related crime types, including robbery which has been declining since 2021 with rates down by 17% in Greater Manchester in the year ending December 2025, compared to a 12% reduction nationally. Police recorded violence with injury continues a slow but steady decline over the past four years with 3% fewer recorded violence with injury offences recorded in the year ending December 2025 compared with the previous year and 16% lower rates than 2021.

Whilst these reductions are positive and suggest we are heading in the right direction, we must not forget that violence is still a high priority area for Greater Manchester and is one which is not randomly distributed.

Violence is shaped by wider social and economic factors including deprivation, marginalisation, trauma and Adverse Childhood Experiences (ACEs). In Greater Manchester, those living in the most disadvantaged communities are more likely to experience violence, often in multiple forms, and face barriers to accessing support. This reinforces inequalities and creates cycles of harm that can become generational.

The impact of violence extends beyond immediate physical harm. Exposure to violence is associated with long-term effects on mental and physical health, increased risk of future victimisation or offending and a lack of future opportunities. At a community level, violence can reduce cohesion, break down trust and limit social and economic development.

There is however clear evidence that violence can be prevented. Since the introduction of the Violence Reduction Unit in Greater Manchester in 2019, the Violence Reduction Unit (VRU) has demonstrated the value and impact of coordinated, data-driven action across policing, health, education and the voluntary sector. A whole system approach which recognises violence as preventable, focuses on understanding risk and protective factors, and prioritises early intervention and long term change.

This means our VRU goes beyond simply responding to incidents, and instead also addresses the conditions that allow violence to occur. It requires sustained

investment in children and young people, support for families, and connected communities along with access to education, employment and opportunities.

Greater Manchester's approach is therefore rooted in partnership, prevention and place. By building on recent progress and maintaining long-term commitment, there is a clear opportunity to reduce violence further and create safer and stronger communities across the city-region.

1.1 Greater Manchester Violence Reduction Unit

The Greater Manchester Violence Reduction Unit (GM VRU) was established in 2019 as part of a whole system approach to tackling serious violence. Since then, it has evolved into a central partnership driving prevention activity across the Greater Manchester. It brings together expertise from education, health, policing, probation, youth justice, local authorities and the community sector.

Since 2019, the VRU has moved from establishing core partnerships and pilot programmes to embedding violence prevention within key systems. This includes the development and expansion of programmes such as hospital and custody-based Navigators and multi-agency responses such as PPIED (Prosecution, Prevention, Intervention, Education and Diversion) panels which support earlier identification and coordinated responses for those at highest risk of harm. These interventions have developed over time, moving from small scale pilots to established and integrated programmes across Greater Manchester and influencing national policy.

At its core, the VRU exists to move Greater Manchester beyond a reactive response to violence, towards a model that prioritises prevention, early intervention and long-term change. This means focusing not only on where and when violence occurs but understanding the drivers and working collectively to address them.

From the outset, Greater Manchester has taken a data-informed and community-led approach. The Serious Violence Action Plan, launched in 2020, set a clear direction based on local intelligence and the lived experiences of communities. That principle remains unchanged. Priorities are shaped not just by data, but by what people and places are telling us about the realities of violence and its impact.

This approach has improved the consistency of data sharing across agencies within Greater Manchester, strengthened early identification of those at risk and enabled more targeted deployment of prevention activities.

The introduction of the Serious Violence Duty in 2022 has further reinforced these arrangements, placing a statutory responsibility on partners to work together to prevent and reduce serious violence, and strengthening the shared accountability across the system.

All of these principles have fed into the current 10-year Greater Than Violence Strategy launched in 2023 which provides the guiding framework and approach to preventing violence being carried forward by the partnership today.

1.2 Purpose and scope

This Strategic Needs Assessment (SNA) provides an updated understanding of violence across Greater Manchester, building on previous assessments and reflecting the work, intelligence and emerging issues identified over the last three years. It brings together the latest evidence on the scale, nature and impact of violence, alongside a deeper understanding of the factors that increase risk and those that protect against harm.

The assessment uses national, regional, and local information, combining quantitative data with the voices and experiences of communities. By combining data with lived experience and partnership insights, the SNA supports partners to align priorities, target resources effectively and respond to changing patterns of harm.

For the purpose of this assessment, Greater Manchester refers to the geographical area covered by Greater Manchester Police and the Greater Manchester Combined Authority, including the ten local authority areas of Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan.

As required under the Serious Violence Duty, individual Strategic Needs Assessments have also been undertaken locally by each of the ten authorities. This assessment therefore focuses on Greater Manchester as a whole, identifying common themes, differences and inequalities that cut across local areas.

The scope of the SNA is broader than serious violence alone. A life course and whole system approach underpins the assessment throughout. This means understanding violence not as an isolated event, but as something shaped by wider experiences and circumstances over time. The SNA therefore also examines the population, place-based and structural factors associated with violence, including deprivation, inequality, education, mental health, substance misuse, trauma and school engagement.

Ultimately, the purpose of this assessment is to move beyond describing violence to understanding why it occurs and where there are opportunities to prevent it. By identifying patterns, emerging issues and gaps in our knowledge, the SNA is intended to inform the priorities and actions of the Greater Manchester VRU and its partners over the coming years.

1.3 Aim and objectives

The overall aim and objectives of this SNA remain unchanged from the previous Greater Manchester VRU SNA produced in 2023. While the evidence, data and context have continued to evolve, the purpose of the assessment remains the same: to develop a shared understanding of violence across Greater Manchester and support a coordinated, whole system response to preventing it.

This SNA sets out the current understanding of violence across Greater Manchester, bringing together evidence on who is affected, where harm is concentrated and the factors that increase risk or provide protection. It is designed to support partners, communities and decision makers by providing a shared, evidence-based picture of violence and its underlying drivers.

Our objectives for this SNA are to set out a clear evidence base on violence across Greater Manchester, examining the prevalence and incidence of different types of violence by person, place and over time and applying a life-course approach. We will also identify gaps in our knowledge and understanding and make recommendations for future action to help build violence prevention capacity at both national and local levels.

1.4 Partnership governance

The VRU operates within the governance structures of the Greater Manchester Combined Authority (GMCA), ensuring strong strategic oversight and accountability. The Violence Reduction Governance Board, chaired by the Deputy Mayor for Safer and Stronger Communities, provides leadership and direction for this work. It brings together senior partners from across the system to oversee delivery, monitor progress and ensure that activity remains aligned to shared priorities.

The Board plays a key role in driving accountability for outcomes, ensuring that activity is evidence-based and maintaining a clear focus on long-term impact rather than short-term outputs.

This governance model reflects the scale and complexity of the challenge. Preventing violence requires coordinated action across multiple systems, sustained leadership and a shared commitment to long-term change. Through this partnership approach, Greater Manchester continues to strengthen its ability to prevent violence, present to emerging risks and support safer, more resilient communities.

1.5 System change and impact of the Greater Manchester Violence Reduction Unit

An independent evaluation by Manchester Metropolitan University assessed the first five years of the GM VRU (2019-2023), examining its contribution to system-wide change.

The findings now show clear evidence of progress in how violence is understood and addressed across Greater Manchester. This includes stronger multi-agency working, improved alignment around shared priorities, increased use of data and evidence and wider adoption of whole system and trauma informed approaches. Partners reported more coordinated, place-based delivery and stronger engagement with communities.

The evaluation concluded that the VRU's most significant impact has been in reshaping the system itself. This includes changes to governance, professional relationships and decision-making processes, creating a more coherent and prevention-focused response to violence.

While analysis of long-term trends indicate some positive movement in areas such as homicide, robbery and the severity of violence. The evaluation emphasised that these findings ought to be interpreted cautiously due to wider system changes and external factors including changes to police recording practices and wider political changes.

Overall, Greater Manchester is now better positioned to deliver sustained reductions in violence with the VRU playing a central role in building the partnership, infrastructure and shared approach required for long-term impact.

This SNA forms a key strand within the VRU's role as an agent of system change, providing a shared understanding of violence among partners, continuing to push forward intelligence and data as a shared system asset, and enhancing the analytical capacity and understanding of the system.

1.6 Definition of Serious Violence

Serious violence is a complex and multifaceted issue with no single universally agreed definition. It encompasses a wide range of behaviours, contexts and harms which can vary across place, population and over time. Individuals may experience multiple and overlapping forms of violence, often alongside other vulnerabilities making it difficult to define or measure through a single lens.

The World Health Organization (WHO) defines violence 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" (WHO, 2002).

Within a policy context, the Greater Than Violence Strategy (2023) recognises that serious violence includes specific high-harm offences such as homicide, knife crime, and firearm related violence

The Serious Violence Duty further emphasises that serious violence is context-specific requiring local areas to work collaboratively to identify and understand the forms of violence most relevant to their populations (Serious Violence Duty, 2022). This reinforces the need for a place-based and data-informed approach.

Given this complexity, this SNA does not rely on a single definition. Instead, it draws on a range of local, national and international frameworks, alongside local data and intelligence to develop a comprehensive understanding of serious violence within Greater Manchester.

For the purpose of this SNA, Violence Against Women and Girls (VAWG) and Gender Based Violence (GBV) are not included within the scope of serious violence. While these forms of violence are recognised as critical and high-priority issues, they are addressed through dedicated Greater Manchester Combined Authority strategies, governance structures and thematic partnerships. As such, they are considered complementary but distinct areas of work within the wider violence reduction system.

Chapter 2:
Place and population

2.1 Population

Greater Manchester is a large, diverse and rapidly changing city-region. In the 2021 Census, Greater Manchester had a population of 2,867,769 and has grown steadily over the past decade, increasing approximately 10.1% since 2014, faster than the national average (7.8%). More recent growth has been driven largely by international migration, with annual increases of over 40,000 people between 2022 and 2024. The population is now estimated to exceed 3 million.

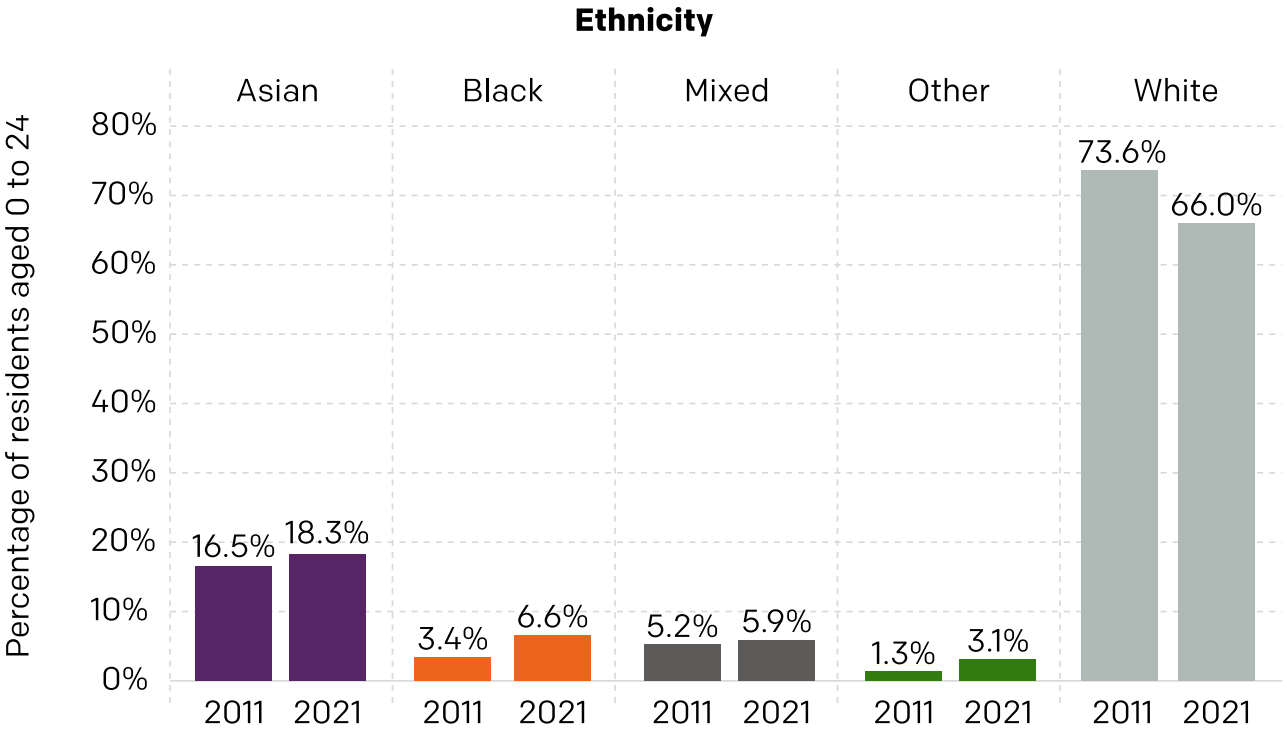
This growth has been concentrated in urban areas, contributing to increasingly dense living environments. For example, Manchester remains one of the most densely populated areas outside London, with over 4,700 people per square kilometre (Census, 2021). High population density is associated with increased exposure to crime and anti-social behaviour, greater demand on public services and the concentration of risk within specific localities. This reinforces the importance of place-based approaches to violence prevention, particularly in neighbourhoods where risk factors cluster.

Population growth and change are not evenly distributed and are reshaping the demographic profile of the city-region. Projections indicate a continued increase in the working-age population over the next decade, alongside a projected decline in the number of children and young people, with an estimated reduction of around 40,000 under-16s by 2032. Salford is the only local authority expected to see continued growth in younger populations.

These shifts are directly relevant to violence prevention. While children and young people remain disproportionately affected by violence, as both victims and offenders, changes in population structure are likely to influence patterns of risk over time and shift demand for prevention and intervention services. This highlights the need for a system that is both responsive to current risk and adaptable for future demographic change.

Greater Manchester's population is also becoming increasingly diverse with at least 91 languages spoken across the city-region. This diversity is particularly evident among younger age groups with around 34.0% of those aged 0-24 coming from ethnic minority backgrounds, compared to 23.5% of the overall population (Census, 2021). This means that future cohorts entering adolescent and early adulthood, which are the peak ages for involvement in violence, will be more ethnically diverse than previous generations.

Figure 2.1: Percentage of residents aged 0-24 in each of the five high level ethnic groups captured in the census, comparing 2011 and 2021



Source: Census 2021 Briefing: Children and Young People

There is also significant variation across the ten local authorities. Manchester has the youngest population profile in the city-region, with an average age of 31. Its largest age group is 20-24-year-olds (around 61,900 people), reflects its substantial student and young professional population. It is also one of the most diverse areas with only 57% of residents identifying as White, compared to 82% across England and Wales.

By contrast, Stockport and Trafford have older populations with respective 16% and 14% increases in residents over the last ten years. Areas such as Oldham and Rochdale have relatively much larger Asian populations (24% and 19%, respectively). Wigan and Bolton are less ethnically diverse with a substantially higher White population (95% and 72%, respectively) (Census, 2021).

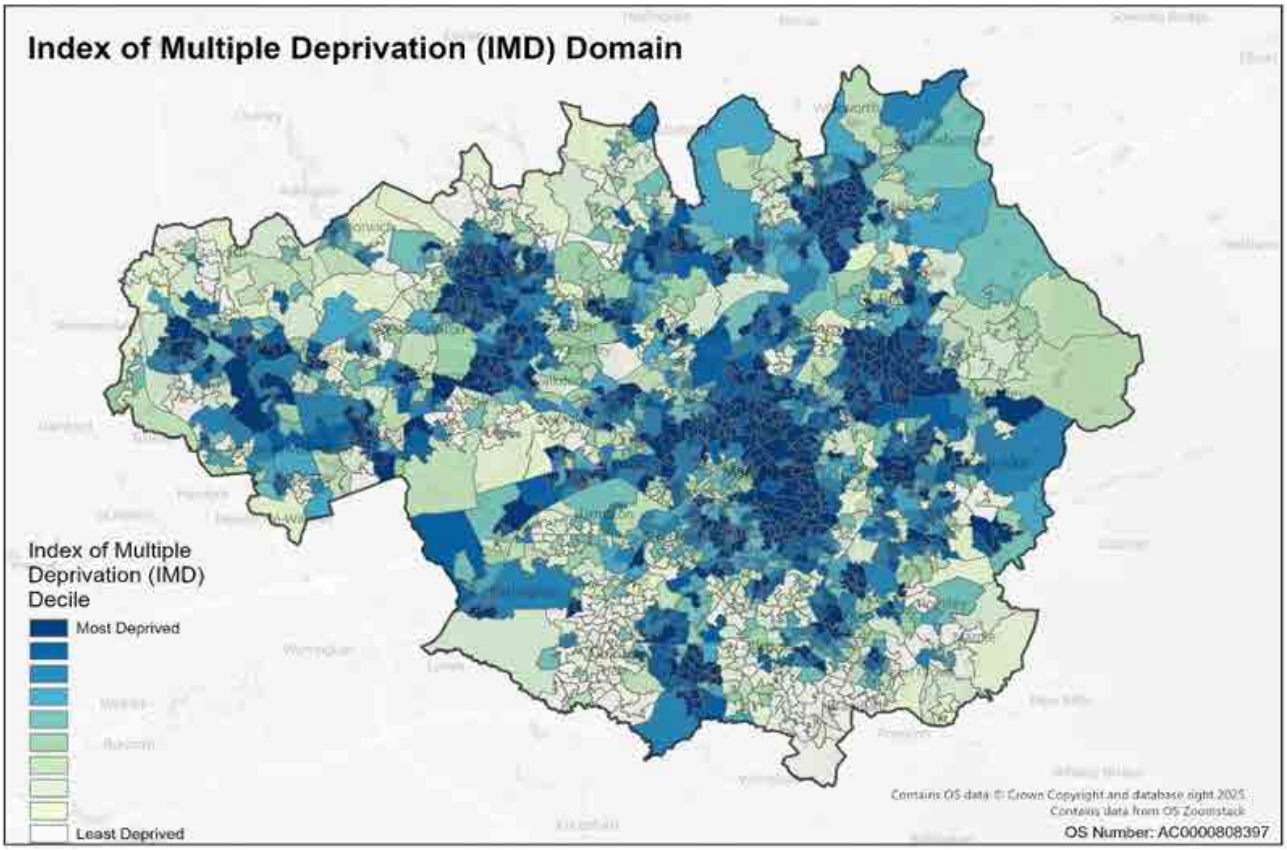
This diversity is a key strength of Greater Manchester, but it also requires violence reduction responses that are locally tailored and responsive to the needs of different communities. A younger and increasingly diverse population reinforces the importance of early intervention and youth-focused prevention alongside culturally competent approaches that build trust and engagement. At the same time, language and cultural diversity may present barriers to accessing services, reporting incidents and engaging with support. These challenges highlight the need for inclusive and accessible provision that can respond effectively to the city-regions changing population.

2.2 Deprivation

High levels of relative deprivation remain one of the defining features of Greater Manchester and is central to understanding patterns of violence across the city-region. Violence does not affect all communities equally. People living in the most disadvantaged areas are more likely to experience violence, to be exposed to multiple forms of harm and to face the wider conditions that increase vulnerability, including poverty, poor mental health, insecure housing and limited access to opportunity.

Greater Manchester continues to experience substantially higher levels of deprivation than England. Around 23% of Lower Super Output Areas (LSOAs), which are small neighbourhoods of around 1,500 residents, are among the 10% most deprived areas nationally. These neighbourhoods are home to more than 730,000 residents. Across the city region, five of the ten local authority areas are among the 30 most deprived in England.

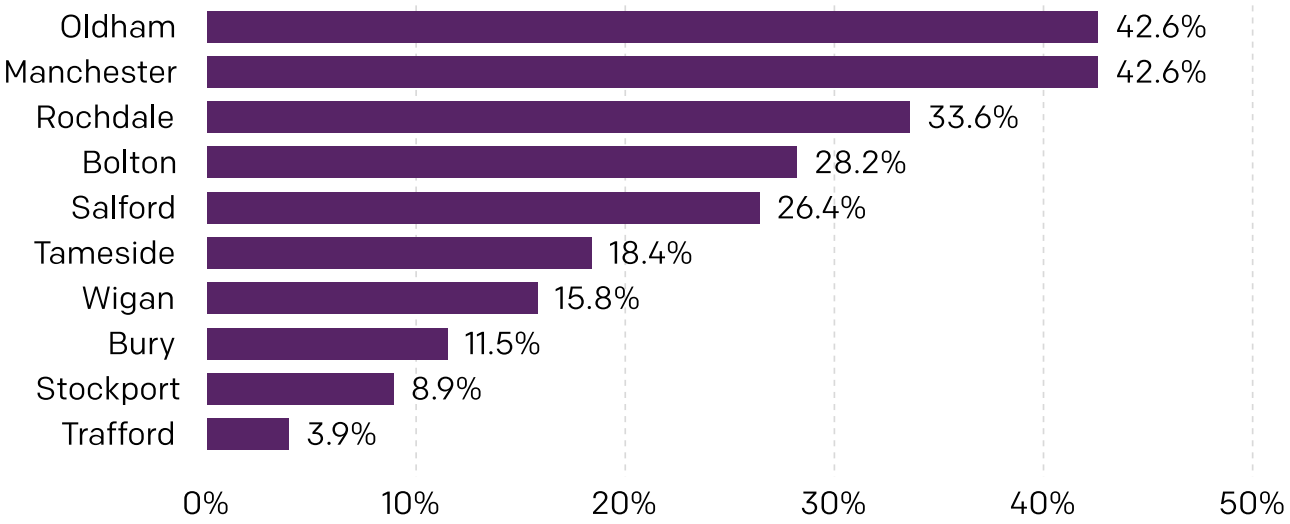
Figure 2.2: Index of Multiple Deprivation by decile for each LSOA in GM, 2025



Source: Indices of Deprivation analysis - Summary of Indices for Greater Manchester

The greatest concentrations of deprivation are found in Manchester and Oldham, where over 42% of residents live in neighbourhoods that are among the most deprived nationally. By contrast, nearly a quarter of residents in Trafford live in some of the least deprived areas in the country.

Figure 2.3: Percentage of LSOAs in GM in local authorities that are within the most deprived decile in England, 2025



Source: Indices of Deprivation analysis - Summary of Indices for Greater Manchester

These differences have become more pronounced over time. Although some areas have improved relative to England since 2019, the gap between the most and least deprived part of Greater Manchester has widened. Areas such as Bolton, Bury, Manchester and Oldham have become relatively more deprived, while Stockport, Tameside and Trafford have become relatively less deprived.

In Greater Manchester there are around 260,000 children affected by income deprivation, or around 44% of dependent children. Across the city region, 289 of the area's 1,702 LSOAs (17%) are within the top 10% with the highest proportion of income-deprived children nationally. This equates to around 102,000 children. The proportion of LSOAs varies between local authority areas, with Manchester (32%), Oldham (28%) and Rochdale (21%) all experiencing more than one in five LSOAs with the highest rates of income deprived children nationally. Just 4.3% of areas in Trafford, by comparison, are within the top 10% nationally.

This widening inequality is important context for this SNA because many of the risk factors associated with violence are closely linked to deprivation. Educational disengagement, poor mental health, substance misuse and unemployment

are all more common in disadvantaged communities. As a result, deprivation can increase both the likelihood of experiencing violence and the cumulative impact of violence over the life course. These risk factors are explored in more detail in Chapter 4.

2.3 Health

Alongside population change, inequalities in health and wellbeing remain a defining feature of Greater Manchester. These inequalities are both a driver and consequences of violence, shaping vulnerability across the life course.

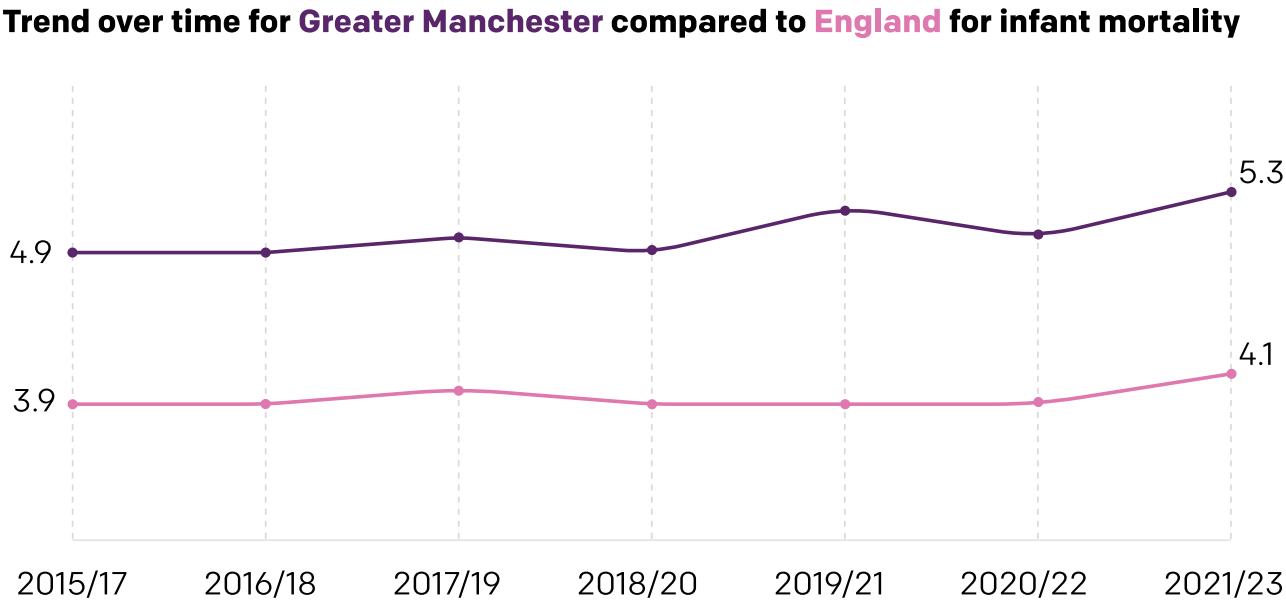
Poor physical and mental health, exposure to adversity and unequal access to support can all increase the involvement in violence, both as a victim and as a perpetrator (World Health Organisation, 2022). Recent analysis shows a mixed picture. While some indicators have improved, widening inequalities remain when compared to national averages.

Understanding these patterns is critical to a whole system approach, as they help identify where early intervention and prevention activity should be prioritised.

Early life and vulnerability

Early childhood is a critical period in shaping long-term health, wellbeing and exposure to risk. Adverse experiences in the early years can have lasting impacts across the life course, influencing both health outcomes and vulnerability to violence. Infant mortality is a key indicator of early life conditions and wider structural inequality. It reflects underlying issues such as poverty, housing quality, maternal health and access to early support services.

Figure 2.4: Infant mortality rates in England and Greater Manchester, 2015-2023



Source: Fingertips tool (Fingertips | Department of Health and Social Care)

The data shows that infant mortality in Greater Manchester rose from 4.9 per 1,000 births in 2020-2022 to 5.3 per 1,000 in 2021-2023, this is above the national average of 4.1 per 1,000. This increase is despite lower levels of births.

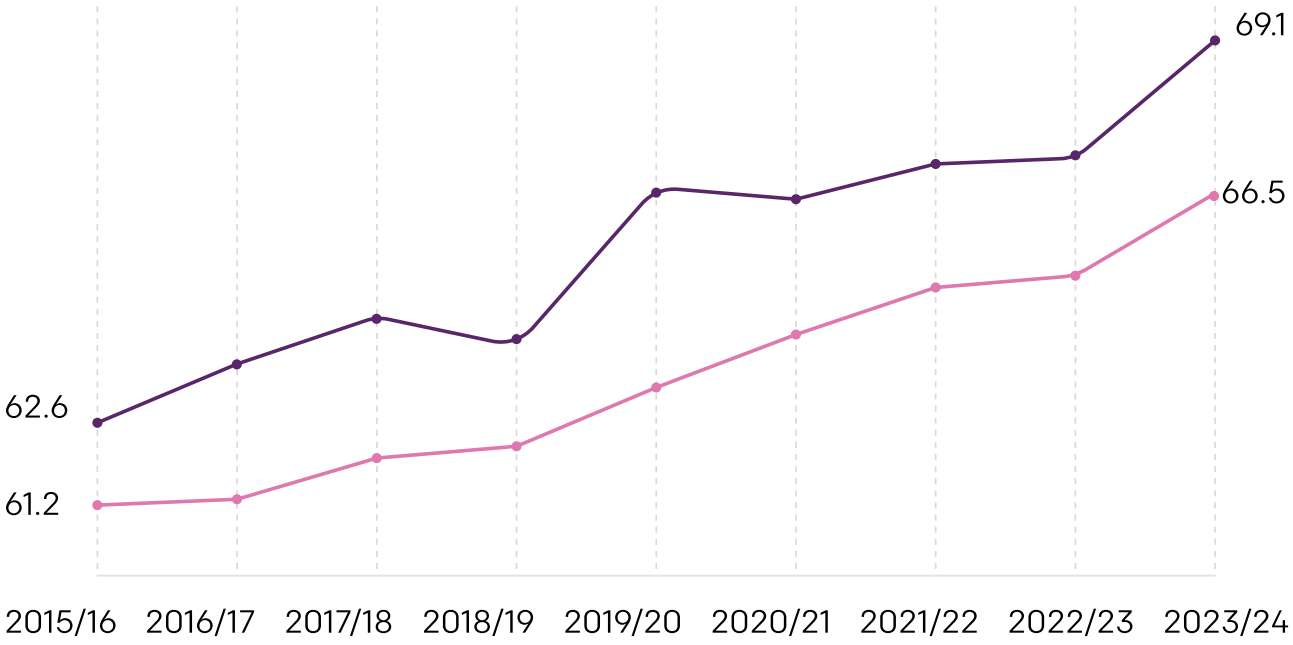
Higher infant mortality is strongly associated with wider social and health inequalities including deprivation and reduced access to health services. These early life conditions are also closely linked to Adverse Childhood Experiences (ACEs), which are known to increase the risk of involvement in violence later in life, both as victims and perpetrators (Marmot et al, 2020).

This reinforces the importance of early intervention, family support and investing in early years services as part of a long-term violence prevention strategy (Public Health England, 2019; WHO 2016).

Physical health and inequality

Physical health outcomes provide an important indication of population wellbeing and the broader social and economic conditions that shape daily life. In particular, obesity rates are closely linked to deprivation, environment and access to healthy food, education and opportunities.

Figure 2.5: Percentage of adults classified as overweight or obese in England and Greater Manchester, 2015-2024



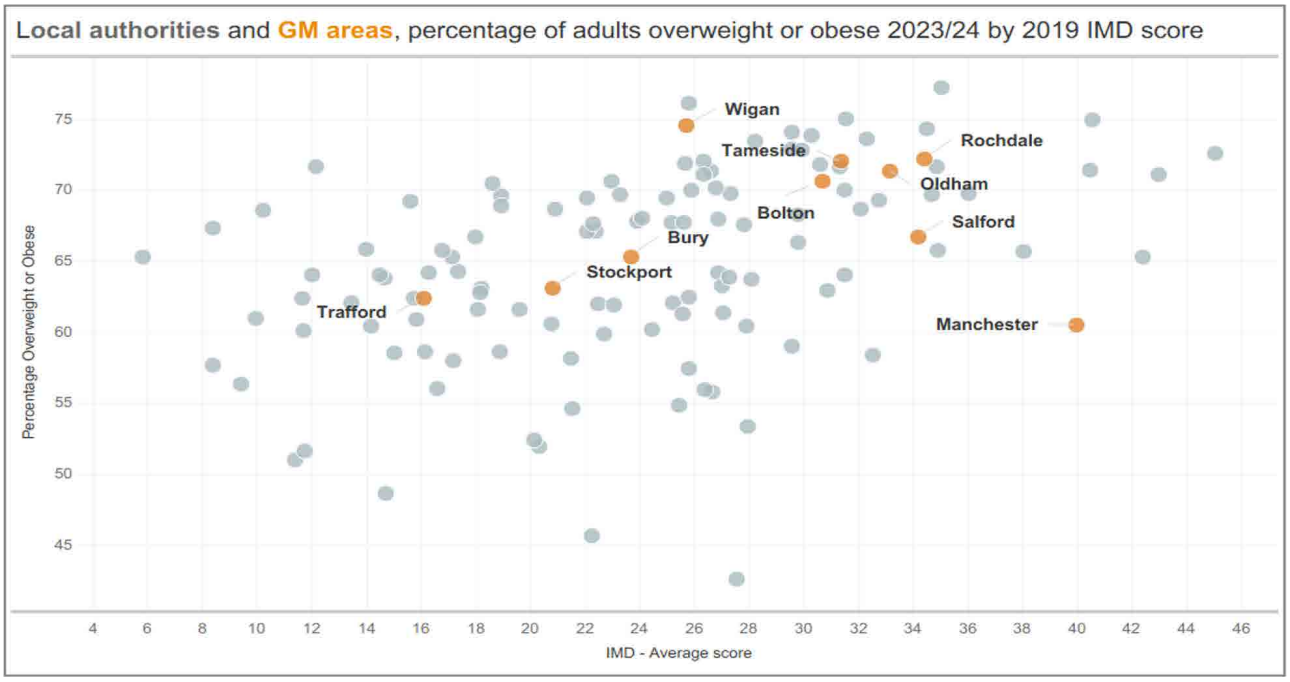
Source: Fingertips tool (Fingertips | Department of Health and Social Care)

Rates of adults classified as overweight or obese in Greater Manchester have increased from 65.9% to 67.1% between 2015 and 2024. The gap between Greater Manchester and England has also widened over time, from 1.9% to 2.6%.

These patterns reflect persistent health inequalities linked to deprivation and structural disadvantage. While obesity is not a direct driver of violence, it is a strong indicator of broader inequality, which is itself associated with increased exposure to violence and reduced protective factors.

Health inequalities are not evenly distributed across Greater Manchester and vary significantly by place.

Figure 2.6: Percentage of adults overweight or obese in Local Authorities in Greater Manchester 2023-2024, by IMD score.



Source: Fingertips tool (Fingertips | Department of Health and Social Care)

The data shows a clear relationship between deprivation and higher proportions of adults overweight and obese. Areas with higher Index of Multiple Deprivation (IMD) scores tend to have worse health outcomes.

IMD is a composite measure of relative deprivation across income, employment, health, education, crime, housing and environment. The pattern observed suggests that structural disadvantage is closely linked to poorer health outcomes.

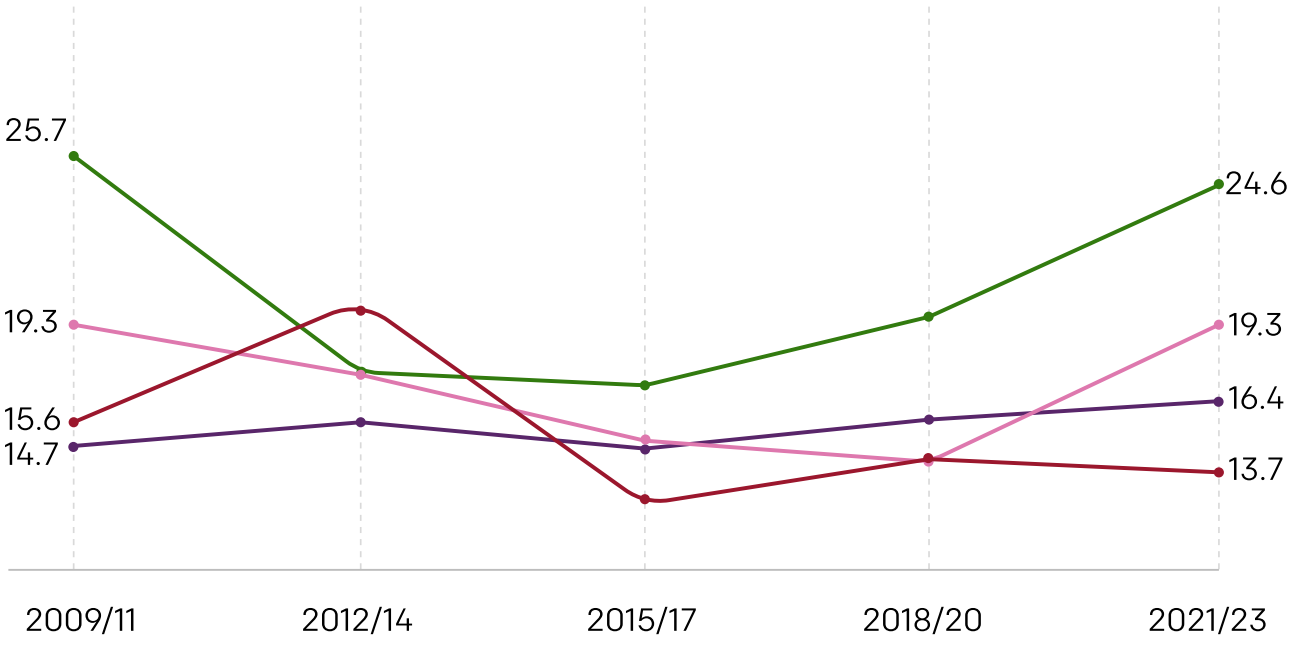
For example, Trafford, one of the least deprived areas in Greater Manchester, also records one of the lowest levels of adults overweight and obese. In contrast, more deprived areas show significantly higher rates. This reinforces the importance of place-based approaches to prevention that address underlying social and economic conditions rather than focusing solely on individual behaviour (Marmot et al, 2020).

