ADCS Discussion Paper

SERIOUS YOUTH VIOLENCE AND KNIFE CRIME

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The Association of Directors of Children’s Services Ltd
Scene setting

1. The 30th anniversary of the Children Act (1989) and the 15th anniversary of the Children Act (2004) receiving Royal Assent offers us the opportunity to reflect on current policy and practice. Whilst the fundamental principles enshrined in these two important pieces of legislation still hold true, the challenges facing children, young adults, families and public services have evolved and new risks that could not have been envisaged at the time of drafting, have emerged. These risks include digital dangers and criminal gangs using children and young people as runners to move drugs, weapons and money around the country and to sell their drugs in new ‘markets,’ also known as ‘County Lines’.

2. It is important to recognise progress too. In recent years multi-agency working has improved, we understand more about the lifelong impact of trauma experienced in childhood, such as a bereavement or neglect, can have and appreciate the value of authentic relationships in our work with children, young people and families. Over time we have also got better at recognising the vulnerability of children and young people who display risky, harmful or criminal and/or abusive behaviours because of grooming or exploitation, even if these initially present as ‘choices’, by being clear that no child can consent to their own abuse. Coercion, fear and threats are a feature of this abuse meaning at times it can be difficult to separate victim from perpetrator and vice versa, but we must try.

3. The focus of this short paper is serious youth violence and knife crime, which can be associated with gang involvement (NB throughout this short statement the term ‘youth’ is used and refers to young people aged between 11 and 24 years old). This is not a new phenomenon nor is it common. It is important we do not demonise all young people, nor to employ scare tactics amongst the wider population. Whilst it is the case that the vast majority of children and young people are not engaged in serious violence or knife crime, there have been recent increases in proven possession offences and a worrying rise in the numbers of children and young people treated for assault with a knife or fatally stabbed on our streets. However, no one data source adequately captures the scale and reach of these complex issues. Another common misconception is that these issues are limited to London and other big cities, they are not.

4. Those identified as at risk of carrying knives or becoming criminally exploited are not always known to children’s social care or the police but are almost always known to wider services e.g. staff in educational settings, youth workers or youth offending teams or health services. The average age of a gang nominal is 24 years old but we know that primary school age children can be drawn into gang activities or very young children can be severely impacted by their young parents’ or older sibling’s involvement in gangs, underlining the need for an integrated multiagency, multi-disciplinary response to tackling serious youth violence and knife crime. Schools are absolutely critical in early identification and prevention efforts. Health partners have an important role to play as well, indeed NHS England recently appointed its first Clinical Director of Violence Reduction in London in response to the growing numbers of children and young people being admitted with life changing injuries as a result of violence, some still wearing their school uniforms.

5. Exploitation can manifest itself in young people going missing and disengaging from education, in poor mental or physical health as well as a breakdown in family relationships, which can result in exclusion from school, arrests or entering care. There is also emerging evidence that increasingly younger children aged 11-15 appear to be at risk of abuse and exploitation and the loss of youth services as a result of year-on-year funding reductions for local government has been cited as a key driver (ADCS, 2018).
6. We know there are various risk factors that can increase the likelihood of children and young people being drawn into criminality or exploited including being out of school, poor employment opportunities, a lack of positive activities in the local area as well as inequality, deprivation, trauma and poor mental health. Yes of course we need to understand and address individual risk factors but without turning our attention to the wider societal determinants, such as rising levels of child poverty and the impact of social media, it’s unlikely that meaningful progress will be made; multiple studies have demonstrated a clear link between inequality and higher levels of violence.

7. In the face of increasing serious violence, knife crime and gang related activity - often linked to wider, organised criminality - we need to collectively hold our nerve. We absolutely recognise the pressure that ministers, and the police, are under to act in response to rising crime rates as well as the legitimate need for a robust criminal justice response where necessary for the most serious violent crimes but tougher laws, longer sentences and an expansion of police powers will not address the reasons why some individuals, groups or indeed whole communities are vulnerable to risk and/or harm.

8. The Association’s view is that the legislative imperatives to have due regard to the prevention and tackling of violence, to the safeguarding and protection of young people and to the promotion of their wellbeing, already exist. The duty of all relevant public agencies to co-operate in the safeguarding, protection and wellbeing also already exists. It is always possible to improve multi-agency working, commissioning and information sharing, and we must continue to strive to do so. A re-affirmation from government of the importance of treating these issues first and foremost as a child protection and safeguarding concern in order to address underlying causes of exploitation and violence is needed. A reassertion of the role of the director of children’s services (DCS) as a systems leader and a sustainable, long-term funding settlement would send a similar signal.

