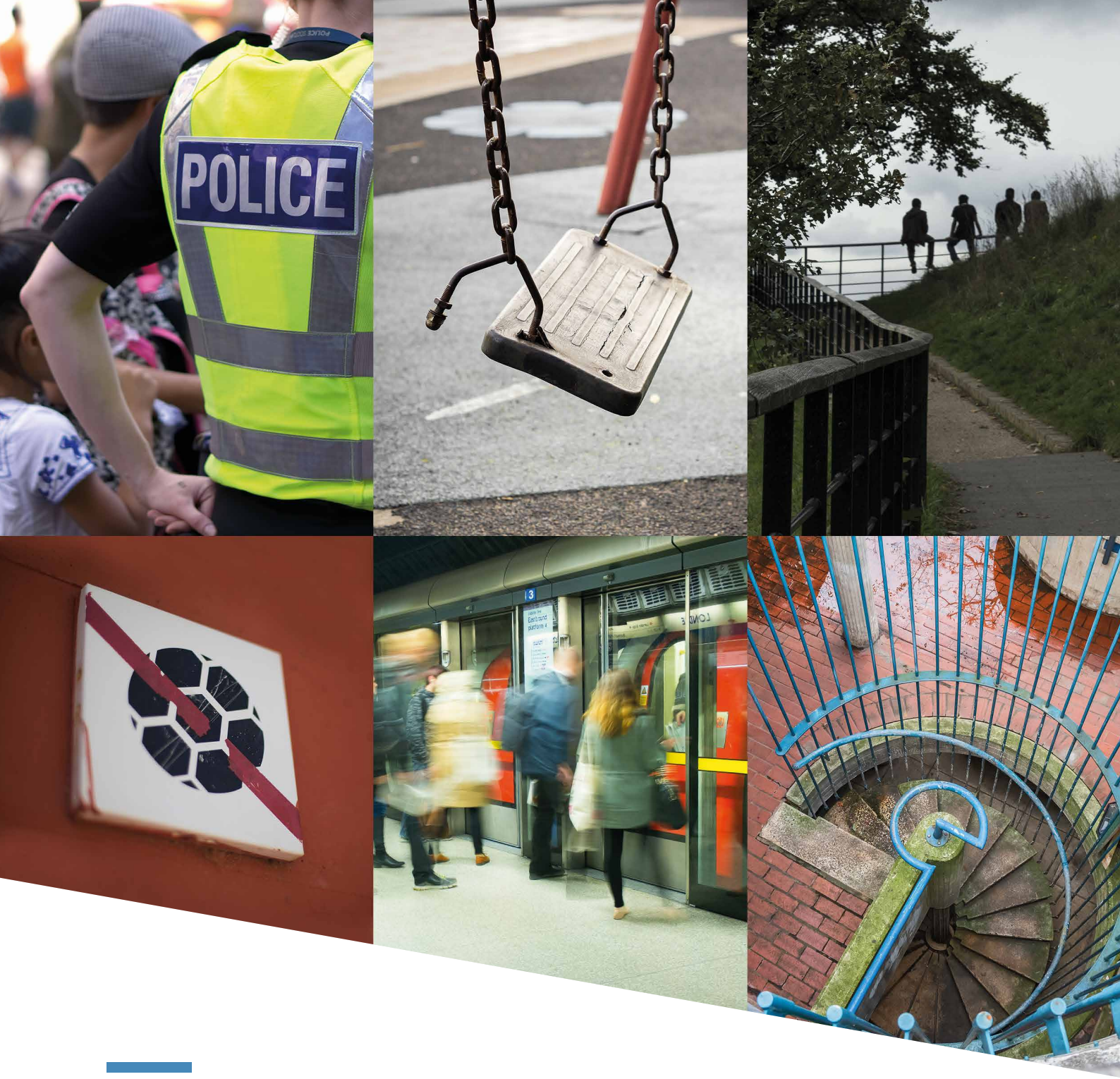


What can we do as a partnership to prevent and reduce youth offending and serious youth violence?

JSNA
Joint Strategic Needs Assessment

City of Westminster

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

A Joint Strategic Needs Assessment (JSNA) and
Annual Report of the Director of Public Health 2020

This report

This needs assessment responds to Kensington and Chelsea, and Westminster Youth Crime Prevention Partnerships recognition that a public health approach to youth offending and serious youth violence (SYV) is necessary. This requires a focus on prevention and addressing the root causes of youth offending and criminal behaviour. It acts to provide a better understanding of the health and wellbeing needs of the vulnerable cohorts in contact and at risk of being in contact with the youth justice system, and support action amongst key stakeholders with evidence-based insights and recommendations for action.

Given the significant impact of youth offending and serious youth violence on our health and wellbeing, as individuals and in our communities, this report will also be the Annual Report of the Director of Public Health for 2020. It is important we take a public health approach to tackling this challenge in our communities.

It specifically aims to:

- Gather and collate evidence
- Develop a better understanding of earlier childhood experiences, parenting and health
- Evidence the benefits of promoting early intervention and the importance of shifting the focus to prevention and diversion
- Identify specific strengths and gaps in our current services and approaches
- Build on the recent mental health and special educational needs and disabilities (SEND) JSNAs
- Recommend priority areas for action

COVID 19

This report was developed with stakeholders in 2019 and finalised in early 2020, prior to the COVID-19 outbreak being declared a global pandemic. The information contained in this report was correct at the time of writing.

The below information covers the changes the Metropolitan Police Service (MPS) and other local services have seen as a result of COVID-19 and how they have adapted their ways of working to respond to this:

COVID-19 has had a significant impact on the way the local authority and partner agencies have been able to engage with young people. The IGXU has had to adapt their way of working, for example by proactively interacting with their clients, utilising social media platforms and ensuring regular contact to monitor families deemed to be the most in need. Whilst this has allowed work with young people to continue, and in some cases has led to a higher level of engagement, in the medium to long-term the lack of face-to-face interaction is likely to reduce outcomes.

It is clear that during lockdown young people involved in gangs have transformed their way of working and have sought new and innovative ways to make money. There have been a number of violent incidences during this time period. The MPS have adapted their approach, including the establishment of the Violent Suppression Unit (VSU), who have been carrying out home visits to Westminster's most prolific violent offenders as part of an MPS initiative to reduce violent crime. The police have also adapted their neighbourhood style of policing, with officers working on 'micro-beat' patrols, focused in areas where there have been higher levels of violent offending, in order to maintain public confidence and support. Further partnership work is underway to plan as lockdown eases. It should not be assumed that patterns of crime, criminality and drugs markets will return to those seen before lockdown. Furthermore, the long-term economic impact, with the likely associated increase in unemployment, is likely to have an impact on patterns of crime involving young people.

In order to better understand the impact of COVID-19 on the Youth Offending Team cohort and young people at risk of offending, it will be important to regularly monitor this information and review progress on the recommendations.

Authors

This report was written by Debbie Arrigon, Isobel Bartholomew, Masuda Begum, Colin Brodie, Natalia Clifford and Sadiyah Secretary.

Acknowledgements

We would like to thank the many people and organisations who contributed to this report. Particular thanks are due to our steering groups - the Youth Crime Prevention Partnerships – in both boroughs for their input and guidance in the development of this report. Further thanks are due to the following partnerships and organisations for their input and support:

- Central and North West London Clinical Commissioning Group
- Central London Community Healthcare Clinical Commissioning Group
- Children and Adolescent Mental Health Service (CAMHS)
- Children and Health Operational Group
- Detached and Outreach Team
- Health Education Partnership
- Integrated Gangs and Exploitation Unit
- JSNA Task and Finish Group
- Multi Agency Safeguarding Hub (MASH)
- Outbreak
- Probation
- RBKC and WCC Community Safety Teams
- RBKC and WCC Family Services
- RBKC and WCC Public Health Team
- RBKC and WCC Safeguarding and Workforce Development Team
- RBKC and WCC SEND Team
- RBKC and WCC Youth Offending Teams
- RBKC Inclusion Programme
- Redthread
- School Health Services
- WCC Serious Youth Violence Taskforce
- WCC City Management and Communities
- WCC Inclusion Programme
- WCC Intensive Support Team
- WCC Physical Activity Leisure and Sports Team
- Women and Girls Network
- Young Westminster Foundation

Data was collected from a range of sources including publicly available data, local service data, and building on local research and literature.

Contents

1 Foreword

I am pleased to be asked to write a foreword to this important and timely Joint Strategic Needs Assessment (JSNA). Although locally, and in line with the national picture, we have seen overall reductions in youth offending, there have been increases in knife crime and serious youth violence across both Westminster, and Kensington and Chelsea.

As a partnership, we need to understand what drives offending and violence, changing the narrative from criminality to one of vulnerability. This JSNA outlines some of the reasons why children and young people are more at risk of offending and coming into contact with the youth justice system, and what can be done to prevent this.

We set out an overview of what a *public health approach* may look like across Westminster, and Kensington and Chelsea. We looked at how this has been successful in reducing serious violence in Glasgow and Manchester, local case studies demonstrating some of the innovative work going on, and how as a partnership we can build upon this in the development of a local public health approach.

Although offending and crime affects us all, we know that it disproportionately affects children and young people from BAME communities, and of course, we cannot ignore the unique vulnerabilities and needs of young women and girls. This JSNA explores these inequalities.

We know that most of the solutions to youth crime lie outside the justice system so we must work closely together across organisational boundaries so that children's services, education, health, police and other stakeholders are all part of the solution.

Recommended actions are outlined in this JSNA: these are the beginning of the conversation – I hope you find the report insightful and join myself and colleagues in tackling youth offending and reducing the cycle of offending.

Sarah Newman

Executive Director, Bi-Borough Children's Services

Royal Borough of Kensington & Chelsea and the City of Westminster

A note from the Bi-borough Director of Public Health

Youth offending and serious youth violence affects us all: the victims, the perpetrators, and our local communities. The short- and long-term impact on our health and wellbeing, as individuals and in our communities is significant, particularly for the most disadvantaged in society.

However, it is preventable, and this Joint Strategic Needs Assessment (JSNA) report developed by Public Health, working in collaboration with partners' across the council and other agencies, has shown that taking a public health approach to reducing youth crime and serious youth violence can have a positive impact.

For this reason, I have taken the decision to make this Youth Offending JSNA my annual report for 2020. It builds on some of the real concerns around crime and safety raised by our young people in our previous annual report, '*Our Health, Our Wellbeing*', and I hope will be a call to action and add momentum to the important work being done by the Youth Crime Prevention Partnership Boards to address this critical public health challenge for our boroughs.

Only by working together can we achieve the ambitions expressed in this report and I would like to thank the many people and organisations who have made significant contributions to this report. In particular, I would like to thank the report authors, Debbie Arrigon, Isobel Bartholomew, Masuda Begum, Colin Brodie, Natalia Clifford and Sadiyah Secretary.

Houda Al-Sharifi

Interim Director of Bi-Borough Public Health

2 Executive summary

Background

Youth offending and serious youth violence affect us all: local communities, local children and how we go about living our lives. It particularly affects the most disadvantaged. It is complex and a challenging issue, *but much of it is preventable*.

Taking a Public Health approach to tackling youth offending and SYV looks at the root causes of crime, uses a *life-course whole-system* approach informed by data and intelligence. Collaboration and leadership across the system are key.

To reduce youth offending and SYV we must, as a partnership, tackle drugs and gang related violence. Shifting the narrative from one of criminality to vulnerability is important if we are to understand the root causes of crime.

Early identification and consideration of needs including:

- Emotional wellbeing and mental health
- Speech, language and communication
- Family and home-life circumstances including exposure to violence
- Domestic abuse (DA)
- Substance misuse
- Other adverse childhood experiences (ACEs)
- Wider determinants of health (education, employment, housing)

are key to preventing often a life-long relationship with offending.

Although this can sound bleak and difficult to tackle, there are some great examples of innovative work going on, for instance Westminster's Integrated Gangs and Exploitation Unit (IGXU) has received praise in the recent Children's Services Ofsted report, and the Detached and Outreach pilot in the Royal Borough of Kensington and Chelsea (RBKC) which has been operational since Autumn 2019 is already showing positive findings. Both are local examples of collaboration, vital intelligence gathering and community engagement, working with some of the most vulnerable communities.

Methodology

This Joint Strategic Needs Assessment (JSNA) and Annual Public Health Report (APHR) is a key component of the Royal Borough of Kensington and Chelsea's and Westminster City Council's Public Health approach to addressing youth violence: supporting evidence-based action with clear data and local intelligence to inform actions.

The needs assessment includes information from a variety of sources: national, regional and local data; desktop research into policy and evidence and examples of good practice.

Both boroughs' Youth Crime Prevention Partnerships acted as the steering group and the chairs as the JSNA sponsors.

The report will help answer the following questions

1. **What are the root causes of a young person entering the youth justice system (YJS)?**
2. **What are the root causes of SYV?**
3. **What are the health and wellbeing needs of local children and young people in the YJS cohort?**
4. **What are the health and wellbeing needs of local children and young people at risk of entering the youth offending system ?**

2.1 Main findings

Overarching Findings

- Risk factors for offending do not exist in isolation – they interact with each other, can be cumulative, and a young person may experience multiple risk factors
- Many of the risk factors for offending are also prevalent in people who have complex health and/or social care needs
- A good education is protective of health throughout the life course
- Poverty and low socioeconomic status during childhood is a risk factor for subsequent substance misuse and criminal behaviour
- Adverse childhood experiences (ACEs) can cause a number of poor health outcomes in adulthood, for example increasing the risk of mental illness, violence and becoming a victim of violence (although we still need to consider the impact of wider determinants of health and ensure we utilise intelligence on a case by case basis, to not oversimply complex issues)
- Skills-based programmes such as sports and arts can be an effective part of diversionary and rehabilitative approaches of intervention

Local Findings

- Young males make up the majority of local youth offending cohorts
- Young people from black and minority ethnic (BAME) backgrounds are disproportionally represented in the youth offending cohorts across both boroughs. Increasingly, we are seeing boys with North African, East African, Arab, Middle Eastern and Kurdish heritage entering the cohort
- 100% of 19 year-olds who engaged with the IGXU in 2019 had previously engaged with Children's Services
- With some exceptions, crime hotspots across the boroughs largely correlate with areas of multiple deprivation
- 33% (RBKC) and 37% (WCC) of young people in the YOT were registered with the Pupil Referral Unit (PRU) at the point when assessed (by YOT)
- 14% of young people engaged with the YOT had a formal mental health diagnosis with a further 40% having engaged with mental health services RBKC and WCC youth offending cohorts have seen decreases in first time entrants (FTEs) over recent years and very sharply in the last 18 months

Where appropriate, case studies have been used to illustrate key points and a selection of local examples showcasing the variety of innovative work across the system. Whilst this is not exhaustive it provides a flavour of best practice.

N.B. The names and any identifying information used in case studies have been changed to protect the identity of the individuals referenced.

2.2 Recommendations

Further work is required to embed the needs and experiences of local young people into the development of services.

Recommendations:

Four themes have been identified around which focussed actions will improve the support and offer available for those at risk of coming into contact with and those in contact with the youth justice system. These are:

1. **Contextual Safeguarding** – embed a whole system contextual safeguarding approach (See Section 3) across the councils and partners: recognising, understanding, and responding to, young people's experiences of significant harm beyond their families (and traditional safeguarding mechanisms)
2. **Data and Intelligence** – using intelligence systems with multi-partner input to fully understand needs, predict at-risk cohorts, embed predictive analytics and be able to appropriately respond: this includes community and cultural needs
3. **Inequalities** – particularly in relation to young BAME men and the specific needs of women and girls
4. **Settings and spaces** – around young people including schools, youth provision and inclusive, fun and safe places for young people to socialise

Further information on the actions recommended and their relation to the recommendations can be found throughout this report, with particular focus in Section 10.

3.

Background.

3.1 Background

Reducing youth offending and serious youth violence is a key national, regional and local priority. In the Royal Borough of Kensington and Chelsea, and Westminster City Council developing a Public Health approach has been suggested as the best way forward focusing on prevention and addressing the root causes of criminality.

A public health approach includes consideration of:

- Evidence-based action – "preparing" the system with clear data and local intelligence to inform actions
- Health-inequalities and wider determinants of health
- Multi-organisation and multi-sectoral co-operation
- Understanding of the root causes of crime and vulnerabilities and recognition that almost all causes of childhood offending lie outside of the direct influence of the youth justice system (Public Health England, 2019)
- A life-course approach
- Prioritising working with gangs
- Contextual safeguarding
- Education, for example informing young people on the effects of sexting, cyber bullying, healthy relationships through Personal Social, Health Education (PSHE)
- Reduction in school exclusions and positively strengthening all aspects of inclusion
- Diversionary services that support people away from crime and into opportunities
- The importance of prevention and early intervention within families as well as for individual children

The local youth offending cohorts in both boroughs have seen decreases in first time entrants (FTEs) over recent years (from 407 per 100,000 of local 10-17 year-old population between January to December 2016 to 212 between January and December 2018), with Westminster seeing the greatest decrease across London. Although this is in line with national decreases, it does raise questions around the wider picture of crime. The question is, if FTEs are reducing but reoffending is increasing what are the specific needs of this cohort that need to be addressed?

Children and young people who offend or at risk of offending often have challenging health and wellbeing needs: emotional wellbeing and mental health; speech, language and communication needs; unstable family and home-life circumstances including exposure to violence, domestic abuse and substance misuse; and other ACEs such as a history of offending in the family (see section 4).

As modern technology has developed, so has the drug market: the issue of county lines has become an increasing concern, adding another layer of vulnerability to these already vulnerable children and young people. There is a clear link between drugs, crime and child exploitation.

Metropolitan Police Commissioner Cressida Dick said that "serious violence affecting our young people—is connected to drugs in one way or another"; and specifically linked it to "the market and the availability". She added that this is, "in my view, at the root of it all; it really is".

This report will help us better understand the health and wellbeing needs of this cohort and support action amongst key stakeholders with evidence-based insights and recommendations for action. It will help "prepare the system".

Health and multi-agency data has an essential role to play in preventing offending. When used alongside youth justice data it can:

- Measure the levels and nature of violence in a local area
- Identify the population groups and geographical areas most affected
- Inform the development, targeting and evaluation of prevention and earlier intervention activity
- Help shift the narrative of children as criminals to some of the most vulnerable members of society

Adding to the complexities around serious youth violence is that national definitions don't exist, and the data relates to the victims' age, not the perpetrator, up until the age of 25. However, youth offending refers to under 18s.

Relation to commissioning

This report will inform commissioning plans amongst stakeholders such as local authority commissioners responsible for Public Health, adult social care and children's services, NHS commissioners responsible for medical conditions and services such as SEND including autism.

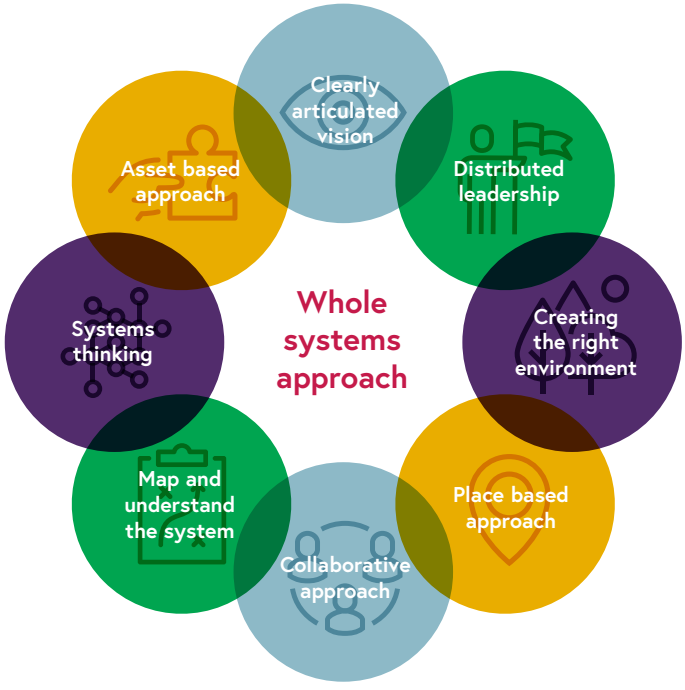
3.2 Whole system approach

There is no single solution to preventing youth offending, reoffending and violence: a broad range of actions are needed across the system, moving away from siloed working. Preventing children coming into contact with the youth justice system is complex.

Public Health England (PHE) recommend a whole system approach to SYV and YO, that includes the following (Public Health England, 2019):

- Clearly articulated vision – what is trying to be achieved and widely shared
- Distributed leadership – working to a common vision across the system
- Creating the right environment (for change) - by articulating why this group of young people are vulnerable and that improving their outcomes will have an impact on the whole system
- Place-based approach - the definition of "place" is best defined by local leaders - it considers where crime takes place, deprivation, service boundaries and partner agencies
- Collaborative approach - bringing stakeholders together from a broad range of functions to jointly develop and take ownership of the programme; sharing strategic plans and working towards joint outcomes
- Map and understand the system - this provides a thorough understanding of the system, maps stakeholders and identifies potential leaders at all levels
- Use data from across the system to build a local picture – utilising heath data alongside youth justice and other sources of data to provide an accurate local picture.

Figure 1: Whole system approach (Public Health England, 2019)



3.3 Contextual safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships (Firmin, 2017).

This requires an in-depth knowledge of areas where young people are engaging and understanding the interplay and weight of influence in their relationships. Locally, an effective response would require developing a strategic approach to identify ways of gathering intelligence on spaces and embedding processes to safeguard these spaces and at risk families, as well as working with families to manage risk and trauma. Listening to the voices of local children and young people would be a crucial part of this approach.

A contextual safeguarding approach presents opportunities for local authorities and crime partnerships to work closely with the NHS. Social prescribing "link worker" models can help to address knife crime due to the fact that young people involved in and at risk of violence often engage with health care before accessing other support services. There are plans to trial a community health worker approach in Westminster's Churchill ward which will look after a defined number of households and will be able to gather contextual safeguarding data as well as address issues as or before they arise.

Judiciary

In working to prevent and reduce SYV, the court is very much at the end of the process.

They sentence a young person on the crime committed, using their Sentencing Guidelines, however their disposal is also informed by the Pre-Sentence Report (PSR) on that young person.

The PSR of today, unlike a few years ago, is trauma-informed. The court is given information on the young person's family background, upbringing and education as well as any speech and language difficulties, mental health problems and diagnoses such as attention deficit hyperactivity disorder (ADHD). This information helps the YOT and the court to work together to tailor any intervention to meet the young person's specific needs, reducing the risks of reoffending.

3.4 Strategy, context and policy drivers

In addition to the PHE report on Collaborative Approaches to Preventing Offending and Re-Offending in Children, there have been other widespread national and local policy drivers to support working in a joined-up way, such as:

National

Youth Justice Board Strategic Plan (2018-2021)

This plan recognises how parts of the youth justice system can be adapted to improve outcomes for children and young people including defining "the youth justice 'system' as comprising of all the bodies who commission and deliver services to children who have committed or are at risk of committing crime. Therefore, recognising that collaboration is key to bringing about positive change" (Youth Justice Board for England and Wales, 2018).

This forms the foundation to the Youth Justice Board's strategic approach with the overarching vision that every child should live a safe and crime-free life and make a positive contribution to society.

LGA Public Health approached to reducing violence (2019)

This report acknowledges the importance of a Public Health approach and outlines aspects which should be considered when implementing interventions. It summarises key risk factors for committing serious youth violence including:

- Male gender
- Neglect and abuse in childhood
- Personality traits
- Poor family functioning and family breakdown
- Domestic violence in the home
- Delinquent peers and gang involvement
- Living in a high-crime area
- Alcohol consumption
- Social inequality

Local

Youth Crime Prevention Partnerships (YCPPs)

Taking a Public Health approach has been identified at both the Kensington and Chelsea, and Westminster YCPP boards as key to addressing the root causes of criminality.

This aligns with both RBKC's Council Plan priorities and WCC's City for All objectives through the respective policy objectives of making RBKC 'a great place to live work and learn' creating a 'City of opportunity'.

Safer Westminster Partnership Strategic Assessment

This strategic assessment has been developed to identify the key crime issues affecting Westminster, informing the Safer Westminster Partnership Strategy 2020-23.

