West Midlands Combined Authority

west midlands police and crime commissioner

Punishing Abuse

Children in the West Midlands Criminal Justice System

YCTCS ltd

Systemic Development in the Public Sector

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Joint Foreword

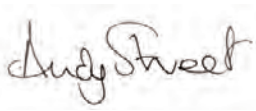
Andy Street Mayor of the West Midlands

David Jamieson West Midlands Police and Crime Commissioner

We know that the local authorities, schools, police, other vital public services and organisations within our essential voluntary and community sectors, are working tirelessly to improve the lives of children across the West Midlands. A crucial part of this is their work to help some of our most vulnerable children cope with the fallout from poverty, and, sadly experiences of trauma.

We initiated this research because we believed that both the extent and impact of trauma for some children was having a profound effect on these young people's vulnerability. This extremely detailed and sophisticated study of children in our region has shown this to be the case, and the picture presented by the evidence is distressing. Vitally, these findings substantiate the case for robust investment in supporting vulnerable children and families in early years, health, schools and in their homes, before problems become more serious. It also strongly supports the case for providing more supportive avenues for children who have entered the criminal justice system.

With a renewed case for investment, and with continued support from government, the future for these vulnerable children can be so much brighter. This important research shows that we do not have a viable alternative other than to tackle head-on the challenges that these children face.



Andy Street

David Jamieson

Foreword

Anne Longfield Children's Commissioner for England

I have consistently called for the recognition that childhood trauma can leave a lasting harmful effect on children, which in some cases can render them vulnerable to falling into the criminal justice system. This comprehensive and harrowing report is a powerful reinforcement of the need to support all children who have suffered, to give them the very best chance of a happy life; lives free of trauma, free of crime and experiences that help children achieve their talents and potential.

Anne Longfield

February 2021

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Part One
Introductory Chapters

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Introduction

> *Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.*
>
> **United Nations Convention on the Rights of the Child**

This report provides the results of an action research project designed to discover the extent of abuse and other adversity for a diverse range of children known to Youth Offending Teams in the West Midlands.

Whilst the original purpose of the research was to inform regional reform of the youth justice system, the analysis has identified the systemic failure to meet the needs of these children. This has led to proposals for much wider reform of public services.

The overwhelming evidence of poverty, abuse, loss adversity and probable trauma for the children studied is considered alongside the academic evidence on the likely impact on children's lives and behaviours. This analysis led to the title of this report *Punishing Abuse*. The findings have profound implications for policy and practice in work with troubled children, not just locally but also nationally.

The research was undertaken on behalf of the West Midlands Combined Authority (WMCA) in collaboration with the Office of the Police and Crime Commissioner (PCC). A range of public bodies and eleven local authorities collaborated in the research. Dr Alex Chard, Director of YCTCS Ltd, who is the author of this report, led the research.

A range of critical issues and ethical questions are raised by this study, significantly these include:

- Why are there such high levels of children who have been abused and harmed in the youth justice system?
- Are services currently meeting the needs of such abused and harmed children?
- Is punishment a just response for children whose behaviour has been affected by abuse and harm?

The research was undertaken by applying an evidenced based framework ALTAR™ that considers the impact of **A**buse, **L**oss, **T**rauma and **A**ttachment and considers ways to build systemic **R**esilience for children, families and communities.

Drawing on multi-agency data sources practitioners completed a Risk Matrix of two-hundred and forty factors and a Case Storyline about key life events and the journey of eighty children through agency systems. The case research was completed in 2019.

The research was designed from an action research perspective intended to create systemic change. The research approach has created a contemporary data set that is unique, because it:

- Was created by practitioners from multi-agency data and their detailed knowledge of children;
- Includes a significant quantitative and qualitative data set created by practitioner research;
- Covers a wide geographic area of England with rural, urban and inner city areas.

The initial research chapters provide a detailed analysis of the quantitative data from the Risk Matrices and the qualitative data from the Case Storylines. Using this data, the next chapter considers the academic evidence of the impact on children of abuse, loss and other adversity. Two further chapters then consider Neurodivergence and Traumatic Brain Injury and Adverse Childhood Experiences (ACEs).

The funding from the PCC significantly extended the data set and supported research into children involved with gangs. The extent of the data set allowed specific consideration of the profile of girls, children in custody and migrant children, a series of chapters consider these particular groups.

A range of studies show that early childhood abuse and trauma cause changes in the structure of the developing brain. Abused children show similar profiles in brain scans to soldiers who experience the horrors of combat[1]. This powerfully informs the view that abused children need to be helped to recover, rather than being punished for behaviours that emanate from their abuse.

A significant societal burden of high harm and high social and financial cost is evident from this research. The analysis reveals the underlying systemic issues escalating children into the justice system including:

- That poverty has impacted powerfully and detrimentally on the majority of these children;
- The vast majority have suffered abuse or family violence, some having suffered extreme abuse over apparently long periods of time;
- Potential discrimination and issues of inequality related to a range factors including, gender, ethnic origin, neurodiversity and migration;
- The majority having known or suspected mental or physical health issues, including neurodivergence, their needs aren't always met;
- For the majority of children the issues they are facing are inter-generational located in the past experiences of their families and communities;
- Being known to a range of services from a young age, their collective profile across agencies showing systemic failure to meet their needs;
- Their educational disenfranchisement and potential life long social exclusion;
- The underlying causes of the behaviours of many of these children is likely to be child abuse, loss and other adversity and trauma.

The report concludes with *Summary and Proposals* that consider wider public service reform to address the strategic issues. There are then a range of proposals to reform the local youth justice system to better meet the needs of such damaged children.

Through such reform agencies can meet their moral, national and international legal obligations to help children who have been abused and harmed in other ways. Reform is also clearly needed in order to better protect children and communities from further harm.

Diversity, Discrimination and Equalities

The data in a number of areas suggests the possibility of over-representation or discrimination. However, as this was not a randomised study care is needed in reaching conclusions. Practitioners investigated children who were of interest to explore through an ALTAR™ lens. Selection of the study group also included children suspected or known to be involved in gangs. Consequently the children studied are likely to be weighted towards those of greater complexity.

Whilst caution is needed in interpreting the results, some very troubling factors are present, including:

- High levels of poverty and deprivation;
- Proportions of Black, Asian and minority ethnic children within the group alongside their levels of representation in gangs and in custody;
- Girls studied had the highest levels of abuse, sexual exploitation and social care involvement;
- High levels of health needs including physical and mental health issues, learning needs and neurodivergence;
- Proportions of children from migrant families within the group and their level of representation within gang involved children and custody;
- High levels of children in public care in the sample group and in particular in custody.

The spread of the study across different authorities, from a wide region, meant that it wasn't possible to access the comparative data needed to fully explore these issues, particularly over-representation. However, it seems that there are very significant levels of disadvantage and discrimination for these troubled children.

At the time this research was undertaken, Covid 19 was not even known to exist. It is evident that the pandemic has adversely affected both those living in poverty and a range of minority ethnic groups.

The emerging evidence shows that the pandemic will have significantly worsened the position of vulnerable children such as those studied. Potential impacts of Covid 19 include their learning, mental and physical health, the likelihood of their abuse and exposure to domestic violence and the depth of their poverty.

Research Origins and Partnerships

This research originates within the Public Service Reform work-stream of the WMCA. Before the study was commissioned the WMCA consulted academic partners to explore if there was research which could shed light on the extent of vulnerability of children in the youth justice system. It was evident that this was an area where research was very limited and further research would be beneficial.

The research was agreed by the WMCA with the lead elected members and Chief Executives of the seven member authorities of the WMCA. Additional funding from the PCC was then agreed. This supported research into children involved with gangs widening the scope and numbers of children studied.

This report addresses a recommendation made in the PCC sponsored Commission on Gangs and Violence report Uniting to Improve Community Safety (Anderson 2017)[2]. The report, relating to Birmingham recommended that, *Our understanding of gangs and violence locally must be underpinned by a sustained academic research programme*. The findings of this research provides a much deeper understanding of the profile of children involved in gangs.

In Sandwell and Walsall Local Crime and Disorder Partnerships used PCC funding to enable all YOT case holding staff to participate in the study. The West Mercia Youth Offending Service funded research into a cohort of their children. (The West Mercia YOS area includes, Herefordshire, Shropshire and Telford & Wrekin who are Non-Constituent Members of the WMCA) and Worcestershire.

Concluding Comment

I have worked in the youth justice system as a practitioner, manager and consultant for over forty years. Consequently, I thought I was very aware of the issues faced by children in the justice system.

However, as I initially analysed the data and read about the tragic lives of these children, I became profoundly concerned by the extent and depth of their abuse and suffering. Further analysis and writing this report has revealed the underlying structural issues that led to their involvement in the criminal justice system. This has deepened my concerns. Early readers of the report have also expressed their shock and sadness and reflected on the powerful and important nature of the findings.

I hope the report will empower West Midlands agencies and you the reader. Firstly, by enabling practitioners to better respond to such harmed and troubled children. Secondly, by transforming agency systems to improve the lives of children who offend and the wellbeing of their families and communities. Finally and pehaps most significantly, by helping, to change the underlying structural factors that have impacted so adversely on these children.

Dr Alex Chard - February 2021.

References

[1] McCrory, E, Viding, E, (2015). The theory of latent vulnerability: Reconceptualising the link between childhood maltreatment and psychiatric disorder. Development and Psychopathology 27 (2015) 493-505.

[2] Anderson, C, (2017), Uniting to Improve Community Safety, West Midlands Police and Crime Commissioner.

Readers Guide

Summary Sections

If you are looking for a summary of the research findings then you will find this at the start of the chapter *Summary of Strategic Issues and Proposals*. Each of the research chapters (except *Through an* ALTAR™ *Lens*) also includes a list of key findings. Appendix B provides a summary of the proposals.

In Depth Reading

In Part One, the *Research Approach* chapter details how the research was undertaken. It also summarises the academic evidence that underpins ALTAR™ and outlines the background to the approach.

Part Two contains three major chapters, these are best read in sequence:

- *Analysis of the Risk Matrices* provides the main statistical analysis.
- *Analysis of the Case Storylines* provides the main analysis of the qualitative data.
- *Through an ALTAR™ Lens* draws on the data within the previous two chapters and considers the implications of the findings in the light of wide range of academic evidence of the impact of childhood adversities.

There are two further chapters in part two:

- *Neurodivergence and Traumatic Brain Injury* details the findings for the children studied;
- *Adverse Childhood Experiences (ACEs)* considers the children using the ACEs model and identifies the limitations of the model.

Part Three contains four chapters:

- *The Girls* is an analysis of the profile of thirteen girls in the study;
- *Children and Custody* considers the twenty-seven children who had been incarcerated;
- *Gang Involved Children* studies forty-nine children suspected or known to be gang involved;
- *Migrant Children* provides an analysis fourteen children from migrant families.

Part Four: *Summary of Strategic Issues and Proposals* summarises the findings of each of the chapters, discusses the strategic issues in depth and makes wide ranging proposal for service reform.

Language Use and Acronyms

ADHD, Attention Defecit Hyperactivity Disorder.

ALTAR™ refers to the framework used for the research. A summary is provided in the chapter *Research Approach*.

BAME refers to Black, Asian and minority ethnic children. The limitations of the term BAME are increasingly being recognised. The Youth Justice Policy Unit at the MoJ recently commented that[1]:

> *We understand that this term leaves little room for individuality or distinction, and are aware of its limitations. This term is used for consistency and ease of reference only, and we intend the most inclusive meaning in terms of the range of people of different races and ethnicities signified by 'BAME'. We recognise that there is huge diversity within this term, the 'ethnic minority' category, and in preferences on language, and that the individuals and groups captured by this term will have different needs, concerns and experiences.*

The position expressed above is fully acknowledged here. The data used in the report originates in YOT data systems and classifications are based on the 2011 Census.

CAMHS, Child and Adolescent Mental Health Services.

Child, children, girls and boys and similar terms are used throughout the report. This reflects that those studied were children and also helps to keep in focus the legal protections they should be afforded, including in the Children Act 1989. I have also tried to avoid terms such as *case* and use terms such as *child* to avoid language that can dehumanise children.

Children in receipt of social care intervention Children Act 1989:

- CiN, Child in Need.
- CP Plan, Child Protection Plan.
- LAC, Looked After Child (in public care).
- ICO, Interim Care Order (in public care).

Education terms:

- ETE, Education, Training or Employment.
- SEN/EHCP, Special Educational Needs Plans, which were superseded by Education, Health and Care Plans.

MAPPA refers to Multi-agency Public Protection Arrangements. These processes are applied to those who may cause serious harm to others.

Neurodiversity, as a term is usually attributed to Judy Singer an Australian sociologist who first coined the term in her sociology honours thesis in 1998.[2] Singer viewed the terms usage as being similar:

> … *to the political categories of class / gender / race* … and challenges the view, *that we all more or less see, feel, touch, hear, smell and sort information, in more or less the same way* …

The use of the term neurodiversity used here reflects the above and the endless variation in neurocognitive functioning that lies at the heart of the rich and essential divergence in the human species. The term *neurodivergent* is applied to individuals.

Wherever possible the language used in this report adopts terminology that respects the above. However, this has not been possible when quoting others or reflecting diagnosis.

All other acronyms are explained in context.

First person position. As you read the report you will see that at times I adopt a first person position. Acknowledging my position reflects a systemic and second order cybernetic position on research[3]. I have observed the lives of children and the functioning of social systems through this research. I have also been affected and influenced by the research process. In turn that systems and individuals within it have been affected by my observations and enquiry. Writing in the first person acknowledges that position.

References

[1] Youth Justice Policy Unit (2020) Improving Parental Engagement, Ministry of Justice.
[2] Singer, J, (2017) Neurodiversity: The Birth of an Idea, Kindle Edition.
[3] Glanville, R, (2002), Second Order Cybernetics, Encyclopedia of Life Support Systems, EoLSS Publishers.

Research Approach

The ALTAR™ Framework (Summary)

The following provides an orientation to the thinking underlying this research. As a practitioner in the West Midlands commented:

> *This makes sense of the children I am working with and provides a framework for practice.*

ALTAR™ (**A**buse, **L**oss, **T**rauma and **A**ttachment and **R**esilience) is an evidenced based framework developed to consider the needs and required responses to troubled children. The action research programme in the West Midlands was underpinned by the underlying thinking that created ALTAR™.

The research programme was intended to consider the extent to which children in the youth justice system in the West Midlands might have been affected by abuse and loss and may have been traumatised by these events. The research programme was also intended to provoke and create a basis for widespread reform of the local youth justice system.

Broader Evidence Base for ALTAR™

The influences and evidence base underpinning the ALTAR™ framework come from a range of sources. In brief these include:

- The broad range of research that (perhaps unsurprisingly), indicates that multiple childhood adversity, including abuse and neglect often leads to very poor outcomes in later life.
- Adversity in childhood and involvement in offending is closely correlated. For example there is now strong evidence in a UK context into the extent of adversity in YOT caseloads.
- Loss of parents and other loved ones through bereavement, imprisonment and other causes can be seen to be prevalent in the lives of children who suffer poor life outcomes.
- The combination of abuse and loss has been identified as a significant feature in the life histories of children who commit grave crimes.
- Poverty in the lives of children has the potential to traumatise children and blight their futures.
- Disorganised attachment has been found to be highly prevalent within abused children and this prevalence seems likely be reflected in other vulnerable populations.
- The discipline of psychology, linked with neuroscience, is showing the extent to which early abuse and neglect affects the development of the child's neuro-system, leaving a child open to later psychiatric and other disorders.
- A consequence of abuse, loss and subsequent trauma (which may be linked with neurological impairment) is the affect on children's emotional functioning and behaviour.
- Attachment theory enables an understanding of the critical importance of caregiving relationships in the development of the child;
- One of the key understandings from research into resilience in children is the importance of adults who provide nurture and support.
- Research into resilience indicates a broad range of ways of working, both with children but also with their families, communities and the range agencies that should support them.

The ALTAR™ framework is predicated on an understanding that risk of harm and risk of offending and in particularly serious offending has to be understood within the overall context of a child's life and not simply be based upon immediately identifiable risk factors.

Consequently risk should be seen to be cumulative and understood to be more like a video than a snapshot. Some of the thinking that the ALTAR™

framework encourages is seeing risk in the context of the child's life experiences, recognising that risk is also located in the experiences of families and that both trauma and risk can be conceived as being inter-generationally linked and socially inherited.

Children who have been neglected and abused need empathic responses from staff and from agencies in order to recover and lead safer more fulfilling lives.

A discussion of the academic evidence for the assertions made in the bullet points above and their application to the West Midlands study can be found in Part Two, in the chapter *Through an ALTAR™ Lens*.

Background to ALTAR™

The development of the ALTAR™ framework has come from over 40 years of practice within both children's services and youth criminal justice. This includes my own early experiences as a practitioner and manager and subsequently thirty years of experience providing consultancy in the sector.

During the nineteen-eighties and nineties I worked as a youth justice practitioner in a London authority and worked with a range of children charged with grave crimes. The thinking underpinning ALTAR™ has been developed over many years but was fundamentally influenced by this early practice experience.

The crystallisation of the ALTAR™ framework came about through a range of work including individual case-reviews, the thematic review outlined below, consultancy to services around managing risk and programmes of case audits. It therefore emanates from direct practice and consultancy experience gained over four decades.

In the thematic review *Troubled Lives, Tragic Consequences* I studied the professional concerns and interventions into the lives of six children five of whom had committed grave offences and one child who was a victim of a grave offence. The title summed up what that review found.

I then developed a case audit framework. This was underpinned by the thinking that risk assessment frameworks in YOTs and children's social care are predicated on the assessment of immediate risk of harm and that in consequence assessments were frequently failing to take account of the cumulative risk factors that emanate from longstanding issues of abuse and loss. Case audits repeatedly evidenced how significant historic information was not usually considered in assessments.

I subsequently developed ALTAR™ as a research methodology and assisted the Warwickshire Youth Justice Service to research nine higher risk children. The research demonstrated the extent to which high levels of childhood adversity also existed for those children and again demonstrated the links between abuse, loss, trauma and potential issues of attachment for children in the youth justice system.

I have been influenced by systemic thinking over many years. This led in 2013 to a Professional Doctorate in Systemic Practice and the co-editing and contributing to a textbook[1] on systemic approaches to research.

The above provides a context for development of this research in the West Midlands. It was influenced from a longstanding knowledge of children's services and youth justice alongside understanding of systemic change and research. It can be described as practice based research undertaken within a systemically informed approach to systems change.

Applying ALTAR™ in the West Midlands

The research was designed from an action research perspective with the intent of acting as a catalyst for systems change as well as providing evidence on which to base service reform. The approach included

action-learning sets, which were attended by over eighty staff and seventeen managers from the region.

Practitioners and frontline managers attended a two-day action learning set on the underlying evidence base on the extent of abuse, loss, trauma and attachment issues for children including in the criminal justice system. They also considered the long-term impact in terms of poor life outcomes and influences on behaviours. These workshops were also intended to empower participants to review how they engaged and worked with children.

Staff then completed a quantitative Risk Matrix and developed a qualitative Case Storyline on the life of a child on their caseload. The Risk Matrix and Case Storylines have been developed in order to discover the extent of abuse, loss, trauma and attachment issues in the children being studied. The research was also intended to encourage practitioners to consider how to build resilience. The framework is referred to as ALTAR™ and is discussed in more detail above.

During the research process a recall day enabled staff to reflect upon their findings and the impact on their practice of an ALTAR™ informed approach.

YOTs were asked to select children to ensure that a) they reflected the ethnic diversity of the population being served b) that 1 in 5 children studied were female and c) they were stratified, providing a cross section of criminal justice outcomes. In total eighty children were researched and reported on by YOTs.

The choice of the study group has also been influenced by the information presented within the ALTAR™ focussed action learning sets. Practitioners chose to investigate children of interest to them to explore through a lens of abuse and trauma. The selection of the study group has also been influenced by the PCC funding that required that children to be studied were suspected, or known to be involved in gangs. Consequently the children studied are likely to be weighted towards those of greater complexity.

However, in my view this should not be used as a basis to diminish these research findings. This is a substantial number of children drawn from across a wide geographic area. Whilst these may be more complex children, in my experience they collectively typify levels of need of children in the criminal justice system. In support of this position research by HM Inspectorate of Probation[2] into higher risk children in YOTs and Youth Justice Board Cymru[3] into recidivist offenders also evidence the very high levels of abuse and adversity for children in the youth justice system.

As can be seen from the above, two distinct types of data have been generated. The Risk Matrix primarily provides quantitative data (there are some free text areas). There are two-hundred and forty questions in the Risk Matrix. The areas considered include:

- Living arrangements;
- Family origin ethnicity and languages;
- Parent and family factors;
- Key agency involvements (including multi-agency panels);
- Education history;
- Health, special needs and disabilities;
- Abuse and violence as witness, victim or perpetrator;
- Child's behaviours;
- Offending and anti-social behaviour (includes previous violence and assessed risk levels).

The Case Storyline allows the development of a qualitative commentary of key agency involvements and key life events for the child and their family. This allows the development of a richer picture of the events and possible impact on the life of the child. In order to create the Case Storyline, staff were provided with a template, which included a range of key headings including:

- Early life and family (below the age of 12);
- Family issues;

- Culture, context, family and community; and
- Headings for key agency interactions.

Staff were guided that the template provided a prompt for reporting their research and that the headings should not restrain that reporting, in consequence not all staff followed the format in the template. However, each Case Storyline provided a composite picture of the child's life and professional involvements. The vast majority of the practitioners clearly applied considerable effort in creating the Case Storylines and these typically ran to six or seven pages.

Practitioners drew the data from agency records that YOTs are able to access as a part of their assessment processes as well as drawing on YOT records and practitioners knowledge of children. Practitioners were specifically advised that they should only draw on these data sources and that children or families should not be interviewed or used as a data source.

The Risk Matrix data was collected in spreadsheets and a composite spreadsheet was created for the purpose of analysis. In addition to use of the spreadsheet to sort and analyse data I have also used a statistical programme for analysis.

Parallel reading of the Case Storylines and Risk Matrix for each child was undertaken to ensure the integrity of the data. If there was a conflict between the two data sources the information in the Case Storyline was given precedence. If there was additional information in the Case Storylines this was added to the Risk Matrix data. For nineteen children this led to limited alterations or additions to the Risk Matrix.

Following the parallel reading of the Risk Matrix and Case Storyline each of the individual Case Storylines have been read. From this reading a thematic colour coded summary of each Case Storyline was created. The following key areas were developed:

- Offending profile;
- Child family events;
- General comments;
- Culture and context;
- Education training and employment;
- Social care;
- Mental health;
- Behaviours;
- Exploitation.

In addition there was identification of key areas not included within the Risk Matrix such as primary education history, aspects of family criminality and inter-generational factors.

It was noted earlier that this was designed as an action research process. As part of the research process there were feedback sessions on early findings to key stakeholders including senior strategic managers and YOT service managers. Early results were also presented at a seminar at the national Youth Justice Convention (2018) held in the West Midlands.

The research generated significant interest from individual YOTs and there were seven YOTs who contracted individual reports on the profile of local children. This brought about a staged analysis on a local area basis and led to detailed local reports for the majority of the areas that participated in the research. The individual reports also led to seminars and presentations to YOT Management Boards.

The above helped create detailed knowledge of the data set. It also provided an emergent understanding of the profile of children and the underlying themes in their lives. Another effect of both strategic presentations and local presentations has been that an iterative and recursive process of understandings of findings has created a reflexive context to engender service reform.

The Risk Matrix was constructed in order to avoid the collection of personal identifying data. Each record was coded to enable identification of funding source and originating YOT. Practitioners were advised not to

include identifying data within the Case Storylines. The resulting Risk Matrix and Case Storyline have then been subject to quality assurance by YOT managers to ensure that personal identifying data has been excluded.

In terms of exploring the data set for particular groups to study, the choice of the Gang Involved Children reflected the PCC funding. The choice to study the other groups in part reflected the opportunities presented within the data set and what became evident working with the data. This included the very high levels of adversity apparent for the girls and those in custody and the extent to which children of migrant families were represented in custody and as gang involved. The decision to study these groups also reflected a desire to consider the extent to which they might profile differently from the broader study group.

This is a rich data set and there are a range of other groupings which would be worthy of deeper exploration including; Black, Asian and minority ethnic children, children who have been in public care, neurodivergence and learning needs, children whose family have been imprisoned and also those involved in violent offending. Discussions are taking place to secure further funding to consider these groups in more depth.

The legal basis for this research was the WMCA Order 2016 and the public interest in addressing crime and neglect of some sections of the community.

The study builds upon previous research undertaken by Dr Alex Chard (YCTCS ltd) into abuse, loss and trauma in young people involved in offending. Dr Chard has led the research and facilitated the action learning sets. He has also undertaken the analysis of the Risk Matrix and Case Storylines and is author of this report.

References

[1] Approaches to Research Practices, a chapter in Simon, G and Chard A, (2014) Systemic Inquiry. Innovations in Reflexive Practice Research, EIC Press.

[2] Smith, B, (2017) Work of Youth Offending Teams to Protect the Public, Her majesty's Inspectorate of Probation.

[3] Kennedy, D, (2016), Trauma Informed Youth Justice Part 1: Evidence, Analysis and the Enhanced Case Management Approach. dustykennedyblogspot.com accessed 27/09/2019.

Acknowledgements

This research would not have been possible without the diligent work of practitioners and managers in the West Midlands YOTs. It has been a privilege working with them. They have collectively helped create a resource which provides unique insights into the needs of children in the criminal justice system. I hope that this report does justice to their individual research and that it will assist them to further develop their valuable work with such troubled children. Significant thanks are also due to all of the Heads of Service of the various Youth Offending Teams, they have actively engaged in the research and made staff time available for the research programme.

In two areas (Sandwell and Walsall) the Community Safety Partnerships used grant funding from the West Midlands Police and Crime Commissioner to ensure all YOT practitioners could be involved in the research. The West Mercia YOS Board commissioned research into a cross section of ten children from across the four local authorities within their partnership. The majority of YOT Boards also commissioned individual reports into the profile of children within their local area. There have been a range of subsequent local seminars with both practitioners and senior managers. In addition Chief Executives and senior managers from local authorities and a range of agencies attended seminars on preliminary findings from the research. The level of engagement and collaboration has been a very important aspect of this action research programme.

This research was informed by research commissioned by the Warwickshire Youth Justice Service. Thanks are due to Lesley Tregear (the Head of Service at that time) and Jeanette Staley (Operations Manager) for the valued support they provided for the initial implementation across the West Midlands. Thanks are also due to the Chief Executive of Warwickshire for allowing that research to be referenced here.

Claire Dhami (Head of Public Service Reform and Prevention) at the WMCA initiated this research. From the outset she has been a source of inspiration and a has been a valued colleague as the research process has developed. Claire has a tenacious understanding of the need to develop a more effective and just response for socially excluded children and families. Claire informed the local design of the research and actively supported the action learning sets. She has also provided editorial advice on subsequent reports and presentations of the findings.

Tom McNeil is advisor to the West Midlands Police and Crime Commissioner. He has also actively supported the research. From an early stage he recognised the significance of the research and promoted it within the PCC and other agencies. Tom has a very keen sense of social justice. His ongoing interest in the research has been an important source of encouragement.

Marc Radley Strategic Director CACI has also been a significant support. In a personal capacity he has helped technically in the development of a spreadsheet to collect the data. His deep knowledge of this area of practice has also been a welcome companion on this journey.

CACI provided facilities for the secure transfer of research data from Youth Offending teams. I am grateful to them for that resource and also to Matthew Watkiss from CACI who enabled that process. Thanks also to Stephen Evans and the Walsall Youth Justice Service who assisted with the secure transfer of data from the various Youth Offending Services.

I first encountered the work of Gwyneth Boswell when I was a practitioner in the 1980s. Her research was some of the first to shine a spotlight on the extent of abuse and loss in the lives of children who had committed violent offences (Boswell 1995[1]). The

research presented here demonstrates the extent to which abuse and loss are manifest for a very high proportion of children studied from within the West Midlands youth justice system. Insights from Gwyneth's research and her moral courage in promoting the interests of abused and sometimes vilified children who offend has been a long-standing source of influence and inspiration.

Finally, there have been a number of people who have provided comment on earlier drafts of this report. I would like to extend my deep thanks to those who colleagues who have acted as critical friends and provided their expertise in reviewing drafts of this report:

Hashim Ahmed, Research Officer, Youth Endowment Fund.

Stephen Ashley, Independent Safeguarding Consultant, formerly Assistant Chief Constable, Her Majesty's Inspectorate of Constabulory.

Gwyneth Boswell, Professor of Criminology and Criminal Justice and Director Boswell Research Fellows, Norwich.

Brendan Finegan, Service Manager Youth Justice.

Nadira Huda, Independent Social Work Consultant.

Alastair Pearson, Joint Service Lead, Tower Hamlets Education Wellbeing Service.

Astrid Schon, Headteacher London East Alternative Provision.

Bob Smith, Former HM Inspector of Probation.

Wendy Tomlinson, National Head of Safeguarding Youth Custody Service Ministry of Justice.

References

[1] Boswell, G.R. (1995) Violent Victims: the prevalence of child abuse and loss in the lives of Section 53 offenders. London: The Prince's Trust

Part Two
Research Chapters
Analysis of Eighty Cases

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Key Findings - Risk Matrices

Profile of Group:

- There were eighty children within the group, thirteen were female and sixty-seven were male;
- Forty-seven children (59% of 79) have a BAME heritage;
- Dual Heritage children make up just short of a fifth of the group (19% of 78);
- Twelve children (14% of 78) were born outside of the United Kingdom;
- Twenty-two of their fathers (30% of 73) were born abroad and nineteen mothers (25% of 77);
- Just under two-thirds (63%) of these children had experienced living in poverty or debt;
- A quarter (25%) had suffered family violence, child abuse and parental loss.

Abuse:

- Seventy-one out of the eighty children are suspected or confirmed to have been abused;
- In nearly a half of cases (46% of 80) the child witnessed domestic violence and this was suspected in nearly a third (29%) of cases;
- Over three-quarters (79%) were confirmed as experiencing family violence or child abuse;
- Twenty-five children (31%) had been subject to multi-agency referrals as potential victims of child sexual exploitation.

Family Factors:

- Over half (55%) of the mothers of these children had their first child aged under 20;
- For more than two thirds of these children their fathers were not part of their daily lives;
- There were only six children (7.5% of 80) who were still living with both of their birth parents;
- Over half these children (56%) have parents with previous or current substance misuse issues;
- Over half of these children (57%) have a parent with known or suspected previous or current mental health issues;
- Nearly a third of these children (29%) have parent(s) who have had physical ill health;
- Over forty-percent of children had parent(s) with criminality, a fifth (22%) had a parent who had been to prison;
- Eight (10%) of the children were known to be parents and there had been two terminations.

Education:

- Sixty-one (79% of 77) had attended two or more secondary schools;
- Ten children (13% of 77) had attended five or more secondary schools;
- Approaching a third (30%) of these children have been assessed as having SEN.

Health:

- Eight in ten children (79%) had a diagnosed or suspected issue related to physical or mental health, neurodivergence or learning disability;
- Twenty-one (26% of 80) had more than one diagnosed health/disability condition;
- CAMHS referrals (56%) suggest five times the national prevalence of mental health issues;
- Forty-three (54% of 79) were confirmed as regular cannabis users and twenty-four (30%) as occasional users (twelve didn't use cannabis).

Social Care:

- The vast majority of the children (90%) had received a social care intervention in their lives;
- Thirty-six (45%) of these children had been looked after by a local authority;
- Thirty-seven (46%) of the children had been the subject of a child protection plan;
- Fifty-five (69%) had been a child in need.

Analysis of Risk Matrices

Demographic Profile

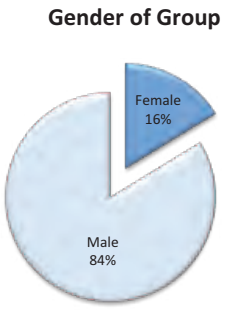
This chapter of the report provides the findings of a quantitive analysis of the individual Risk Matrices for the overall WMCA data set of eighty children. A summary of key findings from this chapter is on the preceding page.

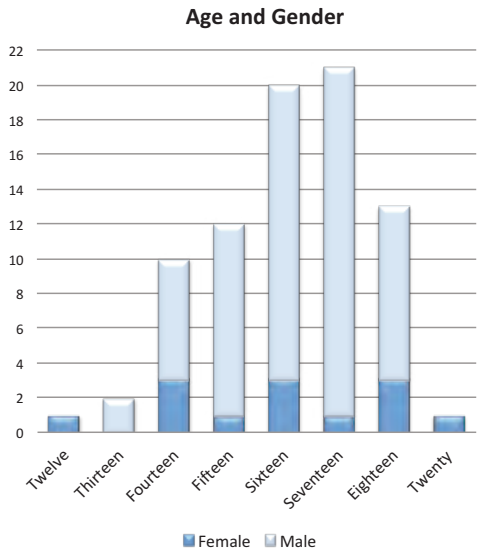
There were 80 children within the group, thirteen were girls and sixty-seven were boys. The adjacent pie chart shows this in percentages. Compared to national youth justice statistics[1] females had similar representation in the final sample, although, in two YOT sample groups there were no females.

The adjacent bar chart shows the age profile and gender of the group. Twenty-five (31%) were aged 15 or under. (The twenty year old had previously been subject to YOT involvement). Their average age was 16.1 years.

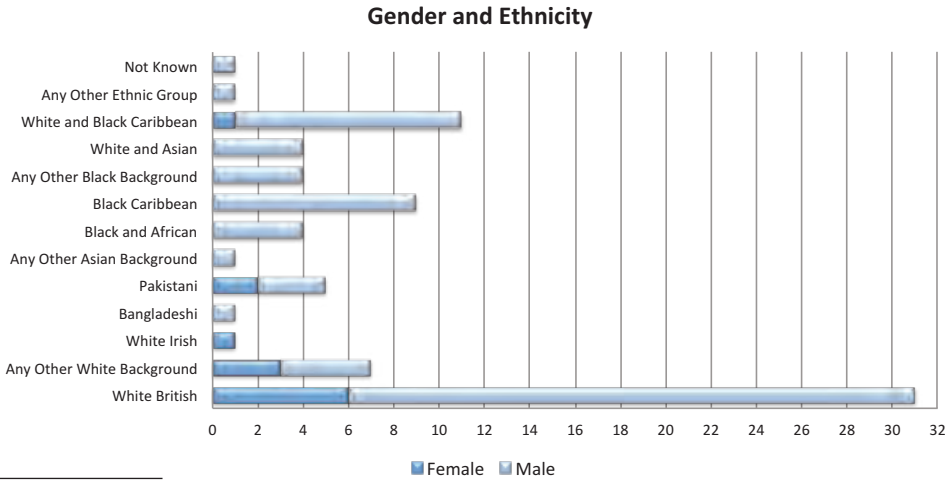
The bar chart below provides a breakdown of the eighty children by gender and ethnicity.

Ethnicity was recorded for seventy-nine children; there are forty-seven children (59% of 79) who have a Black, Asian or minority ethnic (BAME) heritage.

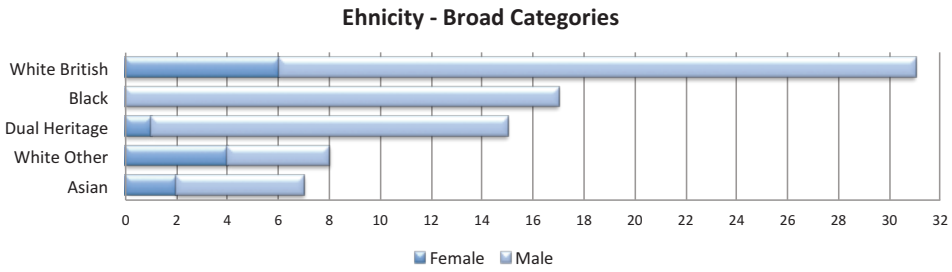




The Dual Heritage Group of fifteen children (19% of 79) makes up just short of a fifth of the group. Whilst small in number (13) the distribution of females is interesting e.g. no Black girls.



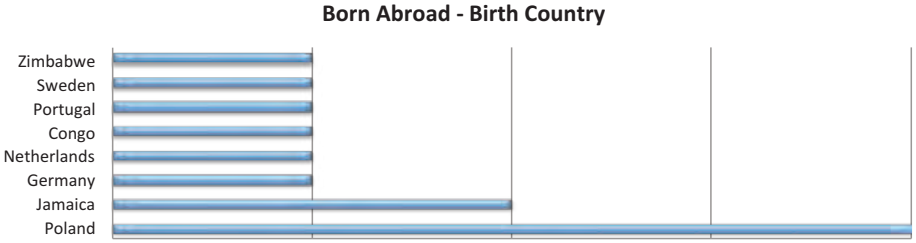
[1] Within England and Wales in 2017/18 females made up 16% of those cautioned or sentenced. Source Youth Justice Statistics 2017/18 Ministry of Justice.



The table above presents the ethnicity data in broader groups (Not Known and Any Other Ethnic Group are not included). When viewed more broadly the significant representation of Black, Asian and dual heritage children becomes clear.

Within the West Midlands in 2012[1], BAME pupils accounted for twenty-eight percent of the school population. This suggests a significant over-representation of BAME children within this group. However, selection of the group was not randomised and included children from West Mercia, so this needs to be considered when interpreting this data.

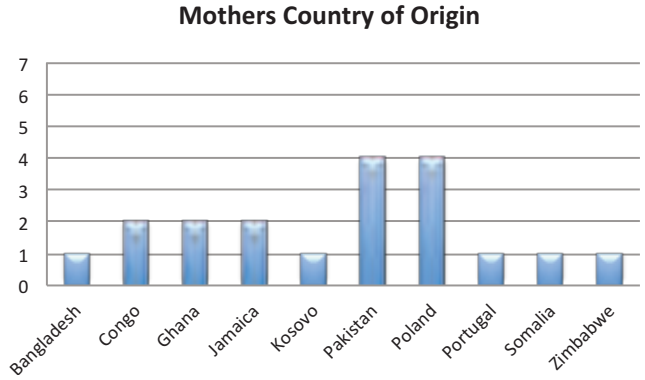
The birth country of the fathers of the children was recorded in seventy-three cases. Twenty-two of the fathers of these children (30% of 73) were born abroad and nineteen mothers (25% of 77). The 2011 Census data showed that, just over 11% of West Midlands residents were born outside of the UK[2].

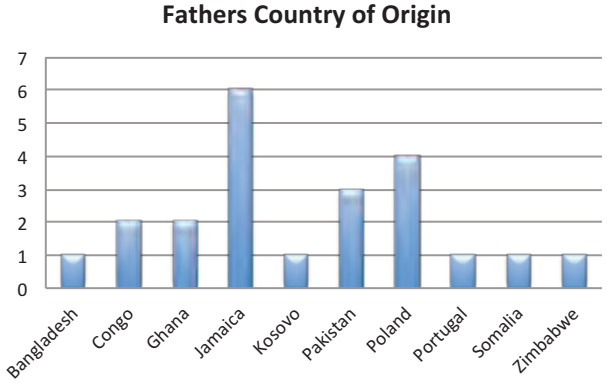


The birth country for seventy-eight children was recorded. There were twelve children (14% of 78) who had migrated to the United Kingdom. The bar chart above shows their birth countries. Six of these children had a first language other than English.

For the forty-seven BAME children, nearly half (47%) of their fathers and forty-percent of their mothers were born abroad. Their parent's countries of origin are shown in the charts below. Thirteen fathers and twelve mothers had a first language other than English.

This further evidences the significant ethnic and cultural diversity of many of these children. Their family origins spanned four continents and over a dozen countries.





Poverty

Forty-two out seventy-nine (53%) of the families of these children were recorded as living in poverty or debt and eight (10%) were recorded as having previously lived in poverty or debt. In other words just under two-thirds of these children had experienced living in poverty or debt.

Eligibility for free school meals was recorded for fifty-nine children. Of these thirty-four (58%) were known to be eligible for free school meals (eligibility is based upon receipt of income related benefits). Department for Education figures[3] show that nationally 13.6% of pupils were eligible for free school meals indicating a more than four-fold over-representation within this group against national figures.

The above can be contrasted with Child Poverty Action Group (CPAG) figures[4] which show that nearly a third (30%) of UK children live in poverty. CPAG figures also show that nearly half (47%) of lone parent families live in poverty and that nearly half (45%) of children from Black and minority ethnic groups live in poverty, whilst just over a quarter (26%) of White British children live in poverty. Fifty-nine percent of the children studied here are from BAME groups. Forty (50%) were living with a single parent.

Overall there were a total of fifty-six (70% of 80) children who were either recorded as living in poverty or entitled to free school meals. Suggesting that overall poverty rates for these children are much higher than national comparative rates.

The Index of Deprivation was recorded for seventy-one family addresses, thirty-three of these addresses (46% of 71) were in the 10% most deprived areas of England, nine were in the 20% most deprived areas of England and five were in the 30% most deprived areas of England. For the seventy-one children where it was recorded, two-thirds (66%) of the family addresses were in areas where deprivation was high.

Health and Neurodiversity

There were thirty-six children out of the eighty (45%) where there was a diagnosis confirming at least one physical or mental health issue, neurodivergence or learning disabilities. There were a further twenty-seven children (34%) where one of the above issues was suspected.

The table overleaf provides a breakdown of the diverse range of health and disabilities issues experienced by these children. A number of children had more than one diagnosed condition. For those children with diagnosed conditions the average number of conditions was 2.75.

Whilst fifteen (19% of 80) had a single diagnosed condition, twenty-one (26% of 80) had more than one condition. Sixteen children had three or more conditions. Nine children had four or more conditions. Six children had five or more conditions.

With regard to mental health concerns the table shows that ten children (12.5%) had an assessed/diagnosed condition, with mental health concerns being suspected for twenty-six (32.5%) children, a total of thirty-six (45%) where there were mental health concerns. The Risk Matrix also showed that forty-five (60% of 75) children had been referred to Child and Adolescent Mental Health Services (CAMHS) indicating the levels of concern regarding mental health issues had at least historically, been greater than is indicated in the table overleaf.