9. The absence of a holistic central government strategy to address the issues of serious youth violence and knife crime that articulates shared objectives, with an agreed action plan is keenly felt. Last month Public Health England and the College of Policing published a discussion paper on a public health approach to policing, which advocated taking a deeper look at an issue, problem or illness to understand what’s driving it and the wider context underpinning people’s lives which makes them more or less likely to experience victimisation, have poor health outcomes, have contact with the police or enter the criminal justice system. Such sophistication is currently missing from national strategies and responses.

Current responses to harms and risks

10. Increased political and press attention on County Lines and knife crime in particular has resulted in a somewhat piecemeal approach being adopted by government. National summits have been held, new research has been commissioned, new units and programmes developed, campaigns rolled out and different pots of funding launched by different government departments. It’s not always easy to see how these overlapping initiatives and programmes fit together, how learning will be shared with areas that did not receive funding nor how this approach will help us reach the common goal that we are all collectively working towards.

11. Although the child protection system was largely designed to respond to risks in the family home, a huge amount of work is happening in local areas to understand ‘extrafamilial’ risks in order to keep children and young people safe. Responses are evolving and now include multi-agency panels to look at the vulnerabilities of adolescents in the round e.g. exploitation, going missing, radicalisation or offending behaviours. Charities and community groups are engaged in important work on the ground, particularly in the filling of the gaps left in youth provision. Weapon awareness sessions and one-on-one mentoring is taking place in schools and youth workers are being embedded in some hospital trauma units to support young people admitted with knife-related...
injuries to make positive changes at this ‘teachable or reachable moment.’ These initiatives are making a difference to individuals but more can be achieved by adopting a whole systems response that prioritises prevention rather than reacting to each individual incident.

12. More significant shifts are beginning to take place across some local partnerships. The University of Bedfordshire is supporting Hackney Council, and several others, to embed contextual safeguarding across its children’s services department. In Hackney non-traditional partners, including local businesses and housing providers, are working with social workers, police officers and teachers to respond to risks in communities, amongst peer groups or in schools. Whilst in Greater Manchester partners are working differently with children, young people and their families in response to organised criminal activities involving children and young people. Such Complex Safeguarding issues include child criminal exploitation, sexual exploitation and modern slavery. Several local areas, including Newcastle and Rochdale, are exploring transitional safeguarding\(^1\) arrangements for young adults who have experienced exploitation, earlier abuses or childhood trauma in a bid to bridge the ‘cliff edge’ in support between children’s and adult services. Continuing to work with young adults in this way could help break the cycle of adult disadvantage.

**What's missing currently?**

13. Tackling the root causes of harm as well as the societal conditions that allow abuse and exploitation to flourish requires a radical shift in both policy, practice and funding. Several government departments lead on different aspects of related policy resulting in separate strategies and funding streams being developed for complex and overlapping risks including child sexual exploitation, criminal exploitation, modern slavery, offending behaviours, serious violence and radicalisation. The best way to make headway with these interrelated issues is to take a holistic and integrated approach. Presently we are missing:

- At the most basic level we do not have a shared understanding and/or a clear definition of what constitutes a ‘public health’ approach to reducing serious youth violence and knife crime

- Recognition that vulnerability does not end at 18 years old as well as a common agreement about the age threshold of the cohort we are working with; different agencies apply different thresholds and even within children’s services some of our work ends at 18, 21 or 25 years old

- Transitional safeguarding practices that both empower and work with the agency of older teenagers and young adults whilst harnessing the strengths of family and wider community networks via the use of proportional responses.

- We need to bring the system together behind a common narrative which expresses our shared ambitions for all children and young people. A comprehensive children’s integrated workforce strategy that supports integrated multi-agency working is an important element of this

- A national commitment to, and investment in, providing help and support at the earliest possible opportunity. High quality youth services and facilities in local communities to reach young people where they live are vital here. The government has pledged £1.2 billion between 2016 and 2020 for the National Citizenship Service, a four-week summer programme for 16 and 17 year olds yet local authority spend on youth services has fallen by almost half between 2010/11 and 2017/18

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\(^1\) Transitional safeguarding is not a model, nor a prescribed approach – it is a term that has been used by Research in Practice and adopted by children’s services sector leaders to highlight the need to improve the safeguarding response to older teenagers and young adults in a way that recognises their developmental needs
• Nationally, youth offending teams work with young people as 'offenders' yet an unknown number are also victims of criminal exploitation, which requires a different approach if they are to be effectively safeguarded.