It provides a platform for the health and wellbeing approach in this report by highlighting that effective policing is not the only way to reduce crime, and to have a positive impact on crime levels within the city the work of many agencies from across the city is necessary to make Westminster safer.

With a strong basis of data analysis this strategic assessment provides an in depth look into crime in the borough. Youth violence is highlighted.

Safer K and C Community Safety Plan

For 2017-19 Kensington and Chelsea incorporated its strategic assessment into the Community Safety Plan, setting out the Safer K and C Partnership's crime and anti-social behaviour strategic priorities and plans to address them.

As well as addressing crime and anti-social behavior in the borough, the plan addresses different themes including the 'One Met Model 2020', the Community Policing Team, Community Safety Finances and Violence Against Women and Girls (VAWG).

In relation to children and young people the Strategic Partnership makes a specific commitment to "prioritise the prevention of violence and abuse and provision of support for Children and Young People" (Safer K&C Partnership, 2017).

3.5 *Scope*

This report focusses on the health and wellbeing needs of children and young people aged up to 25. This includes analysing the specific needs of the youth offending population and those at risk of entering, in line with the key constituents of the Public Health approach.

Actions:

- **Trial a community health worker approach in Westminster's Churchill ward which will look after a defined number of households and will be able to gather contextual safeguarding data as well as address issues as or before they arise**

4.

Children and young people at risk of offending.

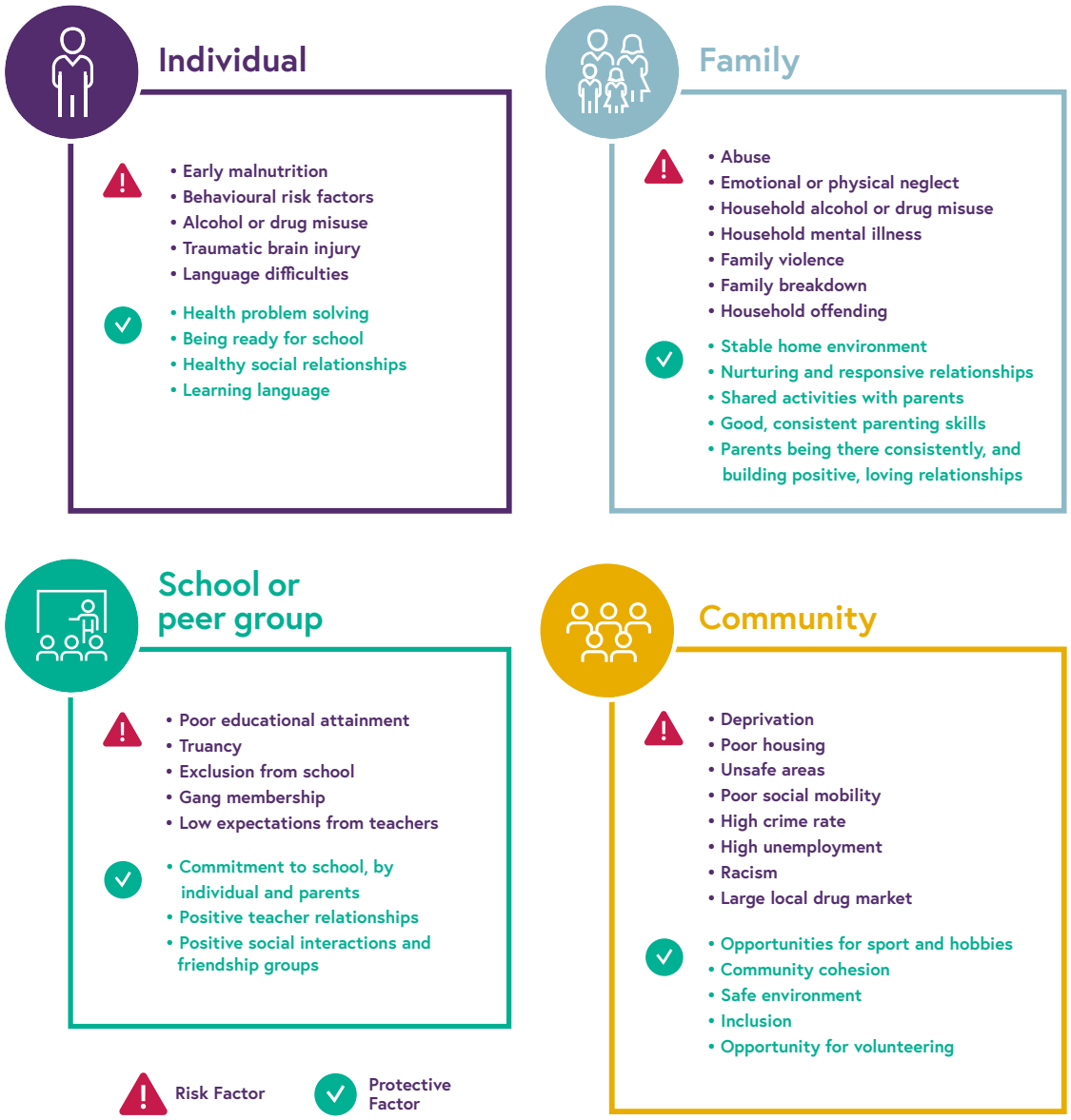
In order to develop a public health approach to reduce youth offending and serious youth violence we need to understand what drives youth offending in the first place. This section considers risk and protective factors, the wider determinants of health, and ACEs and how they play an important role in driving youth offending.

4.1 Risk and protective factors for offending behaviours

Risk factors for youth offending exist on many levels – the individual (e.g. gender or learning difficulties), within the family (e.g. family breakdown or abuse) or a wider environmental level (such as deprivation or homelessness). Risk factors do not exist in isolation – they interact with each other, can be cumulative, and as such a young person may experience multiple risk factors at any given time.

Protective factors are conditions or attributes that exist which mitigate risk factors and may reduce the likelihood of an individual exhibiting offending or violent behaviours and ultimately coming into contact with the youth justice system.

Figure 2: Risk and protective factors for youth offending



Many of the risk factors identified above are also prevalent in people who have complex health and/or social care needs. For example, we know that many of the same risk factors are present for mental ill-health. (Public Health, 2019) Many of these risk factors are influenced by the wider determinants of health.

Wider determinants of health and offending behaviour

As well as shaping health and wellbeing, a range of socio-economic and environmental factors can determine offending behaviour. Variation in economic, social and environmental circumstances can shape one's likelihood of being ill, ability to prevent sickness, and access to services and treatment. Health, wellbeing and life outcomes are influenced by where people live, learn, work, play and age.

The CAPRICORN framework[1] highlights a number of key determinants and drivers of offending behaviour, such as education, poverty and homelessness. Whilst these are risk factors, not everyone experiencing them is going to commit crime or come into contact with the youth justice system.

Education

Education is one of the determinants of health, and high educational attainment is associated with better health outcomes. A good education is protective of health throughout the life course and is a major determinant for accessing quality work and gaining income, building social connections and relationships, developing lifelong learning and problem-solving skills, and improving self-esteem:

"People with the lowest healthy life expectancy are three times more likely to have no qualifications compared with those with the highest life expectancy"

(Office for National Statistics, 2017).

Nationally, we know that children and young people in the criminal justice system have low literacy and numeracy levels, low educational attainment, and have experienced school exclusions. There is evidence that children with SEND are over-represented, there are high rates of speech, language and communication needs, and high prevalence of learning disabilities. (Public Health England, 2019).

A 2016 report covering young people who have offended , who had just left Key Stage 4 (i.e. aged 16 years) found that: (Ministry of Justice/Department for Education, 2016)

- 1% of those sentenced to less than 12 months in custody achieved 5 or more GCSEs (or equivalents) graded A* - C including English and Maths;
- Of those sentenced to a referral order, 14% achieved 5 or more GCSEs (or equivalents) graded A* - C including English and Maths, the figure for those given a caution was 17%.

By way of comparison in 2013/14, 68.7% (RBKC) and 66% (WCC) of all pupils achieved 5 or more GCSEs (or equivalents) graded A* - C including English and Maths.

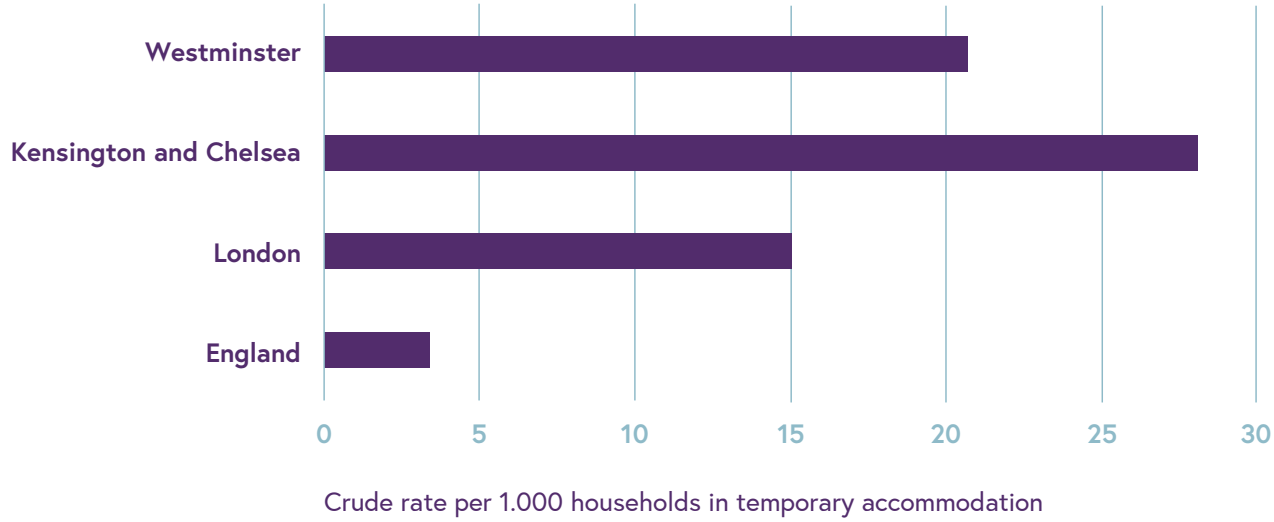
[1] CAPRICORN is a resource which outlines how health, education, social care, criminal justice, voluntary sector services and others can work together to stop children and young people offending. It is a framework developed by Public Health England, working with stakeholders in national and local government, the NHS, academia and the voluntary sector. https://www.gov.uk/government/publications/preventing-offending-and-re-offending-by-children

Housing and homelessness

Good quality and secure homes reduce the risk of poor physical and mental health, lost school days, visits to health and social care services and improve educational attainment. In contrast, poor housing and homelessness pose significant risks to health, including delayed physical and cognitive development of children, poor mental health, respiratory disease, and poor long-term health and disability.

The CAPRICORN framework highlights the link between offending and homelessness and reports that an involvement with the criminal justice system can lead to difficulties in finding suitable accommodation for children and lack of suitable accommodation on leaving custody can contribute to the likelihood of the child going on to reoffend. Both boroughs have some of the highest rates of households in temporary accommodation in London and England.

Figure 3: Households in temporary accommodation



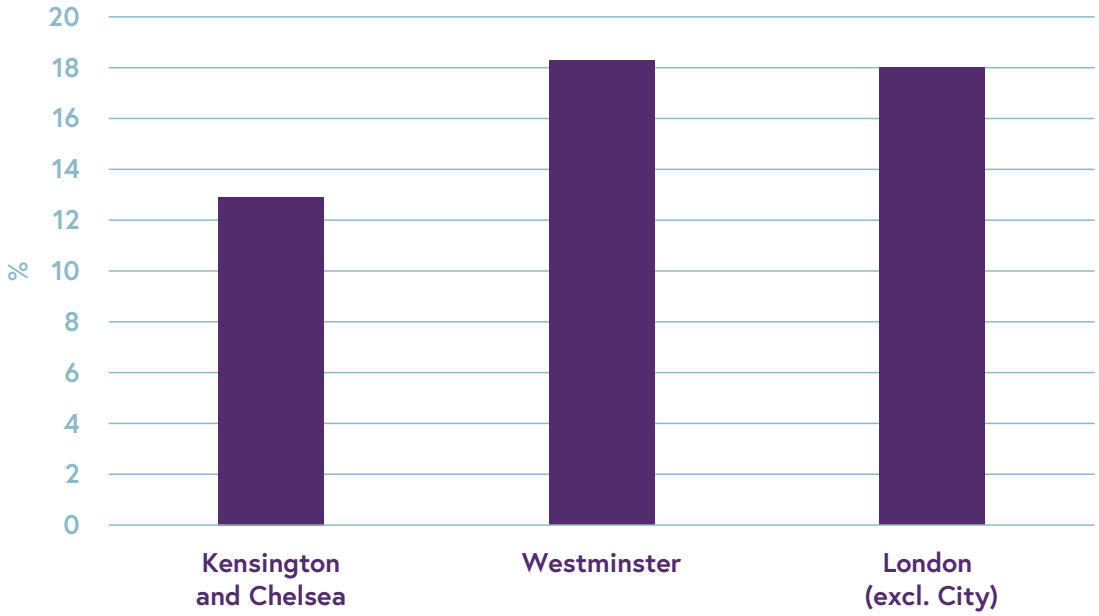
Data for 2017/18. Whilst the tragedy at Grenfell Tower will have impacted this data the numbers for 2016/17 in RBKC were still considerably high compared to other London boroughs at 23.3 per 1,000 households.

Poverty

Poverty is both a cause and consequence of poor health and wellbeing. For example, those with mental health conditions can be affected by a 'spiral of adversity' where factors such as employment, income and relationships are impacted by their condition. People who live in deprived areas are more likely to need mental health support but less likely to access it and to recover following treatment. This compounds and worsens mental health issues. (Public Health, 2019)

Poverty and low socioeconomic status during childhood is a risk factor for subsequent criminal and substance misuse behaviour. There is evidence that children who live in poverty can experience higher levels of stress, and negative life events, have limited educational opportunities, which can profoundly affect their social, cognitive, and neurological development.

Figure 4: Child poverty (IDACI)



Parenting

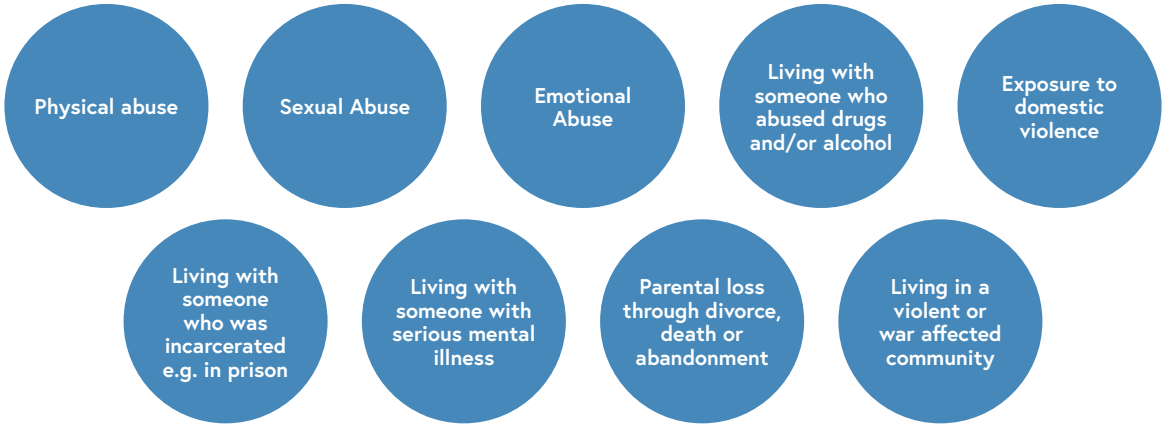
Positive relationships where parents are engaged in their child's development are associated with healthy children and young people and the 'prevention of violent behaviour' (British Youth Council, 2019). Socio-economic pressures of parenting are seeing differing parenting structures in today's society, including increasing numbers of parents working hours when their children are at home before and after school. The children of this 'latch-key' generation can be vulnerable to risk factors associated with youth offending, as there is typically less parental supervision in the morning and after school resulting in a reduction in parental/adult role models. Of course, many other factors (as outlined in this chapter) play a role and does not mean that all these children will offend.

Adverse Childhood Experiences (ACEs)

ACEs are highly stressful or traumatic events that occur during childhood, and which research has demonstrated has a significant impact on a health and wellbeing throughout the life course. A 2014 study indicated that nearly half (47%) of individuals experienced at least one ACE with 9% having 4 or more ACEs (Bellis, Hughes, Leckenby, & al., 2014). Those children with 4 or more ACEs have a 32 times increased risk of behavioural and learning problems at school than those with none (Larkin, 2018).

ACEs can cause a number of poor health outcomes in adulthood, such as cancer and heart disease, as well as increasing the risk of mental illness, violence and becoming a victim of violence. Recent studies have explored the association between ACEs and young people who have offended (Baglivio & Epps , 2014) (Bowen, 2018).

ACEs include:



ACEs range from experiences that directly harm a child (such as suffering abuse or neglect) to those that affect the environment in which the child grows up.

It is important to note that not all children who experience adversity become victims or perpetrators of criminal offences, only that they are statistically more likely to, than people who do not have those experiences. As such, whilst early intervention is preferable it's also vital to respond quickly and appropriately to those cases which escalate quickly amongst older cohorts.

Tackling ACEs in future generations could improve health outcomes and help to reduce youth offending. Research by Kessler (Kessler et al., 2010) has estimated that eradication of ACEs could see the following reductions:

- 22.9% reduction in mood disorders
- 31.0% in anxiety disorders
- 41.6% in behaviour disorders
- 27.5% in substance disorders
- 29.8% of all disorders

It is clear that eradicating all ACEs is impossible; however, we can lessen the impact and consider the effect of ACEs throughout the life-course, alongside wider determinants of health. With a caution that not to oversimplify complex issues, and a case by case approach is still utilised.

In Westminster and Kensington and Chelsea all children's social workers have received systemic training which considers relationships and interactional patterns. Trauma-informed practice is part of this approach.

Working with at risk children and families – Westminster Intensive Support Team (IST) case study

The Westminster IST is a specialist team in the Early Help service aimed at working with the most complex families and those children at the highest risk of going into care. They have small caseloads so that they can work with families in their homes multiple times per week. They are time-limited, starting with a 6-month offer, extending up to a year if needed. The IST takes a trauma-informed approach to the work with families, meaning they focus on how a child's life story, environment, and early experiences impact on their current functioning. Practitioners are trained in a variety of evidenced-based models in order to meet the broad needs of families.

Since 2016, IST have worked with 104 families. More than 80% of families completed the programme and less than 10% of children were removed from the home. They are currently in the process of expanding their unique assessment tool to Early Help. They have also recently invested in training the entire team in Compassion Focused Therapy (CFT) in order to better address the mental health needs of parents.

Actions:

- **Develop an after-school safeguarding protocol for all schools to support the most vulnerable times of day**
- **Agree locally how ACEs are defined, utilised and collected as part of the wider Public Health approach**
- **Ensure the whole system is trained in trauma informed practice**
- **Ensure that young people aged 16-25 accessing substance misuse services are known to adults' services so support can continue**

5.

Health and wellbeing needs of young people who have Offended.

To be able to effectively prevent offending, it's important that we understand the data on local young people who have offended.

This section describes what we know about the health and wellbeing needs of young people who have offended in Kensington and Chelsea, and Westminster.

It draws on:

- Current levels of service use
- Epidemiological data, where available

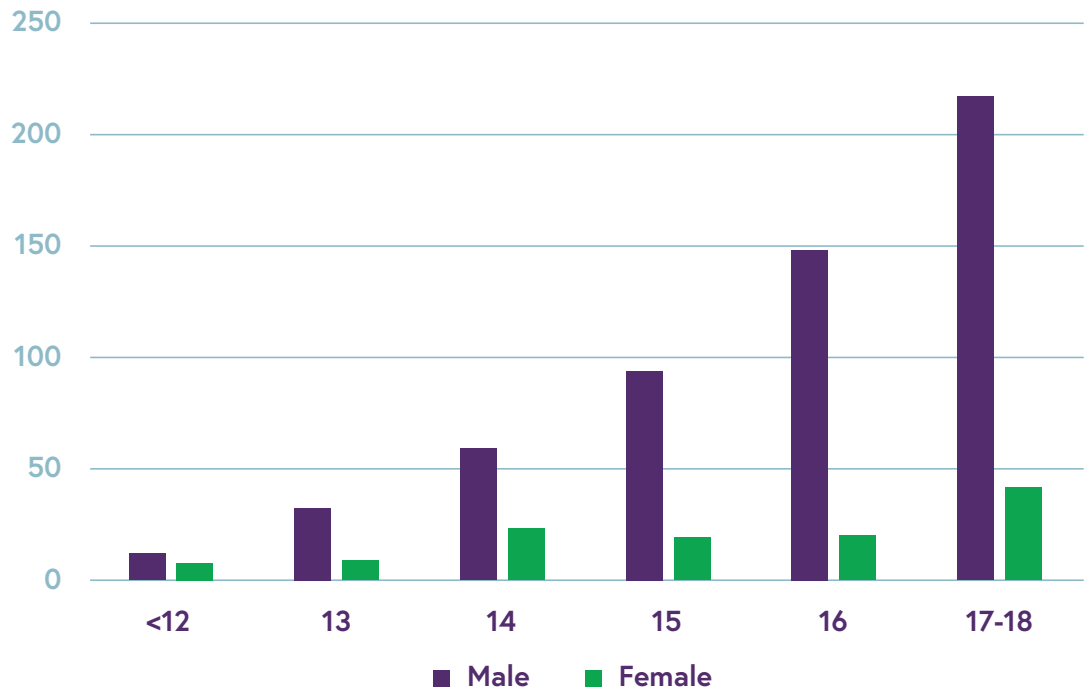
YOT data below is taken from 2016 to 2019 unless otherwise specified.

5.1 Characteristics of young people who have offended and first-time entrants/equality impact assessment

Age and Gender

The cohort is predominately male, aged between 17-18 years old. It is worth noting however, that whilst a minority, the female population of this cohort have specific needs further explored in Section 8.

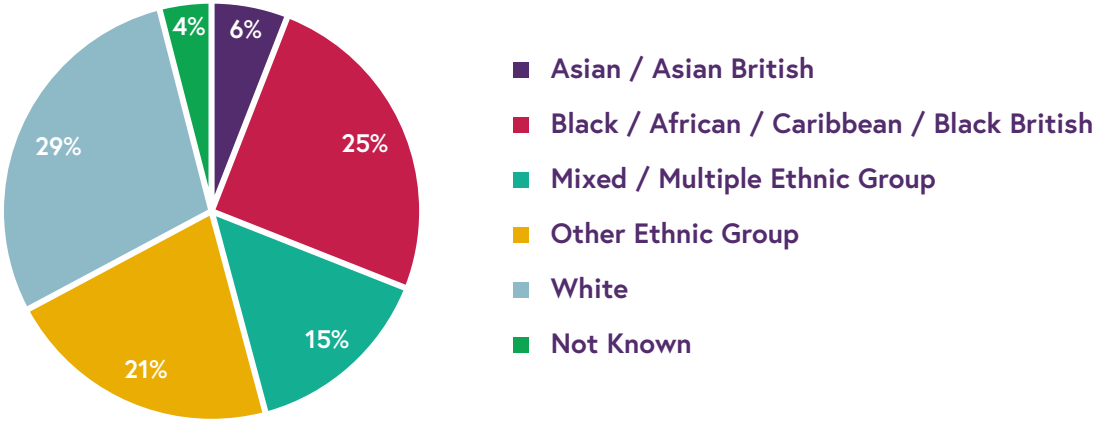
Figure 5: YOT cohort by age and gender (RBKC and WCC)



Ethnicity

Young people from black and minority ethnic (BME) backgrounds are disproportionally represented in the youth offending cohort across both boroughs: we see large cohorts of Black/African/Caribbean/Black British young people engaging with services, whilst recent years have seen an increase in young people with North African, Arab and Kurdish descent in contact with the youth justice system. The over-representation of BME young males is consistent with London trends.