Mental health and crisis

Mental health is a key determinant of overall wellbeing and is closely shaped by experiences of trauma, inequality and social stress. It is also both a risk factor and consequence of violence.

Suicide rates are widely used as a sensitive indicator of population distress and wider system pressures.

Figure 2.7: Male suicide rates for England, Greater Manchester, Wigan and Stockport



Source: Fingertips tool (Fingertips | Department of Health and Social Care)

The suicide rate in Greater Manchester has increased from 10.9 per 100,000 in the 2020-22 period to 12.5 per 100,000 in the 2021-23 period. This is above the national rate of 10.7 per 100,000. For males the rate is 19.3 per 100,000 in GM. There is also clear variation within the region with Wigan recording the highest male suicide rates and Stockport the lowest.

Poor mental health is both a risk factor for and consequence of violence. Experiences of trauma, exposure to violence and ongoing social stressors can contribute to poor mental health

outcomes. While unmet mental health needs can increase vulnerability to harm (Public Health England, 2019)

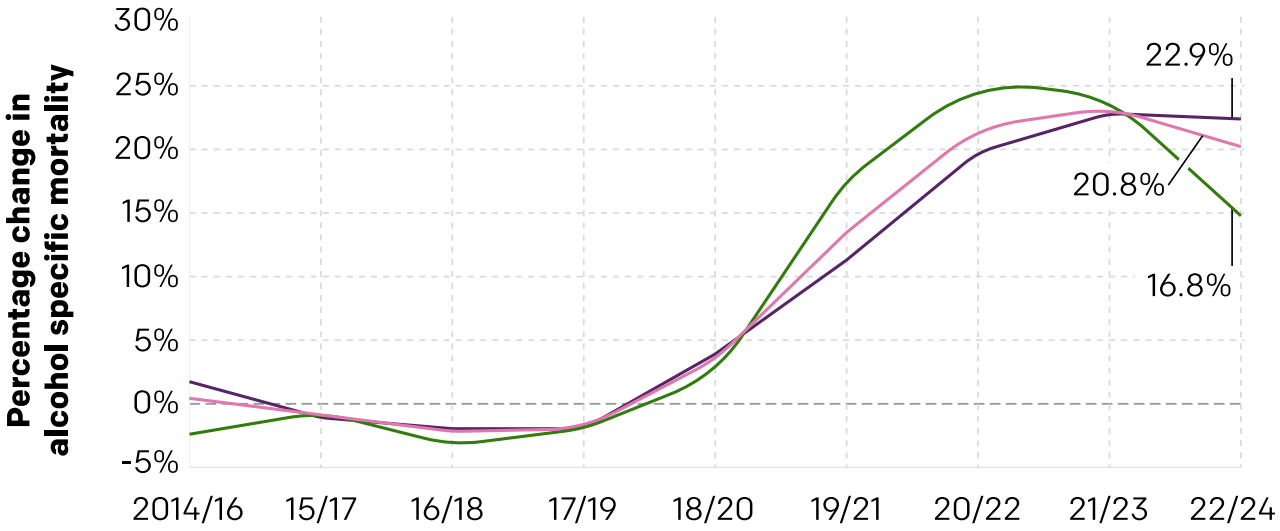
This highlights the need for trauma-informed approaches, early identification of needs and equitable access to timely mental health support – particularly for men and for communities experiencing higher levels of disadvantage.

Substance use and harm

Substance use is a significant public health issue that intersects with both health inequality and violence. Alcohol in particular is a well-established risk factor for interpersonal violence, including domestic abuse, assaults and other forms of harm (WHO, 2018).

Figure 2.8: Changes to alcohol specific mortality for Males, Females and Persons in GM 2017-2019

Changes to alcohol specific mortality for Males, Females and Persons in Greater Manchester across all available time periods compared to the 2017 - 2019 period



Source: Fingertips tool (Fingertips | Department of Health and Social Care)

Alcohol specific mortality in Greater Manchester has increased by 22.8% between 2017-2019 and 2020-2022. While increases are observed across both sexes, females have experienced a sharper proportional rise in recent years.

These trends indicate a growing burden of alcohol-related harm, which is often concentrated in areas of higher deprivation and poorer health outcomes. Alcohol use should therefore be understood not only as an individual behaviour, but as part of a wider system of risk shaped by inequality, stress and access to support services. Reducing alcohol-related harm is likely to have wider benefits for both population health and violence prevention.

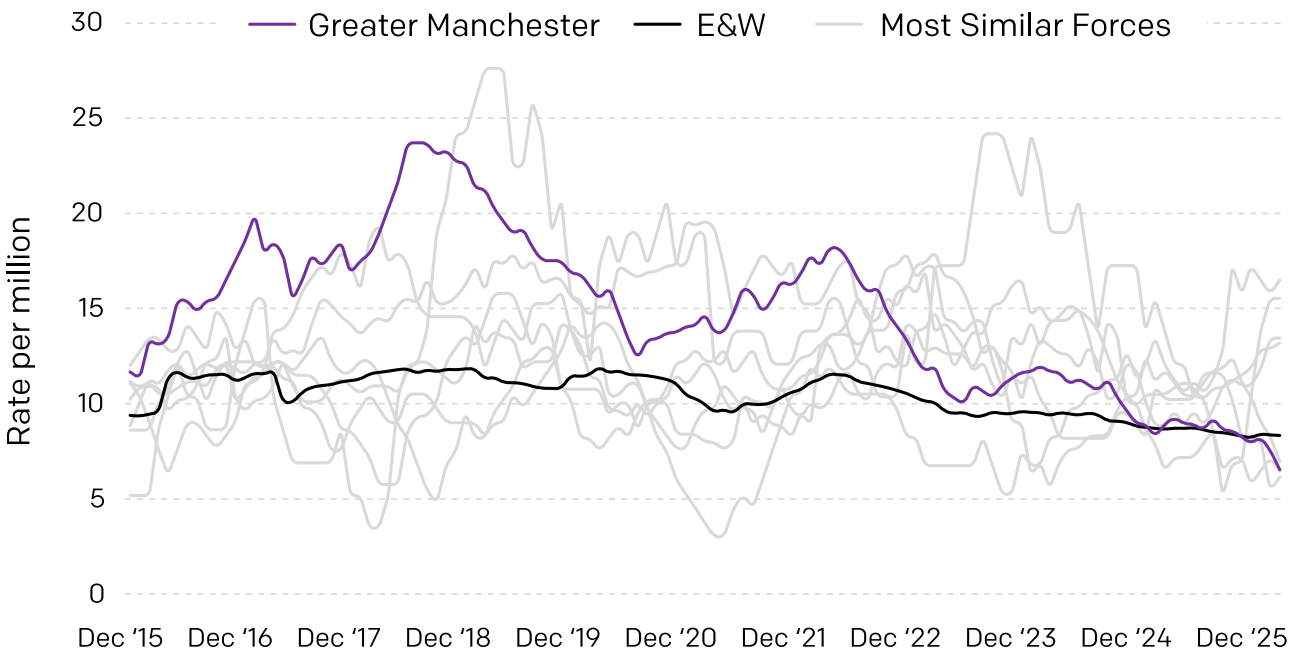
Chapter 3: Understanding the picture of serious violence

Nationally, crime has fallen rapidly over the last 25 years, however in the mid-2010s there were steep increases in police recorded homicides, robbery, and violence with injury across England and Wales and Greater Manchester, particularly among younger people. 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.

3.1 Homicide

Homicide represents the most serious form of violence and, while relatively rare, it provides an important indicator of overall trends in serious violence. In Greater Manchester, homicide rates have fallen markedly over the past four years following a peak in late 2021 and early 2022. In the year ending December 2025, rates are at their lowest level on record since 1990, representing a 32% reduction compared to the previous year. Greater Manchester now sits below the national average and below most comparable police force areas.

Figure 3.1: Long term homicide rate per 1,000,000, 12-month rolling periods (2015-2025)[1]

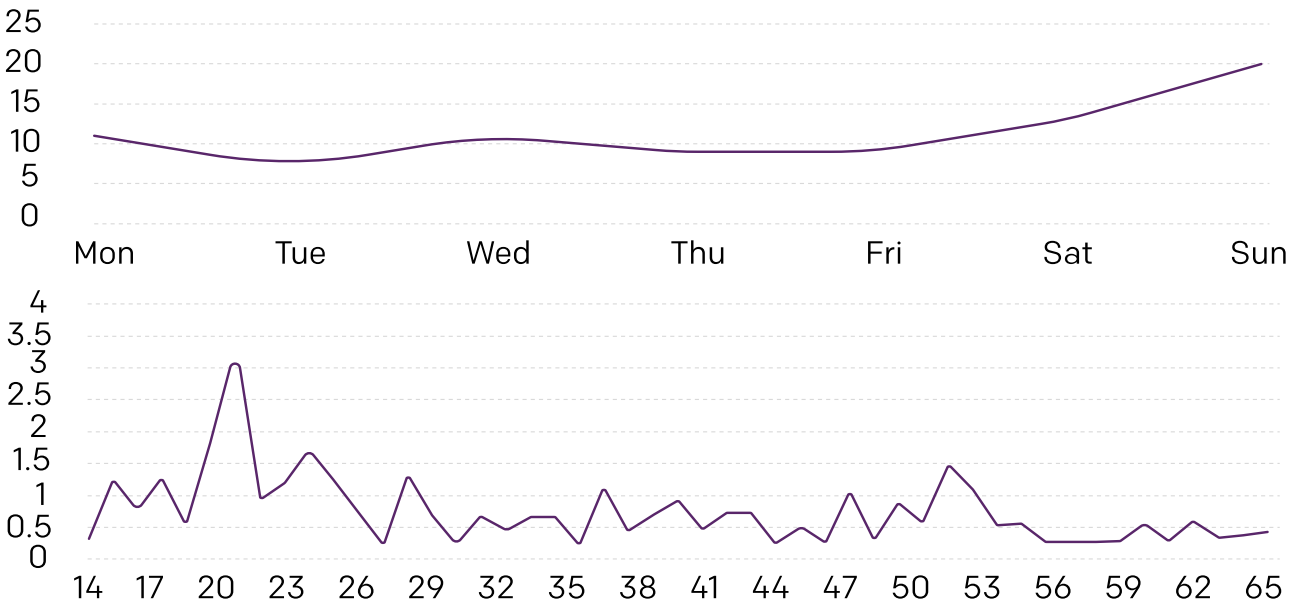


Source: HMICFRS, Home Office, GMP

[1] Excludes victims of the 2017 Manchester Arena bombing

Among those aged under 25, trends are varied. While homicide rates in this group have remained relatively stable over the past year, they have fallen significantly over the longer term, with a 60% reduction over the past three years. As with overall homicide trends, caution is required when interpreting short-term changes due to the small number of cases and natural month-on-month variation.

Figure 3.2: Victimisation rates by weekday (top) and age (bottom) 2023-2025 (victims per 10,000 population)



Source: GMP Recorded Crime

Homicides remain relatively stable across the week, with a marked increase over the weekend. This pattern is likely influenced by higher levels of social activity alongside the impact of the night time economy. The age distribution of homicide perpetrators peaks at age 19 (3.4 per 10,000 population), and then decreases to 0.22 by age 34, representing a 93 percent reduction. Across the 2023-2025 period, perpetrators were predominantly Male (86%), with Females accounting for 14%.

Internal analysis conducted by Greater Manchester Police (GMP) of homicide and "near miss" incidents provides additional insight into the nature and drivers of serious violence across Greater Manchester. The analysis highlights several important patterns relevant to prevention, risk and service response.

The findings reinforce the significant concentration of serious violence among men, with both victims and offenders overwhelmingly male. Young people, particularly those aged 18-24 remain overrepresented in homicide data. However, the average age of homicide victims was 42, demonstrating that serious violence is not confined to

younger populations and affects adults across the life course.

Group offending emerged as a particularly important feature of youth violence. All young offenders linked to homicide offences were identified as offending as part of a group, suggesting that youth-related homicides in Greater Manchester are strongly associated with peer and group dynamics. This supports wider evidence around the role of group affiliation, peer influence and social networks in serious violence.

The analysis also challenges some common assumptions around where serious violence occurs. The most common location for homicide offences was within a house or dwelling. While domestic homicide accounted for a proportion of these incidents, most were non-domestic related, indicating that serious violence frequently occurs within private settings between individuals known to one another. Consistent with this, the most common victim-offender relationship was friend or acquaintance, followed by stranger, relative, partner/ex-partner and criminal associate. Altercations and fights were identified as the most common immediate driver of homicide offences.

Deprivation continues to be a significant factor. Almost half (47%) of homicides and near misses occurred within neighbourhoods among the 10% most deprived nationally, reinforcing the strong relationship between serious violence, deprivation and wider inequalities.

Geographically, North Manchester emerged as a significant concentration area, particularly in the Crumpsall, Cheetham Hill, Monsall and Harpurhey areas in the North East of the city. This reflects wider patterns observed across other violence and vulnerability datasets and further supports the need for targeted, place-based approaches.

The analysis also highlights the prominent role of knives and weapons within serious violence. Knife-enabled incidents were the most common homicide method, although they accounted for less than half of all homicides overall. Notably, the volume of serious violent assaults involving weapons that did not result in death was exceptionally high. Across the dataset, there were 130 machete attacks resulting in only one homicide, meaning that over 99% of these incidents were not fatal. Similarly, there were over 85 incidents involving a screwdriver, Stanley knife, axe, meat cleaver or sword that resulted in no deaths. This demonstrates both the severity of violence occurring and the significant number of incidents that may represent missed opportunities for earlier intervention before homicide occurs.

The relationship between domestic abuse and serious violence also emerged in GMP's analysis of near miss data. Although relatively few homicides were classified as domestic-related, domestic abuse was identified as the most common driver of near miss incidents, suggesting a potentially significant hidden burden of high-harm domestic violence that may not always translate into homicide outcomes but nonetheless presents considerable risk.

Finally, the analysis identified around a quarter (5 out of 19) of homicide offences where the offender's mental health appeared to be a direct contributing

factor. While this represents a minority of cases overall, it highlights the importance of considering mental health and wider vulnerability within approaches to violence prevention and risk management.

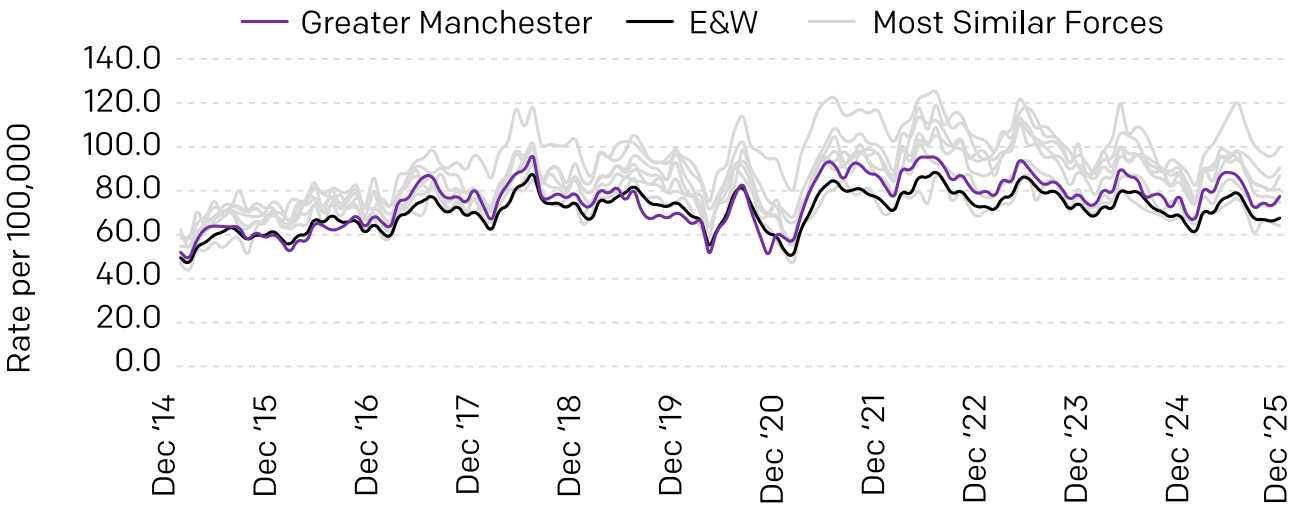
These findings reinforce that homicide and near misses in Greater Manchester are shaped by a combination of deprivation, group dynamics, interpersonal conflict, weapon carrying and health vulnerabilities. The analysis also demonstrates the importance of looking beyond homicide alone to include high harm near miss incidents, which provide insights into patterns of risk and opportunity for prevention.

3.2 Violence

Beyond homicide, wider indicators of serious violence show a more mixed but nevertheless improving picture. Police recorded violence with injury has followed a small but gradual downward trend over the past four years, with a 2% reduction in the year ending December 2025 compared to the previous year. While annual changes over the past four years has not been statistically significant, together this represents a 16% reduction since 2021. This pattern is consistent with national trends.

Rates of violence with injury in Greater Manchester remain lower than most similar police force areas, except for South Wales and Merseyside. Over the longer term, Figure 3.3 shows that violence with injury increased steadily between 2015 and 2022, rising by an average of around 1.9 incidents per 100,000 population each year. This upward trend was temporarily disrupted in 2020 during the COVID-19 lockdowns, followed by a rebound and peak in 2022. Since then, levels have stabilised and slowly declines, returning to patterns more consistent with the pre-pandemic period.

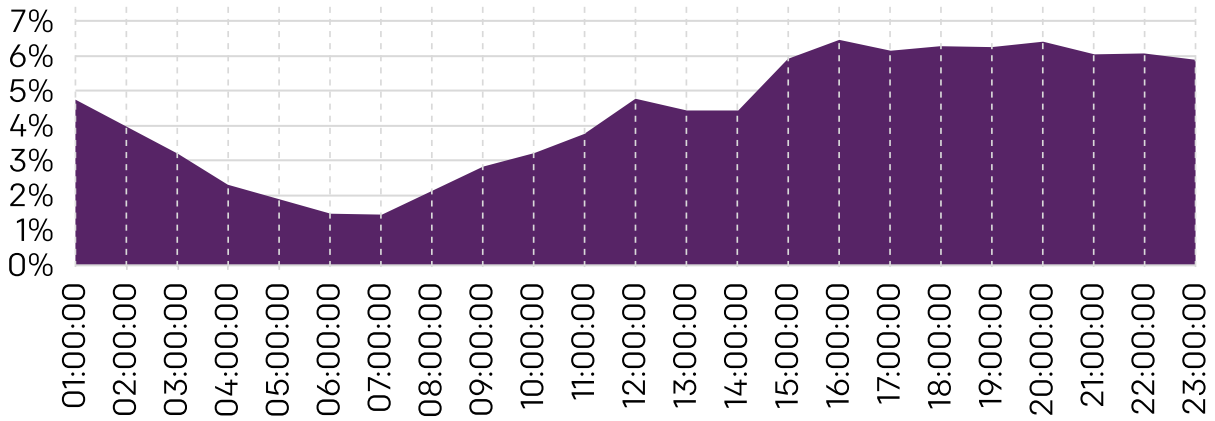
Figure 3.3: Rates of violence with injury per 100,000 residents (2015-2025)



Source: HMICFRS, Home Office, GMP

Seasonal variation is also evident throughout the time series, with higher rates typically observed during the summer months. This reflects broader patterns in violent crime, where increased social interaction and night-time economy activity contribute to higher levels of violence.

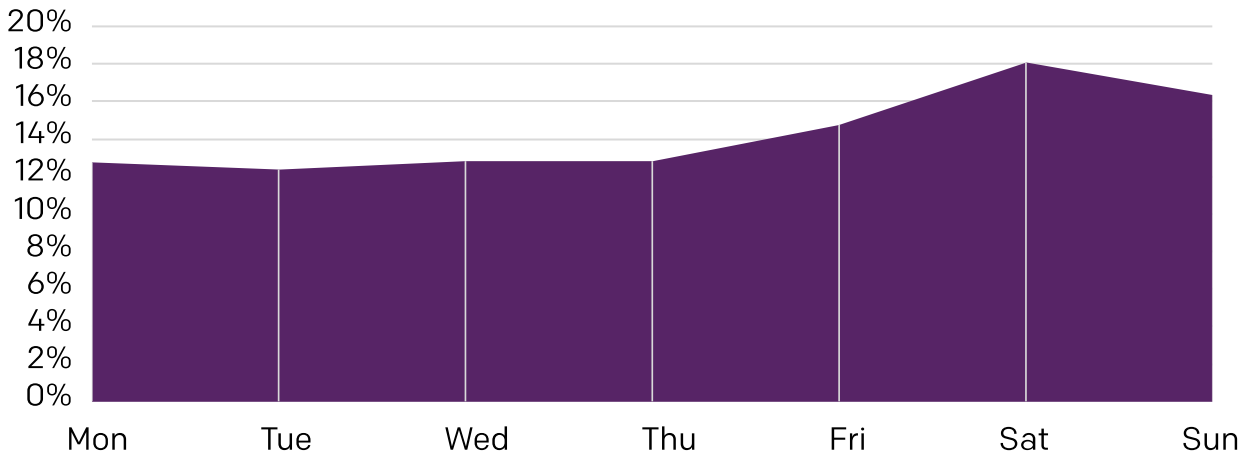
Figure 3.4 Violence with injury by hour



Source: GMP Recorded Crime

Figure 3.4 shows that violence with injury shows clear and consistent temporal patterns, reflecting the wider seasonality of violent crime. Incidents are typically lowest in the morning, beginning to increase from midday, and peak in the late afternoon, likely linked to school transition periods and increased social interaction. Levels remain higher into the evening before declining from around 8pm.

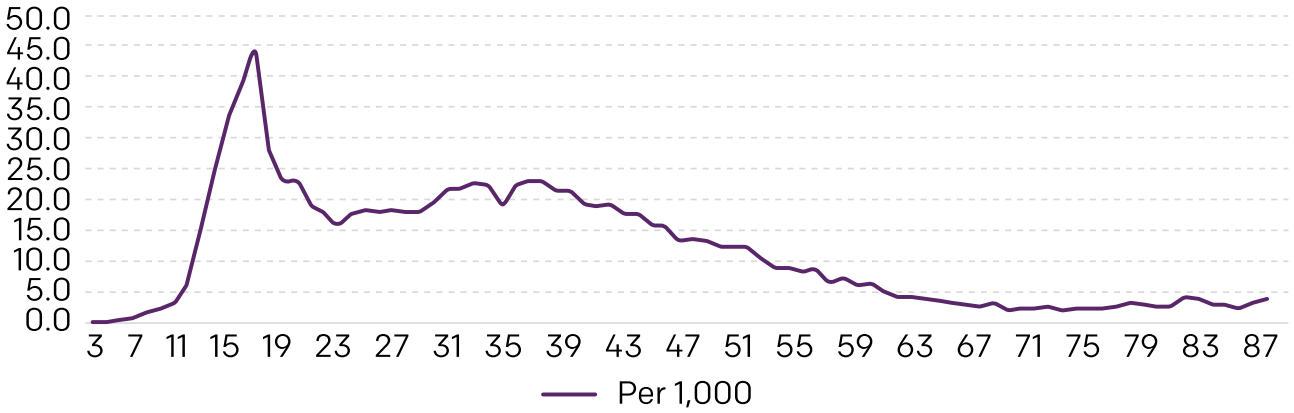
Figure 3.5 Violence with injury by day



Source: GMP Recorded Crime

A similar pattern is observed across the week in Figure 3.5. Incidents increase from Thursday onwards, peaking on Saturday. This trend is likely driven by night-time economy activity and higher level of socialising at weekends.

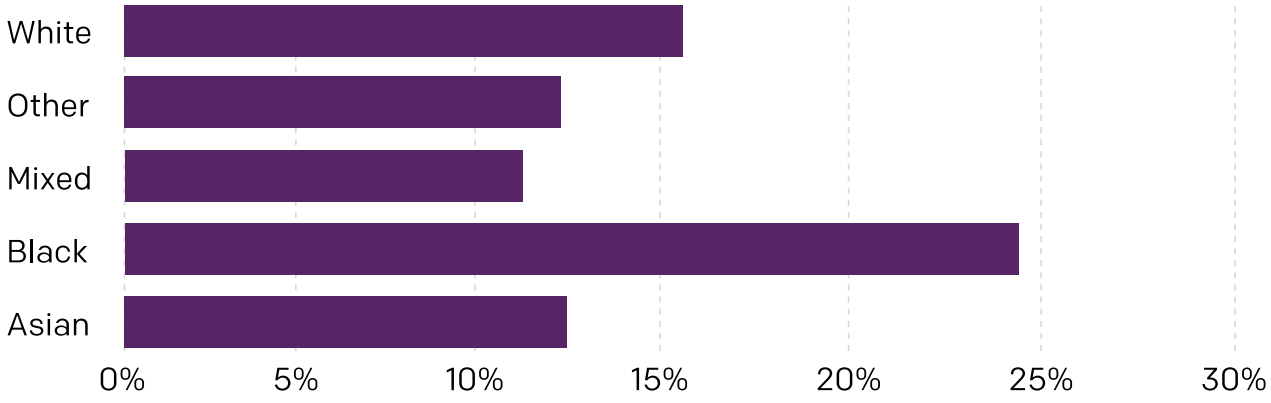
Figure 3.6: Violence with injury (excluding domestic abuse): age distribution of suspects, 2023-2025 (per 1,000 population)



Source: GMP Recorded Crime

Rates of violence with injury (excluding domestic abuse) peak sharply during adolescence reaching their highest point at age 15 (44 per 1,000 population), before declining rapidly through the late teens and early twenties. A smaller secondary increase is observed in the late twenties to early thirties, after which rates decrease steadily with age. This age profile reflects known patterns of risk, with adolescence representing a critical period for intervention.

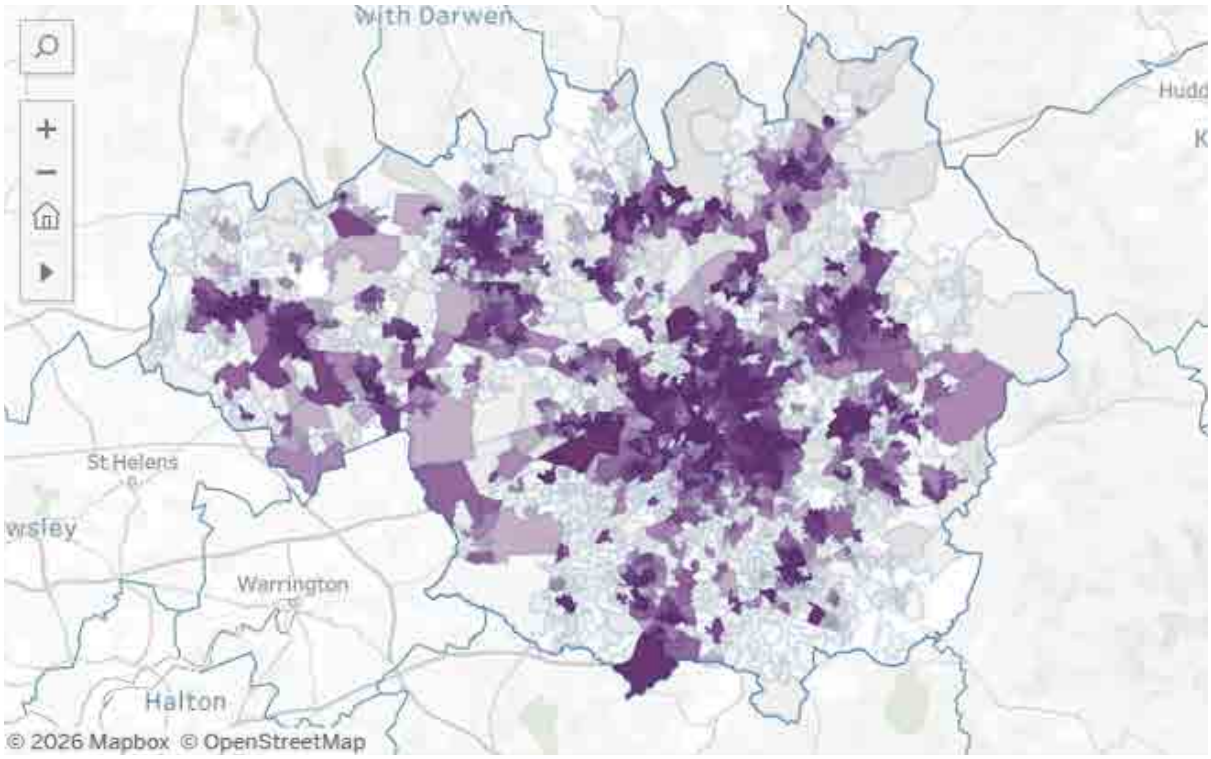
Figure 3.7: Violence with injury victimisation per 1,000 population by ethnicity



Source: GMP Recorded Crime

There are also notable disparities in victimisation by ethnic group. Rates are highest among individuals of Black ethnicity (24 per 1,000 population), followed by those of White ethnicity (16 per 1,000). Victimisation of individuals of Asian, Mixed, and Other ethnicity see similar rates varying between 11-12 per 1,000 population.

Figure 3.8: Violent crime by incident location (LSOA), all suspect and victim ages 2023-2025)



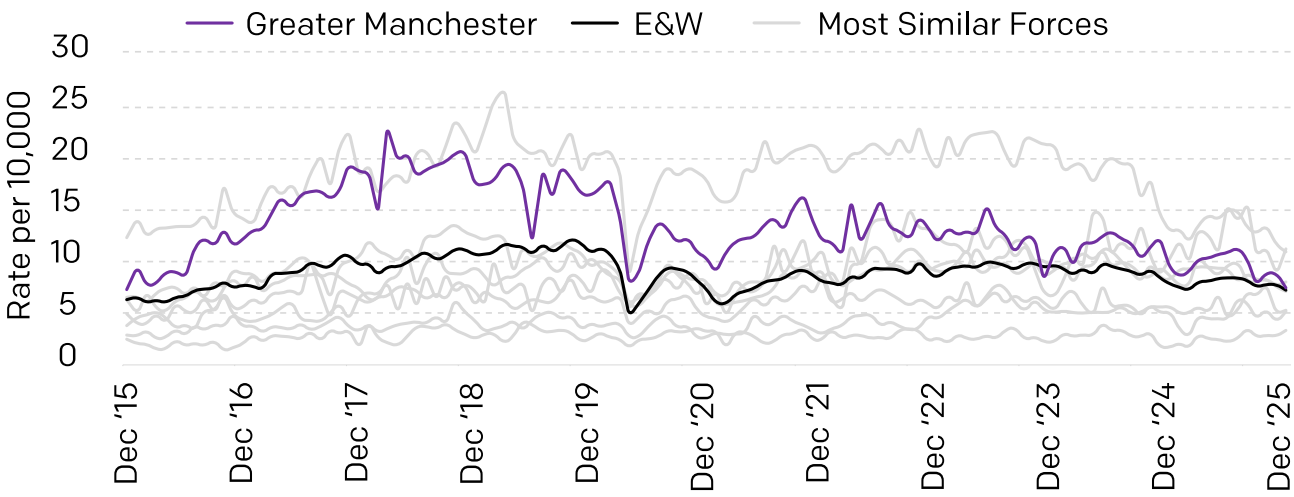
Source: GMP Recorded Crime

Figure 3.8 shows the location of violent crime incidents across a three-year time frame. It shows that violence is primarily concentrated in town centres and areas of high footfall.

3.3 Robbery

Between 2015 and 2025, robbery in Greater Manchester has shown an overall downward trend, bringing local rates more closely in line with those seen across England and Wales. Police recorded personal robbery has declined steadily since 2021, with a more pronounced reduction in the most recent year. In the year ending December 2025, robbery rates fell by 17% in Greater Manchester, compared to a 12% reduction nationally. Despite this progress, rates in Greater Manchester remain above the national average and higher than most comparable police force areas, with the exception of West Midlands and Cleveland.

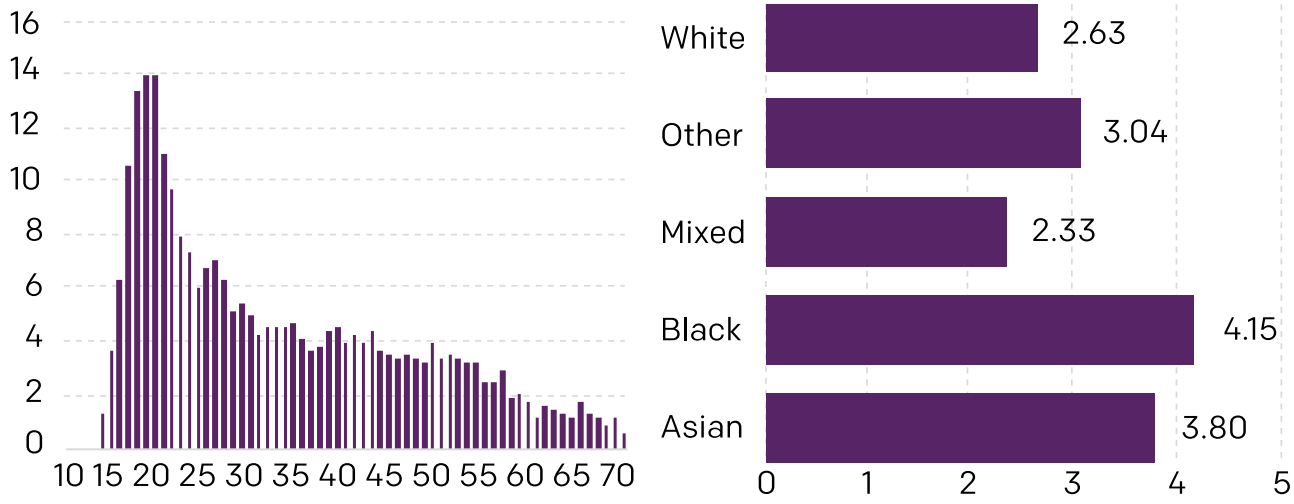
Figure 3.9: Rates of personal robbery per 100,000 population 2015 - 2025



Source: HMICFRS, Home Office, GMP

Robbery of personal property is most concentrated among younger age groups, with victims age peaking between 17 and 22, followed by a marked and consistent decline with increasing age. There are also clear disparities by gender and ethnicity. Most offences are committed by males who account for around 90% of robbery suspects (2023-2025 data). Differences in victimisation are also observed across ethnic groups with individuals of Black and Asian ethnicity most likely to be victims of robbery.

Figure 3.10: Robbery of personal property by victim age per 1,000 population (left); Robbery of personal property by victim ethnicity per 1,000 (right)



Source: GMP Recorded Crime

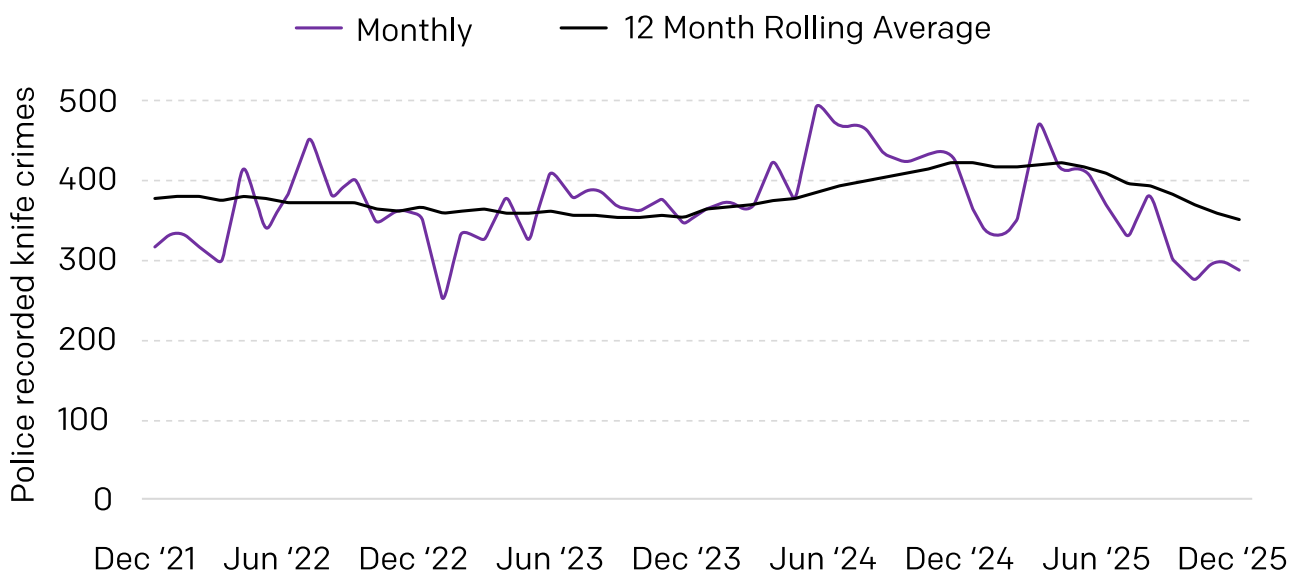
GMP analysis of knife enabled robberies identified mobile phones as the most recorded item targeted by offenders, accounting for 41% of cases where stolen property was recorded. This was followed by money/wallets and pedal bikes, which account for 18% and 15% of the stolen items respectively.