Whilst the referrals quoted above, span the life of the child, the suspected and diagnosed mental health concerns were contemporary to the research. A report in 2016 benchmarking West Midlands CAMHS services, references data from Public Health England. This indicates that nationally, within the 5-16 age population, prevalence of mental health disorders is one-in-ten. The report showed that West Midlands

Health Issues 80 cases	Suspected	Assessed/ Diagnosed
Physical Disabilities	0	3
Hearing Impairment	2	1
Visual Impairment	2	3
Multi-Sensory Impairment	0	2
Chronic Physical Health Issue	1	7
Mental Health Concerns	26	10
Learning Disabilty/Difficulties	8	8
Specific Learning Difficulties	6	3
Moderate Learning Difficulties	8	5
Severe Learning Difficulties	4	1
Social, Emotional & Mental Health Issues	23	14
Speech Language and Communication Issues	15	8
Dyslexia	7	5
Dyspraxia	0	3
Dyscalculia	1	1
ADHD/ADD	8	8
Autistic Spectrum Disorders or Aspergers	3	6
Traumatic Brain Injury	2	0
Epilepsy	0	1
Foetal Alcohol Syndrome	4	1
Maternal Foetal Substance/Drugs Abuse	11	0

Note: When considering the table above it should be kept in mind that many children had multiple diagnosis/concerns.

referral rates vary by local authority area, between one-percent and six-percent of the population[5].

These comparative figures indicate a very significant over-representation of mental health issues for these children. Suggesting in the region of five times the national rate of prevalence of mental health issues.

Other relevant information regarding their mental health is that:

- Twenty-one (26%) were confirmed as having self-harmed, attempted suicide or had suicidal ideation, twelve (16% of 76) had attempted suicide;
- Early onset behaviour issues (under 5 years) were confirmed for twenty-nine children (36%) and suspected in fourteen others (17%).

Nationally, Edwards (2018)[6] reports that suicide attempts across the life course are between 3.1% to 8.5%, indicating, (particularly given their age), that these levels of attempted suicide are very high.

Regarding substance misuse the following was recorded:

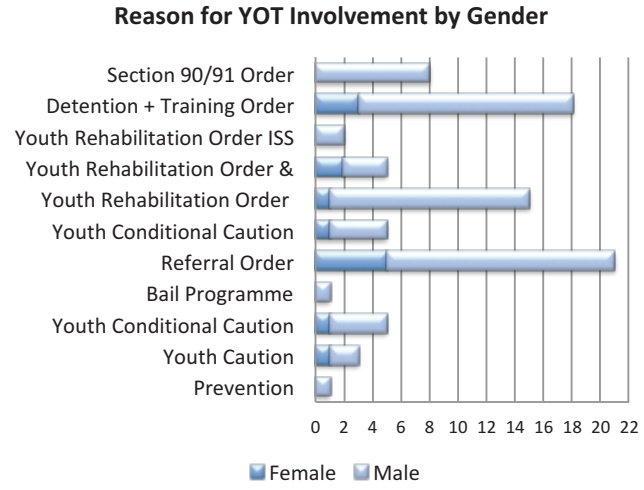
- Forty three (54% of 79) were confirmed as regular cannabis users and twenty-four (30%) as occasional users (only twelve didn't use cannabis);
- Eighteen (out of 80) (23%) were confirmed as regular alcohol users and thirty-five (44%) as occasional users;
- Five (6%) were confirmed as regular users of other substances (including prescription drugs);
- Two (2.5% of 79) were confirmed as regular class A drug users and ten (13%) as occasional users.

There were just twelve (15%) children where there was no recorded substance misuse (regular or occasional).

Forty-seven children (59%) regularly used one or more of the substances detailed above. There were nine (11%) children who were regularly using two substances, eight male one female (all both alcohol and cannabis). In terms of poly-substance misuse there were four regular users of three substances and one user of all four substances detailed above, three of these five poly-substance abusers were female.

YOT Profile

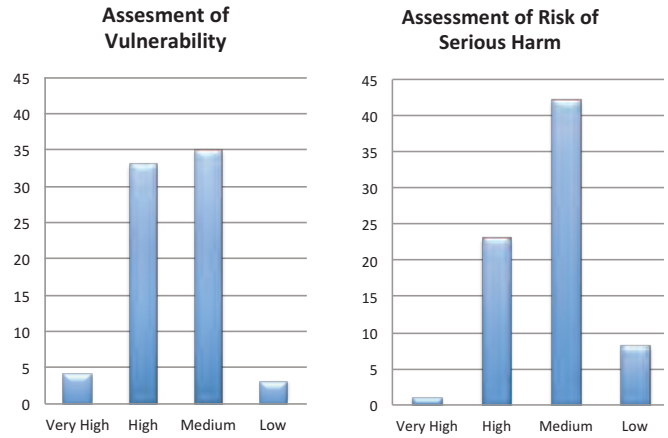
The table below shows the reason for youth offending team (YOT) involvement for seventy-nine of the eighty children. From the table it can be seen that twenty-seven young people (34%) were serving a custodial sentence of some sort (detention and training order, s90/91) and that fifty-three (66%) were involved in a community based outcome.



Of those involved in a community based outcome, eight (10%) were involved in a pre-court outcome and forty-five (56%) were on statutory orders. The statutory orders were twenty-one (26%) referral orders and the remaining twenty-four (30%) children were on a range of youth rehabilitation orders some as an alternative to a custodial sentence.

A s90 order is the juvenile equivalent of an adult life sentence for murder, other "grave crimes" such as manslaughter and robbery can attract sentences of s91 detention. These sentences evidence the serious nature of offending by eight (10%) children.

YOT staff use the ASSETPlus system to assess children including levels of Risk of Serious Harm (RoSH) and Vulnerability of children. The adjacent charts show RoSH assessments for seventy-five children and assessed Vulnerability for seventy-six children.



One was assessed as a very high risk of harm, twenty-four were assessed as a high risk of harm. Two-thirds (66% of 75) were considered a medium or low risk of harm, whilst a third (33% of 75) were considered as a high or very high risk of harm.

In terms of their vulnerability, four were considered to have very-high vulnerability and thirty-four high vulnerability, therefore half (50% of 76) were viewed as highly vulnerable. Only three (4% of 76) were viewed to have low vulnerability.

Adversity and Abuse

Parental Loss

Only twelve children out of seventy-nine were still living with their fathers and only thirteen were recorded as having regular contact with their fathers. For more than two thirds of these children their fathers were not part of their daily lives.

For sixty-six (84%) out of seventy-nine children, the child's father was absent. For forty-four (56% of 78) children the father was recorded as lost to the child. The reasons for the loss of their fathers is shown in the table below.

Only forty-two children out of seventy-nine were still

Loss of Father	
Death	1
Murder	1
Suicide	1
Contact Prohibited	1
Natural Causes	2
Divorce	2
Imprisonment	2
Deportation	2
Other	4
Never Known by Child	7
Left Partner/Family	18
Not Known	3

living with their mothers, a further twenty-six were recorded as having regular contact with their mothers. There were eleven children for whom their mothers were not part of their daily lives. For nine children (11%) the mother was recorded as lost to the child, the reasons for the loss of their mothers is shown in the table below.

Loss of Mother	
Never Known by Child	1
Contact Prohibited	2
Substance Abuse	2
Left Partner/Family	4

There were only six children (7.5% of 80) who were still living with both of their birth parents. This can be contrasted with a Department for Work and Pensions report which showed that within the UK for those aged 16 the percentage living with both birth parents was 56%, for children in low- income households this figure was 35%[7] which is four to five times higher than for this group of children. The very low proportion of children still living with birth parents is a powerful indicator of the extent of loss in their lives.

Family Factors

Parenthood

For sixty-six children the age of the mother at the birth of the child studied in this report was known, eighteen (27%) of these children were born when their mother was aged 16-20. The age at the birth of her first child was known for sixty-six of the mothers of these children. For these mothers thirty-six (54.5% of 66) had their first child aged under twenty.

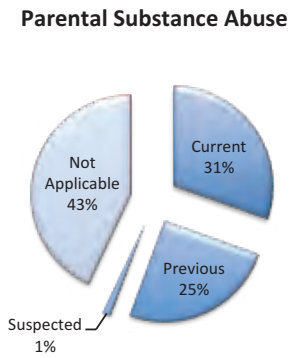
The age at the birth of his first child was known for forty-four of the fathers. For these fathers twelve (27% of 44) had their first child aged under twenty.

Eight of the children were recorded as having had the birth of child. Seven of these parents were male and one was female. Two of the thirteen females were recorded as having had terminations.

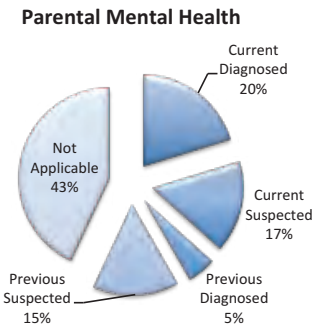
Office for National Statistics data for England and Wales show that 6% of women born in 1997 had at least one child before they were aged twenty,[8] illustrating the comparatively high proportion of these children born to mothers under the age of twenty.

Parental Health and Substance Abuse

Twenty-four parents of these children were judged to have a current substance misuse issue and twenty a previous substance misuse issue. In other words over half these children (56% of 79) have parents with a previous or current substance misuse issue as shown in the chart below.



Evidence of whether there were parental mental health issues (for either parent) was also recorded for seventy-nine children. This is shown in the chart overleaf. Well over half of these children have a parent where there are known or suspected previous or current mental health issues.



Fifteen children (19% of 79) were recorded as having a parent with current physical health issues and eight (10%) a parent with previous physical health issues. Approaching a third have a parent who has experienced physical ill health.

Family Violence

> *Exposure to domestic abuse or violence in childhood is child abuse*[9]. NSPCC (2019).

For nearly a half of these children (37 of 80 or 46%) the child was known to have been exposed to domestic violence, this was suspected for a further twenty-three (29%) children. Conversely, just a quarter of these children (25%) were seen to have not been exposed to domestic violence.

Sibling violence was confirmed for nine children and suspected for nine others. There were forty-three children (54%), who were confirmed to have experienced family violence through either domestic violence or sibling violence.

Child Abuse

Seventy-one (89%) out of the eighty children were recorded as having suspected or confirmed child abuse. Forty-seven children (59%) had confirmed child abuse. The categories of abuse were as follows:

- Emotional abuse was confirmed for twenty-seven children and suspected for twenty-three others;
- For thirty children emotional neglect was confirmed and suspected in twenty-one others;
- For twenty-four children physical neglect was confirmed and suspected for ten others;
- For twenty-seven children physical abuse was confirmed and suspected for nineteen others;
- Sexual abuse was confirmed for seven children and suspected in sixteen others.

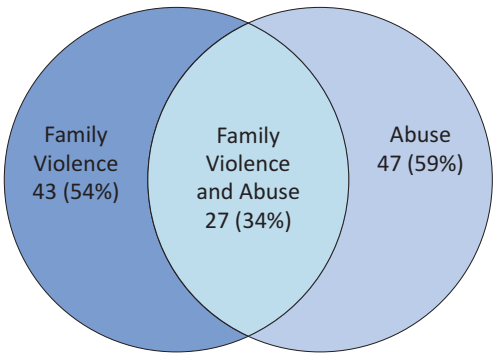
There were just nine children (11%) where child abuse was not suspected or confirmed.

A significant number of children had suffered multiple forms of abuse:

- Thirty children (37.5%) had two or more of the above forms of abuse confirmed;
- Eighteen children (22.5%) had three or more of the above forms of abuse confirmed;
- Thirteen children (16%) had four or more of the above forms of abuse confirmed;
- Three children (3.75%) had all five of the above forms of abuse confirmed.

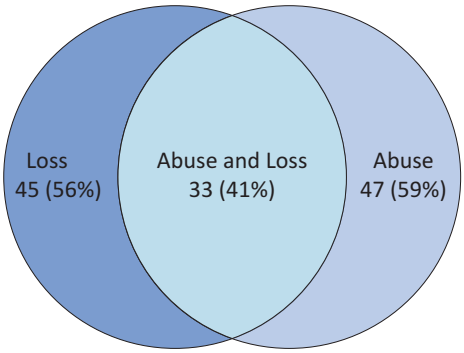
Cumulative Abuse Violence and Loss

As is outlined above, forty-three (54% of these children were confirmed as having experienced family violence and forty-seven children had confirmed child abuse. Twenty-seven, over a third (34%), had confirmed abuse and confirmed family violence (sibling violence or domestic violence). This is illustrated below.



When family violence and child abuse are considered together, over three-quarters (79%) of these children were confirmed to have suffered one or the other forms of abuse.

Nearly three-quarters (74%) of these children were confirmed to have suffered either abuse or parental loss. Forty-one percent of children had both confirmed abuse and loss. This is illustrated below.



A quarter (twenty 25%) of the children were confirmed as having suffered both family violence and child abuse as well as parental loss.

A Triad of Risk

The combined impact of mental health issues, substance abuse and domestic violence are often referred to in serious case reviews[10]. These three issues can be seen to be cumulative and are often linked with poverty, neglect and parental criminality[11] which are also present for many of these children.

There are four children within the group where all three of these risk factors are recorded as having been present in the life of the child. There are a further twenty-two children where two of the above are recorded to be known to have occurred and the third factor is suspected. Consequently, these three factors may be present for a third (32.5%) of these children. For seventy-one children (89%), at least one of these factors was known or suspected to be present.

Family Criminality

The question on parental criminality was answered for all of the eighty cases. In 34 cases (42.5%) there was previous parental criminality. In nine cases (11%) there was current criminality. Over half of these children had a parent or parents who had offended.

Evidence from the Case Storylines shows that there were two children with a parent serving a custodial sentence and sixteen children who had a parent who had previously served a custodial sentence. So at least a fifth (22%) of these children had a parent who had been to prison. Five of these imprisoned parents were mothers and thirteen were fathers.

Sibling criminality was also recorded for all of the eighty children. For sixteen children (20%) there was current sibling criminality and in seven cases (9%) there was previous sibling criminality. Just under a third had a sibling who had offended.

Fifteen children had experienced both parental and sibling criminality. There were only twenty-nine children where parental or sibling criminality was not present. Nearly two-thirds (64%) of these children had lived with family criminality.

Abuse Outside the Home

Other ways in which children had been abused:

- Twenty-five children (31%) had been subject to multi-agency referrals as potential victims of sexual exploitation (this includes all the girls);
- Being a victim of violence in the community was confirmed for thirty-four children (43% of 79) and suspected in twenty-one cases (27% of 79);
- For thirteen children (16% of 79) it was confirmed that children had been a victim of discrimination in the community and this was suspected in eighteen cases (23% of 79);

- For twenty-one children (27% of 78) being the victim of peer abuse/bullying was confirmed and suspected in twenty-three cases (30% of 77).

Behaviours

In terms of offending behaviour the most serious violent offence committed by any of this group was homicide. There were a range of other previous serious violent offences including grievous bodily harm with intent (5) and robbery (14) and two previous sexual offences.

In terms of other behaviours the following were recorded:

- For forty-eight children (61.5% of 78) aggression or threats to professionals were confirmed and suspected in five other cases;
- Fifty-five (70% of 79) children were confirmed as not complying with help or interventions;
- Fifty-one (64%) had a history of going missing and four were suspected of going missing;
- Fifty-two (68% of 76) had a current or previous history of truancy/missing from school;
- Seventeen (21% of 80) were confirmed as having gang involvement and thirty-two (40%) were suspected of gang involvement;
- Sixty-four (80% of 80) were confirmed as having delinquent peer group involvement;
- Thirteen (16% of 79) had current violence to other pupils and forty-three (54%) had previous violence to other pupils;
- Four (5% of 80) had current violence to teachers and thirty six (45%) previous violence to teachers;
- Damage to the family home was confirmed for thirty-five children (44%) and suspected in eleven others (14%);
- For forty children (50%) possession of a knife or blade was confirmed and suspected in thirteen cases (16%);
- For twelve children (15% of 79) possessing a blunt instrument as a weapon was confirmed and suspected in seven cases (9%);
- For two children (2.5% of 78) possession of a corrosive substance was confirmed;
- For five children (6% of 78) possession of an air weapon was confirmed;
- For six children (8% of 77) possession of an imitation firearm was confirmed and suspected in one case (1%);
- Forty-two children (54% of 78) were recorded as perpetrators of violence in the community, this was suspected in eighteen other cases (23%).

Overall there were forty (50%) children confirmed as possessing a weapon of some kind with thirteen suspected of weapon possession.

Agency Involvements

Education Training and Employment

For the seventy-seven children where the number of secondary schools was recorded:

- Just sixteen children (21% out of 77) had attended a single secondary school;
- Conversely, sixty-one ((79% of 77) had attended two or more secondary schools;
- Forty-one (53% of 77) had attended three or more secondary schools;
- Seventeen (22% of 77) had attended four or more secondary schools;
- Ten children (13% of 77) had attended five or more secondary schools;
- Two children had attended more than ten secondary schools.

The average number of secondary schools attended was two-point-six schools, this average excludes the two children with over ten schools.

The Risk Matrix did not have a question related to the number of primary schools attended. However, this was addressed within many of the Case Storylines and it was evident that a number of children had also attended multiple primary schools.

Fifty-five children (74% of 74) had received a temporary exclusion, fifteen of these aged eleven or under. The youngest aged seven.

Forty (57% of 70) had been subject to permanent school exclusion, two children were recorded as being excluded at the age of nine and three aged eleven. Twenty-eight of these exclusions occurred at the age of thirteen to fifteen with the peak age for permanent exclusion being at the age of 15.

There had also been thirty-seven managed moves. Seven of these aged eleven or under, again the youngest being aged seven. The peak age for managed moves was at the age of thirteen.

The Timpson review of school exclusions included evidence of the *perverse incentives to off roll children who might not positively contribute to a school's performance or finances*. The review also recognised *exclusion as one indicator, among others, of a higher risk of involvement in crime, and we should therefore fully consider the form and content of the education a child receives following exclusions, in efforts to prevent and tackle serious violence*.

Sixteen (20.5% of 78) were recorded as having a current EHCP/SEN plan and eight (10%) as previously having a plan. In other words approaching a third of these children have been formally assessed as having special educational needs. To place this figure in context, nationally Ofsted data shows that just under three percent of pupils have an EHCP/SEN plan[12]. Within the West Midlands Region within mainstream school academy (resourced provision) the proportion of children with an EHCP/SEN plan in 2017/18 was just one-point-six percent[13].

The table on page 21 which relates to health and disabilities outlines a range of educational difficulties and disabilities for these children. Based on this table it can seen that there are a significant number of children who have some form of learning difficulty a neurodivergence or health issue including physical impairments and social and emotional issues that would affect their education (some children appear in multiple categories).

Across the group of eighty, there were thirteen (16% of 80) children who had an assessed or diagnosed learning disability or difficulty and a further twelve (15% of 80) children where a learning disability or difficulty was suspected. In the assessed/diagnosed and suspected groups this gives a total of nearly a third (31%) with a potential learning disability. Ofsted figures show that nationally fifteen-percent of children have special educational needs or disabilities[14].

In addition, there are also eight (10%) children with a diagnosed speech language and communication (SLC) condition and fifteen 19% with a suspected SLC condition. Alongside the other health issues and disabilities diagnosed and suspected, this would suggest that the number of children who have special educational needs is probably considerably higher than the children who have an EHCP/SEN status recorded. The comparative data quoted above regarding EHCP/SEN plans also shows the disproportionate representation of children with special educational needs or disabilities.

The table overleaf shows the education, training and employment status for the eighty children at the time the data was collected.

Education Training Employment Status	
At School	12
Virtual School - Looked After	1
At School Pupil Referral Unit/Special Unit	14
At School (Irregular Attendee)	3
At School (Non Attendee)	2
At School (Transition between Schools)	1
Home Educated	2
Home Tuition	1
In Custody	14
Education Other than Higher Education	1
Further Education (College/University)	2
Adult Education	3
Specialist Training Programme	1
Training Agency	1
Apprentice	1
Employed	2
Unemployed - Disability	1
Unemployed	18

The data collection process recorded the age of the child in years and months, data was collected over a period of several months making it difficult to calculate how many children were of school age at the time the data was collected.

However, based on the data in the table, it can be seen that there are twenty-two young people who are described either as being an apprentice, employed or unemployed. Of this group just three (14%) are in an apprenticeship or in employment.

It can also be seen that there are thirty seven children who were attending a school or alternative provision. Of those children eighteen, just under a half (49%) are in some form of alternative provision and less than a third 32% attend school.

Only twenty-seven (36% of 76) were in receipt of twenty-five or more hours ETE provision (although some were in year twelve or above so their entitlement would have been sixteen hours). Twenty-seven (36% of 76) were receiving zero hours in ETE provision.

The special educational provision was recorded for sixty-three children. Whilst this data differs slightly, it broadly confirms the overall proportion attending alternative provision. Twelve were recorded as currently attending alternative provision and seventeen had previously attended such provision. Overall for the sixty-three children where this was recorded 46% (again just under half) were or had attended special educational provision.

The figures above would suggest that many of these children have special educational needs and disabilities. Within this group of children the vast majority have clearly suffered significant educational turbulence and disadvantage.

The very poor outcomes for many of them are already being evidenced in the high proportion who have become unemployed and the numbers in custody. The long term social and economic costs of the broad systemic failure this represents is likely to be very high.

Mental Health Services

Figures given above in the Health Profile showed that forty-five children (60% of 75) had been referred to Child and Adolescent Mental Health Services (CAMHS). Some factors around these referrals:

- The earliest age for a referral was aged three;
- There were sixteen referrals aged eleven or under.

Over a fifth of these children (21% of 75) seem to have been displaying concerns related to their mental or emotional health at the primary stage.

Evidence within the Health Profile above, shows early onset behaviour issues (under 5 years) being confirmed for twenty-nine children (36% of 80) and suspected in fourteen others (17.5%). Linked together with the CAMHS referral age, this shows the young age at which mental health and behavioural issues were apparent for very many of these children.

Despite the high level of referrals given above, the Risk Matrix shows that apparently only ten children had a formal mental health diagnosis. However, shown in the health profile (page 21 above) above are a broad range of diagnosed conditions that indicate emotional and mental health issues. So it would seem that the recording of just ten children as having a diagnosed mental health condition fails to reflect the full extent of diagnosed conditions. What is also shown is that there were twelve children where engagement with CAMHS was problematic and this is reinforced within the Case Storylines.

Further evidence of need, from the section on Health and Neurodiversity (page 21 above) is that twenty-one (26% of 79) were confirmed as having self-harmed, attempted suicide or had suicidal ideation. There were four children admitted to hospital for mental health concerns.

The chapter Analysis of the Case Storylines which follows, explores the extent and complexity of the mental health issues for these children.

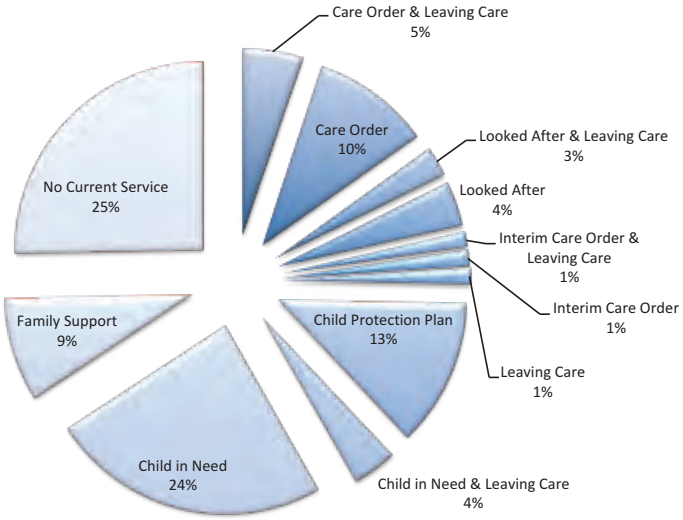
Children's Social Care

The current social care status for the eighty children is shown in the adjacent pie chart. There were sixty children, three quarters of the group, who were currently in receipt of services, in summary their primary social care status was as follows:

- Fourteen children (16%) were on a care order (two Interim Care Orders (ICO));
- Five (6%) were looked after children;
- One child was receiving leaving care services;
- Ten children (12.5%) were the subject of a child protection plan;
- Twenty-two (27.5%) were children in need;
- Seven (9%) children were receiving family support services.

From the above it can be seen that nineteen children (25%) were in public care at the time of this research.

Current Social Care Services



In addition to being on a care order or looked after, eleven of the children were also in receipt of leaving care services.

The following gives some information regarding the total numbers receiving key services across key interventions during their lives:

- Thirty-six (45%) of these children had at some point in their lives been a looked after child (twenty two were accommodated under s20 and fourteen on a care order or interim order);
- Thirty-seven (46%) of the children had at some point in their lives been the subject of a child protection (CP) plan (for twenty of these their first CP plan was at the age of eleven or below);
- Fifty-five (69%) of the children had at some point in their lives been a child in need (CiN), (for twenty-five of these children their first CiN status was at the age of eleven or below);
- Fifty-four (67.5%) of the children had received family support services, thirty-five at the age of eleven or below.

During their childhood many of these children have received a range of social care interventions and appear within the above statistics across different service areas. Nevertheless, the extent of social care

involvement evidences the extraordinarily high levels of needs of these children and for very many the long standing nature of those needs.

In terms of previous and current social care involvement seventy-two (90%) children had received some form of social care intervention. There were eight children who had received no services, (their offending would indicate that they were eligible for child in need services).

Further indicators of the very high levels of need of many children is that forty-two children had received three or more of the above services. In other words just over half (53%) had received multiple interventions from children's social care.

It is also striking, that fourteen of them (17.5%) had been subject to a care order. In other words they had met the legal threshold within the Children Act 1989 for a court to remove them from the care of their families, because *they are suffering, or likely to suffer significant harm*.

Twenty-two of them (28%) have been looked after children, the threshold in broad terms being that their parent is absent or unable to care for the child. So within this study nearly half of these children (45%) had met one of these high thresholds.

Another critical indicator is that approaching a half of them (46%) had at some point in their lives been the subject of a child protection plan. Meeting the Children Act threshold for being *at risk of significant harm* (usually from their immediate family).

A further significant indicator is that two-thirds of them at some point in their lives had reached the Children Act threshold of being a child in need, being *unlikely to achieve … a reasonable standard of health or development without the provision of services*.

Alongside the evidence above related to education and mental health issues, this would suggest that for very many of these children both their abuse and social and emotional issues have been very longstanding. It also provides further strong evidence of the very high levels of vulnerability within this group of children.

Concluding Comment

The key reason for undertaking this research was to understand the extent of adversity, abuse and vulnerability of children in the West Midlands criminal justice system.

The above quantitive data provides extensive evidence of a what is collectively a complex and disadvantaged group of children who have suffered significant levels of abuse and adversity, many of whom as a consequence have extraordinarily high levels of need and vulnerability. What is also evident is that for at least half these children these concerning behaviours were becoming apparent at an early age.

When we consider their collective profile within both physical and mental health services, education and social care, alongside their current profile within the criminal justice system; for very many of them its hard to escape the conclusion that from an early age, there has been a systemic failure to meet their needs from across a range of public services.

Across their life-course, the human suffering which that failure has caused will be very significant, as will the cost and burden placed on a wide range of public services. What is also evident is the apparently high level of undiagnosed educational and health needs. This is likely to make their access to services as adults much more problematic and further increase their likelihood of social exclusion.

Some of the children's behaviours are deeply concerning. They evidence both the risks of harm that these children may pose to others, for example

through weapon possession. They also evidence their vulnerability, with nearly two-thirds going missing, a quarter involved in self-harming behaviours and over half confirmed as abusing substances.

These findings also evidence that their behaviours need to be placed in the context of their life histories. For the vast majority of these children, this includes the evidence of the structural abuse and disadvantage of poverty and the significant levels of family abuse, loss and other adversity they have endured.

Should we be surprised:

- When children who have been abused and harmed run away from that harm?
- If children who have been brought up with violence in their families then become violent?
- When children who have been failed and harmed by adults, reject professional help?

Their very high levels of need and the underlying issues and abuse in their lives, begs another question. Does the current youth justice system provide a just and appropriate response for such children, or is it merely punishing their previous abuse?

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Key Findings - Case Storylines

The reading of the Case Storylines indicated that within the eighty cases there was:

- One child with no recorded abuse or adversity;
- Twenty-nine children where the key issue in their lives was some form of adversity, for many the adversity including domestic violence and parental loss;
- There were fifty-one children where direct familial child abuse was detailed;
- There were forty children, who had suffered extensive familial abuse some having suffered multiple forms of abuse over very long periods of time.

Experiences included migration from countries known for war and genocide or countries with known human rights issues. The lives of many of these children have been truly horrific.

For the forty children experiencing extensive familial abuse just some of the factors in their lives included:

- Suffering familial sexual abuse and rape;
- Extreme family violence including children being hospitalised, seeing their mother being sexually assaulted, mothers with significant injuries from domestic violence i.e. being knifed;
- Physical abuse, children assaulted by parents and adult family members, chastisement including with belts and sticks, being threatened with a weapon;
- Longstanding emotional and physical neglect including developmental delay due to malnutrition;
- Homes where there were no carpets, doors off the hinges, children without clean bedding, sheets used as curtains.

Analysis of Case Storylines

Introduction

The analysis in the previous chapter draws principally on the quantitative data contained within the Risk Matrix. This provides a bleak and very troubling picture about the characteristics of these children, including abuse, ill health, loss and social care involvements.

Each Risk Matrix was accompanied by a Case Storyline that detailed the life histories and agency involvements of these children. Reading these eighty stories, many of which are poignant and tragic, led to the title for this report, Punishing Abuse.

In research terms the Case Storylines provide a very rich data set about what has happened to these children. However, the word rich is paradoxical as the lives of majority of these children were impoverished and for very many of them violent and brutal. Those who have not suffered some form of abuse or domestic violence are a small minority and there are some children who have suffered extreme abuse over apparently long periods of time.

Many of these children have also suffered significant adversity. In addition to abuse, such adversity includes loss of parents and siblings but also includes other factors such as mental and physical illness, deformities, injuries from serious assaults, multiple family and childcare placements and family migration from troubled countries. For very many of these children and their families these experiences exist against a backdrop of structural poverty and intergenerational disadvantage.

For reasons of confidentiality it is not possible to provide the details of the lives of individual children, however providing some sense of the bleakness and horrific nature of many of their lives is important. Children who commit offences in particular those

who commit more serious offences can be vilified and demonised whilst the underlying causes in their lives are unrecognised or conveniently ignored. In the following section I will try to provide an understanding of the harsh reality of their lives.

I will approach this by drawing upon thinking I developed during the research regarding the broad profiles of these children and then by considering intergenerational issues that have become apparent from the Case Storylines.

Four Groups

During the reading of the Case Storylines some distinct profiles of children became apparent. Whilst working through the Case Storylines the children were placed within four groupings. These groupings reflect both the levels of abuse and adversities suffered by these children and potentially their levels of need. This schema also provides a basis for developing ALTAR™ as an assessment framework.

The placing of children in such groupings is a judgement that draws on my sector experience and also my academic knowledge of the impact of abuse and adversity. However, this should be considered as a broad guide because I only have a limited window on the lives of these children and it's impossible for me to understand the impact of adversity on a child. For some cases, making distinctions between groups and in particular between Group Two and Group Three (as outlined below) is difficult.

My analysis of the Case Storylines and initial grading took place over several months, to ensure consistency of judgement reflected in the analysis offered below, I re-read all of the case summaries over a period of a few days. Noting those children that sat at the borderline between groups and reviewing my judgements against the criteria outlined below.

Group Zero - No Adversity - Lowest Needs

This grouping is where children appeared to have had no abuse, no significant adversity and no experience of poverty. One child was placed in Group Zero.

Group One - Limited Adversity - Limited Needs

These were a small group of children who typically could be described as having had a difficult start in life. There was usually parental loss, their parent(s) were sometimes struggling but seemed to be doing their best for the child. There was no record of familial abuse and limited or no involvement of social care services because of concerns about the child. Just six (7.5%) children were placed in Group One.

Group Two - High Adversity - Medium to High Needs

These children had also had a poor start in life but in addition had typically suffered, neglect and abuse and witnessed domestic violence. They were usually known to social care services. Typically there was often loss, particularly of their fathers. Twenty-six (32.5%) children were placed in Group Two.

Group Three - Significant Adversity - Significant Complex Needs

This includes children who have suffered significant childhood adversity, that frequently stems from abuse, but might also be the result of other factors.

This group also includes children who have suffered extreme abuse and/or neglect some over a long period of time. They were also usually well known to social care services, many had been in long-term care and endured multiple relationship breakdowns. They appeared to have been very adversely affected by their traumatic childhoods. They are clearly very complex children with very high levels of need. Some seemed to be very challenging in their behaviours.

Whilst sometimes the same children, there were also children who due to other significant childhood

adversity, had extremely complex histories and very high need. For example, family rejection, chronic mental or physical health issues, disabilities, self-harm/suicide, terminations of pregnancy or immigration from a country where there was war or genocide. These children had also typically suffered loss of their fathers and sometimes also their mothers. There were also children who had suffered significant injuries often from gang violence.

Placing children in this category also reflected the apparent impact of their experiences on behaviours and emotional wellbeing. The majority, forty-seven (59%) children were placed in Group Three.

Analysis Against Groups

The following sections discuss the profile of children against the above groupings.

Group Zero - No Adversity - Lowest Needs

There was only one child in this group and the category requires limited exploration. However, it is important to note that this was a child who had committed a very serious offence. Illustrating that whilst the vast majority of children studied here have had significant adversity, abuse and disadvantage, there is an apparent exception to this.

Group One - Limited Adversity - Limited Needs

Five out of these six children had suffered early parental loss. There was no evidence of familial abuse. There were no long-standing involvements from social care (only one child had been involved with social care). Two children had evidence of emotional/mental health issues. They had no physical disabilities or chronic health issues, although one child had moderate learning difficulties.

Further childhood adversity included that three of their parents had mental health issues and two parents had a physical health issue. Family poverty or living on benefits was evident for two children. There was no evidence of any family criminality or parental substance abuse.

Two out of the six had or were likely to achieve satisfactory GCSE grades, two others were regular attenders, whilst two had attendance issues and had struggled in education. Three were still in school, two were unemployed and one was employed.

For three children it was judged that their offending had been linked to exploitation. In two cases this was thought to be linked to drug supply and in one of these cases County Lines was identified. They had all been judged by YOT staff to have Medium or Low Vulnerability and to pose a Medium Risk of Serious Harm.

Group Two - High Adversity - Medium to High Needs

Within this group of twenty-six children, there were fifteen children where the major issue identified in their lives was some form of adversity with limited or no evidence of direct parental child abuse, although abuse through domestic violence was evident.

There was a recurring set of themes within the majority of their lives. Their childhood adversity often included domestic violence having been inflicted on their mothers. Loss of fathers was also evident for this group, almost all were being brought up by their mother. After the child's father had left, some mothers had then had further abusive relationships. There was often evidence of poverty.

The lack of parental child abuse directly targeted at the child, was reflected in the fact that there had usually been limited involvement of children's social care, although interventions such as family support or child in need status were evident.

With only one exception, another recurring theme was of troubled educational journeys. This included attendance issues, challenging behaviours, school exclusions and alternative provision such as pupil referral units.

Further evidence of adversity that was present for some children were health issues. For a third of these children there had been concerns regarding mental health issues and CAMHS referrals. Other health issues included one child having a chronic life shortening illness and also children with neurological conditions (i.e. ADHD, autism and dyslexia).

In summary the majority of these fifteen children had lived with family violence and been brought up by their mothers alone or with subsequent partners. They had led impoverished lives and had also struggled and been failed within the education system.

For the remaining eleven children in this group I identified both abuse and adversity. The abuse suffered by children including both familial abuse and criminal and sexual exploitation.

As with others in this group, they have all had troubled educational journeys. Over half had experienced loss of their fathers and were living with their mothers (some had new partners). Evidence of domestic violence was far less apparent.

In addition to broader childhood adversity these are children who have suffered child abuse, many within their immediate families. This included several children who had been physically abused by being punished by being struck and for some this included the use of belts or sticks. For several children neglect was also evident. For nearly half the children there were concerns regarding sexual or criminal exploitation. Over half of these children were born to migrant parents.

Whilst I have described these as children with high levels of adversity, in terms of the nature and extent of their familial abuse these were not cases that reflected the extremes of child abuse. Nevertheless, reflecting the seriousness of their abuse, these are usually children who have had regular involvement with children's social care through for example being children in need, subject to child protection services and some with periods of becoming accommodated in public care.

Composite Profile: illustrating adversities faced by children in Group Two

I don't think my mum and dad ever really got along very well. I don't really remember much about my dad when I was young, but my mum said he was a waste of space often 'off his face' on drugs or beer. My older sister told me he used to beat my mum up when he was drunk.

My dad got sent to prison for a while when I was about four or five and I didn't see him again until I went to live with him when I was twelve.

After, my dad left mum started to see another bloke, I started to call him dad but he wasn't really my dad. He and my mum would often argue and he would sometimes belt my mum and me and my brother. He was around for a few years, but the only thing he left us with was my little brother.

After my dad went to prison, I got into trouble a lot at primary school. My teacher said I needed help and I was sent to see someone with my mum. She asked about what home was like, but I was to scared to tell her and my mum said everything was OK and how great my step-dad was. The lady said we should come back again, but we never did.

Secondary school was scary, I didn't know anybody because we had left step-dad and moved to what my mum called a "safe house". Then we moved again and I went to another school. The only friends I made were with Ahmed and Charlie. In the second year they split us up because they said we were a

bad influence and we started to bunk off. We'd nick food from local shops, cause none of us had any money. I got caught and was told off by the police. I also got seen at home with my mum and brother and sister. The social worker said we needed help and I was started back at school. They threatened to take my mum to court if I didn't go to school.

My mum wasn't around much, she worked in a shop in the mornings and as a cleaner at night. My Mum, bought me a bike for my birthday but it got nicked, so I got another bike. I told the boy who owned the bike I'd hit him if he didn't give me his bike, I got done for robbery and had to go to court. His mates threatened to beat me up, so I took a knife from the kitchen to protect myself. I got searched at school and was excluded for carrying the knife.

My mum went mad and said she'd had enough and walloped me. She packed my things into a bag, called my dad and told him to pick me up or she'd kick me out.

While at my dads I wasn't at school and my dad spent all day drinking. So I hung around with a group in the local park. One of the older boys said I could make easy money by taking a packet to another town. I got stopped on the train, they found drugs and I also got done for having a knife. My solicitor says I might go to prison.

The boy who gave me the packet says I owe them money and I have to work to pay back for the drugs I lost. I'm so frightened but I can't tell anyone, my best friend was stabbed last week by them.

Group Three - Significant Adversity - Significant Complex Needs

There were forty-seven children (59%) placed within this group, this is indicative of the extent of abuse and adversity within the overall group of eighty. The majority of these children have suffered abuse and many of them significant other adversity.

However, there were seven children where there was limited or no evidence of direct familial abuse. Whilst there was limited or no evidence of direct familial abuse; the combination of family issues and other adversity, including for some their physical and mental health issues, alongside the reported impact of these issues on the child, led me to view these as children with significant and complex needs.

The adversity they had suffered varied across the seven children. Some of the background family issues identified included, family migration, extreme poverty, parental mental and physical ill health and incapacity, parental substance abuse, domestic violence, relationship breakdown and tragic loss of immediate family.

Some of the other hardships they had endured included, mental ill health, chronic physical ill health, neurological conditions with related behaviour issues, repossession of their home, multiple public care placements, criminal and sexual exploitation, child trafficking, termination of pregnancies, serious gang violence, threats to life and for one child what appeared to be a particularly harsh custodial sentencing decision.

All of these children had also had very troubled educational experiences that can be viewed as further adversity. Their behaviours included, aggression to staff and peers and disruptive behaviours. For some children these were extreme and at least two children were seen as putting other pupils at risk. They had all been excluded, five permanently. For two children their first exclusions had occurred in primary school. Further indication of their levels of need was that three of them had been subject to an SEN plan or EHCP.

The various combinations of family background issues and significant other adversity had clearly been

insidious and had impacted very adversely on the wellbeing of these children. Nearly all of them were displaying risky and challenging behaviours. In one case other children had been abused and exploited.