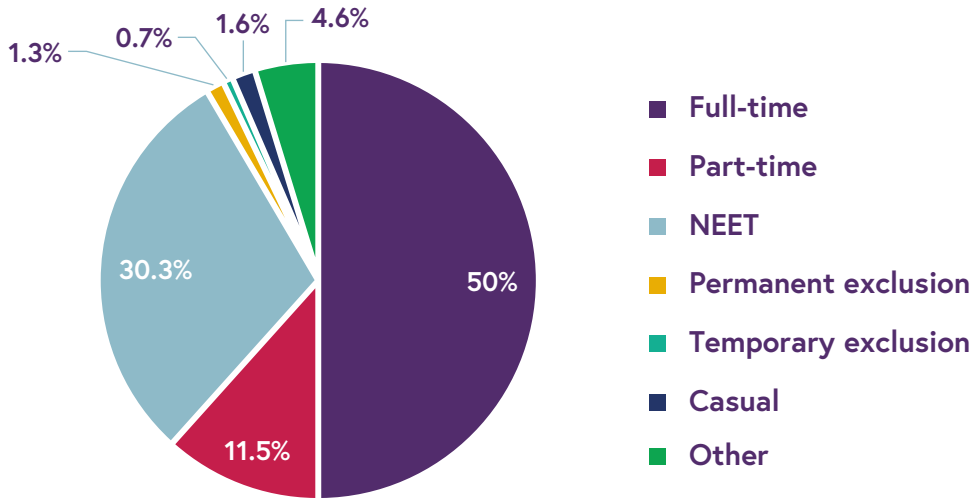
Figure 6: YOT cohort by ethnicity (RBKC and WCC)



Education and Employment

There is a much higher percentage of young people not in education, employment or training (NEET) within the YOT (30.3%) when compared with 16-17 year olds in Kensington and Chelsea (2.2%) and Westminster (2.8%) (Public Health England, 2017), demonstrating that young people NEET are disproportionately represented in this cohort.

Figure 7: YOT Education, Training or Employment status



There has been much discussion around the link between Pupil Referral Units (PRUs) and youth offending. In RBKC, 33% of young people in the YOT were on roll at the PRU at the point of assessment and the figure is 37% for Westminster.

Exclusion from school is also identified as a key contextual safeguarding issue as many young people have risk factors for coming into contact with the youth justice system. In the academic year 2017/18, 7.69% of pupils in RBKC secondary schools were excluded with 6.86% in WCC. Education is a protective factor whilst absence from school and after school activities can result in young people not coming into contact with relatable role models, impacting aspirations and engagement with their local communities. The removal of these protective factors and increase of risk factors puts these young people at increased risk of becoming both victims and perpetrators of crime than their peers engaged in school and after school activities.

Both Kensington and Chelsea and Westminster run inclusion programmes to support families and staff to reduce school exclusions. The case study below provides an overview of the Westminster programme.

WCC School Inclusion Pilot

The pilot aims to tackle the underlying issues that lead to school exclusion, by intervening earlier. Launched in 4 primary schools and the Westminster Education Centre (WEC), the pilot cohort consists of children identified by the school as being 'at risk of exclusion'. There is particular focus on those in years 5 & 6 and supporting children into secondary school.

The pilot offers three key parts:

- Trauma-informed training for staff from the pilot schools, Early Help, YOT, CAMHs and local voluntary sector organisations, who provide mentoring support. The training is based on the Attachment, Regulation and Competency (ARC) framework, addressing the whole system.
- A targeted family intervention. An initial team around the family is facilitated by a family therapist and includes the school. A family plan will be agreed and interventions will continue for 4-6 months or until progress has been made.
- One-to-one or group mentoring for each child. Mentoring helps build aspirations for the child and encourages their participation in activities in the community.

Case Study:

When referred to the School Inclusion Pilot, schools were worried about the impact on peers (and SATS results), when RM returned to mainstream education following off-site alternative provision. Concerns included persistent disruption, refusal to follow instructions, difficult peer relationships, angry 'melt-downs', daily lateness and frequent absence. RM had two older siblings with additional needs and lived in a single parent family. His parents had separated from an arranged marriage: there was a long history of domestic violence, perpetrated by the father, this trauma was compounded by rejection and criticism from extended family and isolation in their community.

The family practitioner met with RM and his mother weekly. Understanding the pressures of family life, the practitioner's initial interventions included a referral to the Short Breaks Service for the siblings with additional needs. Sensitised to his mother's emotional state it seemed that RM's presentation mirrored her anxiety.

WCC School Inclusion Pilot *(continued)*

Work with the practitioner enabled RM's mother to understand and learn how to interrupt escalating negative patterns in the interactions with her son, and to experience increased warmth in their relationship by learning to contain his feelings - thus strengthening RM's sense of his mother as a 'safe base'. School experienced that when RM arrived in a calm state, he was able to function positively throughout the day. This support enabled staff in school to notice aspects of school life, including their own use of language and approach that might trigger RM's anxiety as well as to adapt and adjust systems and processes to enable RM to feel safer in school. RM was able to manage the stress of year 6 SATS tests and passed.

The school inclusion pilot actively supported RM's move to Year 7 by close liaison with the receiving secondary school, setting up a range of initiatives to allay RM's anxieties about this transition, putting in place measures to support this. The practitioner continued to support the family during this transition phase. Strengthened by the support of the practitioner, RM's mother has been able to acknowledge her own mental health needs and engaged in counselling sessions. She is looking to the future and has an ambition to become an advocate and support to other women who may have had experiences similar to her own. RM's mother's increased resilience directly enables all her children to feel safer and happier at home and at school.

Impact of gang involvement on education – IGXU Case Study

James a 15-year-old boy, was referred to the IGXU by Early Help; he had been refusing to go to school, after telling the school's police officer that he had recently been stashing and hiding knives for gang-affiliated young people. Since James had given names to the schools officer, he was advised not to return to school. James had previously come to police attention when he was stopped with a group of other young people, wielding a machete in a public place.

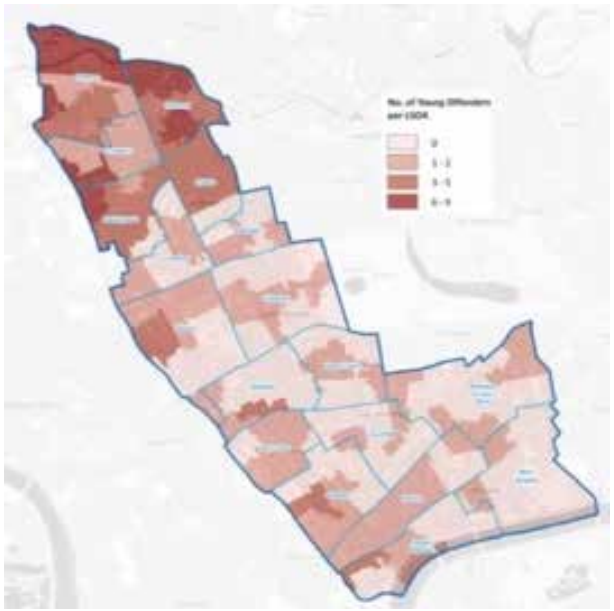
James was offered a variety of potential school moves. The IGXU police officer carried out a risk assessment, which assisted education partners in identifying a school where James would be safe. The IGXU children and adolescent mental health service (CAMHS) nurse carried out an assessment of James, which resulted in a referral to a CAMHS psychiatrist for work around anxiety and trauma. The gangs' worker met James for weekly sessions; after initial safety planning, the gangs' worker accompanied James on walks out in the local neighbourhood in order to reduce his anxiety about going outside. The gangs' worker and James discussed and rehearsed ways of avoiding approaches from negative peers in future. As James's confidence grew, the gangs' worker assisted James in finding positive activities to fill his time during the long summer holiday.

James is now on track to start at his new school in September. Whilst he is nervous, he is determined to avoid further gang involvement, and has aspirations to go on to study for A-levels at college.

Geography

The maps below show the residence of those in contact with youth offending teams, the Integrated Gangs Unit and Kensington and Chelsea's SYV Panel. This demonstrates that the residence of those in contact with the youth justice system are often linked to deprivation (figure 11), with the most deprived areas holding a higher population of those in contact with the youth justice system.

Figure 8: Residence of Young People who have Offended Oct 17 - Sep 19



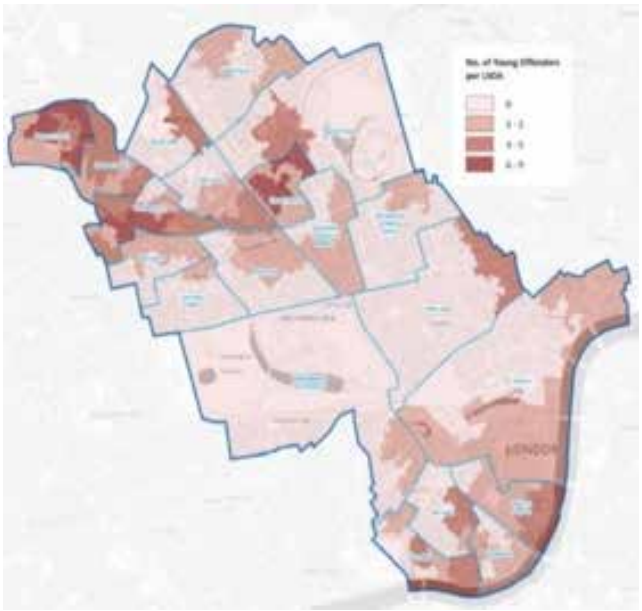


Figure 9: Residence of IGXU referrals (WCC)

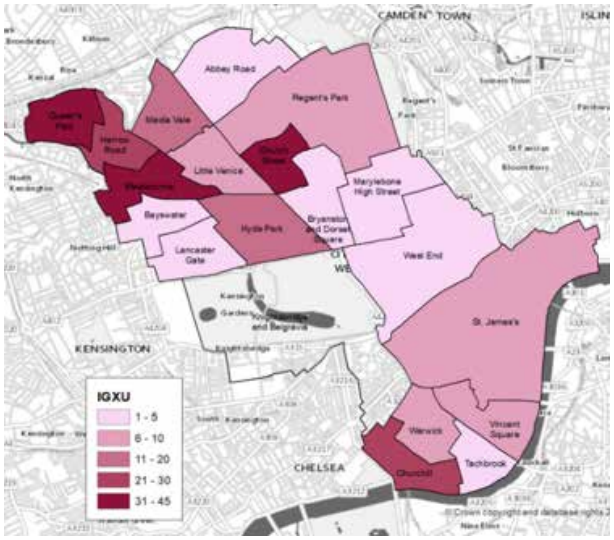


Figure 10: Residence of SYV Panel referrals (RBKC)

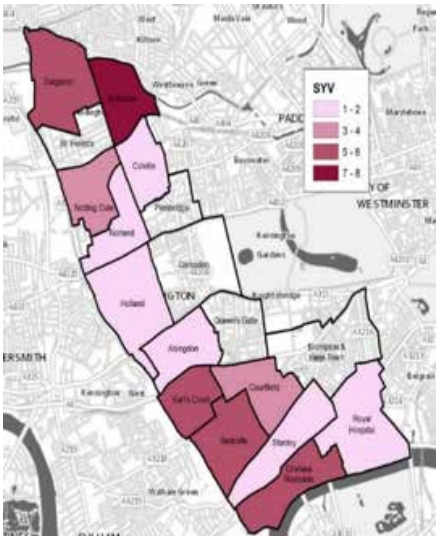
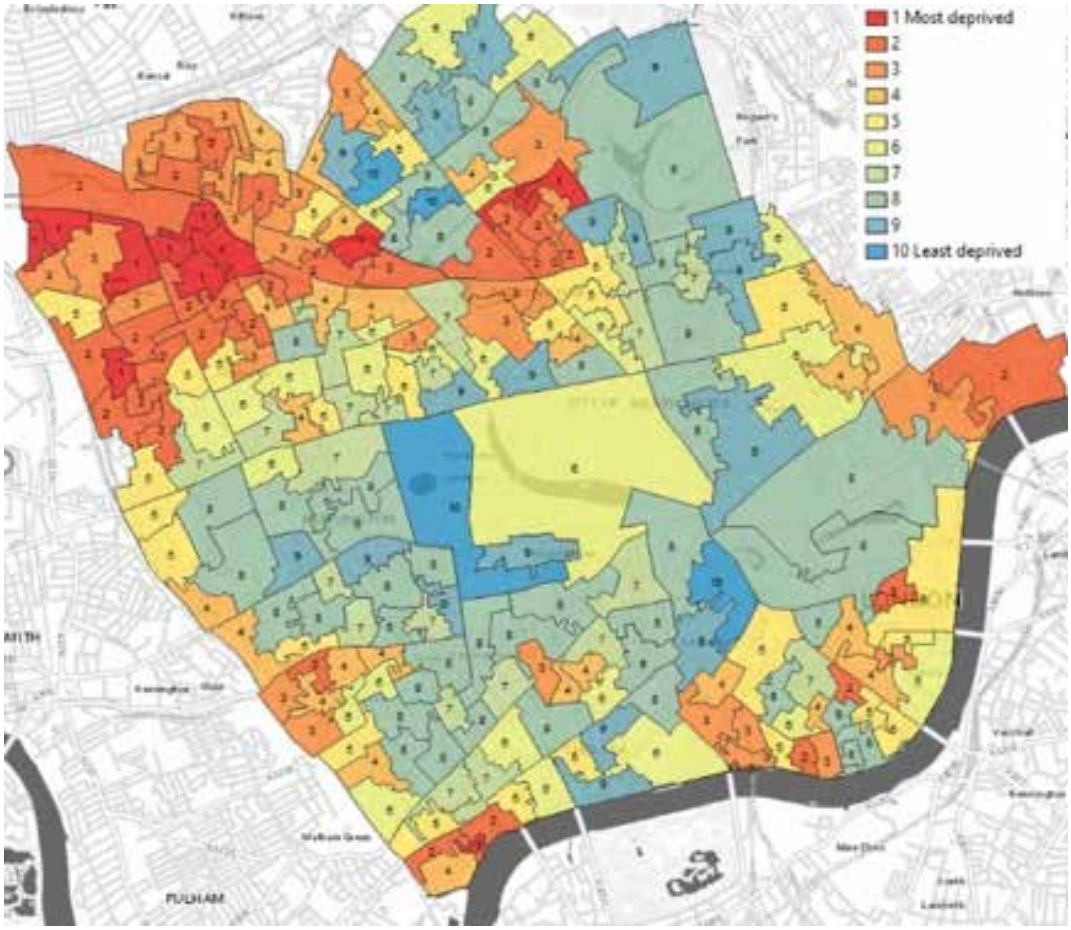
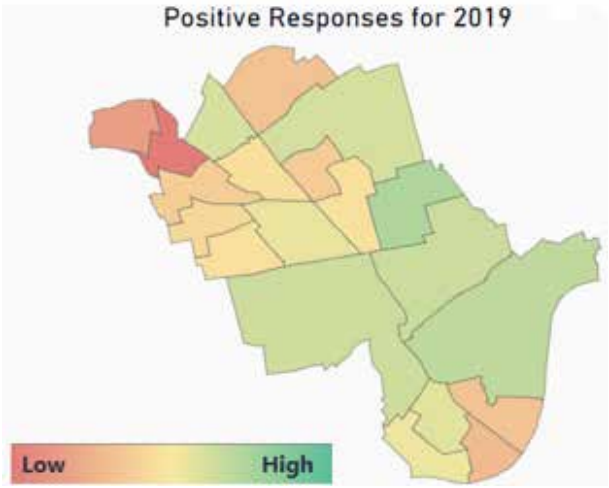


Figure 11: Westminster and Kensington and Chelsea indices of multiple deprivation 2019



The results of the Westminster City Survey 2019 further align with this, showing that while 39% of residents in Harrow Road considered youth violence to be a problem in the area, only 11% did in Marylebone High Street. This further aligns with the residence of those in contact with the youth justice system and its link to deprivation.

Figure 12: WCC City Survey 2019 results - To what extent do you think violence amongst young people is a problem in your local area?



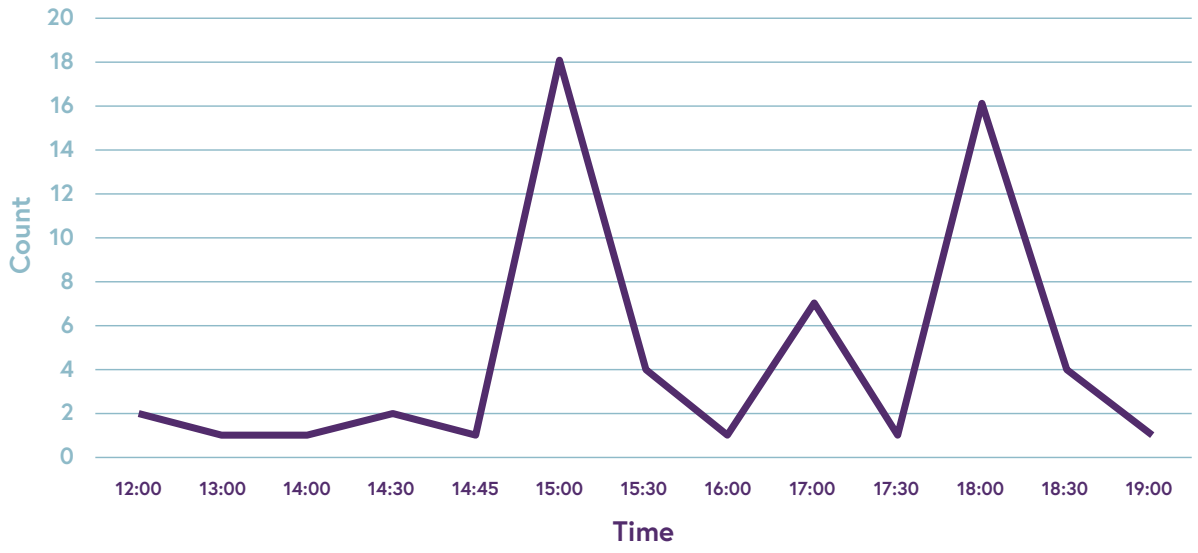
A Public Health response to serious youth violence – RBKC Detached and Outreach Team (DOT) case study

Arising from the public health approach to tackling violence, a key gap was identified on the ability of RBKC's partnership to deliver flexible detached and outreach work to young people in affected communities.In response, in March 2019 Public Health funded provision for a team of youth workers (a detached and outreach team) to address this gap.

To ensure that the DOT would be credible to RBKC communities and young people, the recruitment process encouraged local applications: the DOT comprises workers who live in - or adjacent to - the borough, who share a range of skills and life experiences and understand many of the issues that children and young people experience in the borough.

The DOT has been fully operational since September 2019, operating in locations across the borough, at times where stakeholders say they are most needed, predominantly after school and early evening.

Figure 13: Time of DOT attendances

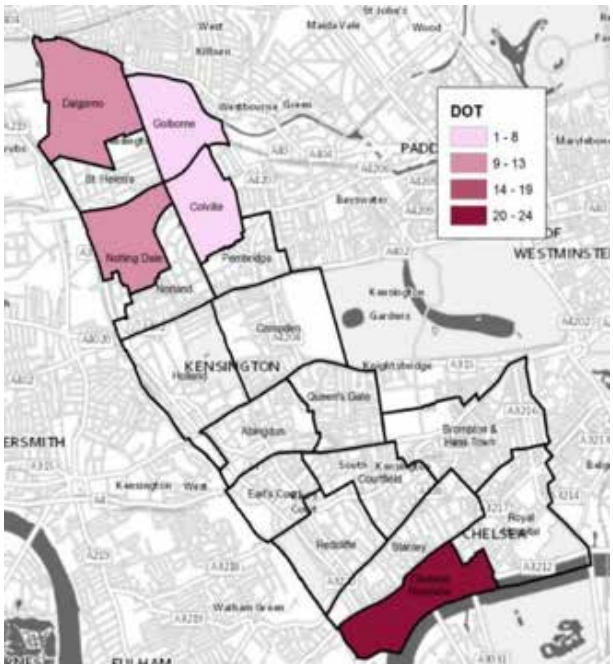


Since September, the DOT has been connecting with stakeholders across the partnership to inform delivery plans.

Initial mapping of the DOT's outreach increases visible guardianship of locations where stakeholders and young people have said they want to feel safer (safer spaces) (see map below for attendances at identified areas). It is important to note that in every session, DOT workers' time will also have been spent around adjacent wards to raise their visibility and introduce themselves to young people.

A Public Health response to serious youth violence – RBKC Detached and outreach team (DOT) case study *(continued)*

Figure 14: Locations of DOT attendances



The total contacts with young people have exceeded 400 across all sessions (N.B. contacts are counted per session and not as a total number of individuals), varying from group to 1:1 support.

Themes DOT workers have identified or supported with:

Groups of young people at risk of SYV

DOT workers have helped a youth club to engage with a group of males aged between 15-18 years, whose risk of involvement in serious violence was felt to be escalating. The young people exhibited a range of concerns including adult grooming and criminal exploitation; involvement in crime and anti-social behaviour; NEET or at risk of being so; being previous victims of SYV and going missing from home.

DOT workers began their engagement with the group on the street outside the youth club. Introducing themselves, their roles and why they wanted to help, they began to build trusted relationships. They used sport and music to connect with the group before starting conversations with them about street-based violence, EET (Education, Employment and Training), aspirations, offending, substance misuse, keeping safe and social media. From this, members of the group went on to engage in club activities.

Young people struggling with their education

The DOT has connected with the local alternative education provision to support the pupils. This has already started to show signs of progress in improving young people's relationship with education, through supporting teachers to co-work any concerns and issues with the DOT.

Specifically, DOT was involved in a partnership plan about a group of vulnerable young people to reduce the risk of their involvement in SYV. This included engagement with the group during lunch and at the end of the school day, as well as DOT walks around a housing block whose residents had reported anti-social behaviour.

Safer Spaces

Young people have told us that they want places to feel safer for them to meet up together.

Since deployment, DOT workers are becoming recognisable to young people (as trusted adults) in these areas who shout 'hello' in passing, stop for a chat or to tell the DOT worker something, for example, about tensions with other groups in the area or problems at school. This provides the local authority with street level knowledge to develop contextual safeguarding.

DOT has connected with local authority teams who provide community engagement and environmental services, and workers are now linked to cluster managers across the borough for quick responses to any DOT reports of crime. This year the DOT, along with a new team of street wardens, will work together to undertake environmental visual audits with young people in areas that they say feel unsafe or where crime is most prevalent. Similarly, the DOT and community engagement team (CET) will undertake joint visits to housing estates, to respond to local issues and link residents to local opportunities supported by the CET.

How do we know the DOT is making a difference?

DOT's flexible and responsive model helps to keep informing, developing and embedding 'what works', improving the effectiveness of the team's offer. Over the next 2 years, DOT's contribution is expected to achieve reductions in reported SYV. Alongside this, the team's outcomes and data capture reporting framework will enable the team to provide qualitative and quantitative reports to help inform the partnership about related arising themes, locational issues/concerns or crime and gaps which otherwise may have gone unrecorded by police - or unnoticed by the wider partnership - across the borough and to which the 'whole system' can respond.

5.2 Current health and wellbeing needs of young people who have Offended

Emotional Wellbeing and Mental Health

The foundations of good mental health and wellbeing are established in childhood and adolescence with approximately 50% of all mental health problems starting before the age of 14 (Department of Health & Social Care/Department for Education, 2017). Preventative measures need to be taken to ensure that children and young people have opportunities to be a part of supportive, flexible and inclusive environments.

In Westminster the estimated prevalence of mental health disorders in 5-16 year olds is higher than both the London and England averages at 9.6%, whilst at 8.2% Kensington and Chelsea sits lower than both London and England.

However, both boroughs are seeing an increase in anti-depressant prescribing amongst 0-19 year olds implying an increasing prevalence in both boroughs.

