



Knife Crime Education Programmes

Toolkit technical report

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This report is produced in collaboration with staff from the Campbell Collaboration Secretariat. It is a derivative product, which summarises information from Campbell systematic reviews, and other reviews, to support evidence-informed decision making’.

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Summary

This technical report reviews the evidence on the effect of knife crime education interventions on the involvement of children and young people in crime and violence. This report is based primarily on a recent systematic review by Browne et al. (2022).

Knife crime education interventions are implemented with children and young people in order to raise awareness of the legal implications of knife carrying as well as the physical and emotional implications. These interventions also aim to change attitudes about knife carrying and use in order to prevent and reduce the involvement of children and young people in crime and violence. Key components of these interventions include the delivery of educational sessions with groups of children and young people, the provision of workshops, and group discussions.

Knife crime education interventions may adopt a 'norms approach', where the intervention content focuses on challenging children and young people's perceptions that it is 'normal' to carry a knife. Other types of interventions to reduce knife crime, in particular media campaigns, have used real life stories to illustrate the profound impacts and consequences of carrying knives. For example, in 2017 the #knifefree campaign by the Home Office (2017) used stories from young people who had made the decision to *not* carry a knife.

Knife crime education interventions would typically be implemented in settings where children and young people attend or gather, for example, schools or community centres. They could also be implemented in hospitals or Youth Offender Institutions. Interventions can be implemented by a range of personnel, including nurses working in emergency medicine (England & Jackson, 2013) or Non-Government Organisations (Gilbert & Sinclair, 2019).

The presumed causal mechanisms in knife crime education interventions are that by raising awareness around the impact and/or consequences of knife carrying and knife use for themselves and their friends and family, young people may be deterred. There can also be peer effects, if participants are less accepting of knife carrying by their friends, and by word of mouth to friends and siblings.

There may be an adverse effect if the education creates a misperception regarding the prevalence of knife ownership and so encourages participants to carry.

The review of Browne et al. (2022) included 6 evaluations of knife crime education interventions. Most were conducted in the United Kingdom ($n = 4$), with the remaining 2 interventions implemented in

the United States. No meta-analysis is presented, although education is reported as being one of the intervention approaches which does have positive effects in reducing knife crime.

Similarly, studies from the United Kingdom show positive perceptions of education interventions by participants as well as a change in attitudes against knife carrying.

Process evaluations show that having skilled facilitators, especially those with lived experience, are seen as particularly useful, as is having in person stories. But it can be difficult to get skilled facilitators and volunteers for in-person presentations. Group work is also useful but can be difficult to manage.

No cost data are available from reviews, however one-off sessions delivered in schools are usually low cost because they involve large numbers of young people and are led by one facilitator. Programmes delivered specifically for children and young people identified as already involved, or at risk of involvement in violence, may cost more. This is because they typically involve small numbers of children and young people and may include multiple sessions.

There is insufficient evidence to provide an impact rating for the effect of knife education programmes.

Objective and approach

The objective of this technical report is to review the evidence on the effect of knife crime education interventions on the involvement of children and young people in crime and violence. This technical report is based primarily on a recent systematic review by Browne et al. (2022). The following inclusion and exclusion criteria were used to inform the selection of systematic reviews.

Inclusion criteria

Included in this technical report were systematic reviews and meta-analyses of the effectiveness of knife crime education interventions (KCEI) on crime and violence outcomes. Browne et al. (2022) was the only systematic review we found that examined the impact of knife education programmes as an intervention to reduce the involvement of children and young people in crime and violence.

Exclusion criteria

Reviews were excluded for the following reasons:

- Review did not examine the impact of knife crime education interventions, but instead looked at the nature and patterns of knife crime (e.g., Haylock et al., 2020).

Outcomes

Browne et al. (2022) did not conduct a meta-analysis but examined evaluations of knife crime education interventions on outcomes. The outcomes were operationalised as any knife crime outcome, including recidivism or reoffending. The evaluations that were included in the review assessed the impact of the interventions on a range of outcomes implying that there are multiple ways to measure the impact of knife crime education interventions.

Description of interventions

For the purposes of the current technical report, knife crime education interventions are defined as those that are implemented with children and young people in order to raise awareness of, not only the legal implications of knife carrying and use, but also the physical and emotional implications (Browne et al., 2022). These interventions aim to change attitudes about knife carrying and use in order to prevent and reduce the involvement of children and young people in crime and violence. Key components of these interventions include the delivery of educational sessions with groups of children and young people, the provision of workshops, and group discussions.