Forty of these forty-seven children, (half the group of eighty), I viewed as having suffered extensive familial abuse and for very many of them considerable adversity and other forms of abuse. The lives of many of these children have been truly horrific, some having suffered multiple forms of abuse over very long periods of time. Factors in their lives included:

- Family migration including from countries known for war and genocide or countries with known human rights issues;
- Becoming aware that they were born as a result incest and familial abuse;
- Suffering familial sexual abuse and rape;
- Extreme family violence including children hospitalised, seeing other seriously sexually assaulted, mothers with significant injuries from domestic violence i.e. being knifed;
- The family home set on fire by family members;
- Fathers kicking in the doors to family houses;
- Fathers subject to criminal convictions and restraining orders because of their violent behaviours;
- Physical abuse, children assaulted by parents and other adult family members, chastisement including with belts and sticks, being threatened with a weapon;
- Emotional abuse of children by their parents including racist abuse, emotional manipulation, and death threats related to partners;
- Children being radicalised within families;
- Parents failing to ensure educational or medical assessments or not consenting to treatment;
- Longstanding deprivation and physical neglect including developmental delay due to malnutrition;
- Homes where there were no carpets, doors off the hinges, children without clean bedding, sheets used as curtains;
- Children shunned and bullied by peers because of worn clothing and hygiene issues;
- As young children being found wandering the streets late at night;
- Children abandoned or rejected by families, including the use of restraining orders to prevent children from seeing their families;
- Children who are parents, but unable to have contact (or have limited contact) with their own children;
- Parental alcoholism and addictions including to class A drugs and medication;
- Parents unable to care for their children because of intoxication;
- Birth defects including as a result of alcohol abuse in pregnancy (foetal alcohol syndrome);
- Children born to mothers addicted to class A drugs;
- Children taking cannabis and class A drugs with their parents;
- Primary school aged children, taking drugs;
- Mothers who were sex workers (including funding addiction);
- Living with parents with significant physical or mental health issues;
- Parents who are dependant on their children with children becoming carers for parents and siblings;
- Children frequently being moved between the care of different family members i.e. fathers, mothers, grandparents, aunts and uncles;
- Family homelessness, living in refuges;
- Being left against their will in another country;
- Death of parents through murder, suicide and ill health;

- Sudden loss of mothers and fathers through imprisonment or being sectioned;
- Fathers deported because of serious offending;
- Being born in custody;
- Parents with convictions for child abuse including sex offences;
- Adopted children having lost their birth parents, siblings and foster parents;
- Multiple care and education placements (i.e. over twenty-five);
- Abuse within residential homes and from foster carers;
- Victims of street assaults with knives, machetes, scaffold poles and hammers;
- Exploitation of children criminally and sexually (the evidence suggests six of these children have been raped at least two have been trafficked);
- Death threats to children and family members;
- Stabbing and shooting of family members;
- Witnessing friends being assaulted;
- Attacks on family homes e.g. all of the windows smashed, an axe in the door, petrol poured through the letterbox;
- Families re-located because of the level of threats of harm;
- Children alienated, and abused within their communities because of their behaviours.

Whilst some of the above were issues suffered by individuals or a small number of children, the extensive nature of this list makes it clear from across this group of children the nature and extremes of abuse and adversity.

As is noted above, the Case Storylines detail six cases where there is evidence to suggest children may have been raped. Two of these allegations referred to children being raped by someone in their family and four by others including in the context of what is termed child sexual exploitation. For one of these children both familial abuse and abuse by others was evidenced. There was also information that indicated that another boy had been sexually abused and possibly raped within his family.

Information in the Case Storylines detailed eleven further children where there were professional concerns of exploitation of some sort:

- For four children (three girls one boy) the concerns related to sexual exploitation;
- For three children (boys) the concerns related to criminal exploitation.

Evidencing the complex and often linked nature of exploitation:

- For three children (all boys) there were concerns of both criminal and sexual exploitation;
- For one child there were concerns of both criminal and sexual exploitation and family radicalisation.

The educational experiences of these forty children have been troubled. Some of their experiences and issues have included:

- Violent and aggressive behaviour to staff;
- Violent and aggressive behaviour to other pupils;
- School refusal and poor attendance;
- Attending multiple primary schools (i.e. six);
- Primary school exclusions;
- Long periods out of education (i.e. two years);
- Home educated;
- Attendance at alternative provision.

A typical education profile for these children includes:

- Behaviour issues in primary school;
- Behaviour issues in early secondary education leading to fixed term exclusions;
- Managed moves and or permanent exclusions in the first two or three years of secondary education;

- Education in pupil referral units, with further exclusions.

Given their life experiences it's hardly surprising that the mental health and wellbeing of very many of these children is of significant concern. Some of the issues within the Case Storylines include:

- Very early age CAMHS referrals;
- Attachment issues;
- Sexualised behaviours including in primary schools;
- Significant mental health issues including children being sectioned;
- Children clinically traumatised by their abuse and adversity;
- Children making multiple suicide attempts;
- Children with addictions to class A, other drugs and alcohol;
- Polysubstance abuse, i.e. prescribed medication, alcohol, cannabis and class A drugs;
- Hospitalisation due to substance misuse;
- Highly disturbed behaviours at home, in schools, residential settings and custody;
- Children threatening parents with weapons, including a machete and an imitation firearm.

Within this group there are several children with very complex mental health issues and multiple diagnosis, including children who have been sectioned under the mental health act. (The range of mental health issues across all eighty of these children can be found in the Risk Matrix analysis above).

Given the extent of their abuse and adversity and their behaviours, there are clearly children within this group with significant emotional and mental health needs. The Case Storylines detail sixteen children within these forty (39%) where there were problems with engagement with mental health services primarily refusal by the child to engage with CAMHS. Whilst this is primarily presented as a failure to engage, the high proportion of cases clearly raises questions about the ability to engage very troubled children in mental health services.

There are four children within this group where the Case Storylines detail suicide attempts having taken place and two children expressing suicidal thoughts and another threatening suicide.

Three children were hospitalised as a result of suicidal ideation or attempts on their own life and another as a result of self-harming behaviours.

Self-harming behaviours in the group included substance abuse, punching walls, head banging, a head put through glass, drinking bleach and use of ligatures. Other disturbed behaviours included fire setting, destroying property and threatening staff and other children with knives.

Composite Profile: illustrating adversities faced by children in Group Three

My dad wasn't around when I was little, mum said he was killed and I was better off without him. I've got two half-sisters and a brother, but I don't ever see them, my sisters are younger than me, they were adopted when I was little. My brother's older. He stabbed someone last year and he's doing eight years. He used to look after me, I miss him.

I never really got any attention from my mum she was usually drunk or high on drugs. Different men stayed, one of them hurt me, and showed me nasty films. I had a social worker, they said I wasn't being looked after properly and I went to my nans. I often stayed with my nan when I was young because my mum couldn't cope or was out working.

When I was twelve my mum did two years inside for dealing drugs and I was put in care. I was sent to a foster carers but that didn't work because they said I behaved badly. I went to another foster carer but he hit me and I went to a care home out in the

country. I hated it, I used to run away and stay with this bloke, (until he got locked up).

When mum came out of prison I lived with her for a while. Often we had no food and the house was cold. I loved my mum, but she chucked me out when I was fifteen and I went to my aunts. I left there cause I was the only black boy in the area and I was always being bullied and beaten up. A boy hit me with a hammer and I went to hospital.

I've lost count of the number of schools I've been to, maybe seven or eight. I liked primary school, they fed me and looked after me. I was excluded from my first senior school in the second term for fighting and then I shouted at a teacher. I always had trouble with school work. I didn't get any real help until I was put inside when I was sixteen. I got no qualifications, I do some labouring for my uncle.

I don't stay at home anymore, my mum's new bloke is always there and if I don't watch what I say he'll have a go at me or punch me. Last time he tried to hit me I hit him back and he threatened me with a knife, I haven't been back since. I usually stay with my mates mum. She feeds me decent meals, I look after her other kids, it feels like I'm part of the family.

Children With Very Significant Adversity and Abuse

It was stated earlier that the lives of many of these children have been truly horrific. Within this group of forty, there were a number of children whose experiences were such that I considered classifying them within another group. However, I decided that this was attempting to distinguish between already high levels of abuse which was ethically problematic. It was also of limited value in terms of the framework being outlined here.

However, there were a number of cases where children had suffered terribly, most having endured repeated abuse, for some sustained over many years. For virtually all of them, their future life chances seemed particularly bleak. I will draw on nine of these Case Storylines to illustrate some of the factors that caused these children such significant harm.

I have commented in a chapter *The Girls* that follows, on the very high levels of abuse suffered by the thirteen girls within the group of eighty. This is confirmed by the fact that there are five girls within this group of nine children.

Another factor that stands out is that three of these children were adopted. These children all have in common loss of birth parents, foster parents and siblings. All of them also had birth parents with substance misuse issues. Other factors present in some of their lives includes:

- Abuse by foster parents;
- Placement breakdowns;
- Multiple care placements;
- Significant educational needs;
- Levels of functioning and understanding below their chronological age.

The destructive long-standing impact of foetal alcohol abuse and the physical and neurological damage that this causes children was evident. What also seems very evident is the psychological damage caused to children of early abuse and multiple losses including the impact on patterns of attachment and behaviours.

Two of these adopted children now have very disturbed behaviours and extremely complex needs, both have been held in secure settings and are extremely vulnerable. From the professional opinions referenced in the Case Storylines, including the age at which they are functioning, holding them criminally responsible seems morally wrong.

The third adopted child whilst having suffered significant adversity and repeated abuse appears to have had greater resilience and the outcomes for the child appear more hopeful.

With regard to the six other children out of the nine, some of the key issues of abuse and adversity across these cases are:

- Longstanding and significant physical neglect evidenced by very poor home conditions and poor physical presentation at school;
- Suspected familial sexual abuse including rape;
- Repeated sexual exploitation and multiple rapes;
- Repeated physical abuse over many years from parents and other family members;
- Children hit with fists, a belt, a metal belt, slapped, hit to the head and burnt;
- Parental criminality and imprisonment of mothers and fathers, very violent fathers;
- Parental mental health issues including being detained;
- Parental intoxication, in some cases linked to domestic violence;
- Domestic violence between parents causing serious injuries;
- Parental class A substance abuse linked with sex working;
- Children becoming the subject of abusive relationships and being exploited to fund addiction.

What becomes apparent from the Case Storylines is the extent to which the tragic events in the lives of these six children have been highly toxic. They have all endured significant hardship in their lives and have all been exposed to abuse and violence within their families and this seems to be reflected within their behaviours and emergent life-styles.

All six of these children have lived with significant levels of domestic violence. The cases include accounts of serious assaults on mothers i.e. being head-butted, being knifed and serious sexual assault. With children witnessing and/or being victims caught up within the violence.

The brutality of their physical abuse not just by parents but other adult family members was evident for several children. The fathers and stepfathers of several of these children were very violent and abusive men.

Significant levels of substance abuse by both mothers and fathers is detailed in the Case Storylines, use of class A drugs or heavy drinking by parents is evident in the lives of four of these six children.

The highly corrosive impact of longstanding neglect is also very evident within these cases. This includes where children live with parent(s) who have significant issues of their own (i.e. mental health issues or substance abuse), inadequate and abusive parenting and children who are also living with worklessness and poverty.

The familial sexual abuse of children includes evidence of rape. Some of them have also suffered significant and repeated (non-familial) abuse through sexual exploitation including rape. The evidence suggests that at least one child has suffered both familial sex abuse as well as sexual exploitation.

As might be anticipated, all six of these children have experienced educational issues. For five out of six of the children the Case Storylines evidenced that the concerns were evident within primary settings.

In terms of social care involvement, again as might be suspected all six of these children have histories of involvement with social care. In five out of six of these cases these are extensive. Two children are subject to care orders (one interim), two have been accommodated and another has been in respite care.

The intergenerational nature of the issues for children is present within these cases. For example, evidence of historic abuse of their parents, parents who had been looked after, parental criminality, substance abuse, worklessness reliance on benefits and poverty. Tragically, the evidence suggests that the emergent

lifestyles of several of these children reflect those of their parents.

Intergenerational Issues

> *The child and his family are seen to be in a cycle of behaviour where their poor experiences of parenting, the deprivation and the abuse that they have suffered has set a context in which it is difficult for them to change.*

The above comment was made in one of the Case Storylines. From the Case Storylines, applying my professional judgement there are indicators of inter-generational issues in the majority of these cases.

One statistical indicator that supports this view is that nearly two-thirds (64%) of these children had lived with family criminality. Another is that there was evidence of family poverty or eligibility for free school meals in seventy percent of cases. In addition, over half these children (56% of 79) have parents with previous or current substance misuse issues. Another indicator is that eight of these children are already parents. Indicating intergenerational patterns of loss, some of these children had already become distanced or separated from their own infants.

Qualitatively intergenerational issues are evidenced from accounts such as:

- Intergenerational unemployment and poverty;
- A lack of valuing of education;
- Parental and sibling criminality and imprisonment;
- Parents who were abused as children;
- Parents who have had histories of social care involvement including being in public care;
- Intergenerational sexual and physical abuse of children;
- Families who are clearly well known in a local area for anti-social behaviour and often violence;
- Fathers who have been gang members;
- Mothers who are sex workers and addicted to class A drugs;
- Mothers and fathers with convictions and imprisonment for drug dealing;
- Fathers and other family members with convictions for sexual offences including against children;
- Substance abuse being present for parents and their children.

It has become very clear from reading the Case Storylines that for very many of these children the issues that they are facing are located within the history and past experiences of their parents, families and communities. The following summarised extracts from the Case Storylines provide insight into some of these issues:

> *… parents have not prioritised education for their children, as both children were "elective home educated" for periods. These norms appear to be in conflict with wider societal values around the importance of education and employment, however more locally there is widespread unemployment and poor educational attainment.*

> *… this case is problematic and entrenched because of a complex family history. That is profoundly linked to patterns of parents and grandparents behaviour which have been shaped by cultural and environment factors.*

> *He has consistently resided in local areas of entrenched deprivation, with high levels of criminality and low levels of employment. Such environmental influences have undoubtedly had an impact in shaping his attitude and standing within his community.*

The family have consistently lived on the outskirts of society and refrained from integrating appropriately into their community. He has also said that similar philosophies were reinforced in his community, where anti-social or criminal behaviour was common and people often refused to co-operate with the police, instead adopting a culture of self-sufficiency, albeit often illegitimately or inappropriately.

Growing up the family home was in a very deprived area known for higher levels of criminality with violent and sexual offences accounting just over 25% of the total crimes in the area. The family were known in the local area and this largely centred on fathers propensity for violence, this reputation has passed to his children with them gaining status for threatening and violent behaviour. The family have also been targeted by other residents and their home attacked …

Intergenerational patterns of offending, including offending by parents and siblings is a well-known risk factor for delinquency. The Risk Matrix analysis showed that over half of these children had a parent or parents who had offended and that just under a third had a sibling who had offended.

It is of course difficult to establish direct causality for intergenerational issues related to offending behaviour. Nevertheless documented within the Case Storylines are some of the very poor outcomes for children that appear to be directly related to their childhood experiences and family context. These can be viewed to be intergenerational in nature.

The intergenerational nature of these behaviours would strongly suggest that working with children alone is futile and that work with families has to be central to any work undertaken with the child.

What it also makes clear is that strategically, reducing offending by young people is intrinsically linked to structural and community issues including poverty, deprivation, community cohesion and disaffection.

Concluding Comment

Whilst the Risk Matrices provided clear evidence of the extent of abuse, loss and adversity, the Case Storylines reveal the very significant horror of the lives of so many of these children.

Thinking systemically and whilst considering the long-term impact of domestic violence, neglect and other forms of child abuse, it is hard to escape the conclusion that the behaviours of the overwhelming majority of these children stem from their family experiences. These family issues include structural issues such as worklessness, poverty, ill health and living within deprived communities.

The Case Storylines also further reveal the extent to which very many of these children have been failed not only by their family circumstances and structural factors but also by the systems and services that are supposed to protect them from harm. In addition their educational exclusion appears to be a particular factor in the overall systemic failure to positively engage them in society. This is likely to lead to their on-going social exclusion and a very high societal burden of high harm and high cost.

The Case Storylines reveal that as a society we are perpetuating cycles of abuse, deprivation and crime. Following these failures we are not only punishing abused and deprived children through a criminal justice system but we are also causing profound and long-term harm to the fabric of society. Failing to recognise and address the underlying issues for many of these children not only fails them as individuals but it also fails society much more broadly.

Through an ALTAR™ Lens

Introduction

A key aim of this chapter is to answer the *So what?* question and consider the implications of the data presented in the two preceding chapters. To achieve this I will relate the evidence provided in these previous chapters to the academic evidence that support the ALTAR™ framework. I will also draw upon further qualitative data from the Case Storylines, for example around attachment and intergenerational issues.

The ALTAR™ framework draws on a wide range of influences, a summary of these is provided in chapter two, *Research Approach*. The ALTAR™ framework is based on the premise that abuse and loss in childhood can traumatise children and also affect their patterns of attachment both to parents and others. Theories on resilience provide the basis through which we can consider how to help children who have suffered abuse and loss develop more positive futures.

Consideration of broader childhood adversity and the impact that this may have on a child including creating trauma is also a feature of the ALTAR™ Framework. Such factors can include, poverty, chronic diseases or deformity, neurological conditions, racism, or factors such as being the victim of gang violence or having lived in a war zone. There are of course many other factors that can cause children adversity and trauma.

Note: The term trauma is being applied broadly and is not being applied within clinical definitions of trauma such as post-traumatic stress disorder (PTSD).

Where I draw on data from the Risk Matrices and the Case Storylines, it should be born in mind that these were two different data sets and that there may be differences between the two. For example the Case Storylines may not have detailed abuse of the child whilst this may have been recorded in the Risk Matrix.

Other key thinking within the ALTAR™ Framework includes that:

- Risks to the child such as their vulnerability to harm or the risk they may cause harm are cumulative, (more like a video than a snapshot).
- Risk is intrinsically linked to the context of the child's life experiences.
- Risk is also located in the experiences of families, both trauma and risk are linked and can be conceived as being affected (and transmitted) by inter-generational behaviours and experiences.

Consequently risk of causing harm and serious offending, alongside a child's vulnerability, need be seen within the overall context of a child's life, and not simply be based upon a set of immediate risk factors. The evidence presented in the previous chapters and developed here, reinforces these perspectives.

ALTAR™ has been influenced both from my own direct experience of working with very troubled children and from my previous research. This includes research I conducted for the Tower Hamlets Safeguarding Children Board (*Troubled Lives Tragic Consequences*[1]) where I researched children who were perpetrators and a victim of serious violence. My research also includes unpublished research into cases of higher risk children in Warwickshire Youth Justice Service as well as case reviews where I have applied the ALTAR™ framework.

The ALTAR™ research in the West Midlands has significantly extended the evidence base for the ALTAR™ framework now including eighty children from West Midlands YOTs and five cases known to the Counter Terrorism Unit of the West Midlands Police (an unpublished report). In total the research on which ALTAR™ is based now covers 101 children

of which ninety-four are from the West Midlands region. Further studies currently being undertaken in London will add another twenty-four cases of children involved in serious youth violence to research conducted through an ALTAR™ lens.

A strength of the ALTAR™ research methodology is that the research base for ALTAR™ is drawn from across agency records. So for example whilst the research in the West Midlands was undertaken by YOT practitioners, the evidence was drawn from across agency records including, criminal justice agencies, social care, education and health.

Rates of prosecutions of children have fallen in recent years. As a consequence it is believed that children known to YOTs are very troubled and likely to have experienced significant childhood adversity. Understanding this change in the profile of children known to YOTs was a key reason for undertaking this research. The analysis in the two previous chapter, provides overwhelming evidence of the very high levels of need of children in the West Midlands youth justice system due to abuse, loss and other adversity. This shift in the profile of children known to YOTs is also evident from other research discussed below.

Childhood abuse is known to cause harm to health and wellbeing throughout the life-course. Abuse, loss and other adversity are likely to have traumatised many of these children. Some of the ways that abuse and loss and adversity are likely to have impacted on these children includes, their patterns of attachment, their trust of adults and their behaviours.

The knowledge of the impact of abuse and adversity and the harm it causes needs to be reflected in how a range of services work with children including education, health and social care. It has implications for a wide range of youth justice service areas including assessment processes, reports for courts, breach and enforcement and links to other services. The following analysis considers these issues.

Abuse Adversity and Trauma

In this section I will summarise some of the evidence on the impact of abuse, loss and other adversities on children and place them within the context of the West Midlands research findings. The evidence below shows that abuse and adversity may well traumatise children and also cause them neurological, psychological and physiological disorders.

In summary, in terms of abuse the analysis of the Risk Matrices revealed that:

- Seventy-one out of the eighty children are suspected or confirmed to have been abused;
- Conversely, there were just nine children (11%) where child abuse wasn't suspected or confirmed.
- In nearly a half of cases (46% of 80) the child witnessed domestic/family violence and this was suspected in nearly a third (29%) of cases;
- Over three-quarters (79%) of these children were confirmed as experiencing either family violence or child abuse;
- A quarter (twenty 25%) of the children were confirmed as having suffered family violence and child abuse as well as parental loss;
- Twenty-five children (31%) had been subject to multi-agency referrals as potential victims of child sexual exploitation;
- Being a victim of violence in the community was confirmed for thirty-four children (43% of 79) and suspected in twenty-one cases (27% of 79).

As is outlined above, over three-quarters of these children were confirmed as having been subjected to child abuse or having lived with domestic abuse or other family violence. When considering the research findings and the academic evidence that follows, family violence should be considered as a form of child abuse, (this is considered further below).

Other adversities suffered by the majority of these children included poverty, deprivation, educational turbulence and school exclusion. All of these are factors that would have promoted their social exclusion. Seventy percent of them experienced poverty or were entitled to free school meals. Seventy-nine percent of them attended two or more secondary schools. The impact of poverty and the traumatising impact on children are considered below.

Collectively, the girls studied had suffered the highest levels of abuse in particular sexual abuse and exploitation.

A group of children who appeared to have suffered from inherent adversities were children from families who had migrated to the UK. A number of these families had migrated from areas of the world known for war or human rights issues such as genocide. For these children such factors may have contributed to their high levels of representation in children involved in gangs and in custody. These experiences are also likely to have further traumatised them.

Very significant adversities were also inherent for many of the children who had been or who were looked after, including multiple childcare placements. Looked after children were also over-represented in children in custody and were also likely to have been further traumatised by their incarceration

The Case Storylines explored qualitative data on the nature and extent of abuse and adversity. In summary, reading of the Case Storylines indicated that within the eighty cases there was:

- One child with no recorded abuse or adversity;
- Twenty-nine children where the key issue in their lives was some form of adversity, for many this was significant adversity including domestic violence and parental loss;
- Fifty-one children where direct familial child abuse was detailed;
- Forty children who had suffered extensive familial abuse, some having suffered multiple forms of abuse over very long periods of time.

Reading the Case Storylines I grouped the children according to their levels of adversity abuse and need.

Group Zero - No Adversity - Lowest Needs

- There was just one child who (apparently) had not experienced childhood adversity or abuse.

Group One - Limited Adversity - Limited Needs

- There were six children who typically could be described as having had a difficult start in life. There was no record of familial abuse.

Group Two - High Adversity - Medium to High Needs

- Within this group of twenty-six children, there were fifteen children where the major issue identified in their lives was some form of adversity with limited or no evidence of direct parental child abuse, although domestic violence was evident.
- For a further eleven children, I identified both abuse and adversity. These children have suffered child abuse and for several children neglect was evident. For some children there were concerns regarding sexual or criminal exploitation.

Group Three - Significant Adversity - Significant Complex Needs

Indicative of the extent of abuse and adversity within the overall group of eighty, the majority forty-seven children (59%) were within this group.

- There were seven children where there was limited or no evidence of direct familial abuse. However, the combination of family issues and other adversity, led me to view these as children with significant and complex needs.
- There were forty children, half the group of eighty (50%), who had suffered extensive

familial abuse and for very many of them, considerable adversity and other forms of abuse. The lives of many of these children have been horrific, some having suffered multiple forms of abuse over very long periods of time.

Other Evidence of Adversity and Trauma

Whilst this study was weighted towards more complex cases, including gang involved children, other evidence would suggest that these findings are likely to be broadly attributable to other children in the criminal justice system.

In 2017 HM Inspectorate of Probation (HMIP) published a report on the Work of Youth Offending Teams to Protect the Public[2]. This was based on an inspection of 115 higher risk children in six YOTs nationally. The report revealed the extent to which trauma is present for many children known to YOT practitioners.

The key HMIP findings were that 81% of the young people had experienced trauma or other adverse events in their lives and 31% of the young people had been brought up in households where there was a record of domestic abuse. Their report comments that:

> *Given the prevalence of trauma for these young people, there is a strong case for all YOTs to adopt what is known as trauma-informed practice. In doing so, they would be more likely to improve the life chances of some of the most troubled and challenging young people in society today. YOTs need assistance, support and guidance to make this change.*

Commenting on this research the lead inspector made the following points[3]:

> *Our methodology allowed for a maximum of one and a half hours per case review including an interview with the YOT case manager. We were unsure if we would be able to make significant findings but in fact inspectors were taken aback by what they found. …. The findings were based on a brief review of just one agency's records and the actual incidence of trauma inevitably must have been higher.*

The West Midlands research reported here, whilst focussed on a different profile of children was a much more in depth study which was able to access a broader record set.

Importantly, the HMIP research indicates that the high levels of abuse, loss and adversity within this West Midlands group of children are neither unique nor unusual for children in the criminal justice system.

Overall Impact of Abuse

> *Toxic stress in early childhood can have severe consequences for all aspects of future learning, behaviour and health and these may persist well into adulthood. It may impede a child's progress in school, impair their ability to cope or to respond appropriately under stressful circumstances, increase risk taking behaviour (particularly during adolescence), and inhibit children and young people's ability to form positive relationships. Exposure to toxic stress can also impair a child's ability to respond to loving and nurturing environments, because their stress response system has adapted to survive in a negative environment.* (Brown and Ward 2013).

The quotation immediately above is from an evidence paper by Brown and Ward (2013)[4] Decision making within a child's timeframe. The audience for the report includes social workers evidencing the impact of abuse in the context of family court proceedings. Some of their other key assertions are:

Infant Development:

Early interactions between the primary caregiver and the baby play a significant role in establishing the normal range of emotional arousal and in setting the thermostat for later control of the stress response.

Impact of Chronic Stress and Trauma:

Both very high and very low levels of cortisol (caused by abuse and neglect) are indicative of abnormal development of the stress response, and cause long-term physiological and psychological damage.

Neglected children may experience chronic exposure to toxic stress as their needs fail to be met. This is compounded by a lack of stimulation and social deprivation.

Impact on Adolescents and Adults:

Adolescents who have experienced abusive or neglectful parenting in childhood are more likely to engage in risk-taking behaviours such as substance misuse and criminal activity.

Adults who have been physically abused in childhood show poorer physical and intellectual development, more difficult and aggressive behaviour, poorer social relationships and are more frequently arrested for violent crimes.

Neuroscience, including the ability to scan the brain and see how the brain responds to stimulus, is now providing very clear evidence of the long-term impact of childhood abuse and trauma on brain functioning. The Centre on the Developing Child at Harvard University provides a briefing[5] on the science of early brain development which concludes that:

> *Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behaviour, and physical and mental health. Scientists now know that chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain. While positive stress (moderate, short-lived physiological responses to uncomfortable experiences) is an important and necessary aspect of healthy development, toxic stress is the strong, unrelieved activation of the body's stress management system. In the absence of the buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain.*

Eamon McCrory and Essi Viding (2015)[6], in a UK study evidence a diverse range of psychiatric disorders, that they link with childhood abuse, including depression, anxiety, borderline personality disorder and schizophrenia.

They also evidence other adverse outcomes including poor physical health, reduced economic productivity, lowered educational attainment and poor social functioning. Powerfully, McCrory and Viding provide brain scans of abused children and consider the extent to which they appear very similar to soldiers traumatised in war-zones. They comment that:

> *This spectrum of difficulties suggests that maltreatment (i.e., experiences of neglect and/or physical, sexual, and emotional abuse) leaves its mark by altering core aspects of functioning that are likely to play a general role in the ability to successfully negotiate normative stresses and developmental challenges across the life span.*

They theorise that this causes *latent vulnerability*:

> *… the experience of maltreatment and neglect in childhood can embed enduring vulnerability to psychiatric disorder by impacting on multiple neurocognitive systems during development. Changes in these systems may reflect adaptations or patterns of atypical calibration*

> *congruent with an early at-risk environment that are, however, poorly suited to more normative environmental contexts.*

They argue that:

> *… a child's latent vulnerability following maltreatment, as indexed by increased neural reactivity to threat, may predispose some children to greater rates of reactive aggression. Aggressive behaviour may alter future social interactions, such that the child is less likely to elicit and benefit from social support, further increasing vulnerability to future psychopathology.*

So in summary, exposure to abuse as a child may re-calibrate the emotional response system affecting behaviour and leaving latent vulnerability to aggressive behaviour, psychiatric disorder and poor life outcomes. Whilst latent vulnerability is a theoretical position it seems to fit very well with a range of other evidence regarding children in criminal justice and other systems such as those in alternative education and public care.

The theory of latent vulnerability may assist with understanding the traumatic impact of further abuse in adolescence through for example violence or exploitation by gang involvement and the resultant impact on subsequent behaviour including violence.

When considered against the range of academic evidence presented above, the extent of abuse suffered by the majority of children in the West Midlands group, leads to a clear understanding of very damaged children with very high levels of need.

The evidence also demonstrates that the underlying cause of the behaviours of many of these children including risk taking, is likely to be child abuse and other adversity and trauma. The links between their abuse and adversity and their behaviours calls into question the appropriateness of criminal justice processes and responses, which can be seen to be punishing them for the adversity and abuse to which they have been subjected.

Impact of Domestic Abuse and Family Violence

The evidence strongly suggests that domestic abuse should be considered as a form of child abuse (NSPCC 2019)[7]. However, in the DfE classifications of child abuse which local authorities follow, there is no discrete category that includes domestic violence and abuse or other family violence. Where a child witnesses abuse or violence within the family the abuse is likely to be classified as emotional abuse, or if physically harmed categorised as physical abuse.

In terms of prevalence within this group of children the evidence above, shows that nearly a half of these children (46%) were known to have been exposed to domestic violence, this was suspected in a further twenty-three (29%) cases. In addition, sibling violence was confirmed for nine children and suspected for nine others. In total there were forty-three children (54%), who were confirmed to have experienced family violence of some sort.

The Case Storyline analysis also detailed the fact that for some of these children the domestic abuse they had witnessed was very violent including the use of weapons as well as serious sexual violence. The sibling violence detailed in several Case Storylines was much more extreme than sibling rivalry. The accounts included police involvement and significant injuries requiring medical treatment.

A research report in 2014[8] by the charity Caada (Co-ordinated Action Against Domestic Abuse), provides a review of academic evidence on the impact of domestic abuse on children. They also detail their own findings from delivering services to children exposed to domestic abuse.

The review of academic evidence cites an NSPCC study (Radford et al 2011) on prevalence of domestic abuse, showing that *25% of children are exposed to domestic abuse between adults in their homes at some point in childhood.* The prevalence rate for children in this study is around twice that rate.

Considering the impact on children of domestic abuse, Caada cite Humphrey (2006), *who has shown that children who are exposed to the domestic abuse of a parent often have greater behavioural and emotional problems compared to other children both internal (such as depression and anxiety) and external (such as aggression and/or anti-social behaviour).*

They also cite the work of McCrory et al (2011) evidencing the neurological impact of domestic abuse including increased vulnerability to mental health issues.

A summary of Caada's own research findings included:

- *We found a major overlap between domestic abuse and direct harm to children. Two thirds (62%) of the children exposed to domestic abuse were also directly harmed, most often physically or emotionally abused, or neglected.*
- *These children's families were vulnerable in multiple ways. Our data shows a clear co-occurrence between the 'toxic trio' risk factors of domestic abuse, substance misuse, (alcohol and/or drugs and parental mental ill health).*
- *Children were suffering multiple physical and mental health consequences as a result of exposure to domestic abuse. Amongst other effects, over half (52%) had behavioural problems, over a third had difficulties adjusting at school and nearly two thirds (60%) felt responsible or to blame for negative events.*

The evidence cited by Caada reaches very similar conclusions to research referenced in the section above on other forms of child abuse. Their research findings echo a range of findings discussed within this study of eighty children. What the Caada research helps to clearly evidence is the impact on children's behaviours of domestic abuse. This contributes further to the assertion that the criminal justice system is punishing the behaviour of children which has been caused by previous abuse, including domestic abuse.

Impact of Poverty and Deprivation

Above the door of the Central Criminal Court is the injunction *Protect the Children of the Poor and Punish the Wrongdoer.* The analysis of the Risk Matrices revealed that:

- Seventy-percent of these children were judged by to be living or have lived in poverty or debt and/or entitled to free school meals;
- Two-thirds (66%) of them lived in the most deprived areas (10% to 30% most deprived);
- Being the victim of violence in the community was confirmed for thirty-four children (43%) and suspected in twenty-one cases (27%).

Analysis of the Case Storylines revealed significant deprivation suffered by some children, this included:

- Longstanding deprivation evidenced by very poor home conditions, poor physical presentation at school and developmental delay due to malnutrition;
- Homes where there were no carpets, doors off the hinges, children without clean bedding, sheets used as curtains;
- Children shunned and bullied by peers because of worn out clothes and hygiene issues.

The Risk Matrices also revealed the extent to which the issues for the majority of these children were inter-generational, evidenced by the high rates of poverty, criminality, parental mental ill health and family violence and abuse. Practitioners giving accounts of inter-generational worklessness and the

alienation and exclusion of children within communities, powerfully evidenced these issues.

A recent UK study of *Poverty dynamics and health,* of a nationally representative sample of over 10,000 children found that a fifth of children (19.4%) had lived in persistent poverty (Lai E, et al 2019)[9]. The study by Lai concluded that:

> *For many children in the UK there are concerning indications that the social conditions in which they live have deteriorated in recent years. The number of children living in poverty has increased with the UN rapporteur on extreme poverty describing the situation in the UK as "not just a disgrace, but a social calamity and an economic disaster, all rolled into one'. At the same time the resources available to health and social care services have reduced, limiting their capacity to respond to these adverse trends.*

The evidence for the West Midlands children studied would suggest that for this group of children the percentage in persistent poverty is likely to be substantially higher than the nationally representative figures considered above suggest.

The study by Lai et al also found that children who lived in persistent poverty were at increased risk of mental health problems, obesity, and longstanding illness. Reflecting the above, the West Midlands children studied here have high rates of mental health referrals and a very wide range of other health issues.

A recent briefing paper from Scotland considered the links between poverty and child welfare agencies (Children 1st et al 2018), commenting that:

> *We know that for many families dealing with economic uncertainty, job insecurity or unemployment and poor housing, children can find it difficult to form secure attachments with caregivers, or to feel safe. It is this feeling of safety that has a direct relationship to resilience: if resources to meet your most basic needs are scarce, you don't feel safe and are less able to cope with what you perceive to be a 'hostile' world. This means that a person experiencing poverty is systemically disadvantaged, with adverse experiences having a disproportionate effect on them.*

An American review of clinical and research literature on the impact of trauma on family systems recognises how poverty and trauma *ripple throughout the family system and ultimately, society.* Their summary of how this affects families includes that:

> *It has long been understood that a family and its individual members, especially its children are interdependent (Minuchin). Each member and family subsystem perform vital roles and functions in the context of multi-faceted family relationships. Families can be negatively affected by chronic exposure to trauma, including the trauma and stressful conditions associated with living in urban poverty.*
>
> *Urban poverty increases the number of trauma exposures, as well as distress associated with the high burden and hassles of daily living. When coping relationships are depleted family relations can suffer and vital functions, such as protection from harm, provision of basic needs, and capacity to adapt and develop are threatened in perpetual cycles of crisis …*[10]

The Edinburgh Study of Youth Transitions and Crime (McAra and McVie 2016)[11] found that *'poverty had a significant and direct effect on young people's likelihood to engage in violence at 15 even after controlling for a range of other factors'.* The authors comment[12] that:

> *For young people from the most impoverished backgrounds, violence provides a touchstone against which identities are honed. More*

> *particularly violence empowers and becomes a means of attaining and sustaining status amongst peers. Willingness to use violence, therefore becomes a resource for the most dispossessed and … this is a constant feature across the teenage years.*

The systemic impact of poverty is evident in the above and this is also evidenced within the West Midlands sample through the intergenerational factors that are present. Importantly however, as a briefing paper from Scotland notes:

> *Poverty does not cause child abuse and neglect. We know that child abuse and neglect is present across all spectrums of society and the vast majority of families living in poverty love and care for their children. … However… research has shown there is a complex link between the two and poverty may be the tipping point for some families.*

In summary the very high rates of structural poverty within this group of children can be seen to be yet another factor which is likely to traumatise them and also impact on their family relationships and patterns of attachment to their parents and other family members. The evidence suggests that poverty is also a significant factor in their physical and mental ill health as well as violent behaviours.

Poverty is another systemic societal failure that impacts powerfully and detrimentally on these children. Addressing structural poverty and the harmful impact is clearly a primary issue in reducing the likelihood of children becoming involved in crime but also a moral imperative in terms of a just society which is both physically and psychologically healthy.

Loss and Bereavement

Loss of a parent through death or other means can be viewed as a significant adversity, particularly when it takes place within childhood. Loss of a parent or parents is particularly prevalent for these children. Some of the children who were parents were also losing contact with their children.

Some of the key findings from the eighty West Midlands children rela ted to parental loss were that:

- In sixty-six (84%) out of seventy-nine cases the child's father was absent. In forty-four (56% of 78) the father was recorded as lost to the child.
- Only twelve children out of seventy-nine were living with their fathers, only thirteen were recorded as having regular contact with their fathers. Fathers were not part of the daily lives of more than two-thirds of these children.
- Only forty-two children out of seventy-nine were still living with their mothers, a further twenty-six were recorded as having regular contact with their mothers. There were eleven children for whom their mothers were not part of their daily lives. In nine cases (11%) the mother was recorded as lost to the child.

The very low proportion of these children still living with both their birth parents, six children (7.5%) is a powerful indicator of the loss in their lives and is also broadly comparable with Vaswani's research cited in the chapter on ACEs below. As has been noted earlier, within the UK for those aged 12-16 the percentage living with both birth parents was 56%, for children in low-income households this figure was 35%, four to five times higher than for this group of children.

For the West Midlands children being studied, some of these parental losses have been very violent including murder and suicide. Tragic parental losses have included mothers running from their violent

partners or parents dying or lost in other ways including through substance abuse, abandonment, deportation, imprisonment and non-contact orders. Others ways in which children have lost or had reduced contact with both parents and siblings is when they have been subject to adoption, care proceedings or been accommodated.

Ana Draper and Maggie Hancock (2011)[13] explored the correlation between parentally bereaved children and delinquency. They found that children bereaved before the age of 16 were significantly more likely to display delinquent behaviour and that this was particularly so for those bereaved between 12 and 16 years of age. They also found that children from manual backgrounds are more likely to be bereaved with a much higher rate of paternal bereavement.

Whilst the impact of loss of a parent or other close loved ones may be devastating, loss for children (including those in the criminal justice system) can take many forms. Some areas of loss to consider include the impact of multiple own family or care placements, the impact of migration (perhaps particularly if forced) and changes of schools (perhaps through exclusion). A parent who has addictions or mental health issues may be physically present, but emotionally lost to the child.

Loss might be complex and include a range of factors. So for a child whose parents migrate, including when seeking asylum, there may be loss of other relatives, loss of friends, school, community and culture. There was evidence of family migration for fourteen (16% of 80) children and in over a third of these migrations (36%) of these cases families came from very troubled areas of the world,

For a child in care or looked after, there may be loss of contact with a parent or parents, other relatives, loss of friends, school and community and also possibly cultural losses. Multiple care placements further compound such loss. Fourteen (16%) of these children had been subject to a care order (two interim care orders), nine (11%) had been looked after.

Imprisonment of a child may also enforce a similar range of losses as well as loss of future possibilities including access to employment and as Vaswani (2018)[14] details a loss of a sense of future-self. Over a third of this group (34%) had been imprisoned.

There was evidence for many West Midlands children of repeated loss of schools and turbulence in their education:

- Sixty-one (79% of 77) had attended two or more secondary schools;
- Forty-one (53% of 77) had attended three or more secondary schools;
- Seventeen (22% of 77) had attended four or more secondary schools;
- Ten children (13% of 77) had attended five or more secondary schools;
- Two children (linked with care placements) had attended more than ten secondary school.

The above clearly evidences the very significant range of losses which have been experienced by the vast majority of these eighty children. Many of the losses outlined above, would have entailed loss of family, friends and other significant relationships, which were potentially protective factors for these children.

The child's capacity to deal with loss and grief also needs to be considered. The authors Read, Santatzoglou and Wrigley (2017)[15] note that … *for certain individuals, as well as groups of individuals, whether it be due to cognitive impairments, disability, age or social circumstances, dealing with loss can be fraught with difficulties and challenges*. They also note (citing Doka 1989 and 2002) that for some grief may be disenfranchised and that those marginalised and disadvantaged … *may easily have their responses to loss ignored and, therefore their sadness (and other associated feelings) go unnoticed.* Given the high levels of poverty, abuse, neurodiversity and special

educational needs, very many of children studied here are marginalised and disadvantaged.

A clear correlation has also been established between loss and in particular loss of a parent and serious violent offending. In the mid-1990s, in what at the time was ground-breaking research, Gwyneth Boswell (1995)[16] led a team who considered the histories of 200 individuals, half of whom had been convicted as children of murder and half of whom had been convicted of other grave crimes.

Boswell and her colleagues examined the twin phenomena of childhood abuse and loss both through scrutiny of centrally held case files and where records were ambiguous, direct interviews. They found that 72% had been abused as children and that 57% had experienced significant loss, 49.5% having experienced loss or cessation of contact with a parent. One of the key conclusions was that:

> *In only 18 out of 200 cases studied were there no recorded or personally reported incidents of abuse and/or loss. In other words the total number … who had experienced one or both phenomena was 91%. The total number who had experienced both phenomena was 35%, suggesting that the presence of a double childhood trauma may be a potent factor in the backgrounds of violent offenders.*

Within this West Midlands sample eighty-nine percent are suspected or confirmed to have been abused, fifty-six percent have lost their father and eleven percent their mother. Forty-one percent of children are known to have suffered parental loss and have also been subjected to child abuse.

Nina Vaswani (2017) notes that; *The relationship between childhood experiences of loss and bereavement and later offending behaviour is complex and not easily unpicked from the current knowledge base*. Areas she explores include:

- The impact of multiple bereavement on significantly increased risk of depression;
- The link between unresolved grief and trauma with risk taking behaviours;
- The possibility that severe emotional stressors are linked with offending behaviours.

Vaswani (2018)[17] also states that; *Whatever the mechanisms involved, the over-representation of substantial and challenging loss and bereavement experiences amongst young people involved in the criminal justice system is undeniable to the extent that Leach et al (2008) argue that the presence of traumatic grief should be considered in all prisoners.*

In summary, the above research shows that there is a significant correlation between loss, particularly of a parent and involvement in the criminal justice system. This is confirmed by the profile of children studied within the West Midlands.

