



CROYDON SAFEGUARDING CHILDREN BOARD

Vulnerable Adolescents Thematic Review

Executive Summary

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Chapter 1: Introduction & Review Design

During a period of four weeks in the summer of 2017, three Croydon teenage boys died. One 16-year-old looked after child was riding a moped, with two others on board, and crashed and died as a result of his injuries. Another 15-year-old, subject to a child protection plan, died from multiple stab wounds in a gang related incident. The 17-year-old died after ingesting a highly toxic drug. All three boys were known to social services by the age of two.

These deaths were brought to the Croydon Safeguarding Children Board (CSCB) Serious Case Review (SCR) Sub-group and two Serious Case Reviews (SCRs) were agreed on both the 15-year-old and the 16-year-old. It was agreed that the 17-year-old would be included in a thematic review to be undertaken into a group of vulnerable adolescents, with either poor outcomes or of considerable concern. Police, Youth Offending, Children's Services and MASE¹ panel, were each asked to identify their own list of children. Some of the children were mentioned in more than one list.

This review is informed by an analysis of the experiences of those children who were identified by agencies because of serious concerns about their safety and well-being. This report will use the term children and not young people in recognition of their legal status, and to reflect that all came to the notice of services as children. The Thematic Review considered 60 children, including the two children who were subject of the SCRs.

Five children were identified in the cohort because tragically they had lost their lives prematurely. We offer our sincere condolences to their families and acknowledge the despair, pain and suffering they have experienced at the untimely loss of their child. We would like to thank the family members who were able to share their experience of working with services in Croydon and sharing their views of their child's history.

This review recognises that some of the crimes committed by children in the cohort were extremely serious and caused untold suffering, and grief to children, parents, extended family and the community. This review is not intended to review or comment on these offences, or the enforcement options or sentences the children received for their crimes.

¹ MASE – Multi Agency Sexual Exploitation Panel

In addition, the review team appreciates emerging initiatives to address serious violence with the introduction of 'a public health approach'² supported by the introduction of violent crime reduction initiatives, that are consistent with the Glasgow model. This review seeks to inform how services can improve outcomes for children in the cohort, or other children who may be exhibiting similar characteristics.

Purpose

The purpose of the Thematic Review was to determine whether there were any patterns in the children's experiences. These were thought likely to be wide ranging including where they lived and went to school, their experiences of family care and the multi-agency services that were provided or offered. The intention was to learn from the children's experiences to inform future service provision

The review team audited the Children's Services files of 15 children (8 boys and 7 girls) representative of the cohort. The audit looked at referrals, assessments, interventions and identified unmet needs in order to test emerging findings against the wider cohort of 60 children.

The 60 children were made up by 23 girls and 37 boys. 71.67% of the children were classed as being from BAME backgrounds. Black boys of Caribbean heritage and White girls of British heritage are the two largest groups in the cohort. Black boys (Caribbean) are significantly over-represented with four times (36.66%) as many children in the cohort in comparison to the ethnicity make up of 10 to 17 years olds in Croydon (9.66%). Whilst White British girls are the largest proportion of girls, this representation is similar to that of the Croydon population. Black girls and Mixed White and Black Caribbean girls are also over-represented with double the proportion compared to the Croydon census data. (Within this cohort, they represent 30.43% of the cohort, but make up only 15.42% of 10-17 year olds in Croydon.)

²Public health approach to violence. It seeks to establish the causes of violent conduct and to identify and pioneer new approaches to preventing it, often by promoting co-operation between the police, education system and health service.

Chapter 2: The Children: Experiences, Service provisions and Learning

The following sections of this executive summary will reflect on the factors that were prevalent within the cohort at different stages of their development as a child at 6 (0 to 6 years – early years), 12 (6 to 12 years – primary years), and 16 (12 to 16+ years – secondary years).

‘Where were you when I was six?’ was a question asked by a child to a social work manager shortly before he died. It was understood his question indicated that he believed his family needed the support of services when he was a young child. This child was the subject of an SCR which concluded that there were missed opportunities to provide the support his family needed.

This section of the report highlights the characteristics or factors that were prevalent in the lives of children in the cohort throughout their upbringing and explores the multi-agency responses. Learning will be identified to inform service developments and commissioning of services to meet the needs of vulnerable children and adolescents.

The following factors were identified as contributing to the children’s behaviour, their vulnerability and the risks they faced.

Where were you when I was six? (0-6 years)

Experiences and service provision

- **Adverse Childhood experiences (ACEs)**

Research confirms that the first 1000 days³ of a child’s life (pregnancy to 2nd Birthday) is a time that is likely to have more influence on a child than at any other time in their life. Research also highlights the likely impact of exposure to stressful, or traumatic experiences (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) and identifies key factors in a child’s environment (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration) that can have an adverse effect on their growth, health and development.⁴

³ <https://www.nct.org.uk/about-us/first-1000-days>

⁴ Bellis M A, et al 2014. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population

Many parents of children in the cohort experienced a range of issues that were likely to have had a negative impact on their child, and a considerable number of the children were exposed to a wide range of adversities at home.

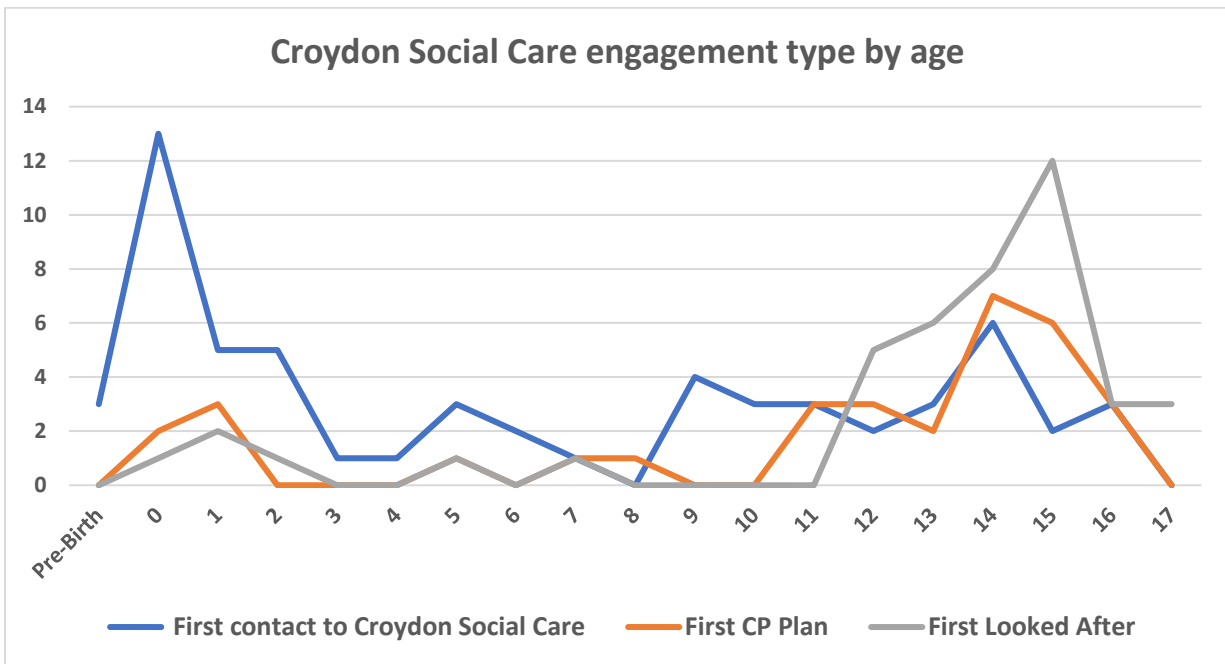
- **Parental factors in the home**

A pattern of issues was identified that had an important impact on the ability of parents/carers to provide a nurturing home environment for their child, to support their development and keep them safe. The most apparent issues included:

72% of fathers were absent, 42% of fathers were the alleged perpetrator of domestic abuse. 27% of mothers were absent, 27% noted to have substance misuse issues, 23% alcohol misuse, and 22% had mental health difficulties. 37% of children had a parent or sibling with criminal convictions, 15% of the parents were known at the time to the Probation Service and 28% of families were recorded as homeless at some point in their child's upbringing.

- **Children's Services**

Children were identified early with 51% (31/60) of the children coming to notice of Children's Services by the age of 5 years. Of those children 10% (6/60) were made subject of child protection plans (CPP), with 5 children (8%) coming into the care of the local authority. The thresholds for Looked after children (LAC) and child protection are the highest statutory thresholds available to the Local Authority which means that these children were likely to have suffered significant harm from a very young age. At aged 14, there is an evident peak in children being placed on child protection plans, and/or being brought into care, as illustrated in the graph below.



Identified Learning

Overall, the child’s needs and the parent’s needs were viewed separately of each other and responded to by means of a short-term intervention. It appears that the presenting issues were addressed, but there was a narrow focus on these issues; the potential longer- term impact of the adverse experiences and the trauma on the child did not appear to be considered. The responses seen in these children’s cases is not unusual, it is a response that has been identified in numerous Serious Case Reviews over time. Statutory services are neither equipped nor resourced to provide services to children and families over long periods of time and a holistic approach that provides a unified family response is needed. Furthermore, the bond and attachment between child and parent was likely to have been affected, but it appears that the long-term implications of poor attachment were not addressed.

There is an evident need for a more defined offer of early intervention and prevention to be available to families to support attachment and to address the early trauma they may have suffered.

Where were you when I was twelve? (6 – 12 years)

Experiences and service provision

- **Education – primary school.**

The review has established a range of notable features that demonstrate the deterioration in behaviour of children in the cohort; violent or disruptive behaviour in school, increased vulnerability and increased risk, were all evident. Practitioners and school teachers suspected some of the children had possible conduct disorders, had suffered trauma without resolution, or were concerned about the likelihood of depression. Schools attempted to address behaviours and children were often referred to CAMHS, Local Authority Children’s Services and Early Help. However, given the high thresholds in these services, some children did not meet the criteria and little intervention, or treatment was provided. The children’s behaviour persisted resulting in 19 children being made subject to a fixed term exclusion at primary school, with all 19 subsequently receiving criminal convictions when they were older.

- **CAMHS**

70% of children in the cohort were referred to CAMHS, this compares to the Croydon average of 9.3%. There was a steady stream of referrals to CAMHS with the youngest at 4 years old and the oldest at 17 years old.

- **Care and development**

Research suggests that for young children, care and development are strongly linked and the bond between the child and parent or carer is crucial to the growth and development of the child – affecting physical growth as well as emotional and mental development and wellbeing.

Evidence suggested that the experiences of the children in the cohort was that these relationships were often undermined by the prevalence of issues such as parental substance misuse and/or mental health difficulties, and/or domestic abuse. Difficulties at home and in the relationship between parent(s) and child was a key feature of many of the children’s experiences. As time went on, children appeared to seek other role models in their communities or amongst their peers, which largely had a negative impact leading to exposure to gangs or pro-criminal peers.

“It’s about family”

(Male 18, referring to the family role the gang played for this young person)

Identified Learning

Primary schools often attempted to address the behaviours that were displayed by the children in school but were often unaware of other factors in the child’s home life that may have contributed to the child’s behaviour. The fixed term exclusions issued to 19 children in the cohort did not seem to improve this behaviour and, despite various interventions, this behaviour continued to pose considerable challenges for the child and to professionals and carers alike.

Support was sought from other agencies, but it seemed that a child’s behaviour needed to get worse before the threshold was met for a service to be offered. It was clear that the children, and their family members, would have benefitted from targeted support in the community, but this was not available.

At times of crisis, services were provided by adult services and/or children’s services and this seemed to address the immediate needs in the family, but service involvement continued to be characterised by single agency working; there was no integrated, whole family, multi-agency plan. Over time, parental difficulties persisted, and children remained in need of support.

The transition to secondary school can be exceptionally challenging for some children, particularly for those who are vulnerable. There can be a significant difference between the nurturing and support primary schools can provide, and the secondary school environment. In the most part, there were gaps in the support offered in the transition from primary to secondary school and delays in putting in place adequate arrangements to meet their special educational needs.

It was clear that the transition from primary to secondary school needed to be carefully planned to enable the secondary schools to provide the support the child needed to achieve their full potential, and to avoid future exclusion.

Where were you when I was sixteen? (12 – 16 years plus)

Experiences and service provision

- **Risk and vulnerability**

At 16, several characteristics were now prevalent in the children's lives. Their behaviour deteriorated, they became more vulnerable, were exposed to exploitation (child sexual exploitation and/or child criminal exploitation) and were both victims and perpetrators of crime.

The risks the children presented increased and their susceptibility to risk in the community increased, with evident involvement in crime, knife crime (as victims or perpetrators), affiliation to gangs, drug use or involvement with drugs, suspected of being involved in 'county lines', frequent missing episodes, high risk and aggressive behaviour and being regularly stopped and searched by police. Half of the children in the cohort spent time in a young offender's institute or a secure unit. Multi agency MASE meetings, Gangs meetings and Risk Management meetings were used to coordinate agency responses and share information.

- **Secondary education**

Behaviours in school remained of serious concern, resulting in fixed term exclusions, managed moves, permanent exclusions, and placements at Pupil Referral Units (PRUs). School exclusion data was available for 56 children, of whom 42 (73%) received fixed term exclusions⁵. 53% (32/60) of children attended a secondary Pupil Referral Unit or Alternative Provision setting for part of their education. Schools had limited options available to them to address the presenting behaviours, which left them believing there was little alternative but to exclude or move the child to another educational establishment.

Early Help provided some support in schools, but this focused mainly on a child's behaviour in school and rarely addressed their holistic needs.

⁵ Croydon Council does not receive exclusion information from schools in other local authority areas therefore this number could be higher

- **The multi-agency response**

The multi-agency responses were largely reactive, and sometimes could be described as crisis management. High risk behaviours escalated, became more frequent, more violent and ultimately more concerning. Agencies struggled to curtail offending behaviour, to mitigate risk, to keep children safe and to provide stability of accommodation for children. The children's relationships with their parents and carers were often fraught, as a result of a breakdown in their relationships or as parents attempted to discipline or curb their child's behaviour, sometimes using physical punishment. The multi-agency network used criminal justice interventions, enforcement action, or the child protection framework in an attempt to protect the children from significant harm. At age 14, more children were looked after by the Local Authority, were made subject to care proceedings or placed on child protection plans. As children spent more and more time out of the home, they were increasingly exposed to, and participated in, high risk behaviours in the community.

56/60 children (93%) were reported missing, the average age for the first missing episode was 13.9 years. In total, 1010 missing episodes were reported across the cohort. Children's Services placed looked after children in accommodation out of the family home in an attempt to keep them safe. However, there were multiple placement breakdowns and children experienced numerous moves from one foster placement, or one residential unit, to another, and the frequency of their missing episodes increased.

A significant influence on the children's behaviours and attitudes was their relationship with peers. Research evidence confirms the strength of peer influences at this age, and the impact these can have on a child. Half the children were affiliated to gangs and despite efforts by parents and professionals it seemed they were more likely to be influenced by their peers, and many engaged in gang related activity.

Identified Learning

The fast-paced dynamic nature of the children's behaviour, and interrelated family and personal issues, created a considerable challenge for agencies to balance criminal justice outcomes and enforcement tools with the child protection framework. In many cases, the actions that were taken to protect children from significant harm, or to create an opportunity for a new start, did not have the desired impact and may have contributed to level of risks in the community.

Agencies focussed on the presenting issues, the causal factors such as trauma or loss seemed difficult to grasp and the pace of the child's risk-taking behaviour, and constant moves made it difficult to provide the therapeutic support they needed.

It seemed that fixed term exclusions and managed moves to another school increased the risk for some children as the moves to another school often resulted in a subsequent move and, when placed in alternative provision, they associated with other children who presented with similar issues.

In the main, children seemed to be treated as perpetrators, rather than victims. The children were victims of adverse life experiences that included unresolved loss and trauma and were victims of crime within their community. Bereavement emerged as an important factor in the children's lives: 17% of children in the cohort had suffered the death of a parent and the children and young people in custody highlighted their level of personal loss and trauma.

In a review of available literature, the Joseph Rowntree Foundation found that those who experience multiple bereavements, or bereavement alongside other difficulties, are statistically 'at risk' of experiencing negative outcomes including exclusion from school, depression, low self-esteem and risk-taking behaviour later in life.

This review emphasises the need to pay particular attention to troubled young people who may have experienced bereavement earlier in their lives, and to bereaved young people living in disadvantaged circumstances.⁶

“Lots of people close to me are being killed – it's very upsetting” (Male 16)

“I went to four funerals last year” (Male 17)

Referrals were made to CAMHS amid growing concerns relating to the emotional and mental health needs, but the number of children accessing CAMHS services was low. There were a number of reasons for this; some children's needs did not meet the service threshold for intervention, some children's living circumstances were so unstable that services could not be offered, and some struggled to engage in the services offered.

⁶ The impact of bereavement and loss on young people. Joseph Rowntree Foundation. June 2005

Consequently, the long-term impact of the children's adverse life experiences on their mental health remained un-addressed and the focus of agencies remained on stability and control. At this age, as work had not successfully addressed their emotional/ behavioural difficulties, these difficulties were becoming entrenched.

Mental health issues appeared to deteriorate and played a significant part in how the child behaved. And, as identified in relevant research, boys became more disobedient and aggressive and girls were more likely to internalise their feelings to the detriment of their mental health.⁷

Children's Services took action to safeguard children due to identified risks of significant harm in the home, schools took actions to address troublesome and aggressive behaviour in school, and the YOS, Gangs teams and Police, focussed on their offending behaviour and gang lifestyle. The opportunity to effectively intervene early had been lost, and the children's motivation to change had diminished.

Professionals struggled to achieve the full engagement of parents. It seemed that some had lost trust in the system and felt blamed for their child's behaviour, and for some, the vast array of professionals now involved was difficult to manage and on occasions caused confusion as to the best course of action to take. Overall, family engagement was poor, and professionals struggled to build a trusting relationship with the child and their parents.