3.4 Knife crime

Knife crime in Greater Manchester has shown notable change over the past two years. Following an increase through late 2023 and into the first half of 2024, levels peaked in May-June 2024, reaching the highest point in the period observed.

Since mid-2024, there has been a clear and sustained downward trend. Both monthly figures and the 12-month rolling average indicate consistent reductions, with levels falling to their lowest point in the series by December 2025. While some short-term fluctuations remain, the overall pattern throughout 2025 is one of continued decline, suggesting a sustained improvement following the peak in 2024.

Figure 3.11: Monthly and 12-month Rolling Average of Knife Crime incidents 2020-2025

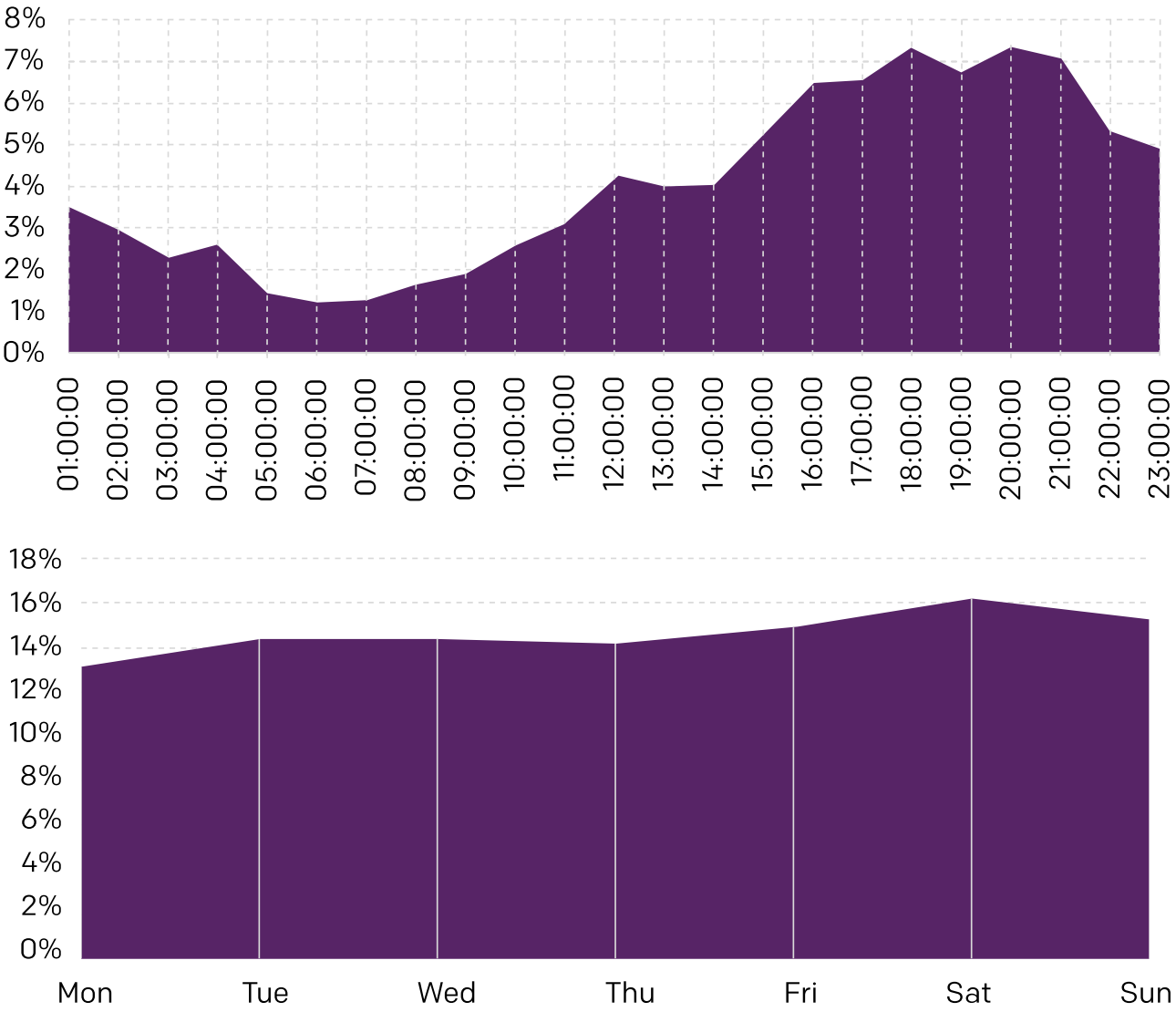


Source: GMP Recorded Crime

Incidents display a clear temporal pattern across both the day and the week. Levels are lowest in the early morning, increasing steadily from late morning and rising through the afternoon peak between approximately 18:00 and 21:00, before declining into the late evening. A similar pattern is evident across the week.

Incidents remain relatively consistent from Monday to Thursday, increasing on Friday and peaking on Saturday before decreasing slightly on Sunday. Taken together these patterns highlight a clear concentration of incidents during evening periods and at weekends.

Figure 3.12: Knife crime incidents by hour and day 2023-2025

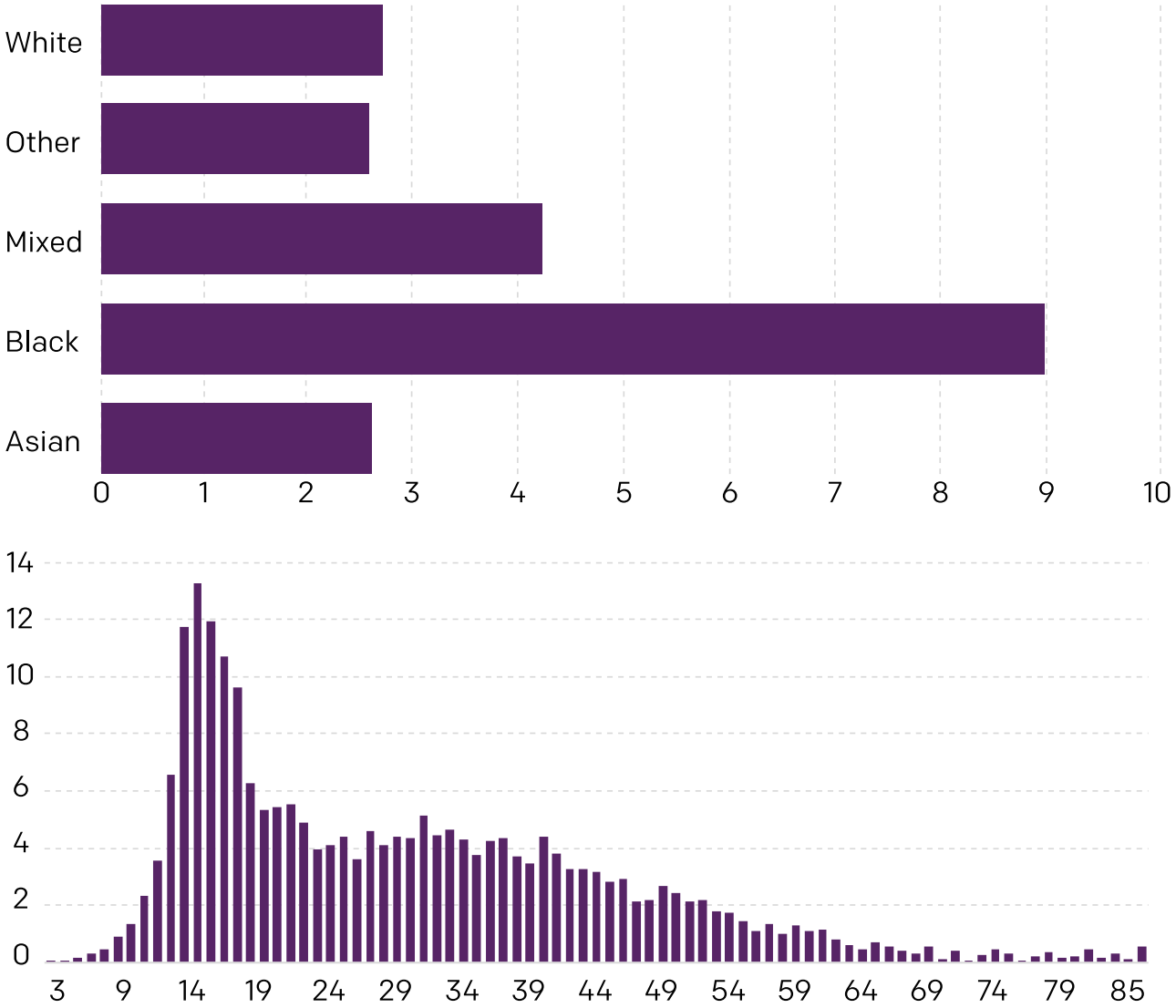


Source: GMP Recorded Crime

GMP analysis indicates that around 35% of knife crimes involve violence with injury, and 25% involving robbery. Around 16% of knife related violence with injury was found to be flagged as alcohol related and about 8% as drugs related. Only 6% were domestic abuse related.

Involvement in knife crime is most concentrated among younger age groups, with suspects peaking between the ages of 12 and 18 before declining steadily with age. There are also clear disparities by gender and ethnicity. The majority of offenders are Male accounting for 83% of cases, compared to 17% Female. Differences are also observed across ethnic groups however these should be interpreted with caution and understood within the broader context of wider inequalities.

Figure 3.13: Knife Crime offender age per 1000 residents (top); Knife Crime by offender ethnic group per 1000 residents (bottom)



Source: GMP Recorded Crime

GMP analysis highlights a likely link between Child Criminal Exploitation (CCE) and knife crime, particularly within serious violence and acquisitive offending. Evidence suggests that children at risk of exploitation are commonly involved in a range of offence types, including violence and neighbourhood crime, and often engage across multiple forms of offending rather than a single category. There are also indications that involvement becomes more serious over time, with increasing participation in both acquisitive crime and more harmful violent offences as young people become more embedded in criminal activity.

There are further indications of a relationship between CCE, group-based offending, and the carrying of weapons, with bladed articles featuring prominently in offences linked to this cohort. Knife-enabled incidents are also present within serious violence affecting young people, particularly during the mid-teen years, suggesting an overlap between exploitation, peer association, and the use of weapons.

While drug-related activity remains the most common form of exploitation, acquisitive crime forms a smaller but notable part of the picture, including offences such as robbery and vehicle crime, and is frequently seen within the wider offending behaviour of those at risk of CCE. Taken together, this suggests that vulnerable individuals may be drawn into organised or group-based offending and subsequently exploited across multiple crime types, a proportion of which involve the use of weapons. This overlap highlights the importance of understanding knife crime not only as an individual behavioural issue, but as part of wider patterns of youth exploitation, vulnerability, and organised criminality.

3.5 Health data

While policing and the criminal justice system are central to responding to violence, the GM VRU adopts a whole system, public health approach. Relying solely on criminal justice data risks narrowing both understanding and response, framing violence only as a policing issue rather than a wider public health concern.

Police recorded crime provides a valuable source of information on patterns of violence, but it has important limitations.

Firstly, it captures only incidents that are reported to or identified by the police. Many victims do not report violence due to factors such as lack of trust or confidence in the police, fear of reprisal, perceived lack of seriousness, or the relationship to the perpetrator. The Crime Survey for England and Wales (CSEW) estimates that only 49% of violent incidents were reported to police in 2019/20 (ONS, 2020), meaning that police data underrepresents the true scale of violence.

Secondly, police data reflects only offences that are formally recorded. While crime recording standards have improved over recent years (with 94.8% of crimes estimated to be correctly recorded in 2025), variation remains, particularly for violent offences (HMICFRS, 2025). GMP has previously been subject to inspection findings relating to under-recording, although improvements have been made since 2020 (HMICFRS, 2020). Increases in recorded violence since 2021 are therefore likely to reflect, in part, improvements in recording practices.

Finally, crime recording is shaped by national counting rules and legal definitions, which can change over time and affect comparability.

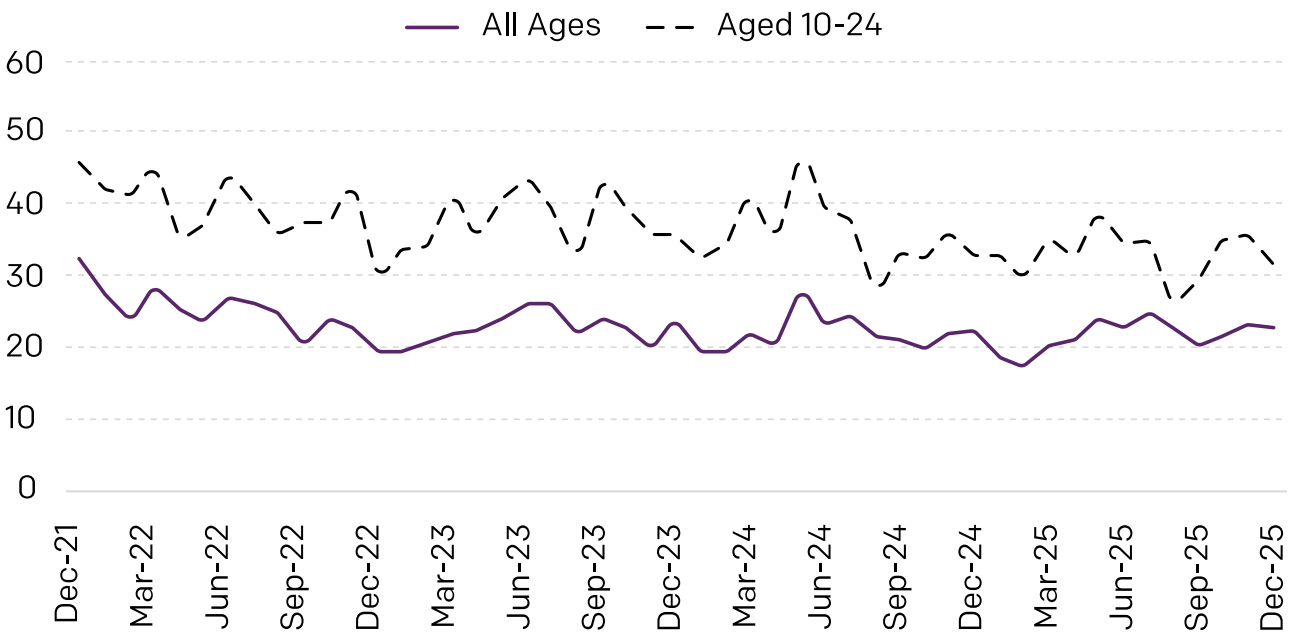
Health data provides an important complementary perspective. While some violent incidents are not reported to police, they may still result in injury requiring medical attention and therefore be captured within healthcare datasets. Conversely, not all police-recorded violence results in injury that requires medical attention.

The exact overlap between police and health datasets is unknown. Nationally, around 35% of violent incidents result in injury and approximately 9% require medical attention (ONS, 2026). Previous research suggests that around 59% of assaults recorded in emergency departments are not known to police (Grey et al. 2025). In addition to this, around 6% of A&E attendances for violence in Greater Manchester result in hospital admission and around 66% of ambulance callouts due to assault are taken to hospital.

Local GM VRU analysis of 61,000 police recorded violence with injury offences and 14,000 ambulance callouts due to assault found that only 30-35% of ambulance callouts due to assault could be matched to police data. Similar findings were evident in West Midlands with a 34% match in police and ambulance data (Sutherland et al, 2021). This demonstrates the importance of using multiple datasets to build a comprehensive picture of violence across the city-region.

In the year ending December 2025, A&E attendances due to assault decreased by 3%, although this change is not statistically significant. Among those aged 10-24, rates fell by a statistically significant 7%, although they remain higher than the all-age average (Figure 3.14).

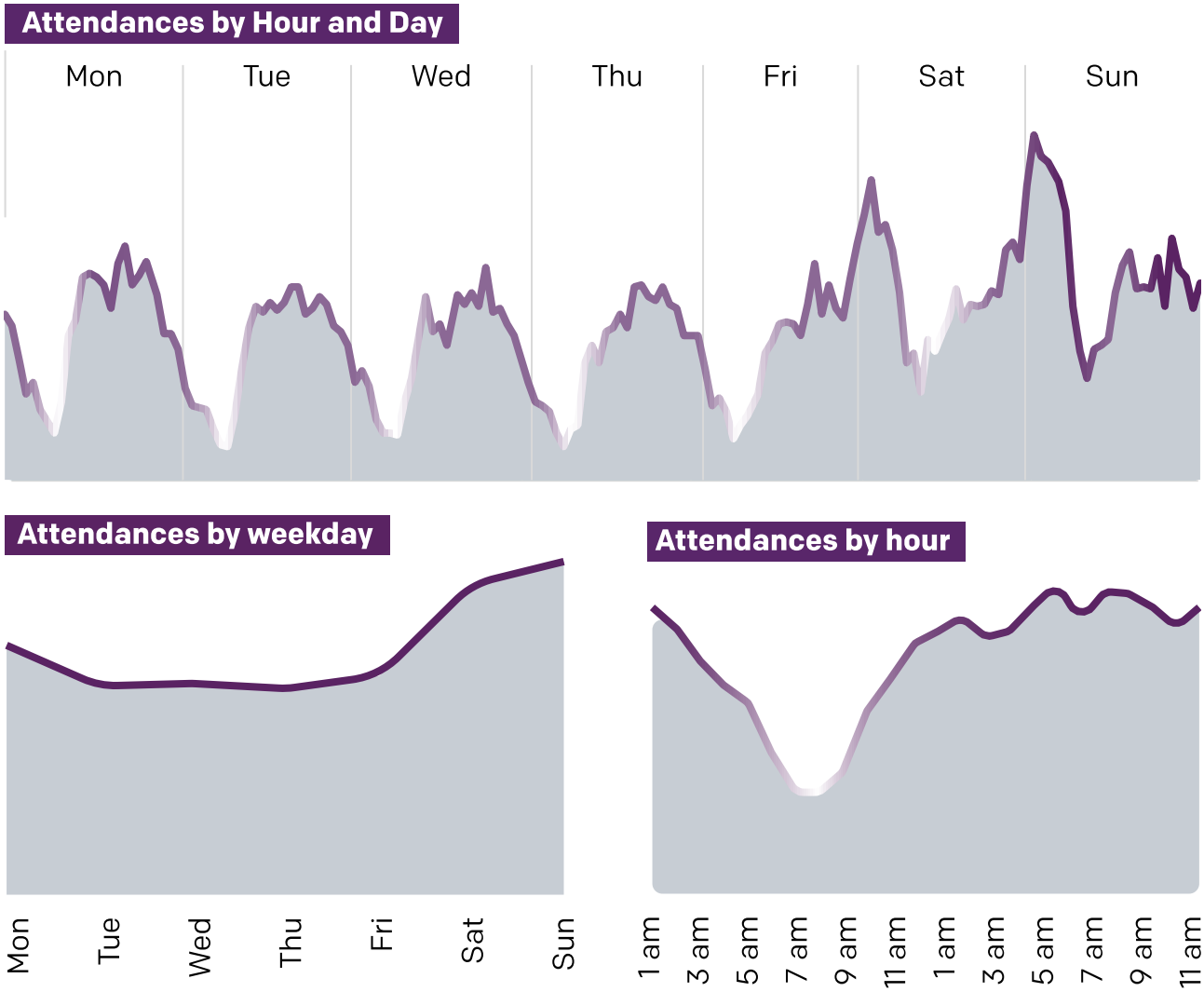
Figure 3.14: A&E Attendances due to Assault in Greater Manchester by victim age and month, rate per 100,000



Source: Liverpool John Moores University Trauma and Injury Intelligence Group (LJMU TIIG)

There is a clear peak in A&E attendances due to assault over Friday and Saturday nights in Greater Manchester, likely linked to Night-Time Economy activity and alcohol.

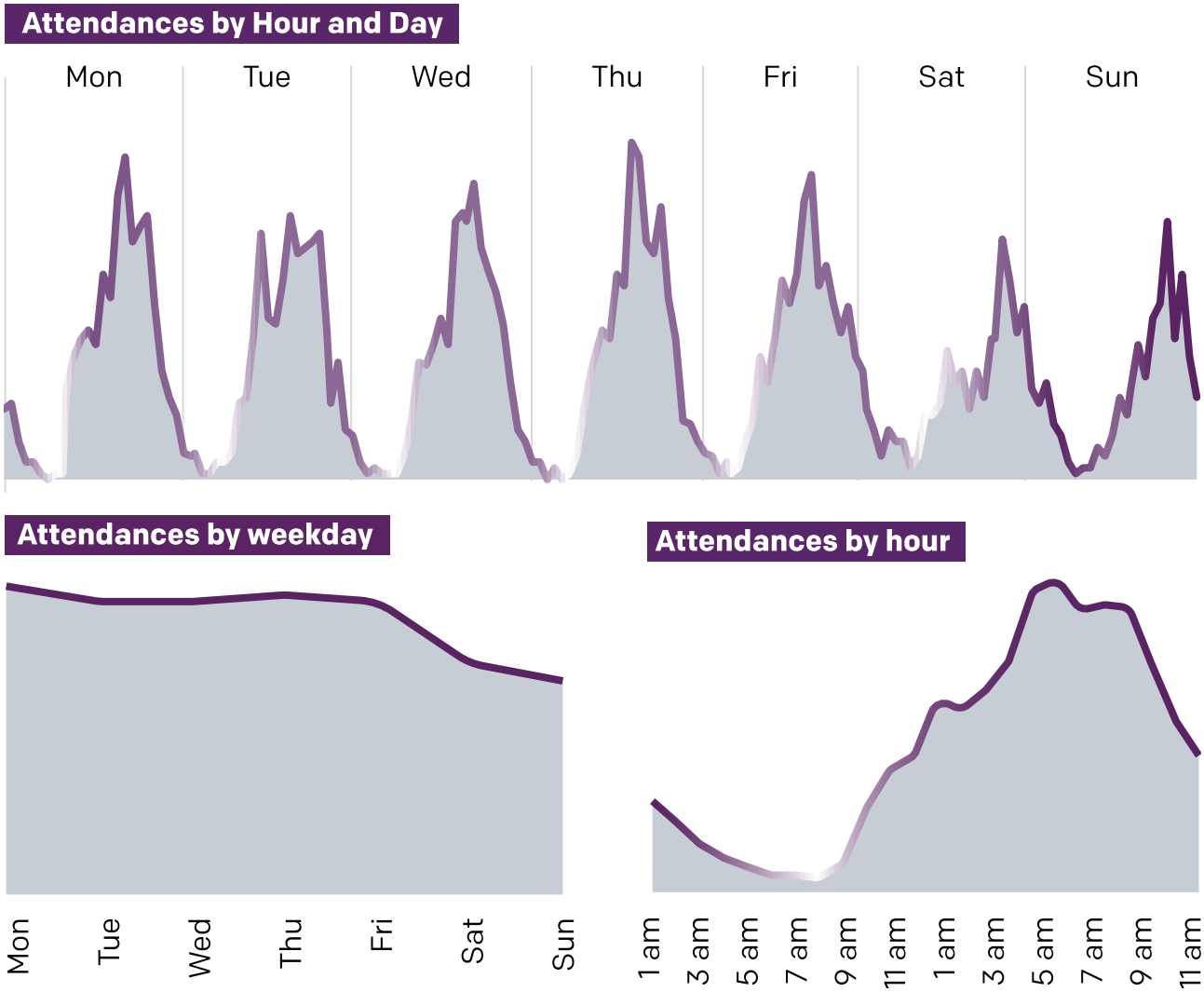
Figure 3.15: A&E Attendances due to Assault in Greater Manchester by time and weekday, 2023-25



Source: Liverpool John Moores University Trauma and Injury Intelligence Group (LJMU TIIG)

Notably however, the temporal pattern differs for younger victims (Figure 3.16). Among those aged under 18, attendances peak during weekdays, particularly between 17:00-18:00. This is likely linked to school attendance, with partners highlighting the journey home after school as a particularly high-risk period for conflict and violence between children and young people.

Figure 3.16: A&E Attendances due to Assault in Greater Manchester by time and weekday, victims aged under 18-years-old, (2023-2025)

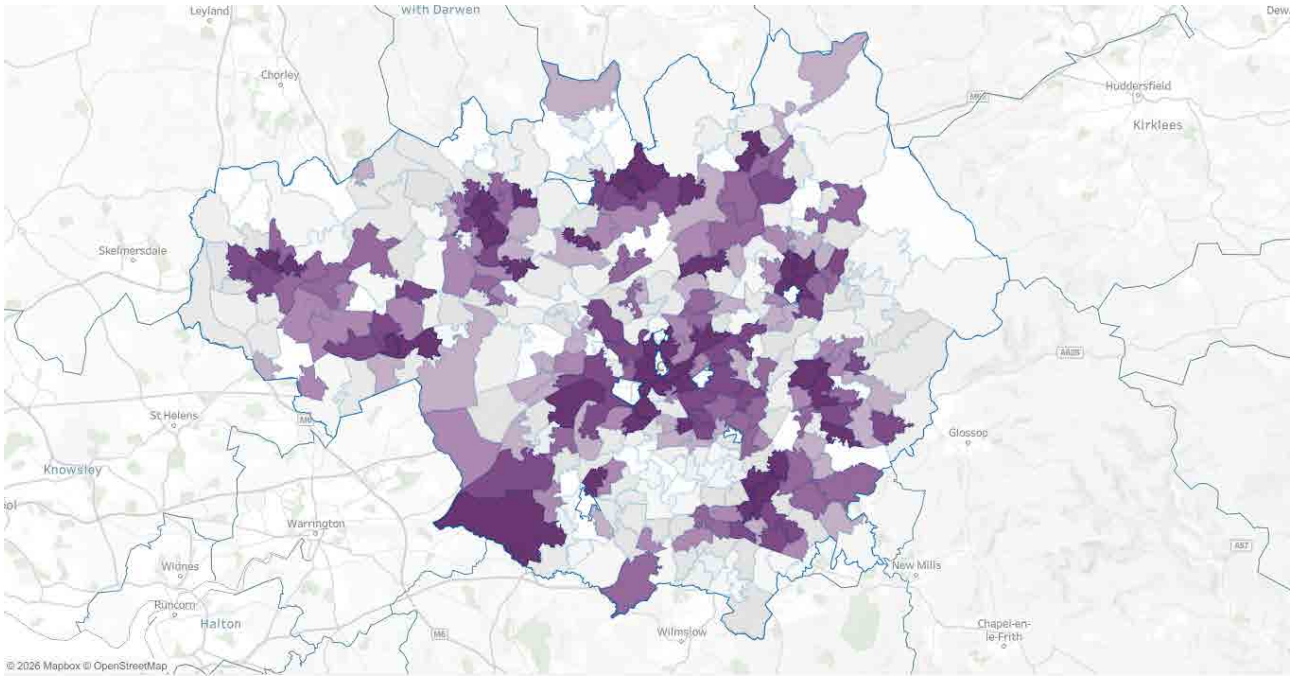


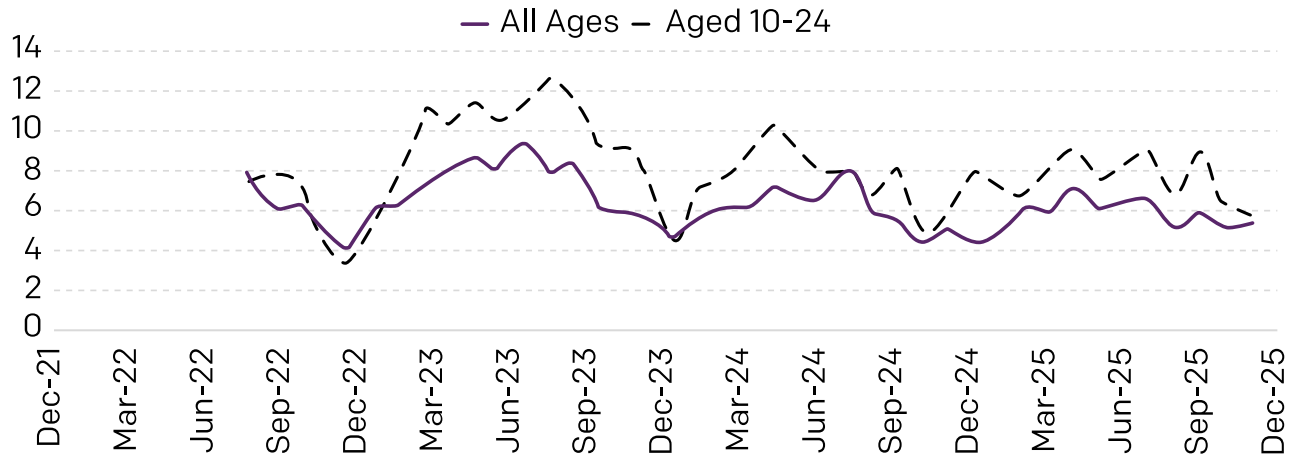
Source: Liverpool John Moores University Trauma and Injury Intelligence Group (LJMU TIIG)

Where location is recorded, around 41% of assaults that result in A&E attendance took place in the home, compared to 35% in public places (e.g. prisons and hospitals). While incidents seen at A&E likely represent more serious forms of violence, the majority of incidents do not involve weapons (71%), with only 9% involving knives or sharp objects.

Ambulance call-out data shows a similar pattern with clear seasonal variation and concentration in higher footfall areas.

Figure 3.17: Ambulance Call Outs due to Assault in Greater Manchester by victim age and month, rate per 100,000 (top); Ambulance Call Outs due to Assault in Greater Manchester by incident location (MSOA), (2023-2025) (bottom)



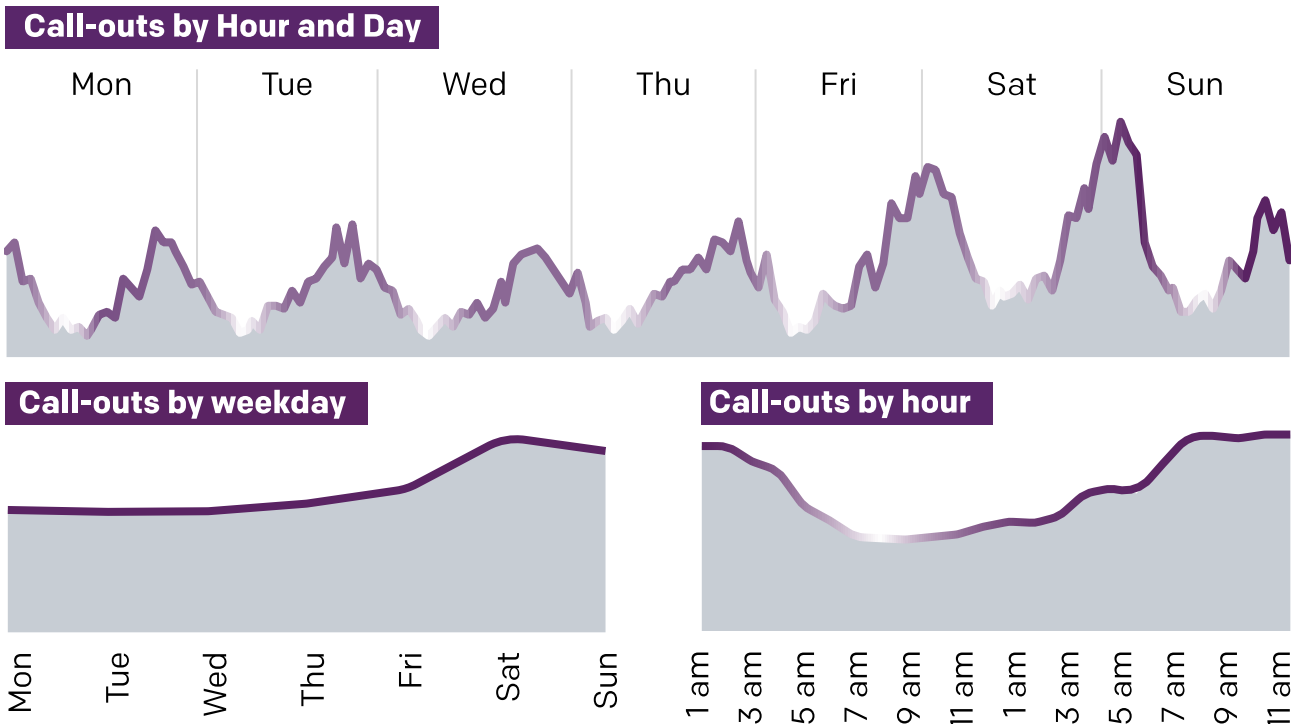


Source: NWAS

Over the last three years of comparable ambulance data there is also evidence of a gradual downward trend. In the year ending December 2025, callouts decreased by 4%, although this is not statistically significant. Among those aged 10-24, there was a small increase (4%), also not statistically significant.

Similar to A&E attendance data, ambulance call outs due to assault show a clear temporal pattern peaking significantly on Friday and Saturday nights.

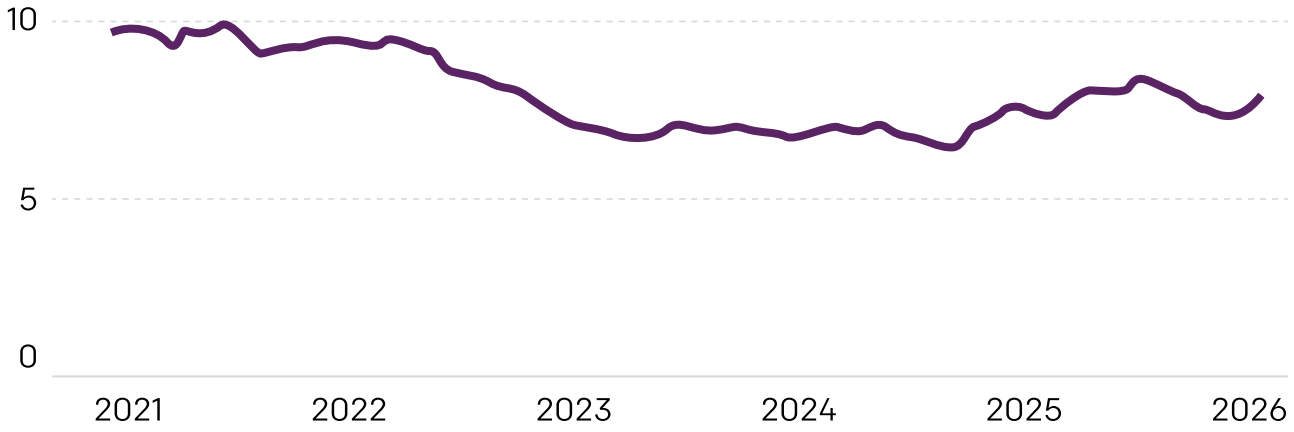
Figure 3.18: Ambulance Call Outs due to Assault in Greater Manchester by time and weekday, 2023-25



Source: NWAS

Hospital admissions due to violence provide an indicator of more serious violence and the impact of violence on health services.

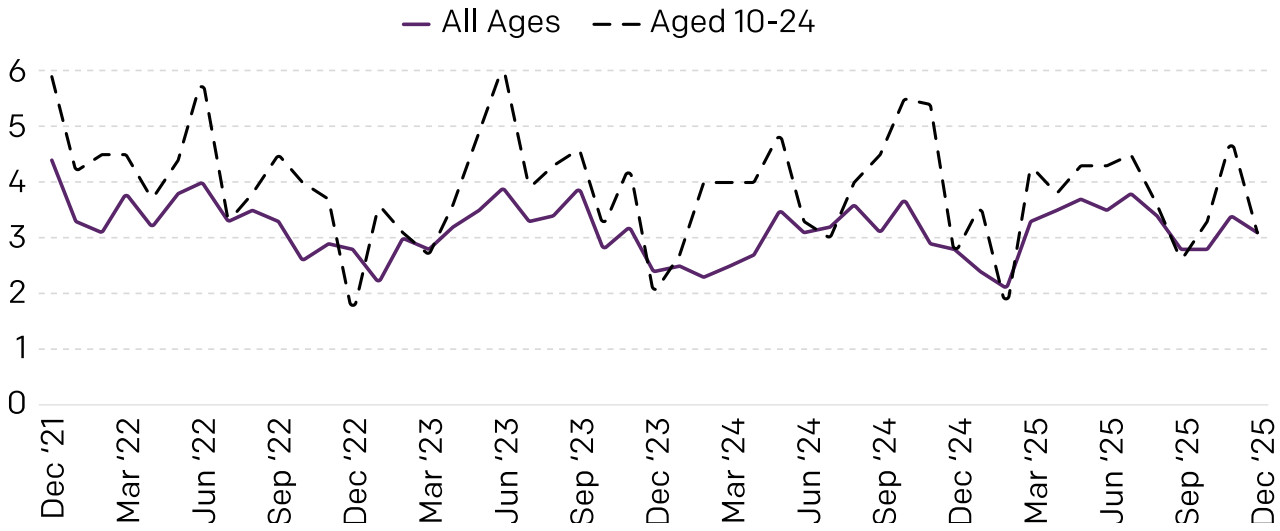
Figure 3.19: Hospital Admissions due to Assault by Sharp Object, rolling 12-month rate per 100,000, all ages



Source: GM NHS

Following a small rise over the last 15 months, rates of hospital admissions due to assault by sharp object decreased by 4% in the year ending December 2025, although this is not statistically significant.

