

SCRUTINY REVIEW PANEL 2 – KNIFE CRIME AND YOUTH ENGAGEMENT

MINUTES

Wednesday 6th February 2019

PRESENT: Councillors: Aysha Raza (Chair), Seema Kumar (Vice Chair), Praveen Anand, Jon Ball, Carlo Lusuardi, Rajinder Mann, Chris Summers, and Simon Woodroffe.

LBE Officers:

Harjeet Bains	- Scrutiny Review Officer
Ian Jenkins	- Head of Youth Justice Service
Janine Jenkinson	- Democratic Services Officer
Dr Vaishnavee Madden	- Consultant in Public Health Medicine
Jess Murray	- Head of Community Safety, Tenancies and Regulatory Operations

External Representatives

Mark Cherrington	- Young Persons Alcohol and Drug Worker, Change Grow Live EASY Project, Ealing
Dr Heidi Hales	- Consultant Adolescent Forensic Psychiatrist, Forensic Child and Adolescent Mental Health Services
Richard Taylor OBE	- Founder, Damilola Taylor Trust

1. Apologies for Absence (Agenda Item 1)

Apologies for absence had been received from Councillor Tariq Mahmood, co-opted member Elly Heaton-Virgo and Charles Barnard (Assistant Director Integrated Early Years, Preventative and Youth Services).

2. Declarations of Interest (Agenda Item 2)

There were none.

3. Matters to be Considered in Private (Agenda Item 2)

There were none.

4. Minutes (Agenda Item 4)

Resolved: That the minutes of the meeting held on 14th November 2018 be agreed and signed by the Chair as a correct record.

5. Presentation on the work of the Damilola Taylor Trust (Agenda Item 5)

Richard Taylor OBE provided the Panel with an overview on the work of the Damilola Taylor Trust. Members were informed that the Trust had been established in May 2001 by Southwark Council, in memory of his son, Damilola Taylor who was murdered in 2000. The boys involved in Damilola's death had been previously excluded from school and had been living in a children's care home at the time of the incident. The care home had not been well managed; and the boys had not been properly supervised and had been allowed to do what they wanted.

The aim of the Trust was to restore hope, optimism and self-esteem in young people. The Trust delivered a number of projects in collaboration with partner organisations. The projects provided inner-city youths with educational opportunities, training and work experience that otherwise would not be available to them.

Damilola Taylor Centre

In 2001 a building near to where the murder took place in Peckham, south London was dedicated in Damilola's name by the then Prime Minister, Tony Blair. Since then, the Centre had undergone refurbishment, paid for largely by Lord Harris of Peckham. The Centre allowed young people a space to take part in positive activities and move away from aspects of a negative lifestyle.

Extended Medical Degree Programme

The Panel was informed that the Extended Medical Degree Programme was a project which had been developed in conjunction with King's College London to improve access for young students who attended local comprehensive schools in the Borough of Southwark. In 2002, 25 funded places were offered to students from socio-economically disadvantaged backgrounds who would not typically consider a career in medicine. The scheme had now been extended to students living in the boroughs of Tower Hamlets and Hackney. Participants were selected to take part in the Programme based on their aptitude and motivation to study, rather than their academic performance and qualifications obtained. The course was extended and ran for six years rather than the usual five years to allow students to study at a slower pace.

The Trust provided financial support to students in the first few years by awarding prizes, providing special hardship funds, study resources and a travel grant to help students with the cost of attending medical school. An annual event was held for students who successfully progressed through each year of the Programme. Many participants had successfully graduated and gone on to take up careers in medicine. The Programme had been extremely successful and continued to be oversubscribed each year. Members were informed that a commemorative print dedicated to Damilola had been positioned in the Damilola Taylor Room at King's College London to mark the 15th anniversary of Damilola Taylor's death.

The Spirit of London Awards

The Spirit of London Awards was a ceremony that rewarded young people for their talent in the arts, media, sport, campaigning and education. The project had been

established by the Damilola Taylor Trust in 2009, as a way of redressing the negative portrayal of young people in the national media. Before each awards night a reception was held at 10 Downing Street so that the short-listed nominees could meet the Prime Minister. The awards ceremony had been held in the Royal Albert Hall and the O2 Arena. The project raised the aspirations of young people and the Panel was informed that they ‘clambered for the opportunity’ to be involved. Members were advised that the project had now been downsized due to a lack of funding available to support the event.

The Career Pathway Programme

The Damilola Taylor Trust worked in collaboration with Lysis Financial Ltd to provide a Career Pathway Programme: Work in the City. The objective of the project was to provide participants from disadvantaged backgrounds with experience and insight into working in the financial services industry. The Programme covered a number of different roles, including undertaking work related to anti-money laundering and IT support. Work experience opportunities were provided to young people who would otherwise be unable to access this type of industry. Participants in the scheme were recruited in Southwark and given paid internships. Members were advised that one of the participants had previously worked as a car park attendant and was delighted to now be working with directors in a financial company. It was explained that engagement in the Programme had given the participant an increased sense of self-esteem and a life-changing experience; as the young person now planned to attend university.

It was explained that many participants came from families with parents who had been out of employment for a long time and sometimes this extended to generations of the same family. This made engagement with these young people challenging and recruiting participants ‘on the street’ was the most effective means of reaching them.

Funding from the Mayor’s Office for Police and Crime (MOPAC) supported the project and recruits were provided with training and residential weekend breaks. The activities increased the youths’ self-confidence, career aspirations and enabled them to build a network of positive relationships. At the beginning of the residential weekends there would often be friction between participants, due to ‘post code wars’ nevertheless this soon evaporated and friendships were established over the weekend. At the end of the Programme a celebration event was held at the legal firm, Norton Rose Fulbright LLP building located opposite City Hall in London.

In concluding his presentation Richard Taylor OBE invited the Panel to visit the Damilola Taylor Centre and to attend a future graduation Celebration of Excellence event hosted for students who completed the Extended Medical Degree Programme.

The Chair thanked Richard Taylor OBE for his presentation and invited Members to comment and ask questions.

Questions

Councillor Woodrooffe explained that he worked in a prison and was aware of how limited some prisoners’ view of their world could be, often limited to the area they grew up. He said this often led to intense ‘post code wars’ with people from

neighbouring areas. In addition, he highlighted that many prisoners came from difficult family backgrounds which involved drug misuse and violence.

Richard Taylor OBE said that drugs, music and violence all contributed to the increasing rate of knife crime. He said that when the former Home Secretary, David Blunkett reclassified cannabis as a less dangerous drug, from Class B to Class C this had led to young people killing each other on the streets and becoming 'mentally disturbed'.

Councillor Lusuardi asked if the access to the medical programme continued to run.

Richard Taylor OBE confirmed that King's College London continued to offer the Programme and both male and female participants enrolled on the scheme. He explained that Birmingham University was keen to establish a similar programme but King's College London owned the trademark scheme, and was unwilling to allow another university to extend the programme.

Resolved: That the Panel noted the presentation provided.

6. Public Health Approach to Serious Youth Violence in Ealing

(Agenda Item 6)

Consultant in Public Health Medicine

Dr Madden (Consultant in Public Health Medicine), provided a presentation to the Panel which outlined the public health approach to serious youth violence. She explained that youth violence was considered a public health issue due to the following factors:

- It caused ill-health through fear, injury and loss, affecting individuals and communities.
- It was contagious, with clusters of incidents linked in time, by place, or by the groups of people affected.
- It was distributed unequally across population groups, and contributed to health inequalities (as identified in the London Health Inequalities Strategy).
- There were risk factors for involvement in violence, which overlapped with risk factors for other adverse physical and mental health outcomes.
- It had root causes but it could be treated and prevented.

Dr Madden explained that a public health approach utilised data and intelligence to define the issue, identify risk, protective factors and inequalities. Work with communities was a key part of a public health approach to generate both long-term and short-term solutions. There was cross sector working towards a common goal. The Panel's attention was drawn to the Public Health framework for action set out on page 19 of the agenda. The framework included the following:

- Primary prevention: tackling root causes by means such as early years enrichment programmes, parenting support, good housing and promoting mental wellbeing.
- Secondary prevention: managing risk factors by reducing fear of own safety, not tolerating school exclusion, tackling child maltreatment and treating substance misuse.
- ‘Escalator moment’ prevention; which included ‘county lines’ work, safe havens, agile response to intelligence from authorities and contextual safeguarding.
- Tertiary prevention: reducing the effects by supporting victims to reduce recurrence, reducing the availability of weapons, supporting ex-offenders through probation and other services, data gathering to inform place-based responses and school policies on responses to violence.

Dr Madden explained the importance of development in the early years of a child and how adverse childhood experiences such as domestic abuse, neglect and parental drug use caused a chronic stress response in a child that could impact on their health for future decades. It was highlighted that a child’s ‘school readiness’ at four and five years old was a strong indicator of future educational attainment. It was explained that a public health approach sought a ‘whole system approach’ to the issue of youth violence.

The Panel was informed that there was a high prevalence of mental health problems, including conduct disorder, antisocial personality disorder, anxiety, psychosis and drug and alcohol dependence in young people involved in gangs and violence. It was explained that poor mental health and gang-affiliation shared many common risk factors, often relating to early life experiences and the environments in which a person grew up. To tackle mental health issues a ‘life course’ approach was needed to prevent the development of risk factors and to promote wellbeing, with a focus on early years and key transition stages, such as adolescents. Parenting programmes, pre-school programmes and school-based social and emotional development programmes could be promoted to protect children from the risk factors related to gang involvement and poor mental health.

In reference to the success of the public health model implemented in Glasgow, Dr Madden reported that the model had not been formally evaluated.

The features of the Glasgow violence reduction programme were:

- Comprehensive, well funded interventions and support from partner organisations towards achieving the common goal.
- Intensity of work towards achieving the common goal.
- Scale of delivery of work towards achieving the common goal.

Dr Madden explained that the lack of available funding presented a significant challenge to the implementation of the Glasgow model in London. She reported that

the Council's Interim Director of Public Health intended to make youth violence a key subject of the next Annual Report.

North West London Forensic Child and Adolescent Mental Health Service (NWL F:CAMHS)

Dr Hales (Consultant Adolescent Forensic Psychiatrist), provided an overview of the service provided by North West London F:CAMHS. The team was a small, multidisciplinary forensic child and adolescent mental health professional, with a range of clinical experience and specialist knowledge. The team helped support professionals to provide care for young people under the age of 18 years old where there was concern about risk.

The aim of the service was to provide support to professionals working with young people at risk of being placed in a secure setting. The team offered a consultation based service and assessments where needed. Work was undertaken to help maintain community and educational placements, aiming at positive outcomes for young people and their families. The team provided a service across North West London and its work was evaluated every three years.

In relation to knife crime, the importance of early intervention and parental support was highlighted. It was suggested that parenting skills could be taught at school in sixth form. To prevent knife crime it was explained that keeping a young person in school and seeking out positive activities to build their self-esteem reduced the risk factors. It was reported that in 2016 a census of young people in secure care had been carried out and it had identified that most young people followed the trajectory of the first service they had come into contact with, rather than a multi-agency approach being implemented.

In relation to engagement with young people, the importance of peer-to-peer support was emphasised. The involvement of people with direct experience, such as ex-service users and former criminals aided engagement with a young people at risk of violence.

The Panel was advised that the threshold for a CAMHS referral was high and many young people at risk went undiagnosed with conditions such as autism and Attention Deficit Hyperactivity Disorder. It was explained that in young children autism was often undetected until they reached secondary school when difficulties and symptoms then manifested. Children labelled as 'naughty' were often struggling with learning difficulties. It was explained that girls who had had adverse childhood experiences tended to internalise emotions, whereas boys were inclined to externalise their emotions. Members were advised that to help manage emotional difficulties it was important for young people to be provided opportunities to discover activities they were good at. The importance of young people being encouraged to take part in hobbies and skills to promote a positive self-image was emphasised to the Panel.

Some discussion took place regarding parenting programmes and interventions. It was noted that children's play centres were valuable to parents as they provided a space for sharing knowledge and issues.

Dr Madden highlighted the importance of the language used when seeking to engage parents and young people and said it was best to use 'strengths based language'. She advised that a universal, whole school approach should be adopted, to prevent anyone feeling stigmatised or judged. Similarly, a 'proportionate universalism' approach was useful, as identifying 'vulnerability' alone would not sufficiently address the population health issue and would miss many children and families.

The vulnerability of siblings of knife crime offenders and children in secure placements was mentioned. It was explained that siblings could be vulnerable to involvement in gang activity if they had a sibling who was already a gang member. Siblings could also be vulnerable if parents were preoccupied visiting a child in a secure placement and they were left to occupy themselves.

The Chair thanked both Dr Madden and Dr Hales for their presentations and invited questions from the Panel.

Questions

Councillor Lusuardi asked how the information regarding the vulnerability of siblings had been gathered.

Dr Hales explained that as part of the 2016 census, parents had often made comments about leaving one child at home, whilst visiting a child in a secure placement. A qualitative analysis of the census information gathered had highlighted the vulnerability of siblings.

Councillor Lusuardi noted that the challenge of a universal offer was that the hard to reach parents would not engage with the programme. He asked how this issue could be overcome.

Dr Hales acknowledged that it was difficult to engage some people and suggested that incentives such as refreshments and crèche facilities could be offered at parenting sessions to encourage attendance.

Dr Madden referred to a parenting programme that involved parents from deprived communities facilitating the group. It provided peer-to-peer support and this had proved successful in engaging hard to reach parents.

Councillor Ball commented that the National Childbirth Trust provided parenting courses and information; although it tended to be middle-class parents who attended these sessions.

Dr Madden noted that some NHS trusts facilitated antenatal groups.

Dr Hales explained that parents should be encouraged to spend at least 10 minutes talking positively to their child, five days a week and for one hour a day during the weekend. She said that if all parents took up this practice and schools promoted this as a 'whole school approach' it would prevent any stigma arising. Consequently, children who did not receive the 10 minute 'golden time' might ask their parent for this and this would encourage a positive dialogue. She felt that adopting a 'whole school approach' would create a general 'head of steam' and impetus which would foster engagement.

Councillor Lusuardi observed that the Council was proposing changes to the provision of children's centres and funding was being reduced. He felt that the loss of children's centres would be a 'disaster' as they were a valuable resource which provided an opportunity for parents to get together.

Dr Hales agreed that the children's centres were a valuable resource in providing activities and opportunities for children to discover interests and skills. This was particularly important for the children of parents who were not proactive about seeking out these activities. She said the children's centres provided an equality of opportunity for children, and without this provision she was dubious about how children from socio-economically disadvantaged backgrounds would access these activities.

Change Grow Live EASY Project, Ealing

Mark Cherrington provided an overview of his role as a Young Persons Alcohol and Drug Worker. He explained that young people tended to view the use of drugs and alcohol as normal and his role was to engage with young people both on a one-to-one basis and by addressing groups to provide advice and support.

He opened his presentation by welcoming the recent proposal by the Government to provide mental health support to one in four schools in England by 2022. Dr Madden added that although it was 'a start', the proposal was a 'drop in the ocean' in addressing the issues.

The Panel was advised that there had been a 15% year-on-year rise in the use of cocaine in England. Mark Cherrington reiterated the comments of the Metropolitan Police Commissioner, Cressida Dick, who had criticised 'hypocritical middle-class cocaine users' who cared about fair trade and organic food but were fuelling the cocaine drug trade and associated violence.

In addition, he highlighted the comments of the Tottenham MP, David Lammy, who had said the middle-class market for cocaine was booming at the same time that many killings were being fuelled by an increase in the movement of drugs, particularly Class A substances.

In relation to county lines, the Panel was informed that it had been estimated that 10,000 young people were involved in this drug dealing operation. It was explained that vulnerable children were deliberately targeted and recruited. The county lines operation was a lucrative business model and drug dealers could earn up to £800,000 annually. For young people with limited educational attainment and aspirations, drug dealing was an attractive prospect. For many young people drug dealing had become normalised and they had become entrenched in a negative lifestyle. It was explained that drug dealing took place in schools, and involved peer-to-peer dealing, as schools provided a good customer base. It was noted that substance misuse typically started at a young age and the services available often provided re-active rather than pro-active support. The issues of early childhood trauma, parental drug misuse and the normalisation of violence were highlighted. It was explained to the Panel that many young people had 'written themselves off' and a holistic approach to tackle the issue of knife crime was needed.

The Chair thanked Mark Cherrington for his presentation and invited questions from the Panel.

Questions

Councillor Woodroffe explained that through his work in a prison he was aware of the prevalence of mental health issues and drug use amongst offenders. He highlighted that many prisoners had experienced early childhood trauma and the difficulties of breaking negative cycles.

Councillor Ball said that social media often misdirected people to seek help for mental health issues from inappropriate services.

Dr Hales agreed that social media was often unhelpful. However, she explained that the threshold to receive a CAMHS assessment was very high and the service was currently understaffed and underfunded.

Councillor Raza suggested that a mental health first aider could be provided in all schools.

Jess Murray (Head of Community Safety, Tenancies and Regulatory Operations) circulated a copy of the Ealing Borough – Community Safety Partnership Knife Crime and Serious Violence Plan 2018/19.

He explained that in 2017 the Major of London had asked all London Borough Commanders to establish an action plan. The Plan aimed to take all factors into consideration, including the exploitation and vulnerability factors of knife crime perpetrators.

It was explained that the police primarily focused on reacting to the criminal aspects of knife crime rather than on preventative measures. Resources to tackle the root causes were needed and often funding was prioritised in the wrong areas; this presented a dilemma in the delivery of the Plan. It was advised that a joined up approach involving the analysis of intelligence data was needed. To address this, the Council had recently appointed a Crime Analysis to work on behalf of Ealing, Hillingdon and Hounslow Councils to gather and analyse data which would be used to inform the direction of work and provide an overview of cross ward boundary knife crime.

The Panel was advised that when making its recommendations regarding knife crime and youth violence, the implementation of the agreed Plan should be taken into consideration to avoid duplication on the constrained resources of all the key partner organisations.

The Chair thanked Jess Murray for his presentation.

Resolved: That the Panel noted the presentations provided.

7. Panel Operations and Work Programme
(Agenda Item 7)

Resolved: The Panel:

- I. noted the feedback from the recent Panel site visits; and**
- II. approved the agenda items and actions, as set out in the Work Programme for the next meeting on 4 April 2019.**

8. Date of Next Meeting
(Agenda Item 8)

The next meeting was scheduled to be held on Thursday 4th April 2019.

Councillor Aysha Raza, Chair.

The meeting ended at 9.30 p.m.