Considering the findings from this research and the other research cited above it seems likely that very many young people being provided services by YOTs will have suffered significant loss; that loss may well have been traumatic and could have occurred across a range of areas of their life. Given the high levels of need of young people in the criminal justice system (and building on the position of Read et al above) their grief and loss may not have been addressed appropriately or fully. As they are predominantly vulnerable children who may not have been well supported emotionally, they may also have experienced disenfranchised grief.

In my experience the impact of loss, (where it has occurred), is not always a key factor within YOT or children's social care assessments. Through my contacts with staff from the West Midlands YOTs I am not aware of any significant resources for YOTs to help children deal with bereavement and loss.

Given the findings from this research regarding the very high prevalence of parental loss. The impact of loss and bereavement and the possibility that this was traumatic, should be routinely considered for all children within the West Midlands criminal justice system. Understanding the breadth of loss a child may have suffered from for example, bereavements of wider family and friends, multiple school placements, successive care placements or custodial sentences also needs to become a routine aspect of YOT assessment processes.

Once an understanding of the extent and impact of loss has been established there may be a need to identify resources to help the child grieve and come to terms with the loss they have experienced. The above has implications for staff skill development and access to resources such as grief counselling services.

Attachment

Attachment is a theory of child development created by John Bowlby. However, Bowlby was influenced by a range of others including Mary Salter Ainsworth. The theory was originally developed during the 1940s and 1950s. It was revolutionary in its time, drawing on a wide range of academic thinking, including psychodynamic theory, evolutionary biology and cybernetics.

At the heart of the theory is an understanding of the child's development being rooted in the relationship between the child and their carers, the infant child having to attach to a carer in order to survive.

The importance of attachment theory within the ALTAR™ framework is that it helps to understand the impact of abuse on children including on how they view their world and on their behaviours. Whilst attachment theory and practice can be applied at the individual case level, attachment theory is also highly applicable in thinking about groups or populations which is how it is being applied here. The relational nature of attachment theory also resonates strongly with thinking about building of systemic resilience within children, families and communities.

Attachment theory has been criticised for a wide range of reasons, including because of its original focus on the relationship between the child and a single caregiver, their mother. But also because of its apparent basis within Western childcare cultures and beliefs. Ainsworth's research has significantly informed attachment theory. Whilst her later research was undertaken in England and Baltimore, it is not always acknowledged that her early research that informed the development of attachment theory was undertaken in Uganda, where local childcare traditions were followed.

Nevertheless, despite critiques, attachment theory has become one of the foundational theories of child development and has impacted hugely within fields such as psychology, psychiatry and child welfare. It was also highly influential in changing and reducing the use of institutional care for children, including residential nurseries and orphanages.

The importance and impact of attachment theory has been substantial in terms of research, social policy reform and childcare practice. Attachment theory is now supported by a flourishing, although at times contested field of research, which spans continents and diverse cultures.

Application of attachment theory to casework in child welfare settings and in particular its application in care proceedings has become increasingly contested internationally. Very recently this led to a collective statement by nearly seventy leading international academics seeking *to offer a measured consensus position based on the concerted body of attachment research* within child protection and child custody cases. (Forslund et al 2020).

Their critique of the *misunderstandings* and *problems* included the academic guidance informing evidential practice in English courts. They also recognised that:

> *Attachment theory and research have vast practical utility for those concerned with the well-being of children, caregiving, and family functioning.*

Also published in 2020, by several UK social work and social policy academics was a text *Reassessing Attachment Theory in Child Welfare* (White et al 2020). This provides a detailed critique of the application of attachment theory including examples of good practice. Part of their conclusion includes:

> *If attachment theory is to be used ethically in policy and practice, practitioners need properly to understand the theory, its origins and original intentions.*

The above referenced critiques challenge how attachment theory is understood and being applied. They are not however challenging the underlying importance of attachment theory. The review of the literature summarised below is then used to consider how attachment theory applies to this group. Nevertheless, the concerns expressed in the critiques above have informed this review and these findings.

To briefly summarise what follows, a much greater proportion of children who have experienced child abuse will be assessed as having some form of insecure attachment, in particular disorganised attachment. This is also true for those who have suffered significant loss and children subject to socio-economic deprivation. Disorganised attachment is also viewed as being an intergenerational phenomenon. All of these factors are highly relevant with regard to the children studied here. As a consequence a high proportion of those studied seem likely to have insecure patterns of attachment.

Outline of Attachment Theory and Research

The following briefly, outlines attachment theory and gives some indication of the original thinking.

Attachment theory was based on the premise that the human infant must have some innate ability to attach to a parent or individual who can care for them. This was based on the belief that the infant is unable to survive unless their needs are met. The infants basic needs, including for food, warmth, cleanliness and comfort are achieved through their attachment to a parent or carer. The following are extracts from Bowlby's book, Loss, Sadness and Depression; Attachment and Loss (Bowlby 1982)[18]:

> *During the course of healthy development attachment behaviour leads to the development of affectional bonds or attachments, initially between child and parent and later between adult and adult. The forms of behaviour and the bonds to which they lead are present and active throughout the life cycle (and by no means confined to childhood as other theories assume).*

> *Principal determinants of the pathway along which an individual's attachment behaviour develops, and of the pattern in which it becomes organised, are the experiences* [the child] *has with* [their] *attachment figures during* [their] *years of immaturity-infancy, childhood and adolescence. On the way in which an individual's attachment behaviour becomes organised within* [their] *personality turns the pattern of affectional bonds* [she or he] *makes during* [their] *life.*

It is worth noting from the above that Bowlby saw attachment as being relevant throughout the life course and that his focus on the development of attachment does not just relate to infancy but also extends throughout child and into adolescence.

A key aspect of attachment theory is that the process of attachment assists the infant to develop an internal working model of themselves and of the caregiver and others. Developing secure attachment helps the child to see themselves as worthy and the world as safe. Nicola Atwool (2006)[19] describes how:

> *A complex picture emerges of attachment relationships, providing the context for the development of internal working models that are far more than cognitive maps. They incorporate the capacity for self-regulation, the ability to identify and reflect on the internal states of self and others, mental representations of self and others, and strategies for managing relationship experiences based on those mental representations. Depending on the attachment experience these individual capacities vary, and the degree to which they are integrated within the individual also varies.*

In other words the internal working model forms the core basis on which the infant and the later child and adult relate and make sense of their world. Atwool also views categories of attachment (which are discussed below) as representations of these internal working models.

Based on her research, Mary Ainsworth a member of Bowlby's research team, proposed that individuals may have either secure or insecure patterns of attachment (Ainsworth et al 1978)[20]. Ainsworth developed a mechanism known as the *Strange Situation Procedure* that she used to assess patterns of attachment in infants. Based on the child's behaviour Ainsworth identified two-forms of insecure attachment, insecure ambivalent and insecure avoidant. Insecure ambivalent attachment was identified where the mother and child appeared to avoid interaction, whilst children who sought proximity to their mother but failed to interact were seen as insecure avoidant.

Main and Soloman (1990)[21] reviewed recordings of the *Strange Situation Procedure* and identified children that presented confused and apprehensive behaviour to their mother. They described this as *insecure disorganised attachment*. (Main had previously worked with Ainsworth).

In very broad terms, the styles of parenting that generate these three insecure forms of attachment are outlined below:

- Ambivalently attached children have experienced inconsistent care sometimes being comforted and sometimes rejected. In response the child becomes more vocally distressed.
- Avoidantly attached children are often ignored by their caregivers and as a consequence will withdraw and hide their need for comfort.
- Children with disorganised attachment have often experienced parenting that fails to protect the child and which may be abusive or dangerous, frightened or frightening.

The formation of different patterns of attachment are thought to originate in self-protective survival strategies intended to maintain the infants own care, even where that care is poor or abusive. Different assessed patterns of attachment are not intrinsically good or bad, just different. Approaching half the general population are thought to have some form of insecure attachment (Forslund et al 2021)[22].

Different forms of attachment are associated with different patterns of behaviours. The following is related to disorganised attachment, this is particularly relevant in the context of the analysis below. Drawing on a range of academics (Bergin and Bergin (2009), Bomber (2007), Geddes (2006)) the National College for Teaching and Leadership (2014)[23] describe the impact of disorganised attachment on behaviour of a child in an educational setting:

> *The child is likely to feel confused by teachers and experience them as frightening or*

frightened. These children are often highly vigilant, easily distracted, have a strong sense of fear, panic, or helplessness and may present with behaviour, which adults may find shocking and difficult to manage. They often present as sensitive to criticism, defiant and/or controlling and are easily overwhelmed.

In a *Meta-analysis of Attachment to Parents and Delinquency* that included 74 published and unpublished manuscripts covering 55,537 participants, (Hoeve et al 2012)[24] found that:

Poor attachment to parents was significantly linked to delinquency in boys and girls. Stronger effect sizes were found for attachment to mothers than attachment to fathers.

It can be concluded that attachment is associated with juvenile delinquency. Attachment could therefore be a target for intervention to reduce or prevent future delinquent behaviour in juveniles.

Sue Bailey, (1996)[25] a highly respected child psychiatrist and past president of the Royal College of Psychiatrists, comments that:

Insecure attachment (Bowlby, 1973) may be an important risk factor in the development of antisocial behaviour in childhood and as such is more deserving of attention in the specific area of adolescent violence and homicide. When parental behaviours are chronically inconsistent or rejecting the child is almost constantly in a state of uncertainty about the physical or emotional availability of the parent, resulting in the experience of frequent and intense anger. Over time the child learns a model of relationship in which anger and insecurity become core features. Unchanged, these hostile angry models of relationships place the child at heightened risk of problem behaviour including aggression.

Evidence of Likely Attachment Issues

The findings in the preceding chapters of this study of eighty children are that:

- Over three-quarters (79%) of these children were confirmed as experiencing either family violence or child abuse;
- In sixty-six (84%) out of seventy-nine cases the child's father was absent. In forty-four (56% of 78) the father was recorded as lost to the child;
- Only forty-two children (53% of 79) were still living with their mothers in nine cases (11%) the mother was recorded as lost to the child);
- A quarter (twenty 25%) of the children were confirmed as having suffered family violence and child abuse as well as parental loss;
- Seventy-percent of these children were judged to be living or have lived in poverty or debt and/or entitled to free school meals.

For the majority of these children there are also a range of indicators of inter-generational family factors such as criminality, substance misuse, mental and physical health issues and unemployment or poverty. Eight of these children are themselves already parents.

Nearly half of these children (45%) have been in public care and of those, some have had multiple childcare placements. Many will have experienced significant loss as a consequence of these events.

Additionally the majority of these children have had multiple school placements (79% had attended two or more secondary schools), some many more. This will also have caused loss and disrupted attachments with friends and teaching staff.

Within the Risk Matrices practitioners evidenced possible attachment issues in twenty-nine (36%) of the eighty children studied. Given the extent to which the children studied have experienced abuse and the

known links between early abuse and attachment, presence of attachment issues is to be expected.

However, the academic evidence that follows would suggest that the finding of thirty-six percent with attachment issues is very likely to underestimate the extent of insecure attachment. Also, of relevance is that YOT practitioners are not usually trained to be aware of attachment nor do they routinely consider issues of attachment in their assessments.

Attachment was addressed in a number of the Case Storylines, two comments included:

- *The parental domestic violence that the child appears to have been exposed to from pre-birth to around 9 years old is likely to have created a frightening environment in which typical attachment formation was ruptured and conflict was normalised;*
- *It seems childhood has not provided the child with basic needs of stability or feelings of security and with the alleged physical abuse and continued emotional abuse the child experiences, the child has been let down by those who the child should have been able to rely on for safeguarding.*

Insecure Attachment in the Study Group

There appears to be limited contemporary research evidence of the proportion of children who have different patterns of attachment in the English youth justice system. However other studies indicate that:

- Half (50%) of neglected or abused children develop disorganised attachment (Van IJzendoorn et al 1999)[26].
- Less than a fifth of institutionalised children have been found to have secure attachment, whilst disorganised attachment has been found to be present for half (50%) of them (Forslund et al 2021),
- Disorganised attachment is also known to be present for around half of children in families where there are socio-economic risk factors (Cyr et al 2010) (Forslund et al 2021).

Disorganised attachment in one generation predicts disorganised attachment in the following generation (Raby et al 2015)[27]. As discussed above, a range of factors for the children studied here indicate that intergenerational transmission of disorganised attachment is likely be significant a factor for these children.

If the research by Van IJzendoorn and colleagues (1999) on the extent of disorganised attachment in abused children is applied to this sample, given that child abuse has been Confirmed or Suspected for seventy-one out of the eighty children in this study, one could conclude that as many as thirty-five (44%) of the children studied here may have disorganised attachment. Given the prevalence of disorganised attachment linked to socio-economic factors and intergenerational transmission, this is probably a very conservative estimate.

Given the range of factors in their lives which have been associated with insecure patterns of attachment, the evidence would also suggest that the total numbers of children with different forms of insecure attachment are likely to be much higher.

Given the evidence it seems reasonable to conclude that the majority of these children are likely to have insecure patterns of attachment. The implications of this are significant perhaps particularly for those with disorganised patterns of attachment.

Significance of Findings

In a review of research into disorganised attachment in infancy, authored by 40 leading academics, (Granqvist et al 2017)[28] the authors conclude:

> *There is robust evidence that attachment based interventions as well as naturalistically occurring reparative relationships experiences (stable safe and nurturing relationships) can break intergenerational cycles of abuse and lower the proportion of children displaying disorganised attachment. We conclude that the real practical utility of attachment theory and research resides in supporting understanding of families and in providing supportive evidenced based interventions.*

The above gives a clear understanding that the right kinds of interventions at an early age could significantly reduce levels of disorganised attachment in populations such as those studied.

A fundamental aspect of attachment theory is the importance of the child's attachment to others and in particular those who care for the child. Whilst one of the key protective factors that promote resilience is a relationship with an adult who cares.

Atwool (2006), in a paper that considers both theories of attachment and resilience recognises these parallels. Relying on a range sources, including the work of Masten (considered below), she identifies four factors linked with resilience, *culture, individual characteristics, family support and a supportive person outside the home*. Atwool concludes that:

> *Attachment theory adds weight to resilience theory by clearly outlining the significance of relationships as the key to all aspects of resilience - culture, community, relationships and individual. Integrating attachment theory and the concept of resilience clarifies the adaptive nature of behaviour and refines our understanding of the types of relationship experiences necessary to promote positive adaption. It allows us to identify children with disorganised attachment patterns as the most vulnerable, and provides clear direction for intervention if they are to avoid negative outcomes.*

Atwool's thinking was developed in the context of work with Maori children. Her perspectives provide a bridge to use attachment theory alongside resilience theory as a base to provide support to children and families in the youth justice system and more broadly.

The need to identify and work effectively with children with insecure attachment has implications for the availability of resources to effectively assess attachment issues and develop suitable approaches and programmes to meet their needs. It also has very significant implications for service cultures, staff approaches and working styles.

If insecure attachments are affecting a child's behaviour and the way they engage with adults; then a failure by YOTs to identify this may lead to a lack of engagement and breach of court orders; leading to further sanctions including custodial sentencing. Punishing the child for behaviours originating in their early parenting and likely abuse is unjust and risks further traumatisation and the wellbeing of the next generation of children.

Promoting Systemic Resilience

The overwhelming evidence of abuse, loss adversity and probable trauma for the children studied within the West Midlands criminal justice system, alongside the academic evidence presented above has profound implications for policy and practice.

Whilst initiatives such as trauma informed practice and recognising the impact of ACEs in the criminal justice system are welcome developments, the evidence presented above indicates a need for a much broader and more radical approach including both prevention, diversion and decriminalisation. It

also requires fundamentally changed ways of working with children, families and communities.

In order to begin to address the above, the overarching approach being suggested from the ALTAR™ framework is promoting systemic resilience. The reason resilience is suggested as an overarching framework is because systemically it has the potential to include work at a strategic policy and agency-level regionally and nationally as well as in direct work with communities, families and individual children.

Developed theories on resilience reflect a systemic position on the underlying factors that cause exclusion and criminal behaviour. This allows a moving away from a simplistic individualistic policy position of blaming (and punishing) the child for their behaviour towards, a framework that recognises children and their behaviours as the product of their families and environment which are in turn affected by national and local policy and wider contexts.

Adopting the building of resilience for children (and their families) also has the potential to reflect the position in the United Nations Convention of the Rights of the Child[29] creating a critical shift that recognises that abused and traumatised children need to be helped to recover from their experiences.

Considering resilience as an overarching framework has been influenced by a range of work, but particularly the work of Ann Masten. In her important and thoughtful book Ordinary Magic: Resilience in Development (2014)[30], she takes a systemic perspective that also reflects the comments above:

> *There is growing recognition that resilience in children is interconnected with the resilience of families, communities, governments, economies, and ecologies.*

In addition to recognising the systemic nature of resilience Masten bases the title Ordinary Magic on her belief, from nearly 40 years of academic work that resilience is an ordinary human phenomena:

> *The biggest surprise that emerged from the study of children who overcome adversity to become successful youth and adults in society was the ordinariness of the phenomenon (Masten 2001). Captivating stories of resilient individuals may have created misleading perceptions that resilience is rare and results from extraordinary talents or resources (symbolized by magic powers and helpers in myths and fairy tales). Evidence strongly suggests on the contrary that resilience is common and typically arises from the operation of basic protections. There are exceptional cases, where children overcome heavy odds because of extraordinary talents, luck or resources, but most of the time, the children who make it have ordinary human resources and protective factors in their lives.*

We cannot undo the harm that has been caused to children through abuse, neglect and loss, but there is a moral and an international legal obligation within both youth justice and wider services to ameliorate and repair the harm that this has caused. Promoting resilience across systems and services, as well as within families communities and for children provides a framework to address this need.

Masten provides the list in the table overleaf of widely reported factors associated with resilience and implicated adaptive systems. In different ways they all resonate with the findings of this research and provide a basis for both policy and practice.

In terms of the research findings, at a strategic and policy level adopting resilience as an approach have implications that span a range of services including:

- Pre-natal, anti-natal and early years services in helping to foster effective care-giving and helping parents develop children's attachment;

Resilience Factors	Adaptive Systems
Effective caregiving and parenting quality	Attachment; family
Close relationships with other capable adults	Attachment; social networks
Close friends and romantic partners	Attachment; peer and family systems
Intelligence and problem solving skills	Learning and thinking systems of the central nervous system
Self-control, emotion regulation, planfulness	Self regulation systems of the central nervous system
Motivation to succeed	Mastery, motivation and related reward systems
Self-efficacy	Mastery motivation
Faith, hope, belief life has meaning	Spiritual and cultural belief systems
Effective schools	Education systems
Effective neighbourhoods, collective efficacy	Communities

- Education services, to develop schools and other provision that effectively engages and supports children who have suffered abuse and loss;
- Health and education programmes that help abused and traumatised children develop their learning and thinking systems, emotional regulation and motivation to succeed;
- Community resources that help children to develop spiritual and cultural beliefs promoting a sense of self and a sense of community;
- The development of neighbourhood resources that support vulnerable children through relationships with capable adults.

Two critical areas frequently cited in research on how resilience is developed and maintained is the importance of a relationship with an adult who cares and engagement in education. The findings regarding the levels of educational disenfranchisement for these children evidence the need for very significant changes within educational services and schools in engaging with troubled children.

Speaking from a health perspective (in an American context), Ellis and Dietz (2017)[31] also recognise a systemic position and the need:

> *…for child health systems to take a life course transgenerational approach that coordinates care for children in the context of their family and community. By joining with parents, families and community partners to create strategically coordinated supports and services, child health systems can play a critical role in improving the health and well-being of the communities they serve.*

The implications for criminal justice practice of adopting a systemic resilience led approach include:

- Recognising and developing services that place a meaningful relationship with the child at the centre of service provision;
- Developing the capacity of parents (or carers) to effectively parent the child;
- Promoting positive relationships for the child in their families, schools and communities;
- Ensuring the child has access to effective, meaningful and engaging education;
- Developing the child's self control and emotional regulation;
- Promoting the child's self belief and self worth giving them a sense of purpose and ambition;
- Enabling the child's engagement with community resources that promote all aspects of the above.

The very complex needs of this group of children and

their families also strongly indicates that any effective response has to be delivered on an inter-agency basis including through a highly resilient, skilled and well resourced multi-disciplinary team. YOTs are well placed to develop and respond to this approach.

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Key Findings Neurodivergence

- A quarter of these children (24%) had been assessed or diagnosed as being neurodivergent;
- Nearly a third (30%) of these children were suspected to be neurodivergent;
- Meaning that more than half (54%) of these children were diagnosed or suspected to be neurodivergent;
- Thirteen children 16% of 80) had an assessed or diagnosed learning disability;
- There were a further twelve (15% of 80) children where a learning disability was suspected;
- Meaning that nearly a third (31% of 80) of the children were diagnosed or suspected to have an assessed or diagnosed learning disability;
- ADHD was suspected or diagnosed for a fifth of these children (suspected for eight children and diagnosed in eight children);
- Autistic spectrum disorder was suspected for three children and six (7.5%) children were diagnosed with ASD or Asperger's syndrome;
- The evidence suggested that for many children there has been a failure to identify and address neurodivergence within education and other settings;
- The prevalence of neurodivergence within this group strongly suggests that there should be an automatic screening for neurodivergence at point of entry into the youth justice system.

Neurodivergence and Traumatic Brain Injury

> *In the UK children and young people with neurodisabilities are often failed by society and the criminal justice system. There is an over emphasis on costly incarceration and secure care facilities, and a lack of understanding of neuro-disabilities and their potential impact on young people. Assessments and interventions are poorly timed and have led to a system where children and young people are not properly screened for conditions until they enter a secure estate. By which time such young people are in a cycle of reoffending …* (British Psychological Society (2015)) [1]

The term neurodivergence is being applied here to children whose neurological functioning is other than neurotypical. This includes children who are diagnosed or described as having attention deficit hyper activity disorder (ADHD), autism or Asperger's syndrome, specific learning disabilities, traumatic brain injury, epilepsy, foetal alcohol syndrome and foetal substance misuse.

Individuals may be neurodivergent in multiple ways which is true for children in this study. They may also have mental health and substance misuse issues. Research also indicates that the behaviours shown by those who have suffered trauma are also similar to the behaviours arising from neurodivergence. This has been found for ADHD (see below) and epilepsy (Benbadis, S (2019)).

Neurodiversity can be seen to create significant adversity for children. Consequently neurodiversity can be viewed through the ALTAR™ lens. The table overleaf (derived from the Risk Matrices), provides evidence of the extent of neurodiversity within the West Midlands study group. Based on the categories

Neurodiveregence 80 cases	Suspected	Assessed/ Diagnosed
Learning Disabilty/Difficulties	8	8
Specific Learning Difficulties	6	3
Moderate Learning Difficulties	8	5
Severe Learning Difficulties	4	1
Dyslexia	7	5
Dyspraxia	0	3
Dyscalculia	1	1
ADHD/ADD	8	8
Autistic Spectrum Disorders or Aspergers	3	6
Traumatic Brain Injury	2	0
Epilepsy		1
Foetal Alcohol Syndrome	4	1
Maternal Foetal Substance/Drugs Abuse	11	0

Note: When considering the table above it should be kept in mind that some children had multiple diagnosis/concerns.

in the table, within the study group of eighty children, there were nineteen (24% of 80) children who had been assessed or diagnosed as being neurodivergent. Twenty-four (30% of 80) children were suspected to be neurodivergent. In other words more than half these children (54% of 80) were diagnosed or suspected to be neurodivergent.

In a report for the Children's Commissioner, Hughes et al (2012)[2] looked at the prevalence of neurodiversity in young people who offend. Comparing rates of neurodiversity in the custodial population and in the general population they found that between 2% to 4% of the general population had a learning disability as compared with 23% to 32% of those in custody, 10% of the general population had dyslexia compared with 43% to 57% of those in custody, 5% to 7% of the general population had communication disorders compared to 60% to 90% of children in custody. They commented as follows:

> *Our findings call into question whether a criminal justice system that commits young people with neurodisability to custody is a fair and just system if those young people are affected in such a way that they do not understand the consequences of their actions, nor have the cognitive capacity to instruct solicitors, and furthermore if their neurodisability and associated needs are not identified, recognised or responded to, such that interventions and sentences serve to further criminalise rather than to offer support.*

Learning Disabilities

When combined, the largest cluster of neurodiversity in this group relate to some form of learning disability. There were thirteen (16% of 80) children who had an assessed or diagnosed learning disability, which fell within the first four categories within the table above. There were a further twelve (15% of 80) children where such a learning disability was suspected. Across the assessed/diagnosed and suspected groups this gives a total of nearly a third of the children studied, (31%) which is at the higher end of the estimate given by Hughes above.

Learning disabilities are also referred to as intellectual disability (ID). Wigham and Emerson (2016)[3] in a paper on *Trauma and life events in adults with intellectual disability* comment that:

> *Exposure to environmental factors such as poverty is higher amongst people with intellectual disabilities when compared to their non-disabled peers. For example narrative interviews with women with intellectual disabilities revealed experiences of domestic*

> *violence from childhood and continuing into intimate relationships in adulthood; students with intellectual disabilities were exposed to more interpersonal abuse than typically developing peers and events at Winterbourne View, UK evidenced exposure to carer perpetrated violence in institutional settings.*
>
> *It is important to avoid a disempowering perspective that paternalistically frames this population group as past or future trauma victims, or to over pathologize life experience and suggest people with learning disability are not resilient. However, the increased likelihood of being exposed to environmental stressors means people with intellectual disabilities are at a higher risk of having their resilience compromised and developing mental and physical health problems including PTSD.*

In an American study comparing juvenile offenders with and without intellectual disability Van Der Put (2013)[4] found that:

> *Results Seventy percent of the juvenile offenders with ID and 42% of the juvenile offenders without ID had experienced abuse and/or neglect. Both sexual and violent offending were more common in juvenile offenders with ID than in juvenile offenders without ID.*
>
> *Conclusions Given the higher rates of abuse neglect and victimisation and the strengths of the association with between victimisation and sexual offending, especially in juvenile offenders with ID, treatment should focus on potential trauma and other problems associated with abuse.*

Both of the studies quoted above note the higher rates of adversity and abuse of people with intellectual disability. Across the eighty children studied here, very high levels of abuse and adversity have been evidenced. Further analysis of this data-set would be required to determine if abuse and adversity is more prevalent in those recorded with learning disabilities, but the cited research suggests that possibility.

What is also reflected is the likely impact of that abuse on both behaviours and mental and physical health, again the evidence across the broader sample would also seem to support those assertions. As outlined by Van Der Put, it is essential that rehabilitative programmes provide an appropriate focus on the impact of past abuse and other traumas.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD was one of the prevalent neurodivergences. ADHD was suspected in eight cases and diagnosed in eight cases (20% of 80). With regard to ADHD (Hughes et al 2012)[5] noted that rates of ADHD were significantly greater for both males and females in the youth justice system 11.7% for males and 18.5% for females with around 1% to 2% being commonly identified in the general population of young people.

However, considering the high levels of trauma evidenced in the youth justice population it is important to recognise that traumatised children may display similar behaviour to children with ADHD. The Children's Research Network[6] comment that:

> *As we start to discover more about the presenting behaviours and after effects of childhood adversity and experienced traumas, a plethora of evidence is beginning to emerge which supports the view that both ADHD and certain experienced traumas will present an overlap in symptomatology. For example, those children who have experienced childhood neglect or emotional abuse can often display similar sets of behaviours and cognitive deficits that are also associated with ADHD. This makes*

> *it very possible for a child to be misdiagnosed as both conditions have the potential to mimic one another in their presentations (Haber, 2003; Handler and DuPaul, 2005).*

They suggest that:

> *In cases where a diagnosis of ADHD is sought for a child who comes from a family where intergenerational traumas exist, practitioners should have the confidence to question the diagnostic pathway and suggest alternative investigative routes when trying to establish a cause for the challenging behaviours.*

Traumatic Brain Injury

Traumatic brain injury (TBI) is an aquired neurodivergence found within the group of eighty. In an Australian study (Kenny and Lennings 2007)[7]:

> *… found a significant relationship between head injury and participation in severe violent crime in incarcerated juvenile offenders. …*

Within the Risk Matrices traumatic brain injury (TBI) was recorded as being suspected for two children, (in one of these cases the child had a fractured skull). The Case Storylines also include four further cases where children had sustained head injuries, in three cases the use of weapons was detailed. This gives a total of six of children all of whom had suspected or known assaults to the head and possible brain injury. Given the research cited below this is almost certainly an under-estimate as screening for TBI is not routinely undertaken within the youth justice system.

In a review of the prevalence of TBI in the youth custodial population (Hughes et al 2015)[8] found that between 49% and 72% of those in custody had suffered a TBI as opposed to between 24% and 42% of the general population of young people.

In a paper published in 2018 Huw Williams and colleagues[9] reviewed the evidence linking TBI with crime, asserting that TBI is a risk factor for earlier, more violent, offending. They concluded that:

- TBI appears to be associated with earlier age of incarceration, increased risk of violence, and more convictions;
- Neuropsychological dysfunction is linked to violence, infractions in prison, poorer treatment gains, and reconviction;
- Life histories of abuse, neglect, and trauma appear particularly elevated in those with TBI versus those without TBI histories, as are on going mental health, drug and alcohol problems;
- Young offenders with TBI are particularly at risk of self-harm and suicidal behaviour.

The paper also details the extent to which TBI can cause behavioural problems including changes in mood, disinhibition and aggression as well as impulsivity and poor communication skills. Suggesting that: *Such patterns of behaviour could underlie a drift from the classroom to the courtroom.*

They also detail links with other disorders including ADHD, personality change, oppositional defiance, PTSD, and panic disorder. They further assert that ADHD is correlated with a risk of a TBI.

Some of the implications of the above include the complex links between TBI and other disorders and previous abuse, neglect and trauma. It also reinforces the need to actively screen for TBI within criminal justice populations and of the need to provide appropriate support and treatment.

Autistic Spectrum Disorders

A group with specific needs are children with autistic spectrum disorders (ASD). A diagnosis of Asperger's

syndrome is considered as ASD. There were three children with suspected ASD and six (7.5%) children diagnosed with ASD or Asperger's syndrome, a total of nine (11% of 80). Nationally autism is estimated to affect 1.1% of the adult population[10].

A key aspect of autism is a reduced ability to empathise. Tony Attwood (2015)[11] comments that:

> *It is important to recognize that the person with Asperger's Syndrome has immature or impaired ToM* [theory of mind] *abilities or empathy. To imply an absence of empathy would be a terrible insult to people with Asperger's Syndrome, with the implication that the person does not recognize or care about the feelings of others. The person does care, very deeply, but may not be able to recognise the more subtle signals of emotional states or 'read' complex mental states.*

Attwood (2019)[12] also notes that some of the other characteristics of children with Asperger's include:

- *Delayed social maturity and social reasoning;*
- *A tendency to be considered disrespectful or rude;*
- *Delay in the development of the art of persuasion, compromise and conflict resolution.*

Impact of Impaired Ability to Empathise

More broadly other children who have been significantly traumatised through abuse and neglect may also have impaired ability to empathise. David Hosier[13] notes that:

- *The individual may be unable to feel very much empathy for others at all, or alternatively;*
- *The individual may be overwhelmed by intense feelings of empathy for others.*

If impaired abilities to empathise are not properly understood by YOTs, police and courts the child may be at risk of being penalised (or discriminated against) for not being able to fully understand the perspective or impact of their behaviour on a victim. An impaired ability to empathise also calls into question the meaningfulness of many reparative interventions.

Concluding Comment

The range of evidence above begins to illuminate the often complex relationship between traumas, both physical and emotional and also psychiatric disorders and neurodivergence. This complex inter-relationship presents significant challenges particularly when working within the constraints and expectations of the current youth justice system.

The high level of prevalence of neurodiversity within this group would strongly suggest that there should be an automatic screening for neurodivergence at point of entry into the criminal justice system and should inform decisions on prosecution and sentencing.

The evidence, including limited levels of EHCP's also strongly suggests that for many children there has been a broader failure to identify and consider neurodiversity in education and other settings.

The West Midlands research findings, linked with the academic evidence above, strongly suggests that there are a disproportionate number of children with neurodiversity in the West Midlands criminal justice system. A number of these children may not have the cognitive abilities to engage with and meet the expectations of processes and programmes within the criminal justice system.

In a paper for the Howard League for Penal Reform, Nathan Hughes[14] develops these arguments:

Various practices can be seen to increase the risk of criminalisation of young people with neurodevelopmental impairment.

Youth justice interventions are often highly verbal or seek to 'tap important metacognitive skills, … Such approaches assume typical levels of verbal and cognitive competence, and may therefore be inappropriate for some young people with neurodevelopmental impairment.

An inability of the young person to effectively understand and engage with a legal process that is alien, confusing and misunderstood, can further serve to disable vulnerable young people, leading to an inability to participate meaningfully.

Such considerations have implications for prosecution processes, court practices, assessment systems, court reports, programme development and breach and enforcement. More widely it also has implications for the resourcing of YOTs and services provided by other agencies including, education, health and social care. There is also the need to ensure that staff have the training, support, resources and resilience to engage with very troubled and neurodivergent children.

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Key Findings - ACEs

- Analysis in previous chapters has established very high levels of adversity within this group, this is also evidenced from their ACE profiles;
- The prevalence of ACEs in this study, is much higher than within broader UK populations;
- The evidence from other ACE based research indicates the likelihood of the very poor health profile for this group being linked to childhood adversity including poverty;
- ACE based research provides evidence of the links between childhood adversity and serious violent offending this needs to be considered in the context of concern at levels of serious violence amongst young people;
- Evidence shows likely differences in levels and impact of ACEs on boys and girls and highlights structural issues i.e. poverty and gender inequality that may underpin these differences.
- The inherent limitations of the ACEs model in understanding childhood adversity both for individual children and also broader populations became apparent during this research.

Three key areas where the limitations of the ACEs model have become evident:

- The original ACEs model is based on just ten adversities which are related to parental mental health and substance abuse, parental loss, child abuse and household violence;
- The ACEs model does not consider either repetition of occurrence of adversity or the specific nature or depth of the adversity;
- The ACEs model does not consider the impact on the individual of the particular adversity.

As an individual diagnostic or assessment measure the usefulness of ACEs are viewed to be very limited. This position is recognised by one of the originators of the ACEs model.

Adverse Childhood Experiences (ACEs)

An increasingly common way of looking at childhood adversity that encompasses abuse, loss and other adversity is through research on the impact of Adverse Childhood Experiences (ACEs) and this is an approach often referenced within the West Midlands. Given the prevalence of the use of ACEs as a research approach and the use of ACEs by West Midlands agencies, it seemed important to provide an analysis of ACE's for these eighty children. This chapter also compares the key findings from this study alongside literature on the detrimental impact of ACEs for children across their life-course.

Whilst reading this chapter it is worth considering that these eighty children span the range of criminal outcomes, including, early intervention, community penalties, children in custody (27 cases) children with confirmed gang involvement (17 cases) and children with suspected gang involvement (32 cases).

The original ACEs model considers ten factors whilst the ALTAR™ model considers over 240 factors and qualitative data on the lives and agency involvements of children. Whilst this research was not focussed on ACEs, the Risk Matrix contains questions that can be mapped across the ACEs characteristics. Along with the Case Storylines data, this has enabled an analysis of ACEs for the eighty children being studied.

Considering ACEs within the context of this deeper ALTAR™ based study, has revealed some of the limitations of the ACEs model, particularly for children who have suffered very high levels of abuse adversity and loss. This is discussed in detail below.

At the outset of this chapter it is also important to note that the efficacy of the ACEs model and the validity of ACE based research is contested. One of the critics Dimitra Hartas (2019)[1] challenges both the research models, methods and assumptions

underpinning ACE based research and policy initiatives. Key arguments Hartas makes have particular relevance when considering ACEs against some of the broader findings of this research.

Hartas considers that a *disproportionate focus on ACEs without examining structural constraints in the form of poverty and disadvantage could mean that public policy is based on a narrow and misleading evidence base*. Given the high proportion of black and minority children represented here we should also consider *the social context of childhood adversity shaped by poverty, racism and discrimination*.

Another factor that needs to be taken into account when considering the ACEs model is that there is evidence to suggest that boys and girls may suffer different levels of exposure to ACEs and differences in the adversity they have suffered. For example Vaswani (2018)[2] in a Scottish study of 130 young people referred for forensic risk assessment because of possible high risk of harm, found that girls had higher levels of exposures to ACEs and that this was significant with regard to sexual and physical abuse and family imprisonment. Boys were much more likely to experience bereavement.

There is also some evidence to suggest that in terms of more immediate poor outcomes from adversity there are gender differences in adolescence. In an American study Leban and Gibson (2020)[3] found that ACEs were related to boys delinquency in mid to late adolescence whereas exposure to ACEs increased girls likelihood of substance misuse.

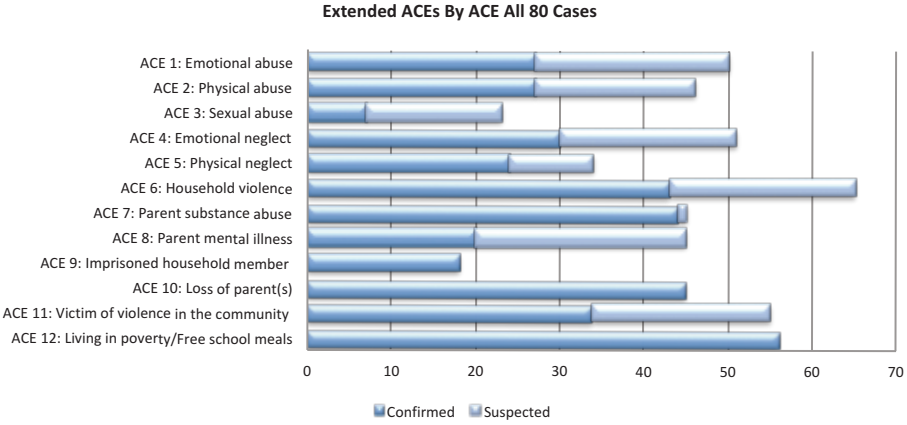
In a policy context, again in Scotland a collective of organisations including Scottish Women's Aid and NSPCC Scotland[4] argued that *in the enthusiasm to become an 'ACE aware nation', the need to do both direct work with children and families and to take the necessary steps to change the structural inequalities … is missed*. They further comment that more clarity is required in the ACE's approach to prevent violence against women and girls and that the ACE's agenda *does not obscure or draw focus away from critical questions of how to tackle structural gender inequality as the key driver of many forms of violence and ensuing trauma and other impacts*.

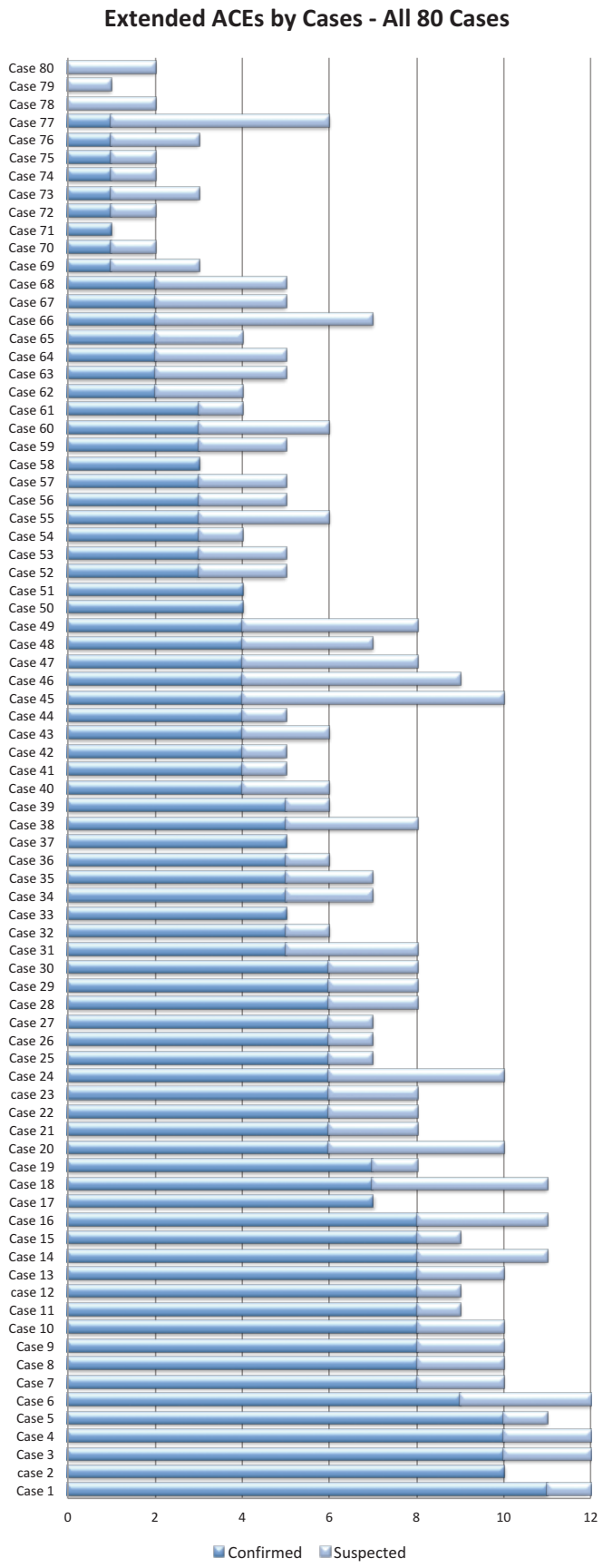
The above indicates likely differences in levels and impact of ACEs on boys and girls and highlights the structural issues such as poverty and gender inequality that may underpin these differences. These are factors worthy of further study. This study of eighty children has shown the high levels of abuse and adversity of girls and also the significant levels of loss of fathers within the study group.