Figure 3.20: Hospital Admissions due to Assault by victim age and month, rater per 100,000



Source: GM NHS

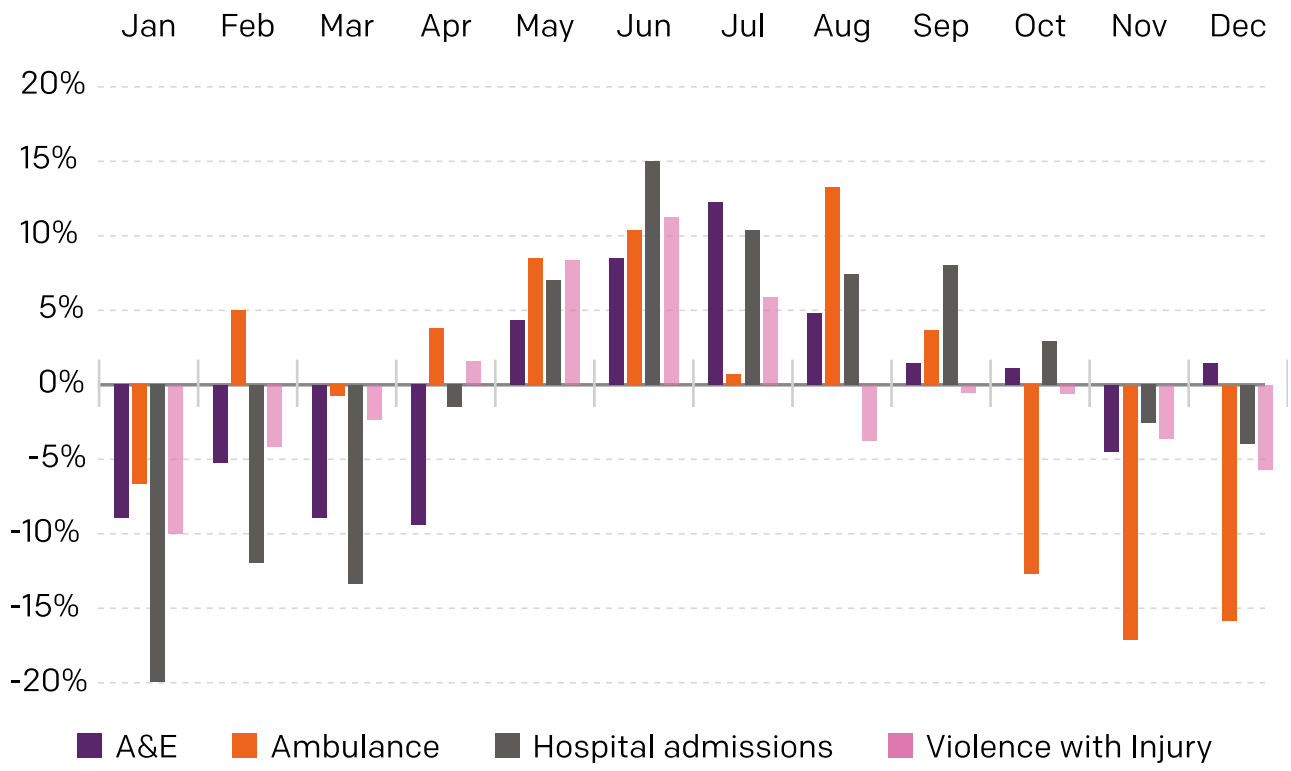
Overall, hospital admissions in Greater Manchester due to all types of violence remain static over the past three years with a 3% increase in the year ending December 2025 compared to the previous year. This is not a statistically significant increase or with any identifiable spikes outside of the usual monthly variation. Rates over the previous two years remain at a historic low, down 22% compared to four years ago.

However, while overall volumes have stabilised, emerging evidence suggests that those presenting to hospital following serious violence often experience high level of multiple and overlapping vulnerabilities. An unpublished 2026 Manchester Foundation Trust (MFT) service evaluation of patients presenting to Manchester Royal Infirmary (MRI) with severe or major trauma resulting from violent crime found that patients covered a broad age range, with an average in the mid-thirties. Most were aged 25 or over and therefore fell outside the eligibility criteria for the GMVRU funded Navigator service. The evaluation also indicated a reduction in presentations among under-25s compared with an earlier study. While the findings relate to one hospital and should be interpreted with caution, they highlight that serious violence resulting in major trauma is not confined to children and young adults and suggest a need to consider appropriate support for older victims (Local Service Evaluation, MFT).

The evaluation also identified high levels of complex need among patients, including mental health needs, substance use, NEET status and previous involvement with police as victims. Although the findings relate to a relatively small cohort at one hospital, it reinforces wider evidence throughout this SNA that serious violence is closely associated with cumulative vulnerability and disadvantage (Local Service Evaluation, MFT).

Consistent temporal patterns are observed across both health and criminal justice datasets. Recent GM VRU analysis shows a clear seasonal pattern of violence with peaks during summer months.

Figure 3.21: Monthly incidents of violence compared to the month average in Greater Manchester by data source, 2022-24

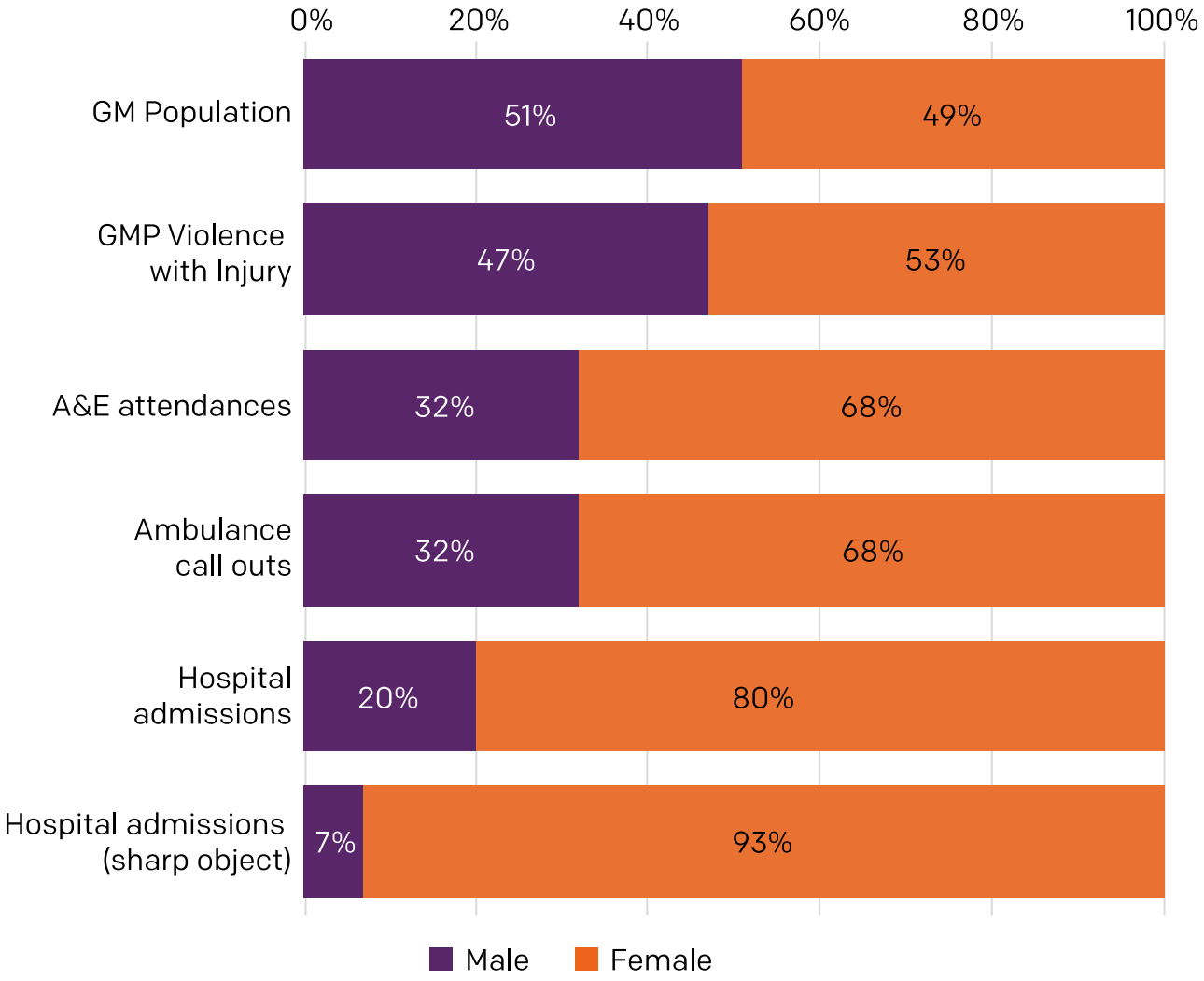


Source: LJMU TIIG, NWAS, GM NHS, GMP

Figure 3.21 shows that the increase is most visible in ambulance and hospital admissions data however a similar pattern is seen across all sources of data on violence including police recorded crime.

Cross system patterns also indicate that male victims are disproportionately represented, particularly in higher-harm incidents captured in health data (Figure 3.22). Males account for 49% of the Greater Manchester population but across all datasets, they account for 53-93% of known victims.

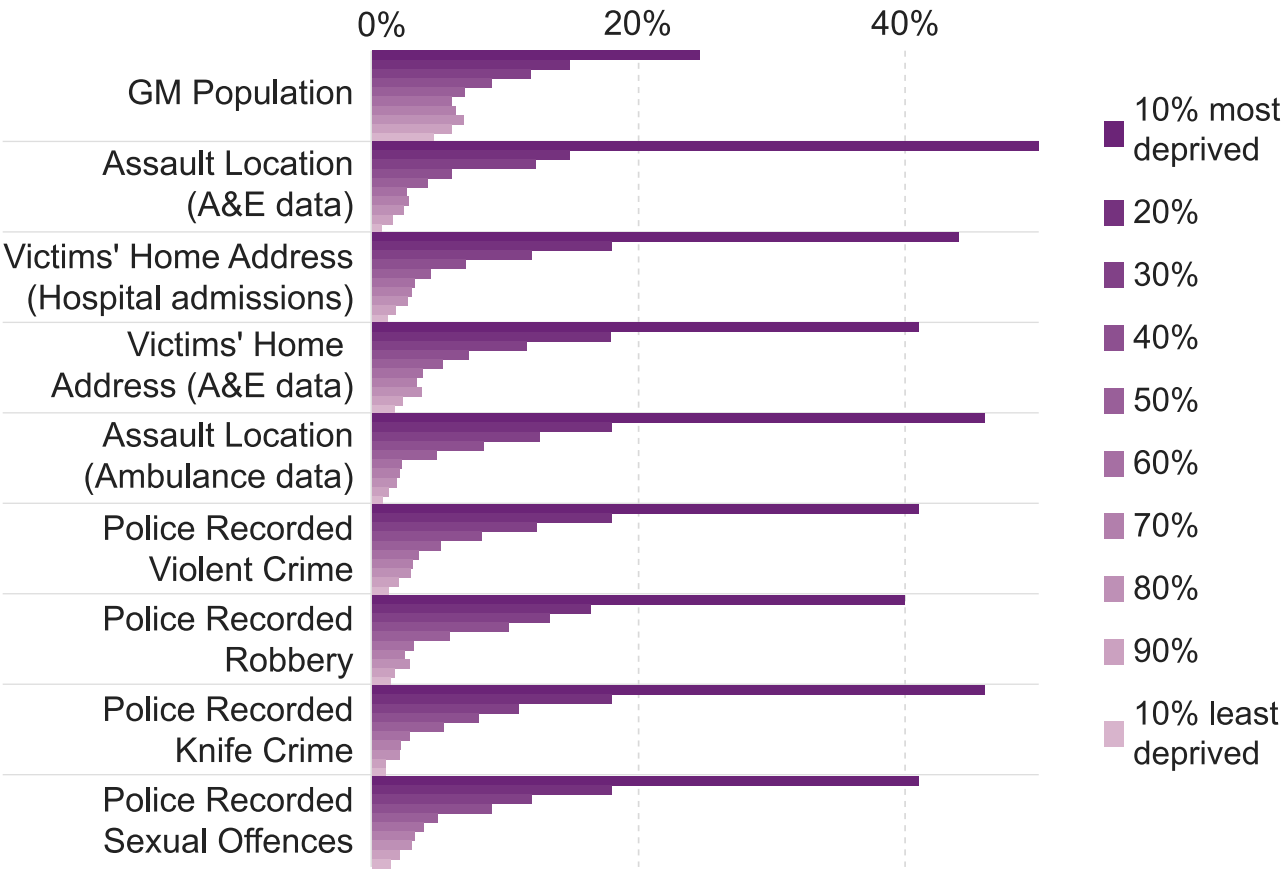
Figure 3.22: Gender of victims of violence across datasets, 2022-24



Source: LJMU TIIG, NWAS, GM NHS, GMP, ONS

Violence is also disproportionately concentrated in more deprived communities and urban centres.

Figure 3.23: Proportion of violence and other crimes by deprivation decile of incident location or victim home address, 2020-22 total



Source: LJMU TIIG, NWAS, GM NHS, GMP, ONS

These findings highlight the value of health data in complementing police-recorded crime, providing a more complete picture of violence-related harm. A consistent set of patterns across datasets, including age, gender, time and deprivation strengthens our confidence in the overall understanding of violence in Greater Manchester. This reinforces the importance of adopting a whole system approach and using multiple data sources to inform targeted and effective prevention.

3.5 Group youth offending

Partnership and community intelligence consistently identifies group-related offending as a key concern and potential driver of violence within Greater Manchester. However, there are significant limitations in the available data in relation to understanding the nature, structure and dynamics of less formalised groups.

While the activity of more serious Organised Crime Groups (OCGs) is routinely mapped and monitored by GMP,

less structured and lower-level group activity is not well captured in existing data systems. This creates a gap in understanding around the forms of group association most linked to youth violence.

Terminology in this area is also contested. Terms such as 'gang' and 'urban street gang' are widely used but lack consistent definition and are often viewed by partners and communities as stigmatising, racialised and potentially misleading. For the purpose of this SNA, the term 'group youth offending' is used to describe violence and offending associated with groups of young people, without relying on fixed or formal labels.

The absence of a clear and consistent definition presents a challenge. Existing descriptions of 'gangs' are often broad and may include characteristics such as group identity, association with a particular area or conflict with other groups. These features can also reflect typical patterns of adolescent social behaviour, raising the risk of over-identification and unintended criminalisation. Previous national legislative guidance has defined the term gang as a term that ''can be used where 3 or more people acting and have a characteristic that means someone would recognise them as a 'gang'''. Other common definitional criteria include stable networks of young people that gather in public, have a discernible common identity, gather in a particular location or area, and come into conflict with other groups. All of which are common and normal behaviour for young people.

Despite these definitional and data limitations, there is a well-established evidence base linking group-related offending to serious youth violence, including knife crime and child criminal exploitation (CCE). National and international research consistently demonstrates that involvement in group-based activity can increase both exposure to and risk of violence.

Evidence from organisations including the Youth Endowment Fund, the Children's Commissioner, the Home Office and academic studies (Home Office, 2026; YEF, 2025; Children's Commissioner, 2021; Haylock et al, 2020) highlight a set of common and overlapping risk factors. These include limited access to legitimate economic opportunities, exposure to exploitation and grooming, lack of positive or prosocial peer networks and involvement in interpersonal or group conflict.

Local research, including analysis by Greater Manchester Police (GMP), reflects these national findings and provides further insight into how these dynamics manifest locally. This highlights a fluid boundary between local-level group offending and more serious organised criminal activity, including exploitation. Disputes between groups are a prominent feature, often linked to social media, school environments, territorial issues, drug markets or personal conflict.

Local evidence also identified strong associations with weapon use and shows that group-related activity most commonly peaks in the mid- to late-teen years. These patterns are frequently linked to earlier vulnerabilities, including Adverse Childhood Experiences (ACEs), challenges within the home or education system, and unmet mental health needs.

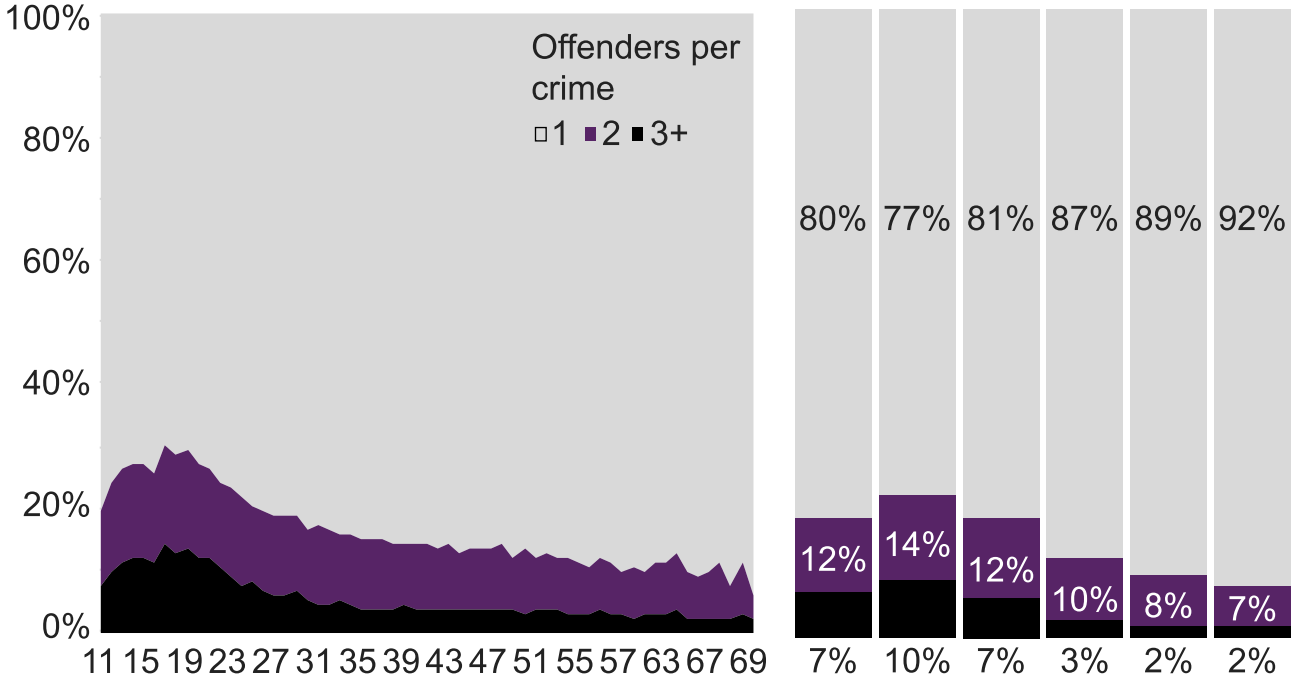
In the absence of a consistent definition or marker for group-related offending

within police recorded crime data, a proxy measure was developed based on offences involving multiple suspects. Analysis of GMP recorded crime between 2022 and 2024 shows that the majority of non-domestic offences (90%) involve a single named suspect with only 2% involving three or more suspects.

However, this varies significantly by offence type. Group involvement is more prominent in specific crime categories including robbery (15%), drug trafficking offences (9%), burglary (9%) and knife crime (9%), where three or more suspects are involved.

Consistent with the wider evidence base, group-related offending is also more prevalent among younger age groups. With offences involving suspects aged 15 to 17, 10% involve three or more suspects indicating a concentration of group activity during this stage of the life course.

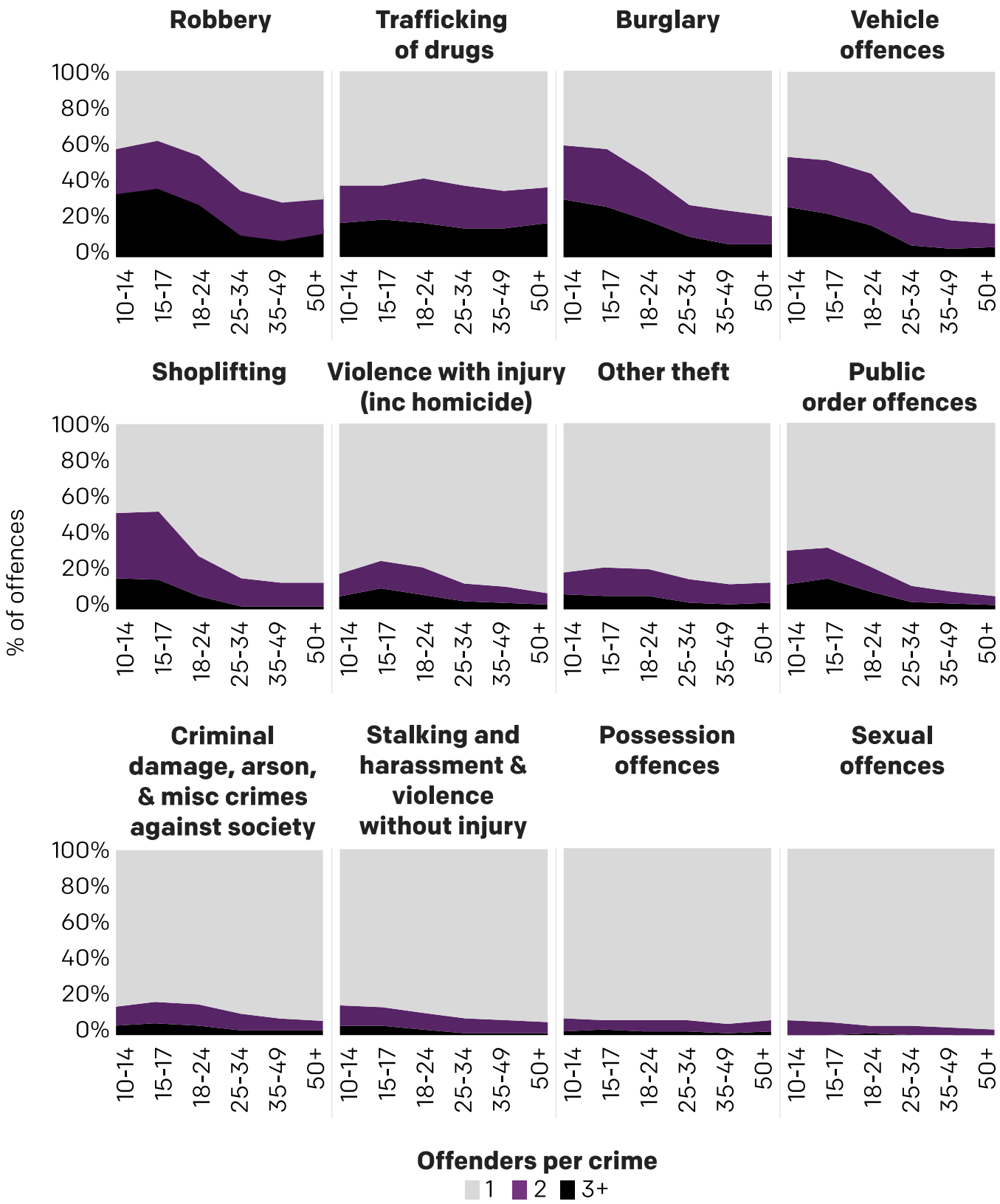
Figure 3.24: Age profile of offenders and number of offenders linked to each crime



Source: GMP Recorded Crime

This pattern becomes more pronounced when examining both crime type and age together. Across most offence types (except for drug trafficking), group offending peaks during the mid- to late-teen years and declines rapidly with age. For some offences, this results in a substantial proportion being group-related within younger age groups. For example, 35% of robbery offences involving suspects aged 15-17 include three or more suspects. For knife crime, this age-specific concentration is even more pronounced, particularly in offences involving violence with injury.

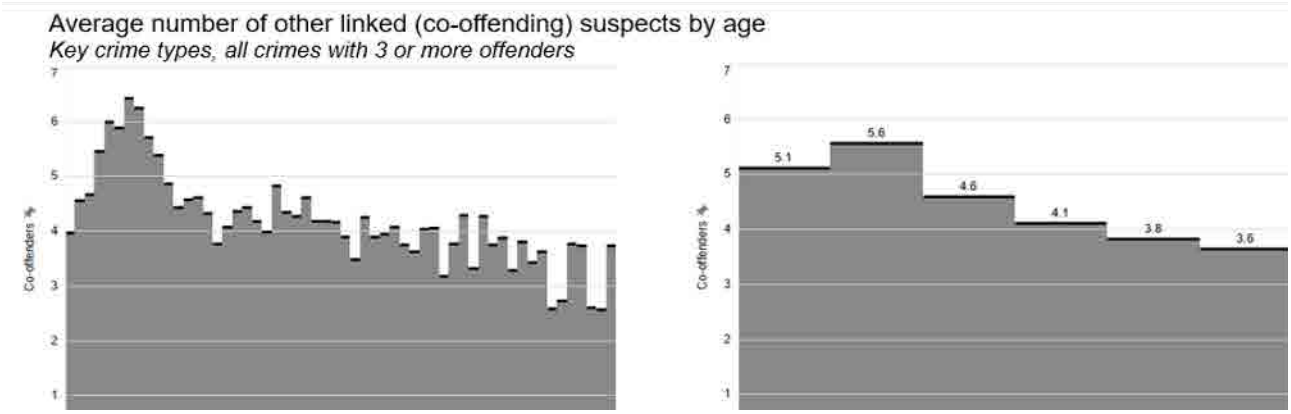
Figure 3.25: Age profile of offenders and number of offenders linked to each crime, by crime type



Source: GMP Recorded Crime

A similar pattern is evident in the size of offending networks. The number of co-offenders associated with an individual peaks in the mid-teen years and declines into adulthood. Individuals aged 15-17 suspected of at least one key offence (defined here as robbery, drug trafficking, burglary, vehicle offences and shoplifting) with multiple suspects were, on average, linked to 5.6 co-offenders over the period analysed, compared to 3.6 among those aged 50 and over. This suggests that younger individuals are more likely to be embedded within larger and more active offending networks.

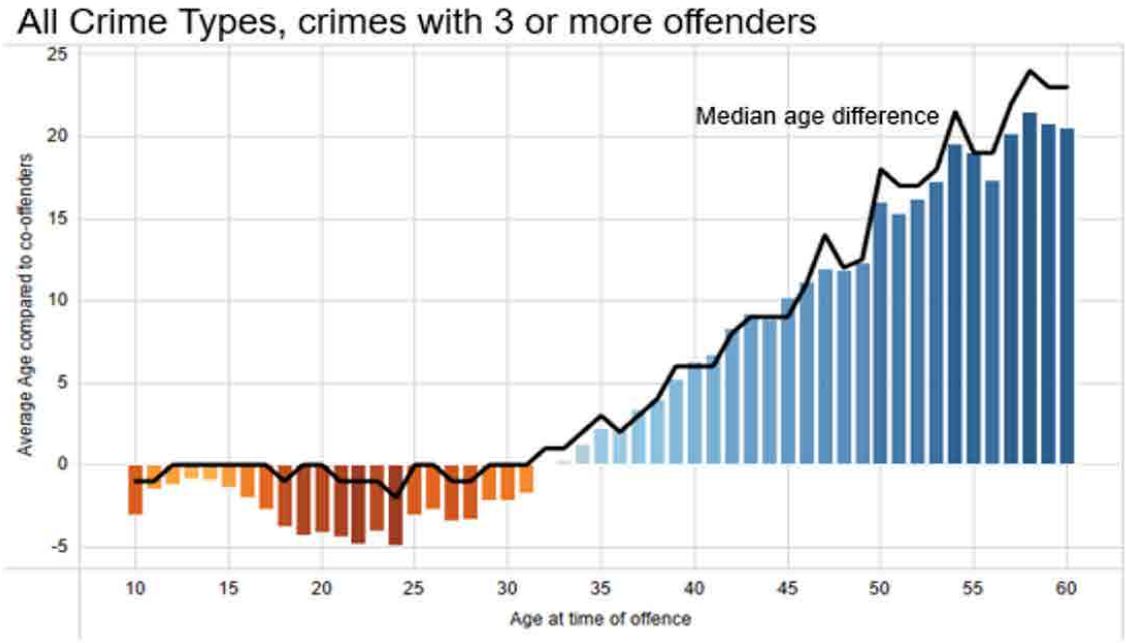
Figure 3.26: Average number of other linked (co-offending) suspects by age and key crime types



Source: GMP Recorded Crime

Analysis of co-offending age profiles shows that suspects under the age of 33 tend, on average, to be younger than their co-offenders. While this average is influenced by a smaller number of cases with larger age gaps, median analysis indicates that most young people co-offend with peers of a similar age or slightly older. This suggests that group offending among young people is primarily peer-based, but with clear evidence of involvement from older individuals.

Figure 3.27: Offender age in crimes with three or more offenders compared with the average age of other co-offenders



Source: GMP Recorded Crime

Demographically, 81% of young people identified in group offending were male, increasing to 95% for knife crime. Black young people are overrepresented within this cohort, while Asian young people are underrepresented.

Taken together, these patterns indicate a likely influence of CCE within group-related offending. The involvement of older individuals alongside younger groups, combined with higher rates of group offending in acquisitive crime, drug trafficking and weapon-enabled offences, is consistent with the influence of more established criminal networks.

Local GMP analysis supports this interpretation, identifying significant overlap between individuals involved in group offending and those assessed as at risk of CCE. The overrepresentation of Black young people in group offending data may also reflect disproportionate exposure to exploitation. Further analysis by GMP which included case-level deep dives highlighted the role in underlying vulnerability. Many young people involved in group offending had experiences ACEs including both witnessing and being a victim of domestic abuse. Repeated missing episodes were also common, increasing vulnerability to exploitation. In addition, these individuals were often victims of violence earlier in their histories.

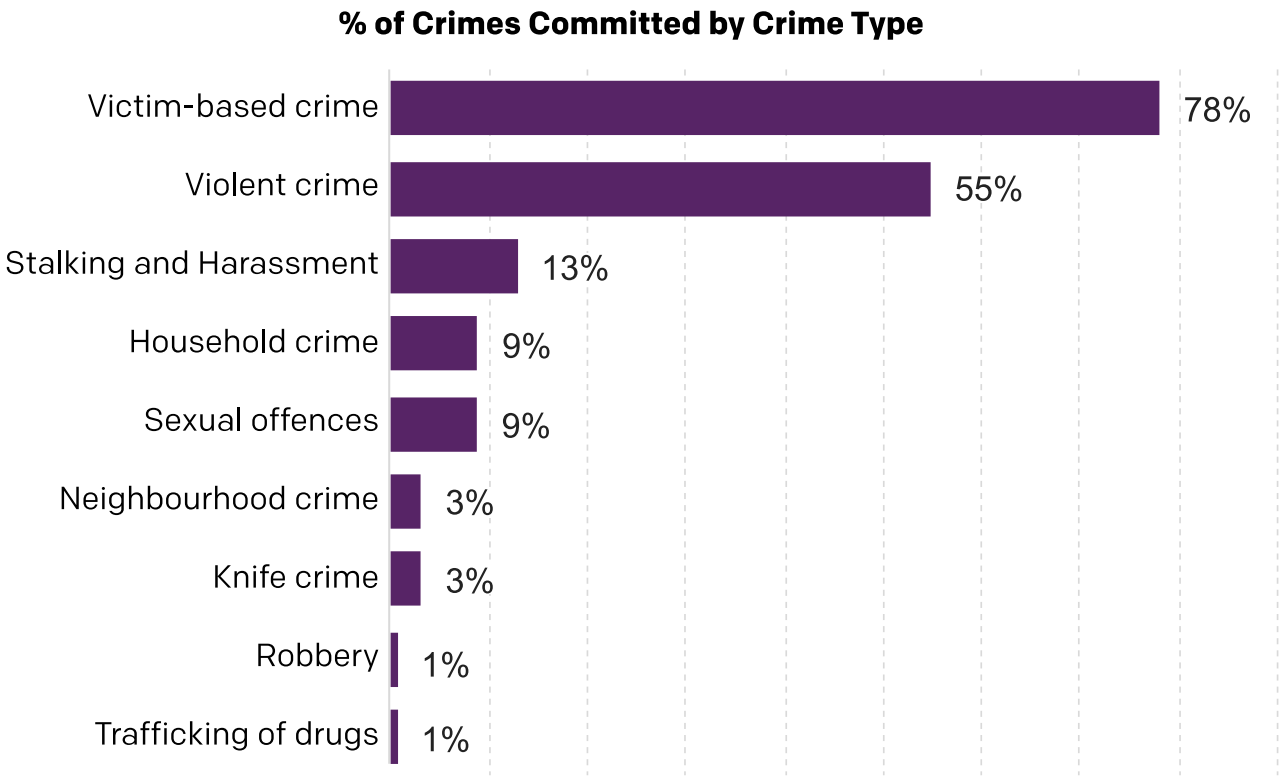
This reinforces the link between victimisation and subsequent offending, particularly in relation to violence. It highlights the importance of recognising group-related offending not solely as a criminal justice issue, but as one closely linked to vulnerability, exploitation and unmet need.

3.6 Schools crime analysis

This analysis explored patterns of youth-related offending in and around school environments across Greater Manchester, focusing on incidents occurring within 300 metres of a school and where the suspect was under the age of 18.

Across a two-year period, around 54,000 offences were recorded in Greater Manchester with a suspect under the age of 18. Approximately 7,800 (14%) of these taking place near a school, this means that approximately one in seven youth-related offences occur within the immediate school environment, highlighting the importance of these settings in understanding patterns of harm.

Figure 3.28: Percentage of crimes committed by under 18s within a 300m radius of schools across Greater Manchester (October 2023-September 2025)

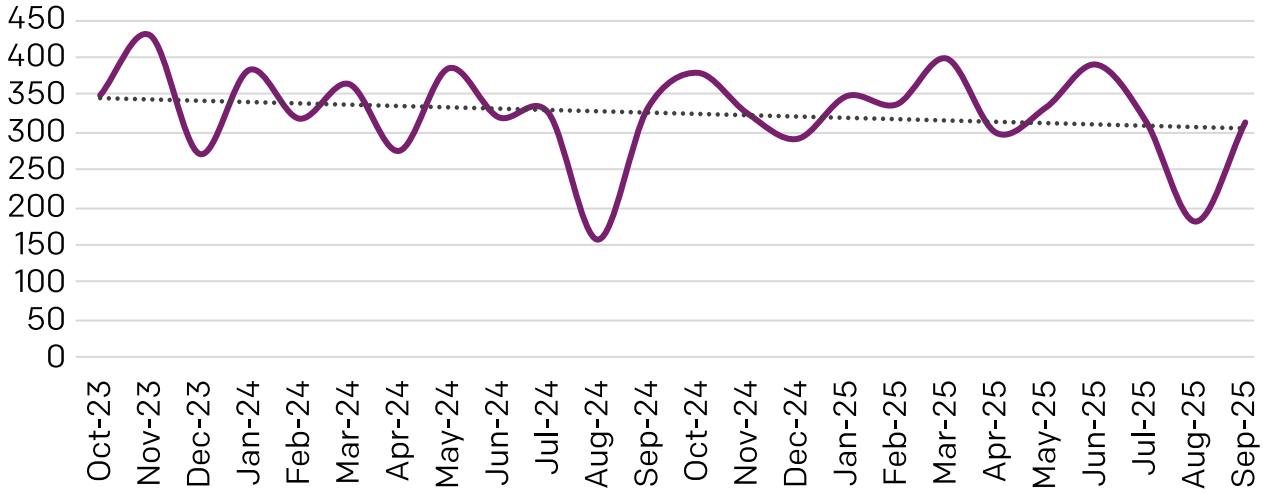


Source: GMP Recorded Crime

The types of offences recorded are shown in Figure 3.28. This graph indicates that victim-based crime and violent offences account for a substantial proportion of incidents near schools.

Stalking and harassment also feature prominently, suggesting that some incidents reflect ongoing or repeated behaviours rather than isolated events.

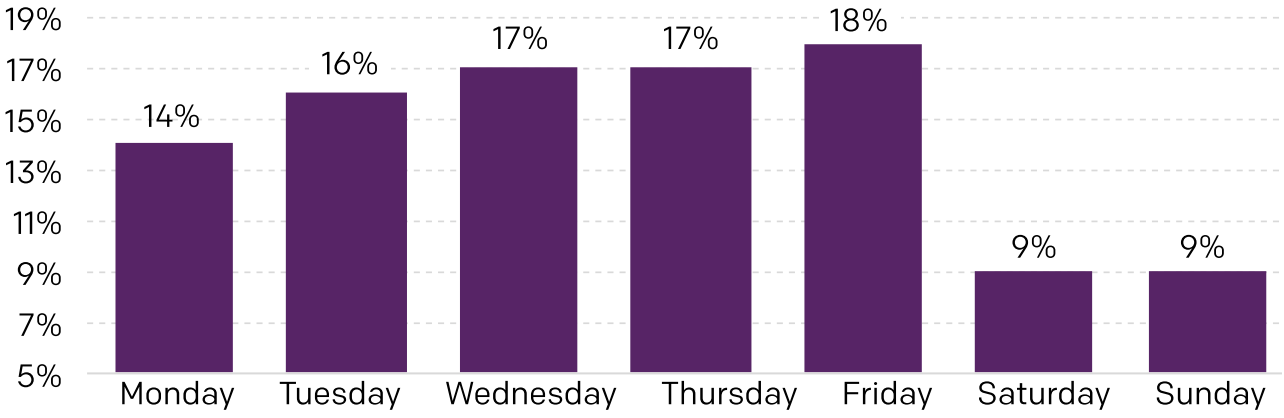
Figure 3.29: Count of crimes committed by month (October 2023-September 2025)



Source: GMP Recorded Crime

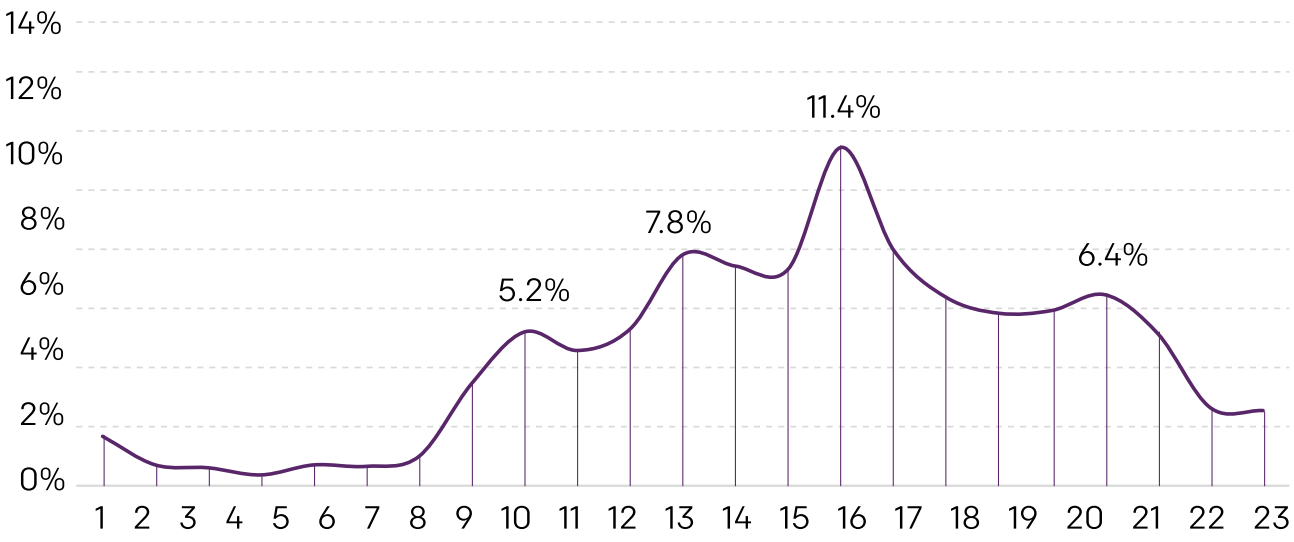
The above graph shows clear seasonal variation in the volume of crimes committed by under 18s, with crime levels typically falling during school holiday periods and showing a gradual overall decline across the two-year timeframe.

Figure 3.30: Percentage of crimes committed by day of the week (October 2023-September 2025)



Source: GMP Recorded Crime

Figure 3.31: Percentage of crimes committed by hour of the day (October 2023-September 2025)



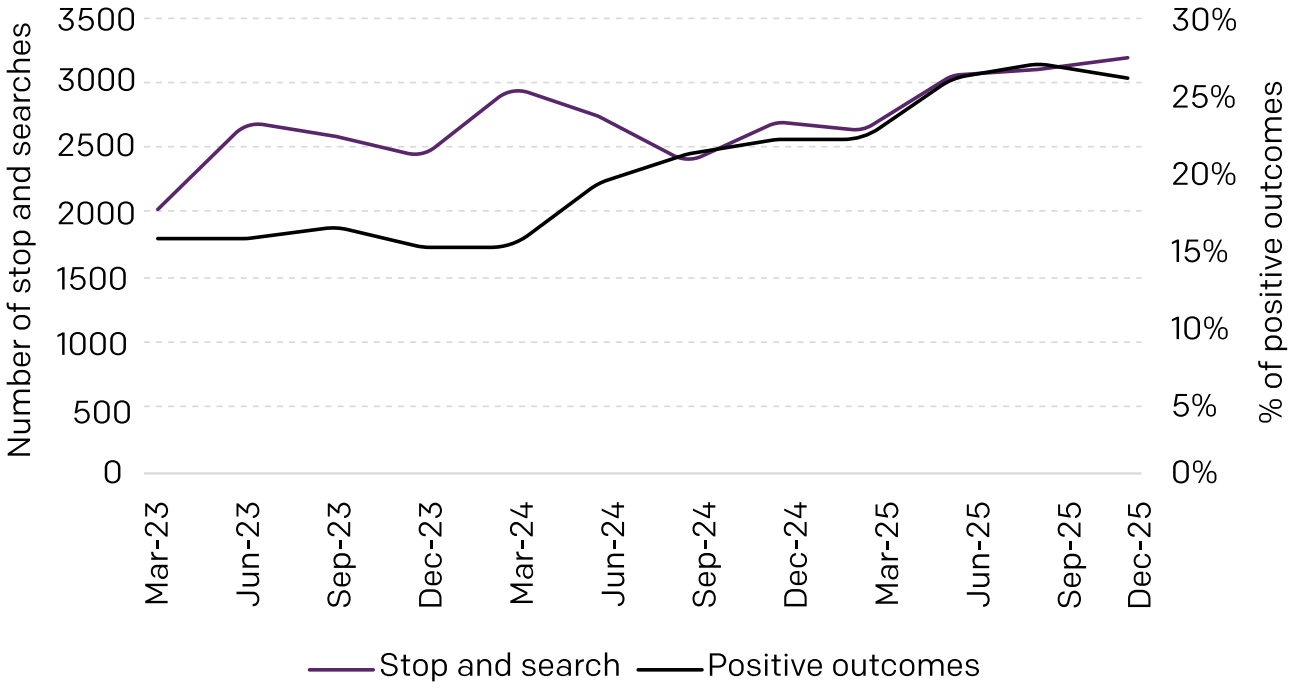
Source: GMP Recorded Crime

Clear temporal patterns are evident across the day and week. Offending remains relatively consistent from Monday to Friday, before reducing over the weekend. Within each day, incidents increase at key transition points in the school timetable, with the highest concentration occurring between 3pm and 4pm as students leave school. Additional increases are observed around lunchtime and later in the evening, particularly around 8pm (Figure 3.31). This trend aligns with the peak times for violent incidents involving under 18s in other data sources including A&E attendance data.

These patterns highlight specific times and contexts where risk is heightened, particularly during periods of movement and social interaction linked to the school day. Partner insights and feedback from young people indicate that travel to and from school in particular poses a time of particular risk.

3.7 Stop and search

Figure 3.32: Stop and search encounters with under 18s and percentage that resulted in a positive outcome (January 2023 – December 2025)



Source: GMP stop and search data

Stop and search activity for under 18s has increased overall across the last three years, rising from around 2,000 searches in early 2023 to over 3,100 in late 2025. While there are some fluctuations, the general trend is upward, with more consistent increases from mid-2024 onwards.

At the same time, the proportion of searches resulting in a positive outcome has also improved. Positive outcome rates rose from around 15% in early 2023 to around 26% in late 2025. This indicates that stop and search activity has become more targeted over time, with a greater proportion leading to meaningful outcomes.

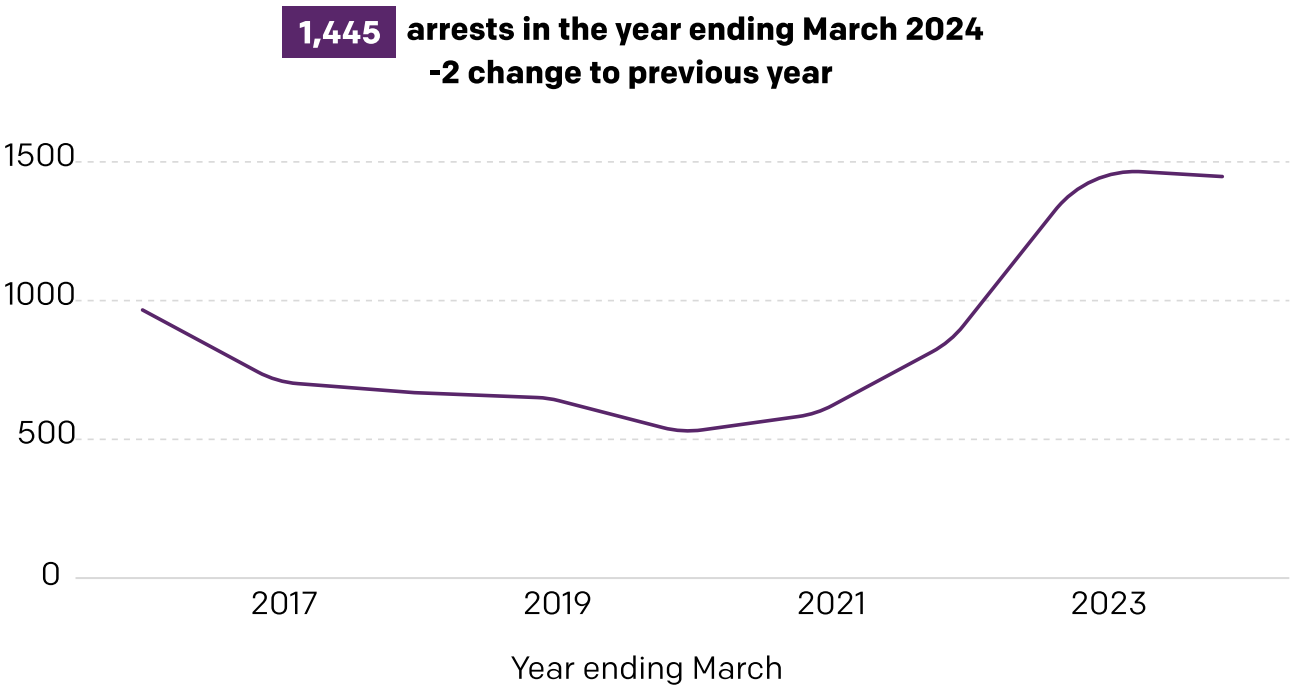
Within GMP, a positive outcome typically refers to a stop and search that results in further police action such an arrest, community resolution or recovery of prohibited items (e.g. weapons or drugs). Overall, this suggests that both the volume and effectiveness of stop and search have improved.

3.8 Youth Justice data

Youth Justice data provides further insight into patterns of vulnerability and contact with the criminal justice system among children involved in violence. The below data includes children aged 10-17 in Greater Manchester and is based Youth Justice Board data which is published annually.

Arrests

Figure 3.33: Number of arrests of children for violence against the person offences in Greater Manchester (2017-2023)



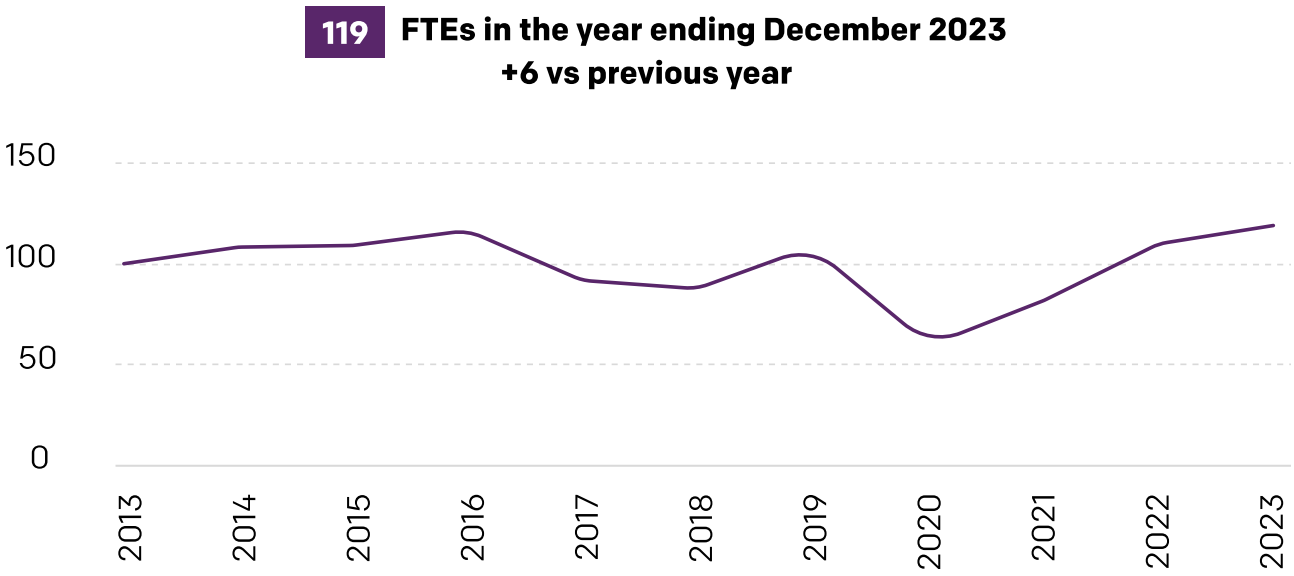
Source: Arrests of Children Dashboard | Tableau Public

In the year ending March 2024, there were 1,445 arrests of children in Greater Manchester for violence against the person. Of these, 25% involved children from minority ethnic backgrounds which indicates ethnic disproportionality within arrest outcomes, particularly when considered alongside the overall population profile of Greater Manchester.

First Time Entrants (FTEs)

First-time entrants (FTEs) to the Youth Justice System are children and young people aged 10-17 in England and Wales who receive their first substantive criminal outcome: a reprimand, warning, conviction, or youth caution recorded on the Police National Computer. These individuals are typically entering the system after a court sentence or a formal police caution.

Figure 3.34: Number of child FTEs for violence against the person offences in Greater Manchester (2013-2023)



Source: FTE Dashboard | Tableau Public

A similar pattern is observed in First Time Entrants (FTEs) to the youth justice system for violence against the person offences. In the year ending December 2023, there were 119 FTEs for violence against the person offences, making this the most common offence group and accounting for 19% of all FTEs. Of these, 23% were children from minority ethnic groups.

Proven offences

Proven offences by children are defined as an offence committed by a child or young person aged 10-17 that results in a formal out-of-court disposal such as a (caution, reprimand or warning) or conviction/sentence in court.

Data for violence against the person shows that in the latest year, there has been a 43% decrease in proven offences (381 children in 2024/25 compared to 674 in 2023/24).

3.9 Community perceptions of violence

Community perceptions of hotspot policing

Research commissioned by the GMCA and GMP using Home Office funding explored the impact of hotspot policing on community perceptions across Greater Manchester, combining qualitative insights from young people with large-scale survey data from residents.

Findings highlight a mixed picture. Increased police visibility is associated with improved feelings of safety and residents in hotspot areas are more likely to report seeing police and feeling safer compared to similar areas. Confidence in police effectiveness at tackling violence and anti-social behaviour is also higher in these locations (GMCA, 2025).

However, these improvements are not consistent across all groups. Qualitative research with young people from marginalised communities highlights ongoing challenges around trust and legitimacy. Many young people described feeling intimidated by police presence and reported experiences of being stereotyped, over-policed and under-protected. Trust in the police was often low, with some young people reluctant to report crime due to fear of repercussions or lack of confidence in the response.

Figure 3.35: Young Peoples Artwork – ''Recommendation 1: Develop Trust and Familiarity Amongst Communities'' (left)

Figure 3.36: Young Peoples Artwork – ''Recommendation 2: Improve Cultural Awareness to Address Racism'' (right)





Source: Community Insights: Young People's Views of Hot Spot Policing

Perceptions of safety were also found to be highly contextual, varying by time, location and individual characteristics such as age, gender and ethnicity.

Notably, areas with visible police presence were not always perceived as safe by young people.

The findings also reinforce the importance of wider system responses. Young people highlighted a preference for support from family and community networks over formal services, alongside a need for greater investment in youth provision, mental health support and community-based services.

Community perceptions of violence

Findings from the Another Chance consultation provides insight into how communities in Greater Manchester perceive violence and their role in preventing it. Based on a representative survey of over 400 residents of Manchester, alongside interviews and focus groups, the results highlight a mixed but informed picture.

Around two-thirds of residents believe that police and partners understand local issues, although over a third still view violent crime as a problem. Concern is particularly pronounced in relation to young people and violence, 43% of people are concerned about young people causing harm. These concerns are echoed in qualitative findings, where participants pointed to factors such as limited support for young people, economic pressures and exposure to violence (SMSR Research, 2023).

Importantly, there is clear appetite for community involvement in preventing violence. One in five residents expressed willingness to take part in violence reduction activity, and over half were interested in learning more about initiatives like Another Chance. Across both survey and focus group findings, there is a consistent emphasis on the need for earlier intervention, stronger community engagement and more preventative approaches.

This reinforces the importance of combining data with lived experience and ensuring that violence reduction activity is rooted in and shaped by the communities it seeks to support.

Community perceptions of knife crime

Qualitative insight from young people in Manchester city centre highlights how place-based experiences of safety are shaped not only by incidents of violence, but by the perceived risk of harm, particularly knife crime.

Research conducted by Unity Radio and SMSR Research in Piccadilly Gardens identified a persistent and ambient fear of knife related violence, which influences how young people navigate the space. Even when individuals have not directly experienced knife crime, there is a widespread perception of unpredictability and risk, often framed around not knowing who might be carrying a knife. This creates a low-level but continuous threat for young people, particularly during the evening and nighttime (SMSR Research, 2026).

As a result, it was found that young people adopt self-protective behaviours including avoiding the area after dark, travelling in groups and remaining hyper-aware of their surroundings.

Knife crime is consistently viewed as serious, harmful and unacceptable by young people with participants referencing both direct and indirect exposure including witnessing incidents or hearing about stabbings through peer networks. However, the fear of knife crime does not exist in isolation. It is closely linked to other drug use, anti-social behaviour and the condition of the environment, which contributes to a wider sense of disorder and unpredictability in the space.

These findings highlight that knife crime should be understood not only through recorded offences but as a key driver of perceived safety and behaviour among young people. Effective responses therefore need to address both actual risk and perceived threat, combining enforcement with environmental improvements, youth engagement and prevention-focused approaches.

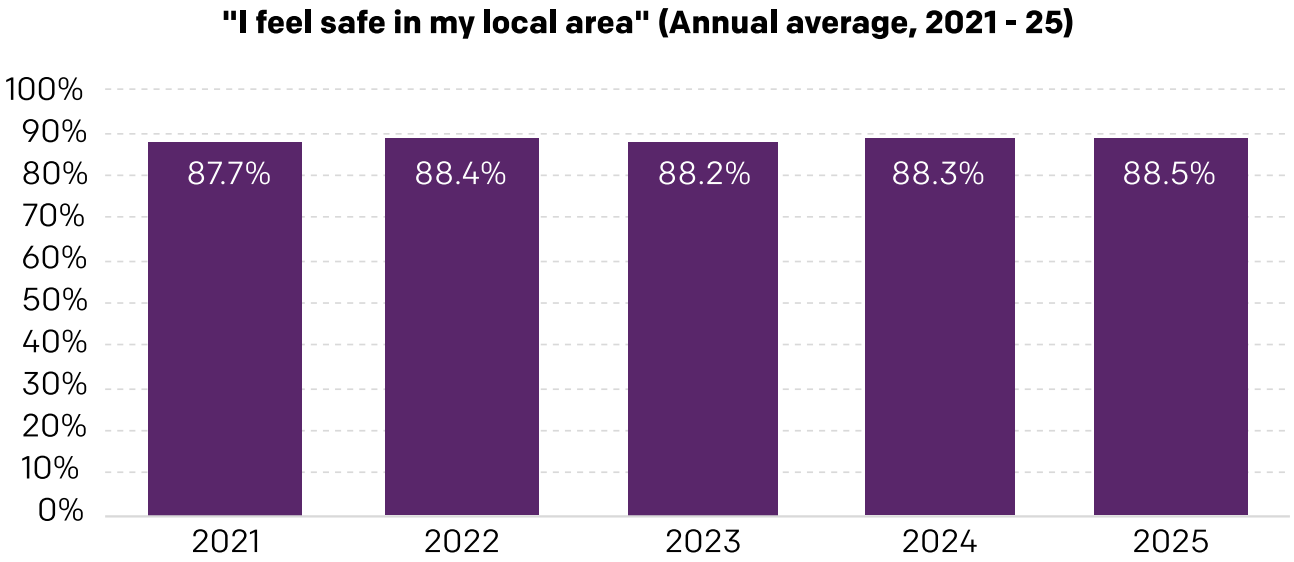
Feeling of safety and perceptions of police and other partners

Since 2019 GMCA and GMP have co-commissioned, a large-scale survey focussing on residents' feelings of safety and perspectives on a range of community safety issues. While no data specific to violence is captured through this survey, there are several questions around feelings of safety and confidence in the local system's response to community safety issues that highlight key strengths and communities at risk within the city region.

This survey is conducted by an independent market research agency, DJS, and speaks to 3,250 Greater Manchester residents aged 16+ per quarter by phone, face-to-face, or online. The survey speaks to people of all ages, backgrounds, and experiences across the general public and is not reliant on a 'self-selecting' sample or any prior engagement with community safety services in the city region. The sample is targeted to be representative of Greater Manchester's population by age, gender, and ethnicity down to local authority level.

The majority of Greater Manchester residents surveyed report feeling safe in their local area (defined as a 5-minute walk from their home), with around 88% of respondents saying they feel very or fairly safe, more or less consistent over the last five years.

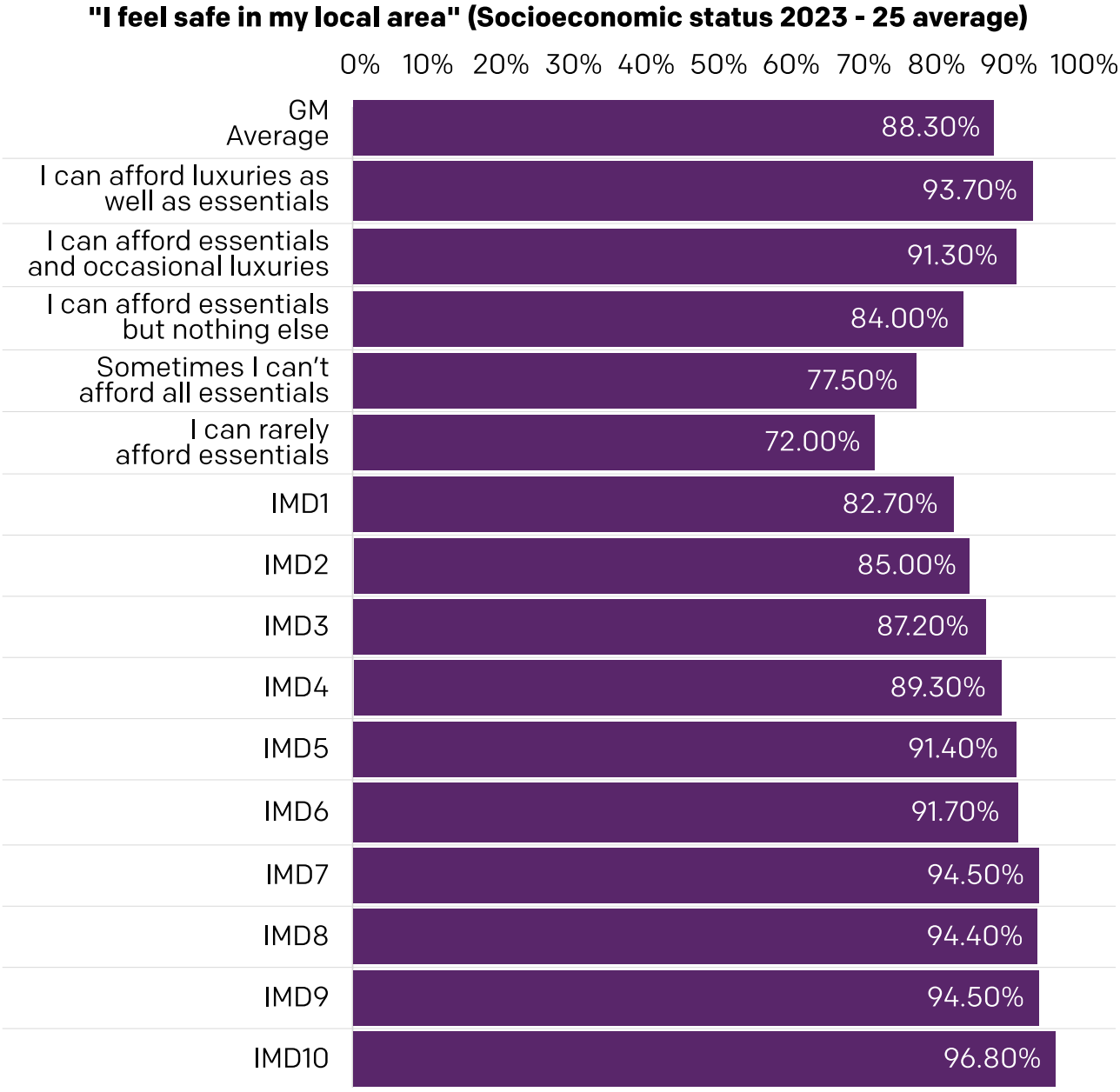
Figure 3.37: Feelings of safety in local area (2021-2025)



Source: Police and Community Safety Survey

There is however variation in feelings of safety between groups and key demographics. This is particularly notable by socioeconomic circumstances, with a 21-percentage point difference in the reported feelings of safety between those experiencing the least financial strain and the most. Similarly, there is a 14-percentage point difference in feelings of safety between those living in areas among the 10% most deprived nationally and areas among the 10% least deprived.

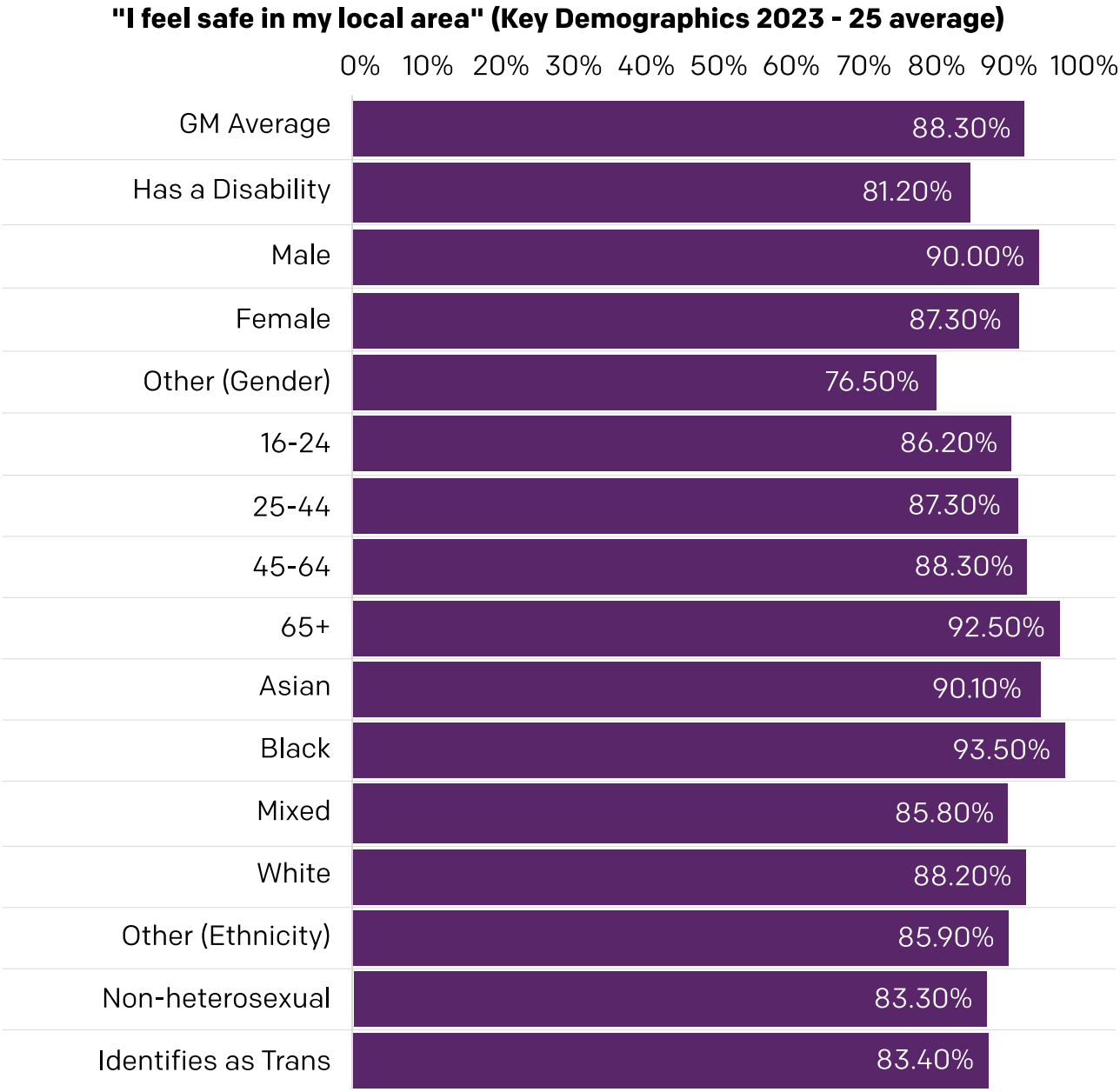
Figure 3.38: Feelings of safety in local area by average socioeconomic status (2021-2025)



Source: Police and Community Safety Survey

Feelings of safety are also lower among certain demographics, including some marginalised groups. Younger people, individuals with disabilities, people of any gender identity other than male, people of mixed or other ethnicity, non-heterosexual, and those identifying as trans all report lower feelings of safety on average than other groups.

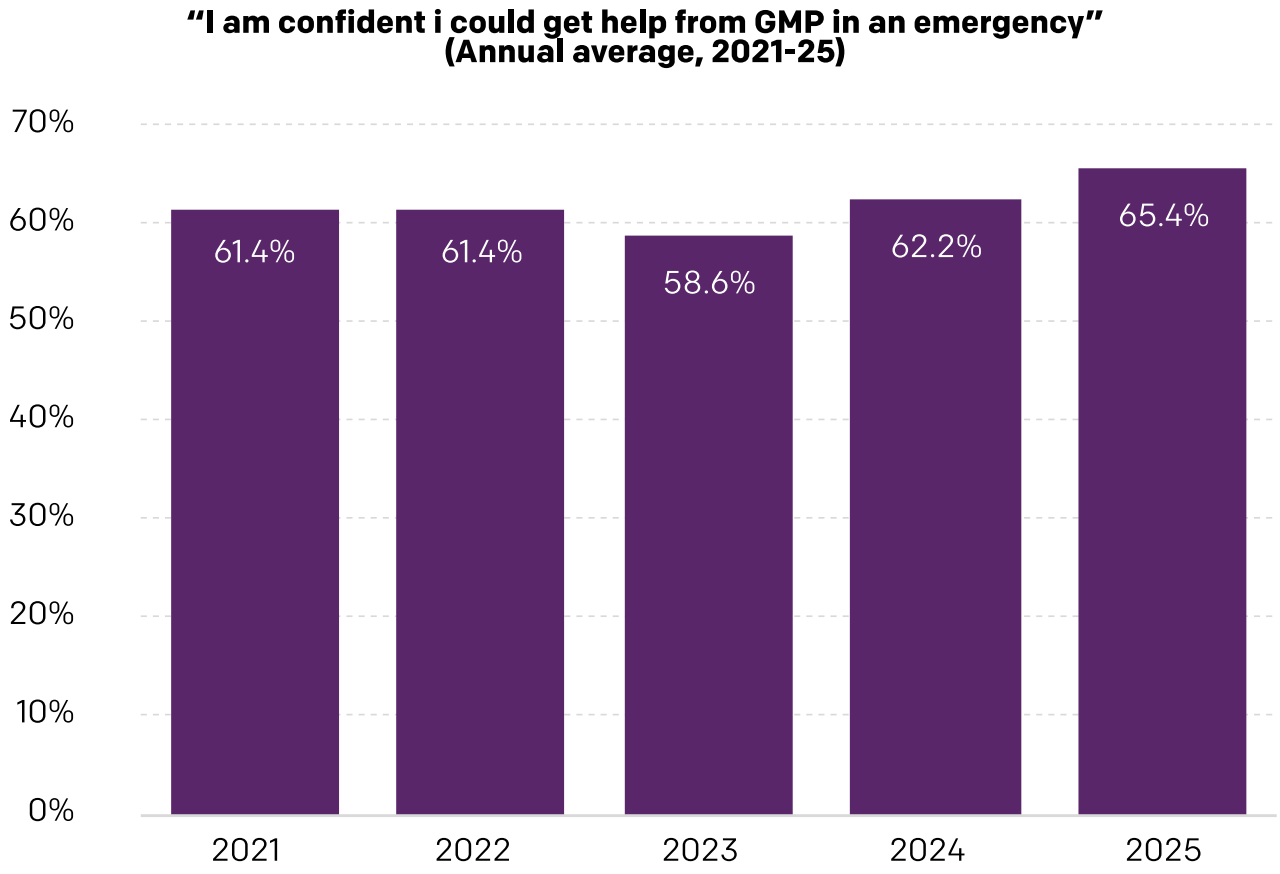
Figure 3.39: Feelings of safety in local area by key demographics (2021-2025)



Source: Police and Community Safety Survey

These same trends are not necessarily carried across to confidence in GMP, however. In the last 3 years, an average of 62% of respondents said they were confident they could get help from GMP in a non-emergency, though there have been steady rises over recent years.