Figure 15: Anti-depressant prescribing in children aged 0-19

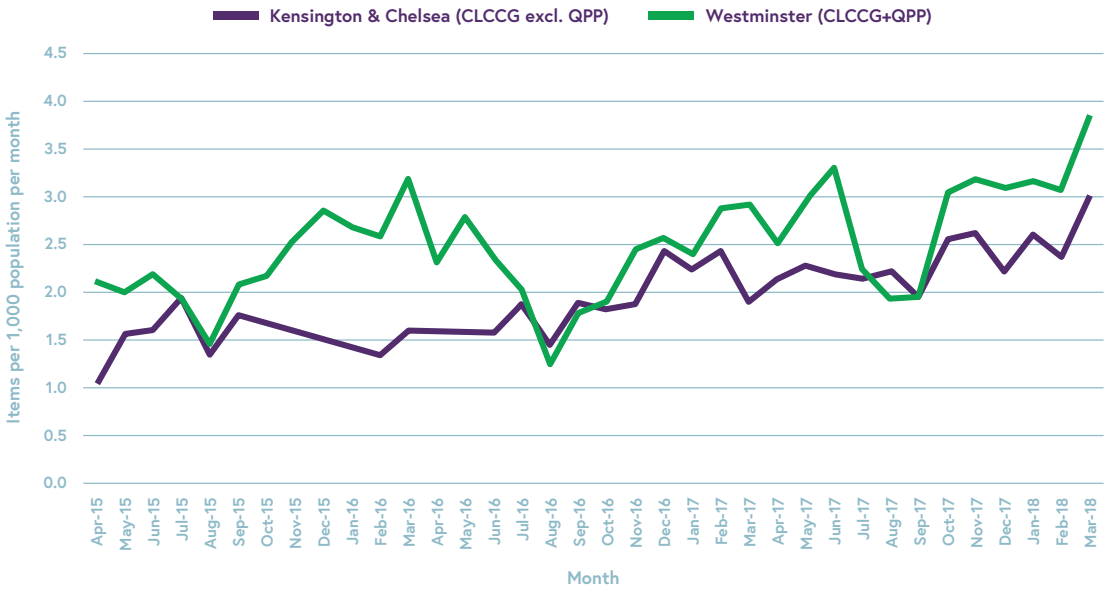
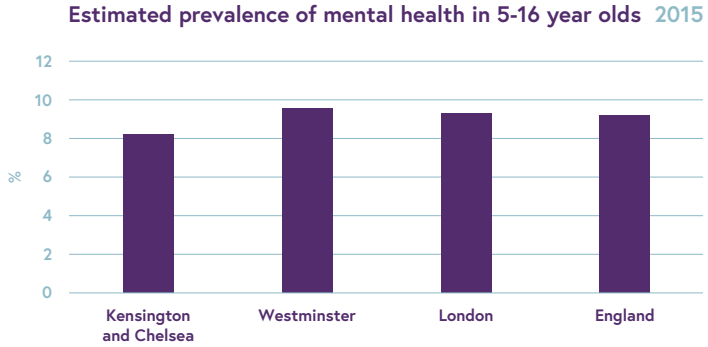


Figure 16: Estimated prevalence of mental health in 5-16 year olds (Public Health England, 2015)



In relation to those who have been in contact with the Youth Offending Services across both boroughs, 14% have a formal mental health diagnosis, higher than both boroughs and the regional averages. However, only 40% of this cohort have been in contact with mental health services. This demonstrates not only the complex health and wellbeing needs of young people who have offended but that a considerable number of those needing mental health support are not accessing services until they are already in contact with the youth justice system. The fact that these "risk" factors are being missed early on indicates the increased likelihood for these individuals to come in contact with the YOT.

Figure 17: % YOT with formal mental health diagnosis

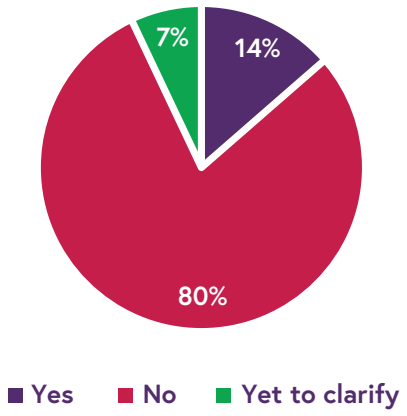
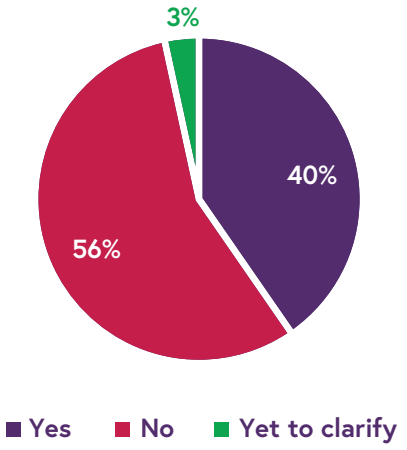


Figure 18: % YOT with diagnosis in contact with services



Figures shown in the charts above may have been rounded to the nearest whole number.

Supporting a young person's mental health and wellbeing – Child and Educational Psychologist #1:

We explored the factors that were contributing to a young person's actions (why they absconded and broke Intensive Supervision and Surveillance order) and how their mental state (experience of post-traumatic stress) led to the young person engaging in actions that may seem unreasonable and illogical to those around them. This young person was in a state of heightened stress and their limbic system was fully engaged, making logical thought difficult. They were engaging in the world and with those around them under a constant state of flight-fight-freeze (operating as if in fear for their life and safety). This young person and I also explored several other factors that contributed to their state of stress and low mood, (recent break-up of intimate relationship, illness within familial context, sense of identity and purpose in life), and what they felt could be different and helpful both what they could do and how others could support them. When presented to the justice at Crown Court, these contributing factors were taken into account as to why the young person had absconded. A custodial sentence was not imposed as was the previously stated intention.

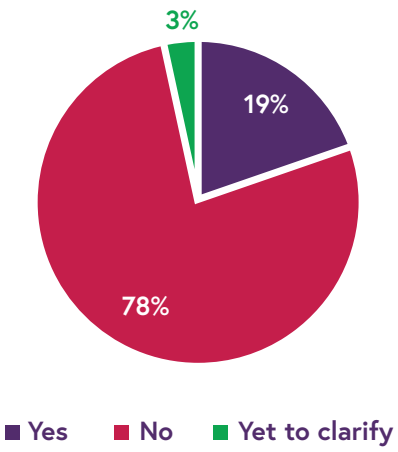
Physical Health

Both boroughs have lower rates of diagnosed long-term illness, disability and medical conditions amongst young people: 11.3% in Kensington and Chelsea and 11.6% in Westminster compared to the national average of 14.1%. Locally, the youth offending cohort from 2016-present shows 20% as having a diagnosed physical health condition.

As complex health needs are identified as one of the key risk factors which can contribute to a young person's likelihood of showing offending behaviour, it is unsurprising that we see a higher percentage of diagnosed conditions in the YOT compared to local averages. There is firm evidence that poor physical health can have a strong impact on individuals' mental health and wellbeing and directly contributes to how one engages with their communities and environments. As risk factors usually exist in clusters, this is important to understanding how they can interact from vulnerability into offending.

Figure 19: Long term illness, disability or medical condition diagnosed by a doctor by age 15 (2014/15)

Figure 20: % YOT cohort with diagnosed physical health condition (2016-)



HHEADSSS: A School Health Assessment – Case Study

This case study takes examples from different young people and does not relate to any one individual.

The local school health (school nursing) service adapted the HHEADSSS assessment tool to use within a Pupil Referral Unit environment.

The assessment delivered by a specialist community public health nurse (school nurse) helps gain a holistic view of the young person's health and wellbeing needs and provides a framework for building a trusted relationship between the school nurse and young person. The assessment gives many opportunities for health promotion, signposting and referrals.

Outcomes:

- A comprehensive health review
- Identify unmet health, wellbeing and support needs
- Identify any safeguarding concerns
- An opportunity to access a confidential service in which vulnerable young people can be open and honest

Talking about physical health can be a good place to start building a relationship with young people. Often young people will come to the school nurse room to get their height and weight measured several times before they feel ready to have any wider discussions.

H – Health

Peter wanted his weight measured, after which the school nurse referred Peter to his GP due to faltering growth and a lack of appetite. The referral process fostered a good working relationship with Peter, who built up trust in the school nurse and eventually allowed them to complete a full health assessment.

H - Home

Having an overview of home life can help the school nurse to understand young person's choices and behaviours.The school nurse asks questions such as "tell me about your home life"and "how are your relationships at home?"

E- Education and Employment

An exploration of education and employment includes the young person's current progress, likes and dislikes, their goals for the future and the barriers preventing them from achieving these goals.

Shahbaz admitted to the school nurse about struggling with numbers and letters, and was later diagnosed with dyslexia after referring back to the SENCo (Special Educational Needs Coordinator).

HHEADSSS: A School Health Assessment – Case Study *(continued)*

A - Activities

This consists of an exploration of hobbies, after-school routines, exercise and sleep. Who they are friends with, what age their friends are and whether they congregate at a home or in the park at night can indicate risks of child exploitation or gang associations.

Eva was struggling with school, as she would play the Xbox until 3am every night. Discussion about sleep hygiene and night-time routines led to improvements in her sleep and performance at school.

D- Drugs and Alcohol

Mike had a lot of cash and jewellery as well as an expensive cannabis habit. When asked about where he get the funds he said 'just around' and was reluctant to share any more information. After discussion with school and parents who also had concerns, Mike was referred into Family Social Care for concerns around child criminal exploitation.

S – Sexual Health

Exploring with a young person whether they are, or have been, in a relationship and are sexually active is a good opportunity for health promotion discussions such as healthy relationships, contraception, and details of local sexual health clinics. Asking if they have a boyfriend or girlfriend can open up conversations about sexuality and helps create an accepting atmosphere.

Thomas was in the process of figuring out his sexuality. He declined to meet with the school nurse on two occasions and would direct offensive language at them. The school nurse adopted a different approach, and instead held up some printed information (Genderbread man) for Thomas to read. The next day Thomas asked to speak with the school nurse.

Aisha felt able to talk about a previous unhealthy relationship she had had, consisting of controlling behaviour and harassment. This led to exploration about what a healthy relationship might mean to her.

S - Suicide

Asking young people to rate their mood from 1-10 over the past two weeks gives an indication of any ongoing emotional wellbeing and mental health disorders and can result in being referred to CAMHS along with the school nurse providing emotional wellbeing support, coping mechanisms and risk management.

S – Safety

The number of young people involved with the Young Offenders service in PRUs is disproportionately higher than in mainstream schooling, meaning it is important to review young people's safety within the community. Asking questions such as how safe they feel in the community, if there are any areas in which they are not safe or if they carry a knife or weapon can be helpful.

Fariba, who was known to have had previous gang affiliation, admitted she used to carry a knife but found that the simple act of carrying it on her person made her feel more tempted to use it in certain situations. The school nurse was able to affirm and encourage her mature decision to stop carrying a knife.

Special Educational Needs and Disabilities (SEND)

In Kensington and Chelsea and Westminster 1,820 of pupils have an Education Health and Care Plan (ECHP). This is predicted to rise over the next few years, as seen in the figures below, to 2,241 by 2023

Figure 21: Kensington and Chelsea total EHCP forecast

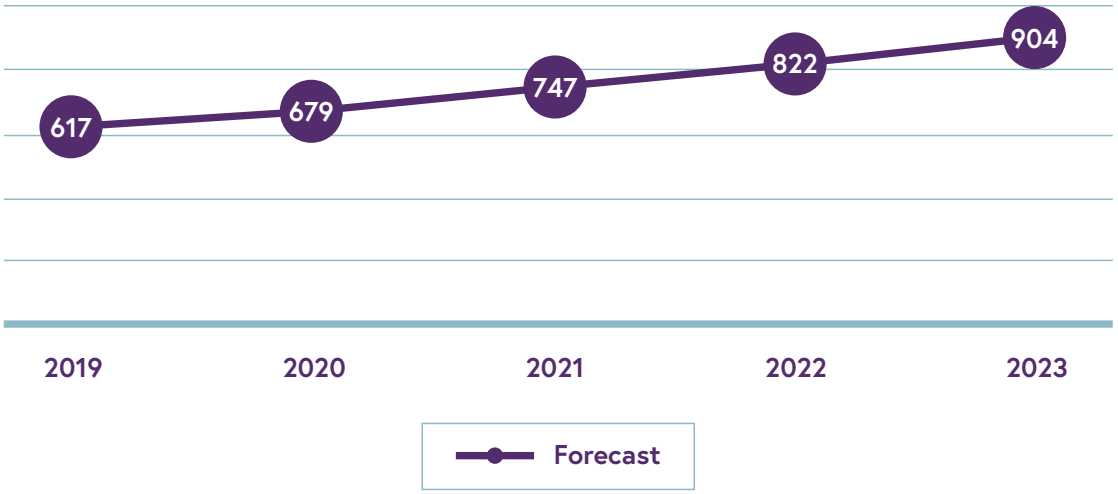
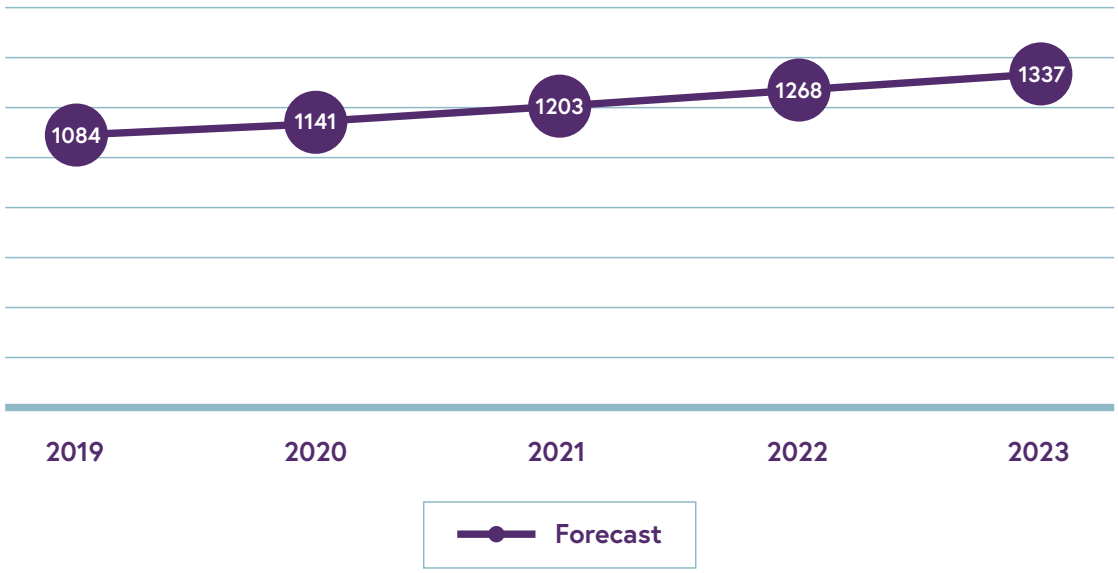


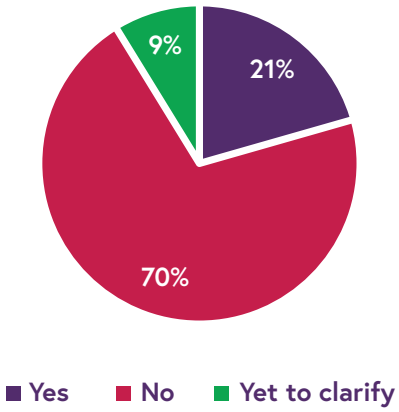
Figure 22: Westminster total EHCP forecast



This tells us that the level of complex health and wellbeing needs are due to increase, however it's important to note that many children who are "at risk" of offending will not necessarily be represented in these predictions: intelligence tells us that often they will not be in contact with services and have high-levels of unmet needs e.g. social and emotional wellbeing needs.

In the YOTs there is a prevalence of 21% in the cohort from 2016 to present with a further 9% yet to clarify. Given that both boroughs hold projections of SEN increasing between 2019-2023 it is likely that these figures will also increase.

Figure 23: % YOT cohort with SEND (2016-)



Reintegrating into education – Child and Educational Psychologist Case study #2:

This involvement focused on supporting a young person reintegrating into the mainstream education system. This young person is in Key Stage 3 and has been out of education for the past two years, although accessing virtual school. Together with the young person, his guardian and social worker, we considered preferences in terms of school placement and what type of school was best to support his needs. The young person requested a mainstream, mixed placement as he advocated that he was less likely to become involved in conflict with girls present.

I attended his panel meeting, and reworded his EHCP to better reflect his needs. I met with SENCo and headteachers of two schools to advocate for the young person prior to an official educational consultation in order to increase the likelihood that a school would consider his application. Both schools requested to proceed with application and meet the young person. As part of the offer to schools, I suggested that I would do some training for staff around attachment and ACEs, as well as being available for further consultation should the young person become at risk of exclusion.

The young person and I explored the importance of giving equal consideration to all schools, and the pros and cons of each. We discussed the transition phase to school and explored problem-solving in terms of worst-case scenarios (detention, exclusion, permanent exclusion) and other issues that can arise in school (being told off, feeling overwhelmed, conflict), generating possible solutions to each. The young person, his guardian and I also attended meetings with each school around expectations and school life. I am confident that he will successfully reintegrate into mainstream and that this opportunity will support a possible change in his trajectory - he feels valued and respected as an individual wherein his education is valued both by himself and school staff.

Speech, Language and Communication Needs (SLCN)

Children in the youth justice system have often been out of school for long periods of time as a result of unauthorised absence or forms of school exclusions: half of 15-17 year olds in youth offending institutions have literacy and numeracy levels of a 7-11 year old (Taylor, 2016). year old.

Locally, we know that children with SEND support needs and some BAME boys are more likely to be fixed term excluded than other children in the whole population, particularly at secondary school and peaking in year 12 (age 16-17).

We know from local intelligence that the relationship between SLCN has both family and societal drivers, and that access to early identification, diagnosis and treatments can be linked to the ability to navigate and access services.

Substance Misuse

The most recent data shows that alcohol and cannabis are the substances that young people will most commonly seek help for (Public Health England, 2018), and this is in line with substances identified as being used by the YOT cohort across Kensington and Chelsea and Westminster with 217 young people using cannabis, compared to the next highest of 40 using alcohol.

Figure 24: YOT cohort with evidence of substance misuse

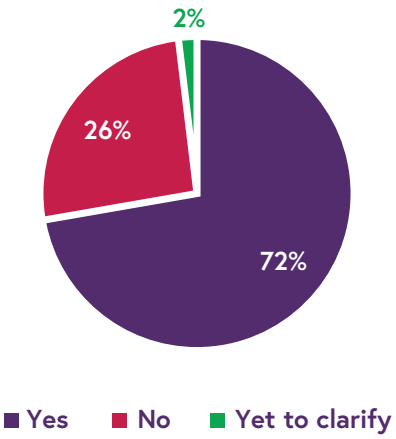
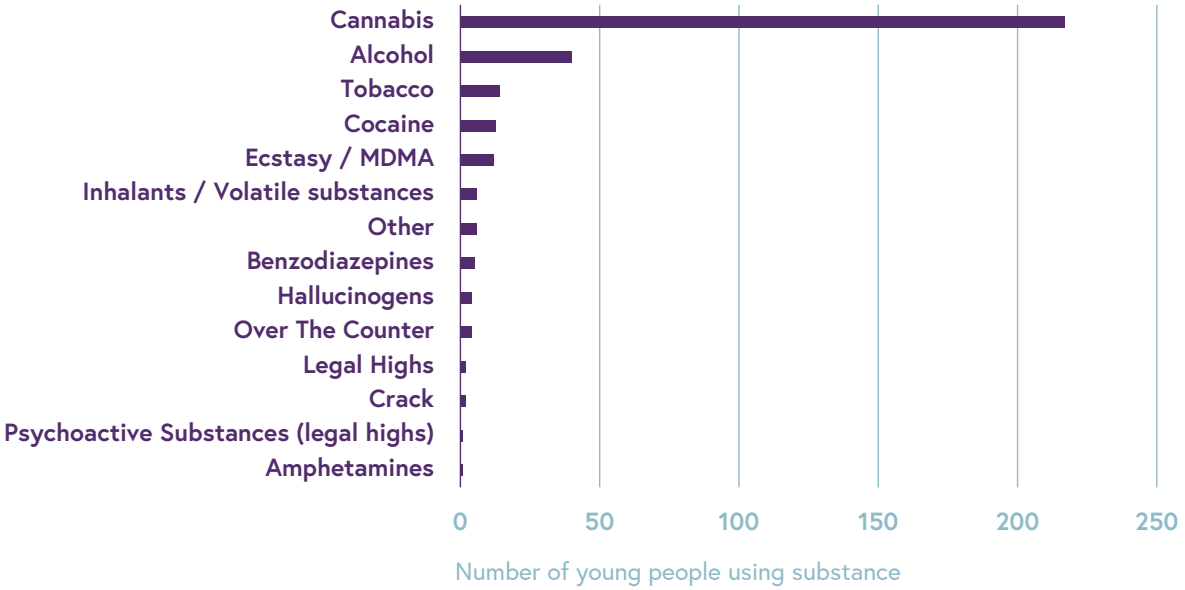


Figure 25: Substances used by YOT cohort



Young people who access substance misuse services are likely to have a range of vulnerabilities. In both boroughs <25 year-olds present as the highest percentage of clients for these services for the use of non-opiates but the lowest for the use of opiates and alcohol. Despite this, 34% of young people engaging with youth offending services in the boroughs show evidence of substance misuse with a further 48% unspecified or yet to clarify.

Substance misuse including drugs and alcohol increases the likelihood that an individual may suffer harm, whilst interventions can assess where the individual's vulnerabilities stem from and begin to tackle them.