ACE Profiles

The two charts that follow show the standard ACE's (1 to 10) usually reported, plus violence in the community and poverty (Finkelhore et al 2013)[5]. The ACEs model has also been further extended and shows practitioner views of suspected as well as confirmed adversity.

The ACE factors studied reflect the evidence provided in earlier chapters. Nevertheless, the chart below provides a very useful visual summary of the





significant extent of adversity across the eighty children including child abuse, levels of household violence and parental loss as well as violence experienced in the community and also poverty.

Within the adjacent chart, the extent of ACEs for each child is shown. Fifty-one children (64%) have four or more of the extended ACEs, thirty children (37.5%) have six or more of the extended ACEs and sixteen (20%) have eight or more of the extended ACEs. As will be considered in more detail below, the levels of adversity evidenced for the vast majority of these children are exceptionally high when considered against the extent of ACE's in broader populations.

Health and Inequality

ACEs research originated in the United States in a study of 17,000 members of the Kaiser Health Plan[6]. The approach was originally designed to study the impact of adversity on long-term health outcomes and has subsequently been promoted by the World Health Organisation. However, the model has now been applied much more widely including in studies of young people known to criminal justice agencies.

A number of studies have indicated that adverse childhood experiences and in particular multiple adversity lead both to poor long-term health outcomes as well as poor life outcomes more generally. Research on the impact of adversity on health is reviewed in a report for the American Academy of Paediatrics, *The Lifelong Effects of Early Childhood Adversity and Toxic Stress* (Shonokoff and Garner 2012)[7]. The authors assert that:

> *Thus, toxic stress in early childhood not only is a risk factor for later risky behaviour but also can be a direct source of biological injury or disruption that may have lifelong consequences independent of whatever circumstances might*

> *follow later in life. In such cases, toxic stress can be viewed as the precipitant of a physiologic memory or biological signature that confers lifelong risk well beyond its time of origin.*

After noting the significant plasticity of the infant brain Shonokoff and Garner (2012) also detail how toxic stress impacts on both the structure and function of the brain. They identify that this may include:

- Higher levels of anxiety, impaired memory, mood control and behavioural regulation;
- Hyper-responsiveness with increased potential for fear;
- Difficulty in discriminating conditions of danger and safety;
- Problems in the development of linguistic, social and emotional skills;
- Impairment of adaptive responses to stress.

They consider that the effects of these changes can result *in some children appearing to both more reactive to even mildly adverse experiences and less capable of coping with future stress.*

These understandings of the impact of toxic stress on the developing brain and the subsequent impact on behaviours provides an important context against which to understand the behaviours of many children in the West Midlands criminal justice system.

Public Health Wales with Liverpool John Moores University undertook a study of ACEs experienced by 2,028 adults[8], concluding that:

> *Findings show that ACEs have a major impact on the development of health-harming behaviours in Wales and the prevention of ACEs is likely not only to improve the early years experiences of children born in Wales but also reduce levels of health-harming behaviours such as problem alcohol use, smoking, poor diets and violent behaviour.*

Within the West Midlands sample of eighty children there were thirty-six children out of the eighty (45%) where there was a diagnosis confirming at least one physical or mental health issue, neurodiversity or learning disability. There were a further twenty-seven children (34%) where one of the above issues was suspected. A number of children had more than one diagnosed condition. For children with diagnosed conditions the average number was 2.75.

Whilst it is not possible to directly attribute the very high levels of ACEs shown above, with the high level of health issues for these children, given the literature on links between inequality, high ACEs and poor health, it seems likely that there is a connection. Supporting this assertion, a report by the University College London (UCL) Institute of Health Equity (2015[9]) found that:

> *There is a clear inequalities dimension to ACEs. While all ACEs are present across society, inequalities in wealth, disadvantage and the existence of poverty impact on the chances of experiencing ACE. Children growing up in disadvantaged areas, in poverty, and those of lower socio-economic status are more likely to be exposed to ACEs…*

They continue:

> *Due to inequalities in the prevalence of ACEs, and the observed negative health impact of ACEs, it is likely that ACEs are currently contributing to health inequalities. There is also evidence that ACEs are 'transmitted' across generations … This perpetuates inequalities in health across generations.*

The analysis in previous chapters has already established very high levels of adversity within this group and this is also evidenced from their ACE profiles. What the UCL study shows, is the likelihood of this being linked to the very poor health profile for

this group. The study also contextualises the clustering of ACEs for the majority of children studied here who have lived with poverty.

Crime, Risk and Behaviours

Vaswani's (2018) study of 130 young people referred for forensic risk assessment, also found high levels of ACEs compared to surveys of general populations in England and Wales, she, concluded that:

- *The results clearly highlight an extraordinary level of childhood adversity in this small sample of young people who present a high risk of harm to others (as well as to themselves). Overall Adverse Childhood Experience counts, and rates of exposure to each individual Adverse Childhood Experience were notably higher than in general population studies.*
- *The rate of exposure to multiple Adverse Childhood Experiences was also much higher in this sample, with well over half (58.5%) experiencing four or more Adverse Childhood Experiences, compared to 8.3% among English adults (Bellis, Hughes, et al., 2014) and 14% in Wales (Bellis et al., 2015).*

The study also showed high levels of parental separation (81.3%) compared to around 20% in the comparative studies and 12.1% of males in the sample having reported parental bereavement. Vasawani's research findings on the extent of ACEs within the children she studied provides evidence of the representative nature of the children studied here to other children in other criminal justice systems. What her research also illustrates is how the prevalence of ACEs in this study, is much higher than within broader UK populations.

In an American Study, *Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders* (Fox et al 2015)[10] consider ACE profiles for violent and chronic offenders.

The study was based upon data from criminal records including from a risk-assessment tool for children in Florida. It considered 22,575 juvenile offenders, of which 10,714 were classified as serious violent and chronic (SVC) and 11,861 as once and done (O&D) offenders. Applying statistical comparisons of ACE profiles between the SVC and O&D offenders, some of their key conclusions were that:

- *Specifically, for each additional ACE that a child experiences, the odds of becoming an SVC offender increases by 35% even when controlling for gender, race, age of onset, impulsivity, peer influence, and family income. This means that children with two ACEs are 70% more likely to be SVCs, 4 ACEs increases a child's SVC risk by 140%, and six or more ACEs leads to more than a 200% higher risk of SVC vs. single felony offending.*
- *The strongest predictor of SVC offending among the ACEs was having an incarcerated household member, as this more than doubled the odds that a juvenile will become an SVC offender …. Physical abuse was also a strong and significant predictor of offending type, where individuals who experienced physical abuse during childhood were 58% more likely to be SVC than O&D offenders. Four ACE items were each found to individually raise the risk of SVC offending between 20% and 26%: physical neglect, emotional abuse, household violence, and household substance abuse.*

The Florida study provides persuasive evidence of the extent to which SVC offenders have far greater exposure to childhood adversity than O&D offenders. The O&D group are broadly comparable to what are

described in England as first time entrants and the SVC offenders are comparable to children more deeply entrenched in the criminal justice system.

For the eighty children studied from within the West Midlands, over a fifth (22%) had a parent who had been to prison the majority had also been subjected to child abuse and household violence. There were also many, whose parents were substance abusers.

The evidence of the links between adversity and serious violent offending needs to be considered in the context of the justifiable concern at levels of serious violence amongst young people.

Limitations of ACEs

The inherent limitations of the ACEs model in understanding childhood adversity, both for individual children and also broader populations became apparent during this research.

The limitations of ACEs, including as a screening tool, is recognised by one of the originators of the ACEs model, co-authoring a paper (Anda, Porter and Brown 2020)[11] that comments:

> *Despite its usefulness in research and surveillance studies, the Adverse Childhood Experience (ACE) score is a relatively crude measure of cumulative childhood stress exposure that can vary widely from person to person. … The authors are concerned that ACE scores are being misappropriated as a screening or diagnostic tool to infer individual client risk and misapplied in treatment algorithms that inappropriately assign population-based risk for health outcomes from epidemiologic studies to individuals. Such assumptions ignore the limitations of the ACE score.*

During this research, three key areas where the limitations of the ACEs model have become evident are:

- The original ACEs model is based on just ten adversities which are related to parental mental health and substance abuse, parental loss, child abuse and household violence;
- The ACEs model does not consider either repetition of occurrence of adversity or the specific nature or depth of the adversity;
- Neither does the ACEs model attempt to consider the impact on the individual of the particular adversity.

Although poverty and violence within the community (which are not usually included in the ACEs model), have been considered here, this research has also revealed a wide range of significant adversity present in the lives of children that is not considered in the ACEs model. Some of the other adversities that have been evident in the children studied included:

- Families originating from countries known for war, genocide or human rights abuses;
- Family migration including losses of family and friends, but also loss of language and culture;
- Having the birth of a child whilst still a child and facing consequences such as the removal of that child and limited or no contact with that child;
- Being trafficked and/or the victim of child criminal exploitation;
- Entering public care and outcomes such as loss of contact with family and significant others;
- Multiple care placements entailing repeated broken relationships with carers, friends and schools;
- Being abandoned or rejected by parents and family (including through restraining orders);
- Childhood mental or physical illnesses, self-harm or suicide attempts, congenital disorders, neurodivergence, child substance abuse;

- Discrimination due to ethnic origin, poverty or family circumstances.

Within the study group there are children with apparently low ACE scores. However when factors such as those listed above are considered, it becomes clear they have suffered significant adversity, which already appear to have impacted significantly on their young lives.

In terms of repetition of occurrence and the specific nature of adversity, the impact and traumatisation of repeated abuse is likely to be much greater than a single event. For example many children studied here have clearly endured repeated physical or sexual abuse and neglect.

Parental loss, particularly of fathers, is a significant factor for the majority of these children. However, within this group there are also children who have lost both birth parents, and some who have also lost foster parents and adoptive parents as well as siblings from these relationships. The ACEs model only scores a single ACE for parental loss and does not consider the repeated and extended losses some of these children have endured.

Sudden violent loss of a parent as experienced by some children studied here, may be particularly traumatic, but again the ACEs model takes no account of such contexts. Nor does it take account of the additional impact of loss within a lived context of deprivation, lack of supportive personal relationships and poor or dysfunctional community relationships.

The ACEs model does not consider impact on the individual, it counts occurrences and considers lifelong impact on populations. Within this study there are children who have suffered significant abuse and adversity, (not all of it considered in the ACEs model). Clearly this seems to have been extremely detrimental to their wellbeing and they are already facing tragic life outcomes.

Whilst the underlying thinking that the ACEs model brings to understanding the potential long term impact of childhood adversity is extremely valuable, this research has shown the limitations of the ten ACEs model in judging the extent of adversity, the nature of that adversity and the impact of that adversity on a particular individual. What has also been shown is the inherent limitations in the ACEs model of only capturing a limited range of childhood adversity, arguably this also limits its usefulness in studying the life-course impact of childhood adversity.

Concluding Comments

The evidence from Scotland and Florida suggests that high rates of childhood adversity are not unusual for children in criminal justice systems. The research by Vaswani (2018) also shows how such high ACEs are well outside the normal range for British adults. Reflecting the above evidence base, the extent of childhood ACEs seems to be strongly and tragically reflected in the West Midlands cases studied.

The overall analysis presented within this research suggests that for many children the apparent lack of, or the prevalence of ACEs fails to fully recognise the extent, nature and depth of childhood adversity. In terms of an individual diagnostic or assessment measure the usefulness of ACEs should be seen as very limited.

Against the above context, the fact that some West Midlands agencies have an ACE informed approach should be seen as a very welcome step in the right direction. However, with regard to the children studied here it is apparent that the ACEs model fails to fully recognise the extent and impact of their adversity.

Discussing high levels of ACEs in children held in Scottish secure units (over a third were placed by

English authorities), Ross Gibson (2020)[12] comments:

> *(ACE) Awareness alone will do little to ensure that every child will enjoy a life free from neglect, abuse and harm, and thus does little to protect the rights of children. In order to support children to enjoy a happy, healthy safe and flourishing childhood, adults at individual and civic level - must take steps to prevent this harm from being caused to begin with. When that is not possible, supports and services are required that promote recovery, whilst avoiding the risk of repeated and intergenerational exposure to ACEs.*

This strongly supports the need for early prevention of abuse, neglect and family violence and not just agency awareness of their occurrence. There is also an urgent need to divert children who have suffered abuse, loss and adversity from criminal justice process and in accordance with the UN Convention on the Rights of the Child, provide service that support them to recover from the harm to which they have been subjected**.**

The understandings of the likely neurological harm caused to children and the impact on their behaviours, profoundly challenges perspectives on individual responsibility and on ethics of punishing behaviours that may have been rooted in adversity.

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Part Three
Specific Groups

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Key Findings The Girls

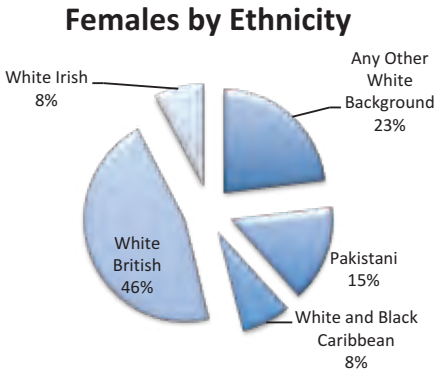
- Fifty-four percent of the group have a BAME heritage;
- Four (31%) of these children had parents who were born abroad (two girls were born abroad);
- Just over three-quarters of these children had experienced living in poverty or debt;
- Seven girls (54%) had a diagnosis confirming a physical or mental health issue, neurodivergence or learning disability;
- Eleven girls (84%) had been referred to CAMHS indicating high levels of mental health concerns;
- Eight girls were recorded as having self-harmed, had suicidal ideation or attempted suicide, three of them had attempted suicide;
- No girls were still living with their fathers, only seven were still living with their mothers;
- Parental substance abuse, parental mental and physical ill health and criminality is higher for the girls than the overall group of eighty;
- All of these girls (100%) were recorded as having suspected or confirmed child abuse, ten children had confirmed abuse;
- All of these girls (100%) had been subject to multi-agency referrals as potential victims of child sexual exploitation;
- Information in the Case Storylines indicated that five girls (38%) had been raped (several on multiple occasions) either in a familial or exploitative context;
- All of these girls (100%) had received one or more services from children's social care, twelve (92%) had current social care involvement;
- Compared with the overall group of eighty collectively these girls have the highest levels of child abuse and very high levels of need.

The Girls

This section of the report considers the girls who were included in the overall sample of eighty. I am using the term girls/children (as opposed to young women), as at the time of their entry to the youth justice system they were children and it is important to keep in focus the legal protections they should be afforded, including under the Children Act 1989.

There were thirteen (16%) girls in the overall group of eighty. Compared to national statistics[1] of children in the criminal justice system girls were similarly represented in the final sample (although in two YOT sample groups there were no girls). Given the small numbers in this group, care should be taken in considering the statistical information. Within the group of thirteen girls one individual represents just under eight-percent (7.7%).

Their average age was 16 years. Their ethnicity is shown in the pie chart below. Fifty-four percent of the group have a BAME heritage. For the group of eighty this figure is fifty-nine percent.



Two of the girls were born in Eastern Europe, as were their parents. Their national language is the first language for both the children and their parents. Two other children had parents who were born abroad for one of these children her parents first language is also their national language. Three of the girls may have lived their lives in two languages and two cultures.

Poverty

Six (46%) of the girls were recorded as currently living in poverty or debt and four (31%) as previously having lived in poverty or debt. Eligibility for free school meals was known for eight girls. Five of the eight (62.5%) were known to be eligible for free school meals. A total of ten (77%) of the girls had either lived in poverty or were entitled to free school meals, for the group of eighty that figure was seventy-percent.

Eligibility for free school meals are based upon receipt of income related benefits. DfE figures[2] show that nationally fourteen percent of pupils were eligible for free school meals, again indicating a significant over-representation in the group of girls.

The above can be contrasted with Child Poverty Action Group figures[3] that show that 30% of UK children live in poverty, indicating a significant over-representation of poverty within this group. (The chapter *Analysis of Risk Matrices* provides comparative statistics on poverty rates).

Health and Neurodiversity

For seven out of the thirteen children (54%), there was a diagnosis confirming at least one physical or mental health issue, neurodivergence or learning disability. For the overall group of eighty this figure was forty-five percent. There were a further five girls (38%) where one of the above was suspected. For the overall group of eighty this figure was thirty-four percent.

Four had a single diagnosed condition, three girls had more than one diagnosed condition, ranging from three to eight diagnosed conditions.

The table below provides a breakdown of the very diverse range of health and disabilities issues they have experienced.

Health Issues Thirteen Girls	Suspected	Assessed/ Diagnosed
Hearing Impairment	1	0
Visual Impairment	1	0
Mental Health Concerns	7	3
Learning Disabilty/Difficulties	0	2
Specific Learning Difficulties	0	1
Moderate Learning Difficulties	0	1
Severe Learning Difficulties	1	0
Social, Emotional & Mental Health Issues	5	3
Speech Language and Communication Issues	3	2
Dyslexia	1	0
ADHD/ADD	0	3
Autistic Spectrum Disorders or Aspergers	0	1
Foetal Alcohol Syndrome	1	0
Maternal Foetal Substance/Drugs Abuse	2	0

Note: When considering the table above it should be kept in mind that some children had multiple diagnosis/concerns.

Eleven of the thirteen (84%) had been referred to Child and Adolescent Mental Health Services (CAMHS). For the overall group of eighty this figure was 56%. Indicating higher levels of mental health concerns for girls as opposed to boys.

Early onset behaviour issues (under 5 years) were confirmed for six girls (46% of 13) and suspected in another (8%).

Eight (61%) were recorded as having self-harmed, had suicidal ideation or attempted suicide, three (23%) had attempted suicide.

Their recorded substance misuse was as follows:

- Six were regular users of cannabis and four were occasional users:
- Two were regular users of class A drugs and two were occasional users;
- Six were regular users of alcohol and four were occasional users;
- Two were regular users of other substances and five were occasional users.

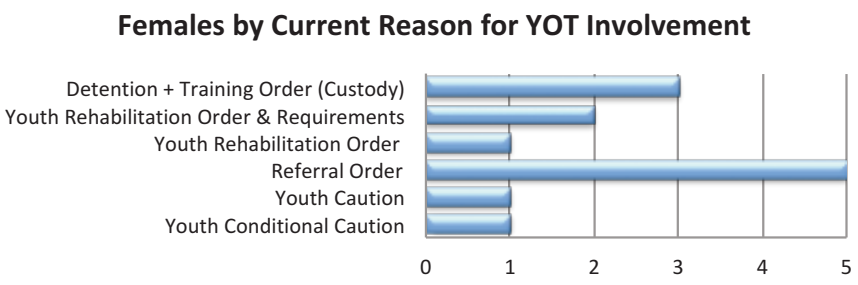
Three girls were regularly using three or more of the above substances.

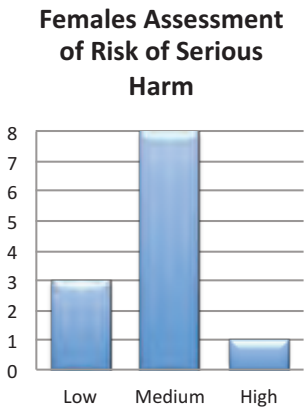
YOT Profile

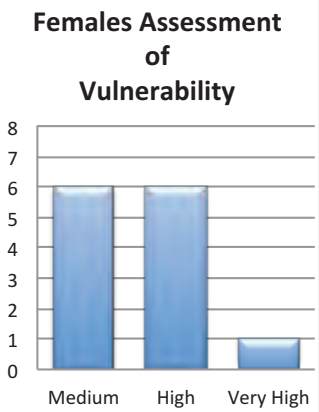
The chart below shows the reason for youth offending team (YOT) involvement for the thirteen girls. Three were serving a custodial sentence, the remainder were on some form of community based disposal.

YOT practitioners assess the levels of risk children may pose by using the AssetPlus assessment system to assess the Risk of Serious Harm (RoSH) children pose and the Vulnerability of children to harm.

The adjacent charts show the RoSH assessments and the assessed Vulnerability for the thirteen girls. More than half (54%) of them have high or very high vulnerability. Only one was assessed as posing a high risk of harm, the remainder pose a medium or low risk of harm.







Adversity and Abuse

Parental Loss

None of the thirteen girls were still living with their fathers, five were recorded as having regular contact with their fathers. Seven fathers were recorded as lost to the child. The reasons were:

- Deportation (1);
- Left partner/family (3);
- Natural causes (2);
- Never known by the child (1).

For more than half of these children their fathers were not part of their daily lives.

Seven of the girls were still living with their mothers, four were recorded as having regular contact with their mothers. There was one child for whom their mother was not part of her daily life. For one child mother was recorded as estranged from the family. (One record was missing in this regard).

This can be contrasted with a Department for Work and Pensions report which estimated that in the UK for those aged 12 - 16 the percentage living with both birth parents was fifty-six percent, for children in low-income households this figure was thirty-five percent. The fact that none

of these girls were living with both of their birth parents and that only just over half were still living with their mothers reveals the loss in their lives.

Family Factors

Parenthood

The age at the birth of her first child was known for eleven of the mothers of these children. Seven (54%) had their first child aged under 20. In eleven cases the age of the mother at the birth of the child studied in this report was known, three of these children were born when their mother was aged 16-20. One of these children is a parent, two have had terminations.

Office for National Statistics data for England and Wales show that 6% of women born in 1997 had at least one child before they were aged twenty[4].

Parental Health and Substance Abuse

Five children were judged to have a parent(s) with a current substance misuse issue and five had parents with a previous substance misuse issue. Over three-quarters of these children (77%) have parents with previous or current substance misuse issues. For the overall group of eighty this figure was 56%.

Four children were judged to have a parent(s) with a current diagnosed mental health condition. Two had a current suspected mental health condition and four had a previous suspected mental health issue. Over three-quarters of these children (77%) have a parent where there are known or suspected previous or current mental health issues. For the overall group of eighty this figure was fifty-six percent.

Four children were recorded as having a parent with a current physical health issues and one a parent with a previous physical health issue. Thirty-eight percent has a parent who currently or previously has had physical ill health issues. For the overall group of eighty this figure is twenty-nine percent.

Parental substance abuse and parental mental and physical ill health is higher for this group than the overall group of eighty.

Witnessing Domestic Violence

In seven of these cases (54%) the child was known to have been exposed to domestic violence, this was suspected in three further cases (23%). Violence from siblings was confirmed for two girls and suspected for two others. A report by the NSPCC[5] estimates that a quarter of children (25%) are exposed to domestic abuse at some point in their childhood. Over three-quarters of these girls (77%) were known or suspected to have been exposed to domestic violence. Indicating an over-representation of exposure to domestic violence for these girls at over three times the national estimate.

A Triad of Risk

The combined impact of mental health issues, substance abuse and domestic violence are often referred to in serious case reviews[6]. These three factors can be seen to be cumulative and are often linked with poverty, neglect and parental criminality[7].

There is one girl within the group where all three of these factors are recorded as currently present in the life of the child. There are a further 5 girls where two of the above factors are recorded to be known to have occurred and the third factor is suspected.

In all of these cases (100%) at least one of these factors was known or suspected to be present. For the overall group of eighty this figure is eighty-nine percent.

Family Criminality

For four girls there was current parental criminality. For five children there was previous parental criminality. Three of these girls had a parent who had previously been in prison.

Seventy percent of these girls had a parent or parents who had offended. For the overall group of eighty this figure was just over half (53.5%).

For four girls there was current sibling criminality and for one girl previous sibling criminality. Well over a third of the girls had a sibling who had offended.

Four girls had experienced both parental and sibling criminality. There were only three girls where parental or sibling criminality was not present. In other words over three-quarters (77%) of these girls have lived with family criminality. For the overall group of eighty this figure is sixty-four percent.

Child Abuse

All of these girls were recorded as having suspected or confirmed child abuse. Ten girls had confirmed abuse. The following gives an outline of the extent of abuse:

- Emotional abuse was confirmed for nine children and suspected in two others;
- For nine children emotional neglect was confirmed and suspected in two cases;
- For six children physical neglect was confirmed and suspected in one other;
- For five children physical abuse was confirmed and suspected in two others;
- Sexual abuse was confirmed for four children and suspected in five cases.

In eight cases two or more forms of abuse had been perpetrated against the child. There were six children where four or more of the types of abuse outlined above had been suffered by the child. There were two children where all five types of abuse had been endured by the child.

Information in the Case Storylines indicated that five (38%) had been raped (several on multiple occasions) in a familial or exploitative context.

Within the overall sample, eighty-nine percent had suspected or confirmed abuse, that figure is a hundred percent for these girls. Within the overall sample over a third (37.5%) had two or more of the above forms of abuse confirmed, that figure is close two-thirds (61.5%) for these girls. Within the overall group of eighty, sixteen percent had four or more of the above forms of abuse confirmed, that figure is nearly three times higher (46%) for these girls.

Compared to the overall group of eighty collectively the girls have much higher levels of child abuse.

Abuse Outside the Home

Other ways in which these girls had been abused:

- All the girls had been subject to multi-agency referrals as likely victims of sexual exploitation;
- Four girls were confirmed as having been subjected to dating/intimate partner violence, this was suspected in two cases;
- Four girls had been victims of violence in the community, this was suspected for two others;
- One girl had been the victim of discrimination in the community, this was suspected in two cases;
- For three girls had been the victim of peer abuse/bullying, this was suspected for six others

.

Within the overall group of eighty thirty-one percent had been subject to multi-agency referrals as potential victims of child sexual exploitation, that figure is a hundred percent for the girls.

Being confirmed as a subject of dating/intimate partner violence was six percent for the overall group of eighty and thirty-one percent for this group.

Being a victim of violence or discrimination in the community was lower for this group. Whilst being confirmed as having been subjected to peer abuse and bullying was slightly lower for the girls, suspected bullying was higher.

Behaviours

The most serious violent offence committed by any of this group was grievous bodily harm with intent and there was one robbery. Five had committed assaults. No sexual offences had been committed.

The following behaviours were also recorded:

- For seven girls (58% of 12) aggression or threats to professionals were confirmed and suspected for one other child;
- Eleven girls (85% of 13) were confirmed as not complying with help or interventions;
- Eleven girls (85% of 13) had a history of going missing and one was suspected of going missing;
- Eleven girls (84% of 13) had a current or previous history of truancy/missing from school;
- Three girls (23% of 13) were suspected of gang involvement;
- Eight girls (61% of 13) were confirmed as having delinquent peer group involvement;
- One girl (8% of 13) had current violence to other pupils and seven (54%) had previous violence to other pupils;
- Five girls (38% of 13) had previous violence to teachers;
- Damage to the family home was confirmed for six girls (46% of 13) and suspected for three others (23%);
- For three girls (23% of 13) possession of a knife or blade was confirmed;
- For one girl possessing a blunt instrument as a weapon was suspected;
- Seven (53% of 13) girls were recorded as perpetrators of violence in the community.

In terms of behaviours key areas where this group of girls differs from the sample of eighty are as follows:

- A higher proportion of girls (85% as opposed to 70%) were confirmed as not complying with help or interventions;
- A higher proportion of girls (85% as opposed to 64%) had a history of going missing;
- A lower proportion of girls (61% as opposed to 80%) were confirmed as having delinquent peer group involvement although suspected gang involvement was at a similar level to the overall group;
- A lower proportion of girls (23% as opposed to 50%) were confirmed as possessing a knife or blade;
- A lower proportion of girls (23% as opposed to 54%) were confirmed as perpetrators of violence in the community.

Education Profile

Eight (61%) of the group of girls had attended two or more secondary schools. This compares with 79% for the overall group of eighty.

Five (38%) of the thirteen girls had been permanently excluded from school. For the overall group of eighty that figure was fifty-seven percent.

Social Care Profile

All of these girls (100%) had received one or more services from children's social care. This compares with 90% for the overall group of eighty.

Twelve girls (92%) had current social care involvement:

- Two girls were subject to care orders (one was also in receipt of leaving care services);
- One girl was looked after;
- One girl was in receipt of leaving care services having previously been on a care order;
- Three girls were on a child protection plan; and,
- Five girls were children in need.

The remaining girl had previously been looked after.

For the overall group of eighty, seventy-five percent had current social care involvement compared with ninety-two percent for this group of girls.

Concluding Comment

The Case Storylines provide disturbing evidence of the extent of abuse and exploitation that many of these girls have endured. All of them have been considered to be at risk of sexual exploitation and many are vulnerable in other ways.

Their abuse both within the home and the community alongside their social care profile would indicate that collectively the girls have the highest levels of need within this group of eighty. Their parents also have higher levels of need with regard to physical and mental ill health and substance abuse. There are also higher levels of parental criminality and family poverty.

As with many others in this group, the evidence would suggest that their behaviours and their involvement in the criminal justice system is linked with their very high levels of childhood abuse.

As with many others in the study group, it is hard to escape the conclusion that their involvement in the criminal justice system is in effect, punishing them for their earlier abuse.

Given that only one of them was assessed as posing a high risk of harm, is a criminal justice intervention an appropriate and just response to their behaviours?

Girls make up around seventeen-percent of the overall youth justice system, is a *boy-centric* youth justice system likely to be meeting their distinct needs?

References

[1] Within England and Wales in 2017/18 females made up 16% of those cautioned or sentenced. Source Youth Justice Statistics 2017/18 Ministry of Justice.
[2] DfE (2018) Schools pupils and their characteristics.
[3] Child Poverty Action Group, Child Poverty Facts and Figures 2017-18 cpag.org.uk accessed 21/9/19.
[4] Office for National Statistics (2018), Childbearing for women born in different years in England and Wales: 2017.
[5] Radford, L, et al, (2011) Child abuse and Neglect in the UK Today, NSPCC.
[6] Sidebotham, P, et al (2016), Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014, Department for Education.
[7] Brandon, M, et al (2020, complexity and challenge: a triennial analysis of SCRs 2014-2017, Department for Education.

Key Findings - Children and Custody

- Sixty-six percent are from a black, asian or minority ethnic group, (for the overall group of eighty this figure is 59%);
- There were only two (7%) children where childhood abuse was not confirmed or suspected;
- Over a quarter (26% of 27) of these children had endured three or more types of child abuse;
- Eight out of ten of these children (81% of 27) were confirmed or suspected to be the victim of violence in the community;
- Twenty children (74%) have been looked after children or subject to care orders compared with thirty-six (45%) of the overall group of eighty;
- Nearly three-quarters of these children had experienced living in poverty or debt;
- Only three (11%) of these children were recorded as living with their father;
- Only two (7%) children were still living with both their parents;
- Seventy-three percent of these children had a history of going missing;
- Four (15%) of these children were already parents themselves;
- For nine children (33% of 27) there was a diagnosis confirming at least one physical or mental health issue, neurodivergence or learning disability, in ten cases (37%) one of the above was suspected;
- Ten children (37%) have a suspected or confirmed learning disability;
- The average number of secondary schools attended by these children was more than three;
- Fifty-five percent of these children had been permanently excluded.

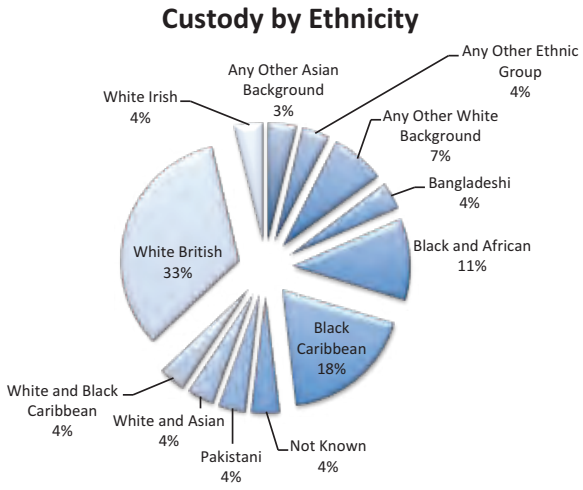
Children and Custody

There were twenty-seven children within the group who had received a custodial sentence, this is just over a third (34%) of the overall group of eighty. This chapter of the report provides a profile for this group of children.

Given the relatively small numbers in this group, care should be taken in considering the statistical information. One individual represents just under four-percent (3.7%).

Three are females and twenty-four are males. Their average age is 16.7 years which is a little higher than the overall group of eighty at 16.1 years. Five (18.5%) of these children were born outside of the UK.

In broad terms, eighteen (66%) are of Black, Asian or other minority group, nine (33%) are White British. The chart below provides a more detailed breakdown of the ethnic background of the custodial group.



Poverty

Twenty of the families (74%) of these children were living in poverty or debt and/or the child had entitlement to free school meals, the same percentage as the overall group of eighty.

The Index of Deprivation was recorded for twenty-four family addresses, fourteen (58%) of these addresses were in the ten-percent most deprived areas of England. This was higher than the overall group of eighty (46% of 71). (The chapter *Analysis of Risk Matrices* provides comparative data on poverty rates).

Health and Neurodiversity

There were nine children out of the twenty-seven (33%) where there was a diagnosis confirming at least one physical or mental health issue, neurodivergence or learning disability and a further ten children (37%) where at least one of the above issues was suspected.

Based on the four categories within the adjacent table that relate specifically to learning disability or difficulties. There were ten children (37%) with a suspected or confirmed learning disability. The adjacent table provides a breakdown of the issues for this group.

This compares with forty-five percent of the overall group of eighty who had a diagnosed health condition and thirty-four percent with a suspected condition.

Three of the custody group, had a single diagnosed condition, six had more than one diagnosed condition, ranging from two to seven diagnosed conditions.

Surprisingly perhaps, in terms of their overall health profile, whilst still having seventy percent with a suspected or diagnosed health issue the extent of health concerns is lower than the overall study group of eighty where that figure is seventy-nine percent.

Relevant information regarding their mental health is that:

Custody - Health Issues	Suspected	Assessed/ Diagnosed
Physical Disabilities	0	2
Hearing Impairment	1	1
Visual Impairment	1	0
Multi-Sensory Impairment	0	1
Chronic Physical Health Issue	0	1
Mental Health Concerns	9	3
Learning Disabilty/Difficulties	6	2
Specific Learning Difficulties	3	3
Moderate Learning Difficultie	4	3
Severe Learning Difficulties	2	0
Social, Emotional & Mental Health Issues	9	5
Speech Language and Communication Issues	8	3
Dyslexia	3	1
ADHD/ADD	3	2
Autistic Spectrum Disorders or Aspergers	3	2
Traumatic Brain Injury	1	0
Foetal Alcohol Syndrome	1	1
Maternal Foetal Substance/Drugs Abuse	5	0

Note: When considering the table above it should be kept in mind that several children had multiple diagnosis/concerns.

- Eight (30%) were confirmed for self-harm, attempted suicide or suicidal ideation;
- Two (7%) had attempted suicide (both on more than one occasion);
- Early onset behaviour issues (under 5 years) were confirmed for eight children (30%) and suspected in five others (18.5%).

Within the overall population of eighty, twenty-one (26%) were confirmed as having self-harmed, attempted suicide or had suicidal ideation and twelve (16%) had attempted suicide.

Within the group of eighty early onset behaviour issues were confirmed for twenty-nine children (36%) and suspected in fourteen others (17%).

The following was recorded for substance misuse:

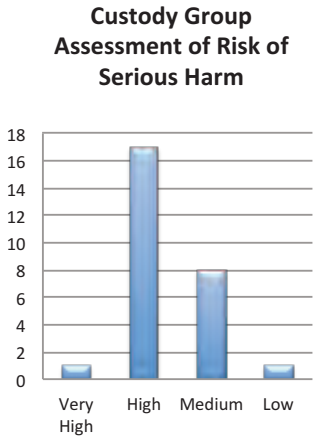
- Nineteen children (70%) were regularly using cannabis compared with fifty-four percent of the overall population of eighty;
- Three children (18.5%) were occasional users of cannabis compared with thirty percent of the overall population of eighty;
- One child (4%) was confirmed as a regular class A drug user compared with two-point-five percent of the overall population of eighty;
- There were six children (22%) who were occasional users of class A drugs compared to thirteen percent in the overall group of eighty;
- Six children (22%) were confirmed as regular alcohol users compared with twenty-three percent of the overall population of eighty;
- Fourteen children (52%) were occasional users of alcohol compared with forty-four percent of the overall population of eighty.

YOT Case Profile

Within the group, nineteen received a detention and training order, eight were sentenced to long term detention for a grave crime.

YOT practitioners assess the levels of risk children may pose using the ASSETPlus system, assessing both the Risk of Serious Harm (RoSH) and the Vulnerability of children to harm. The adjacent charts show the RoSH assessments and the assessed Vulnerability for the custodial group.

Nearly two-thirds of them (63%) them have high or very high vulnerability. Two-thirds of them (66%) pose a high or very high risk of harm to others.



Adversity and Abuse

Parental Loss

Only three (11%) of these children were recorded as living with their fathers and twenty-one (78%) were recorded as having their father absent. For fifteen children (55.5%) their fathers were recorded as lost to the child. (This compares with fifty-six percent for the overall population of eighty). The reasons were:

- Left partner/family (7);
- Divorce (1);
- Suicide (1);
- Murder (1);
- Imprisonment (1);
- Never known by child (2);
- Not Known (1).

Ten children (37%) were recorded as living with their mothers, thirteen had regular contact with their mothers and four were recorded as having their mothers absent. For two children mothers were recorded as lost to the child, the reasons were left partner/family and never known by child.

Only two children (7%) were still living with both their birth parents. Nationally, for children in low-income households the Department for Work and Pensions gives this figure as thirty-five percent.

Family Factors

Parenthood

The age at the birth of her first child was known for twenty-one of the mothers of these children. Twelve (57% of 21) had their first child aged under 20.

The age at the birth of his first child was known for twelve of the fathers of these children. For these fathers three (25% of 12) had their first child aged under 20. Four of these children are already parents.

Office for National Statistics data for England and Wales show that 6% of women born in 1997 had at least one child before they were aged twenty[1].

Parental Health and Substance Abuse

Parent(s) of nine children were known to have a current substance misuse issue and eight a previous substance misuse issue (The Case Storylines showed that for four children this was class A). Nearly two-thirds of these children (63%) have parents with previous or current substance misuse issues. For the overall group of eighty this figure was 56%.

The parent(s) of four children had a current or previous diagnosed mental health issue and nine had a suspected current or previous mental health issue. Nearly half of these children (48%) have a parent where there are known or suspected previous or current mental health issues. For the overall group of eighty this figure was fifty-seven percent.

Witnessing Domestic Violence

For thirteen (48%) children it was confirmed and in eight (30%) cases suspected that the child witnessed domestic violence. For the group of eighty in forty-six percent of cases it was confirmed and in twenty-nine percent of cases suspected that the child had witnessed domestic violence. Sibling violence was confirmed in two cases and suspected in five others.

Sixteen (59%) of these children were confirmed as having been exposed to some form of household violence (domestic violence and/or sibling violence).

Family Criminality

For three children there was current parental criminality and in twelve cases previous parental criminality. Fifty-five percent have parents with current or previous criminality. (For the overall group of eighty this figure was 53.5%).

Nearly two-thirds of these children (63%) have parents with previous or current substance misuse issues. For the group of eighty this figure was 56%.

Eight children had current sibling criminality, two children had previous sibling criminality. Well over a third (37%) had a sibling who had offended.

Nearly two-thirds (63%) of these children have lived with family criminality. (For the group of eighty this figure is 64%).

Child Abuse

There were only two (7%) children where childhood abuse was not confirmed or suspected:

- For eight children emotional abuse was confirmed and was suspected in eight others;
- For ten children emotional neglect was confirmed and was suspected in ten others;
- For eleven children physical neglect was confirmed and suspected in two others;
- For nine children physical abuse was confirmed and suspected in four others;
- Sexual abuse was confirmed for two children and suspected for six children.

One of the types of abuse above was confirmed for fifteen (55%) children. Thirteen (48%) children had been subjected to more than one type of abuse. Seven (26%) children had been subjected to three or more types of abuse.

Abuse Outside the Home

Other ways in which these children had been abused:

- Eight (66% of 12) children had been subject to multi-agency referrals as potential victims of child sexual exploitation;
- One (4%) child was confirmed as having been subject of dating/intimate partner violence, this was suspected in two (7%) cases;
- Being the victim of violence in the community was confirmed for eleven (41%) children and suspected in eleven (41%) cases;
- For five (18%) children being victim of discrimination in the community was confirmed and this was suspected in seven (26%) cases;
- For nine (33%) children being the victim of peer abuse/bullying was confirmed and suspected for six other children.

Behaviours

The most serious violent offence committed by this group was homicide. Previous serious violent offences included grievous bodily harm with intent (5 cases) and robbery (7 cases). Ten had previous convictions for common assault or actual bodily harm. There were only three cases without a previous conviction for a violent offence. There was one previous conviction for rape, no other previous sexual offences were recorded.

The following behaviours were also recorded:

- For twenty-two children (81%) aggression or threats to professionals was confirmed;
- Twenty (74%) children were confirmed as not complying with help or interventions;
- Twenty (74%) children had a history of going missing and one was suspected of going missing;
- Eighteen (69% of 26) children had a current or previous history of truancy/missing from school;
- Eight (30%) children were confirmed and twelve (44%) suspected of gang involvement;
- Twenty-one (78%) children were confirmed as having delinquent peer group involvement;
- Eighteen (66%) children had current or previous violence to other pupils;
- Fifteen (55.5%) children had current or previous violence to teachers;
- Damage to the family home was confirmed for fourteen children (52%) and suspected in three (11%) cases;
- For twenty-two (81%) children possession of a knife or blade was confirmed and this was suspected in two (7%) cases;
- For seven (26%) children possessing a blunt instrument as a weapon was confirmed, this was suspected in three (11%) cases;
- For four children (15%) possessing a bottle or glass as a weapon was confirmed, this was suspected for one (4%) child;
- For two (7%) children possessing an air weapon was confirmed;
- For three (11%) children possessing an imitation firearm was confirmed, this was suspected for one (4%) child;
- For one child (4%) possessing a firearm was confirmed;
- Nineteen (73% of 26) children were recorded as perpetrators of violence in the community this was suspected in three (11% of 26) cases.

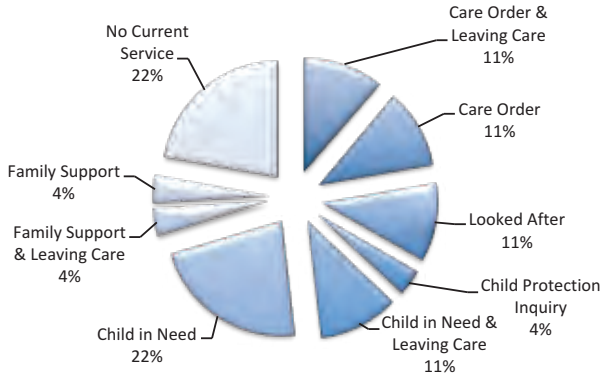
Social Care Profile

Twenty-one (78%) children had current social care involvement. Their current social care status was:

- Six (22%) children were on care orders;
- Three (11%) children were looked after children;
- One (4%) child was subject of a child protection inquiry;
- Nine (33%) were children in need.

There were also seven children (included above) who in addition to other services, were recorded as being in receipt of leaving care services. The chart below provides a more detailed breakdown of current service provision.

Custody by Current Social Care Services



In terms of current and previous social care involvements:

- Nearly three-quarters (20 or 74%) have been looked after children or subject to care orders;
- Over-half (14 or 52%) have been the subject of a child protection plan;
- Eighteen (66%) have been deemed to be children in need.

Twenty-six (96%) have had a social care service only one child out of the twenty-seven having not had an intervention from social care.

Viewed against the legal thresholds for social care involvement their profiles with social care services evidences their longstanding, very high levels of need. (These legal thresholds are discussed in detail in the chapter *Analysis of Risk Matrices*),

Educational Profile

The vast majority have clearly experienced significant educational turbulence:

- Five children had attended two or more primary schools;
- The average number of secondary schools attended for twenty-six of these children was more than three (see note below);
- Three children had attended five or more secondary schools;
- Fifteen had been permanently excluded;
- Fifteen were subject to managed moves;
- Ten (37%) had been subject to a special educational needs statement or an education health and care plan (For the overall group of eighty this figure is 30.5%).

Note: one child was recorded as having attended more than twenty-five schools - I have not included this child in the above average.

Comparison - Overall Group

The following compares some key statistics for this group compared with the overall sample group of eighty cases:

- Sixty-six percent of these children have a BAME heritage compared with fifty-nine percent of the overall group of eighty;
- Eighty-nine percent of these children were no longer living with their fathers compared with

eighty-five percent of the overall group of eighty;

- Fifteen percent of these children were parents compared with ten percent of the overall group of eighty;
- Ninety-three percent of these children were recorded as having been abused compared with eighty-nine percent of the overall group of eighty;
- Twenty-six percent of these children had a parent who had been in prison compared with twenty-one percent of the overall group of eighty;
- Seventy-four percent of these children had been looked after compared with forty-five percent of the overall group of eighty;
- Forty-eight percent of these children had been the subject of a child protection plan compared with forty-six percent of the overall group of eighty;
- Seventy-four percent of these children went missing compared with sixty-four percent of the overall group of eighty,
- Eighty-seven point five percent (21 out of 24) of these children attended two or more secondary schools compared with seventy-nine percent of the overall group of eighty.

The comparisons above are with the overall group of eighty of which this custodial group is a part, so differences between the custodial and non-custodial population will be affected by this.

Care also has to be exercised here because of the sample size, but what can be seen compared with the overall group is:

- An over-representation of BAME children;
- Slightly higher levels of poverty;
- Higher levels of parenthood;
- Higher proportions attending two or more secondary schools;
- Higher rates of EHCP/SEN plans;
- Greater representation of looked after children;
- Slightly higher levels of child protection plans;
- A greater propensity to go missing;
- Slightly higher levels of self harming behaviours;
- Lower levels of diagnosed health and disabilities;
- Little difference with regard to exclusions.

The position of BAME children and looked after children is concerning. The proportion going missing may indicate greater vulnerability and reflect the level of risk at home and/or greater propensity to take risks.

Within this group there are high rates of aggression or threats to professionals and high rates of failure to comply with interventions. This may evidence a lack of trust of adults and be a response to the extent to which adults have failed to protect them from abuse, it may also reflect the extent of their social exclusion. One might suspect that for many of them issues of aggression and non-compliance may have contributed to the imposition of custodial sentences. Is this perhaps further evidence of punishment of abuse?

Concluding Comment

Overall the above provides a range of evidence of the very significant needs of these children. In addition the Case Storylines have provided very poignant and tragic accounts of the harsh reality of virtually all of their lives.

The Case Storylines indicate, (with limited exception) around a third of these children have experienced significant abuse and adversity. For around two-thirds of them the levels of abuse loss and potential trauma have been very high and for some children this is at the extremes of child abuse and suffering.

In many of these cases I have been left with the inescapable conclusion that the use of custody as a sanction is further punishing them for the underlying causes of their behaviours.

Custody is likely to have caused them further harm and may well traumatise them. Given post custodial re-offending rates, it is also highly likely to increase their risk of further offending.

The principle aim of the youth justice system is the prevention of offending. Whilst the very serious nature of offending by some of them is clear. Is a custodial institution the right place to achieve the rehabilitation of children and address their very significant needs?

References

[1] Office for National Statistics (2018), Childbearing for women born in different years in England and Wales: 2017.

Key Findings - Gang Involved Children

- The proportions of BAME children in both *suspected* and *confirmed* gang involved groups is higher than the non-gang involved (NGI);
- There were higher proportions of children born abroad in both *suspected* and *confirmed* gang involved groups than the NGI group;
- Within both *suspected* and *confirmed* gang involved groups, a higher proportion of their parents were born abroad than the NGI group;
- A higher proportion of children *confirmed* as gang involved (75%) had lost their fathers than the NGI group (48%);
- Ninety percent of children *suspected* or *confirmed* as gang involved were recorded as having suspected or confirmed child abuse;
- There were higher proportions of children who are parents in both *confirmed* and *suspected* gang involved groups than the NGI group;
- Over three quarters of those *suspected* or *confirmed* as gang involved were suspected or confirmed to have witnessed domestic violence;
- Over a third of those *confirmed* as gang involved had a diagnosed or suspected learning disability;
- A quarter of those *confirmed* as gang involved had a diagnosed or suspected speech language and communication issue;
- Half of those *confirmed* of gang involvement and nearly two-thirds (61%) of those *suspected* of gang involvement had been assessed has having high or very high vulnerability;
- A higher proportion of gang involved children had attended more than one secondary school;
- Carrying of weapons is higher amongst those *suspected* and *confirmed* of gang involvement.

Gang Involved Children

The Police and Crime Commissioner for the West Midlands provided additional funding in order to ensure that there was a sample of gang involved children within the research study. The PCC funding was for thirty additional children.

Within the final sample there were seventeen children (21% of 80) where gang involvement was *confirmed* and a further thirty-two (40% of 80) children where gang involvement was *suspected* by the YOT researcher, a total of forty-nine gang involved cases. Just over 60% of children in the study group of eighty, have or are suspected of having gang involvement.

The number of gang involved children should not be taken as representative of the extent of gang involved children in the local youth justice system. A proportion of children were selected because of their gang involvement, the way that YOTs selected children is also likely to have resulted in complex cases (i.e. gang involved children) being selected.

Noted above is the fact that there are children where gang involvement was *confirmed* by the YOT researcher and also children where gang involvement was *suspected*. The YOT researchers were provided with common definitions around gangs drawn from government policy documents and legislation. However, defining what constitutes a gang and if a child is a member of a gang or if this is suspected, is a judgement that practitioners made.

In the analysis below I have differentiated between those *suspected* and those *confirmed* as being gang involved. Whilst there are similarities between the two groups there are also some key differences. I have compared both the *confirmed* and *suspected* gang involved with the profile of the non-gang involved group (NGI) of thirty-one children.

Given the relatively small numbers, care needs to be taken in drawing conclusions from the data. Slight variations in numbers can significantly change the results. (For the seventeen *confirmed* gang involved one child is 5.8%, for the thirty-two *suspected* of gang involvement one child is 3.1% and for the NGI group of thirty-one, one child represents 3.2%).

Within this chapter, unless otherwise given, percentages are for the overall number in each of these groups or within the group of eighty.

Age, Gender and Ethnic Origin

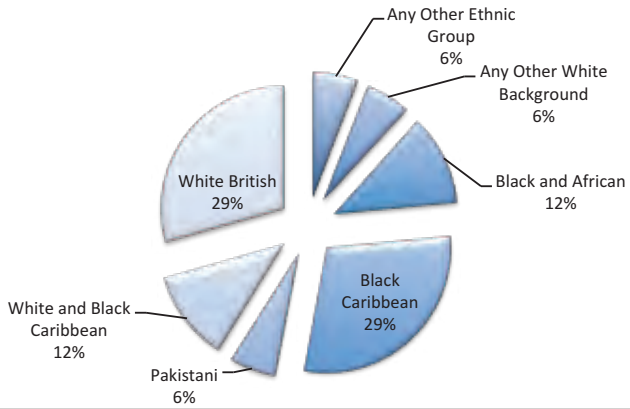
The average age of the forty-nine gang involved children is 16.1 years, this is the same for the *suspected* gang involved. The average age of the *confirmed* gang involved is slightly less at 16 years. The average age of the NGI group is also 16 years.

All of the *confirmed* gang involved children are boys. Three (9%) of the thirty-two *suspected* gang involved are girls, this compares with 32% of girls in the NGI group. A lower proportion of girls are involved in gangs than boys.

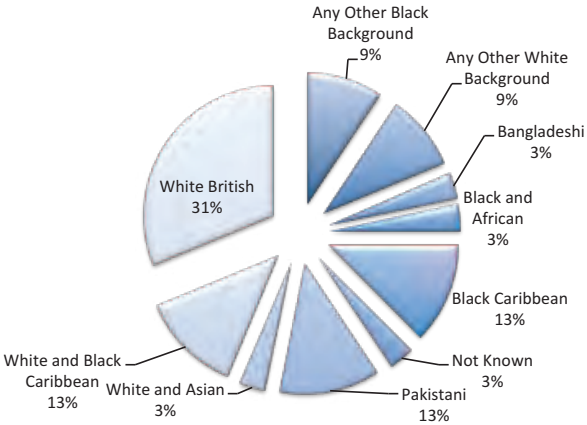
The three adjacent charts show the *confirmed* and *suspected* gang involved children by ethnicity followed by the NGI group of thirty-one. The White British proportion remains relatively constant for both gang involved groups but the proportion of White British children is much higher within the NGI group.

Conversely, representation of Black, Asian and Minority Ethnic (BAME) groups are higher in the gang involved groups. Within the NGI group just under half (48%) have a BAME heritage. The proportions of BAME children in both *suspected* and *confirmed* gang involved groups at around 70% is much higher. The proportions of BAME children from different groups varies across the two gang involved groups, the proportions of Black African and Caribbean children

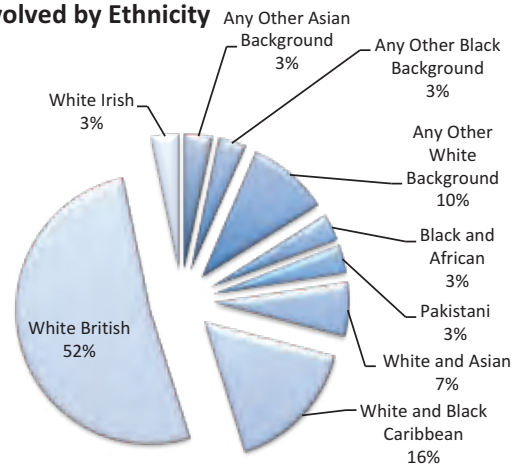
Confirmed Gang Involved by Ethnicity



Suspected Gang Involved by Ethnicity



Non Gang Involved by Ethnicity



in the gang *confirmed* group is noticeable as is the low representation of children of Asian heritage.

It is impossible to know if the ethnic representation results from the sampling approach or if it is representative of the ethnicity of gang involved children. However, this is an area of significant concern and is worthy of further detailed study.

Family and Parental Migration

In the group of eighty children, there were fourteen children from families who had migrated to the UK either before the child was born or whilst the child was an infant. Twelve of these children were *confirmed* or *suspected* of gang involvement. Five (27%) children were *confirmed* as gang involved and seven (22%) were *suspected* of gang involvement.

Four (23%) of the children who were *confirmed* as gang involved were born outside the UK, this figure was six (19%) for those *suspected* of involvement in gangs. This compares with two children (7%) for the NGI group. Ten out of twelve of the children born abroad are or maybe gang involved.

The significant levels of adversity faced by these children may be a significant contributing factor to their involvement or suspected involvement in gangs. Alongside many others within the overall group of children being studied, all of these children have suffered significant adversity that for the majority includes family violence, abuse and loss.

However, they also have faced the additional adversity that being from a migrant family may have caused for them. Over a third (36%) of these families came from very troubled areas of the world, including countries known for genocide or human rights atrocities. For the great majority of these children it seems likely that on arrival in the UK their English language skills will have been limited or non-existent.

For children both *confirmed* and *suspected* of being gang involved a much higher proportion of their fathers and mothers were born abroad compared to the NGI group. (This is related to the higher proportion of BAME children within the gang involved groups).

For the *confirmed* gang involved there are twelve children whose ethnicity is other than White British. The fathers of seven of these children (58%) and six of their mothers (50%) were born abroad.

For the *suspected* gang involved there are twenty-one children whose ethnicity is other than White British. The fathers of thirteen of these children (62%) and eleven of their mothers (52%) were born abroad.

Within the NGI group, for the children whose ethnicity is other than White British, three (11% of 28) of their fathers were born abroad and two (7% of 31) their mothers.

The extent to which the children of migrant families and children of parents who have migrated are involved in gangs is another area of significant concern and may be related to underlying discriminatory factors. This is also worthy of further detailed study. The following chapter Migrant Children begins to explore the issues for the children of migrant families.

Poverty

Ten (59%) percent of the *confirmed* gang involved children came from families who were recorded as currently living in poverty or debt, this figure was fourteen (44%) for those *suspected* of gang involvement. This compares with eighteen (58%) for the NGI group.

Health and Neurodiversity

Eight (47%) of the *confirmed* gang involved children had a diagnosis confirming at least one physical or health issue, neurodivergence or learning disability. This figure was eleven (34%) for those *suspected* of gang involvement. This compares with sixteen (52%) for the NGI group.

With regard to learning disabilities, in the *confirmed* gang involved group four (23%) children had a diagnosed learning disability and two (12%) had a suspected learning disability a total of six (35%).

Within the *suspected* gang involved group four (12.5%) children had a diagnosed learning disability and two (6%) had a suspected learning disability a total of six (19%) children.

For the NGI group six (19%) had a diagnosed learning disability and five (16%) a suspected learning disability a total of eleven (35%) children.

Speech language and communication (SLC) issues were diagnosed for three (19% of 16) children and suspected for one (6% of 16) of the *confirmed* gang involved. For the *suspected* gang involved there was one (3%) child diagnosed and eight (25%) children with a suspected SLC issue. For the NGI group there were four (13% of 30) children diagnosed and six (20% of 30) children with suspected SLC issues.

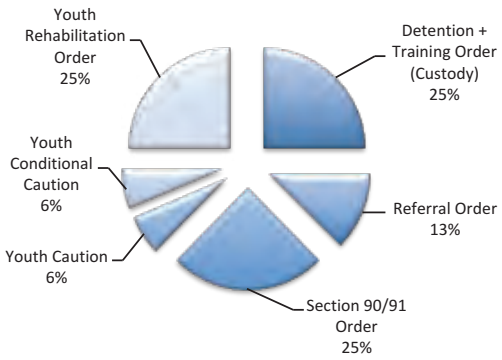
Nine (53%) of the *confirmed* gang involved children had been referred to CAMHS, this figure was fifteen (47%) for those *suspected* of gang involvement. This compares with twenty-one (68%) for the NGI group. Given the known mental health issues for gang involved children and the behaviour issues including higher levels of substance misuse shown below, the lower level of CAMHS referrals is concerning.

Ten (59%) of the *confirmed* gang involved group were regular users of cannabis as were twenty (64% of 31) of those *suspected* of gang involvement. This compares with thirteen (42%) for the NGI group.

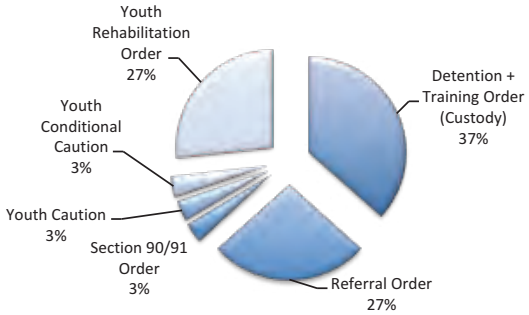
Youth Justice Profile

The adjacent charts show the current youth justice order for those *confirmed* and *suspected* of involvement in gangs. In the *confirmed* gang involved

Confirmed Gang Involved by Order



Suspected Gang Involved by Order



group half (50%) are subject to custodial sentences (s91 and DTO) as are forty-percent of those *suspected* of gang involvement. This compares with twenty-two percent for the NGI group. This may indicate a greater likelihood of custodial sentencing for *confirmed* gang involved children possibly related to seriousness of offending and assessed levels of risk of harm (see MAPPA and RoSH levels below). However, this would also benefit from further investigation linked with the disproportionate number of BAME and migrant children identified as involved with gangs (Detailed information on offence records was not available as part of this research).

Seven (47% of 15) of the *confirmed* gang involved group had been referred to Multi-agency Public Protection Arrangements MAPPA). This figure was three (11% of 27) for *suspected* gang involved. This compares with five (16%) for the NGI group. In the group of eighty children three were managed through MAPPA on a level 2 multi-agency basis. Two were *confirmed* and one *suspected* of gang involvement.

Eight (50% out of 16) of the *confirmed* gang involved group had been assessed by the YOT as a potential high or very high risk of harm (RoSH), this figure was 35% (31 records) for those *suspected* of gang involvement. This compares with six (19% of 28) assessed as high risk of harm in the NGI group.

Eight (50% of 16) of the *confirmed* gang involved group had also been assessed by the YOT as having high or very high vulnerability, this figure was nineteen (61% of 31) for those *suspected* of gang involvement. This compares with eleven (38% of 29) for the NGI group.

Weapon Possession and Violence

Thirteen, (76%) of the *confirmed* gang involved group were confirmed as having possessed a knife or blade, this figure was twenty (62.5%) for those *suspected* of gang involvement. This compares with seven (23% of 30) for the NGI group.

Four, (23.5%) of the *confirmed* gang involved group were confirmed as having possessed a blunt instrument as a weapon, this figure was six (19% of 31) for those *suspected* of gang involvement. This compares with two (6%) for the NGI group.

Five, (31% of 16) of the *confirmed* gang involved group were confirmed as having possessed an imitation firearm, none of those *suspected* of gang involved had possessed an imitation firearm. This compares with one (3%) for the NGI group. Overall across the group of eighty, six were confirmed as having possessed an imitation firearm, five of these were in the *confirmed* gang involved group. One child confirmed as possessing a firearm was *confirmed* as gang involved.

Ten, (59%) of the *confirmed* gang involved group had been subjected to violence in the community, this figure was fifteen (47%) for those *suspected* of gang involvement. This compared with nine (29%) for the NGI group.

Ten, (59%) of the *confirmed* gang involved group had perpetrated violence in the community, this figure was nineteen (61% of 31) for those *suspected* of gang involvement. This compares with thirteen (42%) for the NGI group.

Drug Supply

One of the *confirmed* gang involved group had a conviction for supplying class A drugs and one was suspected of supplying class A drugs, eight were suspected of supplying cannabis. Overall ten (59% of 17 (7 records missing data) children *confirmed* as gang involved were known or suspected of supplying drugs.

For those *suspected* of gang involvement one had a conviction for supplying class A drugs and seven were suspected of supplying class A drugs, two were convicted for supplying cannabis and fourteen were suspected of supplying cannabis. Overall twenty-four (75% of 32 (7 records missing data) were known or suspected of supplying drugs.

This compares with seven suspected of supplying cannabis (22% of 31 (24 records missing data)) for the NGI group.

From the above, for gang involved children we can see higher levels of involvement in substance misuse and supply, as victims and perpetrators of violence in the community and weapon possession. This needs to be considered alongside the information below that shows their higher levels of abuse and loss. When considered together, this shows the significantly increased safeguarding issues and levels of risk that are present for gang involved children.

Adversity and Abuse

Family Factors

Twelve (75% of 16) of the *confirmed* gang involved group were recorded as having lost their fathers, this figure was 17 (53%) for those *suspected* of gang involvement. This compares with fifteen (48%) for the NGI group.

Four (23.5%) of the *confirmed* gang involved group were living with their father, this figure was two (6%) for those *suspected* of gang involvement. This compares with six (20% of 30) for the NGI group.

Two (12%) of the *confirmed* gang involved group and five (16%) of the *suspected* gang involved group are parents. Within the NGI group, three children (10% of 30) are parents.

Forty-four (90%) of the forty-nine children *suspected* or *confirmed* as gang involved were recorded as having suspected or confirmed child abuse. Within the group *confirmed* as gang involved sixteen children (94%) had suspected or confirmed child abuse. This figure was 87.5% for those *suspected* of gang involvement. This compares with twenty-seven (87%) for the NGI group.

Within the group *confirmed* as gang involved thirteen (76%) were suspected or confirmed as having witnessed domestic violence. This was higher twenty-six (81%) for those *suspected* of gang involvement. This compares with twenty-one (70% of 30) for the NGI group.

Fifty-two percent of the *confirmed* gang involved group had a parent(s) with current or previous criminality, this figure was 46% for those *suspected* of gang involvement. This factor was highest for the NGI group (61%).

Five (29%) of the *confirmed* gang involved group had parents who had been in prison and five (16%) of the *suspected* gang involved had a parent who had been imprisoned. This compares with eight (26%) for the NGI group.

Three (23.5%) of the *confirmed* gang involved group had siblings with current or previous criminality, this compares with ten (32.5%) for those *suspected* of gang involvement. Within the NGI group this number was nine (29%).

Ten (59%) of the *confirmed* gang involved group had a history of going missing, this figure was twenty-two (69%) for those *suspected* of gang involvement. This compares with nineteen (61%) for the NGI group.

Child Sexual Exploitation

Four (23.5%) of the *confirmed* gang involved group were recorded as having been referred to an inter-agency panel as possible victims of sexual exploitation, this figure was nine (28%) for those *suspected* of gang involvement. This compares with twelve (39%) for the NGI group.

One factor that is reflected in these figures is the higher rates of referral of girls for CSE (100%) and the lower proportion of girls in the gang involved groups (three girls were suspected of gang involvement).

These differences may also in part reflect a failure to recognise the extent to which boys may be subjected to sexual exploitation and also the understanding of the nature and extent of involvement of girls in gangs.

Education Profile

Fourteen (82%) of the *confirmed* gang involved group had attended more than one secondary school. This figure was twenty-seven (84%) for those *suspected* of

gang involvement. This compares with eighteen (58%) for the NGI group.

For the *confirmed* gang involved group, seven (41% of 17) had been permanently excluded. (There were four records with missing data).

For the *suspected* gang involved group, nineteen (59% of 32) had been permanently excluded. (There were seven records with missing data).

This compares with fourteen (45% of 31) permanently excluded for the NGI group. (There were seventeen records with missing data).

Social Care Profile

Twelve (70.5%) of the *confirmed* gang involved had current social care involvement, two were subject to care orders, one was on an interim care order, one on a child protection plan, six were children in need and two family support cases. Fifteen out of seventeen (88%) of the *confirmed* gang involved group had received one or more services from social care.

Twenty-one (66%) of *suspected* of gang involved had current social care involvement, two subject to care orders, two looked after children, one subject to child protection investigation, six on child protection plans, eight children in need and two family support cases. Thirty out of the thirty-two (94%) *suspected* of gang involvement had received one or more services from children's social care.

This compares with twenty-six (83%) of the NGI group who had current social care involvement. Twenty-seven (87% of 31) of the NGI group had received one or more social care services.

Given the levels of safeguarding issues and risks related to the gang involved children, lower levels of social care involvement require consideration.

Comparison of Groups

As was noted at the outset of this chapter, caution has to be adopted because of the relatively small numbers involved, particularly as there are just seventeen *confirmed* as gang involved. This is also a complex data set and comparisons are being made across three groups, all of whom are within the criminal justice system. In addition the selection of these children was weighted towards more complex cases and this may be reflected within the profile of the groups.

Between the three groups considered here, the non-gang involved, the seventeen *confirmed* gang involved and the thirty-two *suspected* gang involved, there are a range of differences as well as some similarities. Whilst respecting the limitations outlined in the paragraph above, the following considers these differences but also the similarities across the groups.

There are a small number of key areas where there are **collective similarities** between the three groups:

- They are all of a similar age;
- Their **historic** level of involvement with social care services is fairly similar, although a little higher for both gang involved groups;
- They have all suffered significant levels of child abuse, although this is again a little higher for both gang involved groups;
- Their exposure to domestic violence was again at a similar level although higher for the gang involved particularly the *suspected* group.

Broadly, these are children of similar age, with similar profiles in terms of abuse, exposure to domestic violence and historic social care involvement.

One of the most significant areas where we see **variations within the three groups** relates to ethnic origin and family migration:

- The proportions of White British children within both the *confirmed* and *suspected* gang involved groups are similar as are the overall proportions of BAME children;
- However, compared with the NGI group BAME children are over-represented in both the *confirmed* and *suspected* gang involved group;
- Within the NGI group BAME children make up forty-eight percent of the group, whereas they make up around seventy-percent in both of the gang involved groups;
- Asian children have a very limited representation (one child 6%) in the *confirmed* gang involved group, but make up 16% of the *suspected* gang involved and 11% of the NGI group;
- Black Caribbean and Black African children make up a large proportion 42% of the *confirmed* gang involved group, but a much smaller proportion of the *suspected* and NGI group (16% and 15% respectively);
- The *confirmed* (23%) and *suspected* (19%) gang involved have much higher proportions of children born abroad than the NGI group (7%), (the twelve children born abroad in the group of eighty, are all in the gang involved groups);
- The *confirmed* and *suspected* gang involved also have much higher proportions of both mothers and fathers who were born abroad.

The very wide differences between the NGI group and the gang involved group with regard to parental and family migration requires further study.

Other significant areas where we see **variations** (some quite wide) **within the three** groups:

- Going missing is highest for the *suspected* gang involved (69%), lowest for the *confirmed* gang involved (59%) with the NGI group slightly higher (61%);
- Suspected and confirmed learning disabilities have a wide spread with the lowest being the *suspected* gang involved (19%) and the *confirmed* gang involved and NGI group both being much higher at thirty five percent;
- MAPPA referrals (for serious offending) are markedly higher for the *confirmed* gang involved (47%) and much lower for both the *suspected* (11%) gang involved and the NGI group (16%).

The following are areas where we see **variations** between both the gang *confirmed* and gang *suspected* **with the NGI group**. Firstly areas where the ***confirmed*** gang involved are **highest**:

- Loss of fathers is highest for the *confirmed* gang involved (75%), lower for the *suspected* gang involved (53%), the NGI group is lowest (48%);
- The assessed level of risk of serious harm (RoSH) at high or very high, is highest for the *confirmed* gang involved ((50%), lower for those for those *suspected* of gang involvement (35%) and lowest for the NGI group (19%);
- Being the victim of violence in the community varies widely with the *confirmed* gang involved being highest (59%, lower for those *suspected* of gang involvement (47%), with the lowest being the NGI group (29%);
- The *confirmed* gang involved have higher levels of knife possession with three quarters (76%) known to have carried knives, the suspected gang involved being lower (62.5%) and the NGI much lower (23%).

In addition the gang *confirmed* have the highest level of possession of imitation firearms with approaching a third known to have carried them. Five of the six children known to have carried imitation firearms are in the gang *confirmed* group.

Where the ***suspected*** gang involved is **highest**:

- Multiple secondary school moves is highest for the *suspected* gang involved (84%), slightly lower for the *confirmed* gang involved (82%) and much lower for the NGI group (58%);

- Rates of exclusions are highest for the *suspected* gang involved (59%), lower (45%) for the NGI group and lowest for the *confirmed* gang involved (41);
- Five (16%) of the *suspected* gang involved group are parents as are two (12%) of the *confirmed* gang involved group, in the NGI group, three children (10% of 30) are parents;
- Regular use of cannabis is highest for the *suspected* gang involved (64%), slightly lower for the *confirmed* gang involved (59%) with the NGI group lowest (42%);
- Suspected or confirmed drug dealing is highest by some margin for the *suspected* gang involved (75%) lower for the *confirmed* gang involved (59%) and significantly lower for the NGI group (22%);
- The assessed level of Vulnerability at high or very high is highest for the *suspected* gang involved (61%), lower for those for those with *confirmed* gang involvement (50%) and significantly lower for the NGI group (38%);

Where the **NGI** group is **highest**:

- Parental criminality is highest for the NGI group (61%) but similar between the *confirmed* gang involved (52%) and the *suspected* gang involved group (46%);
- Current social care involvement was highest for the NGI group (83%), lower (70.5%), the *confirmed* gang involved and lower again for those *suspected* of gang involvement (66%);
- CSE is highest for the NGI group (39%) lower for the *suspected* gang involved (28%), with the *confirmed* gang involved lowest (23.5%) (proportions of girls in the groups affect this);
- A diagnosed health condition is highest for the NGI group (52%), lower for the *confirmed* gang involved (47%) and lowest in those *suspected* of gang involvement (34%);
- CAMHS referrals are highest for the NGI group (68%), lower for the *confirmed* gang involved (53%), with the lowest being those *suspected* of gang involvement (43%).

Perhaps the most noticeable issue here is the much higher proportions of BAME children within the *suspected* and *confirmed* gang involved groups. The proportion of Black African and Caribbean children is a stark feature within the *confirmed* gang involved group the low representation of Asian heritage children is another noticeable feature.

The higher proportion of Black African and Caribbean children who are seen to be gang *involved*, means we have to consider the societal factors that may push Black children towards gang involvement including the extent to which this may be influenced through underlying discriminatory factors present in children's lives as well as agency systems and responses.

We also have to consider how children are pulled towards gangs and come to define themselves and be defined as gang involved and whether this may also be influenced through discriminatory factors.

Loss of fathers is much higher for the *confirmed* gang involved and their levels of abuse are slightly higher.

The level of multiple secondary school moves for both *suspected* and *confirmed* gang involved children is noticeable although the factors that underlie this are not evident. There is a need to explore whether multiple moves have been a contributory factor to gang involvement, or whether gang involvement has led to school moves. Both of these factors may of course be evident.

The areas where **proportions of gang involved children are lower** or conversely where NGI children have higher representation are also noticeable. An important caveat here is that the areas being explored here are relative to other children in the justice system.

Poverty is lower for *suspected* gang involved children than with the NGI group.

The lower levels of parental criminality for both gang *suspected* and gang *confirmed* are perhaps surprising but the highest proportion of parental imprisonment was in the *confirmed* gang involved group.

Also noticeable is the lower levels of current engagement of the *confirmed* gang involved with social care services and the much lower levels of engagement of the *suspected* gang involved compared to the NGI group. For the *confirmed* gang involved we also see lower levels of referral to CAMHS.

Other aspects of the lives and behaviours of both the *confirmed* gang involved and *suspected* gang involved can be seen if we consider them **through the lens of risk** including risk taking. So for example:

- Higher proportions in both groups are parents and this would indicate taking risks around both conception and sexual health;
- Much higher proportions in both groups carry knives and whilst this may be perceived (by them) as creating safety through self-defence, it carries known risks of harm, criminalisation and imprisonment;
- Much higher proportions in both gang involved groups use cannabis which has risk of criminalisation and mental and physical health risks;
- Much higher proportions in both gang involved groups are known or suspected to deal in drugs with the significant risks that often entails for themselves and others;
- In terms of their Vulnerability to harm both of the gang involved groups are judged to present higher risk particularly those *suspected* of gang involvement and this may in part reflect the risks they take;
- In terms of their propensity to be harmful to others again both the gang involved groups are judged to present higher risk than others (evidenced in their RoSH scores and their behaviours).

The *confirmed* gang involved also evidence the risks they present to others with the highest rates of carrying weapons, their high rates of committing violence in the community, their higher RoSH scores and their much higher level of MAPPA referrals. Their higher rates of custodial sentencing also signify that they have been viewed to pose higher levels of risk.

Turning the focus to the *suspected* gang involved. I was struck by the differences between them. Perhaps the *suspected* gang involved are children who have more peripheral involvement with gangs? Maybe these are children who aspire to be gang involved and are being exploited to a greater degree?

Their involvement may be being driven to a greater extent through their exploitation (i.e. County Lines). This might account for why such a high proportion are known or suspected of dealing drugs and also why higher numbers go missing.

Great care needs to taken when considering what these behaviours and assessments signify, most particularly when considering the possibility of criminal or sexual exploitation of these children. Their risk taking behaviours also needs to be considered within the context of the chapter above Through An ALTAR™ lens which evidences that abused and neglected children are more likely to engage in risk taking behaviours and that adults who have been physically abused in childhood are more aggressive and more frequently arrested for violent crime. (Brown and Ward (2013))[1]

Concluding Comment

From the above analysis there are some key factors that can be identified for those *confirmed* as involved in gangs. What has to be kept in mind is that the sample sizes are small and that the comparative data relates entirely to children in the youth justice system. The sample group selection also needs consideration.

I have also focussed here on the factors most prevalent for those *confirmed* as gang involved. However, these factors are also present to varying degrees across all of these groups of children studied and some factors may reflect inherent structural discrimination. So these factors are not intended to provide any kind of individual diagnostic tool for gang involvement.

They may however have strategic use in terms of understanding the profile and needs of *confirmed* gang involved children and also assist with framing further research.

Within the above context the following underlying factors are present for higher proportions of those *confirmed* as gang involved:

- Boys;
- Black African or Caribbean heritage;
- Born abroad;
- Childhood abuse;
- Loss of fathers;
- Parental imprisonment.

With regard to their current context and behaviours higher proportions of those *confirmed* as gang involved:

- Have higher rates of secondary school moves;
- Are victims of violence in the community;
- Perpetrate violence in the community;
- Possess weapons;
- Are judged to pose a risk of serious harm;
- Are in custody.

Family and parental migration and settlement appears to be an important factor for many of these children. Factors in their lives revealed in the Case Storylines would suggest that for some an alienation from family culture and values, as well as discrimination may be important factors in their involvement in gangs. Perhaps for some their gang involvement also reflects a search for belonging in a new context?

The levels of risk and the safeguarding issues that have been revealed for gang involved children are deeply concerning. These perhaps reflect their higher levels of abuse and loss. Levels of referrals to CAMHS and current social care involvement need to be considered against these contexts.

In several places within this chapter I have expressed concern at the proportions of BAME children within those involved in gangs and also noted the numbers of children involved in gangs where there has been parental or family migration. As I have noted earlier, given the geographic spread of these cases from across a wide range of authorities I have not been able to access directly comparative data on populations.

However, the figures that I have detailed provide a very worrying picture and further research is clearly needed to better understand the extent to which structural factors and agency systems and processes may be underlying these issues.

Reference

[1] Brown, R, Ward H, (2013). Decision making within a child's timeframe: An overview of current research evidence for family justice professionals concerning child development and the impact of maltreatment, The Childhood Wellbeing Research Centre.

Key Findings - Migrant Children

- Over half of these children (57%) were Black;
- Over a third (36%) of these families came from areas of the world known for genocide or human rights atrocities;
- Three quarters (75%) of the families lived in areas of high deprivation and half had experienced living in poverty;
- Only three (21%) children were still living with both of their birth parents;
- Thirteen of the fourteen children were recorded as having suspected or confirmed child abuse;
- In half of these cases (50%) the child was known to have been exposed to domestic violence, this was suspected in a further three (21%) cases;
- Nine-out of-ten (93%) children had received one or more services from children's social care;
- Nearly three quarters (71%) of these children were regular cannabis users, three (21%) were occasional users (one didn't use cannabis);
- More than three-quarters (78%) of these children have high or very high vulnerability;
- Over half of (57%) of these children pose a high or very high risk of serious harm to others;
- Half of them (50%) were subject to custodial sentences, compared with a third (34%) of the overall group of eighty;
- Three children (21%) were at risk of deportation because of their offending behaviour;
- Twelve of the fourteen migrant children (86%) were confirmed or suspected of gang involvement;
- Eight out of ten (86%) were confirmed as having possessed a weapon as opposed to fifty-percent of the overall group of eighty.

Migrant Children

Within the group of eighty children there were a total of eighteen (22.5%) children where both parents were born abroad. From the Case Storylines it seemed that in four of these cases individual parental migration had taken place before a family was formed. I have discounted these children from this analysis as it appears that these were parents who came to the UK at a younger age and then entered relationships and had children.

For the remaining fourteen children (17.5% of the group of eighty) it was clear from the Case Storylines that migration had taken place of a family unit. There were two children born within the UK to families that had migrated, the remaining twelve children were born outside the UK. Two (14%) of the fourteen children from migrating families were girls and there were twelve boys (86%). (Whilst two children were born within the UK, the term migrant children is applied here to all of these fourteen children).

The earlier analysis of children involved with gangs and those in custody began to reveal the extent of representation of migrant children in these groups:

- Twelve of the fourteen migrant children are or may be gang involved;
- Half the children (50%) had been in custody;
- Five (18.5%) of the children subject to custodial sentences were born outside of the UK.

What became clear from the following analysis are the very high levels of vulnerability and risk within this group. Along with others being studied, they are all children who have suffered significant adversity.

One would imagine that deciding to migrate to the UK, will for most, if not all of these families, have included being motivated to improving the lives of their children. Whether that was for education or

economic reasons or in some cases to protect them from oppression, war or genocide. Against this context, one has to question how the poor outcomes for these children including their high representation within custody and as gang involved children have arisen.

Nadira Huda, a social worker who has significant experience of working with migrant families, has suggested that a range of underlying factors may have intersected in the lives of these children and their families including:

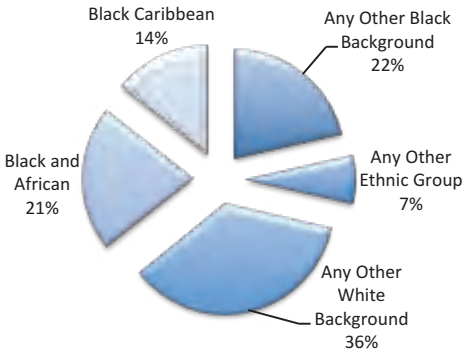
- *the trauma experienced by parents fleeing from their country of origin;*
- *the difficulties of orienting to a new society;*
- *not being able to communicate with service providers and schools;*
- *relying on children to interpret, which may cause* [parents] *to lose authority, as they rely on children to negotiate for them.*

Finally the traumatising impact of racism and racist violence on these children as well as racism experienced by parents may have *whittled away their authority*[1].

The following explores some of the key data for this group from the Risk Matrices. Given the distinct position of the children, this chapter also considers the qualitative data from the Case Storylines. Where statistical comparisons are made the caveat of small numbers in the group needs to be considered. With regard to the group of fourteen children considered here, one case represents seven percent, so small changes in numbers impact on percentages markedly.

Approaching a third (28.5%) of these migrations were of single mothers. In two instances lone mothers migrated with children and in two instances lone mothers migrated and the child, (having remained with relatives), joined them two or three years later.

Migrant Children by Ethnicity



In broad terms the families origins were as follows:

- Africa - six families;
- Eastern Europe - five families;
- West Indies - two families;
- Western Europe - one family.

The chart above shows their ethnic classifications. Well over half of these children (57%) were Black. The group comprised two girls and twelve boys. Their average age was just over sixteen (16.4) years. Information in the Case Storylines showed when nine of the twelve children born abroad arrived in England. The youngest was aged one and the oldest around twelve years of age.

For three families who had migrated from Africa their migration to the UK had been via Western Europe and three of these children were born in European countries. In consequences their heritage (and one might suspect language) was both African and European. So, some children have lived in the culture and language of two countries and others in the culture and language of three countries.

Whilst the context for migration is important in understanding potential abuse, loss and trauma for children and other family members, this was rarely recorded in the research data. For one family economic reasons were evident and in another improvement of educational opportunities for children were given.

Three families (including an asylum seeking family) originated in countries known for genocide and two other families from countries known for human rights atrocities. Over a third (36%) of these families came from very troubled areas of the world.

Poverty

Four (28.5%) of the families of these children were recorded as living in poverty or debt and one (7%) were recorded as having previously lived in poverty or debt. This is much lower than the overall group of eighty where 63% were recorded as either currently living in poverty or debt or having previously experienced living in poverty or debt.

However, eligibility for free school meals were known for seven children. Of these two (28.5%) were known to be eligible for free school meals (eligibility is based upon receipt of income related benefits). In addition the Case Storyline showed that another mother was in receipt of housing benefit and child tax credit (low income related benefits). Consequently it can be concluded that at least seven (50%) of these children have lived with family poverty whereas for the overall study group, seventy percent had lived in poverty or debt or were entitled to free school meals. An issue identified in one family, because of migrant status, was eligibility for access to public funds.

The Index of Deprivation was recorded for twelve family addresses. Five (42% of 12) were in the 10% most deprived areas of England, three (25% of 12) were in the 20% most deprived areas of England and one was in the 30% most deprived areas of England.

For the twelve children where it was recorded, three quarters (75%) of the family addresses were in areas where deprivation was high. This is higher than the overall group of eighty, where this figure was sixty-six percent (66% of 71).

The above can be contrasted with Child Poverty Action Group figures[2] which show that 30% of UK children live in poverty, indicating a significant over-representation of poverty within this group. (The chapter *Analysis of Risk Matrices* provides comparative statistics on poverty rates).

Health and Neurodiversity

Regarding four out of the fourteen children (28.5%) there was a diagnosis confirming at least one physical or mental health issue, neurodiversity or learning disability issue. For the overall group of eighty this figure was forty-five percent. There were a further five children (36%) where one of the above issues was suspected. For the overall group of eighty this figure was thirty-four percent.

Two had a single diagnosed condition, two had more than one diagnosed condition (one with three and one with five conditions). The table overleaf shows the range of health and other issues they experienced.

Five of the fourteen (36%) had been referred to Child and Adolescent Mental Health Services (CAMHS). For the overall group of eighty this figure was 56%. All were referred to CAMHS aged thirteen or over.

Early onset behaviour issues (under 5 years) were confirmed for one child (7%). For the overall group of eighty this figure was over a third (36%).

One was confirmed as having self-harmed. For the overall group of eighty twenty-one (26%) were confirmed as having self-harmed, attempted suicide or had suicidal ideation, twelve (16% of 76) had attempted suicide.

Overall these children, from migrant families appear to have better physical and mental health, lower rates of early behaviour issues and less self harming behaviours than the overall group of eighty.

Health Issues Migrant Children	Suspected	Assessed/ Diagnosed
Physical Disabilities	0	2
Visual Impairment	0	1
Multi-Sensory Impairment	0	2
Chronic Physical Health Issue	0	3
Mental Health Concerns	0	3
Learning Disabilty/Difficulties	2	0
Moderate Learning Difficulties	1	1
Severe Learning Difficulties	1	0
Social, Emotional & Mental Health Issues	0	4
Speech Language and Communication Issues	1	2
Dyslexia	1	0

Note: When considering the table above it should be kept in mind that some children had multiple diagnosis/concerns.

However, particularly where eligibility to remain in the country is in doubt, migrant families may be reluctant to engage with public services, there may also be issues related to knowledge of rights to access services, trust of services and language barriers. So there is a need question whether this represents the actuality of their health or whether this reflects the limitations of what's known about these children particularly as twelve of them were born abroad.

For substance misuse the following was recorded:

- Ten (71%) were confirmed as regular cannabis users and three (21%) as occasional users (only one didn't use cannabis);
- One (7%) was confirmed as a regular alcohol user and four (28.5%) as occasional users;
- One (7%) was confirmed as a regular user of other substances (including prescription drugs) and two as occasional users;
- One (7%) was confirmed as a regular user of class A drugs;
- There was just one child where there was no recorded substance misuse (regular/occasional).

Overall their pattern of substance misuse differs from the overall group of eighty. Some key differences;

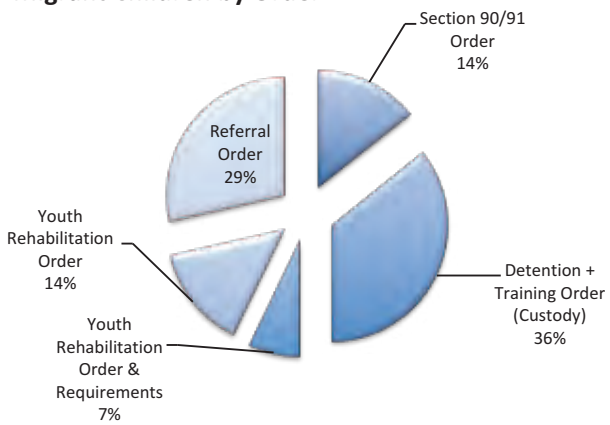
- Regular cannabis use is much higher (71%) compared with the group of eighty (54%);
- Regular alcohol use is much lower (7%) compared with the group of eighty (23%).

There are two (6%) regular Class A users in the group of eighty, one is in this group.

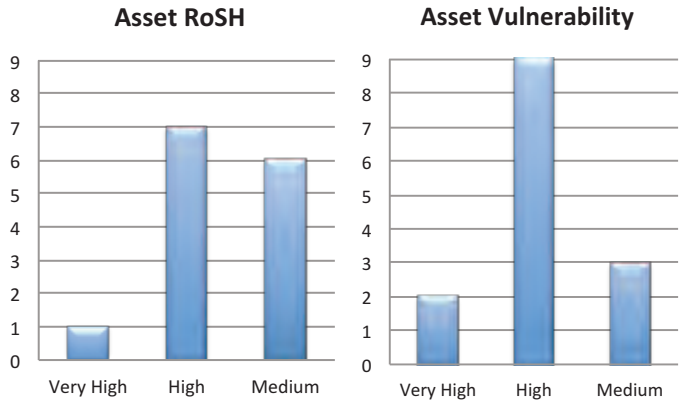
YOT Case Profile

The chart below shows the reason for youth offending team (YOT) involvement for the fourteen migrant children. This shows that half of them (50%) were subject to custodial sentences. This compares with a third (34%) of the overall group of eighty.

Migrant Children by Order



YOT practitioners assess the levels of risk children may pose assessing both the Risk of Serious Harm (RoSH) and the Vulnerability of children to harm. The adjacent charts show the RoSH assessments and the assessed Vulnerability for the migrant children. More than three-quarters of them (78%) have high or very high vulnerability. Over half of them (57%) pose a high or very high risk of harm.



For the overall group of eighty half (50% of 76) were viewed as high or very high vulnerability and a third (33% of 75) were considered as a high or very high risk of harm. For the Girls more than half (54%) of them have high or very high vulnerability, but only one (8%) was assessed as posing a high risk of harm. For the custodial group nearly two thirds of them (63%) them have high or very high vulnerability. Two thirds of them (66%) pose a high or very high risk of harm to others.

The assessed rates of Vulnerability for the children from migrant families are the highest of any of the groups studied. The assessed Risk of Serious Harm is much higher than the overall group of eighty, although lower than the custodial group. Collectively the children from migrant families have been assessed to be the most vulnerable group of children and a high proportion are also seen as posing a high risk of harm. A factor that will impact on both these assessments is their past and current life context and the adversity and likely trauma in their lives. This is considered below in The Case Storylines section.

Adversity and Abuse

Parental Loss

Only three of the fourteen children were still living with their fathers, one was recorded as having regular contact with their father. Seven fathers were recorded as lost to the child and three as absent. The reasons for loss or absence included four fathers living abroad, estrangement, deportation and imprisonment.

For well over two-thirds (71%) their fathers were not part of their daily lives. Ten were still living with their mothers and four were in regular contact with their mothers. Only three (21%) children were still living with both of their birth parents. This compares with six children (7.5%) for the group of eighty.

Deportation

The Case Storylines show that two children had lost family members as a result of deportation, one their father for serious offending and another a sibling. A mother had also been at risk of deportation until her right to remain in the UK was resolved. Three of the children were themselves potentially at risk of deportation for their offending behaviour.

So, for six families (43%) there had been the actuality or threat of family members being deported. This is likely to have brought significant concerns and probable tensions within these families.

Family Factors

Parenthood

The age at the birth of her first child was known for twelve of the mothers of these children. Three mothers (25% of 12) had their first child aged 16-20 and that child was the child studied in this report. For the overall group of eighty, where it was known (66 cases) twenty-seven percent of the children were born when their mother was aged 16-20. The age at birth of his first child was known for seven fathers, all were aged over twenty-one.

Parental Health and Substance Abuse

Four (28.5%) children were judged to have a parent(s) with a previous substance misuse issue and one (7%) had parent(s) with a suspected substance misuse issue. For the group of eighty over half (56%) had parent(s) with previous or current substance misuse.

One child had a parent(s) with a suspected current mental health issue. For the overall group of eighty over half (57%) have a parent where there are known or suspected previous or current mental health issues.

Two children (14%) had a parent(s) with current physical health issues. For the overall group of eighty just under a fifth (19%) were recorded as having a parent with a current physical health issues.

The extent of parental substance misuse and health issues was lower for these migrant children than within the overall group of eighty children. Again, there is a need to consider their ability to access services and their willingness to engage with services in a country and a system that was strange to them.

Witnessing Domestic Violence

Half these children (7 or 50%) were exposed to domestic violence, this was suspected for three (21%) children. Two (14%) of these children had also been exposed to sibling violence.

Within the overall group of eighty, nearly a half of children (46%) were known to have been exposed to domestic violence and this was suspected in approaching a third (29%) of cases.

Child Abuse

Thirteen out of the fourteen children were recorded as having suspected or confirmed child abuse:

- Emotional abuse was confirmed for three children and suspected for four others;
- For three children emotional neglect was confirmed and suspected in four cases;
- There were no cases of physical neglect;
- For three children physical abuse was confirmed and suspected in two others;
- Sexual abuse was suspected for three children.

Confirmed abuse was present for seven (50%) children. Suspected abuse was present for six (43%) children. Within the overall group of eighty, forty-seven children (59%) had confirmed child abuse and twenty-five (31%) had suspected abuse.

There was just one child (7%) where child abuse was not suspected or confirmed. This figure was eleven percent for the overall group of eighty. In broad terms there appear to be similar levels of abuse of these children as within the overall population of eighty.

Family Criminality

Parental criminality was recorded for all of the children. For three children (21%) there was previous parental criminality. For one child (7%) there was current parental criminality. Over half (54%) the group of eighty had parent(s) who had offended.

Sibling criminality was also recorded for all of the cases. For one child (7%) there was current sibling criminality. In the overall group of eighty there was current or previous sibling criminality in approaching a third (29%) of cases.

The overall rate of family criminality is much lower for these families. However, there were three children whose fathers had been imprisoned and another child whose siblings had been imprisoned.

Abuse Outside the Home

Other ways in which children had been abused:

- Four children (28.5%) had been subject to multi-agency referrals as potential victims of child sexual exploitation;

- Being the victim of violence in the community was confirmed for eight (57%) children and suspected in three (21%) others;
- For three children (21%) it was confirmed that they had been a victim of discrimination in the community and this was suspected in four (28.5%) others;
- For four (28.5%) children being the victim of peer abuse/bullying was confirmed and suspected in three (21%) others.

For the group of eighty, rates of referral for sexual exploitation were similar (31%).

Overall, being the victim of violence in the community was higher for the children of migrant families, being confirmed for the group of eighty for thirty-four children (43%) and suspected for twenty-one (27%) children.

Discrimination in the community was also higher for the children of migrant families, being confirmed for the group of eighty children in thirteen cases (16%) and suspected in eighteen cases (23%).

For the group of eighty, being the victim of peer abuse/bullying was a little higher being confirmed for twenty-one children (27%) and suspected in twenty-three others (30%).

Behaviours

The most serious violent offence committed by this group was grievous bodily harm with intent and there were several robberies. There were no sexual offences. The following behaviours were also recorded:

- For eleven (78.5%) children aggression or threats to professionals was confirmed;
- Ten (71%) children were confirmed as not complying with help or interventions;
- Nine (64%) had a history of going missing;
- Eight (57%) had a current or previous history of truancy/missing from school;
- Five (36%) were confirmed as gang involved and seven (50%) were suspected of involvement;
- Eleven (78.5%) were confirmed as having delinquent peer group involvement;
- Two (14%) had current violence to other pupils and eight (57%) had previous violence to pupils;
- One (7%) had current violence to teachers and four (28.5%) had previous violence to teachers;
- Damage to the family home was confirmed for five (36%) children and suspected for two (14%);
- Possession of a knife or blade was confirmed for twelve (86%) children and suspected for one (7%) c;
- Possession of a bottle or glass was confirmed for one (7%) child and suspected for one (7%) child;
- For four (28.5%) children possessing a blunt instrument as a weapon was confirmed this was suspected for one (7%) child;
- Possessing an air weapon was confirmed for one (7%) child;
- Possessing an imitation firearm was confirmed for two (14%) children and suspected for one (7%) child;
- Nine (64%) children were perpetrators of violence in the community and two (14%) suspected of violence in the community.

Across the group of children of migrant families there were twelve known to have possessed weapons (86%) and one child suspected of weapon possession.

In terms of behaviours, key areas where this group differs from the group of eighty are:

- Truancy/missing from school was lower (57%) for this group as opposed to sixty-eight percent for the overall group of eighty;

- Current and previous violence to teachers was lower (36%) as opposed to fifty-percent for the overall group of eighty;
- Aggression or threats to professionals was higher for this group (78.5%) compared with the overall group of eighty (61.5%);
- There were much higher rates of gang involvement for this group with an overall rate for confirmed and suspected gang involvement at eighty-six percent as opposed to sixty-one percent for the overall group of eighty;
- Weapon possession was also much higher for this group with eighty-six percent confirmed as having possessed a weapon as opposed to fifty-percent of the overall group of eighty.

Education Profile

Ten (71%) of the group had attended two or more secondary schools. This compares with 79% for the overall group of eighty. Seven children (50%) had attended three or more secondary schools.

Ten (71%) of the group had experienced fixed term exclusions. Seven (50%) of the group had been permanently excluded from school. For the overall group of eighty this figure was fifty-seven percent. Twelve (86%) of these children had experienced either fixed term exclusion, permanent exclusion or both forms of exclusion. Five children (36%) (all of whom had also had some form of exclusion) had been subject to a managed move.

Their educational status at the time of this study was:

- One was at a pupil referral unit;
- One was in transition between schools;
- One was on a specialist training programme;
- One was in further education;
- Three were at school (one an irregular attendee and another a non-attendee);
- Three were unemployed;
- Four were being educated in custody.

For the ten children recorded as being in the community, only three were recorded as being in receipt of twenty-five hours education and one of these was an irregular attendee.

One child had an Education, Health and Care Plan (EHCP). Given the range of behaviour issues detailed, the proportion excluded and the number of schools attended, the levels of EHCP appears low.

Social Care Profile

Thirteen (93%) out of fourteen of this group had received one or more services from children's social care. This compares with 90% for the group of eighty.

Nine, (64%) had current social care involvement:

- Two were subject to child protection plans;
- One was subject of a child protection investigation;
- Four were children in need (one was also in receipt of leaving care services); and,
- Two were in receipt of family support services.

Five (36%) had previously been looked after, all as adolescents. For the overall group of eighty, seventy-five percent had current social care involvement.

The Case Storylines

> *It was clear to me that any strategy for reducing youth violence should address the issues of over-representation of young people from immigrant backgrounds within the youth justice system with confidence. This should be based on a*

> *thorough understanding of some of the particular challenges faced by young people within these communities, including the impact of trauma, isolation and a breakdown of community and family structures*[3].
>
> **Preventing youth violence: Lessons from three European countries. Waddell, S, (2013)**

Whilst some may have been fleeing violence or oppression, irrespective of their context, these families seem likely to have arrived in England with high hopes for their children. These high hopes may have become tarnished or possibly even lost by their children's involvement in the criminal justice system.

One wonders what has happened to these children. Some of the key questions that arise from the data above are:

- Why have these children become offenders and the majority involved in behaviours that allowed others to construct them as gang involved?
- Why have they been judged to be both highly vulnerable and potentially highly risky to others?

An understanding of some of the underlying issues becomes apparent for many of these children from within the Case Storylines. Here I will try to make sense of some of the key narratives present in the Case Storylines.

From the information in the Case Storylines I judged that nine of them were children who have suffered extreme childhood adversity. The other five children had all experienced high levels of adversity. For many children that adversity included tragic loss and abuse.

In terms of loss, this included deportation of immediate family members, imprisonment of parents, murder of a close family member and death of a peer. Two children remained with relatives for several years, when their mother first migrated. The fathers of several children were living abroad. Loss for all of these children probably includes the loss of other family members who live abroad.

Virtually all of them have also suffered loss of schools and half of them enforced separation from family and community through custodial sentences. They have also lost their country of origin, aspects of their cultural heritage and in consequence perhaps even the loss of a sense of self.

As is outlined above, there were just one child where child abuse was not suspected or confirmed, for half of these children there was confirmed child abuse. Nearly three-quarters of these children were known or suspected of having witnessed domestic violence.

Physical abuse was an area where there was evidence of a conflict between English family law and family cultural norms related to the disciplining of children. There were eight children of Black African or Caribbean heritage. For five of these children the Case Storylines, evidenced the physical chastisement of children including the use of sticks or belts on two children.

In terms of abuse outside the home, these are clearly highly vulnerable children. A significant narrative that occurs is of these children being exploited criminally (CCE) or sexually (CSE). There are two girls within the group. For both children there is evidence of sexual exploitation and in one instance also criminal exploitation. Across the remaining twelve Case Storylines (all boys), there are concerns four have been exploited, two both criminally and sexually, one criminally and one sexually.

One of these children has trafficked child status and appears to have been subjected to organised criminal exploitation, another is suspected of involvement in County Lines. In total it can be seen that for six (43%) of these children, professionals had evidence or were concerned that a child might be being exploited.

For all of these children their cultural experiences span at least two main cultures, their family culture and an English urban culture. There are also three children of African heritage who were born and lived

in other European countries, they will also have other European cultural influences. Currently all of these children will be living between their home culture and cultures they experience in school and/or the community. Half have also been exposed to an institutional culture within custody. For all of them a further cultural influence will be local youth culture and for many the culture of a street group or gang (Five were *confirmed* and seven were *suspected* of gang involvement).

Ethnicity, cultural identity and language are closely intertwined. For six of these children their first language (along with their parents) was recorded as being other than English. For three children, the parent's first language was unknown or not recorded, in just three instances the parent(s) first language was given as English.

Given their age on arrival in England, their countries of birth and family languages and origins it seems likely that up to nine of these children will have entered England speaking another language. There were two children who may also have first learned to speak a form of Creole with English and African origins. For the great majority of these children it is likely that on arrival in England their English language skills will have been non-existent or limited. Charlotte Burck in her book Multi-Lingual Living[4] notes that:

> *Living in several languages meant that individuals constructed different meanings within each of their linguistic/cultural contexts, which significantly meant making different meanings of themselves.*

At least six of these children, perhaps several more, were likely to be living their lives in at least two languages. One (or more) at home and (at least) one other language at school and in the community. The Case Storylines reveal some of the tensions this created including being ashamed of publically using the family language (which is inherently a rejection of ethnic and cultural origins).

As can be seen in the table above (Health Issues), one child was suspected and two were assessed as having speech language or communication issues which for those children is likely to have impacted on their abilities to effectively communicate in all contexts.

A common experience for all of them will have been joining and integrating into school. For some of them their lack of English or more limited skills in English will have acted both as a barrier to education but also as a barrier to communication with fellow pupils, there is some evidence of this within the Case Storylines. Limited English language skills seems highly likely to have been a contributing factor behind the troubled educational journey experienced by the majority of these children. For those parents who were not English speakers or for whom English was a second language there may have been barriers in communicating with schools and advocating effectively for their children.

For over half of these children the Case Storylines detail a range of disruptive and aggressive behaviour towards both staff and other pupils, for some this includes being involved in fights. Three children were bullied which appears to be related to their migrant status, whilst another responded with violence following alleged racism. Several of these children were described as bullying other children. For half of these children their disruptive and aggressive behaviours resulted in permanent exclusions.

Many of these children have suffered abuse and loss and their behaviours will no doubt have been shaped by these and other events. However, I also suspect that their migration, their family and ethnic origins and their language skills will have been further factors, in a complex interplay of issues, that have collectively contributed to disenfranchisement from educational opportunity for many of these children.

There are four children where it was identified that their family were closely involved with faith based communities and another where a child had

previously been a regular attender at religious observances. Some of their parents are clearly devout adherents to their faith and regularly attending religious gatherings. The Storylines speak of children having *stopped attending, lost interest* or having *moved away* from their faith based beliefs and communities. This evidences for some of these children an apparent disconnection from family traditions, belief systems and possibly values. This is likely to have caused tensions in families and probably emotional turmoil and loss for children.

The narratives within eight of the Case Storylines have directly addressed some of the cultural tensions within the lives of these children. The themes include:

- Significant cultural differences between countries of origin and England;
- Lack of a coherent cultural identity or self-image grounded in their families' culture;
- A struggle to balance traditional family norms and values with Western cultural values and norms;
- Issues with self-identity stemming from living away from their originating culture;
- Children exploring the differences between family and English culture and developing their own values base;
- A lack of interest in family heritage including rejecting of family language;
- A sense of difference felt by the child from their family;
- Identification with other children of similar heritage or experience and developing strong links and ties with similar others;
- Struggles to incorporate aspects of family culture, and religion into life in England.

From the above, it would seem that some of these children may have struggled with two cultural identities one that was manifest at home and another English or British culture outside their home. Waddell (2013) speaks of a sense gained from professionals of *people 'feeling outside' of mainstream society in some way, or 'caught between two cultures'.*

For many of these children these issues appear to have led to identification with what might be described as an urban youth culture. For high a proportion of them, this has included street groups or gangs. For these children there would also have been the distinctive culture of gangs or groups to which they belonged.

The levels of violence with which these children are believed (or known) to have been involved as victims or perpetrators are highly concerning. These include:

- Being knifed (2 children);
- Struck with a hammer;
- Chased by a group carrying weapons;
- Illegally possessing an air rifle;
- Threatening a relative with an imitation firearm;
- Inflicting grievous bodily harm with intent;
- Receipt of death threats;
- Using a machete to wound another.

Their high levels of weapon possession may relate to cultural or group influences, but may also indicate the extent to which they feel unsafe or threatened. Involvement in violence may be a manifestation of alienation and racism as well as other underlying factors including loss and abuse.

Concluding Comment

Their families will have had high hopes for these children. The very poor outcomes already experienced would indicate that these children have been significantly failed.

Whilst there are many, many issues in their lives, in this context one distinguishing feature appears to

have been their vulnerability to becoming involved in offending and for the majority in gang related peer group cultures.

Alongside many others within the overall group of children being studied, all of these children have suffered significant adversity which for the majority includes family violence, abuse and loss. However, they have also faced the additional adversity of being a migrant or from a migrant family. In broad terms for many of these children the additional adversity this has generated seems likely to have included:

- Issues of personal identity including reconciling family cultural heritage with living their lives within an English urban culture;
- Learning a new language (or enhancing existing language skills) and living their lives in two languages, one at home and another in the community;
- Having to live with the persona of being a migrant or stranger in a country with different values and expectations and having to develop a new sense of self in that new context.

A key theme that emerges for many of these children is that their drift into crime and gangs, seems to have coincided with a fracturing or rejection of family values, culture and religious heritage. Perhaps a context for the parallel experiences of these children are families who have not transitioned or settled well within a country probably very different to their country of origin?

Whilst shared with many others in the overall group being studied, there are also high levels exclusion and rejection from the education system. For these children, I suspect that this, at least in part, is related to their language skills and perhaps cultural differences.

Parental ability to advocate for their children may also have been affected by issues such as cultural differences, language ability and their resultant confidence to contribute to and challenge school disciplinary processes. Education is a key protective factor, the educational disenfranchisement experienced is likely to be a key factor in creating increased vulnerability to crime and exploitation.

Structurally, (where it was recorded), three quarters of the addresses were in areas where deprivation was high, for some this context was seen to have a close relationship to their involvement in delinquency and gangs. Deprivation may have created a fertile context for the exploitation and violence which was present in most of their lives alongside vulnerability created by a loss of identity and a confused sense of self.

Some of the key patterns that can be seen are:

- Family loss, abuse and violence;
- A loss or rejection of family culture and traditions;
- Exclusion and rejection from education; and,
- A context of urban deprivation, exploitation and violence.

Given the abuse to which some of them were exposed at home and the violence to which they were exposed within the community and the extent of their exploitation, it may have been that for many of these children neither home nor the community provided any real feeling of safety. This perhaps provides some understanding of why so many of them had been assessed as both High Vulnerability and a High Risk of Harm.

Their educational poor behaviour and aggression as well as other aggressive behaviours at home and in the community suggests that many children were disturbed by the situation they found themselves in and were also angry. Whilst clearly linked to their other adversities, perhaps their disturbance and anger also goes some way to answering the underlying questions as to why so many of them have been assessed as having High or Very High Vulnerability and as posing a High Risk of Harm.

For all of these children, alongside the other factors and adversities in their lives they have become enmeshed in the criminal justice system with half of them in custody. The majority were *confirmed* or *suspected* of being gang involved. They also have high rates of substance misuse, high rates of weapon possession and there are significant issues of exposure as victims and perpetrators to violence, some of it very serious. By these measures alone they can be viewed as children who have already suffered very poor life outcomes. In addition there is evidence for the majority of significant educational turbulence and poor educational outcomes.

Systemically their behaviours and the poor outcomes for these children can be seen to be not just a product of their own experiences but also to have connections with the experiences and expectations of their families and the communities and groups within which they live. Collectively, the very poor outcomes they are experiencing also have to be seen to be a consequence of a systemic failure by public services to adequately understand and meet their needs.

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[1] Huda, N, (2021) Private correspondence
[2] Child Poverty Action Group, Child Poverty Facts and Figures 2017-18 cpag.org.uk accessed 21/9/19.
[3] Waddell, S, (2013) Preventing youth violence: Lessons from three European countries, Winston Churchill Memorial Trust.
[4] Burck, C, (2005) Multilingual Living Explorations of Language and Subjectivity, Pallgrave Macmillan.

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Part Four
Summary Strategic Issue and Proposals

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Summary and Proposals

Introduction

Punishing Abuse reports on research commissioned in 2018 by the West Midlands Combined Authority with support from the Police and Crime Commissioner. The research considered the extent of abuse and loss in a group of eighty children within the wider West Midlands youth justice system. This section of the report provides a summary of the research findings and makes proposals for reform of services.

The purposes of this research were to understand the extent to which children in the West Midlands criminal justice system had suffered abuse, loss and other adversity and to consider what actions needed to be undertaken to reform the West Midlands youth justice system in order to address the findings. Given the underlying issues that this research has revealed this report also considers wider public service reform needed to reduce the likelihood of children being drawn into crime. The number of cases studied and the geographic spread of the research, suggests the findings and many of the proposals for reform have much wider applicability than the West Midlands.

The West Mercia Youth Justice Service contributed funding to enable ten of their children to be included in the sample. Dr Alex Chard, Director of YCTCS Ltd, the author of this report, led the research.

The research revealed extraordinarily high levels of abuse, loss and adversity in the lives of the children studied. The evidence indicates the likelihood of high levels of trauma and issues in forming positive attachments. The academic evidence presented strongly suggests that the behaviours of these children will have been significantly affected by their abuse and adversity.

Consequently for the majority of these children the criminal justice system can be seen to be punishing them for their abuse. Whilst the United Nations Convention on the Rights of the Child requires that:

Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society.

The research has raised a range of questions regarding the possible over-representation of some groups studied. The way that the sample was chosen and the geographic spread of cases has meant that comparative data was not available to reach clear conclusions on these issues. However, these concerns included the possible over-representation of BAME children as well as children from migrant families in custody and in gangs. There were also a significant number of children with a wide range of physical and mental health needs and learning needs arising from their neurodiversity.

For at least half of these children their concerning behaviours were becoming apparent from an early age. This calls into question the longer-term effectiveness of any help they and their families received. When we consider their collective profile within education, health and social care, alongside their current profile within the criminal justice system; for the vast majority of them it's hard to escape the conclusion that there has been a systemic failure by public services to meet their needs. The systemic nature of the issues, across a wide range of authorities and public bodies suggest that these failures are much broader than the West Midlands.

The human cost of that systemic failure is already tragically apparent from the Case Stories of children's lives. The current and future human and financial costs as a result of this failure will be very significant. Many of these children seem destined to become adults with multiple and complex needs perpetuating intergenerational patterns of social exclusion and crime. This will cause a significant societal burden of harm and social and economic cost.

The very high rates of structural poverty in this group of children can be seen to be yet another factor which is likely to traumatise them and impact on their family relationships. The evidence suggests that poverty is also a significant factor in their physical and mental ill health as well as their behaviours. Poverty is another systemic societal failure, much Broader than the West Midlands that impacts powerfully and detrimentally on these children.

The extent and depth of issues such as abuse, loss and poverty for these children was deeply concerning. The case selection process was such that the children studied were likely to have been weighted towards more complex cases. Nevertheless, this is a large group of children from across the region, providing extensive evidence of the very high levels of need of children in the justice system. The high levels of need found within this group have also been found in other research into children in the youth justice system (Kennedy 2016[1], Smith 2017[2]) indicating that the findings here are comparable with other studies.

This summary covers the following areas:

- Summarises the key findings;
- Outlines the strategic issues;
- Makes proposals for local and regional reforms;
- Proposes statistical measures to indicate whether service reforms are *closing the gap* in measures affecting offending and outcomes for children.

Summary of Research Findings

The research was undertaken from an action research perspective and applied an evidenced based framework ALTAR™, which considers **a**buse, **l**oss, **t**rauma, **a**ttachment and developing **r**esilience.

There were two distinct data sources for each of the children studied, a Risk Matrix and a Case Storyline of key life events. YOT practitioners the vast majority of whom knew the child, collected the data. There were 80 children within the group, thirteen were female and sixty-seven were male. Fifty-nine percent were of BAME heritage.

Part Two of the full report provides an overall analysis of both the data sources for the eighty children.

The chapter ***Analysis of the Risk Matrices*** revealed that for the majority of these children their life history is more likely than not to have included:

- Child abuse and neglect, which has often taken place over many years (nine out of ten children known or suspected to have been abused);
- Being known to social care because of levels of needs or abuse (nine out of ten children);
- Having lost their father, (for eight out of every ten children their father was absent);
- Poor physical or mental health, neurodivergence or learning disability (eight in ten children are known or suspected to have a health issue);
- School exclusion and attendance at multiple schools (eight out of every ten had attended two or more secondary schools);
- Living with domestic violence, some of which has been extreme in nature (seven in every ten children are known or suspected to have lived with domestic violence);
- To have been a victim of violence in the community (seven out of every ten children are known or suspected to be a victim);
- Living in poverty or debt or entitled to free school meals (seven in every ten children);
- Living in a deprived area (six in every ten children);
- Living with a family member with criminal behaviour (six in every ten children);
- Carrying an offensive weapon (six out of every ten children known or suspected to have possessed a weapon);

- Regular substance abuse (six out of ten children);
- Having diagnosed or suspected neurodivergence (more than five out of every ten children);
- To have been referred to mental health services (more than five out of ten children);
- Having a parent with a current or previous substance misuse issues (more than five out of every ten children);
- Having a parent with a current or previous mental health issue (more than five out of every ten children).

Collectively, the thirteen girls in the study suffered the highest levels of adversity, abuse and exploitation.

Whilst analysis of the Risk Matrices, as outlined above quantifies key aspects of their life and service involvement, the chapter ***Analysis of the Case Storylines*** starkly reveals the underlying issues across these cases. The lives of the majority of these children have been impoverished and for very many of them violent and brutal. Those who have not suffered some form of child abuse or domestic violence are in a very small minority. Analysis showed that:

- There was only one child with no recorded abuse or childhood adversity;
- For twenty-nine children the key issue in their lives was some form of adversity, for many this included domestic violence and parental loss;
- There were fifty-one children where direct familial child abuse was detailed, forty of these children (half of those studied) had suffered extensive familial abuse, some having suffered multiple forms of abuse over long time periods.

Some of the most concerning examples of abuse and adversity suffered by children included:

- Suffering familial sexual abuse and rape;
- Extreme family violence including children being hospitalised, seeing sexual violence; mothers with significant injuries from domestic violence i.e. being attacked with a weapon;
- Longstanding deprivation and neglect including developmental delay due to malnutrition;
- Fathers who were gang involved and mothers who were sex workers (including funding addiction);
- Homes where there were no carpets, doors off the hinges, children without clean bedding, sheets used as curtains;
- Children abandoned or rejected by families, including the use of restraining orders to prevent children from seeing their own families.

The majority of these children have also experienced educational turbulence through exclusions and multiple school placements. For most of these children their experiences exist against a backdrop of structural poverty and intergenerational disadvantage.

There were a number of cases (nine were reviewed in detail) where children had suffered terribly; most having endured repeated or sustained abuse, some over many years. For virtually all of them, their future life chances seemed particularly bleak.

The chapter ***Through an ALTAR™ Lens*** considers the findings from chapters one and two against a wide range of academic evidence. For example a Harvard University briefing on The Science of Early Childhood Development concludes that:

> *Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behaviour, and physical and mental health. Scientists now know that chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain*[3].

Some of the key findings from this chapter are that:

- Toxic stress in early childhood affects learning, school achievement, risk taking behaviours and inhibits children's ability to form relationships[4];

- A diverse range of psychiatric disorders are linked with childhood abuse, including depression, anxiety, borderline personality disorder and schizophrenia[5];
- Exposure to abuse as a child may re-calibrate the emotional response system leaving latent vulnerability to aggressive behaviour, psychiatric disorder and poor outcomes[6];
- A number of studies have now shown that adverse childhood experiences and in particular multiple adversity lead to poor long-term health outcomes as well as poor life outcomes[7];
- There is a significant correlation between loss, particularly of a parent and involvement in the youth justice system[8];
- The double trauma of both abuse and loss, which occurred for many of these children, is a potent factor in violent offending[9];
- The high levels of abuse, neglect and loss strongly suggest that a high proportion of these children will have insecure patterns of attachment[10], affecting their ability to form relationships including with professionals.

The chapter concludes by considering how theories on systemic resilience could form a strategic basis for responding to these research findings (this will be considered further in the discussion below).

The chapter ***Neurodivergence and Traumatic Brain Injury*** considers the extent of neurodiversity of the eighty children within the study. Neurodivergence[1] can be seen to create significant adversity for children. Some of the key findings are that:

- More than half (54%) of these children were diagnosed or suspected to be neurodivergent;
- Nearly a third (31% of 80) of the children were diagnosed or suspected to have an assessed or diagnosed learning disability;
- ADHD was suspected or diagnosed for a fifth (20%) of these children;

The research findings, linked with the academic evidence, suggest that there are a disproportionate number of children with neurodivergence in the West Midlands youth justice system.

The evidence also suggests that for many children there had been failures within education and other settings to identify and address neurodivergence.

A number of these children may not have the cognitive abilities to engage with and meet the expectations of processes and programmes within the youth justice system.

The chapter ***Adverse Childhood Experiences (ACEs)*** considers the ACEs model of childhood adversity. An increasingly common way of looking at childhood adversity is through research on the impact of ACEs. This is an approach that is often referenced within the West Midlands.

The levels of adversity evidenced for the vast majority of these children when considered against the extent of ACE's in broader populations were very high.

The inherent limitations of the ACEs model in understanding childhood adversity, both for individual children and also broader populations became apparent in this study. Gender differences in levels and impact of ACEs were also considered.

The ACE informed approach adopted by some West Midlands agencies should be seen as a very welcome step in the right direction. However, for the children studied here it is apparent that the ACEs model fails to fully recognise the extent and impact of their adversity.

Part Two of the report uses the information within the Risk Matrices and also from the Case Storylines to consider four specific groups. These groups are outlined below, alongside key findings.

[1] The term neurodivergence is being applied here to children whose neurological functioning is other than neurotypical.

The Chapter, ***The Girls*** provides an analysis of the thirteen girls in the sample. The term girls/children (as opposed to young women) is used as at the time of their entry to the youth justice system these were children, it also helps to keep in focus the protections they should be afforded as children, including under the Children Act 1989.

Compared with the overall group of eighty, girls have the highest levels of abuse and very high needs:

- All of the girls (100%) were recorded as having suspected or confirmed child abuse, ten children had confirmed abuse;
- All of these girls (100%) had been subject to multi-agency referrals as potential victims of child sexual exploitation;
- Information in the Case Storylines indicated that five (38%) had been raped (several on multiple occasions) in a familial or exploitative context;
- Eight (61.5%) were recorded as having self harmed, had suicidal ideation or attempted suicide, three of them had attempted suicide;
- All of these girls (100%) had received one or more services from children's social care, twelve (92%) had current social care involvement.

The Case Storylines provide disturbing evidence of the extent of abuse and exploitation to which many of these girls have been subjected.

The Chapter, ***Children and Custody*** considers the twenty-seven children within the group who had received a custodial sentence. Three were girls and twenty-four were boys. Key findings were that:

- Eighteen (66%) are of Black, Asian or other minority group, nine (33%) of the twenty-seven are White British, five (18.5%) were migrant children who were born abroad;
- There were only two cases where childhood abuse was not confirmed or suspected;
- Eight (30%) were confirmed for having self-harmed, attempted suicide or experienced suicidal ideation;
- Nineteen (70%) were regularly using cannabis compared with fifty-four percent of the overall population of eighty;
- In nine cases (33%) there was a diagnosis confirming at least one physical or mental health issue, neurodivergence or learning disability, in ten cases (37%) one of the above was suspected;
- Nearly two-thirds of them (63%) have high or very high vulnerability, two-thirds of them (66%) pose a high or very high risk of harm to others;
- Twenty children (74%) have been looked after children or subject to care orders compared with thirty-six (45%) of the overall group of eighty;
- The average number of secondary schools attended was more than three.

For around two-thirds of them the levels of abuse loss and potential trauma have been very high and for some children, this is at the extreme end of the spectrum of childhood abuse and suffering.

The chapter provides a range of evidence of the very significant needs of these children. The Case Storylines have provided very poignant and tragic accounts of the harsh reality of virtually all their lives.

The Chapter, ***Gang Involved Children*** considers seventeen children (21% of 80) where gang involvement was *confirmed* and a further 32 (40% of 80) cases where gang involvement was *suspected* by the YOT, a total of forty-nine gang involved cases.

An important approach within this chapter was to consider the profile of the gang involved cases against the non-gang involved group (NGI) of thirty-one cases. Some of the key findings were that:

- The proportions of BAME children in both *suspected* and *confirmed* gang involved groups is higher than the non-gang involved group;

- There were higher proportions of migrant children in both *confirmed* and *suspected* gang involved groups;
- A higher proportion of those children *confirmed* as gang involved had lost their fathers;
- Ninety percent of children *suspected* or *confirmed* as gang involved were recorded as having suspected or confirmed child abuse;
- Over a third of those *confirmed* as gang involved had a diagnosed or suspected learning disability;
- A quarter of those *confirmed* as gang involved had a diagnosed or suspected speech language and communication issue;
- Nearly half of those *confirmed* or *suspected* of gang involvement had been assessed has having high or very high vulnerability;
- Substance abuse and carrying of weapons was higher amongst those *suspected* and *confirmed* of gang involvement.

Four (23%) of the children who were *confirmed* as gang involved were born outside the UK, this figure was six (19%) for those *suspected* of involvement in gangs. This compares with two children (7%) for the NGI group. Ten out of twelve of the children born abroad are or maybe gang involved.

These factors are present for higher proportions of children *confirmed* as gang involved:

- Boys;
- Black African or Caribbean heritage;
- Born abroad;
- Childhood abuse;
- Loss of fathers;
- Parental imprisonment.

The chapter raises a range of concerning issues regarding the levels of representation of BAME children including those from migrant families within the gang involved children studied.

The Chapter, ***Migrant Children*** considers fourteen children where migration by a family had taken place. Two (14%) of the children were girls, there were twelve boys (86%).

The earlier analysis of children involved with gangs and those in custody began to reveal the extent of representation of migrant children in these groups, those profiles led to this analysis. Some of the key findings were that:

- Over a third (36%) of these families came from areas of the world known for genocide or human rights atrocities;
- Three quarters (75%) of the families lived in areas of high deprivation and half had experienced living in poverty;
- For six (43%) of these children, professionals had evidence or were concerned that a child might be being exploited;
- Three children (21%) were at risk of deportation because of their offending behaviour.

Alongside many other children being studied, all of these children have suffered significant adversity. For the majority this includes family violence, abuse and loss. They have also faced the additional adversity of being a migrant or from a migrant family. Some of the key patterns that can be seen are:

- Loss or rejection of family culture and traditions;
- Exclusion and rejection from education; and,
- A context of urban deprivation, exploitation and violence.

A key theme that emerges for many of these children is that their drift into crime and gangs, seems to have coincided with a fracturing or rejection of family values, culture and religious heritage.

The Strategic Issues

The chapter summaries above are principally focused on the profiles of these children. The levels of abuse and other adversity these children have faced are shocking and almost overwhelming. However, it is vital that West Midlands agencies look beneath these very grim statistics and life stories and consider strategically how to reform services. Addressing the very high societal burden of high harm and high social and financial cost evident from this research.

The overwhelming evidence of abuse, loss adversity and probable trauma for the children studied, alongside the academic evidence has profound implications for both policy and practice.

The research reveals that as a society we are perpetuating cycles of abuse, deprivation and crime. Following these failures we are not only punishing abused and deprived children but we are then failing to recognise and address the underlying issues for and healing the harm that's been caused to so many of these children. This not only fails children both immediately and across their life course but it also fails society much more broadly causing long-term harm to the fabric of society.

The original purpose of this research was to consider reform of the youth justice system. It is apparent that this is urgently needed. However, it is also clear this will have limited impact if the underlying factors that have pre-disposed these children to be involved in the youth justice system remain unaddressed. In summary these issues include:

- Deprivation and poverty impact powerfully and perniciously. Poverty is the most significant structural issue to be addressed, in reducing the likelihood of children becoming involved in crime. Reducing poverty is also a moral imperative and essential for a just society, which is physically and psychologically healthy.
- Many of these children were known to services at a young age. Their collective profile within physical and mental health services, education and social care, alongside their current profile in the criminal justice system, indicates a systemic failure of services to meet their needs.
- Both historically and currently for these children there have been extremely high levels of involvement with children's social care. The continued levels of involvement call into question the effectiveness of that help.
- The extraordinarily high levels of both abuse and loss and significant levels of adversity including parental loss and domestic violence illustrate inter-generational factors and structural failure to meet needs. As a group, girls have the highest levels of abuse, adversity and exploitation. Loss of fathers is particulalrly evident.
- Typically the children have experienced multiple school exclusion, the majority are educationally disenfranchised, leaving them vulnerable to social exclusion, exploitation and crime.
- There is also evidence of their high levels of education needs including learning needs as well as social and emotional issues. Their needs are not always being identified or met. Given the high levels of need, levels of education health and care plans (EHCPs) are low.
- The majority have known or suspected mental or physical health issues, including over half having a diagnosed or suspected neurodiversity. Other health issues relate to high levels of mental health needs, (with evidence that not all of their needs are met), alongside high levels of substance abuse and self-harming behaviours.
- Academic studies would strongly indicate that the majority of these children may have some form of insecure attachment. Many may have suffered trauma. These factors need to be reflected in service organisation and delivery.

- The exploitation of these children is very concerning. Approaching a third have been subject to multi-agency referrals as potential victims of child sexual exploitation (including all of the girls). There is evidence of their criminal exploitation including through County Lines. (Levels of exploitation may be under-recorded particularly sexual exploitation of boys).
- For the majority of these children the issues they are facing are inter-generational, located within the history and past experiences of their parents, families and communities. Alongside poverty, structural experiences include worklessness, ill health and living in deprived communities.
- The intergenerational nature of the behaviours of these children, strongly suggests that working with children alone is futile and that work with families and deprived communities has to be central to any work undertaken with children.
- Two linked issues of deep concern are the extent to which some of these children have been seriously injured with weapons and the extent of weapon possession. Weapon possession is particularly high for gang involved children some, have suffered life-changing injuries.
- For at least half of these children behaviour issues were apparent whilst they were in infants or primary school.
- The evidence demonstrates that the underlying causes of the behaviours of many of these children is likely to be child abuse and other adversity and trauma.
- The links between their abuse and adversity and their behaviours calls into question the appropriateness of criminal justice responses, which can be seen to be punishing them for the adversity and abuse they have suffered.

There are also a range of findings that strongly indicate areas of potential discrimination and issues of inequality. These areas include the:

- High proportion of BAME children within the group of eighty and in custody;
- High levels of children in public care within the group and in custody;
- Proportions of Black and migrant children involved in gangs and in custody;
- Extent of health issues and in particular neurodiversity including learning difficulties;
- Profile of girls, levels of abuse and exploitation.

However, given the way the sample was chosen, these areas need further research to understand the extent and dynamics of possible discrimination.

At the time this research was undertaken Covid 19 was not known to exist. It is evident that the pandemic has adversely affected both those living in poverty and a range of minority ethnic groups. The evidence is that the pandemic will have significantly worsened the position of children such as these. These impacts will include their learning, mental and physical health, the likelihood of abuse and exposure to domestic violence and the depth of their poverty. The WMCA report Health of the Region 2020[11] details a range of these issues and actions to address them.

The very poor outcomes for many of the children are already being evidenced in the high proportion that have become unemployed, involved in gangs and in custody. Many of them are on the brink of becoming adults with multiple and complex needs. The long-term social and economic cost of the broad systemic failure this represents is likely to be very high.

In combination, the factors identified from the research appear to have created a virtual escalator for children. This has propelled them towards crime and the criminal justice system. For a significant number these factors have also contributed to their exploitation and abuse. The most challenging strategic issue raised by this research is preventing children being pushed onto this escalator towards a life of exploitation and crime.

Considering Systemic Complexity

The issues discussed above require that we recognise the complexity of the lives of these children, including the complex network of agencies involved with them and the complexity of the interlocking issues reflected in this report.

The levels of complexity are in themselves a major strategic issue that requires careful thought and collaboration between key partners. The complexity in their lives includes that the majority of these children have been subject to high levels of abuse, loss and adversity and have significant levels of need.

They are in most cases children and families who have significant involvement from services related to childhood needs and abuse and educational and health needs as well as criminality. Given their levels of poverty the majority of families will ahave been known to benefits agencies, other agencies including social housing will have been involved.

Their levels of involvement with social care services and health services, combined with high levels of educational disenfranchisement shows that their trajectory into the criminal justice system has been affected by systemic failure to meet their needs. What is also apparent is that the issues for the majority of these children are not isolated from their families and that the factors they face and for those trying to help them, are of an intergenerational nature.

The level of complexity is such that the issues shown by this research have to be considered as *Wicked Problems*[12] or as *Messes* that Ackoff (1979)[13] described as follows:

> *Managers are not confronted with problems that are independent of each other, but with dynamic situations that consist of complex problems that interact with each other. I call such systems messes.*

Messes are not problems to be solved rather they are systems to be worked with. Resolving the *mess* that has created and maintains the West Midlands youth justice system will require sustained responses from across agencies and strategic partners over a long time span

The West Midlands agencies need to adopt an Interactive Planning Approach (Ackoff 2001).[14] Creating the future system for reducing and managing youth crime by continuously closing the gap between where systems and services are at any moment of time and where agencies would most like the system to be (see Appendix A).

The ALTAR™ framework used for this analysis, has been developed through thinking systemically about the lives and agency involvements of marginalised children. Linked with an Interactive Planning Approach the ALTAR™ framework could form the basis of a strategic and practice approach to youth justice. Used in this way, the ALTAR™ framework provides a basis for strategic action, information analysis and for assessment and interventions. ALTAR™ can also enhance public health approaches to violence reduction.

The ALTAR™ framework incorporates resilience as a systemic framework to address the strategic and service delivery issues discussed here. Reflecting the need to build systemic resilience for communities, families and children. Ann Masten[15] comments that:

> *There is growing recognition that resilience in children is interconnected with the resilience of families, communities, governments, economies, and ecologies.*

Adopting the building of systemic resilience for children (and their families) also has the potential to reflect the position in the United Nations Convention of the Rights of the Child creating a paradigm shift in criminal justice agencies that recognises that abused and traumatised children and their families need to

be helped to recover from their experiences and that this will in turn better protect communities.

In summary the above suggests:

- That these are issues that span a wide range of public services and other bodies and that these will require sustained and coordinated action over a time span of five to ten years;
- The need to apply systemic thinking and approaches to these issues including Interactive Planning, public health approaches and service redevelopment that reflects the ALTAR™ framework, including building systemic resilience for children, families and their communities;
- The necessity to recognise the systemic complexity of reform of the youth justice system and the reduction of youth crime;
- The need to develop a clear vision for a reformed youth justice system that takes full account of abuse and loss, that meets domestic legal obligations and complies with the United Nations Convention on the Rights of the child.

Proposals for Regional Reform[2]

The Youth Justice Board has comparatively recently adopted *a child first* approach. However, the way the 'youth' criminal justice system has been developed over the last two decades has too often reflected the need to be "tough on crime," whilst broader systems, (particularly as austerity has impacted on public service budgets), have failed to be "tough on the causes of crime". This research reveals that putting *children first* whilst laudable, becomes devalued when there is a failure to address the depth and breath of structural issues.

[2] Appendix B provides a summary of these Proposals

System Wide Prevention and Diversion

The structural issues include, poverty social exclusion and intergenerational disadvantage. The findings in this report need to be embedded in regional and local economic strategies to tackle these factors.

Ways need to be found to target resources that successfully impact on those families who are at highest risk of social exclusion and intergenerational disadvantage. This includes in areas such as training and employment as well as support to access such opportunities. This needs to reflect the fact that primarily single mothers parent these children as well as overcoming the reluctance of some socially excluded families to engage with services.

Primary health and social care services have a vital role to play in helping marginalised parents to adequately meet their children's needs. Critically, this includes helping parents further develop their skills to nurture children and develop positive patterns of attachment. Models such as Sure Start and family centres deliver such services. Although these resources have shrunk, there is extensive evidence of longer-term economic pay-back of such approaches.

The quality of care in the first 1000 days of life is also recognised as being critical in the development of emotionally and physically healthy children and adults. In 2019 the House of Commons Health and Social Care Committee commented that[16]:

> *The first 1000 days from conception to age 2, is a critical phase during which the foundations of a child's development are laid. If a child's body and brain develop well then their life chances are improved. Exposure to stresses or adversity during this period can result in a child's development falling behind their peers. Left unaddressed, experiences such as abuse or conflict between parents can stay with children throughout their lives, can cause harm to them*

and others, and might be passed on to the next generation. … Intervening more actively in the first 1000 days of a child's life can improve children's health, development and life chances and make society fairer and more prosperous.

Early infancy is the most critical period in terms of the development of positive patterns of attachment between children and their carers. Given the findings of this research West Midland health services should review the extent to which primary health services, including health visitors consider attachment in child assessments.

There is evidence of the relationship between disorganised attachment and children's behaviour and evidence of the effectiveness of parenting interventions to prevent the inter-generational transmission of disorganised attachment. The availability of parenting support to prevent disorganised attachment should be reviewed. This has relevance for both primary health services and children's social care.

Loss of parents espescially fathers was very evident as was the early loss of infants to some of the child parents. The availability of support to prevent the breakdown in relationships between children and parents and particulalry fathers should be reviewed. This has relevance for both primary health services and children's social care.

This research has revealed high levels of mental health and substance misuse issues for the parents of these children. This will have impacted on their parenting abilities. This sits in the inter-face between health and adults and children's social care. Another issue at this interface is the failure to identify and address mental health and learning needs for children. This has the potential to inhibit access to services as an adult due to agency thresholds. Local and regional strategies for joint working with children and families between health and social care should be reviewed in the light of these findings.

The inter-generational nature of these issues would suggest that consideration should be given to the critical period when higher-need individuals cease contact with children's and other services, usually somewhere around the age of sixteen to eighteen. Often re-appearing in children's services caseloads as struggling parents. Local and regional analysis of service provision through this critical period might provide leverage for service reform to support young adults. That in turn has the potential to reduce the need for high cost services such as child in need, child protection and public care.

The most critical and apparent systemic failure for these children is the extent of their educational disenfranchisement and potential life long social exclusion. This includes high rates of school exclusion and attending multiple schools. For children suffering adversity, engagement in education is a key protective factors promoting resilience. Whilst poor educational engagement and attainment are key risk factors for criminality.

The Timpson review of school exclusions[17] included evidence of the *perverse incentives to off roll children who might not positively contribute to a school's performance or finances*. The review also recognised *exclusion as one indicator, among others, of a higher risk of involvement in crime, and we should therefore fully consider the form and content of the education a child receives following exclusions, in efforts to prevent and tackle serious violence*.

Schools, (including academies) need to be supported and incentivised to work to eliminate school exclusions. If exclusion occurs those children must receive an effective service to ensure that they continue to be positively engaged in full time education provision that meets their needs. The apparent gap between high levels of educational need and low levels of EHCP plans needs addressing.

Promoting educational and social inclusion for these children to prevent their social exclusion and

involvement in crime is the biggest single strategic issue that can be addressed. Reducing school exclusions (including in primary) is central to such an approach. Whilst the high social cost of educational exclusion and failure is evident from this research it is likely that the economic cost is also extremely high.

Adult violence is at the root of violence perpetrated by children. The levels of exposure of children to domestic violence, (for some extreme violence), is another area that needs to be strategically addressed both with regard to prevention and support for children and families. Violence in their families and fractured family relationships seems to have been a key underlying factor in the lives of very many of these children. Also evident was the high levels of exposure to violence in the community.

Local and regional strategies to reduce family violence need to explicitly recognise and address the links between poverty, family violence, violence in the community and children's offending, including violent offending. This recognition should be a central understanding for the Violence Reduction Unit recently established in the West Midlands.

The high levels of health needs evident for these children includes the extent of neurodiversity, mental health issues and substance misuse. There were high levels of suspected but undiagnosed conditions and a failure to engage all children with mental health needs with CAMHS services. The level of CAMHS referrals (56%) suggesting five times the national prevalence of mental health issues.

The findings of this research including the significant unmet mental and physical health needs of these children needs to be fully considered by health commissioners and providers. This needs to include the effectiveness of engaging children in CAMHS services. Where parents are failing to help children with evident mental health needs with accessing services, consideration should always be given as to whether this is neglect and consequently a child protection concern. CAMHS policies in this area, including should be reviewed.

Evidenced in this research are very high levels of current and previous social care involvement for these children as well as worrying levels of exploitation and gang involvement. Social care involvement is particularly high for girls and children in custody. Whilst the choice of cases will have weighted this research towards higher levels of social care involvement, this is an area that requires further investigation locally and regionally.

Two national reports, one a parliamentary report and another commissioned by the Association of Directors of Children's Services[18] have both indicated the need to reform the delivery of services to older children. *Children First*[19] the Parliamentary report as far back as 2011 was highly critical of the child protection system in meeting the needs of older children (aged 14-18) commenting that:

> *Our inquiry has revealed a worrying picture with regard to the protection and support of this group. This is characterised by a lack of services for adolescents, a failure to look beyond behavioural problems, a lack of recognition of the signs of neglect and abuse in teenagers, and a lack of understanding of the long-term impact of them.*

These national reports would suggest that the high numbers of children known to social care services in the criminal justice system may be linked to the models of delivery and effectiveness of social care services in their work with older children. The recently announced Review of Children's Social Care is an opportunity nationally to address these issues.

However, the findings of this research still strongly suggest that this is an area that is in need of further regional research including qualitative understandings of why children known to social care services have such a high representation in the youth justice

system. There is also a need to understand regionally if social care processes and practices are meeting the needs of older children.

More immediately, this research clearly indicates the need for strategies to be urgently developed to reduce prosecutions of vulnerable children in public care. This needs to include immediate and on-going consideration regarding whether Crown Prosecution Service guidelines on prosecuting looked after children are being applied with sufficient rigour.

Collectively, the findings show children with high levels of vulnerability including high levels of neurodivergence, high levels of abuse and loss and exploitation as well as possible discrimination. This strongly indicates the need to establish systems to divert children from the criminal justice system and decriminalise them.

Diverting children from the criminal justice system and the decriminalisation of vulnerable children needs to be a central aspect of reform of the West Midland criminal justice system.

Regional and Local Youth Justice Reform

Domestic law establishes a range of principles for the youth justice system, these include[20]:

- Preventing offending;
- Having regard to the welfare of children and young people;
- The prevention of discrimination.

Article 39 of the United Nations Convention on the Rights of the Child requires that:

> *Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.*

These requirements should be central to responding to these research findings and in reforming the West Midlands youth justice system. Failing to fully address these requirements in both the short and the long-term, not only increases the risks to children who become criminalised but also places others at greater risk of harm.

The evidence of high levels of abuse and loss, neurodiversity, mental health issues and the extent of educational and social exclusion calls into question the ability of current systems and services to meet children's needs as well as providing a just and appropriate response to their offending.

There is also evidence within this report and much more widely of the of the extent to which some groups of children are over-represented in the youth justice system, the groups potentially identified in this research include BAME and neurodivergent children as well as children of migrant parents and families. Recent research for the WMCA[21] also shows significant disparity in resourcing of youth justice service provision across the region.

These findings impact across every area of the youth justice system including arrest and questioning, decisions on prosecution, assessment process, sentencing, management of community sentences, the use of custody and breach and enforcement. If poorly managed and resourced, such process risk further traumatising children and failing to prevent re-offending.

The systemic nature of these issues are powerful arguments of the need for widespread regional reform of the youth justice system.

This section considers the implications of these research findings for both regional and local youth justice reform. The following areas are considered:

- Regional structures to drive reform;
- Broader youth justice reform; and,
- The reform of YOTs.

Regional Structures

It is proposed that the local YOT delivery model is retained but that YOTs are reformed (see below). There are seven YOTs in the West Midlands region. A statutory requirement is for each YOT to have a Local Management Board. YOTs are multi-disciplinary teams. Membership of Management Boards reflects the local and regional partnerships upon which YOTs are based. However, although the region is a significant conurbation, there is no regional body that co-ordinates the role and function of these YOTs.

Local YOTs and their Boards operate independently with no formal regional objectives and limited resource sharing across areas. There are also a range of key partners including health, probation and police whose services are regional. Where regional partners face resource issues in attending seven YOT Boards the impact can be that local YOT Boards become more locally and operationally focussed.

There are a range of public bodies and regional meetings with both an interest and influence on the overall management of the youth justice system. But again there is no regional body that has explicit responsibility for managing broader youth justice strategy and policy across the involved agencies.

The proposals in this report are intended to bring about very significant change in how the local youth justice system delivers services to children and communities. It is also intended that agencies deliver the range of changes outlined earlier that are intended to address the underlying factors that lead to children becoming enmeshed in crime. In order to achieve such change a mechanism needs to be established to drive change.

I am therefore proposing that a regional Safer Youth and Justice Board (SYJB) should be established. The Board should be at Chief Officer level. The role of the SYJB would be to manage the proposed youth justice reforms and to continue to monitor and adapt them in a way that reflects an Interactive Planning approach.

Key functions of the SYJB would be to:

- Oversee the implementation of the reforms proposed in this report;
- Play a key role in the process of devolution of powers and financial resources that relate to youth justice from central government;
- Work with partners to re-imagine youth justice in the West Midland that takes full account of abuse and loss, that meets domestic legal obligations and complies with the United Nations Convention on the Rights of the child;
- Undertake or commission a regional review of YOT function and resourcing;
- Monitor the effectiveness of youth justice reforms and to champion the needs of children who are at risk of criminalisation;
- Agree regional minimum standards for the resourcing of YOTs and delivery of youth justice services;
- Set standards regarding the underlying ethos and service delivery models for YOTs and local youth justice services;
- Regionally commission youth justice and related services on behalf of partners;
- Monitor the effectiveness of the youth justice system including resourcing, diversion, prosecution, recidivism and disporoportionality;
- Monitor the effectiveness of wider measures to reduce the underlying factors that increase the likelihood of children becoming involved in the criminal justice system.

There is already an outline agreement in place with national government that gives consideration to devolving youth justice powers and funding to the West Midlands. As a part of that change process, the SYJB should be closely involved in considering devolution powers and accessing devolved resources

to fund the proposed changes. In discussion with government, consideration should also be given to the role, function, funding and powers of the SYJB.

The SYJB should be established initially for five years. The establishment and composition of such a Board needs to strongly reflect that the issues faced by these children span both justice agencies and a much broader range of services. The terms of reference of the SYJB need to reflect the above.

To ensure independence, the accountability of the SYJB should be established and developed in a way that ensures that the SYJB function is politically independent. This includes accountability and independent chairing of the SYJB. The chair of the SYJB should be a joint appointment agreed between the chief executives of the PCC and the WMCA (on behalf of the constituent local authorities). The chair of the SYJB should be jointly accountable to both chief executives.

The membership and terms of reference of the SYJB needs to be in synergy with the statutory duty of the PCC, to provide an effective and efficient justice system and the statutory duty for YOTs being held by local authorities.

Careful thought also needs to be given the strategic location and accountability of the SYJB within multi-agency structures. The issues in this report and the issues that the SYJB need to address mean that the Board should have strong links to children's safeguarding, education and economic reform, as well as criminal justice agencies and their strategic management structures.

To promote links with practice and ensure that YOTs have a strong voice in these developments a YOT head of service should be a Board member.

For the SYJB to function as envisaged there will be a need to establish (or commission) a small strategy and intelligence team which is both academically informed and grounded in practice based evidence.

Consideration will also need to be given to how the strategic leadership for the initiatives being undertaken for the SYJB will be delivered.

Broader Youth Justice Reform

In terms of broader reform and development of youth justice the following are key areas this research has indicated that need to be addressed. All of these issues are directly or closely related to diversity and equality. In understanding and developing responses to these issues active engagement and leadership of initiatives by the affected groups needs to take place.

The research has revealed very high levels of abuse and adversity in the group of thirteen girls studied within the group. The findings were particularly concerning in terms of the extent of their sexual exploitation. The differences in the profile and needs of girls was also apparent from the academic evidence related to ACEs. This was a relatively small sample and the way cases were chosen may have affected these case profiles. However, youth justice reforms need to give specific consideration to the needs of girls.

The research has outlined a range of issues with regard to the proportions of children of BAME heritage, migrant children, children in public care and those with neurodiversity in the research sample. There is a need to investigate whether youth justice and other wider processes are discriminating against these and other groups of children. The profiling of children within gangs also evidences the apparent over-representation of Black and migrant children in these populations. This should also be investigated.

The high levels of neurodivergence and mental health issues has implications for the processes of arrest, detention and charging of children and court processes. A critical question is whether it is in the public interest to prosecute children. Neurodiversity also has very significant implications for the way YOTs engage and work with children. Including the

ability of children to engage meaningfully with forms interventions including reparation based activities. It would also suggest that screening for neurodiversity and mental health issues should be undertaken for all children who enter the criminal justice system.

The very high levels of abuse and adversity and the evidenced link with the impact on children's behaviours also has implications for the processes of arrest, detention and charging of children and court processes. The evidence presented in this report also begins to illuminate the often complex relationship between traumas, both physical and emotional and also psychiatric disorders and neurodiversity.

In cases where children are known (or suspected) to have been exposed to abuse and others forms of adversity, practitioners need to ensure that any assessment takes full account of the likely impact of previous abuse and adversity. The processes of arrest, detention and charging of children and court processes need to take account of the impact of abuse and adversity.

Given the findings from this research, the impact of loss and bereavement and the possibility that this was traumatic should be routinely considered for all children in the justice system. Bereavement counselling should be available in all relevant cases. The processes of arrest, detention and charging of children and court processes need to take account of the impact of bereavement.

The proportions of migrant children both in gangs and in custody suggest a failure to provide appropriate services for these children and their families. Particular consideration needs to be given to the significant needs of migrant children and families and whether public services are meeting their needs.

The research also considered in detail the profile of children in gangs. Issues that emerged included once again issues of abuse and loss and neurodiversity as well as high levels of substance misuse. There was also evidence of children suffering life changing injuries alongside high levels of weapon possession. These issues and the other research findings need to be included in the on-going development of the Violence Reduction Unit in the West Midlands.

Reform of YOTs

The levels of abuse and adversity for children known to YOTs revealed by this research are significant. For many children YOT services provide a last chance within childhood to begin to heal their harm and to better protect their communities from future harm.

Other research commissioned by the WMCA[22] shows that there is a wide disparity in YOT resourcing within the region. This ALTAR™ research also demonstrates very high levels of need for this client group including in areas such as social care needs, mental and wider health needs, special educational needs, fracturing of families and loss and bereavement. A regional review of YOT function and resourcing by the SYJB needs to take full account of both of these research findings.

I am proposing that YOTs should remain as distinct, local multi-disciplinary teams which provide the main service delivery mechanism for children in the youth justice system. Reasons for this include the complex needs of children evidenced in this report, the need to effectively manage the high levels of risk inherent in this population of young people and maintaining the critical inter-face with local children's services.

However, recent inspection reports in areas where youth justice services have been absorbed into broader children's services teams, have been critical of service quality and management of risk[23]. Therefore, maintaining local multi-agency YOT teams distinct from other services is clearly essential.

However, as is recognised above creating greater regional co-ordination of YOT resources and responses is also needed. Therefore, whilst I am proposing that local YOTs should be retained, they should be should be re-developed within a regionally agreed strategic model.

The function, resourcing and service delivery model of YOTs should be reviewed. In support of that position Vaswani (2018)[24] argues that:

> *Contemporary evidenced based practice in this field is frequently concentrated on identifying and managing risks through the Risk Factor Prevention Paradigm, which was developed from longitudinal studies of the antecedents of crime in young people (Kemshall, 2007). However, the reoffending rates indicate that there are limitations to the success of this approach, and it has been argued that the dominance of this model means that other pertinent factors that are deemed 'non-criminogenic,' such as the trauma and grief caused by loss and bereavement, are often little understood and therefore overlooked by practitioners (Hester and Taylor 2011).*

To ensure that all relevant services are provided, the review of YOTs needs to include the multi-agency staffing and service access arrangements with education, health, police, probation and social care.

Such a review should also consider whether YOTs should have a high level strategic or broader role in local youth crime prevention, as envisaged in the section above.

Through the SYJB regional partners should develop the following:

- Regional minimum standards and agreements for the resourcing and staffing of YOTs;
- Guidance on the management culture and the operating ethos of YOTs;
- Development of regional monitoring of youth justice including the profile of children entering the youth justice system and performance in improving access to services and outcomes for children and families;
- The development of revised regional models of risk management, assessment and programme delivery that draw upon these research findings and the ALTAR™ framework on which it is based.

In line with the UN Convention on the Rights of the Child a key aspect of the focus of all service design and delivery should be on restoring the child's health, self-respect and dignity and reintegrating the child into society.

Therefore the review and reform of YOTs also needs to take account of the findings of this research, critical areas this needs to include are:

- The likely impact on children of abuse, loss and adversity, including on their mental and physical health, access to education and employment, their behaviour, relationships and ability to engage with services;
- The need to identify and work effectively with children with insecure attachment including suitable approaches and programmes to meet the needs of those with disorganised attachment;
- The implications of the extent to which the issues for the majority of children are likely to be intergenerational in nature;
- That improving outcomes for children is intrinsically linked with improving outcomes for their immediate family.

The reform of YOTs needs to recognise that YOTs need to move from a criminogenic model of risk assessment and service delivery towards an ALTAR™ informed model that recognises that risk is cumulative and located within the experiences of the child and their family. Assessing risk needs to be seen within the context of events in their lives (i.e. abused, excluded, traumatised and exploited). The starting point for all assessments must be to gain a chronological understanding of the key life events for the child and to assess the impact of abuse, loss and other adversity on their life, behaviours and needs.

The shift from a criminogenic model of risk assessment and management also needs to extend to

service delivery. As a key to preventing offending this needs to become focussed on building the child and families resilience and in trying to change the intergenerational patterns that are underlying risk. Such a model needs to recognise the fundamental importance of relationships in building resilience and promoting desistance from crime.

Evidenced by research into effective practice, many of the issues outlined above, indicate that to be effective a key aspect of work with children will be the establishment of empathic, bounded and sustainable relationships. Both the resourcing of YOTs and the management culture will need to enable these critical aspects of service delivery. This will also require practitioner caseloads that are low enough to ensure that time is available to develop meaningful relationships creating the therapeutic context in which children can begin to recover from trauma.

This shift in the role and focus of YOTs will need to impact across all areas of their processes including assessments, reports to courts, programme development and delivery as well as breach and enforcement of orders.

There will also be a need to ensure that staff have the support, skills, resilience and resources to engage with harmed, troubled and traumatised children. Their support should always include high quality supervision and access to resources that can assist them to deal with vicarious trauma.

Working in the ways envisaged above will also require that YOTs have an appropriate physical environments in which to work with very troubled children and their families. The development of the working environments and working practices needs to be informed by relevant evidence.

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Appendices

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Closing the Gap

An Interactive Planning Approach is proposed as the future system for reducing and managing youth crime. This approach is based on continuously closing the gap between where partners are and where partners would most like it to be at any given moment in time.

The following proposes key areas where those gaps need to be monitored by the Youth and Justice Board. The indicators will also inform local YOT Management Boards and broader partnerships. These are both indicators of the underlying drivers for youth crime and indicators for the youth justice system.

The indicators outlined below are not intended as an exhaustive list. They are provided as illustrative of the kind of measures proposed.

Broader system indicators:

- Levels of employment and poverty indicators;
- Levels of engagement of socially excluded children in under fives services;
- Levels of engagement of parents in mental health and substance misuse services;
- Levels of temporary and permanent school exclusions both primary and secondary (by authority, managing body and establishment);
- The time from permanent school exclusion to re-engagement in education;
- Levels of managed school moves;
- Levels of MARAC referrals by authority;
- Levels of service provision for children who have been affected by family violence;
- Levels of CAMHS referrals and percentages of "did not attend" (indicating service failure);
- Levels of CAMHS diagnosis and treatment plans;
- Numbers of children in receipt of substance misuse services.

Youth justice system indicators:

- Numbers of first time entrants;
- Numbers and profile of children in receipt of community penalties;
- Numbers and profile of children in receipt of custodial sentences;
- Numbers of children arrested for weapon possession;
- Numbers of children arrested for possession of drugs with intent to supply;
- Numbers of current and previously looked after children arrested and prosecuted;
- Numbers of MAPPA referrals and profiles by authority;
- Levels of parental engagement in programmes;
- Recidivism rates by intervention levels.

For all the measures above factors such as ethnicity, gender, migrant and LAC status should be included.

Information on the profile of children should also include children's services and CAMHS involvement as well as education profile.

For children in the justice system other key measures should be developed such as poverty indicators and children who have suffered parental loss and abuse.

The majority of these measures should be considered both on a local authority and regional basis.

The levels of temporary and permanent school exclusions includes "managing body". The intent of this is to create an understanding of the extent to which academies and academy chains are contributing to educational and social exclusion.

In developing the above consideration may need to be given to the powers which local Safeguarding Partnerships have to require information in order to safeguard children and responsibilities for public bodies to share information to prevent crime and disorder.

Summary of Proposals

The following section provides a summary of the proposals. For clarity, where required there is commentary. Proposals are numbered and in *italics*.

Systemic Complexity

The level of complexity is such that the issues revealed within this research have to be considered as Wicked Problems or Messes, Ackoff (1979) described these as follows:

> Managers are not confronted with problems that are independent of each other, but with dynamic situations that consist of complex problems that interact with each other. I call such systems messes

The above suggests:

- That these are issues that span a wide range of public services and other bodies and that these will require sustained and coordinated action over a time span of five to ten years;
- The need to apply systemic thinking and approaches to these issues including Interactive Planning, public health approaches and service redevelopment that reflects the ALTAR™ framework, including building systemic resilience for children, families and communities;
- The necessity to recognise the systemic complexity of reform of the youth justice system and the reduction of youth crime;
- The need to develop a clear vision for a reformed youth justice system that takes full account of abuse and loss, that meets domestic legal obligations and complies with the United Nations Convention on the Rights of the child.

1) *West Midlands agencies need to adopt an Interactive Planning Approach (Ackoff 2001) and create the future system for reducing and managing youth crime by continuously closing the gap between where systems and services are and where agencies would most like the system to be (see Appendix A).*

System Wide Prevention and Diversion

2) *The findings within this report need to be reflected in actions within regional and local economic strategies.*

3) *Ways need to be found to target resources that successfully impact on those families who are at highest risk of social exclusion and intergenerational disadvantage. This includes:*
   - *Training and employment as well as support to access such opportunities;*
   - *The need to reflect the fact that primarily single mothers parent these children;*
   - *Overcoming the reluctance of some socially excluded families to engage with services.*

Primary health and social care services have a vital role to play in helping marginalised parents to adequately meet their children's needs. Critically, this includes helping parents develop the skills to nurture children and develop positive patterns of attachment. This research has also revealed high levels of mental health and substance misuse issues for parents of these children, impacting on their parenting abilities.

4) *Local and regional strategies for joint working with children and families between health and adults and children's social care should be reviewed in the light of these findings.*

Early infancy is the most critical period in terms of the development of positive patterns of attachment between children and their carers.

5) *Given the findings of this research West Midland health services should review the extent to which primary health services including health visitors consider attachment in child assessments.*

There is evidence of the relationship between disorganised attachment and children's behaviour and evidence of the effectiveness of parenting interventions to prevent the inter-generational transmission of disorganised attachment.

6) *The availability of parenting support to prevent disorganised attachment should be reviewed. This has relevance for both primary health services and children's social care.*

Loss of parents espescially fathers was very evident as was the early loss of infants to some of the child parents.

7) *The availability of support to prevent the breakdown in relationships between children and parents and particulalry fathers should be reviewed. This has relevance for both primary health services and children's social care.*

The inter-generational nature of these issues would suggest that consideration should be given to the critical period when higher-need individuals cease contact with children's and other services somewhere around the age of sixteen to eighteen. Often re-appearing in children's services caseloads as struggling parents.

8) *Local and regional analysis of service provision through this critical life period should be undertaken to provide leverage for service reform to support young adults.*

Promoting educational and social inclusion for these children to prevent their social exclusion and involvement in crime is the biggest single strategic issue that can be addressed.

9) *Schools, (including academies) need to be supported and incentivised to eliminate school exclusion.*

10) *If school exclusion occurs, these children must receive an effective service to ensure that they continue to be positively engaged in full time education provision that fully meets their needs.*

11) *The apparent gap between high levels of educational needs and apparently low levels of education health and care plans (EHCP) must be addressed.*

Adult violence is at the root of violence perpetrated by children. The levels of exposure of children to domestic violence, (for some extreme violence), is another area that needs to be strategically addressed both with regard to prevention and support for children and families.

12) *Local and regional strategies for reducing family violence need to be reviewed to ensure that they explicitly recognise and address the links between poverty, family violence, violence in the community and children's offending, including serious violent offending. This recognition should also be a central understanding for the Violence Reduction Unit that has been established in the West Midlands.*

The high levels of health needs evident for these children includes the extent of neurodiversity, mental health issues and substance misuse. There were high levels of suspected but undiagnosed conditions and a failure to engage all children with mental health needs with CAMHS services. The level of CAMHS referrals suggesting five times the national prevalence of mental health issues.

13) *The findings of this research including the significant unmet mental and physical health need of these children need to be fully considered by both health commissioners and*

providers. This needs to include the effectiveness of engaging children in CAMHS services. CAMHS policies in this area including "did-not-attend" should be reviewed.

Evidenced in this research are the very high levels of current and previous social care involvement for these children. Social care involvement is particularly high for girls and children in custody

14) *The findings of this research strongly suggest that this is an area that is in need of further regional research including qualitative understandings of why children known to social care services have such a high representation in the youth justice system including in custody.*

15) *There is also a need to understand regionally if social care processes and practices are meeting the needs of older children.*

16) *Strategies need to be urgently developed to reduce prosecutions of vulnerable children in public care. This needs to include immediate and on-going consideration regarding whether Crown Prosecution Service guidelines on prosecuting looked after children are being applied with sufficient rigour.*

17) *Diverting children from the criminal justice system and the decriminalisation of vulnerable children needs to be a central aspect of reform of the West Midland criminal justice system.*

Strategic Youth Justice Reform

Domestic law establishes a range of principles for the youth justice system, these include:

- Preventing offending;
- Having regard to the welfare of children and young people;
- The prevention of discrimination.

Article 39 of the United Nations Convention on the Rights of the Child requires that:

Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.

The above requirements should be central to responding to these research findings and in reforming the West Midlands youth justice system. Failing to fully address these requirements in both the short and the long term, not only increases the risks to children who become criminalised but also places others at greater risk of harm.

18) *Develop a clear vision for a reformed youth justice system that takes full account of abuse and loss, that meets domestic legal obligations and complies with the United Nations Convention on the Rights of the child.*

It is proposed that the local YOT delivery model is retained but that YOTs are reformed (see below). There are seven YOTs in the West Midlands region. Although the region is a significant conurbation, there is no regional body that coordinates the role and function of these YOTs. In order to achieve the range of changes proposed including reform of YOTs a mechanism needs to be established to drive change.

19) *A regional Safer Youth and Justice Board (SYJB) should be established. The Board should be at Chief Officer level. The role of the SYJB would be to manage the proposed youth justice reforms and to continue to monitor and adapt them in a way that reflects an Interactive Planning approach. Key functions of the SYJB would be to:*

- *Oversee the implementation of the reforms proposed in this report;*
- *Play a key role in the process of devolution of powers and financial resources that relate to youth justice from central government;*

- *Work with partners to re-imagine youth justice in the West Midlands that takes full account of abuse and loss, that meets domestic legal obligations and complies with the United Nations Convention on the Rights of the child;*
- *Undertake or commission a regional review of YOT function and resourcing;*
- *Monitor the effectiveness of youth justice reforms and to champion the needs of children who are at risk of criminalisation;*
- *Agree regional minimum standards for the resourcing of YOTs and delivery of youth justice services;*
- *Set standards regarding the underlying ethos and service delivery models for YOTs and local youth justice services;*
- *Regionally commission youth justice and related services on behalf of partners;*
- *Monitor the effectiveness of the youth justice system including resourcing, diversion, prosecution, recidivism and disporoportionality;*
- *Monitor the effectiveness of wider measures to reduce the underlying factors that increase the likelihood of children becoming involved in the criminal justice system.*

20) *There is already an outline agreement in place with national government that gives consideration to devolving youth justice powers and funding to the West Midlands. As a part of that change process, the SYJB should be closely involved in considering devolution powers and accessing devolved resources to fund the proposed changes. In discussion with government, consideration should also be given to the role, function, funding and powers of the SYJB.*

21) *The SYJB should be established initially for five years. The establishment and composition of such a Board needs to strongly reflect that the issues faced by these children span both justice agencies and a much broader range of services. The terms of reference of the SYJB need to reflect the above.*

22) *To ensure independence, the accountability of the SYJB should be established and developed in a way that ensures that the SYJB function is politically independent. This includes accountability and independent chairing of the SYJB.*

23) *For the SYJB to function as envisaged there will be a need to establish (or commission) a small strategy and intelligence team which is both academically informed and grounded in practice based evidence.*

Broader Youth Justice Reform

In terms of broader reform and development of youth justice the following are key areas this research has indicated that need to be addressed.

All of these issues are directly or closely related to diversity and equality. In understanding and developing responses to these issues, active engagement and leadership of initiatives by the affected groups needs to take place.

24) *The research has revealed very high levels of abuse and adversity in the group of thirteen girls studied within the group. Youth justice reforms need to give specific consideration to the profile and needs of girls.*

The research has outlined a range of issues with regard to the proportions of children of BAME heritage, migrant children, children in public care and those with neurodivergence in the research sample.

25) *There is a need to investigate whether youth justice and other wider processes are discriminating against children of BAME heritage, migrant children, children in public care and those with neurodiversity.*

26) *The profiling of children within gangs also evidences the apparent over-representation of Black and migrant children in these populations. This should also be investigated.*

The high levels of neurodiversity and mental health issues has implications for the processes of arrest, detention and charging of children and court processes.

27) *Screening for neurodiversity and mental health issues should be undertaken for all children who enter the criminal justice system.*

28) *The processes of arrest, detention and charging of children and court processes need to take account of the impact of neurodiversity.*

The very high levels of abuse and adversity and the evidenced link with the impact on children's behaviours also has implications for the processes of arrest, detention and charging of children and court processes.

29) *In cases where children are known (or suspected) to have been exposed to abuse and others forms of adversity practitioners need to ensure that any assessment takes full account of the likely impact of previous abuse and adversity.*

30) *The processes of arrest, detention and charging of children and court processes need to take account of the impact of abuse and adversity.*

31) *Given the findings from this research, the impact of loss and bereavement and the possibility that this was traumatic should be routinely considered for all children in the justice system. Bereavement counselling should be available in all relevant cases.*

32) *The processes of arrest, detention and charging of children and court processes need to take account of the impact of bereavement.*

33) *The proportions of migrant children both in gangs and in custody suggest a failure to provide appropriate services for these children and their families. Particular consideration needs to be given to the significant needs of migrant children and families and whether public services are meeting their needs.*

The research also considered in detail the profile of children in gangs. Issues that emerged included issues of abuse and loss and neurodiversity as well as high levels of substance misuse. Migrant children were over-represented. There was also evidence of children suffering life-changing injuries alongside high levels of weapon possession.

34) *The above issues alongside the other research findings need to be included in the on-going development of the Violence Reduction Unit in the West Midlands.*

Reform of YOTs

The levels of abuse and adversity for children known to YOTs revealed by this research are significant. For many children YOT services provide a last chance within childhood to begin to heal their harm and to better protect their communities from future harm.

Other research commissioned by the WMCA shows that there is a wide disparity in YOT resourcing within the region. This ALTAR™ research also demonstrates very high levels of need for this client group including in areas such as social care needs, mental and wider health needs, special educational needs, fracturing of families and loss and bereavement.

I am proposing that YOTs should remain as distinct, local multi-disciplinary teams which provide the main service delivery mechanism for children in the youth justice system. Reasons for this include the complex needs of children evidenced in this report, the need to effectively manage the high levels of risk inherent in this population of young people and maintaining the critical inter-face with local children's services.

35) *YOTs should remain as distinct, local multi-disciplinary teams which provide the main service delivery mechanism for children in the youth justice system.*

36) *A regional review of YOT function and resourcing by the SYJB needs to take full account of both of these research findings and the findings regarding disparity of YOT resourcing.*

37) *Through the SYJB regional partners should develop the following:*
- *Regional minimum standards and agreements for the resourcing and staffing of YOTs;*
- *Guidance on the management culture and the operating ethos of YOTs;*
- *Development of regional monitoring of youth justice including the profile of children entering the youth justice system and improving access to services and outcomes for both children and families;*
- *The development of revised regional models of risk management, assessment and programme delivery that draw upon these research findings and the ALTAR™ framework on which it is based.*

38) *In terms of this research, the critical areas the review and reform of YOTs needs to include are:*
- *The likely impact on children of abuse, loss and adversity, including on their behaviour, relationships and ability to engage with services;*
- *The likely impact on children of abuse, loss (particularly fathers) and other adversity on their needs including, mental and physical health and access to education and employment;*
- *To identify and work effectively with children with insecure attachment including approaches and programmes to meet the needs of those with disorganised attachment;*
- *The implications of the extent to which the issues for the majority of children are likely to be intergenerational in nature;*
- *That improving outcomes for children is intrinsically linked with improving outcomes for their immediate family.*

39) *YOTs need to move from a criminogenic model of risk assessment and service delivery towards an ALTAR™ informed model that recognises that risk is cumulative and located within the experiences of the child and their family. Assessing risk needs to be seen within the context of events in their lives (i.e. abused, excluded, traumatised and exploited).*

40) *The shift from a criminogenic model of risk assessment and management also needs to extend to service delivery that (as a key part of preventing offending) needs to become focussed on building the child and families resilience and in trying to alter the intergenerational patterns that are underlying risk. The model needs to recognise the fundamental importance of relationships in building resilience and promoting desistance from crime.*

41) *Research into effective practice, indicates that to be effective a key aspect of work with children will be the establishment of empathic, bounded and sustainable relationships. Both the resourcing of YOTs and the management culture will need to enable these critical aspects of*

service delivery. This will also require practitioner caseloads that are low enough to ensure that time is available to develop meaningful relationships and for creating the therapeutic context in which children can begin to recover from trauma.

42) *There will also be a need to ensure that staff have the support, skills, resilience and resources to engage with harmed, troubled and traumatised children. Staff support should always include high quality supervision and access to resources that can assist them to deal with vicarious trauma.*

43) *Working in the ways envisaged above will also require that YOTs have an appropriate physical environment in which to work with very troubled children and their families. The development of the working environments and working practices needs to be informed by relevant evidence.*

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