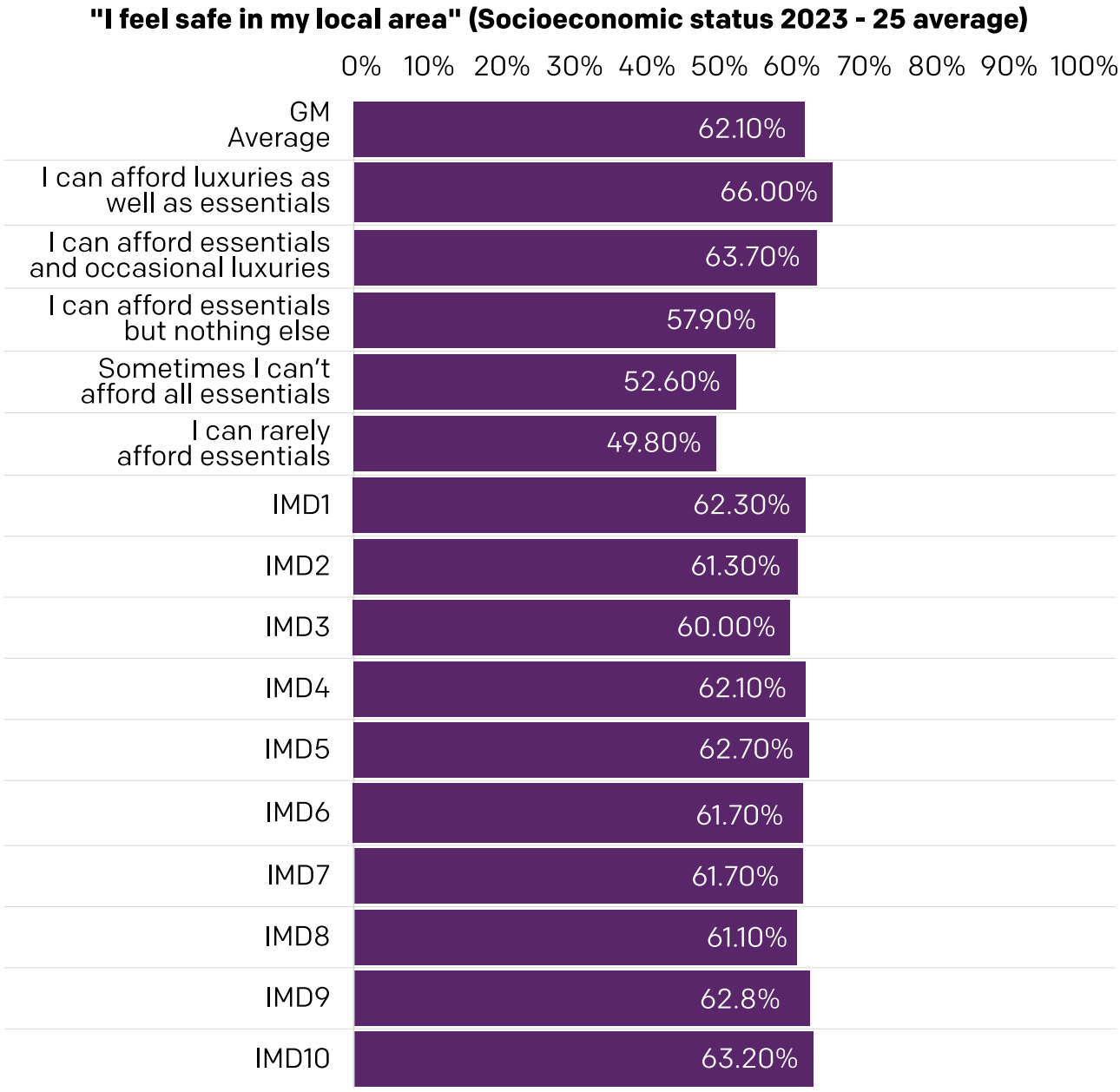
Figure 3.40: Confidence in getting help from GMP in an emergency (2021-2025)



Source: Police and Community Safety Survey

Again, those experiencing the most financial strain also indicate the least confidence, with a 16-percentage point difference between those experiencing most and least financial strain. This is a consistent trend across almost all themes captured within the survey, with a steady decline in positive responses to all questions directly and markedly aligned with level of financial strain. Notably however, the same trend is not seen by deprivation decile of the respondent's local area, with similar levels of confidence seen in areas of differing deprivation. For some aspects of confidence in GMP – in particular their perceived effectiveness dealing with ASB, preventing violence against women and girls, and protecting children and vulnerable people – there is the opposite correlation, with residents of less deprived areas feeling less confident in GMP.

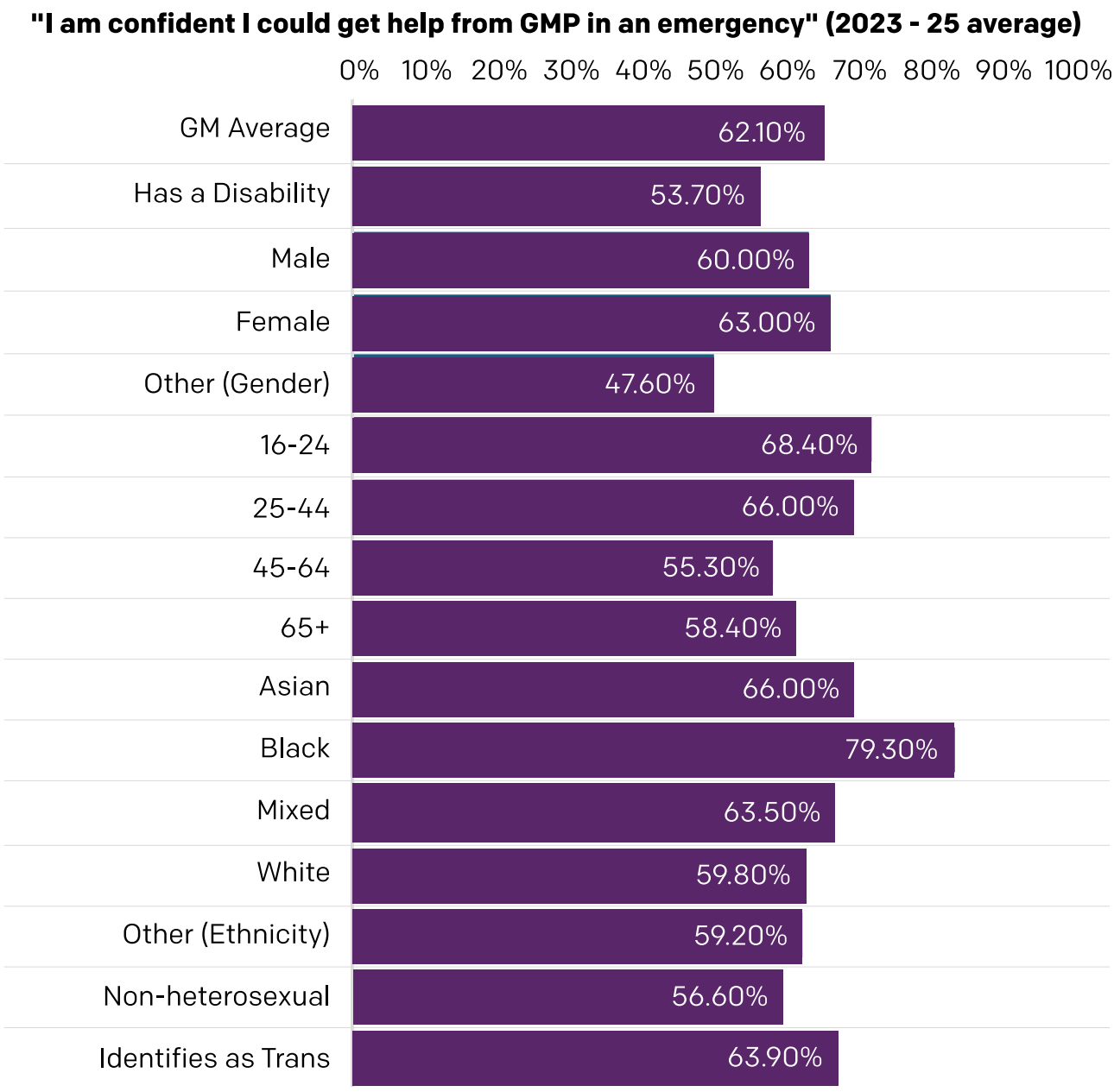
Figure 3.41: Confidence in getting help from GMP in an emergency by deprivation (2023-2025)



Source: Police and Community Safety Survey

Similarly, feelings of safety are not necessarily aligned with confidence in GMP among all groups. While they may feel less safe on a day-to-day basis, younger people and female respondents also report higher levels of confidence in GMP than older or male respondents. Those of Black, Asian, and Mixed ethnic background also all report higher confidence in police than White respondents. Those with disabilities, of non-binary gender identity, and non-heterosexual respondents however report low confidence as well as lower feelings of safety.

Figure 3.42: Confidence in getting help from GMP in an emergency by demographic (2023-2025)

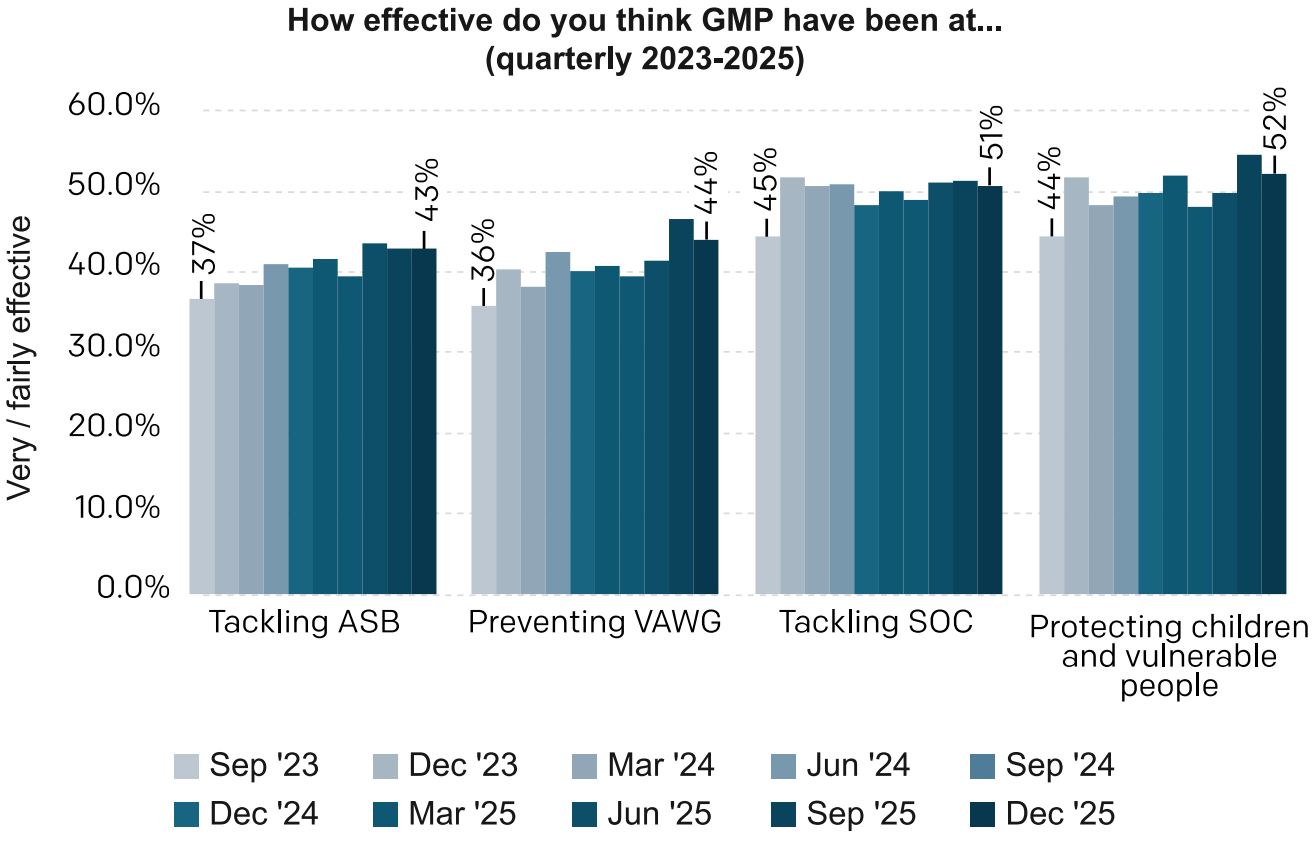


Source: Police and Community Safety Survey

Aspects of GMP's performance are also monitored within the survey, including certain aspects of particular relevance to the VRU's work – rating GMP's effectiveness in tackling anti-social behaviour (ASB), preventing violence against women and girls (VAWG), tackling serious organised crime (SOC), and protecting children and vulnerable people. It should be noted that while these and the previous reported questions only specify GMP, previous research indicates that most respondents do not distinguish in a meaningful way between GMP and other CSP partners in terms of response to community safety issues.

Perceptions of specific elements of GMP's performance tends to be lower than confidence in their overall performance, with 50% or under of respondents over the previous 3 years rating GMP as effective at these goals. Nevertheless, previous research within the survey indicates that while there is scepticism around particular aspects of police and partners' performance, there is still a strong base of optimism and good will toward these institutions as a whole that partners can draw upon. Perceptions of the system's effectiveness are also improving, with a clear upward trend in all measures visible over the past 2-3 years.

Figure 3.43: Confidence in GMPs effectiveness (2023-2025)



Source: Police and Community Safety Survey

Very similar demographic differences are seen as in confidence in GMP in an emergency. Younger and non-White ethnic groups tend to have a more positive view of GMP's effectiveness, and disabled, non-heterosexual, and non-binary individuals more negative views.

Previous in-depth analysis of this data highlights several reasons trends in confidence may not always match feelings of safety, and why some difference between demographics may not align with expectations or the views expressed by partner agencies. Firstly, it should be noted that these are bivariate analyses – an intersectional approach to analysis can highlight more nuanced differences within groups and better identify driving factors that are more prevalent in different groups. For example, previous analysis of this data found that while ethnicity was a significant factor in feelings of safety and confidence in the police, personal characteristics such as age, gender, mental health, disabilities, employment, financial situation, and experience crime were greater drivers of differences between individuals. These characteristics can manifest to differing levels between groups which may explain unexpected results. For example, older residents of Greater Manchester are less likely to be experiencing financial strain and so feel safer, and Black residents are on average younger than other groups and so may have more confidence in police. Secondly, greater differences may be identified between groups when groups are broken down further. 'Asian' as a category, for example, may merge communities with very different experiences such as people of Pakistani, Bangladeshi, or Indian heritage. Previous analysis indicates that the views of White Irish residents are much closer to non-White groups than White British, for example.

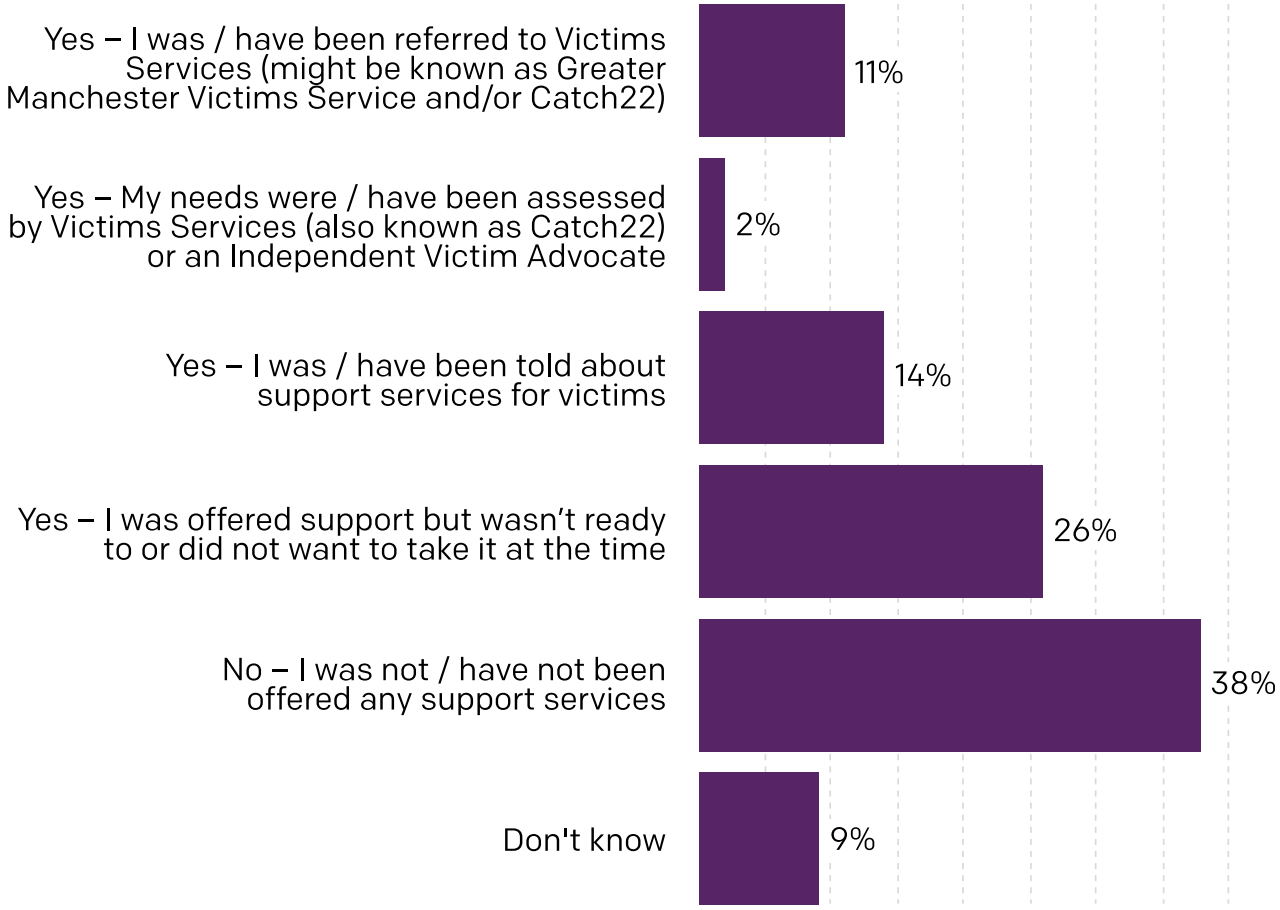
Victim experiences and confidence in the criminal justice system

Understanding victim experience is a key component of public perceptions of safety and justice. Data from the Greater Manchester Victims of Crime Survey provides insight into how victims engage with and experience the criminal justice system.

The survey has been conducted since June 2024, with eight waves completed to date. Each wave includes approximately 1,000 respondents with analysis here focusing on victims of 'violence with injury' and 'violence without injury' offences (n=2,945). The survey assesses experiences against the 12 rights outlines in the Victim's Code of Practice (COP) (GMCA Victims Survey, 2025).

Victims were asked whether they were offered the opportunity to access victim support services following their interaction with the police:

Figure 3.44: As a result of your interaction with the police, were you offered the opportunity to access victims support services?

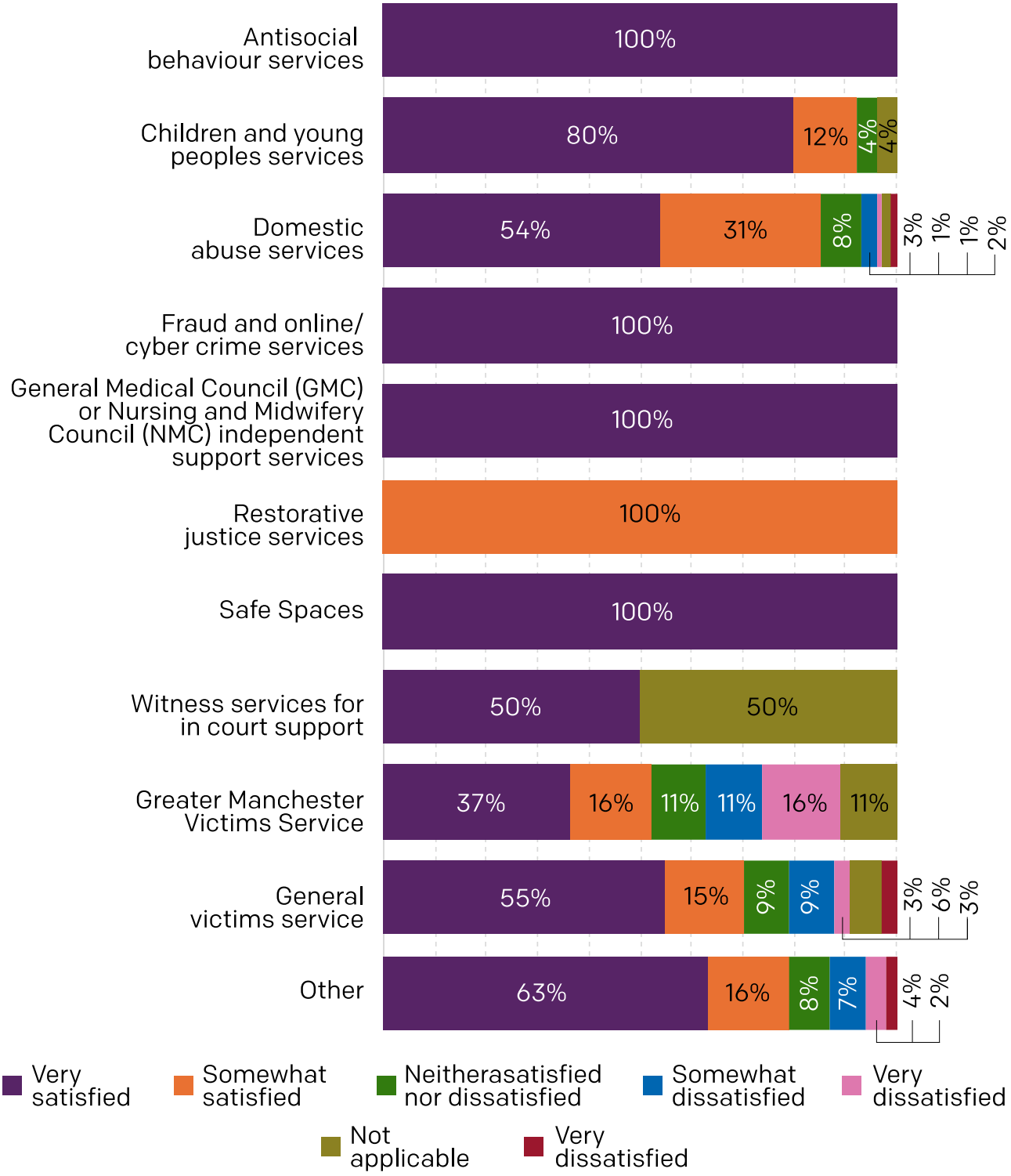


Source: DJS/GMCA Victims of Crime Survey

This measure indicates how consistently victims are connected to support at the earliest stage, which is a key factor in recovery and ongoing engagement with the criminal justice process. The data shows that 53% of victims of violence reported being offered access to victim support services, suggesting variability in early support provision for victims of violent offences.

Victims were also asked to rate their satisfaction with the support they received:

Figure 3.45: Thinking about your experience, how satisfied or dissatisfied were you with the following support?

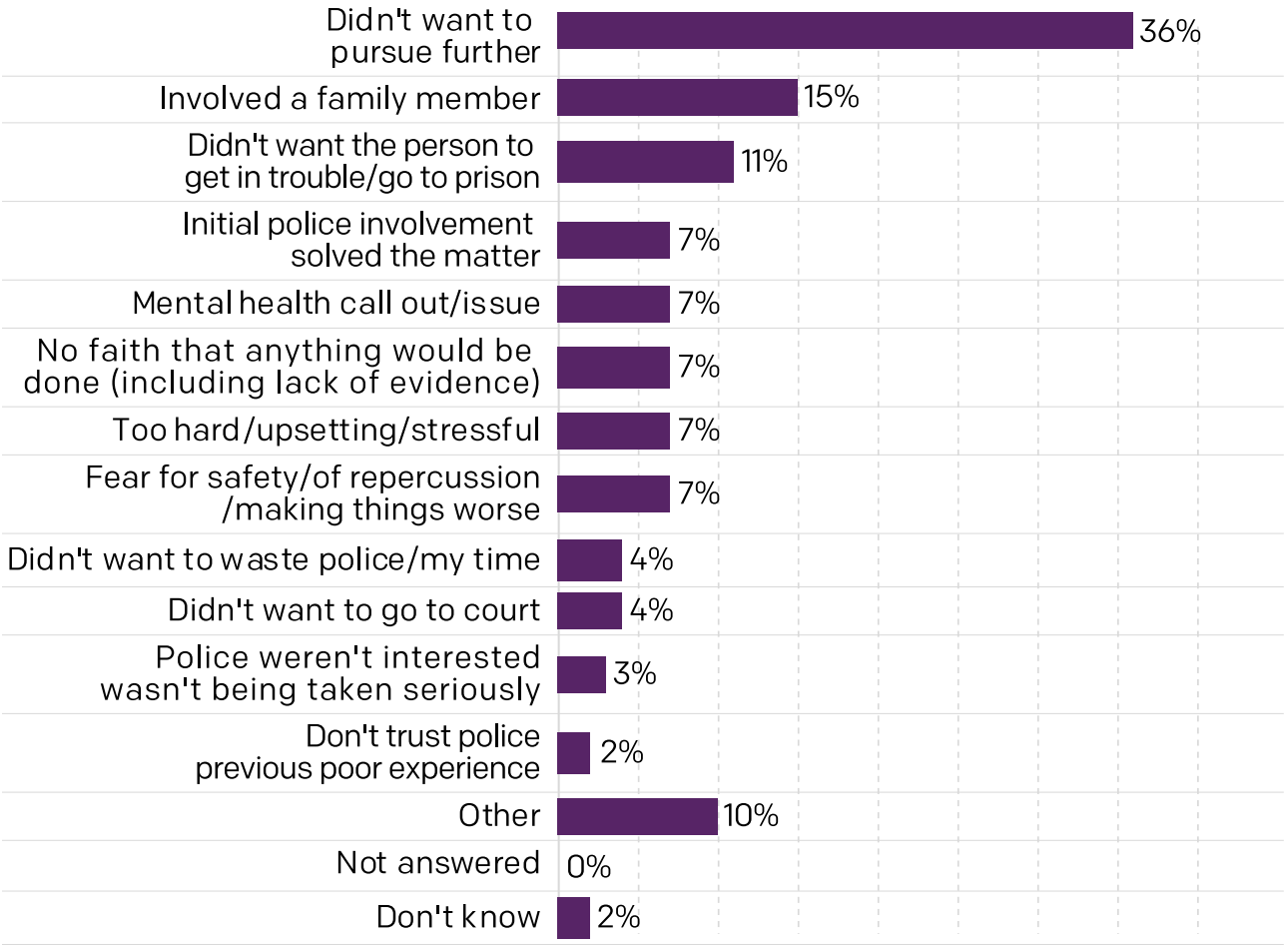


Source: DJS/GMCA Victims of Crime Survey

Satisfaction with support varies considerably depending on the type of service accessed. Some specialist services report very high levels of satisfaction, including anti-social behaviour services, restorative justice, safe spaces and fraud/cyber support. Children and young people's services and domestic abuse services also show generally strong satisfaction, though with a small proportion of neutral or dissatisfied responses indicating some inconsistency in experience.

More mixed experiences are evident in general services with lower levels of very satisfied responses and higher proportions of neutral and dissatisfied feedback. These findings suggest that while specialist and targeted provision is often experienced positively, more general services may struggle to consistently meet victim expectations. Victims who disengaged from investigations were asked why they chose to withdraw their cooperation:

Figure 3.46: Why did you want to withdraw your cooperation/involvement from the investigation?



Source: DJS/GMCA Victims of Crime Survey

Reasons for withdrawal provide an important insight into barriers to engagement. The most common reasons included not wanting to pursue the matter further (36%), the crime involved a family member (13%), not wanting the person to get in trouble or go to prison (11%). These findings highlight the complex personal and relational factors that influence victim engagement with the justice process.

These findings highlight that victim experience is a critical component of the wider violence reduction system. Inconsistent access to support, mixed satisfaction with services and identifiable reasons for withdrawal all point to structural barriers that can reduce victim engagement with the criminal justice process.

Where victims do not feel adequately supported, listened to or protected they may be less likely to continue with investigations or report future incidents. This contributes directly to underreporting of violence, limits opportunities for early intervention and weakens the overall system response. Conversely, positive experiences, particularly where victims feel supported, informed and treated with respect can strengthen trust, improve cooperation and support longer-term prevention outcomes.

3.10 Greater Manchester Fire and Rescue Service

Greater Manchester Fire and Rescue Service (GMFRS) works closely with the VRU to help prevent violence and improve community safety. By working alongside partners including police, health services, education providers, local authorities and community organisations, GMFRS supports initiatives that address the root causes of violence, particularly among young people.

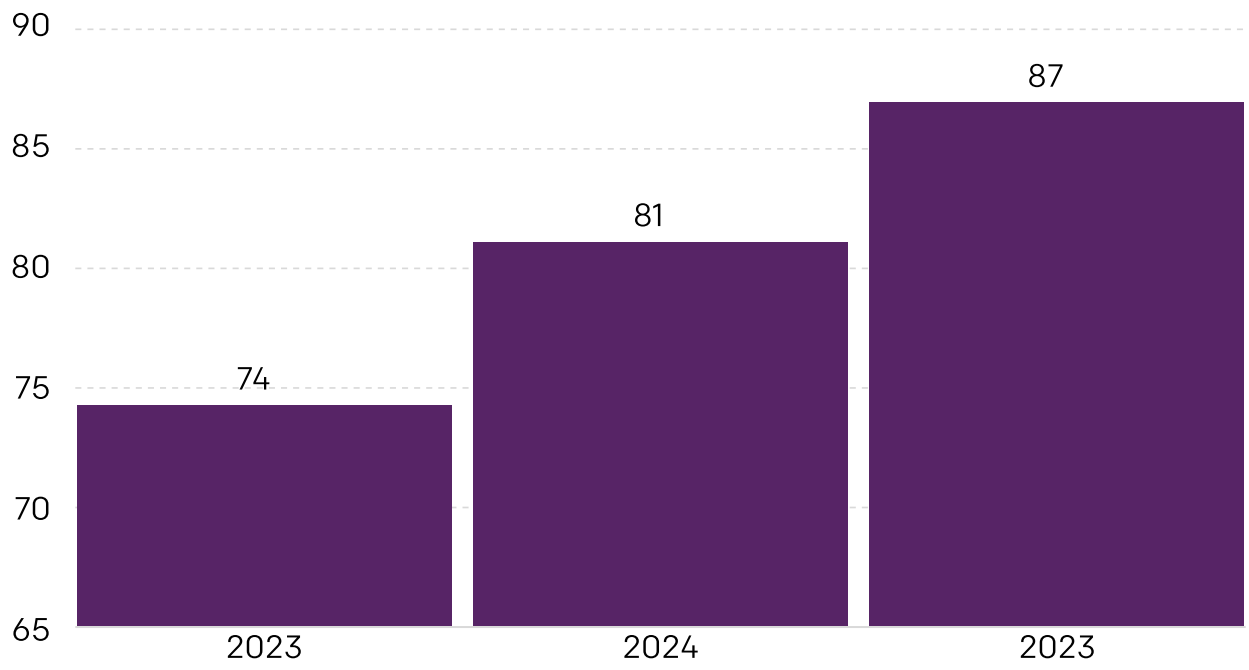
FireSmart

GMFRS's FireSmart programme provides targeted early intervention for children and young people displaying signs of fire setting behaviour within Greater Manchester. The programme offers a free and confidential prevention service for individuals aged under 18, and for young adults aged under 25 with additional needs, disabilities or an Education, Health and Care Plan (ECHP).

FireSmart aims to reduce the risk of future fire setting through tailored 1-1 interventions delivered in fire stations, educational settings or the family home. Sessions focus on increasing awareness of the risks and consequences of fire-setting behaviour, exploring the underlying reasons for the behaviour and improving understanding of the potential risk and consequences of this behaviour.

Between 2023 and 2025, the programme delivered 242 interventions across Greater Manchester, with activity increasing year on year. A further 11 interventions have been completed in 2026/27 at the time of reporting.

Figure 3.47: Number of visits complete by the GMFRS FireSmart programme (2023-25)



Source: Greater Manchester Fire and Rescue Service (2025)

Fire setting is distinct from serious violence however it can be associated with wider vulnerabilities, ACES and other risk factors linked to harm and offending. FireSmart is an important component of Greater Manchester's wider prevention system, providing an opportunity to identify need early and connect children and young people to appropriate support before behaviour escalates.

Bonfire and Halloween campaign

The Bonfire and Halloween period (1 September-10 November) represents a distinct seasonal pattern of demand across Greater Manchester, particularly in relation to fire-related incidents, anti-social behaviour (ASB) and criminal damage.

During the 2025 campaign period, reductions were observed across a number of incident types compared to the previous year. This included decreases in deliberate primary fires (-27%), deliberate secondary fires (-21%), overall ASB (-10%), hoax calls attended by GMFRS (-7%), hoax call-related ASB (-17%) and criminal damage (-6%).

However, this pattern was not consistent across all measures. Increases were recorded in youth-related ASB (+16%), firework-related ASB (+2%) and attacks on firefighters (+18%). Overall, these trends indicate that alongside an overall reduction in incident demand, specific risks remain associated with young people's behaviour and the use of fireworks during this period.

Variation is evident across boroughs and wards, with incidents clustered in particular locations that are subsequently targeted for intervention. Evidence from the 2025 campaign indicates that this approach was associated with reductions in incidents. For example, in Brookdale Park, Newton Heath, deliberate fire incidents reduced from 27 in 2024 to 4 in 2025 following the introduction of place-based measures, including the closure of the park overnight.

A multi-agency response was delivered during this period, combining prevention, enforcement and partnership activity. This included joint patrols in identified hotspot locations, targeted engagement with young people through education settings and wider communications activity aimed at young people and parents and carers.

Overall, the findings identify the Bonfire and Halloween period as a recurrent, time-limited pressure point, characterised by reductions in several incident types alongside continued pressures linked to youth-related ASB, firework-related behaviour and risk to frontline staff.

Atlas

The Atlas Project, designed with Greater Manchester Probation Service, clinical psychologists and universities, supports adults with a conviction, history or likelihood of deliberate fire-setting. It is a two-week programme which uses classroom and practical sessions based on evidence-based practices. It includes one-to-one person-centred techniques and group discussions on the impact of fire. The course teaches teamwork, communication, risk assessment and consequence, leading to an accredited Developing Resilience qualification. Besides fire safety awareness, it offers support in education, employment, housing and personal motivation.

The Atlas Project has successfully changed behaviours among adult fire-setters and between 2023-2025 there has been a zero percent reoffending rate for fire-setting convictions amongst project participants.

Chapter 4: Risk and protective factors

Preventing violence requires more than simply understanding incidents after they occur. A public health approach focuses on understanding and addressing the underlying factors that increase the likelihood of violence, as well as those that protect individuals from harm.

Risk and protective factors exist across the life course and operate at multiple levels including the individual relationships, communities and wider society. Risk factors can increase likelihood of violence, either as victims or perpetrators, while protective factors can reduce this risk and support positive outcomes. Importantly, these factors do not act in isolation, they often interact and accumulate over time.

Early life experiences play a particularly important role. Exposure to adversity, trauma or instability during childhood can increase vulnerability to violence later in life, especially when combined with factors such as deprivation, poor health or limited access to support. On the other hand, stable relationships, positive school experiences, good physical and mental health and access to opportunities can act as protective factors that build resilience and reduce the likelihood of harm.

Understanding these factors at a Greater Manchester level is critical to informing prevention. By identifying where risk is concentrated and where protective factors can be strengthened, partners across Greater Manchester can target interventions more effectively, prioritise early action and support long-term reductions in violence.

4.1 Education, absence, exclusions and violence

Educational engagement is a key protective factor against violence and exploitation. Conversely, exclusion from school and persistent absence are associated with increased vulnerability including poorer outcomes, reduced access to support and greater exposure to risk.

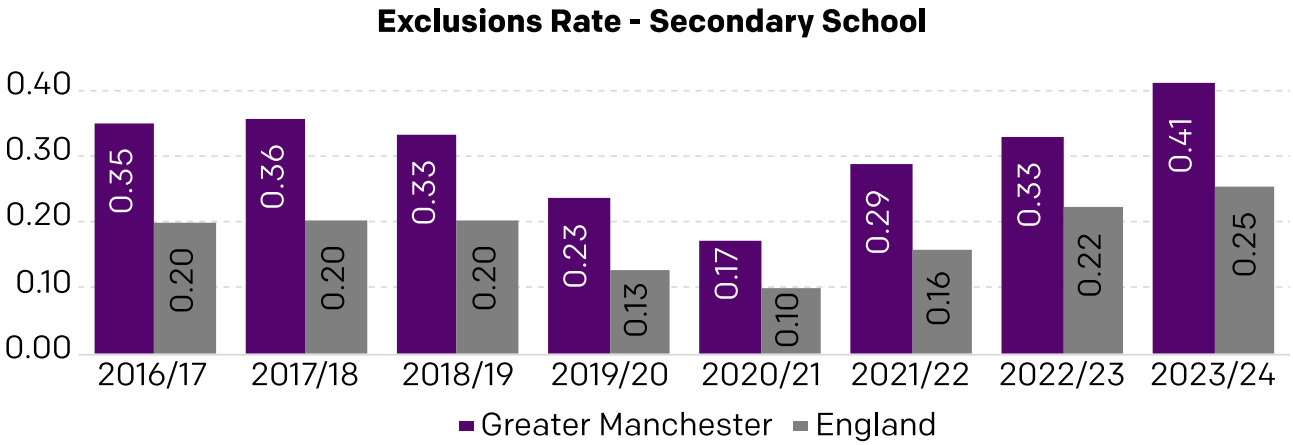
Exclusions

Permanent exclusion refers to a pupil who is excluded and does not return to that school, unless the exclusion is formally overturned. Permanent exclusion rates in secondary schools in Greater Manchester have been higher than the national average between 2016/17-2023/24.

Between 2016/17 and 2018/19, rates in Greater Manchester remained relatively stable (0.33-0.36 exclusions per 100 population), compared to 0.20 nationally. During the COVID-19 period, exclusions dropped significantly, reaching 0.17 in 2020/21 (England: 0.10), reflecting reduced school attendance and changes to disciplinary practices.

Since the pandemic, exclusion rates have increased sharply. By 2023/24 the rate in Greater Manchester had risen to 0.41, compared to 0.25 nationally, the highest point across the time series and a widening gap with England. This suggests not only recovery from COVID-related disruption but a potential escalation beyond pre-pandemic levels, particularly within Greater Manchester.

Figure 4.1: Greater Manchester vs National exclusion rates (secondary)



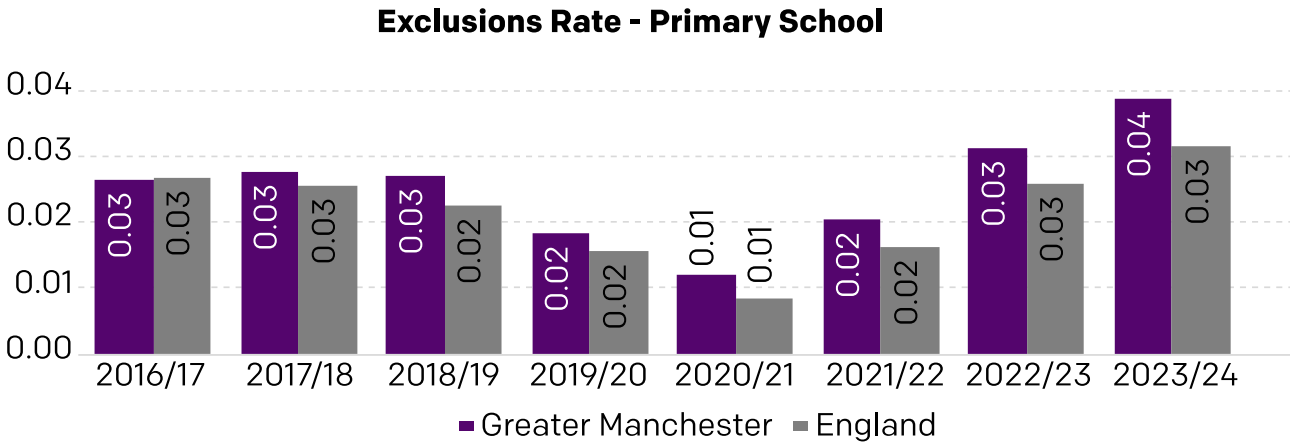
Source: Suspensions and permanent exclusions in England

Permanent exclusion rates in primary schools are considerably lower than in secondary schools but show similar trends over time.

Rates in Greater Manchester have generally aligned with or been slightly above national levels. Following a reduction during the COVID period (0.01 in 2020/21), exclusions have increased, reaching 0.04 in 2023/24, compared to 0.03 nationally.

While absolute numbers remain low, the upward trend post-pandemic is consistent with patterns observed in secondary education.

Figure 4.2: Greater Manchester vs National exclusion rates (primary)



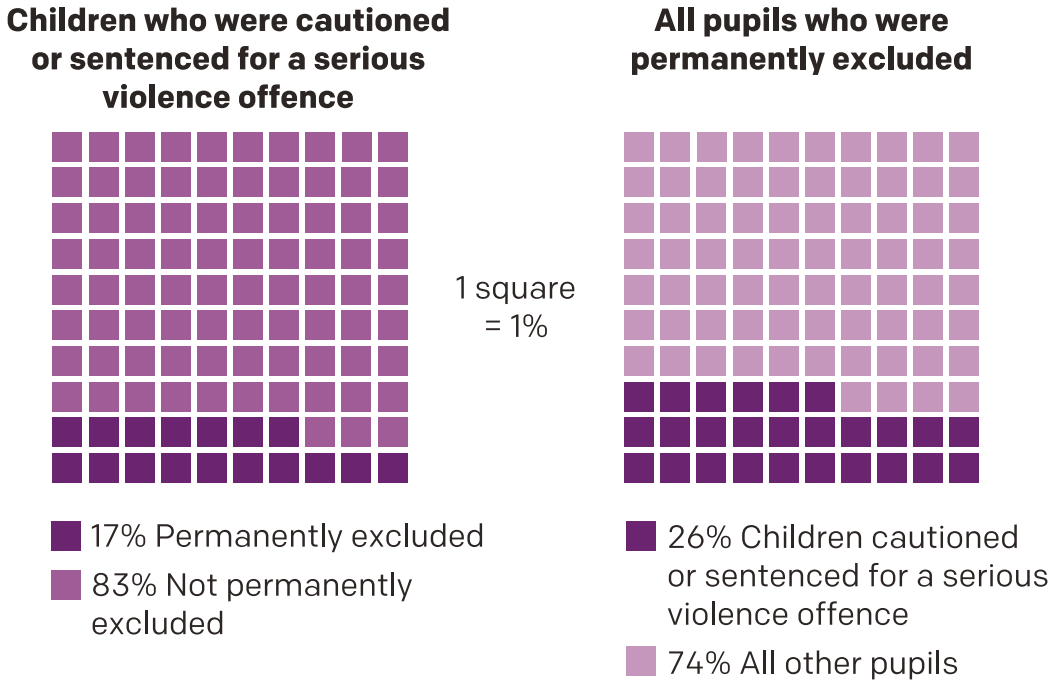
Source: Suspensions and permanent exclusions in England

Exclusions show a stronger association with serious violence. Children who have been cautioned or sentenced for a serious violent offence are far more likely to have been excluded at some point, 17% for Manchester compared to around 1% of all pupils (16% compared to 1% nationally).

Figure 4.3: The proportion of children cautioned or sentenced for a serious violence offence and had been permanently excluded, and all pupils who had ever been persistently absent, for pupils matched to KS4 academic years 2012/13 and 2017/18

Manchester

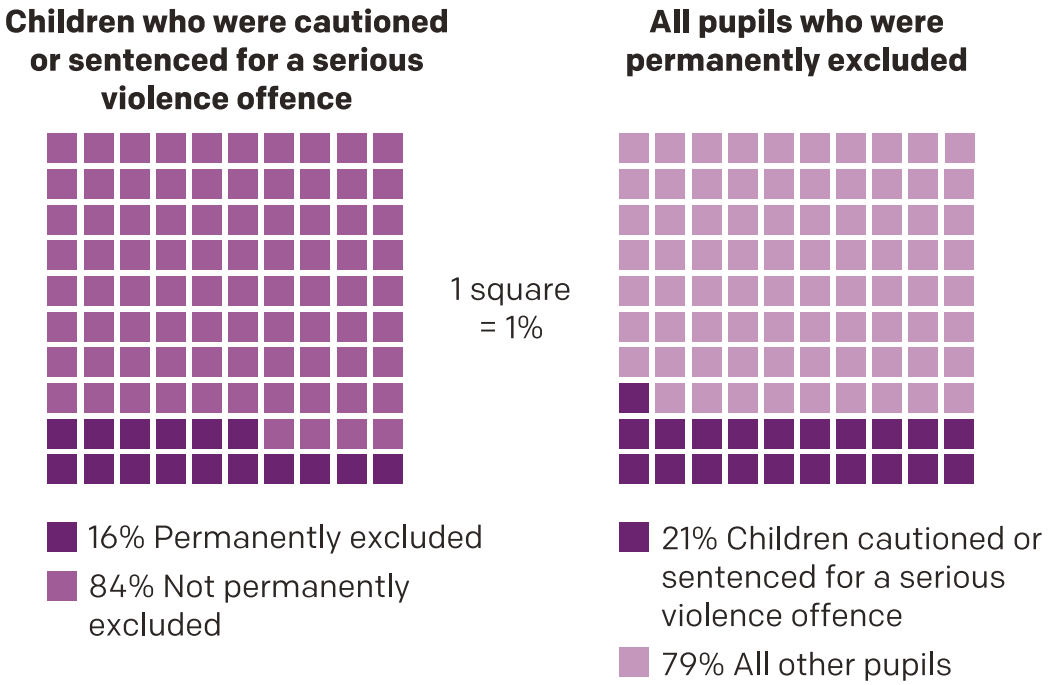
17% of children who were cautioned or sentenced for a serious violence offence had ever been permanently excluded. However, 26% of those who had ever been permanently excluded were children who were cautioned or sentenced for a serious violence offence.



Source: Education, children's social care and offending

England

16% of children who were cautioned or sentenced for a serious violence offence had ever been permanently excluded. However, 21% of those who had ever been permanently excluded were children who were cautioned or sentenced for a serious violence offence.



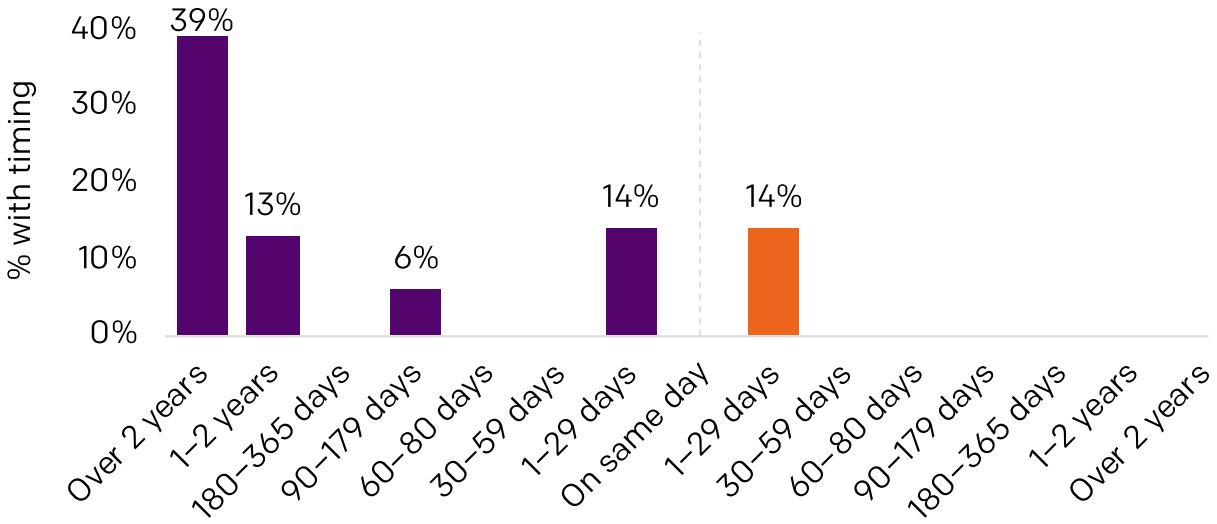
Source: Education, children's social care and offending

Among those who have been permanently excluded, the proportion linked to serious violent offending is substantially higher. In Manchester, 26% of pupils who have ever been permanently excluded have also been cautioned or sentenced for a serious violent offence (21% nationally), compared to around 2% of all pupils.

While this demonstrates a strong association, the relationship is complex. Exclusions may in some cases be a response to behaviours linked to violence, rather than a direct cause. However, timing analysis suggests that exclusions more often precede offending. In Manchester, around 53% of pupils are first excluded more than one year before their first recorded serious violent offence, compared to only 14% who are excluded shortly after their first offence.

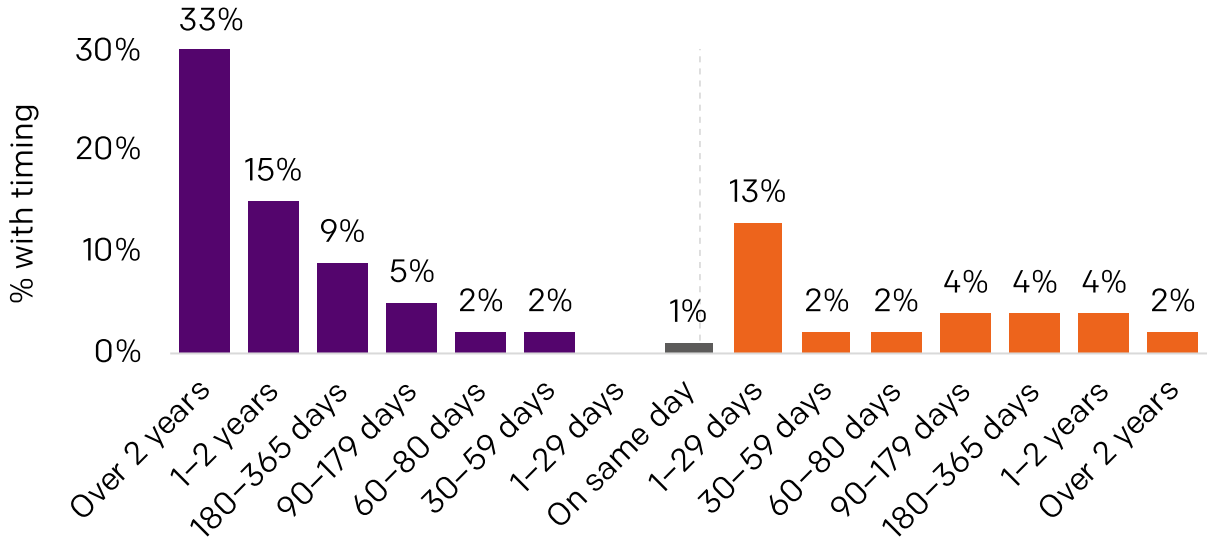
Figure 4.4: Timing of children's first permanent exclusion relative to their first serious violent offence, for all pupils matched to KS4 academic 2012/13 – 2017/18

Manchester



For children to go to school in Manchester

England



For children to go to school in England

First permanent exclusion prior to first serious violence offence
First permanent exclusion on same day as first serious violence offence
First permanent exclusion after first serious violence offence

Source: Education, children's social care and offending

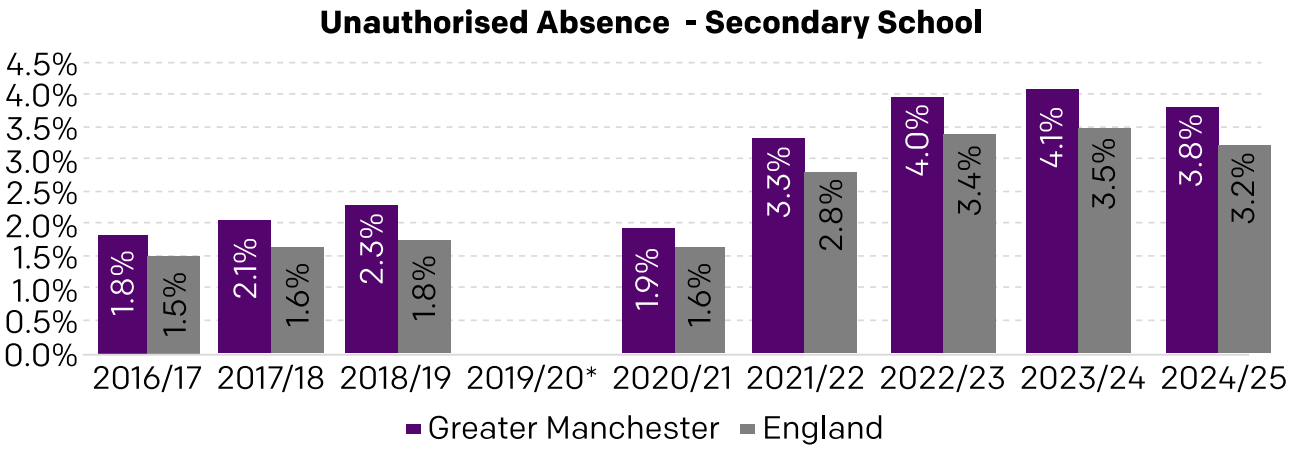
It is important to note that this analysis only captures police recorded offences that resulted in a caution or sentence. Violent behaviour prior to this point may not be captured, meaning exclusions could still be a response to earlier, unrecorded behaviour.

Research by the Youth Endowment Fund found that being suspended or excluded from school places children at greater risk of later involvement in violence. Even when accounting for a range of contextual factors such as behaviour, the YEF found suspended or excluded children were more than twice as likely to perpetrate violence and almost five times as likely to offend.

Unauthorised absence

Unauthorised absence occurs when a school does not accept the reason provided for a pupil's absence. The statistics presented reflect the percentage of total possible sessions missed due to unauthorised absence. Unauthorised absence in secondary schools has increased significantly since the COVID-19 pandemic.

Figure 4.5: Greater Manchester vs National unauthorised absence (secondary)



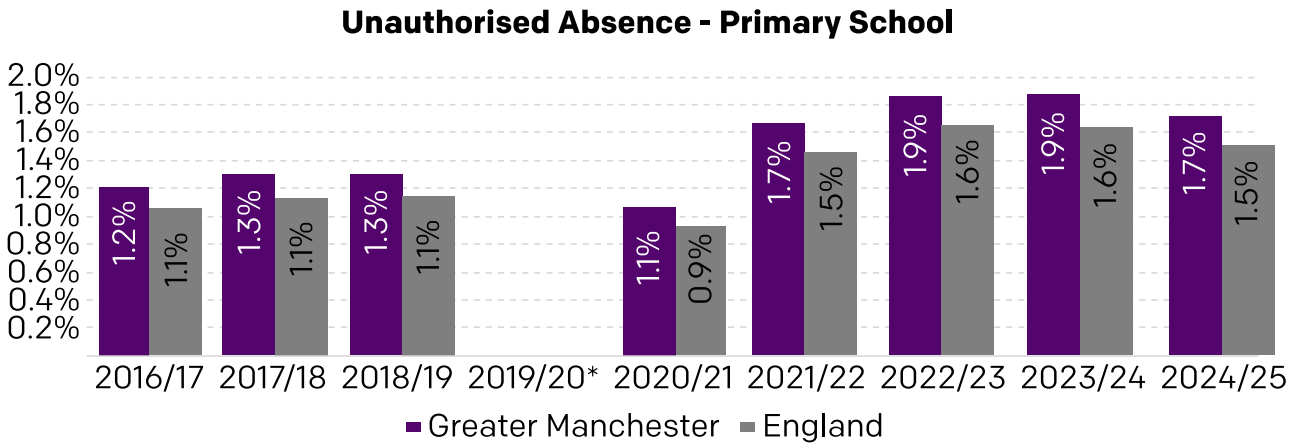
Source: Release home - Pupil absence in schools in England

Prior to COVID-19, absence rates in Greater Manchester secondary schools rose gradually from 1.8% in 2016/17 to 2.3% in 2018/19, consistently above the England average. Data for 2019/20 is not available due to pandemic disruption.

During 2020/21, rates dropped slightly (1.9%), reflecting reduced school attendance overall. However, from 2021/22 onwards there has been a sharp increase, rising to 4.1% in 2023/24 before a slight decrease to 3.8% in 2024/25.

Greater Manchester has remained consistently above the national average throughout this period (3.2% in 2024/25), indicating a sustained and widening attendance challenge following the pandemic.

Figure 4.6: Greater Manchester vs National unauthorised absence (primary)



Source: Release home - Pupil absence in schools in England

Unauthorised absence in primary schools follows a similar but less pronounced pattern. Rates were relatively stable pre-pandemic (1.2-1.3%), before dropping to 1.1% in 2020/21. Since then, absence has increased, peaking at 1.9% in both 2022/23 and 2023/24, before falling slightly to 1.7% in 2024/25. As with secondary schools, Greater Manchester primary schools remains consistently above the England average, although the gap is smaller.

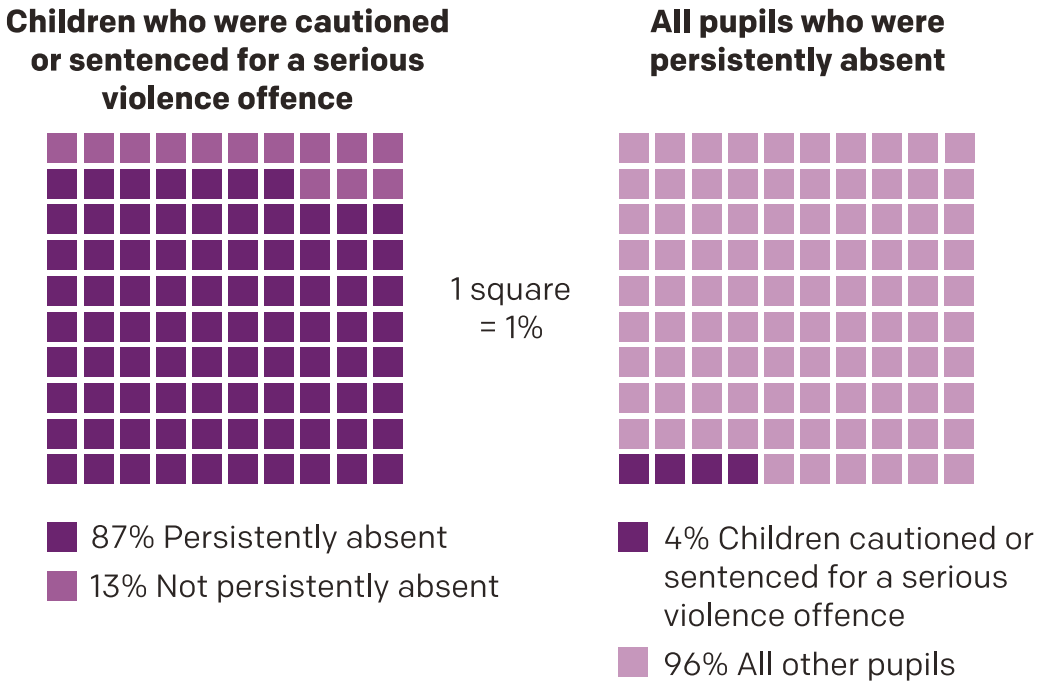
Persistent absence

Persistent absences are identified as pupils who miss 10% or more of their possible sessions. Analysis undertaken by the Department for Education and Ministry of Justice, linking education and offending data, provides an important insight into how absence and exclusion relate to serious violence offending.

Figure 4.7: The proportion of children cautioned or sentenced for a serious violence offence and had been persistently absent, and all pupils who had every been persistently absent, for pupils matched to KS4 academic years 2012/13 and 2017/18

Manchester

87% of children who were cautioned or sentenced for a serious violence offence had ever been persistently absent. However, 4% of those who had ever been persistently absent were children who were cautioned or sentenced for a serious violence offence.

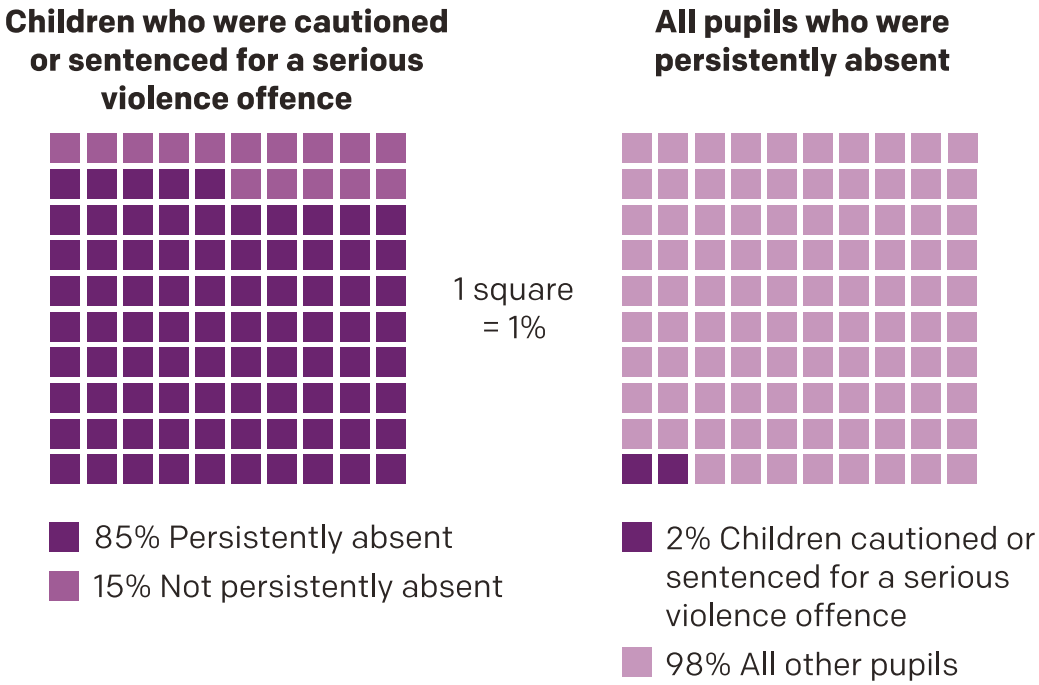


For children who go to school in Manchester

Source: Education, children's social care and offending

England

85% of children who were cautioned or sentenced for a serious violence offence had ever been persistently absent. However, 2% of those who had ever been persistently absent were children who were cautioned or sentenced for a serious violence offence.



Source: Education, children's social care and offending

Children who have been cautioned or sentenced for a serious violence offence are significantly more likely to have experienced persistent absence. In Manchester, 87% of these children had been persistently absent at some point, compared to 52% of all pupils. A similar pattern is seen nationally (85% compared to 45%).

However, persistent absence alone is a relatively weak predictor of violent offending. In Manchester, only around 4% of pupils who were persistently absent went on to be cautioned or sentenced for a serious violence offence (2% nationally), compared to 1-2% of all pupils. This indicates that while persistent absence is common among those who go on to offend, the majority of children who are persistently absent do not become involved in serious violence.

Wider trends

Rates of both absence and exclusion have increased significantly since the COVID-19 pandemic, both locally and nationally. Greater Manchester continues to experience higher rates than the national average. While absence rates

have stabilised more recently, exclusions, particularly within secondary schools, continue to rise.

The primary driver of increasing exclusions appears to be persistent disruptive behaviour rather than violence or threatening incidents. However, exclusion remains an important marker of vulnerability.

Certain groups are disproportionately affected. Higher rates of exclusion are observed among male pupils, those with Special Educational Needs without an Education Health Care (EHC) plan, pupils eligible for Free School Meals, and those from White and Mixed ethnic backgrounds.

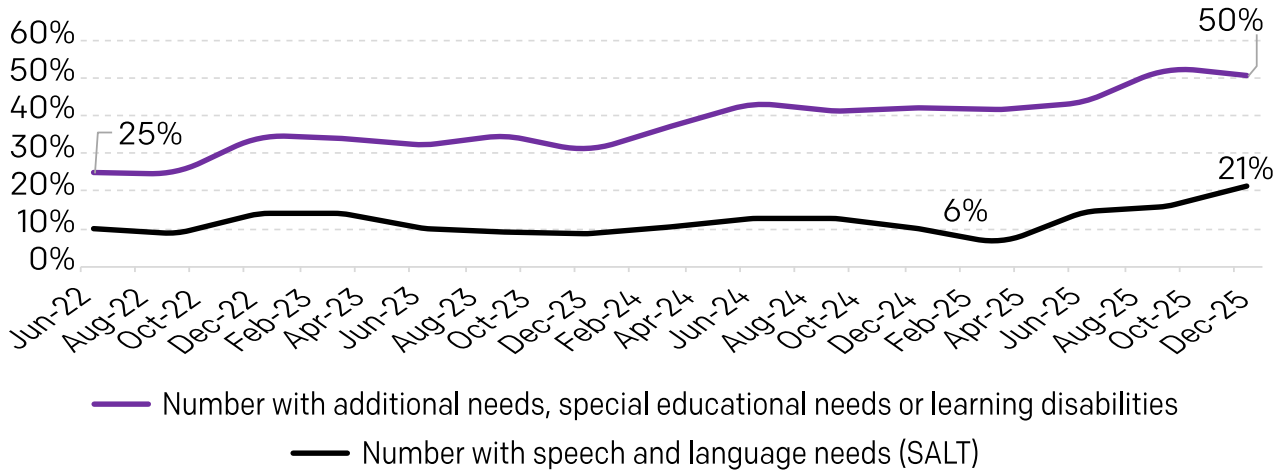
4.2 Special Educational Needs and Disabilities (SEND)

Building on the relationship between education and violence, children and young people with Special Educational Needs and Disabilities (SEND) represent an important group when considering vulnerability and risk. While any child can be affected by serious violence, national evidence highlights that certain groups are more vulnerable, including children with SEND, those experiencing poverty, trauma or poor mental health, and those not in full time education (HM Government, 2024; Action for Children 2024). The proportion of children in England that had been cautioned or sentenced for any offence that had ever been recorded as having SEND was 80%, and for a serious violence offence was 86% (Department for Education, 2023).

There is a growing body of evidence that demonstrates a link between SEND and increased risk of exploitation and serious youth violence. Practitioners working with exploited children consistently report a higher prevalence of SEND within their caseloads (GM Government, 2024). Inspection findings support this. A national review of 36 children affected by serious youth violence found that while only four had a disability recorded in their social care record, 16 had a diagnosed disability or EHC plan and a further 15 had identified additional needs awaiting assessment, including neurodevelopment and mental health needs (HM Government, 2024). This highlights both the scale of need and challenges in identification assessment and recording across systems.

Local data reflects this national picture. Recent internal analysis by GMCA of Complex Safeguarding caseloads shows a clear increase in the proportion of children with SEND, with levels doubling between June 2022 and December 2025.

Figure 4.8: Proportion of caseload with SEND indicators across Greater Manchester (June 2022-December 2025)

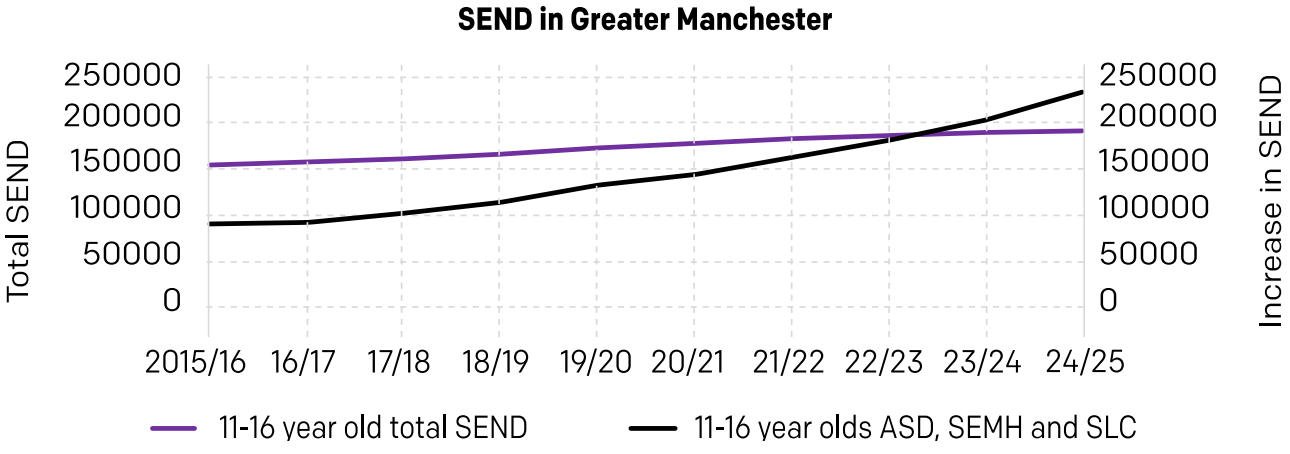


Source: Greater Manchester Complex Safeguarding caseloads

Although numbers at local authority level are small, increases have been observed across several areas, including Manchester, Oldham, Rochdale, Stockport and Wigan.

This increase should be understood within a broader context. Overall, the number of children identified with SEND in Greater Manchester has increased by around 9% over the past decade, with a 20% increase among those aged 11-16. However, this is broadly in line with population growth in this age group, suggesting that the overall proportion of children with SEND has remained relatively stable.

Figure 4.9: SEND in Greater Manchester (2015/16 – 2024/25)



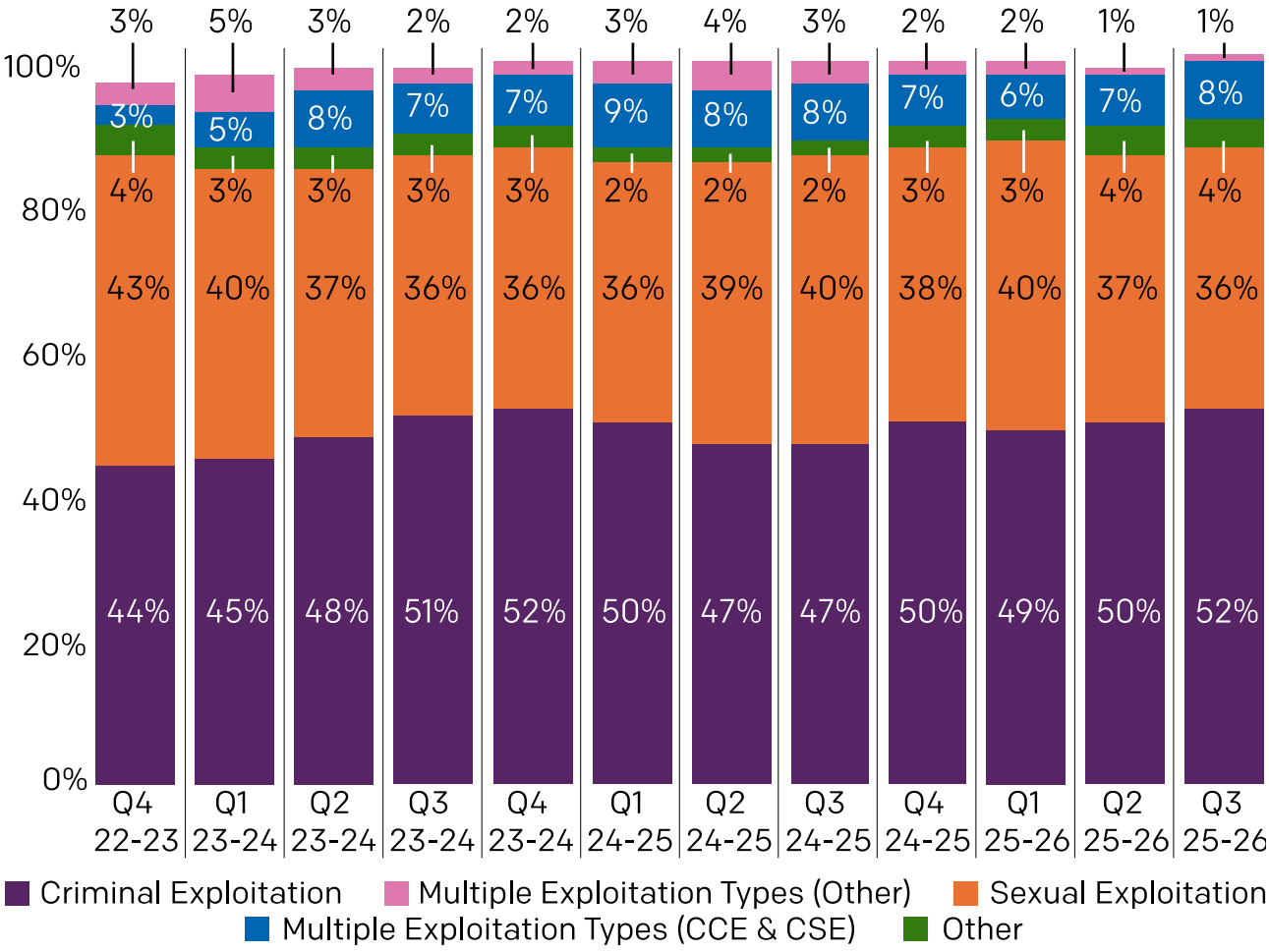
Source: Greater Manchester Complex Safeguarding caseloads

More notable is the change in type of need identified across Greater Manchester. There has been a disproportionate increase in children identified with autism spectrum disorder (ASD), social, emotional and mental health needs (SEMH), and speech language and communication needs (SLCN), with a 61% increase among 11-16-year-olds over the past decade. This is a disproportionate increase compared to the population and these needs are particularly relevant in the context of violence as they can affect vulnerability to exploitation.

Figure 4.9 illustrates this trend, showing the total number and the increase in SEND in Greater Manchester over the last 10 years. It is important to note that this data excludes children who are not in education, employment or training where SEND may represent a higher proportion.

Alongside this shift, the type of exploitation recorded on Complex Safeguarding caseloads have changed over time. The majority has gradually changed from sexual exploitation to criminal exploitation. Though sexual exploitation remains a large minority of the cases.

Figure 4.10: Greater Manchester Complex Safeguarding caseloads by exploitation, by quarter (2022/23-2025/26)

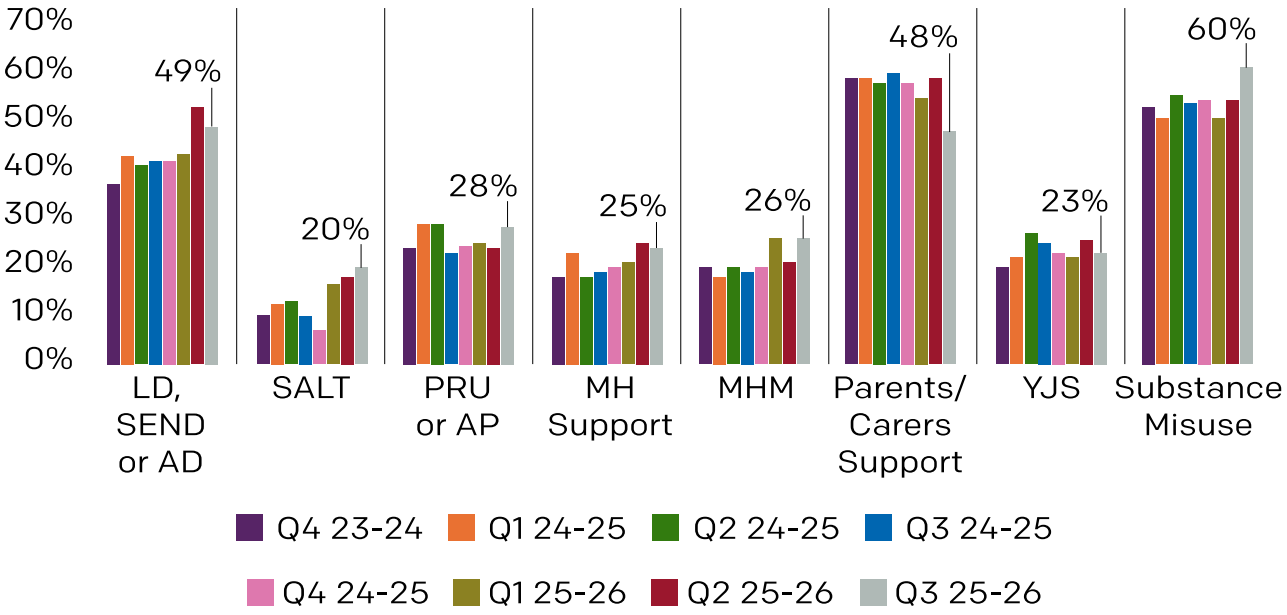


Source: Greater Manchester Complex Safeguarding caseloads

In the last 2 years, Complex Safeguarding caseloads have seen increased proportions of those:

1. With speech and language needs
2. Accessing mental health support
3. With substance misuse issues
4. Open to youth justice
5. With additional or special educational needs or learning disabilities
6. Who are registered with pupil referral units or alternative provisions
7. Where parents/carers are accessing support

Figure 4.11: Greater Manchester Complex Safeguarding caseload vulnerabilities (2023/24-2025/26)



Source: Greater Manchester Complex Safeguarding caseloads

While these increases are gradual and fluctuate over time, they point towards increasingly complex and overlapping needs among children at risk of exploitation and violence. However, as this analysis is based on aggregate caseload snapshots, it is not possible to determine whether these trends are directly linked or whether some increases reflect improved recognition and identification of need, rather than changes in prevalence alone.

Taken together, these findings reinforce the importance of recognising SEND and related vulnerabilities within violence prevention and safeguarding responses. They also highlight the need for trauma-informed, multi-agency approaches capable of identifying and responding to overlapping risks at an early stage.

4.3 Substance use

Substance misuse, including both drugs and alcohol, is a well-established risk factor for violence and plays a significant role within a public health approach to prevention. Its relationship with violence is complex and operates through multiple pathways, including individual vulnerability, exposure to harm and the wider criminal economy, particularly the illegal drugs market. At an individual level, alcohol and drug use can increase the likelihood of involvement in violence by impairing judgement, reducing inhibition and increasing impulsivity. Alcohol in particular is strongly associated with interpersonal violence, especially in the context of the nighttime economy and domestic settings. Substance misuse can also increase vulnerability to victimisation, particularly where it co-exists with poor mental health, trauma or social disadvantage.

At a wider level, the drugs market continues to drive serious Violence across Greater Manchester. Competition for control of supply, debt, territory and control within organised crime groups can lead to increased levels of violence, including assaults, robbery and homicide. Recent analysis completed by Greater Manchester Police found that Serious and Organised Crime (SOC) offenders are most commonly linked to violence with injury offences.

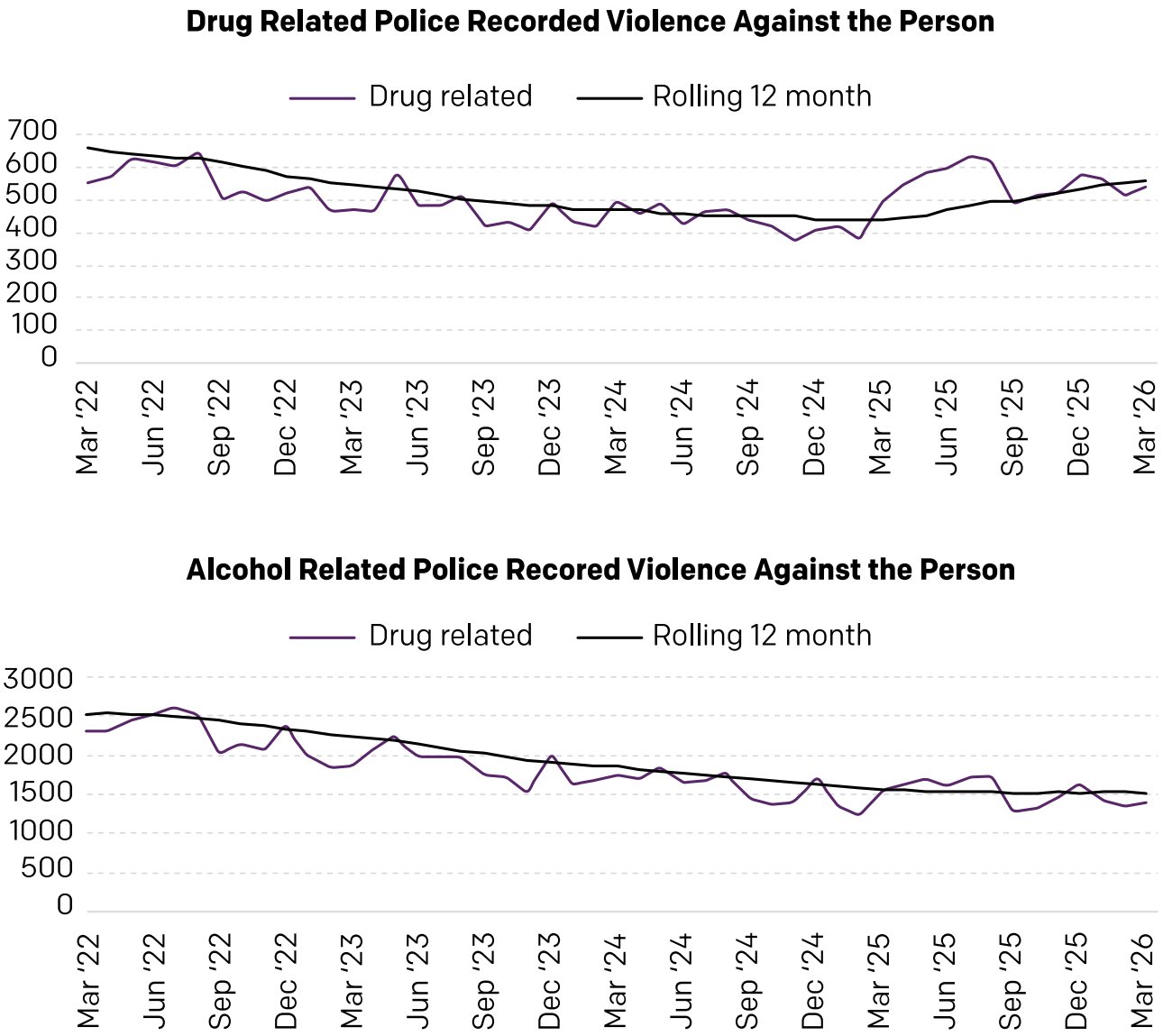
Police recorded violence linked to drugs and alcohol

According to the Crime Survey for England and Wales, approximately 39% of violent incidents experienced by victims in 2024/25 nationally were related to alcohol. This rises to 55% of incidents that occurred at the weekend and 61% of incidents where the offender was aged 16-24 (ONS 2025).

In the last year (year ending March 2026), around 18,200 violent offences recorded by GMP were flagged as alcohol related, 15% of all violence against the person. 6,700 were flagged as drug related, 6% of the total.

The number and proportion of violent offences flagged as alcohol related has however fallen significantly over the past four years, from around 2500 per month in early 2022 to around 1500 in most recent data. The number and proportion of violent offences flagged as drug related was following a similar steady downward trend from 2022 to 2024, however rose markedly in 2025, up 28% in the last year.

Figure 4.12: Drug related police recorded violence against the person (2022-2026) (left);
Figure 4.13: Alcohol related police recorded violence against the person (2022-2026) (right)



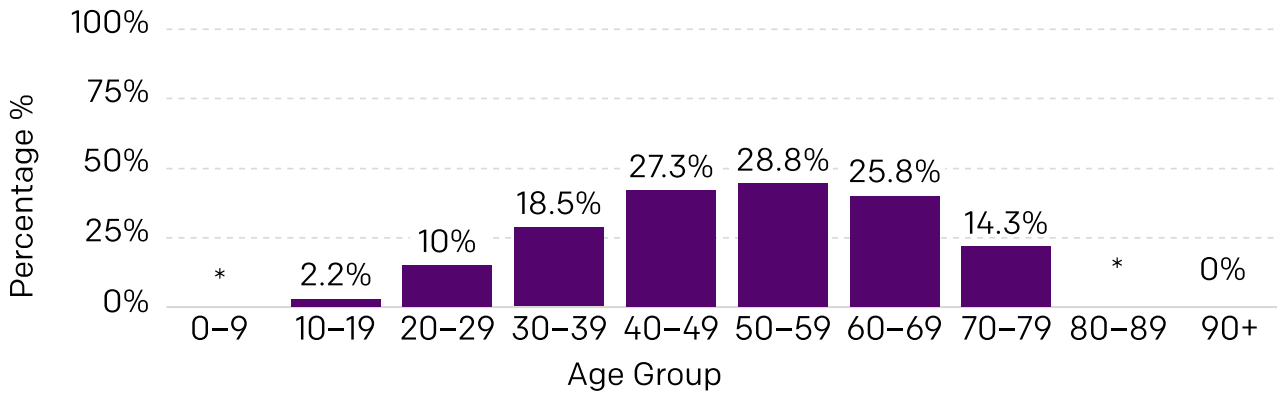
Source: GMP Recorded Crime

It should be noted however that these flags within police recorded crime are not mandatory recording fields, nor are they quality assured by GMP's data team. As a result, trends should be treated with caution.

Hospital Admissions related to alcohol and substance misuse

Health data provides an important lens on the scale of alcohol and substance-related harm associated with violence. It allows a broader understanding of risk beyond offences recorded by the police and can identify groups experiencing the greatest levels of harm.

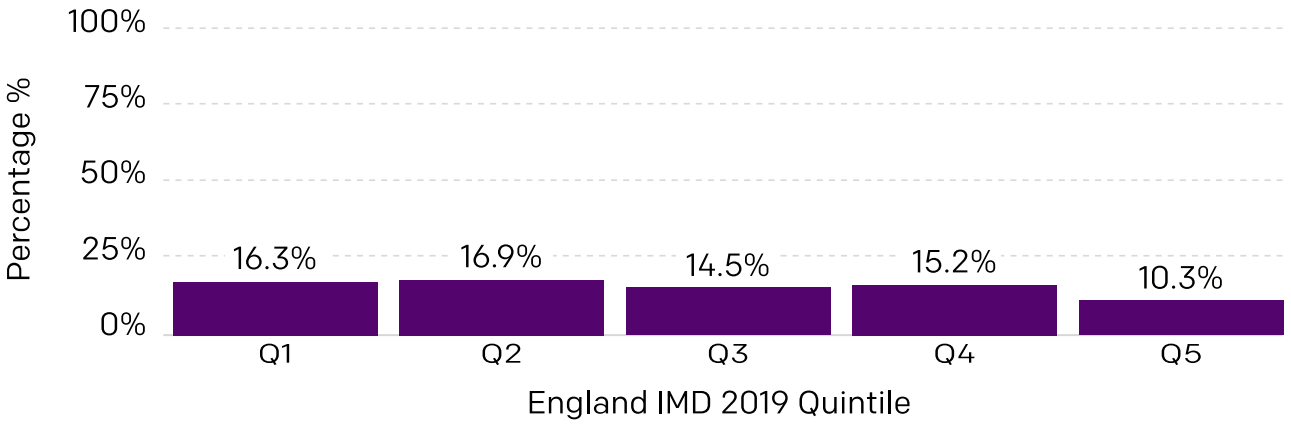
Figure 4.14: Proportion of emergency hospital admissions for violence (including sexual violence) related to alcohol by age group in Greater Manchester VRU (2021/22-2023/24)



Source: Greater Manchester VRU: Hospital admissions for violence - Summary Report, 2021/22 - 2023/24

Across Greater Manchester, alcohol-related violence admissions are highest among adults aged 50-59 (28.8%). The proportion varies between local authorities, with lower levels observed in Bury and higher levels in Manchester, likely reflecting the impact of the night-time economy. There is relatively little difference between gender, with alcohol identified in 16.4% of violence-related admissions for Males and 14.6% for Females.

Figure 4.15: Proportion of emergency hospital admissions for violence (including sexual violence) related to alcohol by IMD 2019 Quantile in Greater Manchester VRU (2021/22-2023/24)

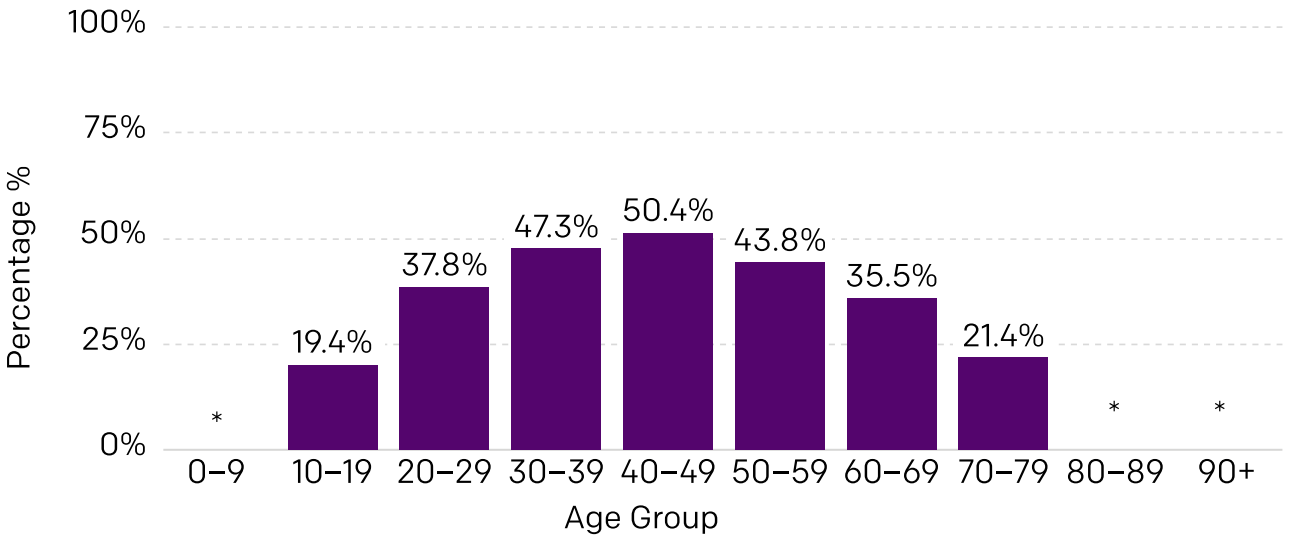


Source: Greater Manchester VRU: Hospital admissions for violence - Summary Report, 2021/22 - 2023/24

A social gradient is also evident. People living in the most deprived communities experience higher levels of alcohol-related violence admissions than those living in the least deprived areas. Using deprivation quantiles based on the Index of Multiple Deprivation (IMD), those living in Quantile 1 (20% most deprived neighbourhoods) 16.3% of violence admissions were alcohol related compared to 10.3% in Quantile 5 (20% least deprive neighbourhoods).

Although this indicates higher levels of harm in more deprived areas, the difference between the most and least deprived groups is smaller than might be expected, suggesting that alcohol-related violence affects communities across the deprivation spectrum.

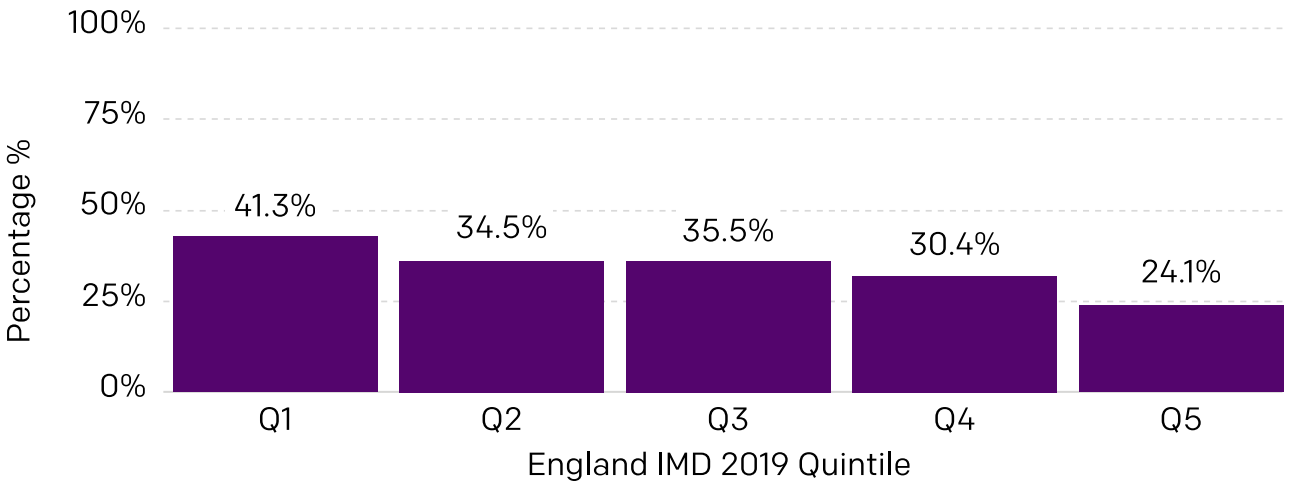
Figure 4.16: Proportion of emergency hospital admissions for violence (including sexual violence) related substance misuse by age group in Greater Manchester VRU (2021/22-2023/24)



Source: Greater Manchester VRU: Hospital admissions for violence - Summary Report, 2021/22 - 2023/24

Substance misuse is associated with a greater proportion of violence-related hospital admissions than alcohol alone across all age groups. The highest proportion is among those aged 40-49, where just over half (50.4%) of violence-related admissions involved substance misuse. Levels are also notably higher among younger age groups. Among 10-19-year-olds, 19.4% of violence admissions were linked to substance misuse, compared with 2.2% linked to alcohol. This suggests that drugs may play a greater role than alcohol in violence affecting younger people. As with alcohol, there is relatively little variation by gender, although rates are slightly higher for Males (39.2%) than Females (34.4%).

Figure 4.17: Proportion of emergency hospital admissions for violence (including sexual violence) related to alcohol by IMD 2019 Quantile in Greater Manchester VRU (2021/22-2023/24)



Source: Greater Manchester VRU: Hospital admissions for violence - Summary Report, 2021/22 - 2023/24

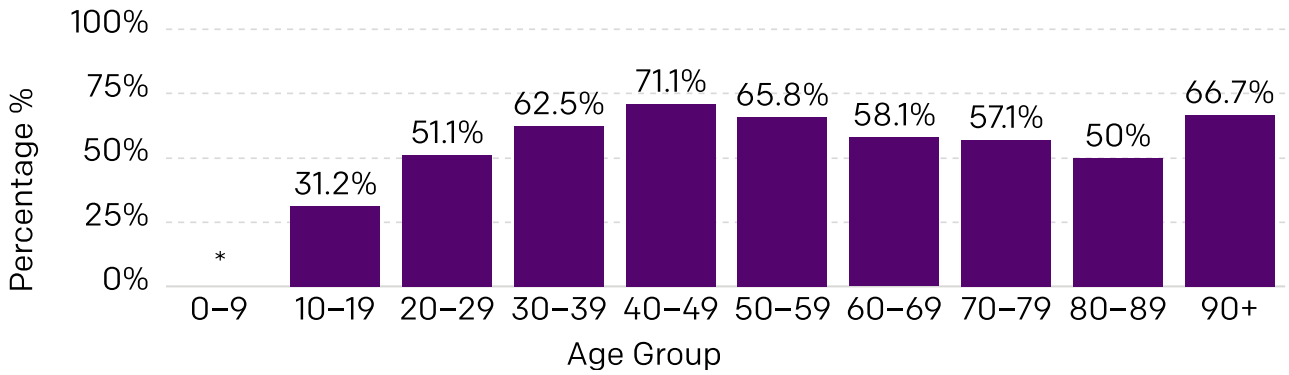
The relationship with deprivation is stronger. In the most deprived communities, 41.3% of violence-related hospital admissions involved substance misuse, compared with 24.1% in the least deprived areas.

These findings reinforce a strong relationship between alcohol and substance misuse, violence and deprivation. It also highlights the need for responses that combine both enforcement activity against drug-related offending with earlier prevention and treatment approaches. For younger people in Greater Manchester, this includes identifying substance misuse as an early indicator or vulnerability and ensuring access to support before risk escalates.

Admissions related to mental health

Poor mental health is both a risk factor for violence and a consequence of exposure to violence. Poor mental health can increase vulnerability to exploitation, substance misuse, disengagement from education and involvement in violence. Experiencing violence can have a lasting impact on emotional and mental health across the life course. Understanding this relationship is therefore central to a public health approach.

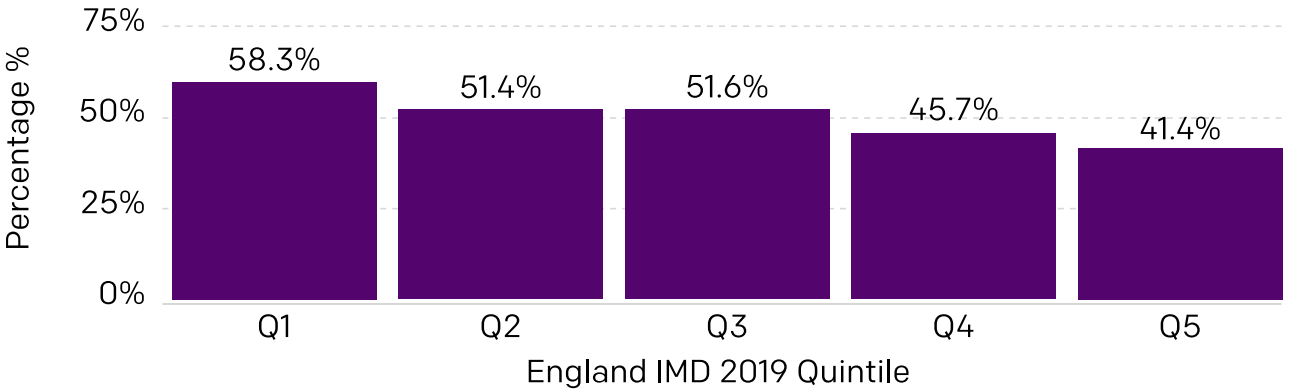
Figure 4.18: Proportion of emergency hospital admissions for violence (including sexual violence) related to mental health by age group in Greater Manchester VRU (2021/22-2023/24)



Source: Greater Manchester VRU: Hospital admissions for violence - Summary Report, 2021/22 - 2023/24

Across Greater Manchester, poor mental health is associated with a substantial proportion of violence-related hospital admissions across all age groups. The highest proportion is seen among adults aged 40-49, where 71.1% of admissions involved a mental health-related factor. However, the link is also significant for younger people. Among 10–19-year-olds, 31.2% of violence-related admissions involved mental health, meaning around one in three young people admitted to hospital following violence also had an identified mental health-related need. There is little difference by gender, with 54.7% Males and 55.6% Females.

Figure 4.19: Proportion of emergency hospital admissions for violence (including sexual violence) related to alcohol by IMD 2019 Quantile in Greater Manchester VRU (2021/22-2023/24)



Source: Greater Manchester VRU: Hospital admissions for violence - Summary Report, 2021/22 - 2023/24

A social gradient is again evident. The proportion of violence-related admissions involving mental health issues are highest in the most deprived communities, at 58.3% in Quantile 1, and decreases steadily to 41.4% in Quantile 5. Although deprivation is clearly associated with increased mental health related harm, the difference between the most and least deprived groups is less pronounced than may be expected. This suggests that mental health is an important issue across all communities in Greater Manchester, not only those experiencing the highest levels of deprivation.

These findings reinforce the importance of recognising mental health both as an early indicator of vulnerability and as a consequence of violence.

4.4 Sport-based interventions for violence prevention

Sport-based provision is recognised within this SNA as a key protective factor within a public health approach to violence prevention. Through an evidence-informed Theory of Change, sport is positioned as more than a recreational activity, contributing to the development of protective factors for children and young people at risk of violence.

Across Greater Manchester, sport-based interventions (SBIs) operate across the prevention continuum, supporting universal (primary), early intervention (secondary) and targeted (tertiary) responses. Through partnership with Street Games, provision is mapped against demographic and place-based need, using a combination of data sources to identify where sport contributes to outcomes such as pro-social identity, access to trusted adults, safe spaces and trauma-informed support.

Delivery is strongly aligned to areas of highest need. Community sport organisations consistently deliver 75% of all sessions in the 20% most deprived communities across Greater Manchester. VRU-funded programmes have engaged over 500 vulnerable children and young people, many presenting with multiple risk factors linked to violence, including problematic peer groups (63%), mental health conditions (42%), excluded from education or NEET (8%) and known to the police (16%) or social care (8%) (Violence Reduction Unit, Street Games, 2025).

Evidence shows that sustained engagement in SBIs is associated with improved behaviour and engagement, increased socio-emotional skills and better physical activity and wellbeing outcomes (Street Games, 2025). These outcomes are important precursors to reductions in violence.

This SNA also highlights gaps and inequalities in provision. Provision of SBIs for girls and young women remains inconsistent, despite evident suggesting they make up a substantial proportion of those affected by violence. Effective engagement requires tailored, co-designed approaches that reflect their specific needs, including safe spaces, trusted relationships and flexibility in delivery (Street Games, 2023).

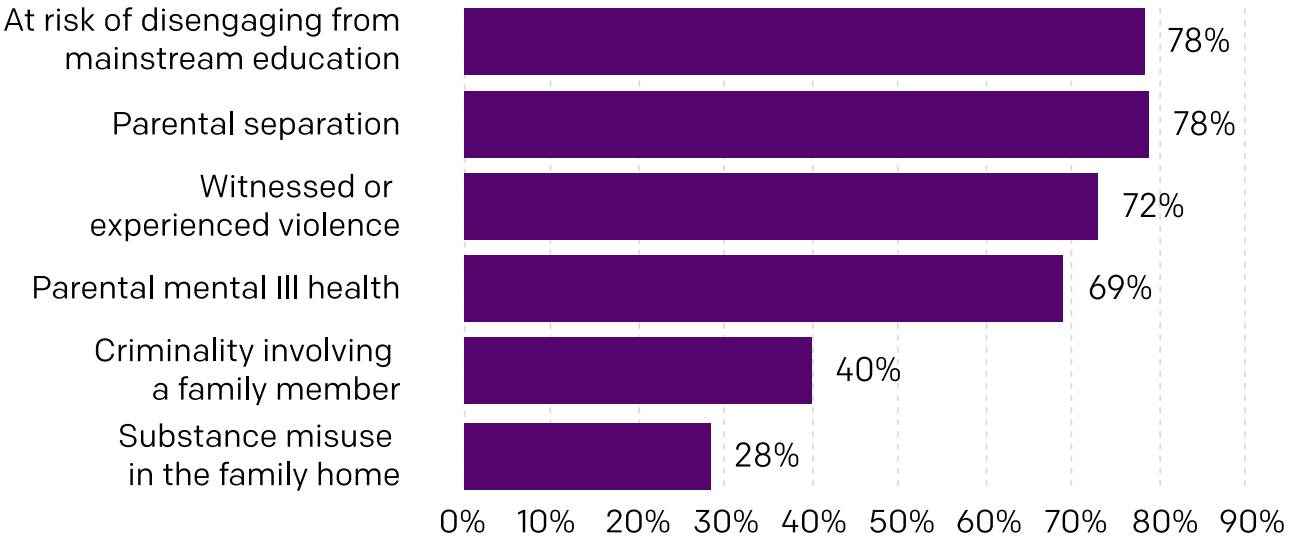
4.5 Blocks evaluation

Further insight into the risk factors associated with violence is provided through the evaluation of the Blocks programme, a child-centred intervention delivered by Salford Foundation. Commissioned by the GM VRU the programme supports vulnerable primary school children as they transition into secondary education, a key point of risk within a life course approach to violence prevention.

The programme was developed in response to increasing concerns from primary schools regarding rising behavioural challenges, including violence, threats of violence and the perceived normalisation of behaviours such as knife carrying among younger children. School staff reported that these behaviours are emerging earlier than previously observed and are closely linked to disengagement from education and increased vulnerability to exploitation.

Evaluation findings highlight the complex and overlapping needs of children identified as being at risk. Among the 182 children with recorded eligibility criteria, multiple risk factors were commonly present.

Figure 4.20: Referral criteria exhibited by the children participating in Blocks



Source: GMCA Blocks Evaluation

The most frequently identified criteria included parental separation and risk of disengagement from mainstream education (78%), followed by exposure to violence (72%) and parental mental ill health (69%). A high proportion of children were also affected by familial criminality (40%) and substance misuse (28%). These findings reinforce the cumulative nature of risk. Children rarely experience a single issue in isolation with risk factors in school, family and community contexts.

Gaps in knowledge and understanding

Alongside the findings set out above, this assessment highlights several important gaps in our knowledge and understanding of violence in Greater Manchester.

First, while there is strong evidence that group-related offending is an important feature of youth violence. However, there is no consistent local or national definition or dataset flag for less formalised group activity. Much of the analysis therefore relies on proxy measures, such as offences involving multiple suspects, which provide useful insight but do not fully capture the structure, motivation or dynamics of peer groups, exploitation or local conflict. This creates an important gap in understanding the relationship between group offending, child criminal exploitation and more serious organised criminality.

There are also gaps in our understanding of victim experience, unmet need and hidden harm. Police data captures only part of the picture, and even with the inclusion of ambulance, A&E and hospital data, the true scale of violence remains only partially visible. While we know that different cohorts of victims may present in different settings (health and criminal justice), current data limits our ability to track individuals between these datasets and understand the exact overlap and gaps in our understanding of victims.

Certain forms of harm, including violence that is not reported, violence occurring in private settings, coercion linked to exploitation, and the long-term effects of trauma, are still difficult to quantify.

The assessment also points to a need for better intersectional understanding of violence and safety, particularly how age, ethnicity, gender, disability, sexuality, deprivation and place interact to shape both risk and access to support.

Disproportionate impact of violence on certain groups such a younger people and men and boys are recognised but not in all cases comprehensively understood. Ethnic disproportionality in particular is seen across most datasets, with young Black men and boys overrepresented as both victims and perpetrators in most sources, but our understanding of the historic, socioeconomic, structural, and institutional drivers of this are less comprehensive.

In a number of areas, including mental health, SEND, community perceptions and victim engagement, the available evidence suggests increasingly complex and overlapping needs, but current data (in particular, lack of longitudinal datasets) does not always allow us to understand causality, sequencing or how vulnerabilities accumulate over time.

Data limitations and caveats

The findings in this assessment should be interpreted in light of several important limitations. Most importantly, no single dataset captures the full scale or nature of violence. Police recorded crime remains a core source of information, but it is shaped by reporting behaviour, recording practice and legal definitions. Nationally, only 49% of violent incidents were estimated to have been reported to police in 2019/20, and local analysis found that only 30-35% of ambulance assault callouts could be matched to police data. Changes in crime recording practice over time, including improvements in recording standards, also affect comparability and mean that some trends may reflect system change as well as real-world change.

A number of the local datasets used in this assessment also have specific constraints. Some analyses are based on small numbers, particularly for homicide, near misses and some local authority level breakdowns, meaning short-term variation should be treated cautiously. Some variables are not mandatory, or quality assured in operational systems, such as police alcohol and drug flags, which limits confidence in trend analysis. Several analyses are based on aggregate snapshots rather than linked longitudinal data, which means they can identify association but not causation. This is particularly relevant when interpreting the relationship between violence and factors such as exclusion, SEND, mental health, substance misuse or complex safeguarding. In addition, some important groups and contexts remain underrepresented in the data, including children outside mainstream education, people with unmet or unrecorded need, and those who disengage from services. Taken together, these limitations do not undermine the overall picture presented in this SNA, but they do reinforce the need for cautious interpretation, stronger data linkage and continued investment in shared intelligence across the violence reduction system.

Recommendations

This SNA identified a number of evidence gaps, emerging issues and opportunities to strengthen violence prevention activity. The recommendations below are intended to support the Greater Than Violence Strategy and associated implementation plan.

Recommendation 1: Strengthen the evidence base on links between violence and vulnerability

The SNA identified ongoing gaps in understanding of group-related violence, child criminal exploitation, victim experiences, hidden harms, intersectionality, and pathways into violence. Limitations in data linkage and longitudinal analysis also restrict understanding of how risk and protective factors interact over time.

Recommendation

a. Strengthen the evidence base on violence by working with academic partners, the wider GMCA research team and the Prevention Demonstrator programme. Address gaps in understanding of exploitation, victimisation, vulnerability and pathways into violence to inform prevention, commissioning and policy development across Greater Manchester.

b. Strengthen the collection, quality and use of data on risk and protective factors through commissioned services and community insight, working with policy colleagues and commissioned providers.

c. Develop a more integrated approach to data sharing and linkage across partner datasets, including health, crime data and other partner datasets to improve understanding of risk factors, vulnerability and pathways into violence. Work with the Greater Manchester Youth Justice Hub to strengthen evidence on the needs and experiences of children and young people in contact with the youth justice system.

Recommendation 2: Embed the SNA within evidence-based commissioning and service delivery

This SNA identifies clear evidence regarding the populations, places and vulnerabilities most associated with violence and highlights the importance of evidence-informed decision making.

Recommendation

a. Ensure violence prevention commissioning, service delivery and evaluation are informed by the SNA, the Greater than Violence Strategy and the wider evidence base. Support commissioned services to develop a Theory of Change and demonstrate alignment with evidence on what works, drawing on findings from previous evaluations and recognised sources including the Youth Endowment Fund and the College of Policing.

b. Review all commissioned services against the existing evidence base on 'what works' and identify gaps in evidence and evaluation activity to inform future evaluation and data collection plans.

c. Continue to develop the VRU Monitoring, Evaluation and Learning Strategy to embed a culture of continuous learning across VRU activity through collaboration between the VRU research team and policy colleagues responsible for commissioning and contract management.

Recommendation 3: Maintain a whole system approach to violence prevention

The SNA demonstrates the relationship between violence and wider factors including deprivation, ACEs, educational disengagement, SEND, mental health and substance use. The evidence suggests that these factors often occur together rather than in isolation.

Recommendation

a. Continue to support a whole system approach to violence prevention, prioritising early intervention and prevention activity for children, young people and families experiencing multiple disadvantage. Build on learning from the Prevention Demonstrator, Young Futures Hub and local prevention partnerships to strengthen place-based, evidence-informed prevention.

b. Ensure prevention activity is informed by the wider evidence base and strengthen understanding of its long-term impact. Support the use of longitudinal health, police and education data where possible and embed long-term outcome measures within evaluation and funding plans.

Recommendation 4: Continue to target activity according to need

The SNA demonstrates that violence remains concentrated within specific communities, places and population groups and continues to be strongly associated with deprivation and wider inequalities.

Recommendation

a. Continue to target violence prevention activity according to evidence of place-based need, vulnerability and inequality, building on learning from the VRU's Community Led Programmes.

b. Improve understanding of disparities between groups in access, engagement, and outcomes across violence prevention services. Work with commissioners, providers and Greater Manchester Equality Panels to monitor disparities and address barriers experienced by underrepresented groups, building on learning from programmes such as Another Chance.

c. Embed community insight and lived experience within violence prevention activity by developing consistent approaches to collecting, collating and using community insight, intelligence and lives experience to inform service design and commissioning.

Recommendation 5: Monitor emerging evidence and related harms

The nature of violence and vulnerability continues to evolve. The SNA highlights the importance of understanding emerging risks, changing population needs and the relationship between violence and wider harms.

Recommendation

a. Maintain a clear understanding of the emerging evidence relating to violence and associated harms. Strengthen two-way intelligence sharing between GMCA and local partners, including through performance monitoring arrangements to ensure local insight and emerging trends inform violence prevention activity.

b. Maintain alignment with wider strategic priorities and emerging evidence particularly in relation to Gender Based Violence, community cohesion, youth justice and the wider Safer and Stronger Communities agenda.

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