Figure 26: Kensington and Chelsea - % of clients by age group

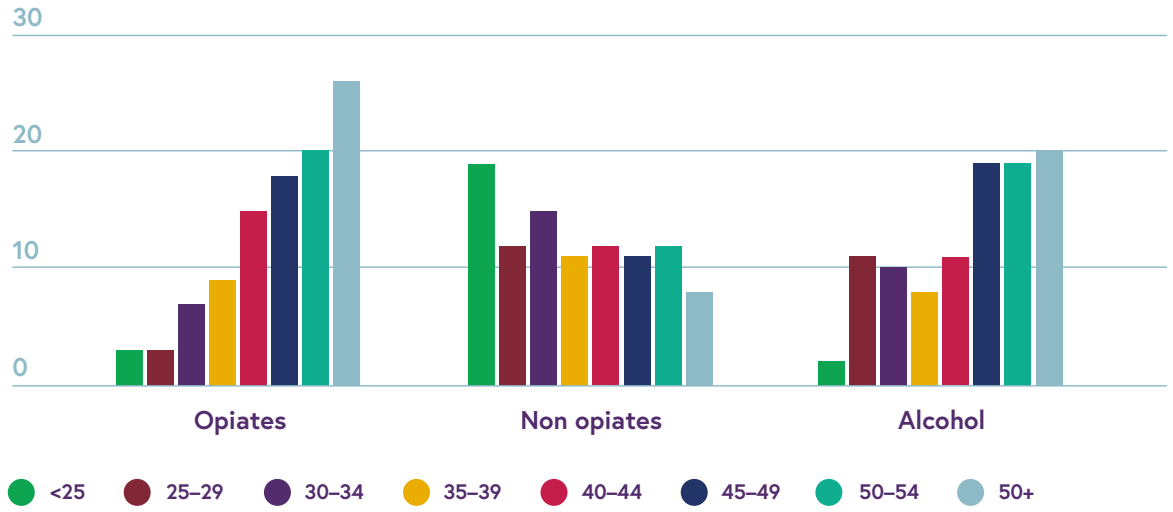
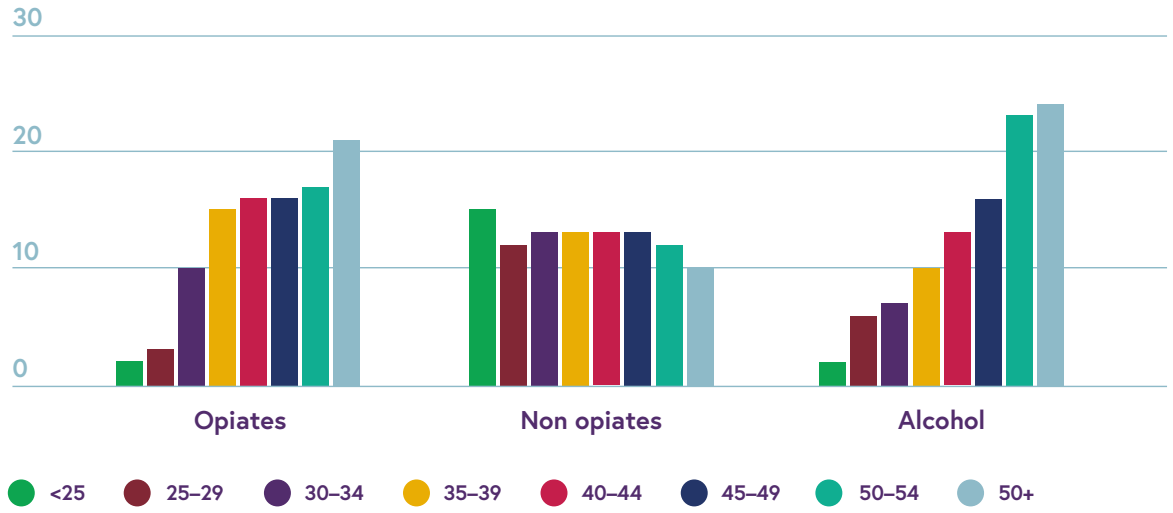
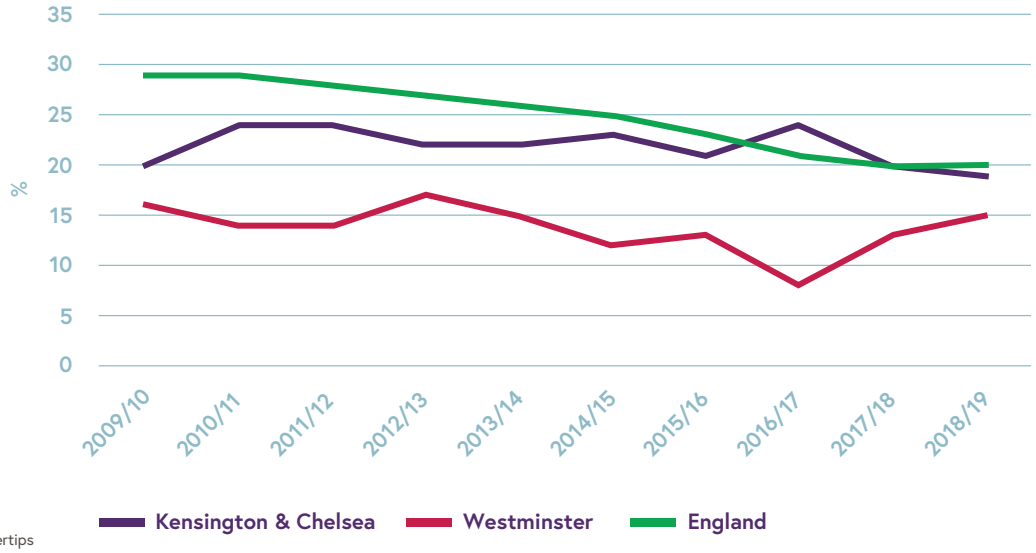


Figure 27: Westminster - % of clients by age group



Whilst we can see that both boroughs currently have a lower percentage of <25 year-olds in treatment for the use of non-opiates, Westminster is showing an increasing trend since 2016/17, whilst Kensington and Chelsea has a decreasing trend.

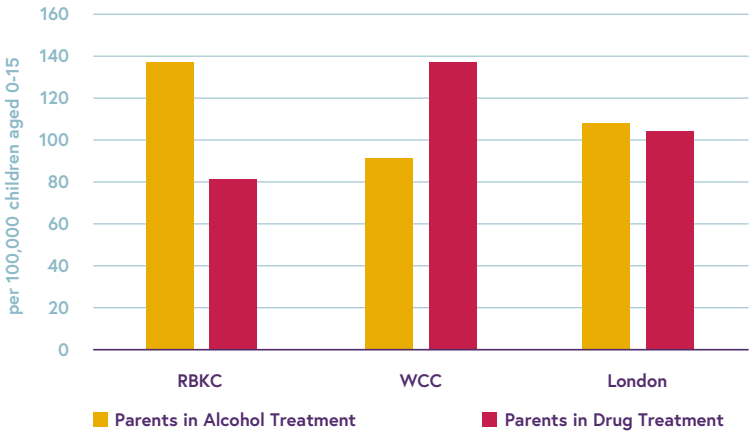
Figure 28: Non-opiate users aged under 25 in treatment



Source: PHE Fingertips

It is also worth noting that environments in which young people grow up around substance misuse also contributes towards their vulnerability. It is likely that in these cases the young person has grown up in an unstable home environment – in RBKC there is a considerably higher rate of parents in alcohol treatment than the London average, whilst Westminster sees a similar rate for parents in drug treatment. Accessibility and acceptability are also factors - ease of access to and level of use in peers.

Figure 29: Parents in drug and alcohol treatment



Young People's Wellbeing Service Insight provide a range of prevention services specialising in substance misuse prevention and diversion, to young people aged 12 to 25 years old in Westminster and Kensington and Chelsea. Insight delivers advice and information directly to young people within educational establishments: attending assemblies, fairs and lunchtime stalls. Insight also offer training for professionals to enable attendees to identify needs and build confidence to address concerns including substance misuse. Insight offer bespoke training packages to all professional groups working with young people.

5.3 Future trends

Children and young people with SEND

We have seen in figures 21 and 22 above that SEND data forecasts demonstrate an increased number of both total ECHPs and the number of young people engaging with services.

There is evidence suggesting that needs will increase. Young people growing up in the boroughs who have multiple complexities will also have increased vulnerabilities. It is also worth noting that young people involved in the youth justice system are not always accessing these services and as such this will not represent the full needs of this cohort.

There is an agreed policy between RBKC and WCC YOTs and SEND service regarding children and young people with an ECHP. This joint working acts to support those children and young people who may enter the custodial system.

Figure 30: Kensington and Chelsea SEND age profile forecast

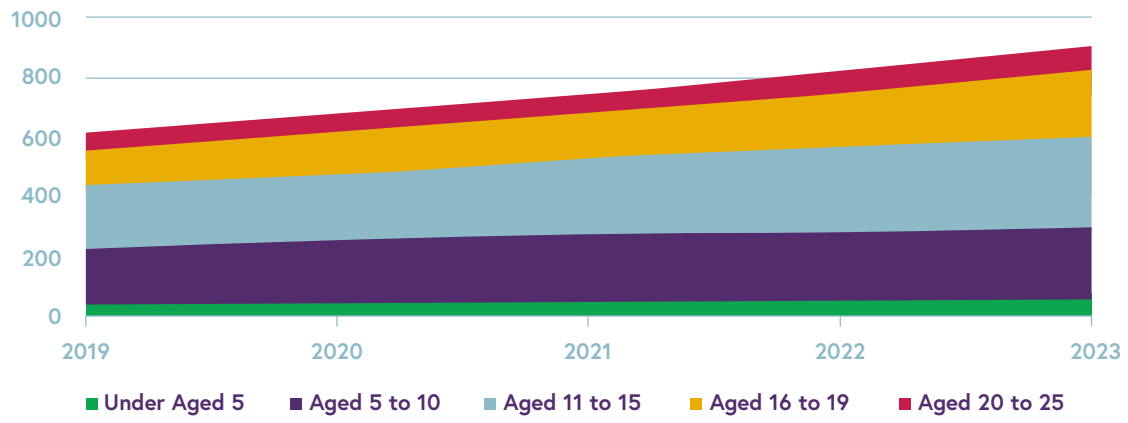
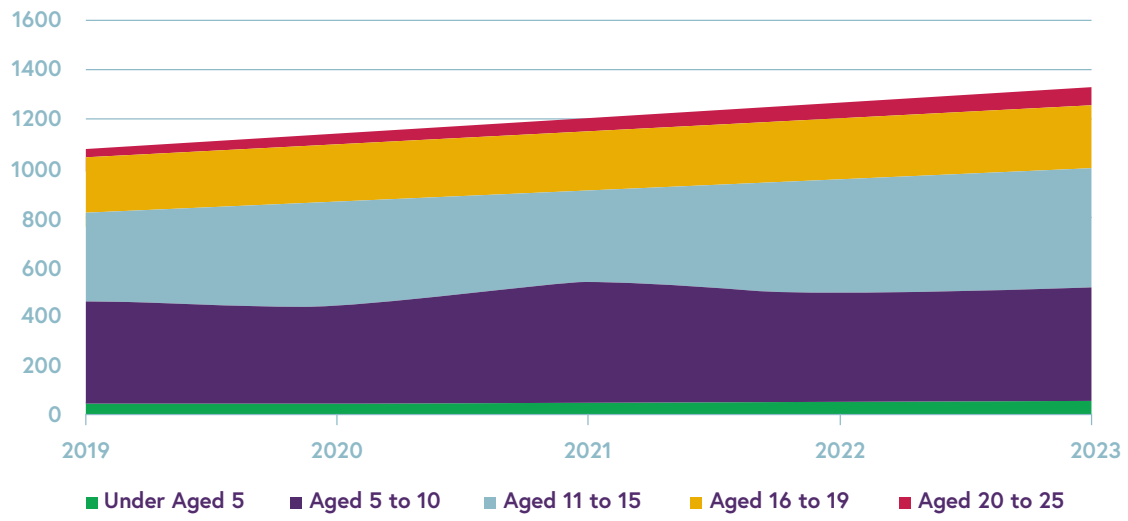


Figure 31: Westminster SEND age profile forecast



Crime rates

According to the GLA (Greater London Authority, 2020), crime rates for children and young people across London, are decreasing whilst reoffending rates are increasing.

In both boroughs we are seeing a reduction in juvenile offences observed at a regional level and reoffending rates lower than the London average. Whilst having slightly risen in 2017 to sit in line with the national average, Westminster's high youth reoffending rate has decreased in recent years from its peak in 2013, yet seen a dramatic increase in reoffending for those aged 10-14. In Kensington and Chelsea we also see a low reoffending rate when compared to London, but recognise that the frequency of the young people reoffending is high against London and National comparisons.

Figure 32: Adult & juvenile resident Westminster offenders and the proportion who reoffend

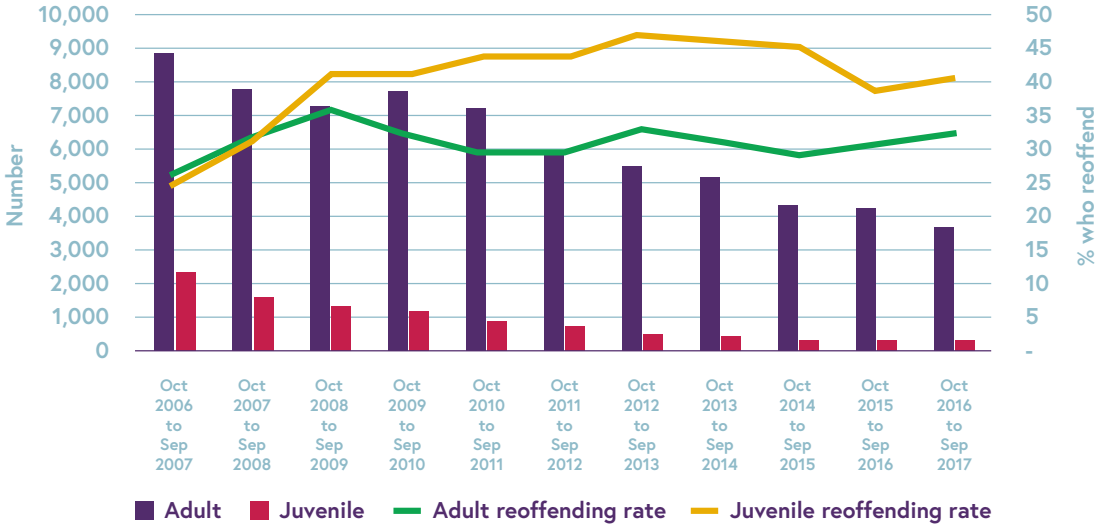
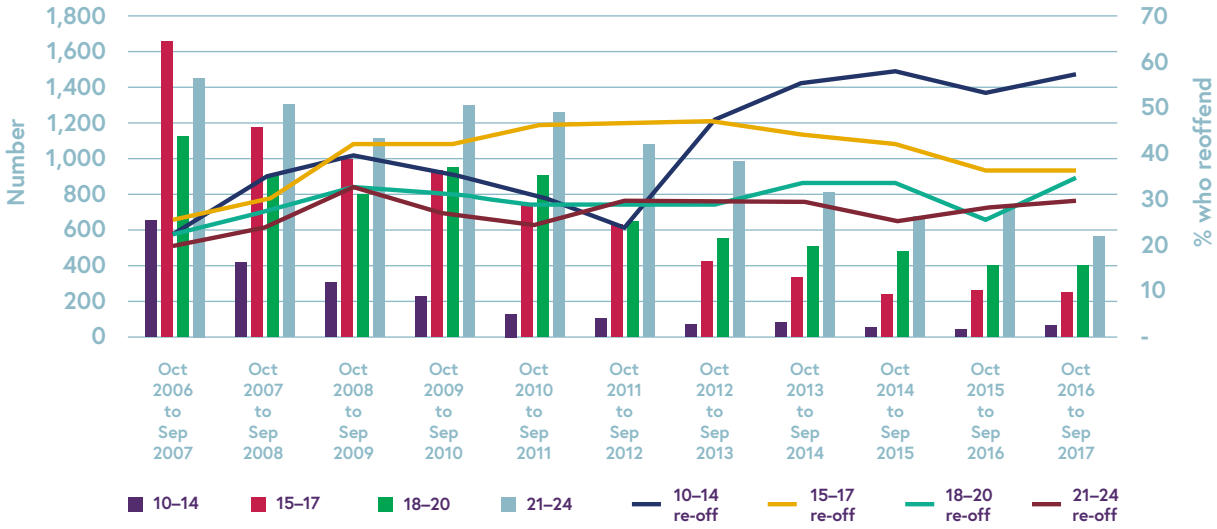


Figure 33: Resident Westminster offenders and the proportion who reoffend



Local police data further shows both boroughs to be in line with the regional increasing trend in knife crime offences (where a knife was either present or intimated). Whilst spikes in August can account for the increased knife possession offenses at the Notting Hill Carnival, it is unclear what is causing the increased trend. Despite the media commonly linking knife crime to gang violence, we know that approximately half of all knife crime is linked to robbery offences.

Figure 34: Westminster monthly knife crime offending trend – November 2018-November 2019 total offences

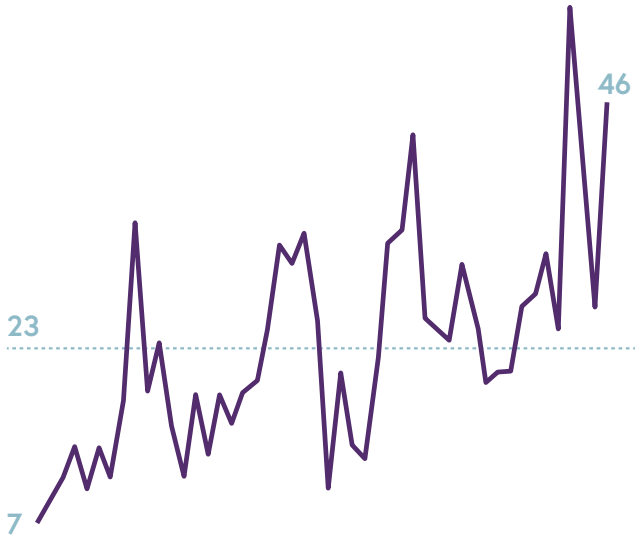
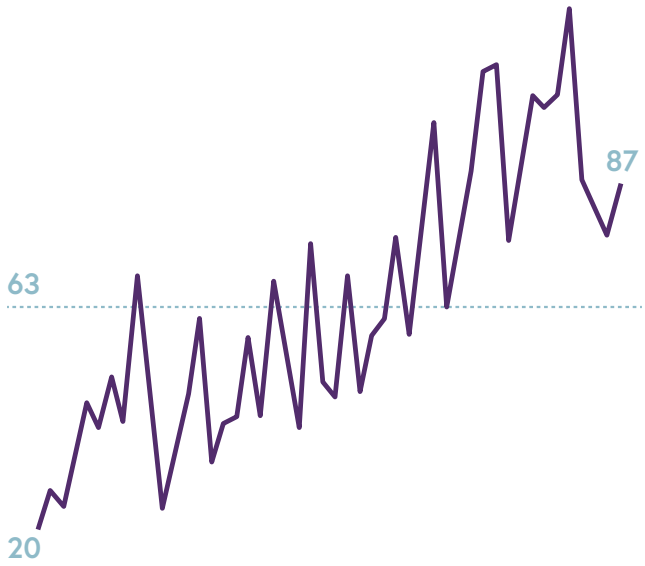


Figure 35: RBKC monthly knife crime offending trend – November 2018-November 2019 total offences



Rehabilitation

In response to the issue of increased reoffending Iman Haji from the organisation Khulisa stated that reoffending "is partly because short-term sentences interrupt more or less every single one of the protective factors against crime. They affect employment, housing and whether you are receiving benefits" (British Youth Council, 2019). Evidence suggests that this interruption in protective factors, as opposed to community orders or suspended sentences, actively counters the rehabilitation of these individuals putting them at further risk of becoming in contact with the youth justice system again.

Redthread

Redthread is a youth work charity aiming to support young people lead healthy, safe and happy lives.

Their Youth Violence Intervention Programme runs in hospital emergency departments in partnership with the major trauma network. Locally, they are based at St Mary's Hospital. There, the innovative service aims to reduce serious youth violence, and has revolutionised the support available to young victims of violence.

Every year thousands of young people aged 11-24 come through hospital doors as victims of assault and exploitation. It is then, at this time of crisis, that youth workers utilise their unique position embedded in the emergency departments alongside clinical staff, to engage the young people.

This moment of vulnerability, the "Teachable Moment", when young people are out of their comfort zone, alienated from their peers, and often coming to terms with the effects of injury, is a time of change. In this moment many are more able to question what has led them to a hospital bed and, with specialist youth worker support, pursue change. Redthread focus on this "moment" and encourage young people in making healthy choices and positive plans to disrupt the cycle of violence.

5.4 Moving on from Youth Offending services

National Picture

Recent research in the UK has assessed transition arrangements from youth to adult offending services. Evidence tells us that the complex needs of young people making transitions between offending services are often overlooked.

Lack of continuity in services (health, education, employment)

Transition services in health and social care are inconsistent, patchy and varies depending on the condition. Policy and guidance around the support of young people passing through transition and agreed principles in good transitional care exists but there is evidence that these principles are often not reflected in practice (NICE, 2015).

This can be improved by ensuring that transition planning is tailored to the young person, addressing any lifestyle changes, involving their GP and signposting to services. Transitioning from children's services such as CAMHS to adults services at the age of 18 impacts young people's development at a vulnerable time.

Moving from youth to adult offending services may mean that the same services offered to young people re not continued. If they are on an order they transfer at or as suitable time after their 18th birthday: the issue is the quality and type of offer in probation and their ability to work with young people at this vulnerable and developmental stage. Systems can be used to identify young people in transition and share this information across agencies involved in the young person's care

Interruptions in being brought to justice and sentence planning

There is a national issue of delays in sentences which has meant that for some young people who have committed offences, and then have subsequently turned 18 in custody and have been charged as adults. This could be due to capacity, challenges with forward planning and communication.

Mental Health

Research was collected from a cohort of approximately 4,300 young people, that looked into offending pathways. It found that young people who made the transition from the children's to the adult criminal justice system were generally assessed by agencies as having high levels of needs, relating to personal, family and school adversities at the point of transition (McAra & McVie, 2010).

Research highlights that young people with neurological disorders and disabilities are the least well served in transitions. The Care Act places a duty on local authorities to not only consider the 'physical, mental and emotional wellbeing of the individual needing care' (legislation.gov.uk, 2014), but to also build the system around each individual person (Tuchman, 2019).

Actions:

- **Embed a whole system contextual safeguarding approach**
- **Explore further the issue of reduction in YOT caseloads in relation to increasing serious youth violence**
- **Implement a working group to explore disproportionality of YOT and IGXU cohorts further**
- **Work with schools and school inclusion projects to ensure a strategic and whole-system approach to school inclusion and diversion, providing opportunities away from crime and victimisation.**
- **Ensure that every young person is offered a mental health and wellbeing assessment upon entering the PRU**
- **Work with CAMHS to ensure accessibility of services to all young people who need them including looking at outreach and locations of offer**

6.

Local services and asset mapping

This section describes existing services and captures the views of service users and professionals.

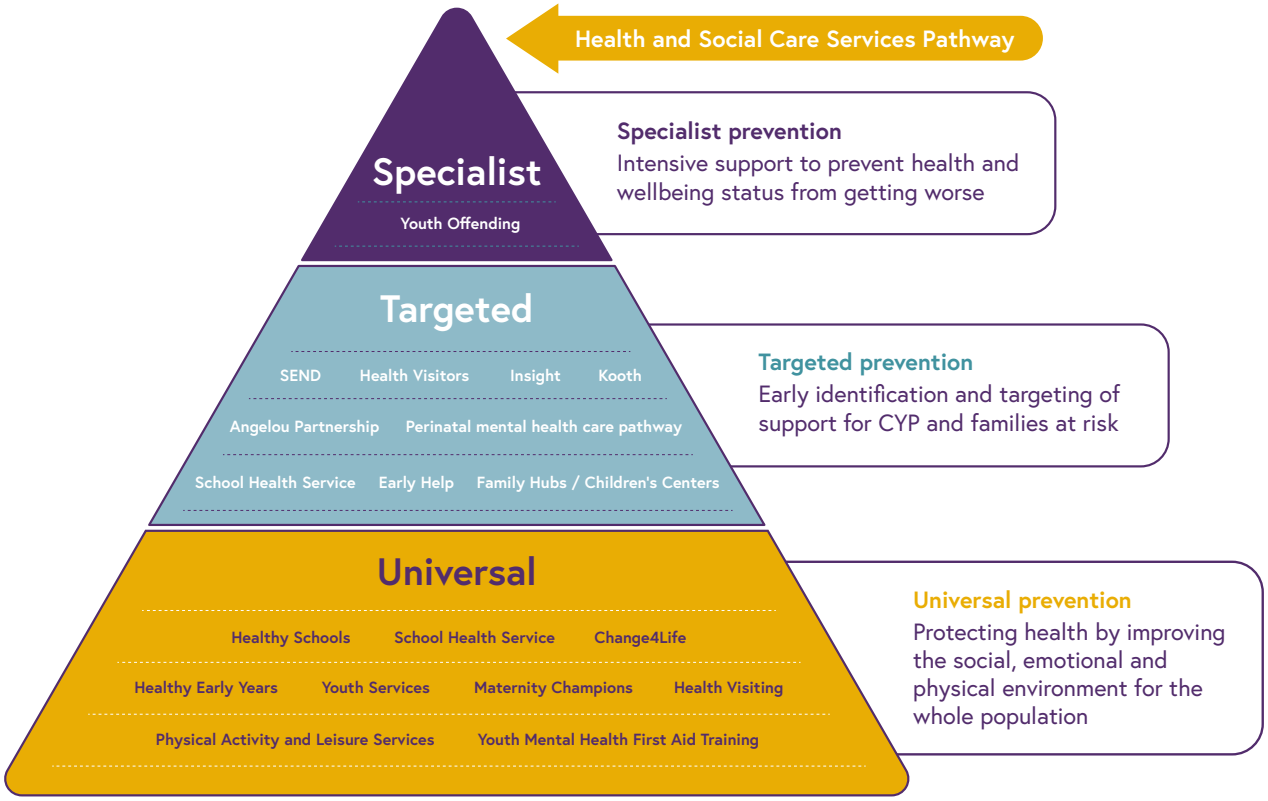
6.1 Current service provision

Services for vulnerable children and young people and those in contact with the youth justice system

The recent Inspection of Local Authorities Children's Services (ILACS) rated Westminster City Council and the Royal Borough Of Kensington and Chelsea as outstanding, citing that "children and young people are accurately identified, children are well engaged, and interventions are targeted effectively to limit or reduce risks" (Ofsted, 2019), with particular reference to the work of the IGXU.