The potential involvement of extended family and kinship, and how they might support the family and professionals to keep the child safe, was rarely explored. When extended family or kinship were identified, collaborative relationships were not established, and the support provided to extended family and kinship to care for a child was minimal.

A whole family approach and the use of a contextual safeguarding framework would have assisted agencies to focus on the interplay between the risk across all areas of the child's environment (home, school, community), to create a whole family solution and to mitigate risk and address their needs. But this framework was not available to professionals at this time.

⁷ <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/domestic-violence-and-abuse-effects-on-children>

This lack of a whole system approach was seen in the way in which the various forums⁸ discussed the children's risk and vulnerabilities.

It was understood that these forums were not synchronised (meaning some children were discussed in multiple forums) leaving a potential gap in information sharing and making holistic child centred planning difficult to achieve.

Chapter 3: Children, Family and Practitioner Perspectives

- **Children's Perspectives**

There were two main approaches to gathering the perspectives of children and young people.

First, interviews took place with children and young people in the cohort. Eight young people serving prison sentences were visited in prison and of these five engaged fully. A group of pupils from local Pupil Referral Units were also invited to share their views and one pupil took part.

Second, in order to gather a broader range of views from those who may be affected, a cohort of 40 children and young people were engaged via Croydon's 'Big Youth Forum' (that brings together youth forums from across the borough) and 'The Youth Congress'.

The children and young people from the cohort and those from the community were open, clear and forthright in their views about what factors push or pull children towards gangs, see below: -

Push Factors

Peer pressure
Avoid being bullied
Threats
Lack of money and debt
Home life issues including divorce, loss, grief
Lack of attention/no positive attention
Lack of encouragement and appreciation
Poor role models
Poor self-esteem
Loneliness
Drugs

Pull factors

Sense of family/community
'Safety' in a gang
Becoming part of a family
Wanting role model / father figure
Attracted to risk
Rebellion
Revenge
Money
Power
Status

⁸Forums include: MASE panel, gangs meeting, and YOS risk management meeting

In the main, the children said they did not feel safe in Croydon.

There was an overwhelming feeling of resignation among the children in custody - they could not see an alternative lifestyle available to them. They lacked hope, aspiration and belief in the system.

Concerns were raised about managed moves, exclusions and attending Pupil Referral Units; these were viewed as negative experiences that contributed to their perception of not being able to succeed in life (by getting a job). There was also resignation about the current levels of youth violence, and a belief that the situation was getting worse all of the time. All children in custody could be described as black or mixed race, and one asked:

“Why are so many black kids from Croydon in prison?” (Male aged 17)

This child’s perception was that black children appear to be treated differently by the criminal justice system. The evidence gathered by this review has identified disproportionality as a main finding.

All the children in prison described the impact violence has had on them, both individually and collectively. They had all experienced trauma and loss on a personal level. One child highlighted that 4 of his extended family had died as a result of gang violence, they had all lost at least one friend they were close to and referred to witnessing traumatic events:

“I’ve seen some terrible things” (Male 17)

These children told us they had not received any sort of bereavement or other counselling to deal with the trauma they felt.

All the children from the community, and those who were serving prison sentences, had similar ideas of how children can be diverted away from gangs and violence. They all recognised that having nothing to do, or nowhere to go outside of school, meant that some children hung around the streets or fast food outlets which they believed increased the risk of violence and heightened perceptions of not feeling safe, resulting in more children carrying weapons to protect themselves.

Their main themes were about building resilience and skills at an individual and family level; they wanted things to do and places to go – which was seen as a means of building resilience through provision of networked support (e.g. mentoring) and groups (youth clubs and after school) were mentioned. Building skills through a variety of structured activities, to include sports, music, arts, and a focus on developing life skills, skills for jobs, and building aspirations.

Other comments of note were to “give them a place to feel protected” and provide “safe spaces”, assistance for parents included the need for childcare (for those children home alone after school due to the parents work commitments).

“The government should stop reducing budgets for services that support young people”

“You need to build trust in the system”

(Young people from Youth Congress)

- **Parent, carer & family perspectives**

In the main, the parents/carers and extended family members were unhappy with how they and their child were treated by agencies and school(s) staff.

Parents did not feel fully engaged, listened to, or heard, and said their overriding feeling was that they had to constantly fight to be heard, which they found ‘very stressful’.

Many parents and family members said they felt they were regarded as ‘a bad parent’, who contributed to their children’s behaviour. They did not believe they were treated as part of the solution, nor enabled or supported to effectively manage their child’s behaviour, mitigate risks, or strengthen the resilience of their child.

“They made assumptions, were prejudiced and had stereotypical views”. (Parent comment)

When asked to describe the quality of services they received, a consistent theme was highlighted: all parents and family members were adamant that their child’s behaviour continued to escalate after services were involved. More concerning was that a small number of parents felt the involvement of agencies made their child’s behaviour worse.

Education establishments and schools were felt to be a source of frustration and anguish.

This was either due to how schools managed situations when their child was the victim of bullying or assault, or relating to sanctions such as detentions, fixed term exclusions or managed moves. They believed there were times when they were treated unfairly. Parents recalled instances when decisions had been made by the school, without an explanation offered to child or parent.

“It became like a tit for tat with school – he was piggy in the middle” (Parent comment)

The evidence collated by this review established that overall, there were difficulties in achieving a partnership with parents. The parents and family members interviewed said they tried their best to look after their children, earn a living, and attend multi-agency meetings when requested. The meetings attended were described by some as tense, uncomfortable and volatile.

The issue of race and ethnicity was a significant feature throughout the interviews with parents and family members, many of whom believed their child received a poor service because they were black. An aunt of a child that had been killed asked:

“If white children were being killed, do you think the government would care more & do something about it?”

This comment suggests that members of the black community may perceive that black children are not treated the same as other children and if they were of a different ethnicity, the government and the system would care more, and take more decisive action to keep their children safe.

- **Multi-agency practitioner perspectives**

Multi-agency events were held and attended by 84 practitioners who represented a broad range of agencies, services and disciplines. In addition, nine 1:1 interviews took place with practitioners.

Several local issues were consistently highlighted, the most prevalent were those relating to the demand on services and the limited availability of time and resources to do the work needed with children. School staff spoke about not having enough resources to provide adequate pastoral support to a growing number of children who display behavioural problems, or who have special educational needs. Practitioners highlighted that availability of services to children and families has reduced since austerity measures were introduced in 2008.

They also identified that pressure on resources has led to non-statutory community services, youth provision, and preventative services being removed or significantly cut, reducing the overall capacity of services to provide intensive support required by some children and their families.

It seemed that these reductions have contributed to fragmentation in the multi-agency network, as some services are unable to fully contribute to multi-agency interventions.

Practitioners spoke about preventative programmes and teams being cut, creating gaps in services which means that more children that could have been diverted earlier are coming to notice later, with more entrenched issues that need to be addressed. Many said that the impact of changes to service thresholds (or access criteria to services) means that children who would have previously met the criteria for a service may not currently.

Practitioners were clearly committed to service improvement and spoke about the notion of a whole systems approach that begins pre-birth. However, they were not confident that sufficient changes to the current system would be made. They felt stretched, ill-equipped, and frustrated with the timeliness of decision making and exhausted by carrying the ownership and responsibility for the behaviour of high-risk children at the front line of service delivery.

Practitioners described sometimes being consumed with worry, about children on their caseload, outside of work and the fear they experienced listening to news reports of knife crime as they were worried the victim would be a child known to them. Equipping the workforce and partnership development – a whole systems approach were also consistent themes.

Chapter 4. Findings & Recommendations:

The review identified five key findings that the local partnerships should consider and use to influence further service developments with the aim of improving outcomes for children.

Finding 1. Early help and prevention is critical.

- **Early Years**

This review provides evidence to complement the established research that a child's early years lay the foundation on which future outcomes are built.

Services are currently not equipped nor resourced to provide the interventions that are needed, be they short term intensive interventions focussed on the child's relationship with immediate care givers or interventions that support the child and family over time.

- **Primary Years**

The evidence presented to this review suggests there are windows of opportunity to intervene in children's lives to safeguard them from exploitation/harm or to reduce offending behaviour, before behaviour becomes entrenched and risks escalate, but the limited range and availability of preventative services means these opportunities are often missed.

Recommendation 1: CSCB multi-agency partners to work together with the community & voluntary sector partners to consider how non-stigmatising early intervention and prevention services can be delivered. Evidence based models/approaches (such as Family Nurse Partnership) to inform future service design.

Recommendation 2: In light of the evidence presented in this review, CSCB to review the new Early Help offer in Croydon and consider whether more is needed to support services such as YOS, police and the newly established Children's Services Adolescent Team to deliver preventative work so that services are able to respond to the windows of opportunity in children's lives.

Finding 2: Greater recognition and response to children's emotional health and wellbeing is needed.

This review has established that the emotional wellbeing of children was the most significant factor that influenced their behaviour and outcomes. It is recognised that this can be difficult to respond to as a child's behaviour often propels, and requires, agencies to respond to the presenting risks. In addition, the child's instability in teenage years means that treatment through established services such as CAMHS makes traditional treatment routes difficult to access. It is recommended that approaches are adopted that seek to address the child's trauma and services provided that are flexible enough to adapt to the child's circumstances and needs. There were a vast array of professionals involved in the lives of the children, but it is clear that forming a meaningful relationship with a child was extremely difficult.

Service boundaries that are threshold led, rather than needs led, often result in multiple people working with a child and frequent changes of worker, a different approach is needed that places the needs of the child at the centre of decision making.

Recommendation 3: CSCB to consider best practice examples of implementing a trauma informed response⁹ (demonstrated elsewhere in the UK) and consider how the multi-agency workforce might be suitably supported to implement this approach.

Recommendation 4: A gap analysis to be completed to establish the current availability of emotional wellbeing services offered in schools and within the community, to inform a flexible approach to the commissioning and delivery of these services.

Recommendation 5: The impact of loss & bereavement requires greater focus in understanding the emotional needs of children. CSCB to consider how this understanding might be promoted within the multi-agency workforce and in the services provided.

Recommendation 6: The benefits of a key worker relational approach¹⁰ needs to be better understood and the barriers to this approach addressed.

Finding 3: An integrated, whole systems approach is needed across agencies, communities and families.

- **Multi-agency service provision**

This review has found that the current service provision to children is characterised by fragmentation where the needs of the child and adult in the same family are viewed in isolation and agencies respond to the presenting need, in line with the primary duty of the respective agencies. This creates a split in service provision and engenders a culture of referral and re-referral. A holistic approach to the child and family is needed, complemented by an integrated multi-agency response.

⁹ Developing and leading trauma- informed practice. Leader's Briefing. Research in practice 2018

¹⁰ That Difficult Age: Developing a more effective response to risks in adolescence. ADCS Research in Practice 2014

- **Families and communities**

Changing the trajectory of children's lives, and making a significant difference to children's outcomes, cannot be achieved by professional intervention alone. There is a need to understand and embrace family, kinship and communities.

Recommendation 7: The contextual safeguarding approach, outlined in new statutory guidance,¹¹ provides an opportunity for agencies to adjust their approach to safeguarding children by understanding and responding to a child in the context of their environment. The findings of this review should inform how this approach will be implemented in Croydon.

Recommendation 8: CSCB to consider how an integrated holistic multi agency response can be delivered that reduces the current fragmentation of service delivery and explore how the concept of a trusted adult can be implemented in practice.

Recommendation 9: CSCB to explore what service adjustments are needed to better engage children and families and to consider practice and service changes that may be needed to enable a child's needs to be met when parental engagement is problematic.

Recommendation 10. The model of an integrated holistic multi-agency response should be extended to include consideration of the risk management panels. Consideration to be given to how schools, including the Fair Access Panel, can be included.

Recommendation 11: CSCB to consider how improved community, family and business collaboration will be achieved to safeguard children and improve their outcomes. Consideration to be given to supporting community-based activities to build resilience and to create more opportunities for children to aspire, achieve and thrive..

Recommendation 12: CSCB to consider how awareness raising about the impact of Adverse Childhood Experiences (ACEs) will be developed and shaped in Croydon to include multi-agency professionals, families and the community.

¹¹ Working Together to Safeguard Children 2018 HMG

Finding 4: Schools should be at the heart of multi-agency intervention.

This review has recognised that schools are a critical part of a child's community, often representing a safe place where relationships with trusted adults are formed and hopes for the future lie. This review strongly recommends that schools are equipped to respond to the challenges presented by children with high risk behaviour and are placed at the very heart of multi-agency service provision.

Recommendation 13: CSCB to invite senior leaders representing schools in Croydon to consider what is needed to equip and support schools to manage the challenges presented by children with high risk behaviour and explore how a multi-agency team around the school will be achieved.

Finding 5. Disproportionality, linked to ethnicity, gender and deprivation, requires attention and action.

This review has evidenced a clear disproportionality: black children of Caribbean heritage were over represented, as were children whose circumstances rated highly on deprivation indices. National research data confirms the local findings of disproportionality and reveals that black boys, of Caribbean heritage, are over-represented in exclusions and placement in alternative education¹² and are more likely to be brought into care¹³, more likely to be involved in gangs and be the victims of serious violence¹⁴. They are also significantly over-represented in the criminal justice system¹⁵.

Recommendation 14: CSCB to build on the work undertaken by agencies as part of this review and establish a data set about the most vulnerable children in Croydon to inform risk management strategies and service provision.

Recommendation 15: CSCB to consider how the involvement of professionals, families and the local community might be achieved, to explore what might be done to address disproportionality.

¹² Institute for public policy research (IPPR), Making the Difference, October 2017, p 18

¹³ Centre for Social Justice, IT CAN BE STOPPED A proven blueprint to stop violence and tackle gang and related offending in London and beyond, August 2018. P15

¹⁴ Charlie Owen and June Statham, Thomas Coram Research Unit Institute of Education, University of London Disproportionality in Child Welfare. The Prevalence of Black and Minority Ethnic Children within the 'Looked After' and 'Children in Need' Populations and on Child Protection Registers in England. June 2009

¹⁵ The Lammy Review; An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System. September 2018 – introduction p3, chapter 1

Chapter 5. Conclusion:

This Review has been championed and commissioned by Croydon's strategic partners through the CSCB. They have shown commitment to understanding the lives of these young people in order to improve the effectiveness of the multi-agency response available to children and families in Croydon. The review has brought together evidence from across statutory partners, the private and voluntary sector, the community, children and their families, and front-line practitioners, which paints a tragic picture of many of these children's lives. Several criticisms of the current system have been made about the nature of provision to children, these criticisms are not new. In 2014, the research scope: That Difficult Age¹⁶ echoed concerns across senior leaders in Children's Services about services provided to adolescents who were displaying high risk behaviours such as those in this cohort. Central to the findings of this review is that early intervention and prevention is essential, yet these services have not weathered the funding cuts of recent years.

It is perhaps salutary to end this report with a mention of costs. It was beyond the scope of this review to examine the financial costs to agencies of the services provided to the children. It is well established that the nature of the children's needs means that the cost of service provision is extremely high.¹⁷

The costs to these children, their families and communities and to society as a whole, of not providing the support these children needed at a time when needed most, is a cost that cannot easily be forgiven or forgotten particularly by those whose lives have been blighted by the consequences of their actions or by the tragic loss of a child's life. Making a difference will be the lasting legacy for these children and their families.

¹⁶ That Difficult Age: Developing a more effective response to risks in adolescence. ADCS Research in Practice 2014

¹⁷ For example: Care placements for adolescents make up 30% of the care budget (DfE 2013) quoted in: That Difficult Age. Research in Practice 2014

APPENDIX

Vulnerable Adolescent Thematic Review (VA60): Summary and analysis of Multi-Agency Data

Introduction

All agencies that took part in the Vulnerable Adolescent Thematic Review examined their records of the 60 identified children and provided information and summary learning to the Review. This is a collation of that information with further analysis, including some national comparison data and for Croydon children.

The 60 children include 23 girls and 37 boys; we sought to answer the following questions: -

Who are they?

Who knew and worked with these families?

Where did they live?

What would they say about services?

What was life like at home?

What would they want us to know?

How was their health?

What can we learn from their experiences?

What was school like?

What happened in their lives?

Where are they now?

Age, ethnicity and gender of the VA 60 cohort:

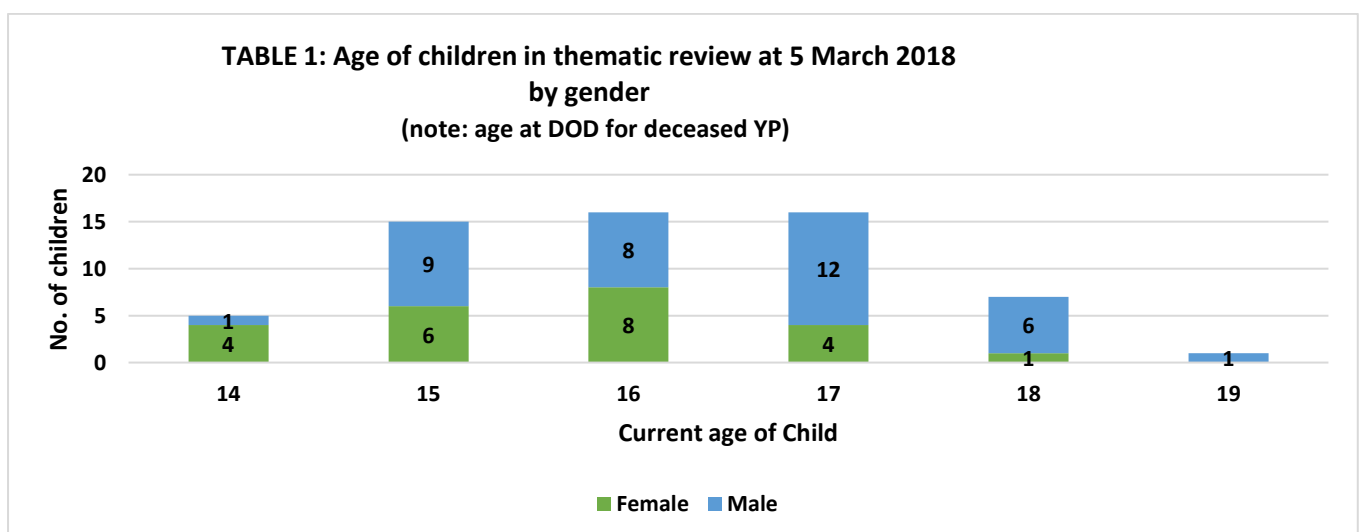
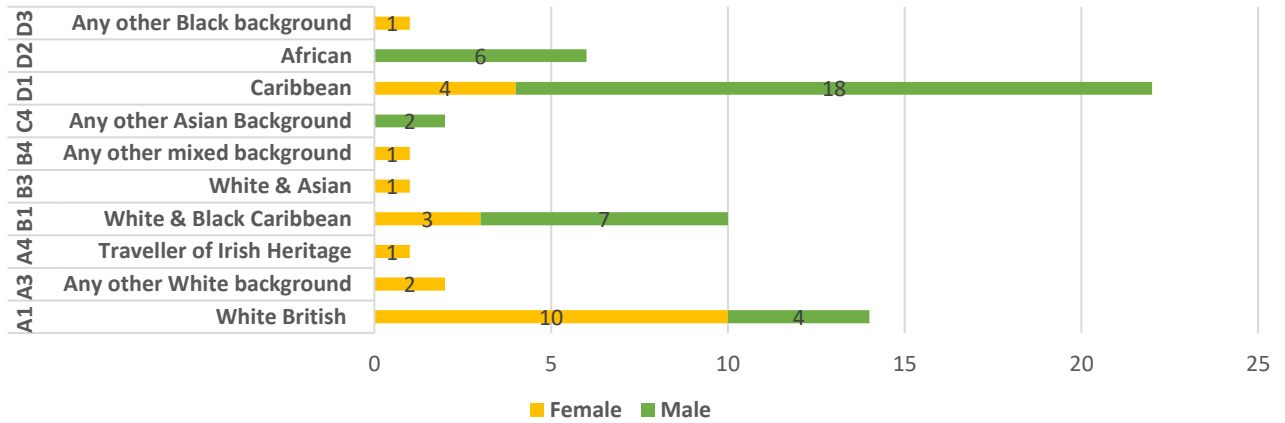
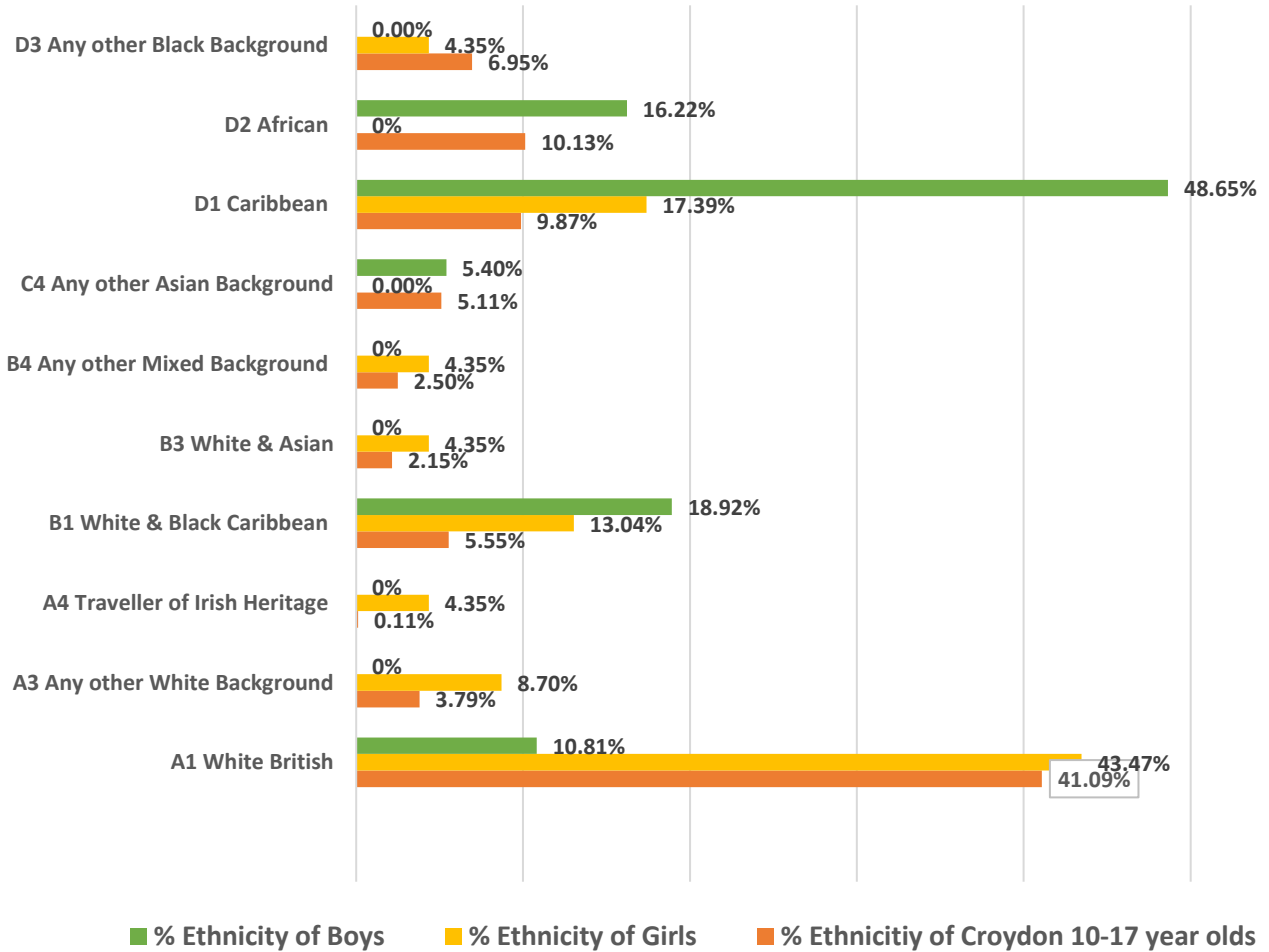


Table 2: Ethnicity & Gender of the VA 60 cohort



In comparing this cohort of children with the census data there are some striking differences; the disproportionate number of Caribbean boys and the predominance of White girls in the cohort:

Table 3: Comparison between Ethnicity of VA 60 Cohort by Gender and 10-17 year olds in Croydon (2011 Census data)

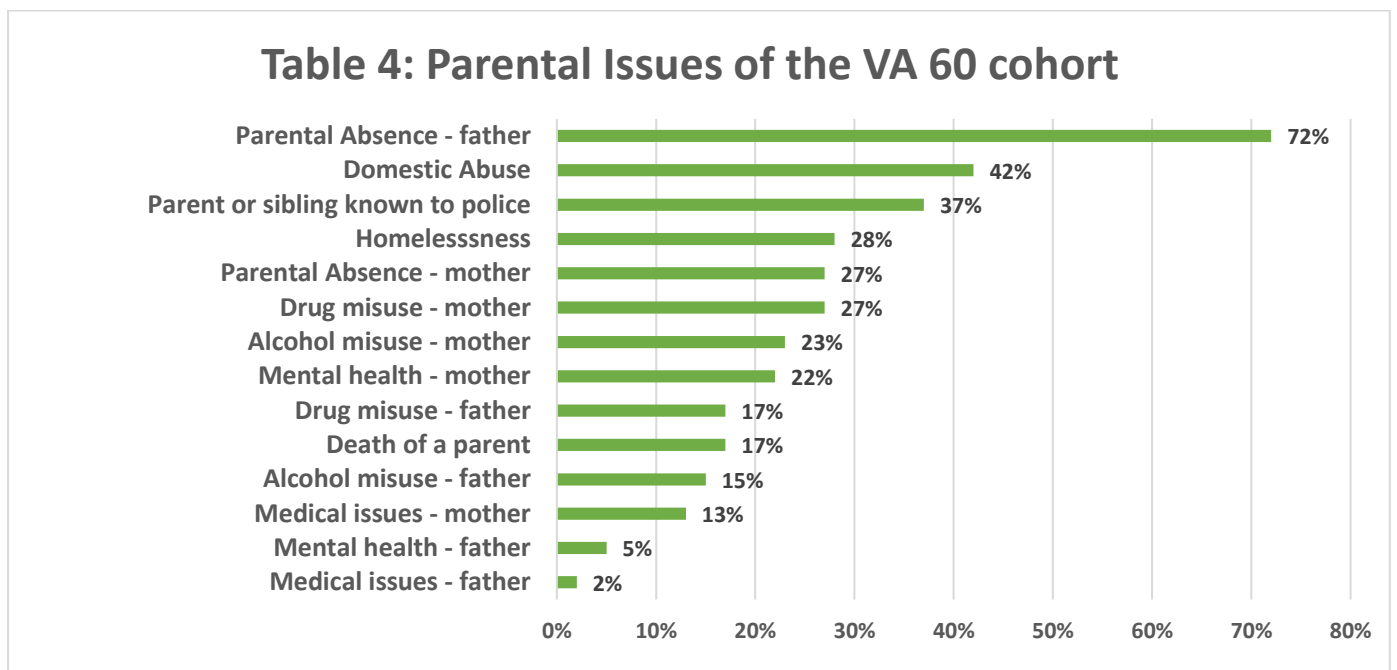


A list of all current ethnicity codes can be found on Page 31.

Parental and environmental factors

This next set of data looks at parental and environmental factors that were inherent within the child’s background.

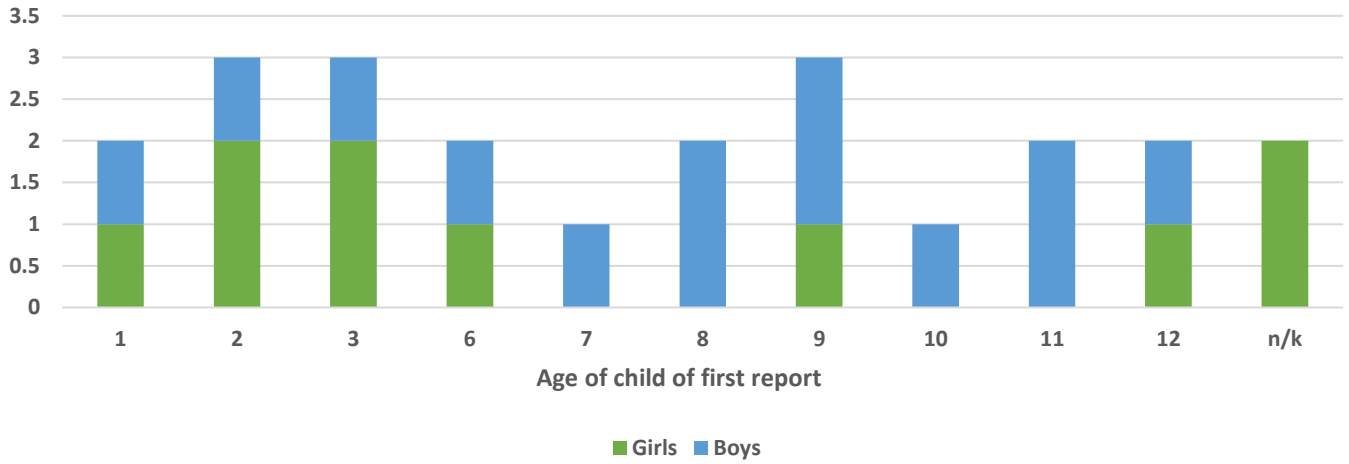
In conjunction with the experiences of the first 3 children considered, we sought to establish if there were common themes among their parents. Findings show that of the 60 children, their experience was affected by the following: - (Please note that these are not exclusive figures, i.e. one parent could feature in more than one section.)



Despite these significant issues impacting upon the child’s daily life, the majority of whom were living with one parent, only 3 of the 60 children had ever been known to the Croydon Young Carers Service.

**Table 5: Age of first reported exposure to Domestic Abuse
by Gender**

Cohort 23/60 Police Data



Domestic Abuse

Nine of the families were known to the Family Justice Centre (15%) with 7 of those being presented to the Multi-Agency Risk Assessment Conference (MARAC) due to the seriousness of the domestic abuse concerns.

Family Members

From the group 37% had a parent or sibling with criminal convictions.

At the time of undertaking this analysis nine of the parents were actively known to Probation as a result of criminal convictions for offences committed within the family and/or wider offending behaviour.

Housing

Currently 17.9% of Croydon households are classed as social housing: of the VA 60 families the proportions are much greater than this Croydon average: -

49 families known to Croydon Housing (82%)

33 families currently live in Council or HA properties (55%)

17 families have lived in temporary accommodation (28%)

7 families evicted from council property (12%)

17 of the 60 families (28%) have spent periods in homeless and temporary accommodation (TA) for a variety of reasons, including eviction for rent arrears, eviction from parental home, fleeing domestic abuse.

None of the families have lost their homes because of either their own or their child's unacceptable behaviour.

Of the 17 families who have spent periods in homeless and temporary accommodation, when offered council accommodation, 7 were later evicted as they struggled to sustain their tenancies.

Examples of housing history from the 17 families: -

Example 1:

5 moves since 2004 - evicted from private tenancy, 1 month in TA Hotel, 11 years in Council tenancy, evicted 2015, 2 days in B&B Hotel, 4 months in self-contained emergency accommodation, 9 months in leased temporary accommodation, evicted as intentionally homeless

Example 2

5 moves since Nov 2002 – evicted for rent arrears, 11 months at TA Hotel, 4 years as Housing Association (HA) temporary tenant; moved to another HA property; moved to further HA property

Example 3

4 moves since 2014; 2 months in emergency accommodation outside London, moved to Council tenancy, evicted Oct 2017, 2 months in emergency accommodation out of Borough; current accommodation position unclear

Poverty and Deprivation

We sought to identify if there was any link with deprivation, i.e. is poverty one of the factors in their experiences?

The predominance of the cohort lived in the more densely populated areas of Croydon and closest to areas of deprivation. See Table 6: Of the 60 children:

- 9 (15%) lived in an area that is one of the 10% most deprived areas in the country
- 23 (38%) lived in area that is one of the 10-20% most deprived areas in the country
- 28 (47%) lived in an area not in the 20% most deprived in the country.

Free school meals (FSM)

22 of the 60 children, have been recipients of Free School Meals at some period during their time in school, which represents 37%, approximately double the Croydon average.

Percentage of children entitled to free school meals in 2017:

- 19% in Croydon primary schools (the national average was 15%)
- 17% in Croydon secondary schools (the national average was 13%).

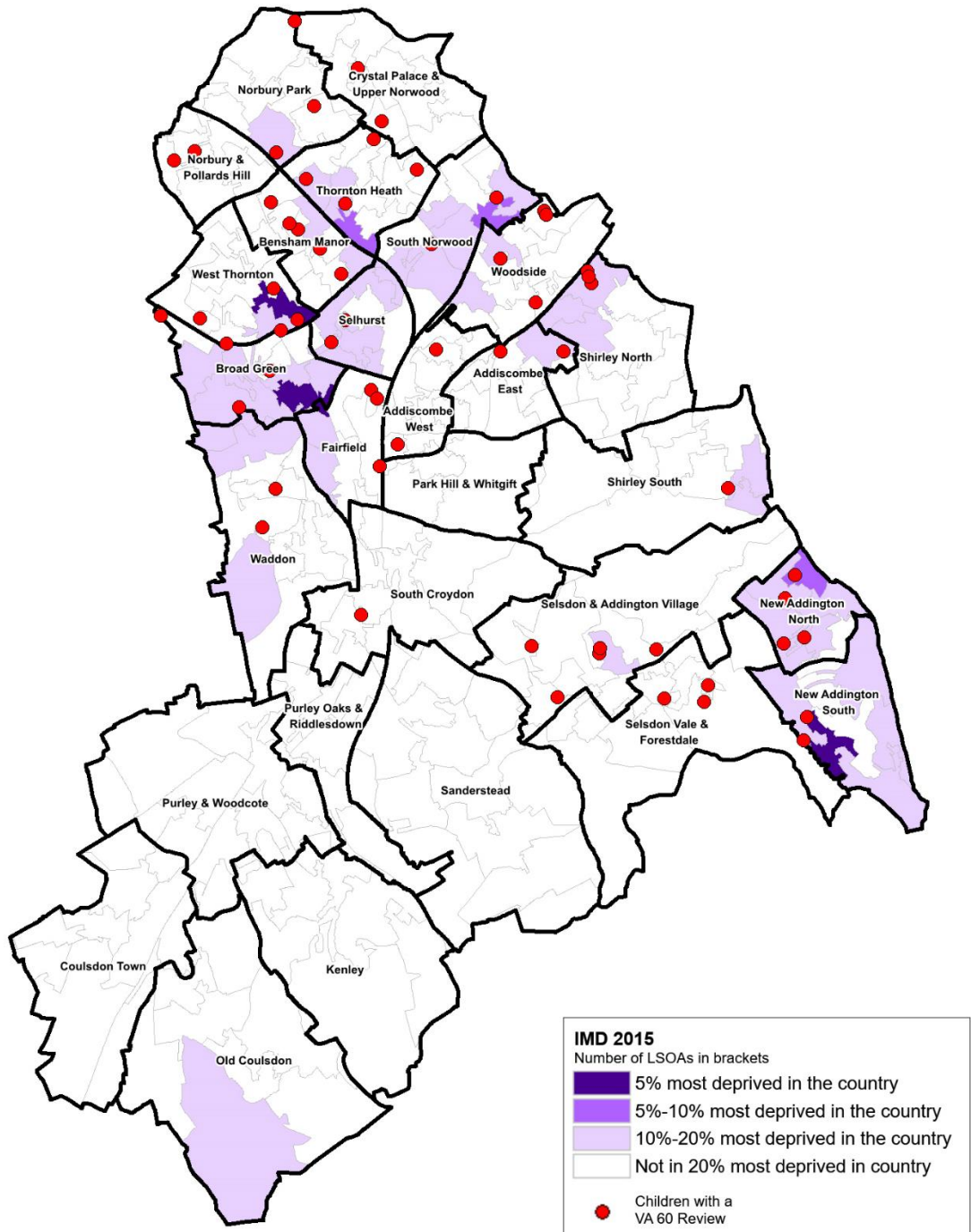
Please note Croydon Council does not carry out FSM checks for all schools as some academies carry out their own checks. So, while the local authority's FSM data gives indication of eligibility it is not a definitive list.

Link to Gang Territories

The main areas where the cohort lived also link with the geographical areas of the current main five Croydon gangs, all of which encompass the most deprived areas of Croydon.

Table 6: Home postcode of each child overlaid on Deprivation map. The red dots signify the child's last known family home address.

Indices of Deprivation 2015 and Children with a VA 60 Review



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Individual child related data; their history and contact with agencies

Education: - Primary (Infant & Junior School)

42 (70%) of the 60 children started school in a Croydon Primary school, the other 30% of children were educated in other local authorities or came from abroad.

20/42 (48%) of the Croydon children attended the same primary school throughout this phase and for a further 9 the only change of school was the transition from infant to junior school, which is a recognised transition point. Therefore, it would be reasonable to state that 29 of the 42 children (69%) of the cohort had a stable primary school history.

Primary School Attendance

We have primary school attendance data for 48 of the 60 children. In their final year of primary school, the average attendance was 88%. There was no significant gender difference in the attendance with the average attendance rates being the same for boys and girls.

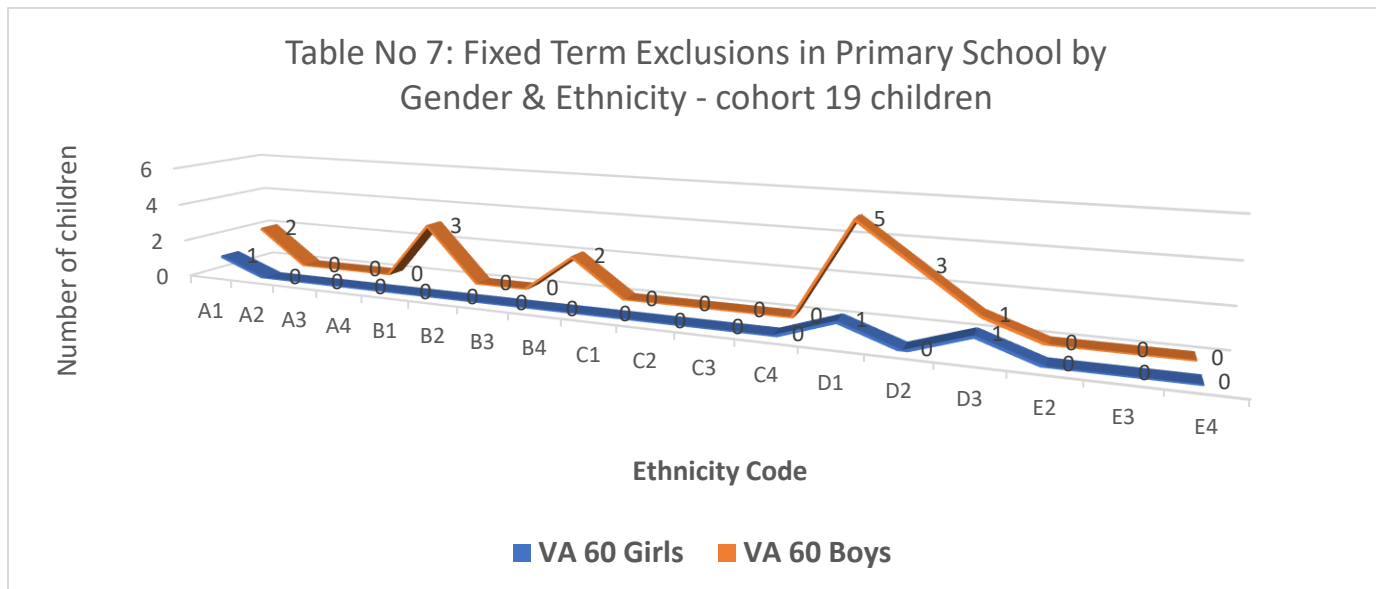
14 of the 48 (29%) children would be classified as persistent absentees. Though the average overall attendance of boys and girls was the same, the girls were slightly more likely to be classified as persistent absentees in their final year at primary school. A persistent absentee is a pupil whose attendance is less than 90%. Six of the 23 girls (26%) and eight of the 37 boys (21.6%) were classified as persistent absentees.

Fixed Term Exclusions in Primary School

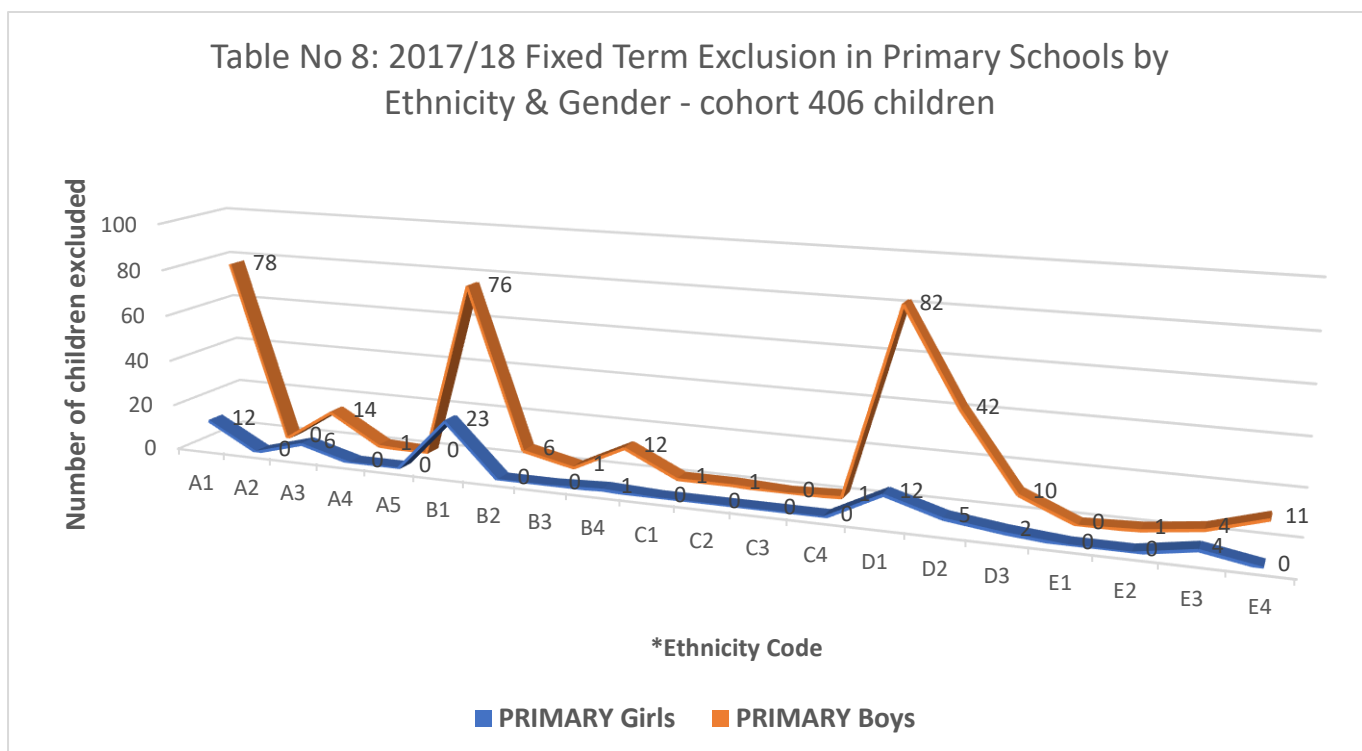
19/42 (45%) of the cohort are known to have received a fixed term exclusion in their Croydon Primary School. Exclusion information from schools in other local authority areas was not available.

Table 7: Fixed Term Exclusions in Primary School

Of the 19 children in the cohort, there were 16 boys and 3 girls. 16 children were BAME and 3 White British.



The ethnicity and gender split is not broadly dissimilar to that of all 406 children excluded from Croydon primary schools in 2017/18, although there are some slight differences. See Table no 8.



* Ethnicity Codes currently in use are listed below:

| Code | Description |
|------|------------------------------|
| A1 | White British |
| A2 | White Irish |
| A3 | Any other White background |
| A4 | Traveller of Irish Heritage |
| A5 | Gypsy/Roma |
| B1 | White and Black Caribbean |
| B2 | White and Black African |
| B3 | White and Asian |
| B4 | Any other mixed background |
| C1 | Indian |
| C2 | Pakistani |
| C3 | Bangladeshi |
| C4 | Any other Asian background |
| D1 | Caribbean |
| D2 | African |
| D3 | Any other black background |
| E1 | Chinese |
| E2 | Any other ethnic group |
| E3 | Refused |
| E4 | Information not yet obtained |

Background information of the 19 children who received Fixed Term Exclusions in Primary School:

11 children were known to Children's Social Care by the age of 2 (58%)

18 children were known to Children's Social Care by the age of 11 (95%)

6 children went on to Special Schools (32%)

13 children went on to Pupil Referral Units or Alternative Provision (68%)

17 went on to have Fixed Term Exclusions in Secondary School (89%)

14 children were placed in a Secure Unit or Young Offender Institute 74%

Of the 19 children 16 were BAME and 3 were White

Of the 19 children 16 were boys and 3 were girls

All 19 children who received a Primary School Fixed Term Exclusion received a Criminal Conviction. (100%)

Table No 9, looks at the breakdown of the behaviour issues for the cohort of 19 children.

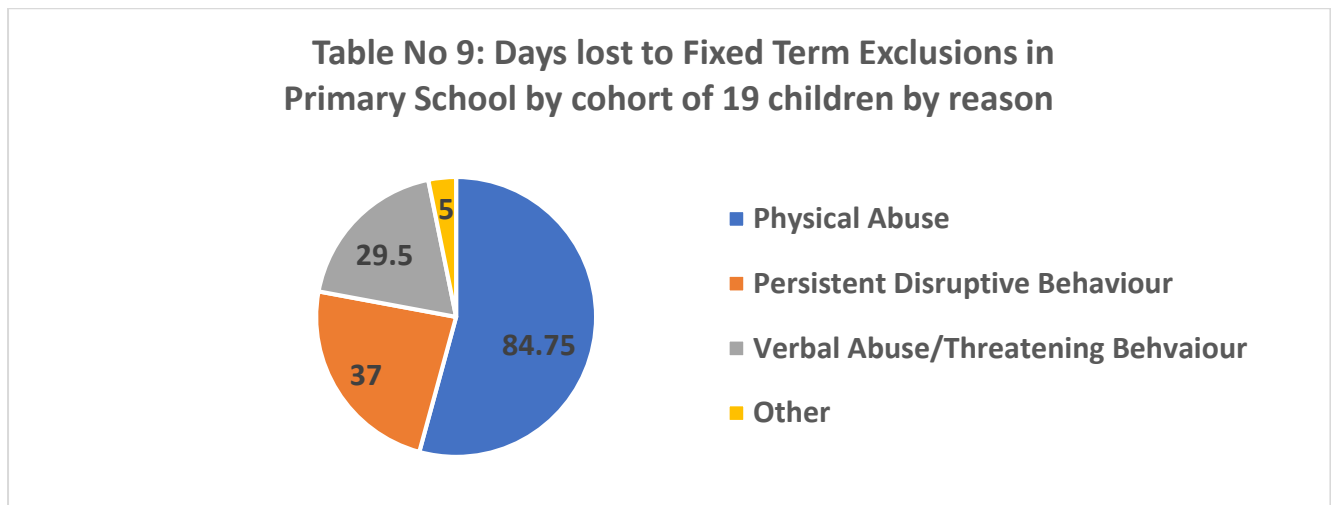
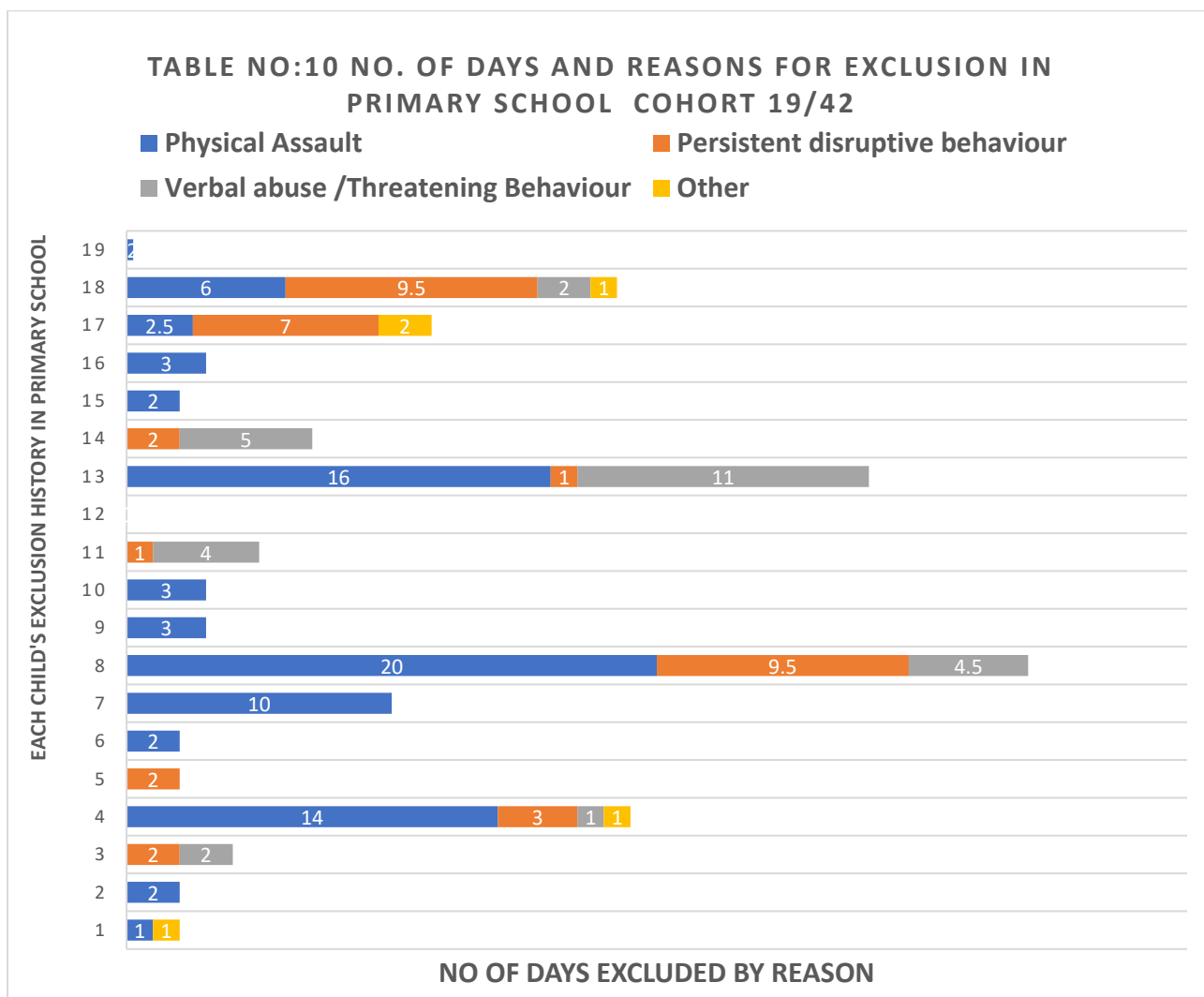


Table No 10, looks at the background to the fixed term exclusion for each individual child. The total number of days they were excluded, plus the different range of reasons for the exclusions.



Primary Exclusions

The youngest age for exclusion from primary school was 4 years old.

Two children were excluded at the age of 4.

One was excluded at the age of 6 and a further three children were first excluded from primary school at the age of 7.

These 19 children were in attendance at 15 different primary schools. Two schools had 2 children each and one had 3 children.

All age exclusions

For one child of the cohort of 19 children who received a Fixed Term Exclusion in Primary School, this was the only occurrence of exclusion throughout their schooling in Croydon.

For the other 18 children they ranged from receiving 2 exclusions to 21 exclusions during their whole schooling history in Croydon.

CAMHS referrals

15 of the 19 children were referred to CAMHS

Education – Secondary (Mainstream, PRUs & Special Schools)

42 (70%) of the 60 children started their secondary education in a mainstream Croydon secondary school. 5 children attended a Croydon special school.

15 of the 42 children (36%) attended the same secondary school from Years 7 through to 11. Of these, six were boys and nine were girls.

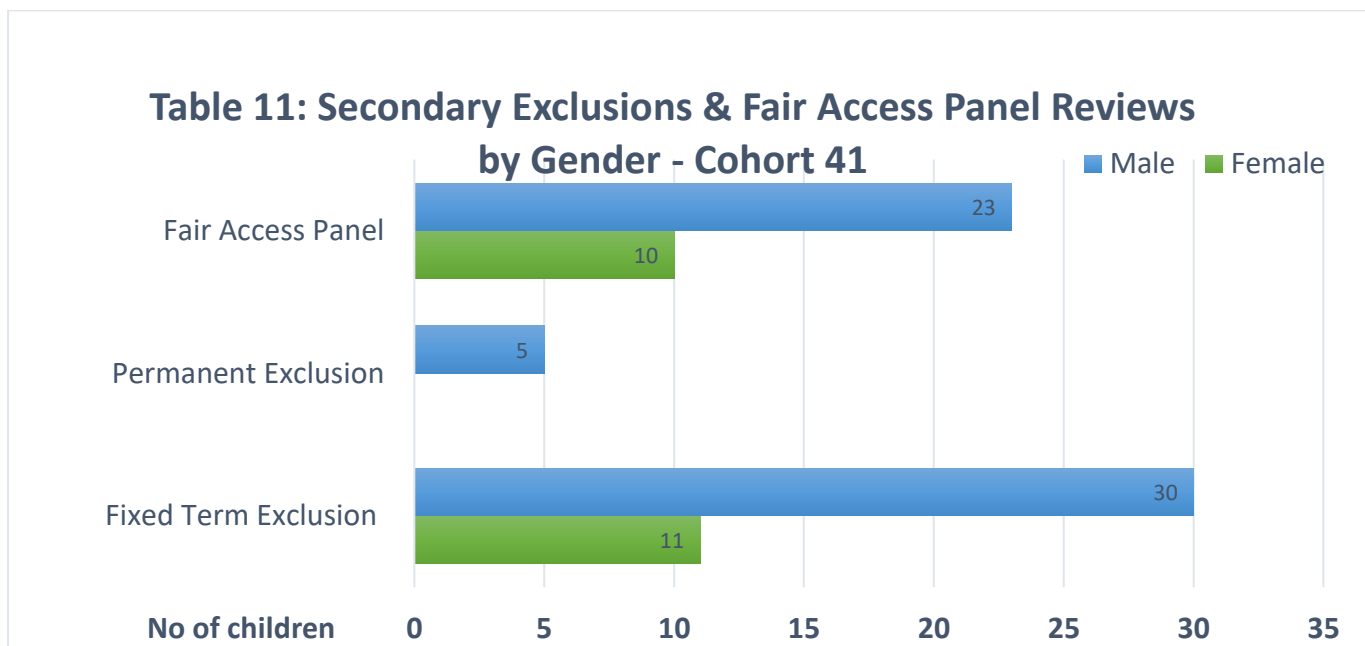
Attendance

We have mainstream secondary school attendance data for 25 of the 60 children. Of that cohort the average attendance in their last year of mainstream secondary education was 74.78%. There is attendance data for 15 boys and 10 girls, and the average attendance was 74.7% and 73.7% respectively. Of those 25 children, 18 (72%) were classified as being persistent absentees; 11 were boys (61%) and 7 were girls (39%).

Fixed Term Exclusions in Secondary School

We have secondary school exclusion data in respect of 56 children of the 60 cohort. The gender breakdown being 22 girls and 34 boys. 41 of those 56 children (73%) received fixed term exclusions. This was made up by 18 girls (82% of the girls' cohort of 22) and 23 boys (68% of the boys' cohort of 34).

Croydon Council does not receive exclusion information from schools in other local authority areas therefore this number could be higher.



15 of the 60 children (25%) were not subject to any exclusions during their secondary schooling in Croydon. It is not known if the remaining 4 children were subject to any exclusions during their secondary education. (Cohort of 41, plus 15, leaves 4 children, for whom we have no information)

Education: Statements, School Action, EH& C Plans

10 of the 60 (17%) attended a Special School indicating all ten children had a Statement of Special Educational Needs or an Education, Health & Care Plan. Only six of the Statements or EHCPs were initiated by Croydon SEN department and of these:

- Two statements started at the age of 8
- Three started at the age of 10 and
- One started at the age of 14

All of the Statements had a primary need recorded as Social, Emotional and Mental Health.

This figure of 17% within our cohort is disproportionately higher than the current figure for Croydon children with a Statement or EH&C Plan which is 3.3%. The England figure is 2.9%.

A further 22 of the cohort are recorded as being supported at School Action or School Action Plus under the old SEND Code of Practice or School Support under the current SEND Code of Practice.

15 boys (40% of boys' cohort)

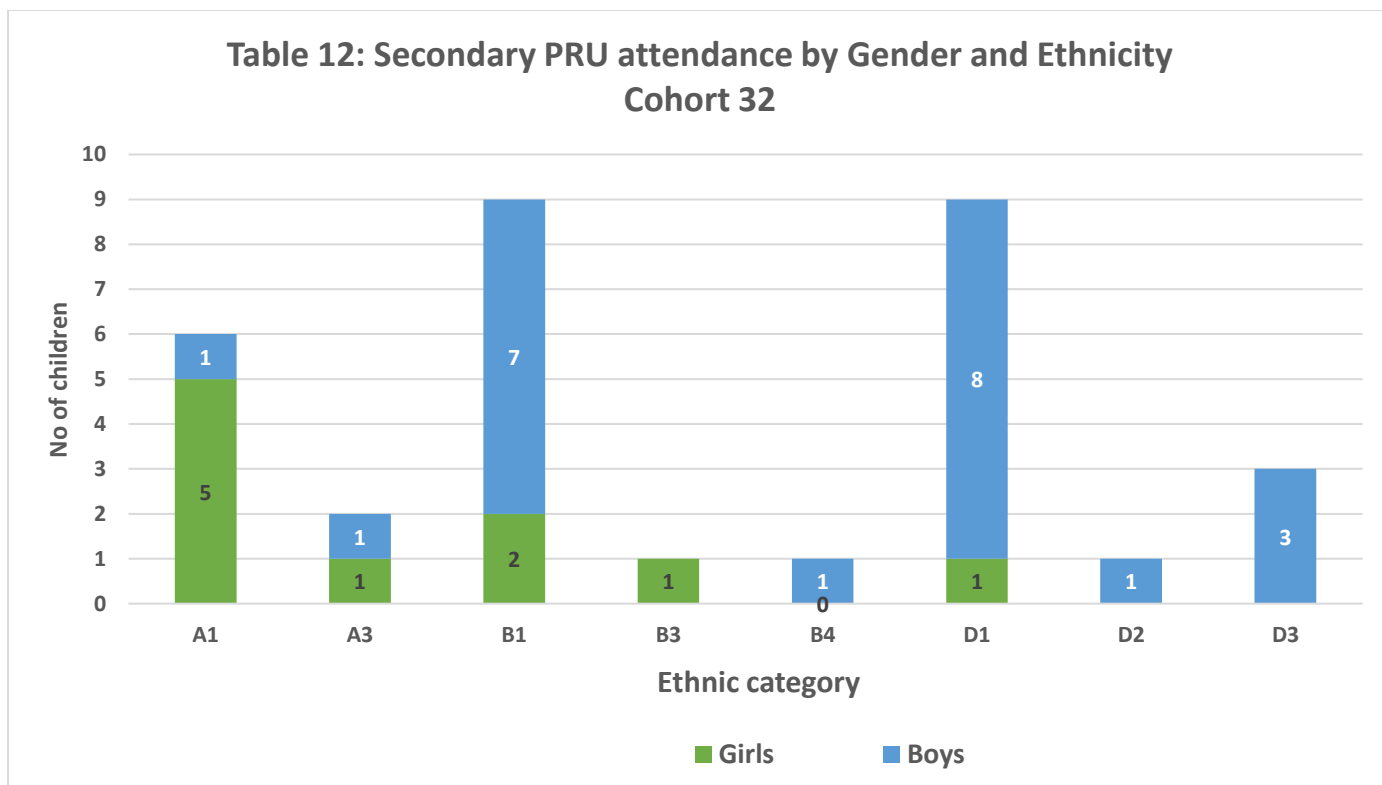
7 girls (30% of girls' cohort)

**32/60 children
needed extra
support in school**

Pupil Referral Unit or Alternative Provision

32 (53%) of the 60 children attended a secondary Pupil Referral Unit or Alternative Provision setting for part of their education. This was usually their final education placement after it was no longer possible to secure a place in a mainstream school. Of the 32 children 21 were boys and 11 were girls. This represents 57% of the total boys' cohort and 48% of the total girls' cohort.

28 children attended the Croydon PRU (Saffron Valley Collegiate). The main points of entry into the PRU were in years 9 and 10, with 36% (10 children) joining in each of those years.

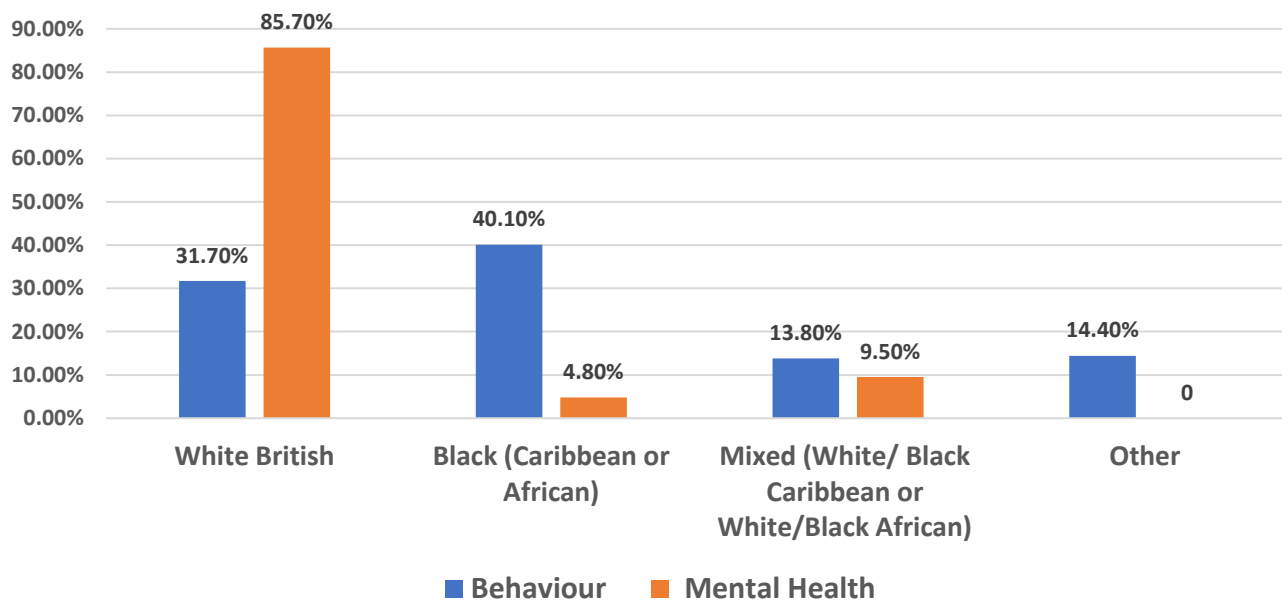


SEE PAGE 31 FOR ETHNICITY CODES

PRU Provision type – behaviour and mental health.

Table 13 shows the broad ethnic breakdown of all the children attending the 2017/18 provision in the two types of Pupil Referral Units. The first type being the Behaviour provision for those children excluded or at risk of exclusion and the second type for those with mental health needs. The proportion of white girls in the mental health provision is completely disproportionate to the predominance of Black or Mixed ethnicity boys in the behavioural provision.

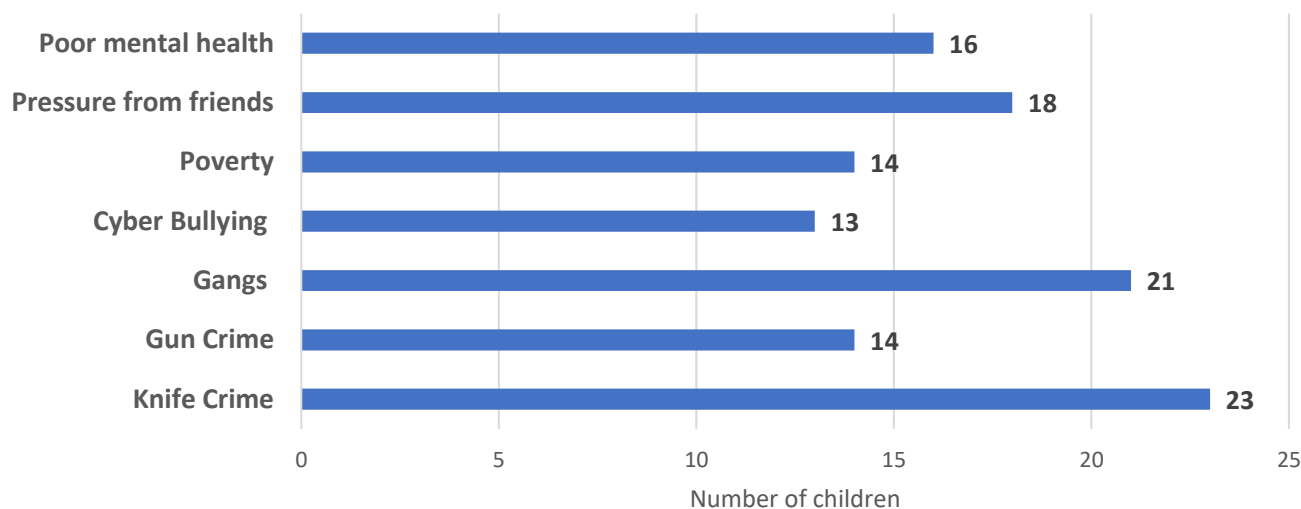
**Table 13: Pupil Referral Unit Ethnicity Breakdown by Provision Type
2017/18**



Views of children

The PRU conducted a survey of Key Stage 3 pupils across a range of issues, including what the issues were that were affecting them - Key Stage 3 refers to 12 – 14-yrs.

Table No 14: 2018 Survey of PRU KS3 Pupils regarding issues affecting children



We have sought to compare the Fixed Term Exclusion data for this cohort against the general Croydon population

Table No 15: Fixed Term Exclusions 2017/18 Croydon Pupils and VA 60 cohort data:

| School Type | Primary | Secondary | Special | PRU/AP |
|----------------|---------|-----------|---------|--------|
| No of pupils | 33649 | 19840 | 826 | 326 |
| No of FTEs | 406 | 1055 | 23 | 38 |
| % rate of FTEs | 1.21% | 5.32% | 2.78% | 11.66% |
| VA 60 cohort | 19 | 41 | 10 | 32 |
| % rate of FTEs | 31.67% | 68.33% | N/K | N/K |

Family engagement with services

London Borough of Croydon Early Help Service

31 of the children (52%) were known to Croydon Early Help services. Generally, these were being provided to the age group of 13+, mainly relating to education issues such as :-

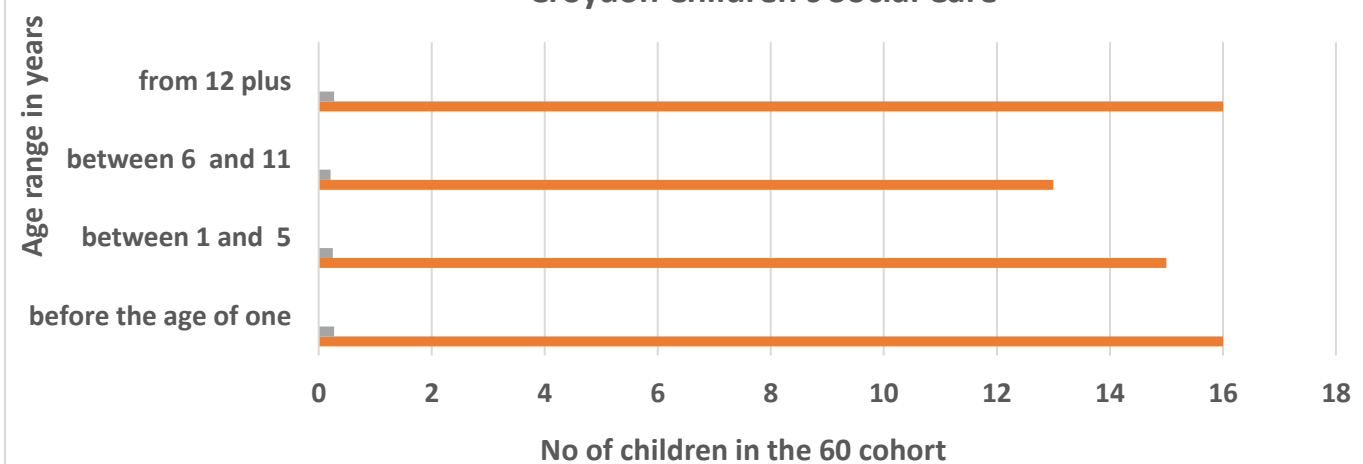
- school attendance
- multiple school placements
- exclusions
- permanent exclusions

Social Care

All 60 children of the cohort were known to Croydon Children’s Social Care as the cohort was selected on the basis of being known to social care and other agencies. This table shows their age at first contact with Croydon Children’s Social Care.

Please note that some children were known to social care in other Boroughs at a younger age prior to becoming known in Croydon

Table 16: Age of Child when first known to Croydon Children's Social Care



Findings of note are:-

- 27% (16/60) were known to Croydon Social Care before they reached the age of one
- 52% (31/60) were known by the age of five.
- 73% (44/60) were known by the age of 11
- 100% (60/60) were known by 12+

Table 17: Age group at first contact with Croydon Social Care by gender

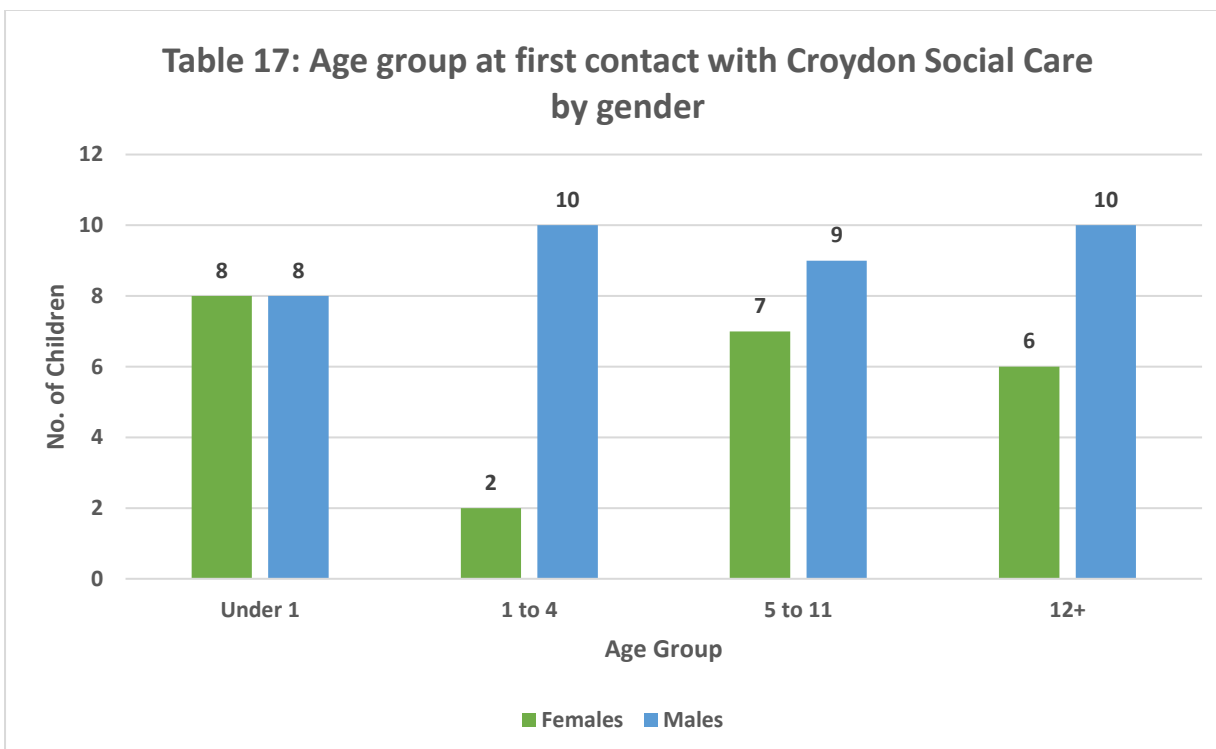
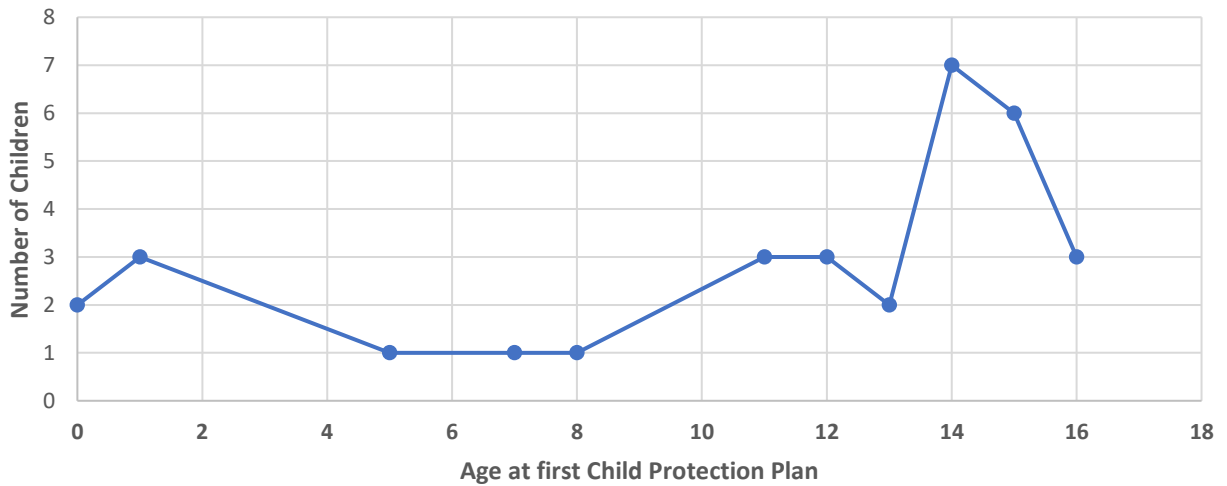


Table 18: Number of Children and Age at First Child Protection Plan - Cohort 32



Child Protection

53% (32/60) of children were subject to a Croydon Child Protection Plan.

8 children (25%) were subject to more than one CP Plan, 6 boys and 2 girls.

Of those 8 children, 7 went on to become Looked After by Croydon Social Care, 6 boys and 1 girl (87.5%)

Looked After Children

45 of the 60 children (75%) were looked after by the London Borough of Croydon at some stage in their childhood. 29 of the 37 boys (78%) and 16 of the 23 girls (70%). Over 80% of the children came into care age 12+.

Engagement with Croydon Social Care

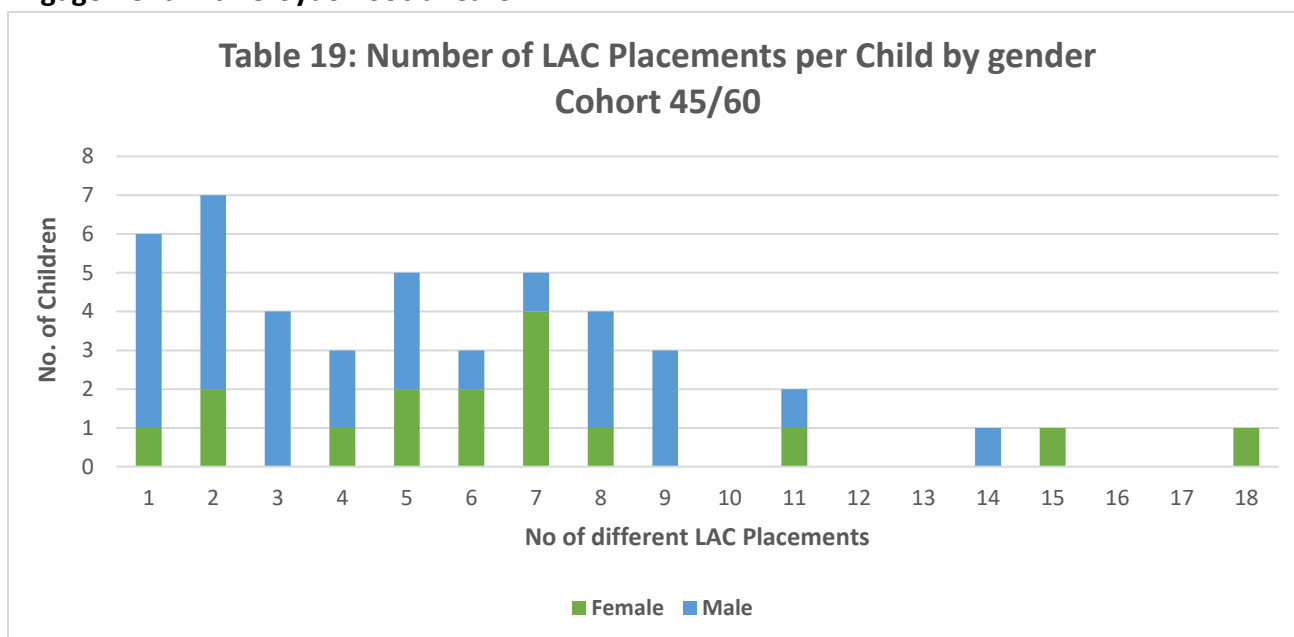
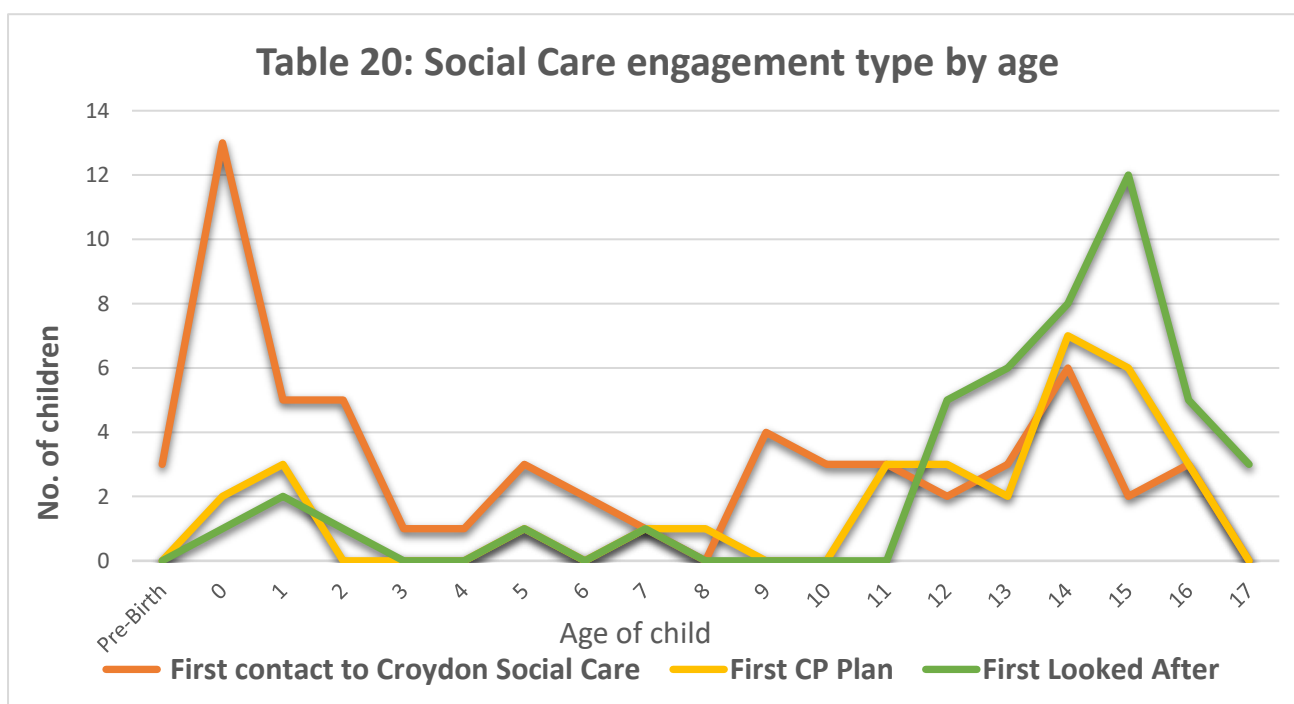


Table 20 shows the age and different types of engagement with Croydon Children’s Social Care, from referral, to Child Protection Plans and becoming Looked After.

The peaks are when the children were young with a growing trend to require CSC intervention as they become teenagers, the peak for CP Plans is at age 14 and becoming Looked After at age 15. 18% (11/60) of the cohort had a CP Plan or were Looked After by the age of 8 yet remained of significant concern at least 6 years later as teenagers. The children in the cohort are all 14+.



Secure Units & Young Offender Institutions

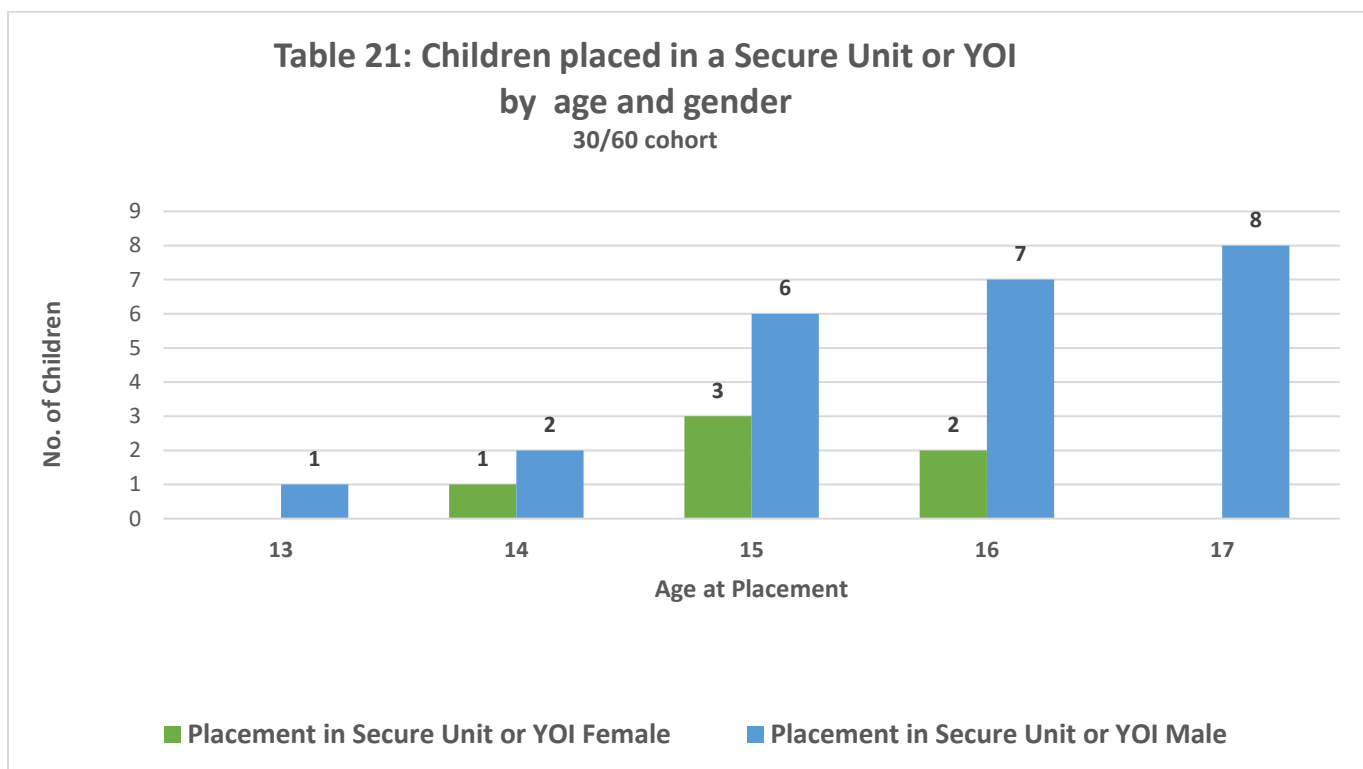
30 of the children have spent time in either a Secure Unit, or a Young Offender Institution.

Both of these placement types remove the child's liberty, i.e. they are locked up away from wider society. Children are placed in YOIs by way of Youth Offending courts for criminal matters, either placed on Remand or on conviction for a criminal offence.

Welfare Secure Units can also only be used by way of a court order through Family Proceedings Courts. The child has to be regarded as likely to suffer significant harm if not provided with such accommodation.¹⁸

There is a significant difference between the ratio of girls and boys being placed in such placements.

- 5 girls were placed in secure and 1 in a YOI; 6/23 (26%)
- 4 boys were placed in secure and 20 in YOIs. 24/37 (65%)



¹⁸ Section 25, Children Act 1989: that accommodation for the purpose of restricting liberty cannot be provided unless, (i) he has a history of absconding and is likely to abscond from any other description of accommodation; and - (ii) if he absconds, he is likely to suffer significant harm; or (b) that if he is kept in any other description of accommodation he is likely to injure himself or other persons

CAFCASS – Care Proceedings

Cafcass has worked directly with 26 of the 60 cohort (43%). This represents 17 children who were the sole child in proceedings and a further 9 children whose siblings were also included in their care proceedings.

12 of the 26 care proceedings (46%) were undertaken when the child was incarcerated or in specialist care:

- 7 in secure accommodation (welfare)
- 5 were in young offenders' institutions or specialist residential care.

CAFCASS were able to examine 22 of the 26 case files and have drawn the following conclusions;

Without exception the 22 children reviewed experienced significant loss and trauma in their early childhood. In many of the case files, these issues were evident much earlier in the children's lives. Earlier intervention may have supported them and improved their outcomes.

- Five children had experienced the death of at least one parent; and the father of another had been deported.
- Four children had parents/carers with serious medical conditions.
- At least nine of the children had experiences of neglect and abuse because of parenting where domestic abuse, mental health and drug and alcohol issues (toxic trio) were key risk factors.
- Nine out of the 22 children were stabbed or injured, whilst a further two exhibited self-harming behaviour.
- Three girls made allegations of sexual abuse.
- Four of the children had a diagnosed disability which included autism and autistic spectrum disorders and learning disability which increased their vulnerability. Some of the other children were diagnosed with conduct disorders or refused to engage in assessment.
- These children were clearly vulnerable and so particularly susceptible to gang membership and child sexual exploitation.
- Half of the children (11) lived in the postcode CR0 constituency.

General Health

Report from Croydon Health Service

- 59 of the children were in good physical health.
- 3 children had severe dental caries were identified within the notes which further included multiple "Did Not Attend" (DNA) for follow up appointments. This may have been an early indicator of neglect.

- Out of the 60 children, 25 were referenced to have been in receipt of universal services by Croydon Health Services including both Health Visiting and School Nursing.

Croydon University Hospital (CUH) Emergency Department (ED)

Presentation to CUH Emergency Department for this cohort has been as teenagers. The following themes were noted: knife attacks, assault, substance misuse, sexual health, conflict related injuries and mental health.

For 11 children (18%) presentation to ED was as a result of being a victim of assault. This was made up of 9 males and 2 females. The two females were assaulted by a family member. **Of note:** Male victims denied knowing their attacker and were not willing to disclose information.

7 males (12%) presented to ED with varying degrees of stab wounds from minor to life threatening and were aged between 15 and 18 years. 3 of those died as a result of their injuries. From the attendances for knife injuries, a thread throughout linked criminality, gang affiliation, multiple exclusions from education, attendance at PRU and missing episodes throughout their teenage years.

There were 6 attendances for substance misuse (10%), largely for alcohol misuse with the highest prevalence being female. The attendance often highlighted an associated link to Child Sexual Exploitation (CSE)

Croydon Health Services – Mental Health

Out of the 60 children, 19 were receiving CAMHS intervention (32%) which commenced in teenage years at tier 3, requiring multi-disciplinary outpatient CAMHS intervention.

9 of those were direct referrals from Croydon University Hospital Emergency Department following presentation with overdose, suicidal ideation and deliberate self-harm. The gender difference was unremarkable regarding the attendance.

Croydon Health Services – Special Educational Needs and Emotional Health

There were 15 children identified with Education Health & Care Plans predominately for behavioural related disorders such as Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) which promoted additional analysis of the health records. The theme which became apparent was a link between the 15 children and an increase in risk taking behaviour in their teenage years.

One out of the 15 was identified for having anger and violent behaviour from the age of 4, there was evidence of short-term targeted intervention, but it is unclear whether the interventions were effective. The records highlight that the angry and violent behaviour escalated throughout childhood and into the teenage years.

The voice of the child is noted in the records following a violent outburst, “I want help with my anger, I can’t stop myself”. The child became a victim and perpetrator of violent crimes.

Croydon Health Service - Adverse Childhood Experiences

- Death of a parent was a contributing factor for 4 children with clear documentation that there had been an escalation in risk taking behaviour following their parent's death.
- Poor parent-child relationship and poor attachment was highlighted in a further 4 cases with clear links to escalating behaviour in criminality and risk taking behaviour in the teenage years of these children.
- Death of a sibling was noted for one child
- The trio of domestic abuse, parental mental health and substance misuse was a prevalent theme, with at least one of the elements being present in the most vulnerable cases.
- Domestic Abuse was recorded for 11 of the children.
- 12 children were living with parents or step-parents with substance misuse and 7 were exposed to poor parental mental health.
- Health records evidence a theme for these children affected by parental mental health, domestic abuse and substance misuse and experienced involvement with criminality and violence at varying stages of their lives. It is significant to note that the health review identified high level violence and criminality as a parental factor for 6 children.

CAMHS – Child & Adolescent Mental Health Service

In 2015, Croydon was estimated to have 5,557 children aged 5-16 with a mental health disorder, equating to 9.3% of the child population. (This data is from Public Health)

This compares to 70% of the VA cohort who were referred to CAMHS: 16/23 girls and 26/37 boys

The youngest referral was at age 4 and the eldest age 17.

**Table 21: Referrals to CAMHS by Age & Number
Cohort 38**

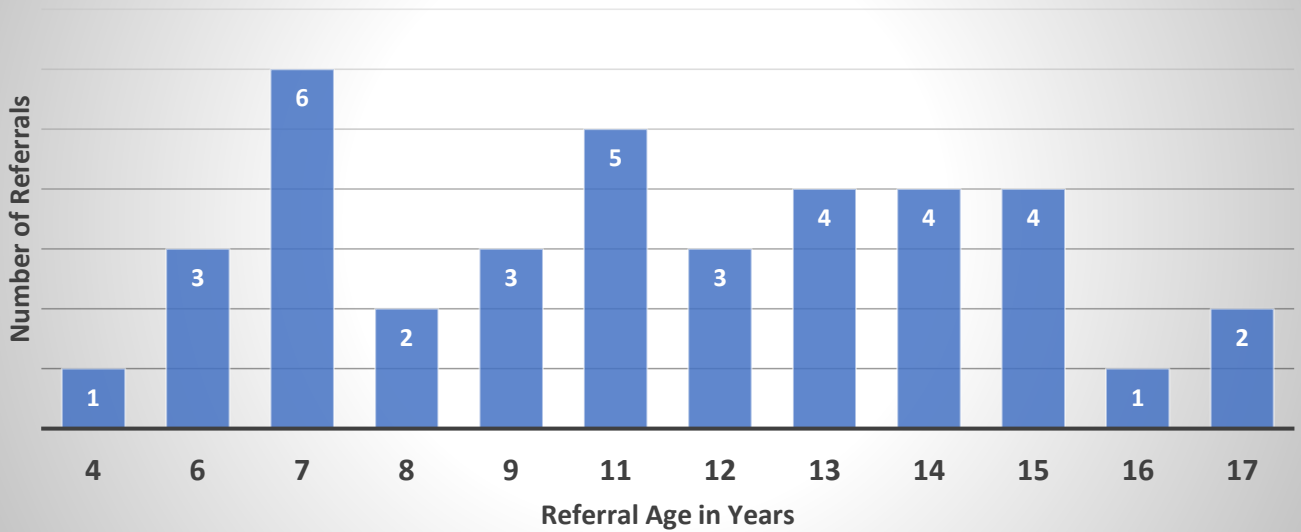


Table 22: Mental Health Diagnosis for each Child - Cohort 42

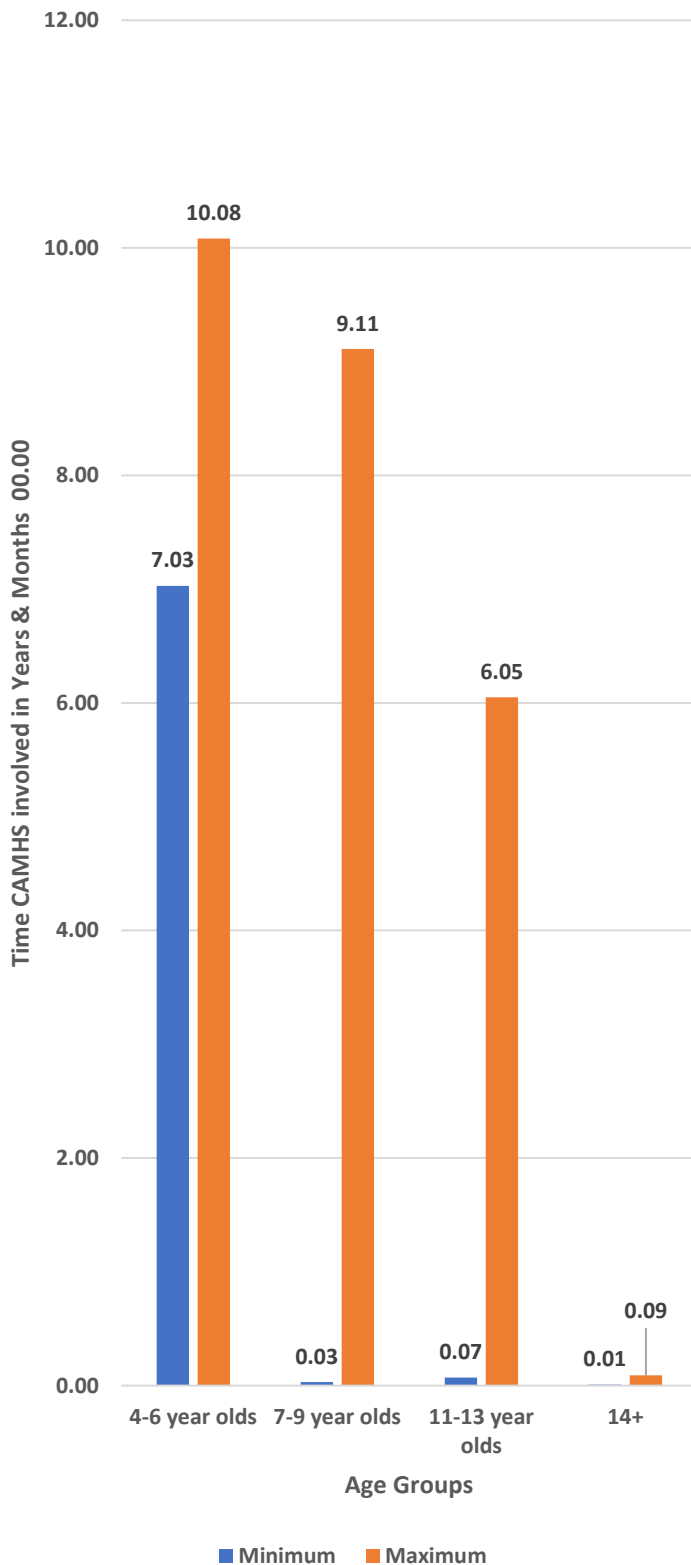
| | |
|---|-----------|
| Attention Deficit Hyperactive Disorder (ADHD) | 2 |
| ADHD/Conduct Disorder | 2 |
| Conduct Disorder | 4 |
| Conduct/Emotion | 7 |
| Emotion | 5 |
| Generalised Anxiety | 1 |
| Adjustment Disorder | 1 |
| Depressive Episode | 1 |
| No formal diagnosis | 18 |
| Total | 42 |

In the majority of cases there was no clear diagnosis, or behaviour problems, indicating the likely presence of psychosocial factors in contributing to the children’s vulnerability, rather than severity of mental health problems alone.

PLEASE NOTE:

Whilst 42 children were known to CAMHS detail was only available for 38 children. Therefore, the charts show only the data that can be verified.

Table 23: CAMHS Age at Referral & length of time involved - Cohort 38



Length of involvement in the service was very variable, in some cases dating back to early childhood, with periods of being closed to the service and then being re-referred.

In table 23, there were:

- 4 children referred age 4-6 years old
- 11 children referred age 7-9 years old
- 12 children referred age 11-13 years old
- 11 children referred age 14+

The length of time CAMHS support was offered to teenagers seems minimal compared to the other age groups.

In looking at the individual information in more detail, it would appear to be related to the lack of engagement with the child and/or their family.

13 teenagers did not engage with the service, either beyond the initial engagement or to even be assessed in the first instance.

Explanation of timescales used in Table 23

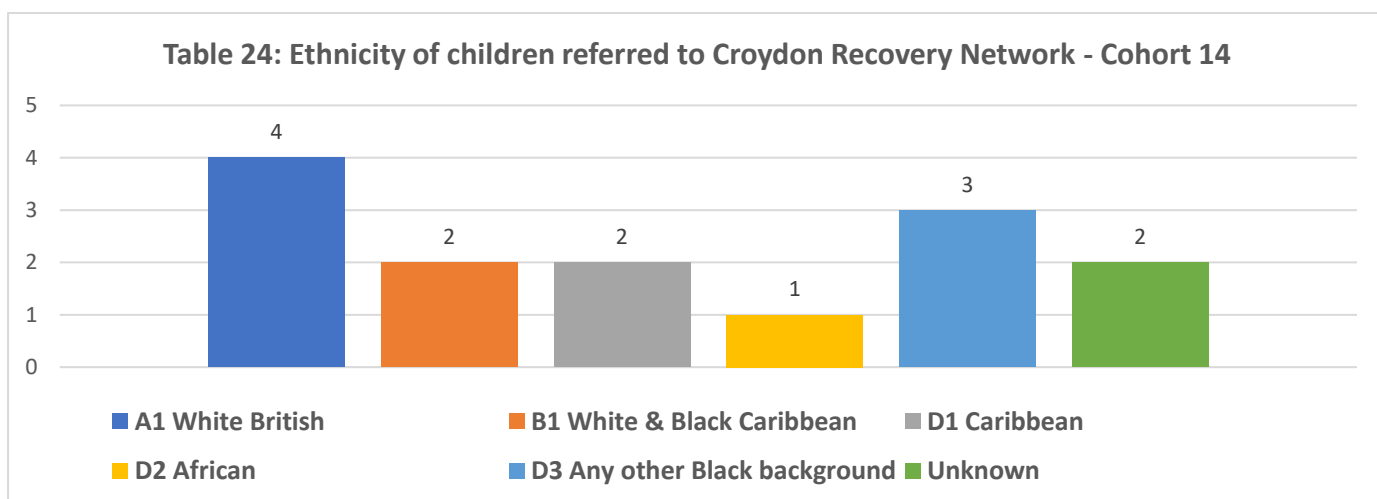
- 0.01 represents One Month
- 0.03 represents Three Months
- 0.07 represents Seven Months
- 0.09 represents Nine Months
- 6.05 represents Six Years Five Months
- 7.03 represents Seven Years Three Months
- 9.11 represents Nine Years Eleven Months
- 10.08 represents Ten Years Eight

Croydon Recovery Network - Young People’s Substance Misuse Team (CRN)

14 of the 60 children (23%) were referred to CRN, 7 boys and 7 girls, see table 22 for Ethnicity of the children.

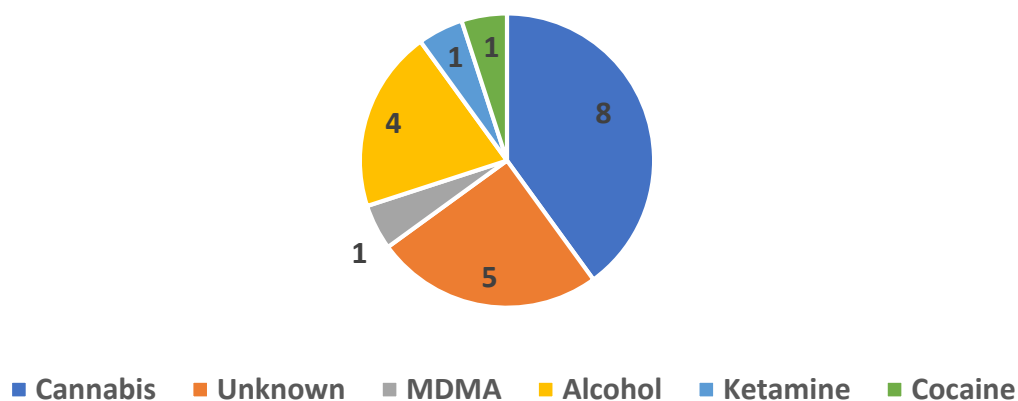
CRN have three different types of interventions available to Croydon children:

1. **Treatment:** 9 children were referred for Treatment (although 6 did not go beyond referral). – 1:1 key working with children and young people who have problematic substance misuse and wish to change, this consists of an assessment, weekly 1:1 sessions, care plans and goal reviews
2. **Group work:** 3 children were referred for Group work – one-off workshop delivered to young people referred by YOS Early Intervention who have been arrested for possession of Cannabis
3. **Early Intervention:** 2 children were referred to the Early Intervention Group work – a 4/6-week programme delivered to children who have been identified as being at risk of problematic substance misuse



The children referred had a range of substance misuse, primary, secondary and even a third. This table shows the mix of substance misuse addressed by the CRN team.

Table 25: Substances used by 14 children referred to Croydon Recovery Network



Ment4 – Mentoring service to Croydon children

Ment4 provide specialist mentoring programmes to Croydon children aged 12 to 17 with significant emotional and behavioural difficulties.

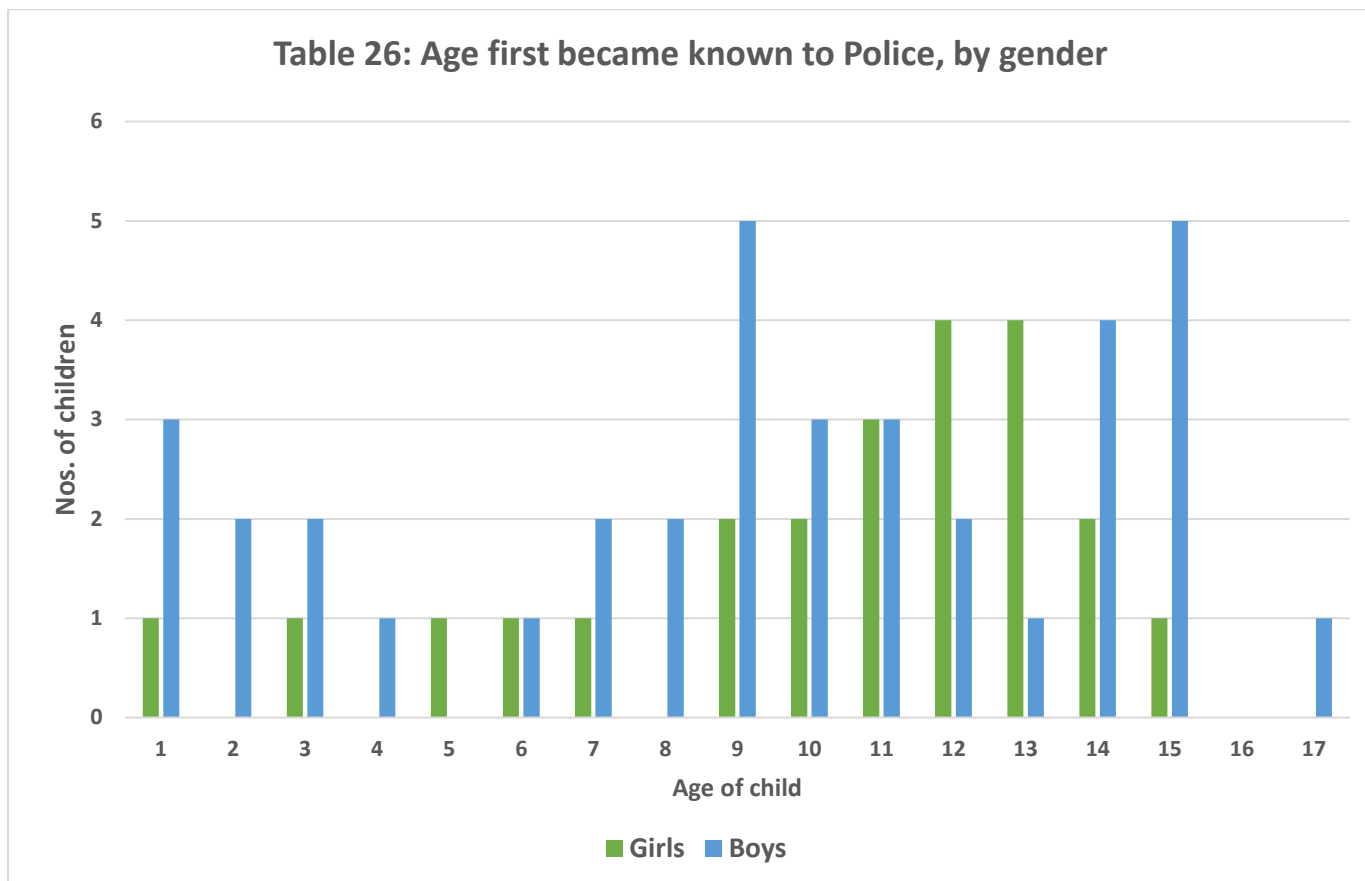
- Average programme length of 4 - 6 months, with 6 hours direct contact weekly. Each programme is based on goals in 9 areas of focus for monitoring & evaluation:
 - Behaviour x 2,
 - Education,
 - Employment,
 - Family,
 - Social Interaction,
 - Use of free time,
 - Substance abuse,
 - Crime
- Mentoring includes home visits, role modelling, accompanying the child on professional meetings, listening and building trust to help make positive decisions.
- Referrals come from PRUs, Schools, Social Services, LAC, Youth Offending Service, Families

Ment4 worked with 9 of the 60 cohort (15%). There were 7 boys and 2 girls their average age was 16. Primary issues the children were seeking help with: -

- Parents Missing: 7
- Mental Health: 2
- Drugs: 5
- Care: 2
- Educational Exclusions: 5
- Children’s Social Care: 4

Police information

The very young age by which these children were first known to Police predominantly relates to being present during incidents of Domestic Violence and the significant number of parents and siblings (over a third) known to Police for their criminal behaviour. 25 children (42%) were known by the age of 9, which is before the criminal age of responsibility at 10. See Table 26.



Victims of Crime

- 42 out of the 60 (70%) were shown as a victim of crime on police indices.
- Whilst 14 (23%) were also a victim of knife crime.
- 3 of the 5 child deaths (60%) were as a result of knife crime.

Criminal Convictions/Offences

83% of the cohort had a criminal conviction; this would include youth referrals, cautions and court convictions. The range of offences was varied and included: -

- street robbery,
- GBH,
- Kidnapping, causing a child to engage in sexual activity,
- attempted murder, and murder
- possession of drugs with intent to supply,
- burglary,

- possession of points and blades (knives),
- sexual assault etc.

The most common offence was drug possession; 45/60 of the cohort (75%) were suspected of possession of drugs or held a conviction.

Whilst 39/60 were shown as a suspect in relation to knife crime (65%), this would include possession of a knife or a criminal accusation whereby a knife was used such as robbery or GBH.

Police Merlin

A Merlin is an electronic record and formal notification of a child coming to the notice of Police; which is then noted against one of the following five categories:

1. Healthy
2. Staying Safe
3. Enjoy & Achieve
4. Make a Positive Contribution
5. Economic Wellbeing

Merlins are completed by Police, they are RAG rated Red, Amber & Green and copies are sent to Children's Social Care for their records and action as required. A Merlin is issued for each individual child and merlins are also issued for children associated with the incident and recorded as, 'Other'. These charts document the individual number generated for each child in the cohort for an incident involving that child or in association as an 'Other'.

Whilst there is Merlin data for 20 girls and 33 boys, see Tables 27 and 28 below, we did not have access to the RAG rating for each of the Merlins recorded. Therefore, it is impossible to tell the level of seriousness of each of the Merlins. The high numbers give an indication of the vulnerability of the child, additionally it gives an indication of the level of repeated time and attention given to the child by the Police.

Table 27: Police Merlins - 20 Girls

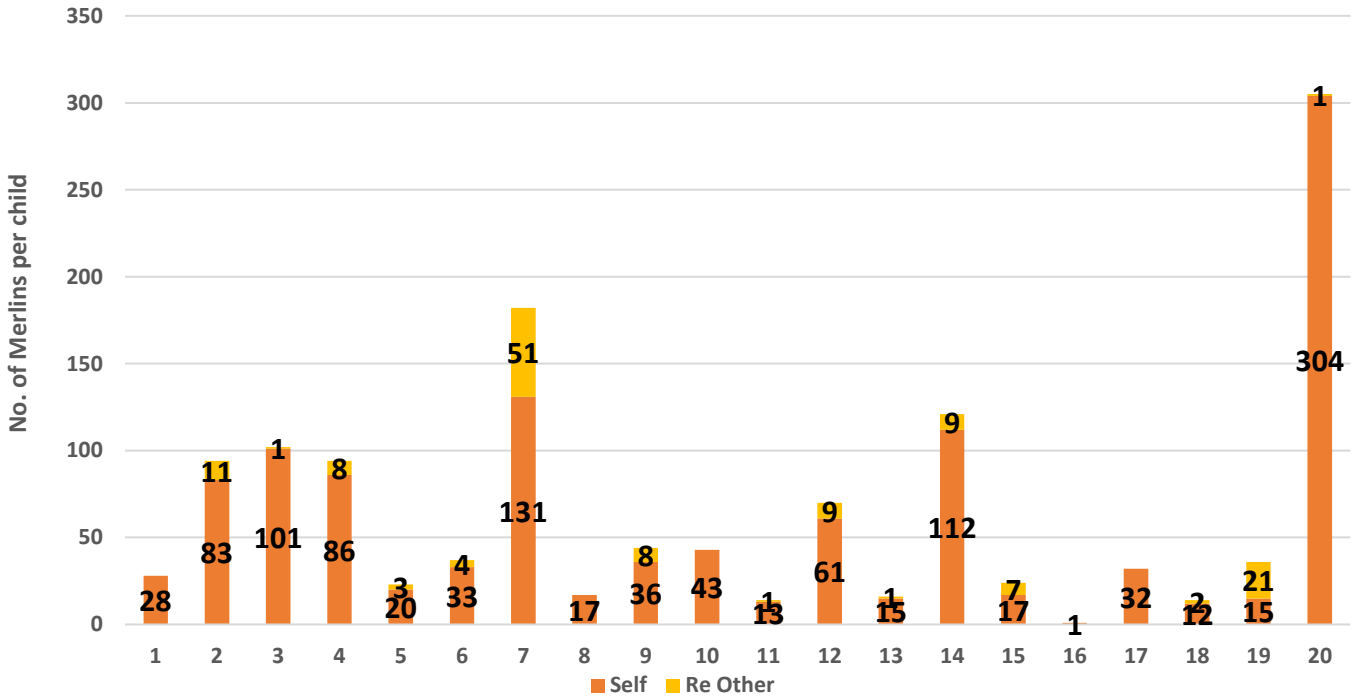
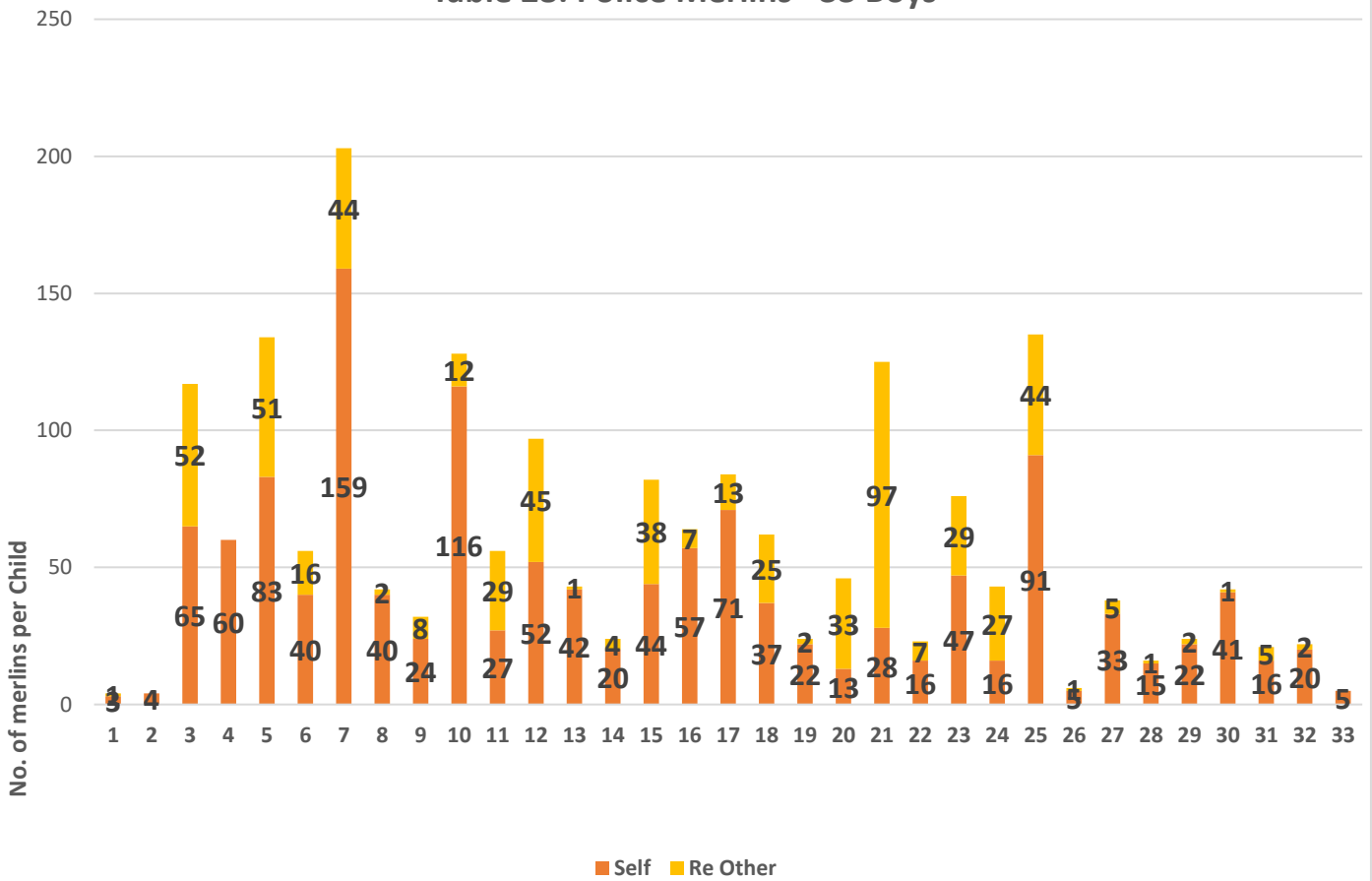


Table 28: Police Merlins - 33 Boys



Stop & Search

38 out of the 60 children (63%) have been stopped and searched by police. The average age of the first encounter of those searched was 14.3 years. The average age is similar to the average for the first missing episode and a prominent age with relation to CSE/CCE.

Gang affiliations

Police data records 33 of the cohort (55%) were shown as having links to known gangs in the Croydon area or linked to associates from these groups.

The Gangs team have supported 18 of these children who were classed as gang members, with a further 15 also supported, although it is less clear if they were actual members, perhaps more on the periphery.

The Gangs team total of 33 concurs with the Police data, which indicates that 27 children (45%) were not thought to be involved or associated with gangs.

The YOS data records that 29 of the 44 children (66%) involved with YOS were known to gangs.

Terminology in respect of gangs and their membership can be difficult to quantify; i.e. this can relate to being a known gang member or an associate, or linked to gangs, in that their friends may be associated with gangs. These are often moot points and would invariably be disputed by family members. Some of the children have described them as the local friends they have lived and grown up with and remain in contact but not actively being 'gang members'. Some parents have suggested to the Gangs team their child is part of a gang although there is no hard evidence to support this view.

Knife Crime

14 children, all male, were victims of knife crime, 38% of the boys' cohort.

39 children were themselves a suspect of knife crime, 65% of the whole cohort. This is broken down by gender; 9 female, (39%) and 30 male, (81%)

Redthread

Redthread's Youth Violence Intervention Programme employs youth workers in hospitals to intervene with children and young people at risk of serious youth violence. The teams meet the children and young people as soon as they can: in the A&E waiting room, on the ward, or even in the resuscitation bay.

Redthread sought to work with 9 of the cohort in hospital and beyond in relation to their presentation with violence related injuries. Some children did not engage beyond the initial couple of contacts whereas others are noted as having been supported with education, legal status, family mediation, housing, and emotional wellbeing.

Youth Offending Service Data (YOS)

Of the 60 children, 44 (73%) were known to YOS;

- 44 between 13 and 17 years old
- 34 from a BAME background
- 9 female
- 12 were identified as county lines/exploitation
- 9 were new to the criminal justice system of which 6 were female
- 35 children had re-offended
- 13 of those were in custody.

In terms of the offences the children committed they tended to be offences of violence, Possession with Intent to Supply (PWITS) and a small number of burglaries.

Missing Children

56 out of the 60 cohort have been reported as missing on at least one occasion. The average number of missing episodes is 16.8 per child. Three individuals have been reported on a combined 200 occasions. The average age for the first time missing was 13.9 years. In total 1010 missing episodes were reported by the cohort.

100% of the girls went missing

The youngest girl first reported missing was at the age of 7 and the oldest 16

The 23 girls had 486 missing episodes – an average of 21 missing episodes each.

- The range was from 1 missing episode to 77 episodes
- The 3 girls with the most prolific missing episodes had 187 episodes between them.

86% of the boys went missing

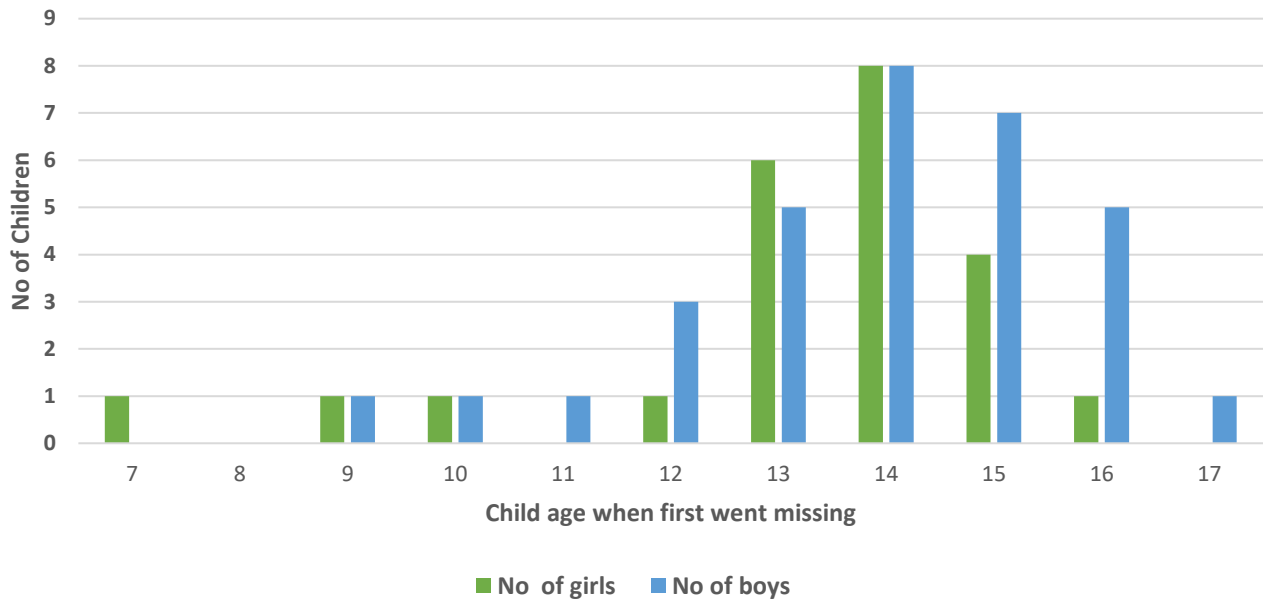
The youngest boy first reported missing was at the age of 11 and the oldest 16

The 32 boys had 524 missing episodes – an average of 16 episodes each

- The range was from 1 missing episode to 78 episodes
- The 3 boys with the most prolific missing episodes had 185 episodes between them

A missing episode ranged from 1 day to 60 days.

Table 29: Child age at first missing episode, by gender



Safer London Services

17 of 58 children (29%) were referred to the Safer London services which are available to Croydon children. The majority were referred to: -

- Safer London’s Empower programme for one to one support due to concerns around child sexual exploitation
- Croydon commissioned Child Sexual Exploitation & Missing service.
- Two were referred to Safer London’s London Gang Exit (LGE) service.

In 8 of the cases there was minimal or no contact with the child and the referral did not progress to an open case so there was no engagement.

In another 5 of the cases, the intervention did not progress due to dis-engagement by the child. These cases’ engagement ranged from a few weeks to a few months for some, an escalation in missing episodes was a factor.

Only 4 of the children completed their intervention and one partly completed but could not fully complete due to a move out of the borough.

Most of the children from this cohort had adverse childhood experiences (ACEs) e.g. parenting issues, trauma, domestic violence, homelessness, sexual abuse.

Child Sexual Exploitation & Child Criminal Exploitation (CSE & CCE) – Police data

- 22 of the cohort were exposed to CSE (37%)
- 16 of the cohort were exposed to CCE (27%)
- 4 were exposed to both CSE and CCE (7%)

Table 30: Victims or Villains – by gender

| | |
|--|---|
| 23 Girls – Victims or Villains? | |
| 100% at risk of Child Sexual Exploitation 57% subjected to Child Sexual Exploitation 52% victim of crime 48% suffered assaults including sexual assault & rape 35% self-harm & suicide attempt 22% bullied at school 22% subject to Stop & Search | 52% noted as violent by Police 39% suspect of knife crime 17% caught for shoplifting 17% drug involvement & county lines. |
| 37 Boys - Victims or Villains? | |
| 38% were victims of knife crime 70% were victims of crime 92% were stopped and searched by police *The age for Stop and Search ranged from ages 9 to 16 years | 76% were in gangs or affiliated to gangs 81% convictions linked to drugs possession 84% were shown as a suspect in a knife-related crime |
| 60 Children - Victims or Villains? | |
| 83% have a criminal conviction 70% were referred to CAMHS for help 50% spent time in a Secure Unit or Young Offender Institute | |

Where are they now?

Table 34 shows where the children were on 31 January 2019.

23/60 children (38%) are held in formal establishments removed from wider society (Prison, YOI, and Secure Training Centres & Secure Units).

5 children (8%) remain looked after in foster care or a children’s home.

12 children (20%) have taken the step into adulthood and moved to independent types of accommodation. 6 girls and 4 boys have moved to fully independent accommodation (17%), of those, 2 children remain in education and 3 of the girls are pregnant.

We know that some of the boys are fathers but have not been able to confirm with any definitive data.

The greatest individual group (23%) is those who are living with their families, 14/60. Of those at home with family, 6 of the girls are in education, with one preparing for university; and two of the boys are currently undertaking formal trade training, one in construction and the other in plumbing.