Knife crime education interventions are different from other types of interventions, such as knife amnesties and media campaigns, in that focused and informative sessions are delivered directly to children and young people.

A range of different intervention programmes were included by Browne et al. (2022) in their systematic review. Not all of the included evaluations implemented an intervention that would meet the above description of a knife crime education intervention. For example, Crawford and Burns (2016) evaluated the impact of increased school security measures, such as greater police presence and implementation of security cameras, on the number of crimes reported by participating schools. Similarly, Na & Gottfredson (2013) evaluated the impact of increasing police presence in schools. Other interventions, for example Bleetman et al. (1997), implemented a range of different activities such as knife amnesties, increased stop and search, CCTV and improved lighting, earlier closing hours for key locations (i.e., nightclubs), alongside “talks to knife retailers and secondary school pupils” (Browne et al., 2022, p. 10).

Knife crime education interventions may adopt a ‘norms approach’, where the intervention content focuses on challenging children and young people’s perceptions that it is ‘normal’ to carry a knife. Other types of interventions to reduce knife crime, in particular media campaigns, have used real life stories to illustrate the profound impacts and consequences of carrying knives. For example, in 2017 the #knifefree campaign by the Home Office (2017) used stories from young people who had made the decision to *not* carry a knife. These different approaches to knife crime education may lead to different outcomes.

Implementation setting and personnel

Knife crime education interventions would typically be implemented in settings where children and young people attend or gather, for example, schools or community centres. They could also be implemented in hospitals or Youth Offender Institutions. Interventions can be implemented by a range of personnel, including nurses working in emergency medicine (England & Jackson, 2013) or Non-Government Organisations (Gilbert & Sinclair, 2019).

Theory of change/presumed causal mechanisms

To date there has not been a systematic review of evaluations of knife crime education interventions. The review by Browne et al. (2022) has been used to inform the current technical report, but the included interventions encompass a range of approaches. The range of approaches make it a challenge to articulate one overarching theory of change for knife education interventions.

The presumed causal mechanisms in knife crime education interventions are that by raising awareness around the impact and/or consequences of knife carrying and knife use on themselves and on their family and friends, young people may be deterred.

There may also be an element of informal social control in the presumed causal mechanisms of knife crime education interventions. Programmes may aim to increase the likelihood that young people will not accept or condone their peers' carrying or use of knives in order to prevent future violence. There may also be peer effects by word of mouth – those who have been in knife awareness programmes talk about it with friends and siblings.

There is also the possibility of adverse effects as raising awareness about the prevalence of knife carrying could result in children and young people developing a misconception about the perceived threat of violence which might actually increase the number of knives being carried.

Evidence base

Descriptive overview

Browne et al. (2022) included 6 evaluations of knife crime education interventions. The majority were conducted in the United Kingdom ($n = 4$), with the remaining 2 interventions implemented in the United States.

Assessment of the evidence rating

An assessment of the evidence rating was not undertaken for Browne et al. (2022)'s systematic review of knife crime education interventions as no meta-analysis was undertaken and as such no headline impact estimate was extracted.

Impact

Summary impact measure

No summary impact measure for the effectiveness of knife crime education programmes could be extracted as Browne et al. (2022) did not conduct a meta-analysis. However, they list education as being amongst the approaches which are successful in reducing knife crime.

Evidence from the UK

There is limited evidence available from reviews of knife crime education programmes. Therefore, the current technical reports draws on findings from two UK evaluations of relevant programmes (i.e., England & Jackson, 2013; Gilbert & Sinclair, 2019). Only one of these evaluations (England & Jackson, 2013) was included by Browne et al. (2022) in their systematic review of knife offender characteristics and interventions to reduce knife crime.

1. England and Jackson (2013) evaluated the effectiveness of a knife crime prevention programme delivered by an emergency nurse clinician to secondary school students in four

schools in Liverpool. The aim was to educate participants on the medical consequences of using a knife as a weapon. Participants were aged 11-16 years old, and a total of 140 students and 17 teachers responded to evaluation questionnaires (England & Jackson, 2013). The intervention involved showing photographs and depictions of knife crime. Students and teachers noted that the nurse's expertise and knowledge and the use of photographs was an impactful approach (England & Jackson, 2013).

2. Gilbert and Sinclair (2019) published findings from an impact evaluation of the 'Devastating After Effects' anti-crime sessions to 13,683 students in 57 schools and alternative education providers in London boroughs and Luton between 2016 and 2019. The schools were selected from specific areas where the frequency of knife crime is known to be above the national average. The aim of the sessions was to change participants' attitudes towards knife crime and as such reduce the frequency of knife carrying and use. Questionnaires were used to measure attitudes towards knife crime before and after the sessions (Gilbert & Sinclair, 2019).

The intervention was delivered to assemblies of students in Years 8 – 10 (13- to 15-year-olds). Sessions were delivered by one facilitator, an individual who had personal experience of the impact of knife crime. The facilitator had lost a brother to knife crime and that this personal connection was pivotal in the delivery of the anti-crime sessions. The sessions involved a film, 'Devastating After Effects' that depicted the impact of knife crime on a family impacted by violent crime followed by group discussion (Gilbert & Sinclair, 2019). Group discussion aimed to:

- Stimulate debate around knife crime, focusing on attitudes towards knife carrying, knife use, and the legal aspects of the issue
- Develop participants' understanding of the impact of knife crime and violent crime.
- Examine the impact of knife crime and violence on families, peers, and the local community
- Explore concepts of responsibility, choice, and respect (Gilbert & Sinclair, 2019, p. 10).

Gilbert and Sinclair (2019) describe the impact of the sessions on participants attitudes towards knife crime and found an overall positive impact. The results are based on data collected from self-report surveys administered before sessions (N = 5,295) and immediately after sessions (N = 4,580). The results are summarised as follows:

- 5% fewer participants indicated they would consider carrying a knife following the sessions compared to before the sessions (14% vs 9%).

- 6% fewer participants indicated they thought that carrying a knife would keep them safe following the sessions compared to before the sessions (26% vs 20%).
- 7% fewer participants indicated following sessions that they perceived knife carrying as affecting only the carrier compared to before the sessions (19% vs 12%).
- 11% more participants indicated that they would prevent a peer from carrying a knife following the sessions compared to before the sessions (76% vs 87%).
- 11% more participants indicated that they would act if a stranger was carrying a knife following the sessions compared to before the sessions (38% vs 49%).

Implementation and cost analysis

Implementation

Four process evaluations from England were reviewed to assess evidence regarding implementation, noting success factors and challenges. These were the YJB’s evaluation of the Knife Crime Prevention Programme (Grant Thornton UK, 2013), a feasibility assessment of a YEF-funded VR and simulation education intervention, a school-based theatre intervention (Bridges, 2022), and SOS+ by St Giles Trust’s Community Fund (2019).

The studies contained statements from children and young people supporting the main causal mechanisms in the theory of change:

- The reality of being stabbed
“I didn’t realise how quickly you can die from getting stabbed, if you hit an artery you’ll lose blood really quickly.”
- The effect on friends and family
“Understanding the effects and seeing the mums tell their story – I wouldn’t want that to be my mum, sometimes seeing your mum cry hurts more than being stabbed.”
- Peer effects
“We can tell our family and friends what we’ve learnt. I told my younger sister. She thought the groups of boys that hang around near us were just chatting. I explained that they could be doing lots of other things. Now she keeps away from them.”

At the same time, it was also reported that effects are less for some CYP who feel they need to carry a knife for their own protection: *If you live around a rough area you need to carry a knife for protection [...] protection is the biggest reason people carry a knife.*

The most commonly mentioned factors for success were having personal accounts from victims and their families and have a skilled facilitator who was confident and able to respond well to the participants. Having facilitators with lived experience was noted as particularly successful. In addition, programmes needed to be adapted to the local context and audience. But whilst personal accounts were agreed to be useful they were difficult to arrange, and so used in a minority of cases, the others relying on videos. Group work by participants helped reinforce messages but could also be challenging as there was a risk of violence, especially if young people came from different gangs.

Other challenges were a shortage of trained facilitators, especially outside of London, lack of support for follow-up activities, and the time burden imposed on teachers for some school-based approaches.

Cost analysis

No studies reporting cost analysis were available. Information about delivery of programmes in England and Wales suggests that one-off sessions delivered in schools are usually low cost because they involve large numbers of young people and are led by one facilitator. Programmes delivered specifically for children and young people identified as already involved, or at risk of involvement in violence, may cost more. This is because they typically involve small numbers of children and young people and may include multiple sessions.

What do we need to know? What don't we know?

Studies of effectiveness are typically of interventions delivered in education settings which may miss those who are most 'at risk' of knife crime as they are less likely to attend school. Also studies typically look at attitudes immediately after the intervention. More studies are needed, including of community-based programmes for high-risk groups, which look at longer run effects on attitudes and behaviour.

There is a need for a systematic review with meta-analysis. Given the existence of process evaluations for the UK, this should be a mixed methods review. And a case can be made for using effects on attitudes based on exit interviews, which will increase the number of included studies.

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Annex 2: Process evaluation evidence

Study / intervention	Success factors	Challenges	What CYP and those associated with them say
<p>Grant Thornton UK (2013): The Knife Crime Prevention Programme: Process Evaluation</p> <p>Young people aged 10-17 were referred to the programme convicted of knife-related offence. In practice also included youth seen as at risk of knife crime.</p> <p>Delivery through YOTs.</p> <p>Course of at least six hours with eight broadly defined modules: 1. Attitudes to knife carrying, 2. The law, 3. Health, 4. Social implications, 5. Managing conflict, 6. Victim interaction, 7. Public space awareness, 8. Peer education.</p>	<p>Personal accounts of the consequences of knife crime from victims, families, ex-offenders or professionals</p> <p>appropriately skilled and confident facilitators</p> <p>Group work helped reinforce messages.</p>	<p>Lack of signposting to appropriate materials for course development</p> <p>Non-completion: taken into custody, being disruptive in sessions, or failing to attend.</p> <p>Personal accounts challenging and resource-intensive to arrange.</p> <p>Rarely any planned follow-on activity</p> <p>Group work difficult to manage</p>	<p>You know it's all true as it's their stories and not just someone telling you a bunch of facts, or telling you off for carrying a knife.</p> <p>Understanding the effects and seeing the mums tell their story – I wouldn't want that to be my mum, sometimes seeing your mum cry hurts more than being stabbed.</p> <p>I didn't realise how quickly you can die from getting stabbed, if you hit an artery you'll lose blood really quickly.</p> <p>If you live around a rough area you need to carry a knife for protection [...] protection is the biggest reason people carry a knife, but you don't realise you could end up hurting yourself.</p>

		Delivered in partnership: police important partner but challenging to find right person to work with	
Bridges (2020) Evaluation of Theatre in Education Tour on Knife Crime Awareness & Prevention Assemblies in Coventry Primary Schools Academic Year 2019-20. Self-evaluation – mainly outcome monitoring	N.a.	N.a.	<p>I now know a lot more about knife crime and how to stay safe.</p> <p>It teaches you that it is not normal to carry a knife and that young people cannot carry a knife because it is dangerous.</p> <p>Because it helps people to think differently about crime, which if everyone stays away from (knife crime,) it will keep society safe.</p>
Evaluation of St Giles Trust's Community Fund (Home Office) Helping to Prevent Knife Crime 2018-2019	<p>Lived experience of the SGT facilitators</p> <p>Skilled and diversified facilitators</p> <p>Tailored to local circumstances</p>	<p>Lack of facilitators especially outside of London</p> <p>Time too short to properly prepare pilots</p>	<p>It made me really think about what is going on around me and how to keep away from it, and don't carry a knife.</p> <p>Having things repeated which is really useful because you forget stuff.</p>

	Weekly sessions	Lack of sustained funding Lack of support to follow up	<p>People think that girls aren't involved in this kind of stuff, but they are. We need to know about all of these things so that we don't get caught up. Also, just because we're trying to do well at school doesn't mean that we can't get persuaded into those things. If you're feeling a bit fed up with stuff, you might be tempted. Knowing exactly where it can lead helps you to think again.</p> <p>We can tell our family and friends what we've learnt. I told my younger sister. She thought the groups of boys that hang around near us were just chatting. I explained that they could be doing lots of other things. Now she keeps away from them.</p>
Badaoui et al. (2023) Simulation-based Holistic Approach to Reducing and Preventing Knife Violence (SHARP) Project, a preventative education programme led by the	VR a good hook First-hand experiences of knife crime	Avoiding trauma Insufficiently participant-led. Research team insufficiently flexible in dealing with schools.	Because you don't really think about the mental health side of things; you just think of the physical.

<p>Imperial College Centre for Engagement and Simulation Science (ICCESS).</p> <p>Health education programme: sequential simulation uses live performance to re-enact care pathways, depicting key aspects of the patient experience, facilitating reflection on the various roles undertaken and discussions on how current practice can be changed or improved. Delivered to young people at risk aged 11–14 in schools in London.</p>	<p>Real life presentation of a stabbing</p>	<p>Getting written consent forms.</p> <p>Age appropriate material</p> <p>High organizational burden on teachers</p>	<p>I think it made me realise how bad knife crime actually is ... It made me understand the way you are affected by the knife crime – it makes you change in a way.</p>
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