There are a range of local services providing health and wellbeing support to children and young people in a variety of locations. These can be structured as shown in the Prevention Pyramid below as either Universal, Targeted or a Specialist service, depending on need and intensity of intervention. The Prevention Pyramid isn't exhaustive but aims to give an indication of how services interact as part of a system, and how children, young people and their families may come into contact with different services at different stages (and pressure points) of their lives.

Figure 36: Prevention Pyramid of Interventions - Children and Young People



The table below outlines some of the wider health and wellbeing support funded by RBKC and WCC available to local children and young people focusing on the 5-25 age-range.

Table 1: Support for children and young people in Kensington and Chelsea, and Westminster

Service area	Westminster	Kensington and Chelsea
Physical Activity, Sports and Leisure	ActiveWestminster including: • Leisure centres • Swimming pools • 58 park/open space based sports facilities • Sporting facilities • Boating base Young Westminster Foundation (and their 87 member organisations)	There are 11 commissioned youth providers in RBKC including: • Epic CIC • Dalgarno Youth Club • Harrow Club • London Sports Trust • Rugby Portobello Trust • Earl's Court Youth Club • Baraka youth • MCGW • Earls Court • Kids on the Green • Youth Alliance • Detached Outreach and targeted Prevention (SYV and NEET teams)
Emotional Health and Wellbeing	• School Health service (school nursing) • Healthy Schools Programme • Youth Mental Health First Aid • PAPYRUS • Kooth • CAMHS • Mind Westminster • Trailblazers programme (Mental Health support teams in schools and colleges)	• School Health service (school nursing) • Healthy Schools Programme • Youth Mental Health First Aid • PAPYRUS • Kooth • CAMHS • Kensington and Chelsea Mind • Place2be • LCAT • Trailblazers programme (Mental Health support teams in schools and colleges)
Substance Misuse	• Insight	• Insight
Sex and Relationship (SRE) Support	• Healthy Schools Programme • School Health service (school nursing)	• Healthy Schools Programme • School Health service (school nursing)
Looked After Children (LAC)	• LAC Team CNWL	• Gap therapeutic specialist team • Clinical Psychologist
VAWG and Sexual Abuse	• NWL CSA Hub • Angelou Partnership • Domestic Abuse prevention programme	• NWL CSA Hub • Angelou Partnership
Children with Disabilities	• Gap – therapeutic specialist team	• Behaviour Family Support Team (BFST)
Youth Offending Services	• Youth Offending Team • Integrated Gangs and Exploitation Unit	• Youth Offending Team
Transition from Children's to Adults Services	• NWL Young Minds project • Transition worker	• NWL Young Minds project • Transition worker

RBKC recently conducted a large youth review, to listen to the voices of local young people, resulting in youth services being significantly refocused to ensure they better meet their community and cultural needs, and are responsive to changing demands.

For services to be effective it is important that people know how to refer themselves and others; know of their availablility; and that they are accessible to young people by enabling them to access them at their point of need. Key to this are universal services such as CAMHS supporting those who are most vulnerable in locations where they feel safe.

It is important that the environment in which young people live and spend time in makes it easy for them to access healthy options e.g. playing sports outside with no restictivce signage (e.g. 'No ball games' signs) and where young people feel comfortable and free of prejudice.

6.2 Views of young people who have offended

Below is a summary of recent feedback gained by the Youth Offending Team in Westminster:

Figure 37: Westminster YOT feedback

Whilst this data is currently unavailable for the Kensington and Chelsea cohort, feedback forms have been introduced to give us a better insight of their perceptions.

Breaking Postcode Barriers – Street Games, Sport at the Heart: Physical Activity and Leisure Services case study

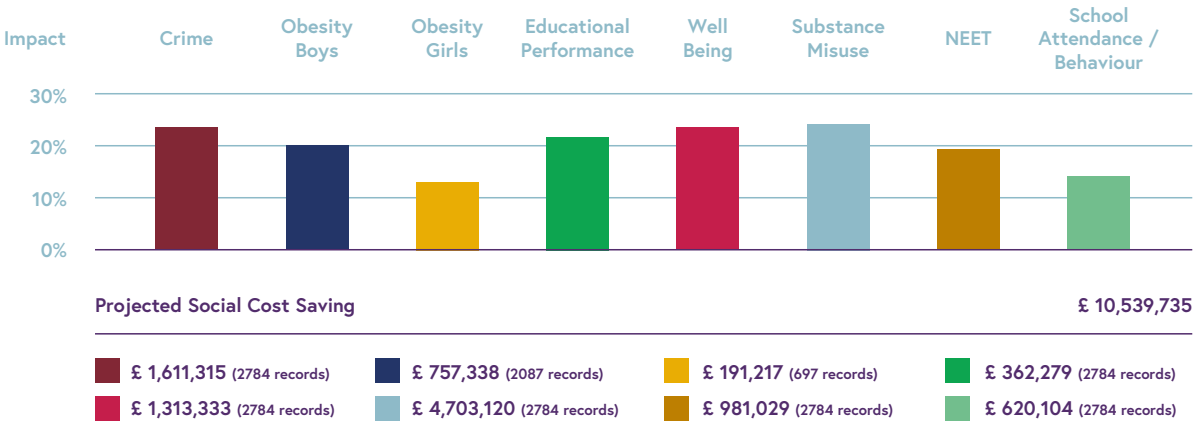
In order to address the issue of young people not wanting to enter other postcodes, we have developed an initiative called 'Breaking Postcode Barriers' in partnership with Active Westminster, making links with youth groups across the boroughs of Brent and Westminster. We have developed a network of local clubs to enable closer sporting links.

In May 2018, we held our first sports festival in partnership with Sport at the Heart and StreetGames. The event was attended by four youth projects and was well received by all.

In June 2019, we continued to build on this successful work by having our second friendly tennis match against Crypt Youth Project. The young people at the Crypt treated our young people very well and began to break down some off their fears regarding going into different areas. This partnership has made it easier to address some of the wider issues in relation to gang violence and anti-social behaviour.

The below table shows Westminster's projected social savings through physical activity programmes such as 'Breaking Postcode Barriers', therefore not only having a positive impact on the young people but enabling funds to be utilized effectively for the whole community.

Figure 38: Projected savings through physical activity programmes

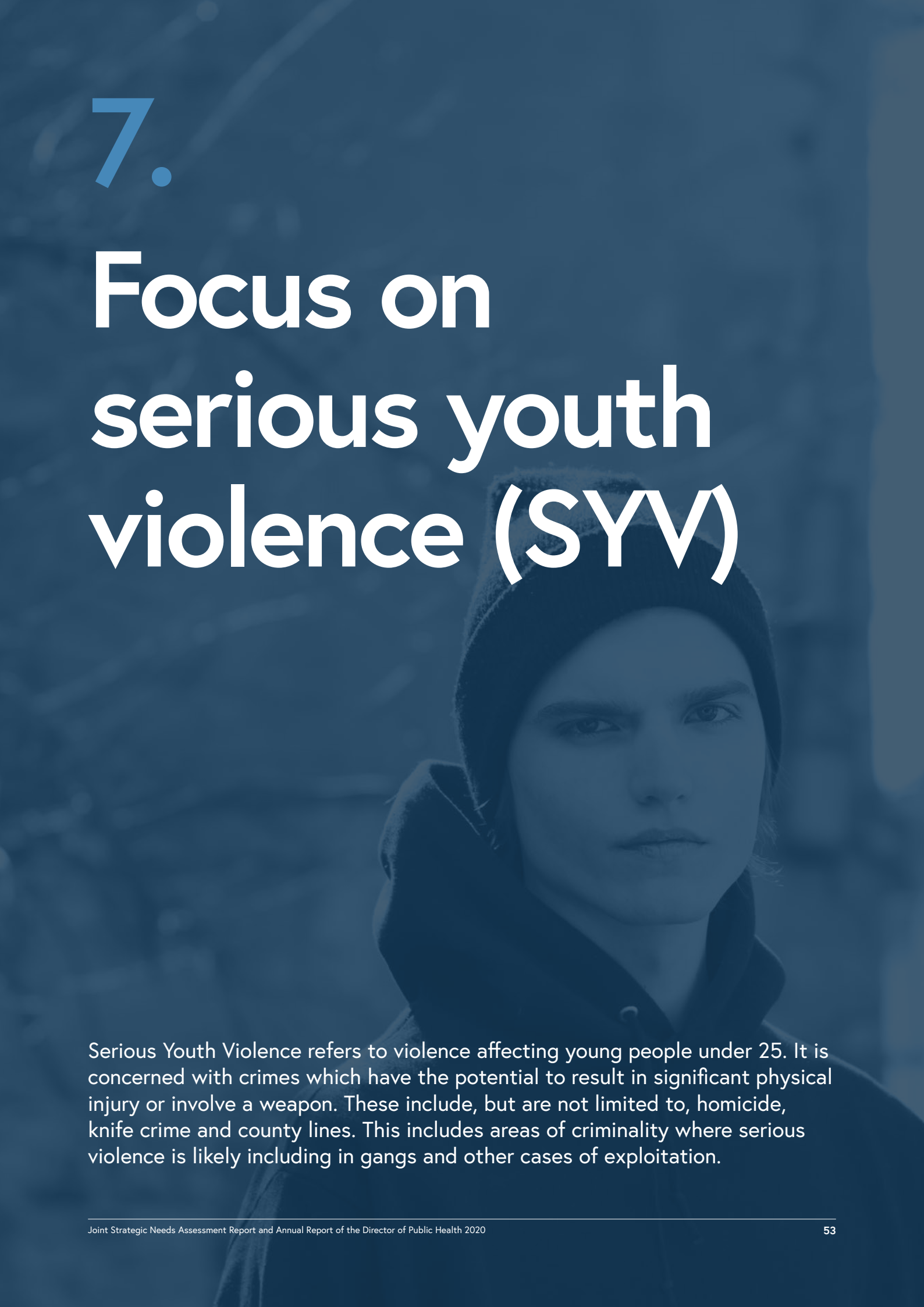


Actions:

- **Work to ensure a diverse range of diversionary, aspirational and employment opportunities for children and young people**
- **Work to ensure that children and young people and their parents/carers are aware of how to refer to and access services by establishing a concrete, diverse and consistent communications plan**

7.

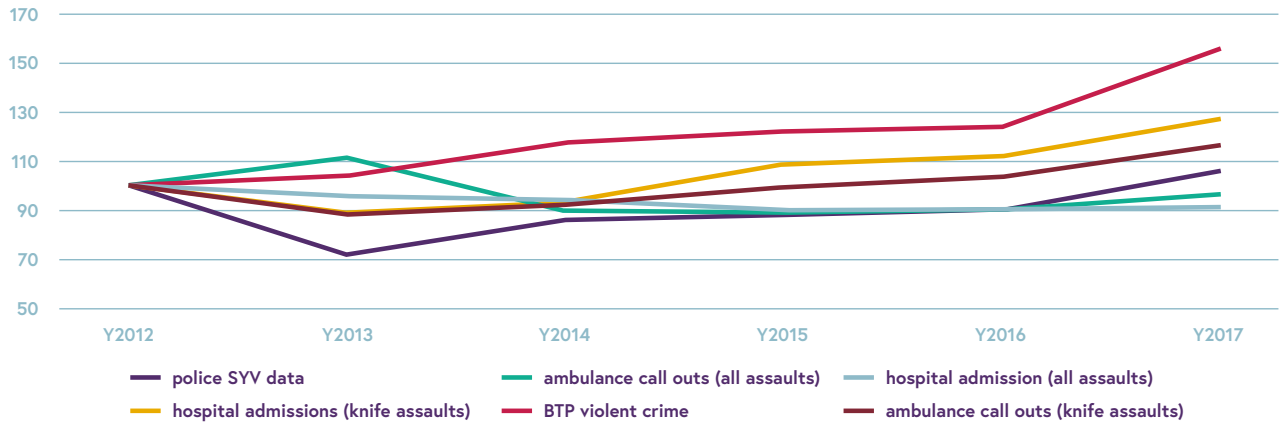
Focus on serious youth violence (SYV)



Serious Youth Violence refers to violence affecting young people under 25. It is concerned with crimes which have the potential to result in significant physical injury or involve a weapon. These include, but are not limited to, homicide, knife crime and county lines. This includes areas of criminality where serious violence is likely including in gangs and other cases of exploitation.

London's Serious Violence strategy was launched in April 2018 following the recent rising trend of violence; since 2012 data shows an increase in SYV and related incidents (HM Government, 2018).

Figure 39: Indexed SYV offences and related incidents in London (2012-17)



Source: GLA, 2018

Knife Crime

Police recorded knife crime (recording the presence or intimation of a knife) increased by 71% between 2014 and 2018 (Office for National Statistics, 2019). Whilst we don't know the proportion of these offenses which actually involved knives, knife crime (including where possession of a knife is implied) is disproportionately concentrated in metropolitan areas, in particular London. After London, the highest rates were in Greater Manchester, West Yorkshire and the West Midlands. However, there has also been a significant increase in the home counties, a trend that may be linked to the growth in the county lines networks (Home Affairs Committee, 2019).

It is also important to note the accessibility and design of knives in relation to this. Given the online nature of shopping it is difficult to regulate who is purchasing knives, ensuring they abide by age restrictions. Further work is necessary to combat this including working with local shops on the design of knives and engaging with Trading Standards to implement procedures regarding the sale of knives to minors.

Whilst, there have been suggestions that music and social media cause knife crime, a recent report (British Youth Council, 2019) based on young people's viewpoints strongly disagrees with this "we acknowledge that social media can amplify already existing conflicts in a community for example, but ultimately both social media and music are mediums which young people use to express themselves."

The report's research found that the reason young people carry knives is predominantly for protection and because of fear.

John Poyton, the CEO at Redthread said "Young people are not carrying knives specifically to go out to perpetrate violence and murder. Again, if we make that assumption, we are writing off an entire section of our youth community, which would be a terrible disservice to future generations."

The report recommends that any action to prevent knife crime must begin by committing to address the damaging inequalities in communities.

County Lines and the local drugs market

The term 'county lines' refers to the exporting of illegal drugs within the UK by gangs, usually from their base in metropolitan areas into smaller cities (Home Affairs Committee, 2019). In their publication on SYV, the Home Affairs Committee found that county lines and the changing drug market is contributing to the rise in serious violence. In the Violence and Vulnerability Unit's report on County Lines they found that the customer base for class A drugs has grown across the UK, correlating with an increase in SYV as young, vulnerable people are exploited. Older gang members are setting up drug lines and controlling young people, some aged 14 or even younger by placing them in debt to them.

Locally, we have a large drug market linked to both the entertainment and hospitality sector in both boroughs and the starkness between wealth and deprivation. We have additional considerations in relation to county lines as those from outside the boroughs come into the area to sell drugs (reverse county lines). Further exploration of the health and wellbeing impact of both county and reverse county lines has on local young people needs developing.

Local picture in Westminster and Kensington and Chelsea

Westminster has some of the highest rates and levels of SYV offences in London. Kensington and Chelsea has a higher offending rate of SYV (per 10,000 people under 25 years), but o has lower levels of SYV, in comparison with other London boroughs.

Figure 40: Boroughs SYV by rate*

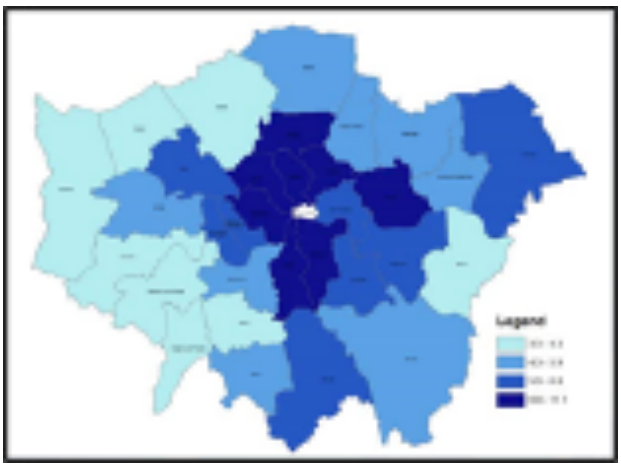
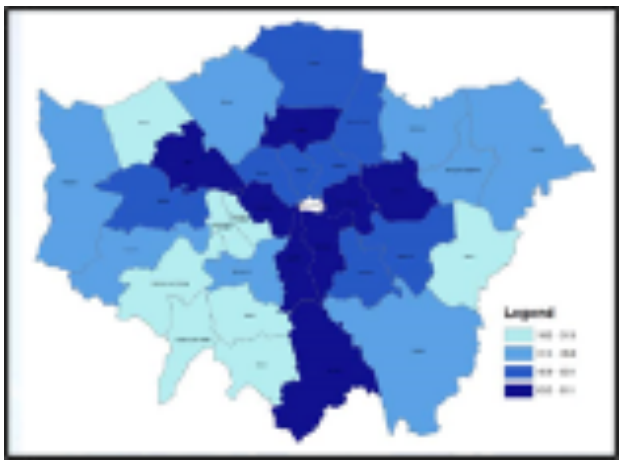


Figure 41: Boroughs SYV by level*



* offending rate per 10,000 population of under 25-year olds. Sources – (GLA, 2018)

However, it is important to note that both boroughs have some of the lowest percentages of offender residents; in 2017 Kensington and Chelsea had the lowest percentage of offenders local to the borough offending out of all the London boroughs at 40%, followed closely by Westminster with 46% coming in as the second lowest percentage (GLA, 2018).

Table 2: Boroughs with the lowest proportion of offenders local to the borough

Offence Borough	Percentage of Offenders Local to the Offence Borough
Kensington and Chelsea	40%
Westminster	46%
Kingston upon Thames	47%
Islington	49%
Sutton	49%

Source: GLA, 2018

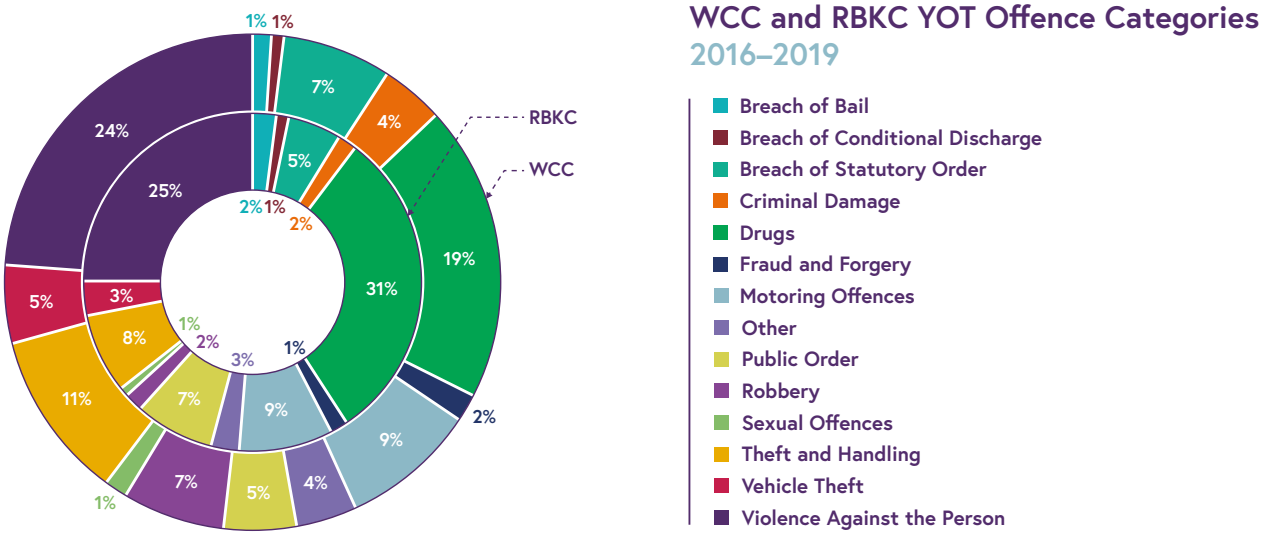
Whilst this data is not specific to SYV it does give an insight into potential trends across the boroughs i.e. the boroughs with the lowest rates of local offenders tend to be those that have thriving night time economies. Westminster's unique night-time economy provides many opportunities for individuals from outside the borough to travel in to commit crimes. In 2017/18 West End was one of the top 5 wards in London for SYV offences.

Overall, only 35% of offences in Westminster were committed by residents, 30% of which were committed by those aged 10-25. This shows most crime in Westminster is committed by non-borough residents meaning that we cannot focus on resident young people who have offended alone, and that a collaborative approach addressing cross border offending is necessary.

Types of crime in Westminster and Kensington and Chelsea

Drug and violence against the person offences are the most common type of youth offending in both boroughs' YOTs.

Figure 42: Types of youth offences in Westminster and Kensington and Chelsea



Knife crime in Westminster and Kensington and Chelsea

Knife crime in both boroughs demonstrates similar trends. Whilst offences are largely concentrated in West End ward in Westminster and Brompton and Hans Town in Kensington and Chelsea, knife crime with injury data (not including domestic abuse) for victims aged 1-24 demonstrates an increased number of offences in deprived areas of the boroughs. 40% of all knife crime in Westminster was linked to robbery offences. Similarly, these offences are concentrated in the more deprived wards of Kensington and Chelsea including Golborne, Colville and Notting Dale. This indicates that SYV violence is linked to deprivation.

Westminster

Figure 43: Knife crime offences

Figure 44: Knife crime with injury (not Domestic Abuse)

Kensington and Chelsea

Figure 45: Knife crime offences

Figure 46: Knife crime with injury (not Domestic Abuse)

Sources: Weapons Dashboard (London.gov.uk)

7.1 Vulnerable cohorts in Westminster, and Kensington and Chelsea

The below information provides an indication of the health and wellbeing needs of particularly vulnerable cohorts to serious youth violence in both boroughs through data from the RBKC SYV Panel and the WCC IGXU.

Consistent with cohorts in contact with the Youth Offending Teams across the boroughs we see a peak in referrals amongst those in their late teens, although unlike their RBKC contemporaries, IGXU cohorts peak at 15 years old.

Figure 47: Age of Kensington and Chelsea SYV Panel referrals at date of referral (2016 - present)

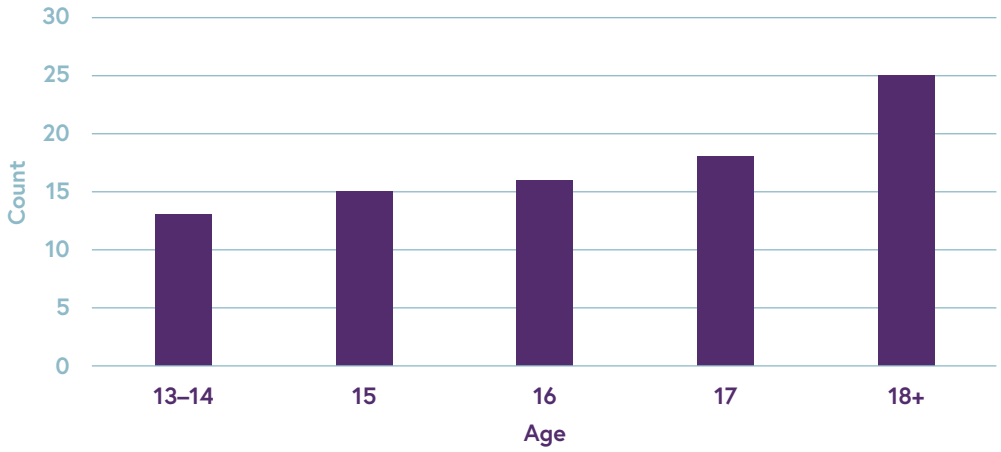
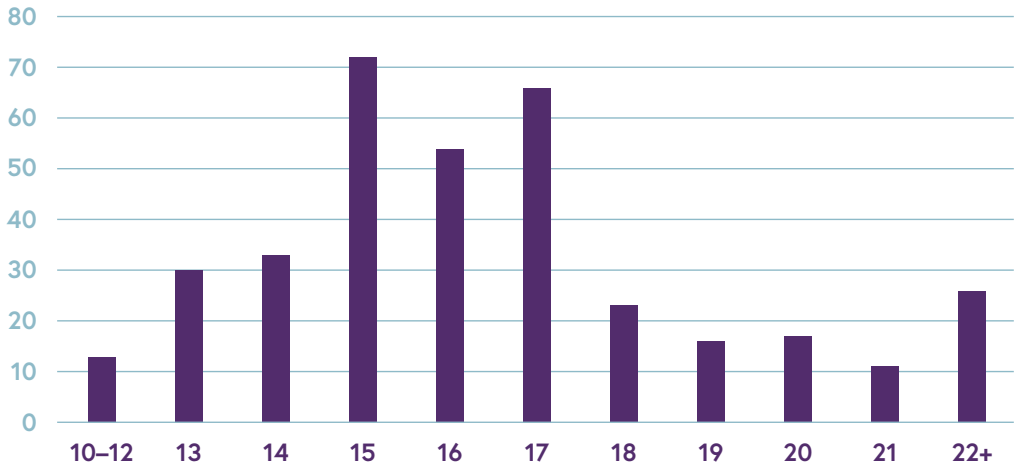


Figure 48: Age of Westminster SYV Panel referrals at date of referral (2016 - present)



Across these cohorts we see similar referral sources, with 60% of IGXU referrals made up from integrated gangs workers, Family and Children's services (FCS) and police intelligence. For the RBKC SYV Panel we see Family and Children's services, police intelligence and the YOT making up the majority of referrals. This provides context of the services these young people are engaging with prior to being referred.