• To date where new funding to tackle entrenched social issues, such as domestic abuse or gang involvement, has been made available to local partnerships, this has been via a competitive application process, allocated to a handful of areas on the strength of an application rather than actual need. Time limited grant funding is no substitute for an equitable funding settlement that benefits all children and all communities.

• At present we are seeing year-on-year increases in fixed term, permanent and illegal exclusions at both primary and secondary level. We need a school accountability system that places equal weight on inclusion and academic attainment.

• Finally, government needs to understand better the impact of its policies and reforms, particularly austerity. Local authorities have seen funding from central government fall by 50% in real terms since 2010, adolescent mental health services are stretched, police numbers have fallen drastically, funding for schools and colleges has reduced in real terms and as noted above, cuts to local youth services have had a devastating impact on local offers.

Way forward

14. A public health approach isn’t a quick win or a miracle cure, it requires political buy-in, a long-term commitment to cultural change as well as funding beyond the life cycle of a spending review or a parliamentary term. The work of Scotland’s Violence Reduction Unit has received a lot of attention recently, with the UK government pledging to adopt a similar approach in England and Wales, however, there has been little information about how this would work beyond a consultation on a new statutory duty for public agencies to work together. As well as a focus on preventing future harm, a multi-layered response is needed to tackle current risks by drawing on universal services for all e.g. community policing or schools; targeted work aimed at those already at risk, including younger children attending primary school whose parents or older siblings might be involved in gang activities; and, specialist interventions offering intensive support to anyone already affected by serious violence e.g. young people already known to carry knives or who have received life changing injuries, to prevent the loss of further lives.

15. A public health approach does not inhibit the role of policing, particularly in relation to disruption and enforcement activities e.g. the use of protection orders or notices. A more sophisticated response that draws in learning from the joined up multi-agency, multi-disciplinary working locally to prevent and disrupt child sexual exploitation is needed. There is wider learning we can all draw on, from the focus on strengthening parenting capacity and integrated working at the heart of the Troubled Families Programme and coordinated efforts to significantly reduce the numbers of teenage pregnancies to the dramatic fall in children to young people entering the criminal justice system over the last decade. Similarly, lessons from our responses to radicalisation and extremism, including ‘Prevent,’ which offers the provision of bespoke help and support at an early stage must also be harnessed here. The use of an assets-based approach to working with victims, families and communities is the common theme here as well as recognition of a young person’s agency. These lessons must be applied to other forms of child criminal exploitation and serious youth violence, including knife crime.

Next steps

16. The intention of this short paper is not to provide an answer to all of society’s ills. Rather, it is an attempt to open a discussion about the need for an integrated, whole system response to the
risks and harms a small but worrying number of children, young people and young adults are facing. This challenge is one of systems leadership, which has sat at the heart of the statutory role of the DCS for the last 15 years. In acting as a champion and an advocate it is our job to secure the very best outcomes for all children and young people by challenging ourselves to do more and by influencing and persuading others to do the same when the services in question sit beyond our remit or control. We absolutely recognise that we cannot solve this alone, nor can schools and colleges, the police, colleagues in health services, charities and community groups, even individual government departments. If knife carrying is driven by fear and parents are supporting this course of action, if young people are being criminally exploited because they are disengaged from education, lack alternative employment options or because they’re seeking a sense of belonging and a gang seems to offer this, then enforcement activity alone is not the answer.

17. We need to work differently with children, young people and families and we – government departments, public agencies, the voluntary sector - need to work differently together and with communities in order to bring about real, lasting change. ADCS proposes to convene a roundtable meeting with key representatives from all relevant government departments, national partner agencies and representative organisations to progress this discussion and bring forward a set of shared recommendations.

18. The injury or even the death of children and young people on our streets and their ruthless exploitation by criminal gangs is an issue that must sit beyond party lines and the parameters of professional boundaries. It deserves absolutely all of our collective efforts and all of our attention.
The Association of Directors of Children's Services Ltd (ADCS)

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