Figure 49: Kensington and Chelsea SYV Panel referral source (2016- present)

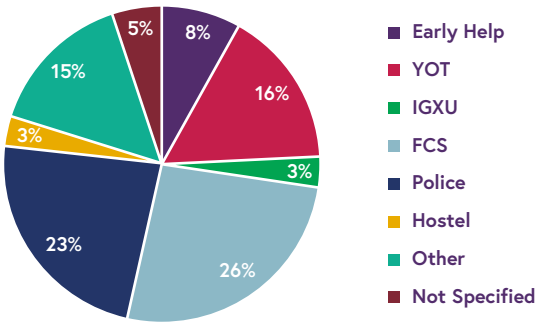
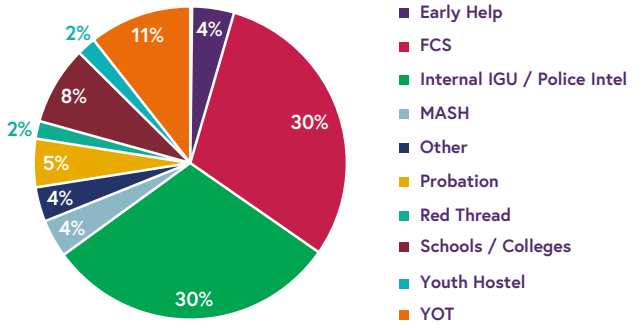


Figure 50: Westminster SYV Panel referral source (2016- present)



Further insight can be gained through the reasons for closure/rejection of SYV Panel and IGXU referrals. This provides further context on the levels of engagement with these services and how successful interventions may have been. It is worth noting that the RBKC SYV panel and IGXU data are not directly comparable, but are used here to give an idea of SYV within both boroughs. Where an IGXU referral results in a service, the RBKC Panel does not - instead acting as a coordination case review setting, and as such data collation for the panel is not as consistent as the IGXU.

Figure 51: Kensington and Chelsea SYV Panel referrals reason for closure/rejection (2016- present)

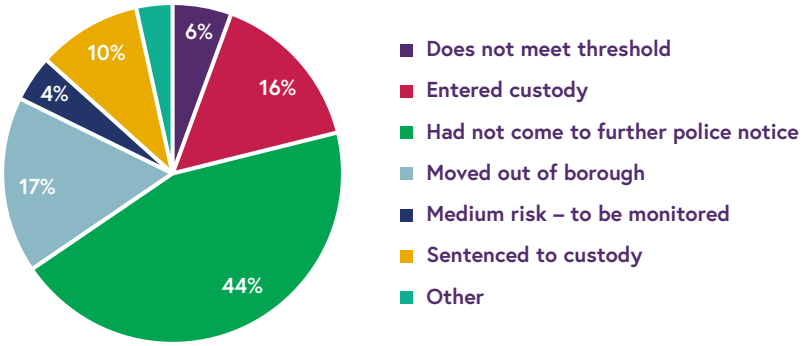
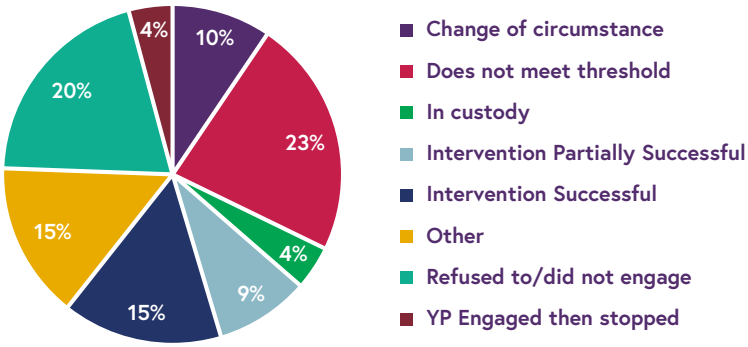


Figure 52: Westminster IGXU referrals reason for closure/rejection (2016- present)



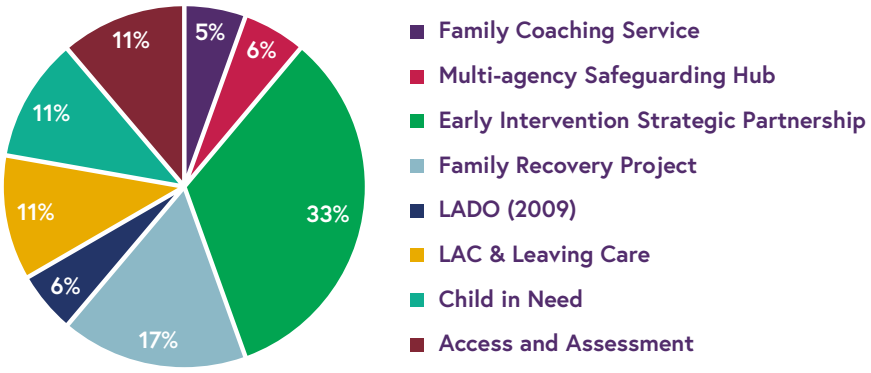
Figures shown in the charts above may have been rounded to the nearest whole number.

7.2 Linking between Children's Services and the IGXU

Recent work with the Westminster IGXU has involved mapping against 19 year-olds who entered the IGXU, establishing whether they had been previously engaged with Children's Services before entering the IGXU.

This analysis revealed that all 100% of young people from Westminster who were referred to the IGXU at the age of 19 had engaged with at least one provision from Children's Services. 44% of this cohort were identified internally by IGXU, potentially showing the strengths of the current model in the IGXU information sharing between the key agencies to pick up YP's who might otherwise not be being identified. Of the services engaged with by these young people, 33% of engagement was with the Early Intervention Strategic Partnership, with a further 17% with the Family Recovery Project.

Figure 53: Childrens Services engaged with by 19 year olds entering IGXU (2016-2019)



Further work is needed to consider the types of early intervention being provided and whether these are being effective in diverting young people away from gangs and youth violence, as well as further information into the risk factors these young people were experiencing at their point of referral. Analysis into this will provide further understanding into the pathways for young people and their journey before being in touch with IGXU.

IGXU also identifies that when the contexts that young people are living in change significantly, they can become more at risk, and may come into contact with the youth justice system relatively quickly as a result. Significant changes increasing risk factors in a young person's life can create a context where young people who are already experiencing traumatic events are further destabilized, making it more likely for them to be involved in gangs or SYV.

Integrated Gangs Unit (IGXU)

The IGXU is a multi-agency, multi-disciplinary team made up of council and police officers, as well as professionals from, Job Centre Plus, Child & Adolescent Mental Health (NHS) and the voluntary sector (St Giles). The unit aims to reduce gang violence to create safer communities and is built on the principles of early intervention, information sharing and personal responsibility. It gives young people the opportunity to exit the "gang" lifestyle through a series of services and interventions. Those identified as being involved with gangs and the associated criminality, whether through police, community intelligence or self-referral, are given intensive assistance to turn their lives around. However, should they fail to grasp these opportunities, and continue to engage in anti-social behaviour that impacts on the community, the IGXU will undertake a range of enforcement options to curtail this behaviour. Gang members, including those on the fringes, are given every opportunity to engage with the service and enforcement is seen as a last resort.

The Unit shares vital local intelligence on a daily and weekly basis as well and further works with neighbouring boroughs to tackle cross border violence. It also provides:

- One-to-one support to exit gangs and stop offending
- Employment support
- Support for young people with physical or mental health needs
- Preventative work alongside youth projects and schools to prevent younger children getting into gangs
- Family coaches for families affected by gangs
- Specialist workers to support young women affected by gangs
- A range of enforcemnet options to disrupt those who persist in a life of crime
- Mediation to soothe conflict between groups of gangs

The case study in section 5 provides a further flavour of the work of the IGXU.

Actions:

- **Engage with at risk families to examine actions that parents/carers who are concerned about their children being at risk of SYV can take**

8.

Focus on young women and girls

Whilst on average only 15% of offenders are female, young women and girls have a complicated association with gangs and serious youth violence. They are often involved in cooking, bagging and distributing drugs, harassed and sexually assaulted and exploited.

In most gangs young men and women have different levels of power and control. Young men usually hold a higher status. This puts young women more at risk of sexual violence and exploitation because the young men decide their roles. The role given to young women is often influenced by the sexual relationship they have with young men, their previous sexual history and on their 'sexual reputation' (University of Bedfordshire, 2014).

Research shows that there a many different types of sexual violence and exploitation related to gangs. Many of these young people think that sexual violence and exploitation is just a normal part of life and as such don't report experiences of sexual violence or exploitation.

National Picture

The figure below shows that on a national level, young men and boys are more likely to enter the Youth Justice System (YJS) in comparison to women and girl counterparts.

Figure 54: Characteristics of 1st time entrants (FTEs) compared to general population in England and Wales (year ending Mar 2018)

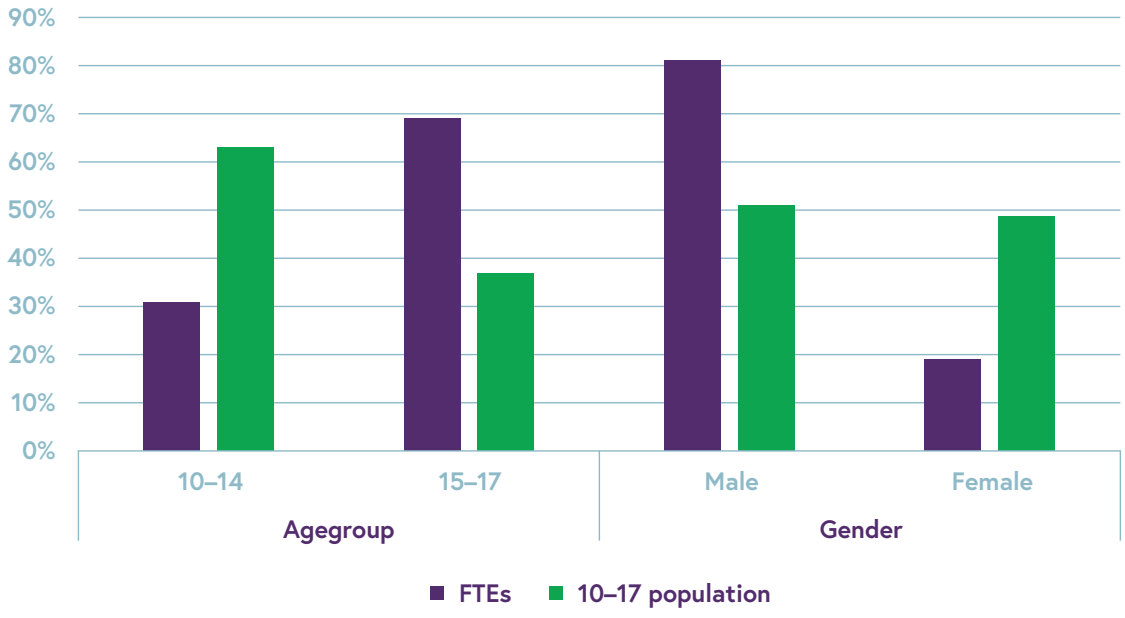
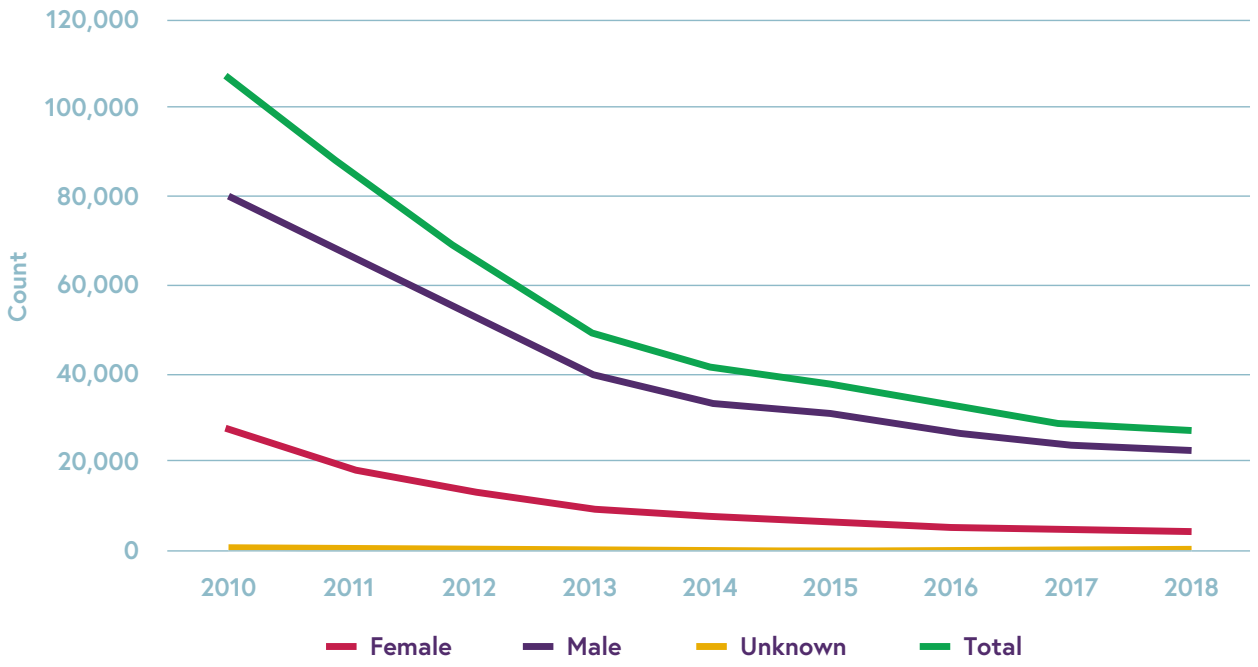


Figure 53 displays the number of young people who have received a caution or sentence for the period 2010-2018, across the UK, split by gender. It shows that young women and girls are less likely to receive a youth caution or sentence in comparison to their male counterparts. Since 2010, the number of young women and girls offenders in the UK has fallen year on year.

Figure 55: CYP in youth justice system who received a youth caution or sentence by gender (2010-2018)



Source: Youth Justice Board/Ministy of Justice, 2019

Child Sexual Exploitation (CSE)

UK-wide research has exposed widespread sexual abuse of gang-associated females, with reports of young women and girls used as sexual objects or entertainment for gang members. A study interviewing gang-associated young women and girls found that this group were at risk of being sexually assaulted and raped by their male counterparts, demonstrating the particular vulnerabilities of these young women in this environment (Firmin, Peer on Peer Abuse: Safeguarding Implications of Contextualising Abuse between Young People within Social Fields, 2015).

Mental Health and Wellbeing

The high levels of abuse experienced by young women and girls affiliated to gangs makes them particularly vulnerable to mental health problems. Girls in the youth justice system display higher rates of mental and emotional difficulties than boys with a prevalence of post-traumatic stress disorder, depression and low self-esteem, and often this is not identified until girls and young women enter secure care or custody.

Convicted girls are often emotionally affected by both past and current circumstances. They often have low levels of self-esteem, are aggressive, impulsive and easily influenced (Public Health England, 2015).

Recruitment

A 2014 report highlighted an increasing number of British girls and young women involved in gang culture. Amongst other vulnerabilities, it was highlighted that girls are being used as drug and weapon carriers due to a lack of scrutiny they face from police. Due to an increasing awareness that girls and young women are less likely to be stopped and searched by police, gangs have sought to expand their recruitment to a more diverse membership which includes young women and girls (Centre for Social Justice, 2014).

Local Picture

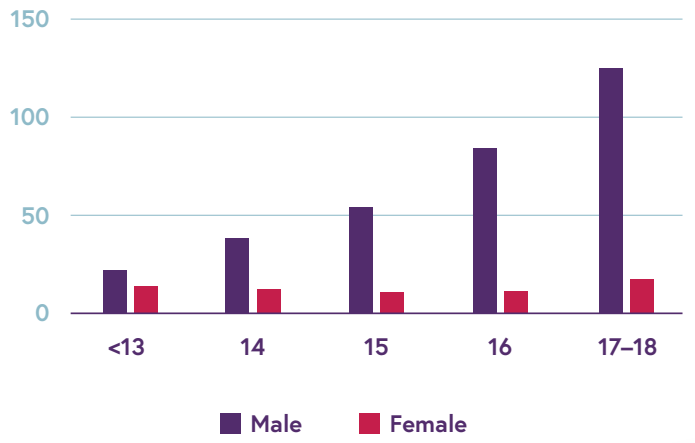
In London, almost a quarter of all victims of serious youth violence are young women. Studies show that women and girls affiliated to gangs are at an increased risk of receiving violence and are particularly vulnerable to peer on peer sexual violence.

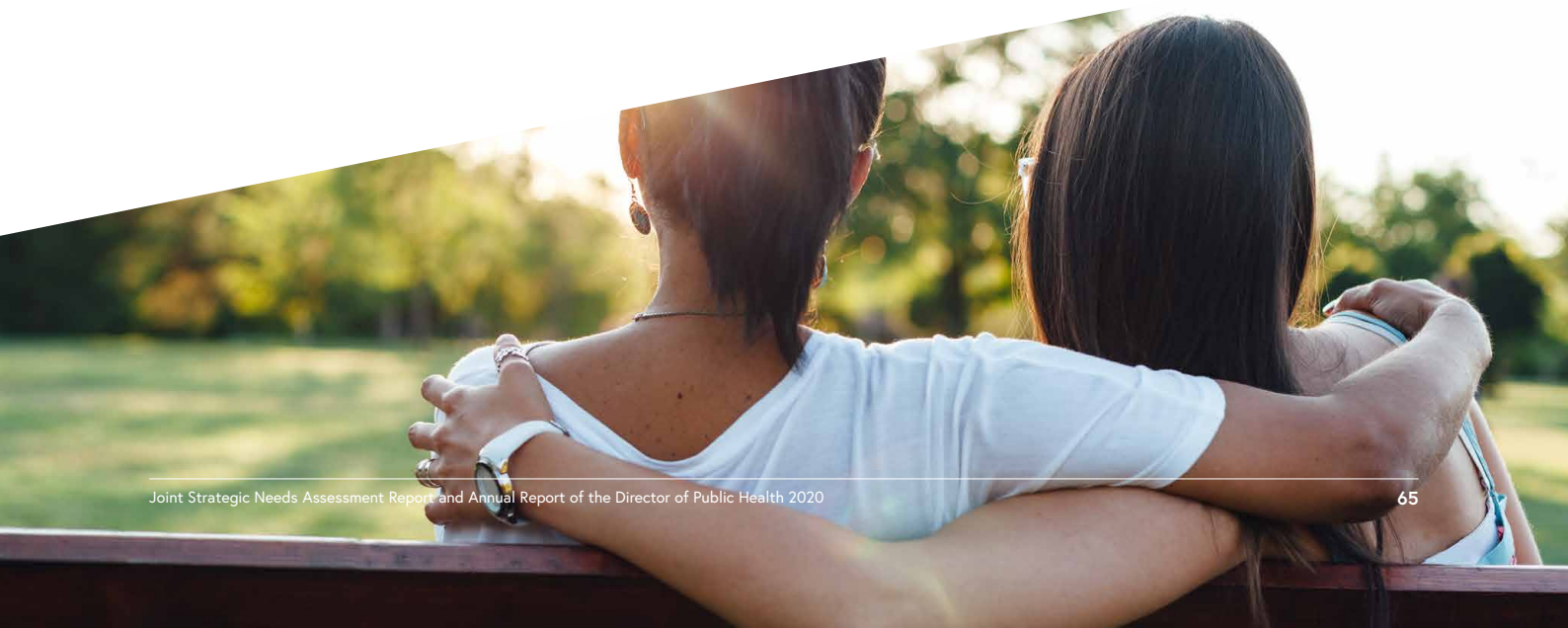
Gender Profiles of Young People who have offended in Kensington and Chelsea and Westminster

The charts below look at age and gender profiles of YOTs for both boroughs between 2016-2019. Both YOTs hold far fewer girls than they do boys. The data shows a peak for young women in the YOTs in aged between 17 and 20, suggesting attention on this group is particularly important.

Figure 56: Kensington and Chelsea YOT cohort by age and gender

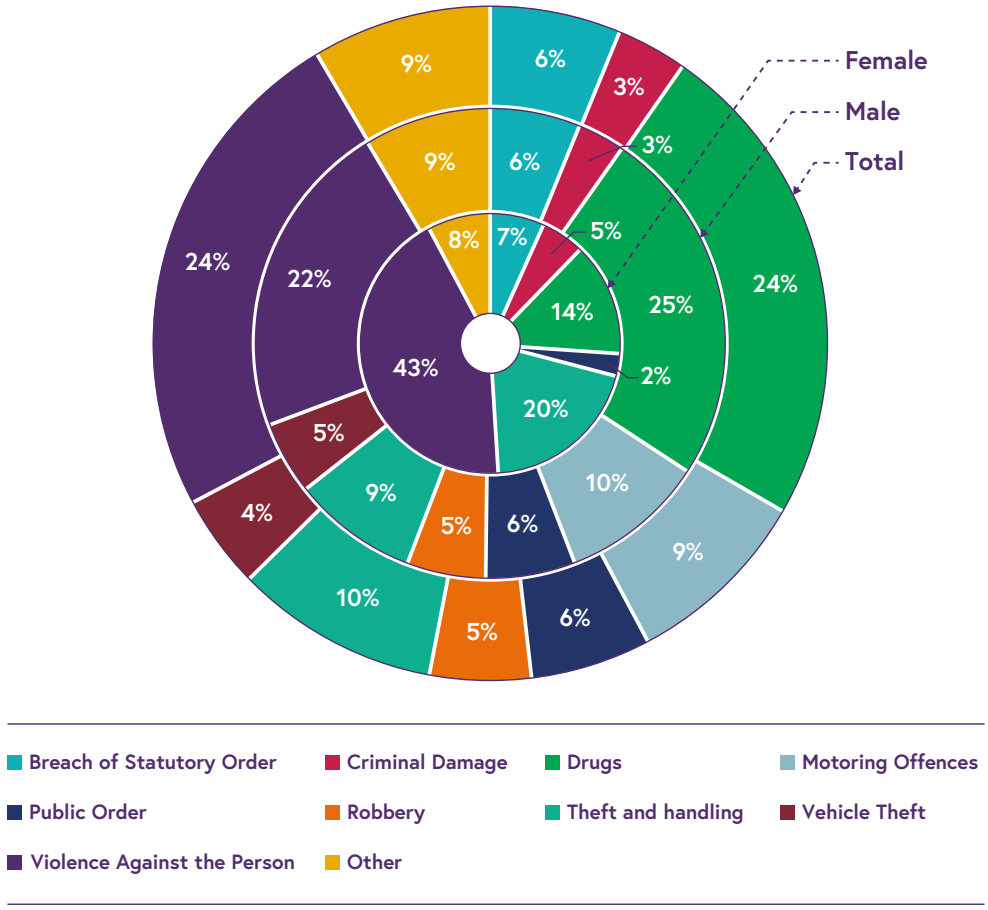
Figure 57: Westminster YOT cohort by age and gender





The chart below demonstrates the difference in offences committed by young women when compared to young men in the local YOT cohort. Whilst the percentage of violence against the person offences, and theft and handling is double that of the boys cohort, other offences are considerably lower. Drugs offences are considerably lower for girls, and motoring offences, robbery, and vehicle theft do not feature in the offence categories for the girls cohort. In line with the national evidence, this difference in offences further demonstrates the specific needs of young women and girls in contact with the youth justice system.

Figure 58: YOT offence categories by gender



Domestic Abuse

Domestic abuse is not a causal factor for serious youth violence, but it's an important consideration as it adds to the vulnerabilities that women and girls face. Domestic abuse often occurs in gangs: for example, many of these young women experience domestic violence from their boyfriends. They can also experience sexual and/or physical violence if they try to end the relationship or are thought to 'cheat' on their boyfriend (University of Bedfordshire, 2014).

A high proportion of perpetrators are male. In Kensington and Chelsea 89% are men, while in Westminster the figure is 88%. This correlates to the national picture which also shows males more likely to be perpetrators of domestic abuse (London Assembly, 2019).

Sexual Exploitation

Currently, in both boroughs convicted perpetrators of sexual exploitation are 100% men and boys. This is slightly different to the national picture which also includes women and girls – however, even on a national scale, women and girls account for a small percentage of perpetrating sexual exploitation (London Assembly, 2019). The data tells us that the local picture is gendered, therefore sexism and gender-based inequalities need to be considered. This includes structural sexism: services being aimed at boys and girls being dismissed as "only the girlfriend" or not recognising themselves as victims of abuse.

Stop and Search

Recent local data for total stop and searches made by police officers for those aged 10-19 years in 2019 show that across both Boroughs, young women and girls make up a small proportion of the population that were stopped and searched. Whilst this is because women and girls are less likely to be offenders and therefore less likely to be suspects, it makes young women vulnerable to being exploited by gangs as they are less likely to be stopped by police.

Figure 59: Westminster Stop and searches by gender aged 10-19 (2019)

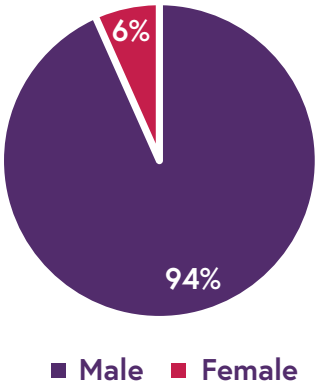
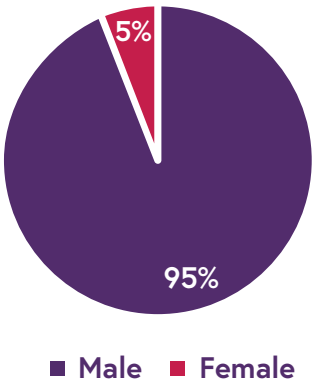


Figure 60: Kensington and Chelsea Stop and searches by gender aged 10-19 (2019)



Local Case Studies

Local case studies show that working with vulnerable young women on specific risk areas produces successful outcomes. Data reinforces the themes drawn from the national picture which highlight sexual exploitation and mental health issues as particularly affecting this cohort. The studies show that trauma-based mental health services may be particularly important for gang-affiliated young women and girls. They also demonstrate the need to address gender inequality and show that encouraging young women and girls to stay in education/ work acts as a protective factor from gang-affiliated violence.

Supporting vulnerable young women – Women and Girls Network Case Study

Magda was referred to the service aged 15 years old by children's social care due to disclosing that she was raped by an acquaintance she met online. She became pregnant as a result of the rape and had a termination which she struggled to cope with. At the time of the referral she was in full time education and living at home with her mother and siblings who were supportive of her, however she often argued with her mother and she found things difficult at home. Magda was referred for advocacy counselling and group work.

Magda initially presented with very low self-confidence and self-esteem and was very negative about herself. She presented as shy initially in the group but quickly grew to be one of the more confident members who was able to boost others confidence and get them engaged in the discussions.

The main risks she faced were:

- CSE and gang associated violence
- Low mood and struggling to cope with the impact of the rape and termination
- Difficulties with bullying at school
- Risk of school exclusion

We initially built trust through the young women's group and she trusted the service through the group and through her work with a previous advocate she engaged with.

The main areas of support provided were:

- Advocacy with the police throughout the investigation and criminal justice process
- Advocacy with school, social care and other professionals to support them to understand her needs better
- Emotional support and space to talk about her feelings and psychoeducational work around the impact of trauma so she could better understand her own behaviour and emotions
- Advice and educational work on the police and court process
- Advice and support around relationships, gang association and CSE

Supporting vulnerable young women – Women and Girls Network Case Study *(continued)*

As a result of engaging with the Women and Girls Network, Magda has reported the following:

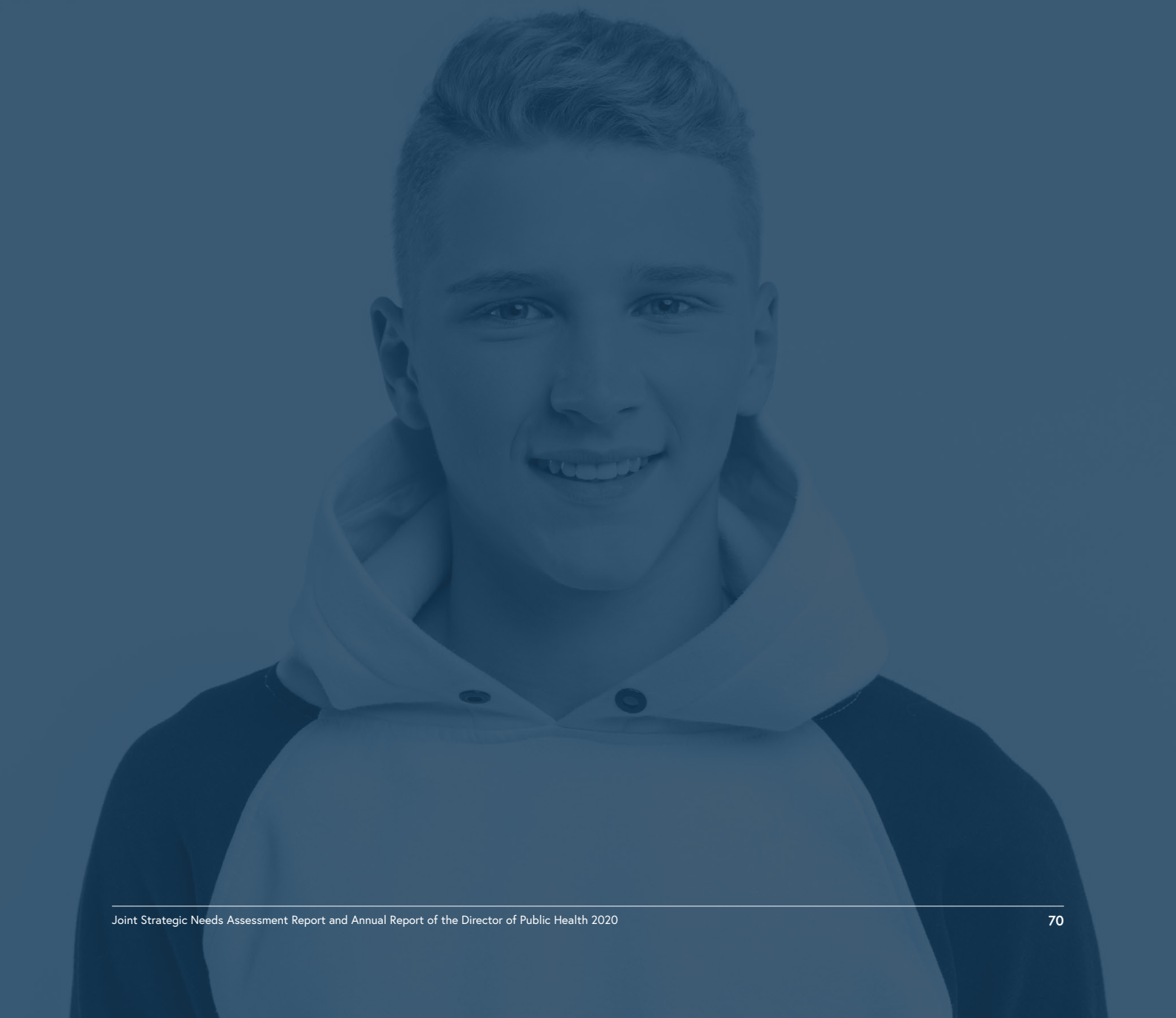
- After being excluded from school midway through our work, Madga completed her GCSEs and continued her education at college
- Magda now has a part time-job
- Magda feels safer in the community, has more positive friendships and has reduced contact with unsafe peers
- Magda has increased her self-confidence and is coping well

Actions:

- **Undertake further analysis into the experience of young women and girls in contact with the youth justice system in the boroughs (this work needs to be centered within the VAWG framework which sees violence against women & girls as a cause and consequence of gender inequality and discrimination)**
- **Support work in schools and with young people to raise awareness on gender based violence, gender equality, healthy relationships and empowerment**

9.

Evidence base of what works



'Violence is preventable, not inevitable.' This is the motto of the Scottish Violence Reduction Unit (VRU) that has informed their public health approach to youth offending. Since the establishment of the VRU in 2005, and later the implementation of Glasgow's Community Initiative to Reduce Violence (CIRV) in October 2008, their multi agency preventative approach to tackling youth violence has yielded much success. The lessons learned from the long-term success of the Glasgow model have since informed approaches across the country, including the Home Office's Serious Youth Violence Strategy and the launch of London's VRU in 2018.

Below are a number of case studies taken from across the country which demonstrate that there has been a move towards a multi-agency, preventive approach to interventions. The following methods of intervention that have been shown to have significant impact:

- Early Intervention
- Employability Programmes
- Community Engagement

Early Intervention

Early intervention identifies children and young people who are at risk of poor outcomes and provide support to either prevent problems occurring or tackle them head on when they do (Early Intervention Foundation, n.d.). This can take many forms including focusing around the family and educational environments.

Family Focused Programmes:

Family focused programmes have been found to be amongst the most effective types of programmes to prevent youth violence (Waddell, 2015). These interactive programmes enable young people to practice the skills they have learnt and families to continue to apply the supportive skills with guidance.

Supporting young people with behavioural problems – Multidimensional Family Therapy (MDFT) Case Study

MDFT is a family-based support programme primarily for families with adolescents who have behavioural problems, including substance misuse and mental health. MDFT aims to reduce involvement in the criminal justice system (EIF, 2017) Evaluations into the project have shown it to have long term success, including positive outcomes for the children such as reduced delinquency and arrests (Dakof, et al., 2015) as well as reduced substance misuse behaviours (Howard, et al., 2008).

RBKC Inclusion Programme Case Study

Charlie was at risk of permanent exclusion from school and his family had recently suffered a bereavement. At the point of referral, the main concerns were around Charlie's behaviour in class and poor attendance which was 72%.

His school was concerned about Charlie's emotional and behavioural regulation in social situations. Charlie was involved in disruptive behaviour or fighting within the classroom, and this was impacting on his academic progress and friendships at school. School further felt he may have some learning difficulties.

Charlie and his mother have a difficult time communicating, and this is exacerbated when Charlie wants to talk about his father. These arguments have led to his mother making the decision for Charlie to live with his grandmother (with whom he has a very close relationship) and his baby half-brother, although there are concerns with his relationship with his wider family.

Mum states that Charlie is fascinated by watching fights and sports, promoting violence, which she is feels adds to his challenging behaviour.

During his assessment Charlie appears to be aware of his behaviour and is happy to engage in working towards improving his behaviour at home.

Mum acknowledged the concerns of her relationship with Charlie, however she feels her focus is on her younger child at present. The practitioner explored with mum the developmental needs of both children and agreed to work with mum around this.

The practitioner explored the relationship between mum and Charlie to gain an understanding of any factors that may be affecting attendance and behaviour.

School agreed to assign Charlie a mentor and put in place supportive measures to reduce escalation of issues behaviour in the classroom.

Systemic family work was undertaken with the support of the Early Help Clinical Practitioner.

Referrals for summer programmes were made and Charlie was supported to ensure that he engaged in positive activities during the holidays.

At his last assessment Charlie's attendance had increased to 84%.

School have reported that Charlie's behaviour in classes has started to improve, and that he is using the supportive measures appropriately. Charlie has also engaged positively with his learning mentor.

The family continue to work with the Clinical Practitioner to improve family relationships.

School Based Programmes:

Research has found that school curriculum and skills based programmes were some of the most effective programmes to target all children and young people as well as those at risk (Waddell, 2015). Established research from the US supports this principle that schools are important venues for violence prevention as they are a primary and natural context for human interaction and social development (Bronfenbrenner, 1979).

Tackling knife crime – Liverpool City Council: Disarm Case Study

Liverpool City Council have adopted a school based approach in their strategy to tackle knife crime. Disarm, a multi-agency partnership to tackle gang violence and knife crime have been leading school assemblies to highlight the impact of knife crime on families. In conjunction with this, emergency nurses have been giving graphic presentations highlighting the impact of long-term injuries and showing pictures of victims to embed this message. Students commented these presentations made it all 'more real and closer to home than they had behaviour' (Local Government Association, 2019).

Employability Programme

This type of intervention focuses on upskilling young people at risk and providing alternative paths for them, by supporting them with their needs and developing their skill set through skills based and employability programmes.

Skills Based Programmes:

Skills based programmes such as sports and arts can be an effective part of diversionary and rehabilitative approaches of intervention. This is because they promote positive values through the development of skills and by fostering positive relationships with peers (National Lottery Fund, 2018).

Diversionary activities – Glasgow CIRV East End Football League Case Study

The CIRV Football League, managed by Sidekix, first ran in 2009 as part of Glasgow's aim to reduce violence in the East End. Running at traditional peak times of gang violence, the football league offers both diversionary activity as well as a referral to the other support agencies (CIRV, 2011). It serves as a safe and friendly space for rival gangs to compete against each other in a structured league, with professional coaches, facilities and equipment. Training sessions have in the past included 'conflict resolution workshops', and the programme has had a positive impact on members who have taken part.

Young people conflict management – Leap Confronting Conflict Case Study

Leap is a national charity which provides conflict management training and support to young people. Leap aims to further the personal development of young people who have a history of violence by developing their skills and confidence to manage such situations and teaching them to take responsibility for their actions. Delivered through a five-day training course, the charity uses interactive methods such as role play and discussion to educate the young people. Out of 35 former participants, 86% of participants who had a history of offending have not offended since, and 58% of participants with a history of violence decreased or stopped their involvement in violent behaviour (National Lottery Fund, 2018).

Youth Employability Programmes:

Addressing youth unemployment – Talent Match Case Study

Talent Match is a youth employability programme designed to address unemployment amongst 18-24 year olds who are furthest from the labour market.

The Talent Match Partnerships work with individuals to tailor support according to their needs and aspirations, including wellbeing and mental health support. An evaluation found that 78% of programme participants who were initially rated low in wellbeing measures went on to score high after taking part.

Two in five participants entered employment and 46% undertook a work placement or volunteering opportunity. They concluded that the programme acted as a catalyst for progress towards employment by causing or accelerating positive change (Wells & Pearson, 2018).

Community

Engaging with the community is an important factor in the implementation of youth violence strategies and has been identified as one of the key step's councils need to take in youth violence prevention (Local Government Association, 2019). The fostering of trusted relationships aids the integration of at-risk young people into the community thus providing an alternative route to offending.

Supporting those impacted by gang related violence – SOS Project Case Study

St. Giles Trust is commissioned to work in both Kensington and Chelsea, and Westminster and is a charity that provides specialist help for young people affected by gang related violence. The charity employs and trains reformed ex-offenders to support and mentor youths at risk (National Lottery Fund, 2018). The project is a peer led programme that uses these mentors to provide practical and psychological support to young people to exit gangs, stop reoffending, find employment and provide necessary support. The evaluation into the project found that 87% of interviewees said that the project had changed their attitude to offending, and 100% agreed or strongly agreed that the project helps participants to stop or reduce re-offending (The Social Innovation Partnership, 2013).

Building Community Resilience: Hot Choc Thursdays – Case Study

Hot Choc Thursdays have been hosted by Outbreak – a youthwork charity based in Pimlico – since 2016. Initially starting out as a small community project to get to know residents and make people smile, volunteers gave out free hot chocolates in the Churchill Gardens Estate. Since then Hot Choc Thursdays have grown into large community events with over 250 people attending every Thursday. Held after school, they now not only give out hot chocolates but hold games and activities for young people such as volleyball and giant Jenga, whilst also providing space for parents to relax and chat.

10. Developing a framework for action

The actions which have come out from each section of this report have been used to inform four overarching recommendation themes which will improve outcomes for young people in contact with the youth justice system:

- **Contextual safeguarding** – embed a whole system contextual safeguarding approach: recognising, understanding, and responding to, young people's experiences of significant harm beyond their families (and traditional safe-guarding mechanisms)
- **Data and Intelligence** – using smart intelligence systems with multi-partner input to fully understand needs, embed predictive analytics and be able to appropriately respond: this includes community and cultural needs
- **Inequalities** – particularly in relation to disproportionality and women and girls
- **Settings** – around young people including schools, youth provision and inclusive, fun places for young people to socialise

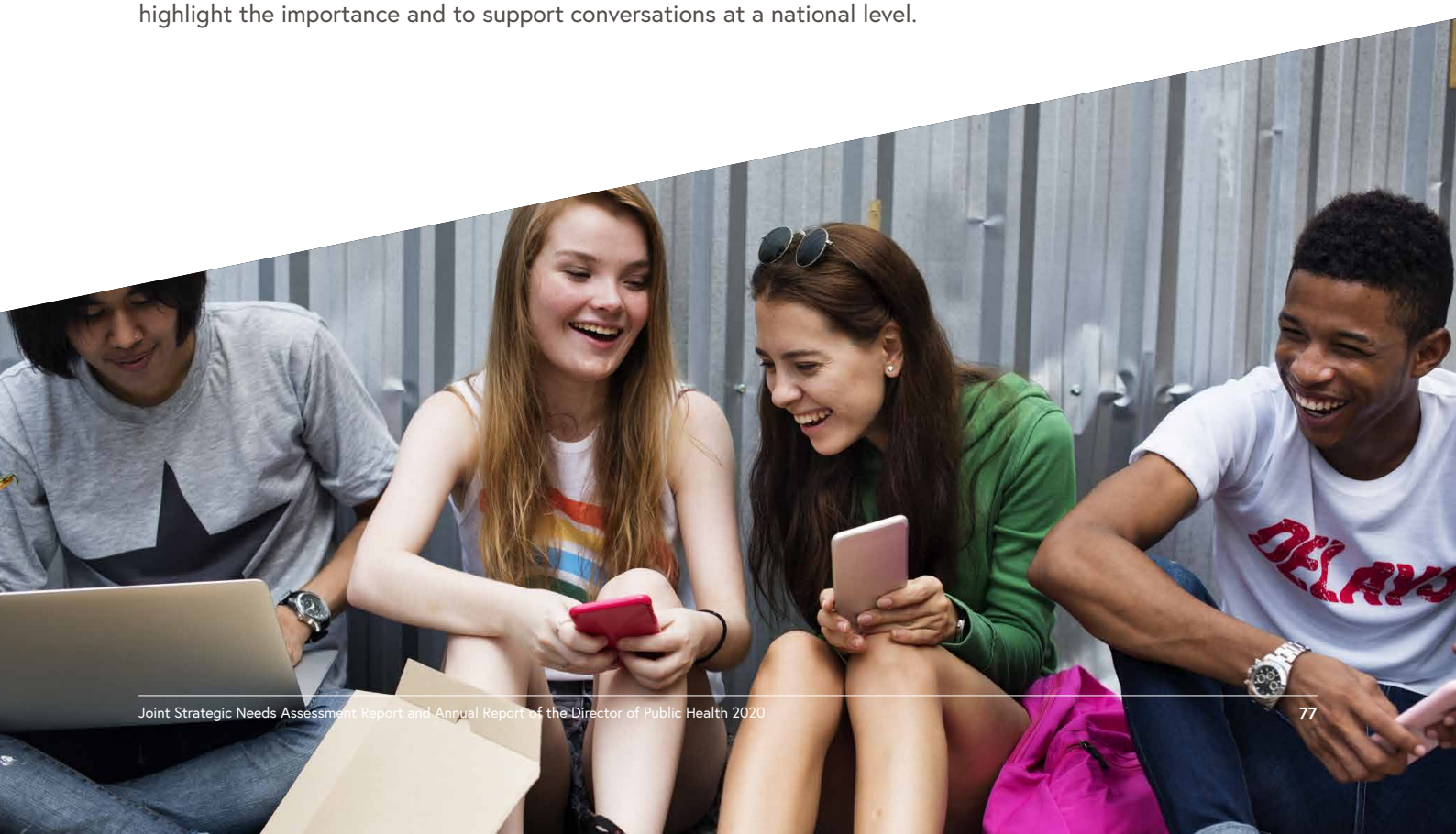
These are backed by a further two enablers needed to support the outcomes of these themes:

- Services that flex to support systems
- Accessible and attractive counter offer to young people

Where actions have not been specifically defined, these have been identified through the development process of this report. These are key areas needed to better inform our knowledge base and provide high level services to residents.

The actions aligned with these recommendations and enablers are supported by a named lead, ensuring that the partnership remains accountable to the implementation of these actions and their outcomes.

Further national recommendations have been added which need to be implemented at a national level to have impact. Whilst the partnership is unable to implement them alone, they have been included in this report to highlight the importance and to support conversations at a national level.



10.1 Local recommendations

Contextual Safeguarding

Actions:

1. Embed a whole system contextual safeguarding approach:

   Establish a working group across the boroughs with Police, health and other key partners to develop a whole system contextualised safeguarding approach

   Develop a contextualised safeguarding team with the Police to refine the model on working with young people who are exploited and are exploiting other young people

2. Develop an after school safeguarding protocol for all schools to support the vulnerable times of day

3. Engage with at risk families to examine actions that parents/carers who are concerned about their children being at risk of SYV can take

4. Trial a community health worker approach in Westminster's Churchill ward which will look after a defined number of households and will be able to gather contextual safeguarding data as well as address issues as or before they arise

Data sharing – using smart intelligence systems with multi-partner input

Actions:

5. Agree locally how ACEs are defined, utilised and collected as part of the wider Public Health approach

6. Explore further the issue of reduction in YOT caseloads in relation to increasing serious youth violence

Inequalities – Disproportionality and Women & Girls

Actions:

7. Undertake further analysis into the experience of young women and girls in contact with the youth justice system in the boroughs (this work needs to be centered within the VAWG framework which sees violence against women and girls as a cause and consequence of gender inequality and discrimination)

8. Implement a working group to explore disproportionality of YOT and IGXU cohorts further

Settings and spaces for and around young people

Actions:

9. Work with schools and school inclusion and diversion projects to ensure a strategic and whole-system approach to school inclusion and diversion, providing opportunities away from crime and victimisation

10. Support work in schools and with young people to raise awareness on gender based violence, gender inequality, healthy relationships and empowerment

10.2 Local enablers

Services need to flex to support systems

Actions:	WCC Owner	RBKC Owner
11. Ensure the whole system is trained in trauma informed practice		
12. Ensure that young people aged 16-25 accessing substance misuse services are known to adults' services so support can continue		
13. Ensure that every young person is offered a mental health and wellbeing assessment upon entering the PRU		
14. Work with CAMHS to ensure accessibility of services to all young people who need them including looking at outreach and locations of offer		

Accessible and attractive offer to young people

Actions:	WCC Owner	RBKC Owner
15. Work to ensure that children and young people and their parent/carers are aware of how to refer to and access services by establishing a concrete, diverse and consistent communications plan		
16. Work to ensure a diverse range of diversionary, aspirational and employment opportunities for children and young people		

10.3 National recommendations

Actions:	WCC Owner	RBKC Owner
17. Provide national guidance for common definitions of Youth Violence and Serious Youth Violence – this JSNA has laid out definitions the partnership feel would be appropriate for this level		
18. Implement national best practice to respond to the accessibility and design of knives, to include online purchasing of knives and respond to the age trading of knives		

JSNA
Joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (JSNA) and
Annual Report of the Director of Public Health 2020

City of Westminster

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA