

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Council

To the Members of Thurrock Council

Due to current government guidance on social-distancing and the COVID-19 virus, Council on 30 September 2020 will not be open for members of the public to physically attend. Arrangements have been made for the press and public to watch the meeting live via the Council's online webcast channel:

www.youtube.com/user/thurrockcouncil

Venue – Hybrid meeting Council Chamber, Civic Offices, New Road, Grays, Essex, RM17 6SL (restricted numbers of Councillors) and virtual attendance.

Membership of the Council:

Terry Piccolo (Mayor)
Sue Shinnick (Deputy Mayor)

Qaisar Abbas
Abbie Akinbohun
John Allen
Alex Anderson
Chris Baker
Gary Byrne
Daniel Chukwu
Colin Churchman
Gary Collins
Mark Coxshall
Jack Duffin
Tony Fish
Mike Fletcher
Oliver Gerrish
Robert Gledhill
Garry Hague

James Halden
Shane Hebb
Victoria Holloway
Sue Hooper
Deborah Huelin
Andrew Jefferies
Barry Johnson
Tom Kelly
Cathy Kent
John Kent
Martin Kerin
Angela Lawrence
Steve Liddiard
Susan Little
Ben Maney
Fraser Massey

Allen Mayes
Sara Muldowney
Bukky Okunade
Jane Potheary
David Potter
Shane Ralph
Joycelyn Redsell
Gerard Rice
Elizabeth Rigby
Sue Sammons
Jennifer Smith
Luke Spillman
David Van Day
Aaron Watkins
Lynn Worrall



Lyn Carpenter
Chief Executive

Agenda

Open to Public and Press

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| 2 | Minutes | 9 - 38 |
| | To approve as a correct record the Minutes of the meeting of the Extraordinary Council, held on 8 July 2020. | |
| | To approve as a correct record the Minutes of the meeting of the Council, held on 8 July 2020. | |
| 3 | Items of Urgent Business | |
| | To receive additional items that the Mayor is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972. | |
| 4 | Declaration of Interests | |
| | To receive any declaration of interests from Members. | |
| 5 | Announcements on behalf of the Mayor or the Leader of the Council | |
| 6 | Questions from Members of the Public | 39 - 40 |
| | In accordance with Chapter 2, Part 2 (Rule 14) of the Council's Constitution. | |
| 7 | Petitions from Members of the Public and Councillors | |
| | In accordance with Chapter 2, Part 2(Rule 14) of the Council's Constitution. | |
| 8 | Petitions Update Report | 41 - 42 |

9 Appointments to Committees and Outside Bodies, Statutory and Other Panels

The Council are asked to agree any changes to the appointments made to committees and outside bodies, statutory and other panels, as requested by Group Leaders.

- 10 Annual Report of the Director of Public Health 2019/20 - Serious Youth Violence and Vulnerability 43 - 162**
- 11 Report of the Cabinet Member for Central Services and Communities 163 - 184**
- 12 Report of the Cabinet Member for Health and Air Quality 185 - 202**
- 13 Questions from Members 203 - 204**

In accordance with Chapter 2, Part 2 (Rule 14) of the Council's Constitution.

- 14 Reports from Members representing the Council on Outside Bodies**
- 15 Minutes of Committees**

Name of Committee	Date
Cleaner Greener and Safer Overview and Scrutiny Committee	6 February 2020
Planning Transport and Regeneration Overview and Scrutiny Committee	21 January 2020
Children's Services Overview and Scrutiny Committee	4 February 2020
Standards and Audit Committee	12 March 2020
Planning Committee	25 June 2020
General Services Committee	16 March 2020
Planning Committee	16 July 2020
Corporate Parenting Committee	2 June 2020
Health and Wellbeing Overview and	18 June 2020

Scrutiny Committee	
Corporate Overview and Scrutiny Committee	9 June 2020
Standards and Audit Committee	9 July 2020
Housing Overview and Scrutiny Committee	16 June 2020
Planning Committee	13 August 2020

- 16 Update on motions resolved at Council during the previous year 205 - 206**
- 17 Motion submitted by Councillor Redsell 207 - 208**

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Future Dates of Council:

28 October 2020, 25 November 2020, 27 January 2021, 24 February 2021 (Budget)

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Information for members of the public and councillors

Access to Information and Meetings

Due to current government guidance on social-distancing and the COVID-19 virus, council meetings will not be open for members of the public to physically attend. Arrangements have been made for the press and public to watch council meetings live via the Council's online webcast channel: www.youtube.com/user/thurrockcouncil

Members of the public have the right to see the agenda, which will be published no later than 5 working days before the meeting, and minutes once they are published.

Recording of meetings

This meeting will be recorded with the audio recording being published on the Council's website. The meeting will also be filmed and live streamed.

If you have any queries regarding this, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

Guidelines on filming, photography, recording and use of social media at council and committee meetings

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities.

Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, Smartphone or tablet.

- You should connect to TBC-CIVIC
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

How to view this agenda on a tablet device



You can view the agenda on your [iPad](#), [Android Device](#) or [Blackberry Playbook](#) with the free modern.gov app.

Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any “exempt” information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- **relate to; or**
- **likely to affect**

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

PROCEDURE FOR MOTIONS

No speech may exceed 3 minutes without the consent of the Mayor [Rule 19.8], except for the proposer of any motion who shall have 5 minutes to move that motion (except on a motion to amend where the 3 minute time shall apply) [Rule 19.8(a)]			
All Motions will follow Section A and then either Section B or C			
A.	A1 Motion is moved A2 Mover speaks A3 Seconded A4 Secunder speaks or reserves right to speak		[Rule 19.2] [Rule 19.8(a) (5 minutes)] [Rule 19.2] [Rule 19.3] (3 minutes)
Then the procedure will move to either B or C below:			
B.		C.	
IF there is an AMENDMENT (please see Rule 19.23)		If NOT amended i.e. original motion	
B1	The mover of the amendment shall speak (3 mins).	C1	Debate.
B2	The seconder of the amendment shall speak unless he or she has reserved their speech (3 mins).	C2	If the seconder of the motion has reserved their speeches, they shall then speak.
B3	THEN debate on <u>the subject</u>.	C3	The mover of the substantive motion shall have the final right of reply.
B4	If the seconder of the substantive motion and the amendment reserved their speeches, they shall then speak.	C4	Vote on motion.
B5	The mover of the amendment shall have a right of reply.		
B6	The mover of the substantive motion shall have the final right of reply.		
B7	Vote on amendment.		
B8	A vote shall be taken on the substantive motion, as amended if appropriate, without further debate.		

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

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WW2 in Memoriam

Remembering Thurrock's Fallen : Civilian Deaths due to enemy action and Roll of Honour

Today we share names on the Roll of Honour. These are people whose home address was shown as Thurrock who lost their lives during the Second World War whilst serving with the armed forces or merchant navy.

In recognition of the adversity and bravery experienced by ordinary people in Thurrock civilian deaths are also noted here in relevant months. 101 non-combatants were killed in Thurrock between 1939 and 1945 who will also be remembered.

A special thanks to Museum volunteer Pam Purkiss for compiling the Roll of Honour information. Civilians added by Valina Bowman-Burns from Thurrock Museum.

The names have been listed in date order.

September 1940

*CATCHPOLE Bessie
KING Bertha
GILSON Alan
SUTTON William
DANIELS Frank
SIMMS Frank Frederick
JORDAN Samuel
FORROW Thomas
BARRY John Henry
CLAYDON Ernest
HOATH Ernest Leonard
PEARSON Kenneth George
RAYMENT Alfred Charles
WEIGHTMAN Harold
RAVEN Joseph
RAVEN Rose Charlotte
RAVEN Robert
RAVEN Doreen Emily
REDCRIFT Henry
LEWIS Thomas John
STILL William Henry
CLARK Ivy Arabella
HARRIS Henry Leonard
HARRIS Ivy Irene Vera
HARRIS Joan Margaret*

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Minutes of the Meeting of the Extraordinary Council held on 8 July 2020 at 7.00 pm

Present: Councillors Terry Piccolo (Mayor), Sue Shinnick (Deputy Mayor), Qaisar Abbas, Abbie Akinbohun, John Allen, Alex Anderson, Chris Baker, Gary Byrne, Daniel Chukwu, Gary Collins, Mark Coxshall, Jack Duffin, Tony Fish, Mike Fletcher, Oliver Gerrish, Robert Gledhill, James Halden, Shane Hebb, Victoria Holloway, Sue Hooper, Deborah Huelin, Andrew Jefferies, Barry Johnson, Tom Kelly, Cathy Kent, John Kent, Martin Kerin, Angela Lawrence, Susan Little, Ben Maney, Fraser Massey, Allen Mayes, Sara Muldowney, Bukky Okunade, Jane Potheary, David Potter, Shane Ralph, Joycelyn Redsell, Gerard Rice, Elizabeth Rigby, Jennifer Smith, Luke Spillman, David Van Day, Aaron Watkins and Lynn Worrall

Apologies: Councillors Colin Churchman, Garry Hague and Steve Liddiard

In attendance: Lyn Carpenter, Chief Executive
Sean Clark, Director of Finance, Governance and Property
Matthew Boulter, Democratic Services Manager and Deputy Monitoring Officer
Ian Hunt, Assistant Director Law and Governance and Monitoring Officer
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being streamed on the Council's on-line webcast channel.

141. Declaration of Interests

No interests were declared.

142. Investment Briefing

Councillor Hebb, presented the report that on the 22 May 2020, the Financial Times published a story on Thurrock Council's investments and borrowing position. Whilst the Financial Times asked a number of questions, the council was not given sight of the article or the right to respond before publication and it therefore did not fully reflect the council's investment approach since 2014.

In response to this printed article, the Leader of the Opposition, supported by members of the Labour Group, had called for an Extraordinary Council meeting to "address the issues of concern raised by the Financial Times article".

The investment approach to generating income to protect council services began in 2014 and was supported by the unanimous agreement at Full Council of a new Investment Strategy in October 2017. The implementation of this Strategy had achieved, and continued to achieve, significant income giving the council the ability to protect services for the most vulnerable in the borough, provide time to reform services, provide additional services that are important to residents, and increase the Council's overall financial resilience. This approach had been agreed at Full Council since 2017.

Councillor J Kent thanked the mayor for agreeing to facilitate the Extraordinary Council as it was important that all 49 Members had the opportunity to take part in a debate and to look at the Investment Strategy that was being carried out by the Administration.

Councillor J Kent referred to those investments that Members had learnt from reading the article in the Financial Times and made it clear that he was not against taking advantage of historical low interest rates in order to borrow and invest in returns which may help the Council against impacts of austerity. That was something that Labour did and would agree that this should continue but there had to be some control as there had been a lack of openness and lack of transparency from the start. That the Council Spending Review meeting was an informal meeting and requested that the decisions made at these meetings be made more public.

Although receiving assurances from Cabinet, the draft accounts from last year had shown that the Council had invested a further £113 million with no consultation with opposition leaders, no democratic or public scrutiny on that decision. Members were still waiting to see the proposed options for the democratic oversight of investments and noting that a further £100 million had been invested. Councillor Kent questioned why this had not been reported to Cabinet in June 2020. Councillor J Kent referred to the Council's debt and noted that the Council was borrowing 11 times more than the Council's income and had concerns on whether this was sustainable. That the borrowing or lending to other local bodies had always been as secure as being to tighten due to COVID-19 and the consequences of this could be severe for Thurrock Council. Concerns that 80% of investments were in one sector and it was not clear how these investments were spread against different products within that sector. He proposed that Cabinet in consultation with the Overview and Scrutiny should put a limit on the scale of investments in one product in one sector to ensure the risk was spread. He further noted that the Council was borrowing from one public body to pay back another and at some point this debt would need to be repaid. Councillor J Kent discussed an exit strategy to which either of these options could be considered to re-finance or to cash in those bonds.

Councillor Byrne thanked Councillor Hebb and agreed that the Council's investment and borrowing delivered everything that it should and that it should continue and borrow more as it demonstrated that this worked. Councillor Byrne had more concerns with some of the personnel of the companies the Council was dealing with, more specifically their business practices and activities.

Councillor Massey agreed the investments had brought results into Thurrock and hopefully this would continue to bring more investments into the borough. Councillor Massey echoed those concerns made by Councillor Byrne as to business practices and activities of the investment company but agreed this was for Councillors to put that trust into Officers to make the right decisions.

Councillor Allen questioned where the reductions were coming from to support the £34 million income that had been agreed in the Investment Strategy every year.

Councillor Rice suggested that an Investment Committee be established to scrutinise the decisions being made. This committee should be cross party to ensure there was some accountability, transparency and to hold public meetings with public minutes. This would enable the committee to address issues and would give some confidence back to residents.

Councillor Duffin stated investments had generated £34 million into the borough which was a good thing and that the opposition always looked for the negative and not be supportive. Councillor Duffin also stated that other local authorities would question why they were not undertaking the good investments the Thurrock's Section 151 Officer was doing.

Councillor Kerin stated that Thurrock was one of the 10 areas in the country that would find it hard to bounce back from the COVID-19 crisis and was concerned there was a lack of control and plan. Councillor Kerin stated there should be a limit of borrowing, greater spread of investments and an exit plan.

Councillor Halden stated the Council had worked around the COVID-19 crisis and questioned why this report had been requested as the Investment Strategy was working in line with what Members had voted for. Councillor Halden noted that a report would also be presented to the Standards and Audit Committee on the 9 July 2020.

Councillor Holloway asked for confirmation on the following figures as referred to in the report: That £985 in capital investment was this the correct amount invested; that £604 million was in solar energy and a total £702 million in renewable energy was correct and requested how many investment options Councillor Hebb had requested to see before signing off and how regularly did Councillor Hebb view investment options before signing them off.

Councillor Worrall questioned whether Councillor Hebb would now continue with the borrowing and investment strategy and questioned how much money was too much and when this would stop and what was the plan to pay back the money.

At 7.38pm, Councillor Halden called Point of Order, requesting some clarity that Councillor Worrall would be happy to attend closed meetings that were already offered and confirm that Councillor Worrall had already voted for the £2 billion.

Councillor Little stated the Investment Strategy had provided investments to make sure that Thurrock residents had services they needed. Councillor Little's only fear of tonight's debate was that some other local authority would come along and would poach the Section 151 Officer.

At 7.44pm, Councillor Byrne, called a Point of Order, as he had concerns on the social distance measures and left the chamber and would join the meeting via MST.

Councillor Spillman stated he had expected more from this extraordinary meeting from the opposition and that it was a shambles that the Labour Party undermined Council Officers. That senior Members had agreed to the scheme which had made £30 million. That it was vital that those Members turned up to meetings, read the papers and knew what they were voting for as this was residents' welfare being discussed.

Councillor Gledhill stated that it appeared that call for this evening's Extraordinary Council was to try and set up a committee in relation to the Investment Strategy. Councillor Gledhill referred Members to page 13 of the minutes of the Council papers where he had stated the democratic oversight was being addressed and for Members to ask the appropriate questions at overview and scrutiny committees. That he had some nervousness on the investment committee and stated that 82% of the debt was short term and would be paid back within a couple of years. With £12 million interest being paid to other authorities this would help with their services and would provide benefits to their residents. That the democratic oversight had not been addressed as the Council had been dealing with a pandemic. Councillor Gledhill referred to the work being undertaken on fuel poverty for cheaper electricity to be brought into the borough but with the Extraordinary Council being called had meant those plans had now been put on hold.

Councillor Watkins as Portfolio Holder for Environment stated that the Investment Strategy had enabled investments to be made into the borough to keep it green and tidy and was proud of that. Councillor Watkins was proud of the successes made from this Investment Strategy and work delivered by the Section 151 Officer to delivery those services to Thurrock residents. That Members had the opportunity to engage on the Investment Strategy but stated at this time Members should be concentrating on COVID-19 recovery.

Councillor Maney stated this Extraordinary Council had demonstrated that scrutiny could not be undertaken by all 49 Members that was why overview and scrutiny processes was in place. Councillor Maney questioned what the Corporate Overview and Scrutiny Committee were doing if they were not scrutinising the Investment Strategy. The committee could meet as many times as it liked, it could create a sub-committee to look at just the Investment Strategy and could call officers, auditors and the portfolio holder to that meeting.

Councillor Coxshall stated the request for this extraordinary council had been an embarrassment to the Labour Party. That Overview and Scrutiny Committees had been established to scrutinise these reports and if Labour Members had a point to make it could be raised at those committees. That Council Officers had worked tirelessly and was transparent in the work that they undertook.

Councillor Abbas raised his concern on the companies that Thurrock Council had invested in and questioned what factors had been taken into account before doing so.

Councillor Gerrish disagreed with Councillor Duffin's comments and was seeking what the Council could do better. That the key issue was the level of oversight that took place within the investment approach. Councillor Gerrish welcomed the further improvement of democratic oversight. That although the Council was £1 billion in debt it seemed that only a tiny proportion of individual decisions had been reviewed in detail by Members. This level of detail had to be increased on those decisions and that a cross party Investment Committee that could meet monthly to review investment decisions, look at portfolio holder risks and make recommendations would be a good addition to the democratic oversight.

Councillor Hebb responded by stating it was clear from this evening's debate that most of the report was uncontested. The debate had starting on the levels of debt that was owed to public bodies and Thurrock was not the only Council that had benefitted from inter-council borrowing, it was other tax payers and councils who have also benefitted and the Council had earned £34 million last year through this approach. That delegated authority had been given to the Section 151 Officer and the wider team in regards to borrowing limits. That the £110 million was in the accounts and two Council Spending Reviews had been held to discuss this to which there was no Labour party attendance. Members were reminded that quarter comprehensive portfolio holder reports are provided. The COVID borrowing had been about cash flow not an investment and had not formed part of the reasons for this extraordinary council and a report would be presented to the Standard and Audit Committee. There was a wider intention to reduce investments but Members were reminded of the benefits of those investments to allow services to be carried out. Councillor Hebb referred to Rockfire as being more than an individual with a massive corporate structure underneath it. That the Council had earned more than £80 million in that period of time and the report had provided assurances around the security of the assets. Councillor Hebb referred to the mentioned Investment Committee and also believed in increasing the oversight. In response to Councillor Holloway's question the £985 million was the published number and £604 million was a research number and not a published number. Councillor Hebb summed up by stating the Council had to start reacting to COVID and its recovery.

RESOLVED

That Council noted the report.

The meeting finished at 8.14 pm

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**

Minutes of the Meeting of the Council held on 8 July 2020 at 8.31 pm

Present: Councillors Terry Piccolo (Mayor), Sue Shinnick (Deputy Mayor), Qaisar Abbas, Abbie Akinbohun, John Allen, Alex Anderson, Chris Baker, Gary Byrne, Daniel Chukwu, Gary Collins, Mark Coxshall, Jack Duffin, Tony Fish, Mike Fletcher, Oliver Gerrish, Robert Gledhill, James Halden, Shane Hebb, Victoria Holloway, Sue Hooper, Deborah Huelin, Andrew Jefferies, Barry Johnson, Tom Kelly, Cathy Kent, John Kent, Martin Kerin, Angela Lawrence, Susan Little, Ben Maney, Fraser Massey, Allen Mayes, Sara Muldowney, Bukky Okunade, Jane Pothecary, David Potter, Shane Ralph, Joycelyn Redsell, Gerard Rice, Elizabeth Rigby, Jennifer Smith, Luke Spillman, David Van Day, Aaron Watkins and Lynn Worrall

Apologies: Councillors Colin Churchman, Garry Hague and Steve Liddiard

In attendance: Lyn Carpenter, Chief Executive
Sean Clark, Director of Finance, Governance and Property
Ian Hunt, Assistant Director Law and Governance and Monitoring Officer
Matthew Boulter, Democratic Services Manager and Deputy Monitoring Officer
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being streamed on the Council's on-line webcast channel.

123. Minutes

Councillor Holloway stated that on page 44 of the Appendix to the minutes she had raised a Point of Order and requested that this be added.

Pending the change to the minutes Members approved the minutes of Council held on the 26 February 2019 as a correct record.

124. Items of Urgent Business

No items of urgent business were received.

125. Declaration of Interests

No interests were declared.

126. Announcements on behalf of the Mayor or the Leader of the Council

The Mayor welcomed everyone back to the Chamber either physically or through MST and stated it would be an honour and was delighted to be Mayor for another year and confirmed that GIFT would remain his nominated charity. The Mayor thanked all NHS staff for their hard work during this crisis and how they had put themselves at risk at this difficult time. The Mayor praised the 500 volunteers who had volunteered through the Thurrock Coronavirus Community Action which had shown an exceptional gesture and community spirit within Thurrock. Also thanking those volunteer groups, local companies and staff for all their hard work and time. The Mayor also stated that he had made a number of personal donations from his mayor's allowance to those groups and organisations to assist with the hard work that they were undertaking.

The Leader of the Council stated as this was the first Full Council of the 2020/21 municipal calendar and the first since the changes had been brought in since the country applied strict social distancing measures in the middle of March. That life had not been quite the same but here in Thurrock we had seen how our community had pulled together to fight this global pandemic and thanks to the actions and responsible behaviour of our residents over the last 16 weeks and for that the Leader thanked everyone who helped as a volunteer, who helped their neighbours, who helped their friends and family who all played their part to beat the virus and out of the 150 similar sized local authorities, the rate of positive tests per 100,000 residents over the course of the epidemic in Thurrock was the 33rd lowest in the country and thanked everyone who had played their part over the 16 weeks.

The Leader stated that when pubs and restaurants re-opened last weekend there had not been a mad rush and flouting of the rules as many predicted but instead there were orderly queues as people made sure to follow social distancing guidance and keep themselves and each other safe. The Leader thanked them all.

The Leader stated that the next stage in the battle to control the rate of coronavirus infection was Test and Trace and was delighted to state that Thurrock had excellent plans in place to ensure that everyone in the borough could be tested quickly at the first signs of symptoms and swift action could be taken to control possible outbreaks of coronavirus in the borough. That a Thurrock Local Operation Control Centre had been set up, with its main responsibility to identify and manage any potential COVID-19 outbreaks in what are deemed 'high risk' settings such as schools, care homes, primary care centres, work places and vulnerable groups within the borough. The work of this centre would include supporting local testing and contact tracing within these settings to manage outbreaks and prevent the spread of COVID-19. The Leader stated that anyone who felt any of the symptoms of coronavirus – that's a new continuous cough, high temperature, the loss or change to their sense of smell or taste – they must self-isolate and contact the NHS to book a test immediately. If residents were contacted by NHS Test and Trace to listen carefully to what they said, follow the guidance they give and make sure to answer their questions honestly.

All had achieved a tremendous amount to come together and do things none of us thought we would ever be called upon to do. People had stayed at home, not visited friends and family and made sure to keep their distance. The actions had made a difference and the threat posed by coronavirus had been reduced but the Leader stated we must remember that threat was still there and it was for all of us to make sure we continued to follow social distancing. That there was clear evidence to say that staying 2 metres apart was far safer than 1 metre – in fact the risk of getting infected by someone with the virus was 202% lower if you are standing 2 metres away from them than you are at 1 metre. The Leader urged all the borough's residents to remember that no matter what, social distancing was key to keep infection down and continue to observe 2 metre social distancing wherever possible in all Council buildings – including the libraries which began re-opening this week. The Council would continue to review this and ensure the latest guidance would be followed and had plans in place before any decision was made to re-open any council building or facility. The Leader was sure that as time went on we would see these social distancing rules change and the restrictions lifted to help bring us back to a normal routine and get our economy back on track.

The Leader stated that the pandemic had seen the Government make regular announcements and made clear how they were spending billions of pounds of taxpayer's money in support of residents and business to get through the pandemic and to move to recovery. Such as the:

- £2bn Kickstart scheme - directly pay businesses to create new, decent and high-quality jobs for any 16-24 year
- £111million paying businesses £1,000 to take on trainees
- Providing £2,000 to employers for each new apprentice they hire under the age of 25
- £32 million to recruit new careers advisors
- £17 million to support work placed the number of academies, including Thurrock supporting those who are out of work with the new skills they need to re-enter the jobs market
- Cutting VAT for hospitality and tourism from 20% to 5% for tourism and hospitality between 15 July 2020 until 12 January 2021
- Launching a new Eat Out to Help Out scheme

The Leader provided a Clean It Cut It Fill It update that since 13 March 2020, when social distancing guidance came into force, Thurrock Council had:

- Collected more than 2.25 million bins from people's homes
- Cleaned up over 600 tonnes of waste from the borough's streets
- Cleared more than 130 fly-tips
- Filled over 1,000 potholes – every single one within target time
- Issued 1,050 Fixed Penalty Notices for offences including littering, spitting and dropping cigarette butts
- Issued 66 £400 fines to fly-tippers
- Made more than 6,000 repairs on council homes

- Housed 37 people who were rough sleepers or at risk of rough sleeping
- Produced over 750 posters giving people critical advice about coronavirus
- Distributed government fund lifelines worth more than £21 million to more than 1,650 local businesses
- Dealt with 400 extra council tax support claims

The Leader thanked every single Council officer who had helped provide all those services to ensure that the borough remained safe and tidy.

127. Questions from Members of the Public

No public questions had been received.

128. Petitions from Members of the Public and Councillors

Mayor informed Members that in accordance with the Council's petition scheme, one petition had been received.

Councillor Maney presented the petition on behalf of Councillor Redsell stating that residents had noted with concern Highways England's plans for the relocation of the Gammon Field traveller site as part of the Lower Thames Crossing project. They object strongly to the option of siting a new traveller site near existing residential properties in Long Lane, opposite the junction with Kerry Road. This further loss of green belt was deemed unacceptable and regarded this area as ill-suited for use as a traveller site.

129. Petitions Update Report

Members received a report on the status of those petitions handed in at Council meetings and Council offices.

130. Revised Political Balance

Councillor Gledhill presented the report that requested Council to confirm the calculations relating to the allocation of seats on committees following Councillors Spillman and Duffin becoming Conservative councillors on 11 May 2020.

The Mayor called a vote on this item to which Members voted unanimously in favour.

RESOLVED

- 1. That the political balance and allocation of seats, as set out in Appendix 1, be approved.**
- 2. Council noted the manual adjustment requirements outlined in 2.2 and 2.4 and agree those adjustments proposed by group leaders at the meeting.**

131. Appointments to Committees and Outside Bodies, Statutory and Other Panels

The Mayor enquired whether Group Leaders wished for any changes to be made to the appointments previously made by Committees and Outside Bodies, statutory and other panels.

The Leader of the Council, Councillor Gledhill, informed the chamber he had the following changes to make:

To appoint Councillor Anderson as Chair of the Children's Overview and Scrutiny Committee.

To appoint Councillor Redsell as Chair of the Cleaner Greener and Safer Overview and Scrutiny Committee.

To appoint Councillor Ralph as Chair of the Health and Wellbeing Overview and Scrutiny Committee.

To appoint Councillor Spillman as Chair of the Housing Overview and Scrutiny Committee.

To appoint Councillor Rigby as Chair of the Corporate Parenting Committee.

To remove Councillor Halden from the Cleaner Greener and Safer Overview and Scrutiny Committee.

To propose Councillor Allen as Chair to the Planning Transport and Regeneration Overview and Scrutiny Committee.

To propose Councillor J Kent as Vice Chair to the General Services Committee.

To remove Councillor Halden from the Housing Overview and Scrutiny Committee.

To remove Councillor Redsell from the Corporate Parenting Committee.

Councillor J Kent, Leader of the Labour Party, informed the chamber he had the following change which had already been stated by Councillor Gledhill for himself to be appointed as the Vice Chair to the General Services Committee.

Councillor J Kent asked for advice on the how the removal of existing chairs from overview and scrutiny committees took take place without notice and no discussion beforehand. Ian Hunt, Monitoring Officer, stated that this action was permissible.

Councillor Byrne, Leader of the Thurrock Independent Group, informed the chamber he would be appointed onto the General Services Committee and

would gift the seat on the Lower Thames Crossing Task Force to Councillor Allen.

Councillor Massey, Independent Member, thanked the Administration for the gifted seat on the Licensing Committee, General Services and Lower Thames Crossing Task Force and proposed that Councillor Allen be appointed on the Standards and Audit Committee.

Councillor Allen, Independent Member, stated he would confirm his appointment of the seat on the Standard and Audit Committee after this committee.

Councillor J Kent questioned as no notice had been provided could alternative nominations be made. The Mayor stated that other nominations could be put forward and these posts would be put to the vote.

At 9.01pm, Councillor Gerrish called a Point of Order and questioned what constitution rule deemed it possible for incumbent chairs to be removed. Ian Hunt, Monitoring Officer, stated that it was Constitution Procedure Rule 27.4, Appointment of Members to Committees. Councillor Gerrish stated that this procedure rule did not mention the removal of chairs and vice chairs.

At 9.04pm the meeting was temporarily adjourned.

At 9.13pm the meeting restarted.

Ian Hunt, Monitoring Officer, referred Members to Chapter 4, Paragraph 3.1 Scrutiny Procedure Rules of the constitution that it was the function of the Council to appoint chairs of committees also the Annual Council had an obligation to set the appointments of chairs. At every Annual Council membership would be set for each committee for the forthcoming year but Chapter 2 of the constitution allowed the Council to appoint Members to each committee at the next convenient meeting thereafter.

Councillor Holloway referred to an email sent from the Monitoring Officer on the 23 April 2020 stating as there had been no AGM, the positions of chairs, vice chairs and members on committees would remain the same and seemed to be contradicting his own guidance and asked for further clarification.

Ian Hunt stated the provisions under the meeting legislation under the COVID legislation stated that where there were appointments already in place these could be carried forward but this did not stop the Council from making any changes.

The Mayor then conducted a vote on the following seats:

A vote took place between Councillor Ralph and Councillor Holloway for the chair of the Health and Wellbeing Overview and Scrutiny Committee. The result of that vote was that Councillor Ralph would take up that position.

A vote took place between Councillor Allen and Councillor Kerin for the chair of Planning Transport and Regeneration Overview and Scrutiny Committee. The result of that vote was that Councillor Allen would take up that position.

A vote took place between Councillor Redsell and Councillor Fletcher for the chair of Cleaner Greener and Safer Overview and Scrutiny Committee. The result of that vote was that Councillor Redsell would take up that position.

A vote took place between Councillor Anderson and Councillor Okunade for the chair of Children's Services Overview and Scrutiny Committee. The result of that vote was that Councillor Anderson would take up that position.

A vote took place between Councillor Spillman and Councillor Worrall for the chair of Housing Overview and Scrutiny Committee. The result of that vote was that Councillor Spillman would take up that position.

A vote took place between Councillor Rigby and Councillor Okunade for the chair of Corporate Parenting Committee. The result of that vote was that Councillor Rigby would take up that position.

Members confirmed Councillor Baker as Vice Chair of Housing Overview and Scrutiny Committee.

Members agreed for Councillor Van Day to take up the post of Vice Chair on Planning Transport and Regeneration Overview and Scrutiny Committee.

Members agreed for Councillor J Kent to take up the post of Vice Chair on General Services Committee.

There remained a vacancy for Vice Chair on the Cleaner Greener and Safer Overview and Scrutiny Committee.

The Chief Executive clarified these appointments to Members.

132. Overview and Scrutiny Annual Report 2019/20

The Mayor referred Members to the Overview and Scrutiny Annual Report for 2019/20 as published in the agenda.

RESOLVED

That the contents of the Overview and Scrutiny Annual Report 2019/20 be noted.

133. Full Council Meetings

Members agreed to the future dates for Council.

134. Report of the Cabinet Member for Finance

Councillor Hebb, Portfolio Holder for Finance and Transformation, presented his portfolio holder report and stated that COVID-19 had put unimaginable impacts on the United Kingdom and thus residents of the borough. Councillor Hebb expressed his sympathy to all those families who had been impacted by the virus.

Councillor Hebb stated that now work needed to start on the structured plan to ensure the safe return to livelihoods and education of residents and thanked all key workers for their efforts and sacrifices made during this crisis.

The portfolio holder report had been structured to summarise the pre-COVID-19 performance of the department and economic resilience position; COVID-19 – the actions the Council had taken and helped delivery during the crisis and the emerging out of the COVID-19 crisis on building the Council's economic resilience.

Councillor Gerrish stated that Thurrock had appeared on the Top 10 local authorities that would be severely impacted by the COVID-19 fallout. That this would be challenging for residents and businesses in the borough and questioned what the Council's plans were to action this and when this would be actioned for the future. Councillor Hebb referred to the one-off £150 discount being allocated to each recipient of local council tax scheme. With long terms plans being discussed with the Councillor Coxshall, Portfolio Holder for Regeneration, in regards to the Local Plan.

Councillor J Kent thanked all Council staff for helping to keep residents of the borough safe and particularly thanked Sean Clark and his staff in acting quickly and efficiently in supporting local businesses with the £20 million Government support. Councillor J Kent stated that one fifth of Thurrock local businesses missed out on that grant and questioned what was being done to support them. Councillor Hebb stated that £20 million Government money had been given to support those businesses in the borough. Councillor J Kent raised concerns that this would have an impact on Impulse Leisure who had already made redundancies and was potentially opening in the next two weeks. Councillor Hebb stated that discussions were taking place.

Councillor Byrne thanked Councillor Hebb for his help in supporting local residents.

Councillor Allen thanked the portfolio holder for the financial support provided to Thurrock residents and thanked senior officers in highways who had fix potholes that had been reported.

Councillor Duffin thanked the portfolio holder for the report and questioned the local council tax scheme for existing tax payers and for those going forward. Councillor Hebb stated the maximum of a one-off £150 discount being allocated to each recipient of local council tax support was a fit for purpose benefit.

Councillor Worrall raised her concern that there would be no new or further initiatives going to be put through TRL whilst Cabinet made a decision on the best models. That as chair of the Housing Overview and Scrutiny Committee she had not been told of any of those plans, those 12 sites had been relied upon and there had been no business model. Councillor Worrall asked for clarification on how much of the original budget had been spent and on what. Councillor Hebb stated this was a firm commitment that the right model would be delivered and would go to Cabinet in the second half of this year.

Councillor Redsell thanked Councillor Hebb and his team on behalf of all the businesses that the Council had helped and questioned would the Council be worse off in regards to collection rates from business rates as a result of the new exemptions. Councillor Hebb stated that this would not impact the Council with grant being passed to the Council.

Councillor Hebb agreed to provide written responses to the remaining questions from Councillors Ralph and Abbas if they so wished.

135. Report of the Cabinet Member for Social Care

Councillor Halden, Portfolio Holder for Children and Adult Social Care, stated it was an honour to present his portfolio holder report being full aware the borough had started to recover from a public health pandemic and was entering into an economic downturn following the COVID-19 crisis. As part of the portfolio holder report, Councillor Halden noted:

- 90.5% of Looked After Children were visited being completed within timescale.
- 95% of hospital discharges had taken place on time.
- To resolve to keep the extra care beds in place even when the surplus capacity was clearly more than sufficient.
- The main message would be to keep investing to support the care market.
- Serious Case Review – the Children Services and Adult Services teams had been rated “good” by Ofsted but the Council could not become complacent.
- An economic vulnerability taskforce in Thurrock had been formed between the child safeguarding board, adult safeguarding board, supported by TLS and Inspire.
- To support care leavers and vulnerable young adults and protected from those who would seek to exploit them.
- Work to improve the system to support the unaccompanied asylum seeking children population.
- On Finance, the Council entered the economic downturn in a robust position which was vital on the approach of social care going forward.
- COVID-19 had put pressures on and it would be a difficult time ahead.
- Address the gap between domiciliary charges and cost of care workers.
- Those plans to improve the care market would be presented to overview and scrutiny committees.

- To improve access to Youth Offending Services.
- The recovery would be hard and difficult but would be ambitious and rigorous.

Councillor Halden thanked all officers, key workers for their tremendous efforts during the crisis and was extremely proud.

Councillor Okunade thanked the portfolio holder and raised a concern on Home School Transport proposal. Councillor Halden stated this proposal would fall under Councillor Jefferies portfolio but was able to state that those routes deemed unsafe had been properly reassessed and confirmed that any individual plan for a disabled child in the borough would not change.

Councillor Holloway thanked the portfolio holder for his report and echoed those thanks given to social care staff, domiciliary carers, volunteers and officers. That every COVID death had been a tragedy for the borough but stated the protocols that Thurrock had in place had worked well. Councillor Holloway questioned the key pressures of domiciliary carers to ensure their pay wage was consistent to those in neighbouring boroughs. Councillor Halden stated the Council had a firm footing in domiciliary care, had made increases in pay but had to look at closing the gap in the changes of care.

Councillor Halden summed by noting the support of this portfolio holder report.

136. Questions from Members

The Mayor informed the Chamber that there was 1 question to the Leader had been received and 6 questions to Cabinet Members. Those questions not heard would either receive a written response or have the option to withdraw and resubmit.

At 10.31pm the Leader of the Council was taken unwell and left the chamber and would provide Councillor Kent with a written response to his question if Cllr Kent so wished.

At 10.40pm Councillor Duffin left the Chamber.

At 10.58pm, Councillor J Kent, called Point of Order to suspend Standing Orders by 30 minutes. The Mayor used his discretion to finish this item and offered Councillor Fish to option to resubmit his question or receive a written response.

As the item fell due to time limit of meeting Councillor Fish requested that his question be resubmitted to September Council.

A copy of the transcript of questions and answers can be found at Appendix A to these minutes.

137. Reports from Members representing the Council on Outside Bodies

This item fell due to time limit of meeting being met.

138. Minutes of Committees

This item fell due to time limit of meeting being met.

139. Update on motions resolved at Council during the previous year

This item fell due to time limit of meeting being met.

140. Motion submitted by Councillor Kerin

The Motion, as printed in the Agenda was proposed by Councillor Kerin and seconded by Councillor Rice. The Motion read as follows:

This Chamber calls on Thurrock Council to celebrate and thank our National Health Service by marking the 5th July, every year, with the raising of the National Health Service flag outside the Civic Offices.

Councillor Kerin stated it was an honour and a privilege to present this motion in recognition of all the hard work and commitment made by NHS staff. With the NHS recently celebrating their 72nd birthday this motion would be an opportunity to recognise, reflect and remember. Councillor Kerin stated that on the 5 July 1948, the NHS and social care services were established with 2020 being the most challenging year in history.

The Mayor called a vote on the Motion. Members voted unanimously in favour of this Motion to which the Mayor announced the Motion carried.

The meeting finished at 11.06 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk

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Appendix A to the Council Minutes – 8 July 2020

Item 6 – Questions from Members of the Public.

No questions were submitted from members of the public.

Item 15 – Questions from Members

The Mayor informed the Chamber that one question had been received to the Leader of the Council and six questions had been received to Cabinet Members, Committee Chairs and Member appointed to represent the Council on a Joint Committee had been received.

1. Councillor J Kent to Councillor Gledhill

The unemployment rate for 18 - 24 year olds in Thurrock has been above the national average for the last two years, an issue that has been exacerbated by the impact of Covid 19. What plans does the administration have to get Thurrock's youngsters into work?

Unfortunately Councillor Gledhill was taken unwell from the chamber and would provide a written response to Councillor J Kent.

QUESTIONS FROM MEMBERS TO CABINET MEMBERS, COMMITTEE CHAIRS AND MEMBERS APPOINTED TO REPRESENT THE COUNCIL ON A JOINT COMMITTEE

1. Councillor J Kent to Councillor Johnson

Will the portfolio holder withdraw the Elm Road Open Space from his list of possible housing development sites?

Mayor

Councillor Johnson

Councillor Johnson

Thank you Councillor Kent for your question I am sure you will recognise the Council has agreed ambitious housing targets as there continues to a pressing need for additional housing of all types to meet our community's needs. The site you refer to is on the long list as Manorway and is included as our initial analysis suggests that the site could potentially be developed in conjunction with the adjoining (privately owned) site in a joint venture approach. Although I must stress further feasibility studies will need to be undertaken and at this present moment the Council has no proposal to develop this site on our own. The process of consultation which was recently been endorsed by the Housing Overview and Scrutiny in June 2020 will be carried out in close liaison with the immediate community and having regard

to the identified need for additional housing I am not minded to remove this site from the long list without it being fully and properly considered.

Mayor

Councillor Kent do you have a supplementary question.

Councillor Kent

Does the portfolio holder understand just how disappointing that response will be to the community that live around the Elm Road open space. Is he aware that this is entirely within green belt. Is he aware that we have planted hundreds of trees right adjacent to where he is proposing to build. That the site is well used for instance for exercise classes on a Saturday, for party in the park during the summer and many other activities. This will be a real blow to the community living around the park and I would ask him to reconsider as he has done already with other sites that were on his long list.

Mayor

Councillor Johnson

Councillor Johnson

Yes please. Thank you Mister Mayor. Councillor Kent you asked me three times if I was aware of certain things. Are you aware that this is a consultation list only as you quite rightly said have already removed sites, we have actually amended sites as well through consultation. As I said at the bottom of my last reply was that I am not willing to remove it at the moment until we have fully consulted. If those of the local community consult and make their feelings really heard for this particular proposal then I am sure no one can blame or say that I don't listen. I will listen and take it from there.

Mayor

Councillor Kent do you wish to pose a secondary supplementary question.

Councillor Kent

No thank you.

2. Councillor Worrall to Councillor Johnson

Can the cabinet member for housing advise what steps he has taken to ensure that there is a clear and consistent approach to consulting with residents and the wider communities who may be impacted by the housing development sites?

Mayor

Councillor Johnson

Councillor Johnson

Of course Mister Mayor and thank you Councillor Worrall for that question however I must admit I am little bit confused by it. If I may, can I refer anyone in the chamber and anyone at home to page 72 of this evening agenda and in particular to your piece as the then chair of housing overview and scrutiny committee that you praise the ambitious cabinet approval of 500 new council homes and go on to say that you were concerned about the level of resident consultation and therefore amended the recommendation to ensure that residents views could be heard throughout the process. You also point out we have helped residents this year by making sure that homes are built in the right places across the borough and decisions considering local residents views. So surely you have answered your own question there however I will reiterate the process and approach to formulate the Housing long list was discussed by your then O&S committee in November 2019 before being agreed by cabinet in January 2020. This was followed by a much more detailed report outlining the approach to be used to engage and consult with residents and the wider community were necessary and was presented to the O&S Committee on the 16 June of this year and discussed with the following approach: engage with residents or community at an early stage; ensure the consultations are accessible; encourage hard to reach groups to participate and take a proportionate approach to consultations, depending on the scale, complexity and above all the sensitivity of the site. This approach was designed to ensure that residents are made aware of sites that are being discussed for possible housing development at the earliest stage and therefore have the chance to comment in good time. The list will be an ongoing concern and I can assure you that all additional sites will be reported to the O&S committee. Please remember this is a consultation list only and none of the remaining sites will be presented to planning until this consultation has ceased.

Mayor

Councillor Worrall do you wish to pose a supplementary question.

Councillor Worrall

Yes, of course I do Mister Mayor. I would like to ask you two questions in two parts. We have got a consultation process which of course you put forward and I was just wondering why you didn't follow your own consultation process that you agreed in cabinet and I would just like to quote you your own words in a letter that is all over social media that should residents show me evidence that there is an area of regular use by the community in demonstrates the desire for the space to remain as it is I would consider that a priority before any consultation. Could you please confirm to the chambers tonight that this process is exactly the same as all communities that have a community space at risk on the housing development list.

Mayor

Councillor Johnson

Councillor Johnson

Thank you. This is the same for any resident that has any type of comment that they wish to make but you say to me I am not sticking to my own rules well engage with residents or communities at an early stage I've certainly done that. I have been to quite a few resident meetings where they have invited me. Ensure the consultation is accessible well I am very accessible as Councillor Kent quite rightly said I have taken some off so I am certainly accessible. To encourage hard to reach groups to participate, that's the most difficult thing. Take a proportional part to the consultation I don't see what I haven't done. I've done all that and we sit here and you quite rightly say there were actually 20 sites that came to Housing Overview and Scrutiny should only have been 19 one was an error and of those four have been removed through consultation that I have had with lots and lots of residents, their children and petitions that I have received one of the applications was quite significantly changed because of resident feedback. So I'm sorry Councillor yes is the answer to your question I am following the appropriate rules and I will continue to do so.

Mayor

Councillor Worrall do you wish to pose a second supplementary question.

Councillor Worrall

Yes I do, thank you. So you are quite right that one got took off and the other ones were in your own ward, of Orsett. Where you wrote the letter, you delivered the letter, you collected the letter then you took it off. That is not exactly consultation clearance transparent and other three are in the ward that you actually live. What I am asking you to agree that everybody is given the same opportunity to have their sites, their green sites removed. We have a park, you know a green park. We have another park in Ockendon where you have taken some off the same sort of green that you have not taken off. How can that be seen as fair and transparent. It is like a pick and mix where you choose as portfolio holder where to build regardless of what it may mean to that community. I just think you need to be fair to the whole of Thurrock and just where you choose to be.

Mayor

Councillor Johnson

Councillor Johnson

Thank you Mister Mayor and thank you again Councillor Worrall. Let's get something straight here are you saying you think I have not being fair and therefore you would like me to put all these removed sites back onto the list.

Councillor Worrall

You know damn well I don't like any of them.

Mayor

Councillor Worrall please.

Councillor Johnson

So therefore you would like me to put them all back on the list and go through another full consultation process.

Councillor Worrall

You wouldn't have any way if we hadn't carried out our campaign.

Mayor

Councillor Worrall please.

Councillor Johnson

Mister Mayor I don't think I need to answer that question, I am not being listened correctly to anyway.

3. Councillor Holloway to Councillor Mayes

What is the Portfolio Holder for Health doing to attract health and care professionals to work and live in Thurrock?

Mayor

Councillor Mayes

Councillor Mayes

Thurrock has been actively engaging in a draft Regional Workforce Development Strategy which will contribute to the recruitment of care staff in particular by identifying key causes of high turnover and difficulties recruiting and developing strategies and actions to mitigate and reduce these causes. We hold regular recruitment days to attract social care workers into the borough which are directly linked into the National Recruitment Campaign for Social Care. Additionally we have been working with health partners and local authorities across the Mid and South Essex to contribute to the development of an integrated health and care workforce strategy, which will

include workforce planning. The Council's recruitment policies aim to attract employees into the Borough through competitive salaries as well as valuing them as employees but providing them with training, development plus opportunities for career progression. For existing staff we use apprenticeship schemes which show commitment to our existing workforce as well as being attractive to new employers. We are also mindful that most care in Thurrock is delivered through the private, voluntary and independent sector providers and we work closely with them to support recruitment and retention. Our social care providers are adopting innovative approaches to identifying and attracting staff to the Borough through, for example, Care Friends - an employee referral application that aims to boost the number of quality social care candidates, care managers and staff teams can also access to a range of support resources through NHS People. Whilst we are not directly responsible for recruiting NHS staff also we work in partnership with the Thurrock Clinical Commissioning Group and system partners to consider how to attract GPs and health specialists to Thurrock. For example, our commitment to developing the four Integrated Medical Centres across the borough, providing 21 Century facilities and attractive environment for professionals across the health and care sectors alike.

Mayor

Councillor Holloway I am sure you want to ask a supplementary question.

Councillor Holloway

I do thank you Mister Mayor and thank you Councillor Mayes for that very very detailed response. Our NHS and care staff work tirelessly to look after us, it is a vacation who have over recent months put their lives at risk for ours and our loved ones but this isn't just about COVID this is for always and I think it is important that we in Thurrock can demonstrate that it is a place that they want to work and live and I am going to ask the portfolio holder if he will work with us to establish an awards event to be held annually to celebrate NHS and care workers.

Mayor

Councillor Mayes

Councillor Mayes

Thank you Mister Mayor and thank you Councillor Holloway for your supplementary question. Of course we will look at all those sorts of things because the work that the health care professionals have done, not just during COVID but throughout their careers and the NHS have been fantastic so honouring them not just by clapping them on a Thursday or clapping for the anniversary I think the more we can do the better so I will definitely have discussions with you on this one.

Mayor

Councillor Holloway do you have a second supplementary question.

Councillor Holloway

No not a question but to thank Councillor Mayes and of course with Councillor Halden with his social care hat on will also be invited to join those discussions. Thank your Mister Mayor.

4. Councillor Kerin to Councillor Coxshall

What infrastructure has the Portfolio Holder put in place in the last six months to encourage Thurrock residents to walk and cycle around the borough?

Mayor

Councillor Coxshall

Councillor Coxshall

Thank you, well there are a lot going on the walking and cycling and I will read out just a few. The Council is still working with the South Essex Active Travel Programme who are providing recycled and new bikes and maintenance for them in the local community via the cycle hubs in Stanford le Hope and Tilbury. The Team continue to explore opportunities to provide cycle storage facilities for local employers so see if we can deliver more cycling now rather than instead of us jumping in cars going backwards and forwards. Wayfinding signs are being provided to Stanford le Hope which being funded through the SEAT Forward Motion Programme and provides useful directional and distance information for walking and cycling locations around the borough. That Thurrock Council, directly in walking and cycling improving to develop some support from the Government's recent Transport Restart Policy coming out of COVID to see what we can actually do. The Public Rights of Way team have also delivered a number of access improvements on public footpath routes. These include improved signage and repair and replacement of stiles. Work is also underway to digitise the network in the borough. More recently, you may be aware, or not after tonight, that the Council had received funding through Tranche 1 of the Government's Emergency Active Travel fund so we have some funding coming through for that. This will allow for the implementation of temporary 'pop-up' measures to encourage more cycling and walking coming out of COVID. An addition we are putting in a submission to develop Tranche 2 funding which will be the same fund and usage and will be coming in later in the year and will be announced by the Government shortly.

Mayor

Councillor Kerin do you wish to pose a supplementary question.

Councillor Kerin

Thank you Mister Mayor all very welcome. I was looking more in terms of, something big, a project which would have lasting infrastructure and a legacy for cycling around the borough. I appreciate that you mentioned Tranche 1 which was welcomed, but that came in, I believe, on the 23 June and was more for signage and existing line painting and things like that so out of all the schemes that you have mentioned including Tranche 1 which one of those projects will have the lasting legacy for cycling within Thurrock.

Mayor

Councillor Coxshall

Councillor Coxshall

Electronically tranche, another £270,000 immediately spent to pop up and in Tranche 2 is for permanent is being produced and if you can help produce a bid. I am sure considering we have not lost a bid as yet for a long time in Her Majesty's Government if we can get a good bid together we shall still do that. What they have cited is the digitalisation of our network, over and over again, since I took over this we got £5 million when I got first elected on the first night and I don't really know where that went, what we did with that £5 million, some dodgy gravel was put in and it all disappeared didn't get used in the road links until 2011. So what we need is a great ideal of digitalisation, the way finding, it will make it easier, what travel South Essex are doing and making sure there are cycling hubs, proper cycling hubs where you can actually borrow a bike, maintain that bike, employers making sure we can have bike racks here for employers. I think these are sustainable forever legacy items. Sorry if you don't think they are that's why I read them out first.

Mayor

Thank you Councillor Coxshall. Councillor Kerin do you have a second supplementary question.

Councillor Kerin

Firstly thank you for that. I didn't say I didn't welcome it at all that was your interpretation I don't know why you were interpreted at. I was actually asking what you personally thinking in terms of the legacy and was asking your opinion and you gave it. I wasn't actually saying anything negative about the first answer that you gave. Ok. Now looking forward, the previously six months waiting for tranche 2 to come in which if you can correct me when you stand up I don't think we have a date for that coming in yet. But looking at how other cities and areas are looking to improve their cycling, obviously Greater Manchester are bringing in a 150 mile of protected cycling track and other cities are looking at more permanent infrastructure that can't just go away that will be there as a legacy and to encourage future cyclists. As a question in a positive way if you could answer this please what plans already do you have for tranche 2 and at the end of tranche 2 what will you be able to stand up in

this chamber at the time and say this is what we have spent it on, this is actually going to be a lasting legacy for Thurrock.

Mayor

Councillor Coxshall

Councillor Coxshall

Let's get away from tranche 2, tranche 2 is the government funding, another tranche. Let's talk about what is happening here and now we have got tranche 1 where we can produce a bid for that, we can produce a great bid for tranche 2 building on what we are already doing. Digitalisation the government restart programme, the brighter ways team making sure we can get better signage, making sure we deliver and make sure that Acting South East deliver and making there are places to put your cycle and what happens when I spoke to, sit on, had a conversation Transport East that is this is sustainable transport, it is really important that and how you deliver this is part of that local plan process. It shouldn't be looked at in isolation, through the local plan, good planning on how we build our new houses over the next 20-30 years that delivers that. So it can't be one thing in isolation. I am not hanging my hat in tranche 2 that will be the icing on the cake. What we are doing at the moment is really important. You mentioned two other places there, you mentioned metropolitan cities they are not the same as Thurrock. I never want Thurrock to be a metropolitan city so I don't want to follow metropolitan city rules. This is a borough, a borough and will stay a borough as long as it has a conservative administration not a metropolitan city.

5. Councillor Shinnick to Council Johnson

Following your recent decision to remove the green spaces from the housing development sites in South Ockendon can you now treat the residents of Enborne Green equally and remove this well used green space from your list.

Mayor

Councillor Johnson

Councillor Johnson

Thank your Mister Mayor. Thank you for your question. As I said earlier the Council had agreed an ambitious housing target and in order to achieve the numbers needed, to ensure the young people of Thurrock we have to explore sites for potential development and right through that period. As I have said in earlier responses again to questions the process for consultations to be followed was presented to the Housing Overview and Scrutiny Committee in June this year and that process will form the decisions whether the site is to progress or to be withdrawn. It does remain the case that no decision has been taken at this point as to the remaining sites on the list suitability and for

the site at Enborne Green to remain on the long list for that process to continue.

Mayor

Councillor Shinnick do you wish to ask a supplementary question.

Councillor Shinnick

Yes please, thank you. I am a bit amazed actually I think the residents of Enborne Green are being treated differently to all the other people in Ockendon and as this is the case would you allow those residents of Enborne Green to drop off their petition to your address as did the residents of Humber?

Mayor

Councillor Johnson

Councillor Johnson

Most definitely. If you recall though Councillor that Belhus and Ockendon Community Forum invited me to attend their meeting in the South Ockendon Centre on the 2 March.

Councillor Shinnick

I know, I organised that actually.

Councillor Johnson

I know you did, I have the letter calling on people to come there, on your headed paper as capacity as ward councillor requesting residents to come to the meeting to discuss local issues which included proposals to build on a number of green spaces. Not technically correct, the proposal is to go out to consultation on the options list however as you are aware there were many residents there in attendance and if you can recall I suggested that local feelings and concerns would resonate would rate highly with me as this would be considered as good community engagement and therefore consultation. I can tell you I have received petitions, emails and many letters from residents and their children to why their community space was particularly special to them regarding the sites at Callan Grove, Garron Lane and Humber Avenue and Derry Avenue many of which those residents were in attendance. To this day I have only received one letter from a concerned residents in regards to Enborne Green and whilst that letter will be added to the consultation process it did not reach nearly the level of interest from the other sites. Therefore it is obvious that Enborne Green must undergo the process agreed by Housing O&S to ensure that any hard to reach residents are included. Possibly they did not wish to attend a very loud public meeting.

Mayor

Councillor Shinnick do you wish to pose a second supplementary question.

Councillor Shinnick

Yes I would like to say that I will be organising the petition that I have got for Enborne Green and Councillor Johnson will be receiving it very soon.

Councillor Johnson

Mister Mayor, there was no question there but I would like to come back and say why have you held on to it for so long.

6. Due to time limit of meeting being met, Councillor Fish requested his question be resubmitted to September Council.

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QUESTIONS FROM MEMBERS OF THE PUBLIC

There was 1 question from members of the public.

1. **From Cathy Sisterson to Councillor Mayes**

Last year, at the Council meeting on the 23rd October, the Council voted to declare a climate emergency and to set up a citizen's assembly to look at ways to reduce carbon emissions to zero by 2030. Since then there has apparently been no movement on this. Please could you say when this citizen's assembly is to be set up, particularly in view of the escalating climate and ecological crises facing the world?

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Petitions Update Report

Petition No.	Description	Presented (date)	Presented (by)	Responsible Officer	Status
536	We, the undersign call upon Thurrock Council to carry out a public consultation on parking in the following roads: Lime Close; Copper Beech Road; Church Crescent; Cliff Place; The Green; Peartree Close; Tyssen Place; Cheelson Road; Wilsman Road; Nelson Road; Hall Lane; and Canterbury Parade. On completion, Thurrock Council should then implement the findings.	26 February 2020	Cllr Potter Presented at Council	Andy Millard	The Council's Integrated Transport Block (ITB) capital programme for 2020/21 is already committed and schemes are being implemented. The content of petition 536 has been assessed and will be considered, alongside all additional requests, for inclusion in the 2021/22 ITB capital programme. Prioritisation of scheme proposals will need to be undertaken in a consistent manner to identify how and where funding is allocated across the ITB programme next year. If funding is allocated to the parking proposal a consultation will be undertaken to inform any future proposals.
539	We understand and note with concern Highways England's plans for the relocation of the Gammon Field traveller site as part of the Lower Thames Crossing project. We object strongly to the option of siting a new traveller site near existing residential properties in Long Lane, opposite the junction with Kerry Road. This further loss of green belt is deemed unacceptable and we regard this area as ill suited for use as a traveller site.	8 July 2020	Cllr Redsell Presented at Council	Andy Millard	The two sites subject to the petition were sites identified by Highways England as part of the Supplementary Consultation for LTC which closed in April 2020. The Gammon Field Traveller Site will have to be relocated if the LTC scheme secures consent as in the design of the scheme, a slip road is located through the middle of the current site. A number of options have been considered and the LTC scheme is subject to a further Design Refinements Consultation which closed on 12 August 2020. The consultation included a different proposal for the relocated travellers site immediately adjacent to the existing site but to the south west. It is understood that the traveller community at Gammon Fields as well as the residents all had concerns about the supplementary consultation proposals.

Petitions Update Report

Petition No.	Description	Presented (date)	Presented (by)	Responsible Officer	Status
					This most recent proposal would appear to be more acceptable to all parties as a way forward and we await the consultation feedback to understand if Highways England will be taking this forward for consent as part of the Development Consent Order (DCO) process.

30 September 2020	ITEM: 10
Council	
Annual Report of the Director of Public Health 2019/20 - Serious Youth Violence and Vulnerability	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor James Halden, Portfolio Holder for Children and Adult Social Care and Councillor Allen Mayes, Portfolio Holder for Health and Air Quality	
Accountable Director: Ian Wake, Director for Public Health	
This report is Public	

Executive Summary

It is a statutory duty of the Director of Public Health to prepare an independent report on the health and wellbeing of the local population each year. Annual Public Health Reports (APHRs) can comprise of a high level overview of the health of the population, but more usually considers and discusses a specific health issue or considers the health of a specific population group in greater depth. Last year's APHR focused on improving older people's health through housing. The 2019/20 report considers the issue of Violence and Vulnerability in young people and how a public health approach can be used to improve outcomes for our residents.

1. Recommendation(s)

- 1.1 **That Council notes and comments on the content and recommendations contained within the report.**
- 1.2 **That Council considers how the findings and recommendations contained within the report can best be implemented and used to influence broader council strategy in this area.**

2. Introduction and Background

- 2.1 This report introduces the Annual Report of the Director of Public Health 2019/20.
- 2.2 The NHS Act 2006 places a statutory legal duty on the Director of Public Health of each top tier local authority to produce comprise of a high level overview of the health of the population, but more usually considers and discusses a specific health issue or considers the health of a specific population group in greater depth.

- 2.3 An Annual Public Health Report (APHR) can. APHRs have a wide audience including officers, elected members, local NHS partners, the third sector and members of the community, and the chosen topic should therefore be of value to multiple stakeholders.
- 2.4 Following discussion with a wide range stakeholders across and beyond the council, the Director of Public Health selected the topic of ***Violence and Vulnerability*** with a focus on the impact of urban street gangs for 2019/20 report.
- 2.5 Serious youth and gang violence including knife and gun crime and its links to the illegal drugs market and ‘county lines’ has regularly been featured in the news over the past 12 months. Whilst crime has fallen rapidly over the last 20 years, some types of serious violent crime including homicides, knife and gun crime recorded by the police have shown increases since late 2014 in virtually all police force areas in England. Street robbery has also risen sharply since 2016. These increases have been accompanied by a shift towards younger victims and perpetrators.
- 2.6 Although the consequences of violence have a serious and long-lasting negative impact on health, violence in itself is not inevitable and can be prevented. Interventions can not only prevent individuals from developing a propensity for violence but also can improve educational outcomes, employment prospects and long-term health outcomes.
- 2.7 However, the published evidence base suggests a number of issues are hampering an effective response including silo’d working between agencies, the targeting and exploitation of vulnerable young people by gangs and school exclusion. Conversely evidence also details a range of interventions and approaches that have been shown to be effective in preventing youth violence and addressing youth vulnerability.

3. Issues, Options and Analysis

- 3.1 The *Public Health Approach* to tackling serious violence and gang related activity has been reported in the media as an effective response, with the intervention in Glasgow often cited as being successful in significantly reducing knife related violence. A public health approach can be characterised as containing the following:
- It adopts is a whole population, whole systems approach involving multiple stakeholders and datasets.
 - It conceptualises violence as a communicable disease that if not addressed ‘infects’ and spreads outwards within defined communities, but which also can be ‘treated’ through prevention, intervention and recovery.
 - Through using data and intelligence, it defines and monitors the problem to understand the ‘who’, ‘what’, ‘where’ and ‘how’ associated with it.

- It identifies the risk and protective factors, seeking to minimise the former and strengthen the latter.
 - It develops and tests prevention strategies and then ensures widespread adoption through coordinated multi-agency action.
- 3.2 The APHR 2019/20 uses this methodology as a framework through which to understand the issue of Violence and Vulnerability in Thurrock and to propose multi-agency action to address it.
- 3.3 The 2019/20 APHR considers the following issues in the detail in the context of a *public health approach to tackling youth violence and vulnerability*:
- Chapter 2 discusses the nature and trends of youth violence at Thurrock and Greater Essex level.
 - Chapter 3 discusses the nature and impact of gangs and gang culture in Thurrock
 - Chapter 4 discusses the nature and impact of County Lines activity
 - Chapter 5 considers the issue of illicit drugs and their connection to youth and gang violence. It also examines the effectiveness of local addiction treatment services
 - Chapter 6 considers the risk factors (or vulnerabilities) linked to youth violence and gang culture, both from the published evidence base and by undertaking analyses of Thurrock datasets
 - Chapter 7 considers the factors shown to be protective against serious youth violence and gang membership
 - Chapter 8 summarises the published evidence base on what has been shown to work in preventing serious youth violence and gang membership
 - Chapter 9 critically analyses current service provision in Thurrock against the published evidence and undertakes a 'gap analysis' to identify areas where current provision could be improved
- 3.4 Chapter 10 draws conclusions from the findings of chapters 1-9 and makes 33 specific recommendations on strategic action to address the issue of serious youth violence and gang membership in Thurrock including proposing a high level new strategic integrated model.
- 3.5 The recommendations are grouped into four key areas of focus:
- Surveillance and improve data integration
 - Primary prevention: 'inoculating' the population to protect them from violence
 - Secondary prevention: intervening earlier to support young people most at risk of involvement in serious youth violence or gangs
 - Tertiary prevention: intervention with perpetrators and victims of serious youth violence or gang membership to reduce further harm.

4. Reasons for Recommendation

4.1 The report fulfils a statutory duty of the Director of Public Health. The specific recommendations contained within the report arise from a detailed analysis of local and national data and the published evidence base and seek to improve the lives and outcomes of some of our most vulnerable residents.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 A wide range of stakeholders were consulted and contributed to the report. These are set out in the acknowledgements section of the main report. Additionally the findings of the report were discussed at the Essex Violence and Vulnerability Operations Group and Thurrock Violence and Vulnerability Board before the report was finalised, allowing further input of stakeholders into the recommendations.

5.2 Annual Public Health Reports are presented at a wide range of different stakeholder forums. This report will also be presented at CGS O&S Committee, Health and Wellbeing Overview and Scrutiny Committee, Thurrock Health and Wellbeing Board, NHS Thurrock Clinical Commissioning Group Board, Cabinet and Full Council.

6. Impact on corporate policies, priorities, performance and community impact.

6.1 The report makes clear recommendations on the four areas set out in 3.5. These have implications for services across the council including public health, children's and adults' social care, education and youth services, youth offending, community development, place and community safety. They also have implications for wider stakeholders including the NHS and police.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead, Corporate Finance

Implementing the recommendations contained within the report in full are likely to result in additional costs. The report was written and finalised pre the COVID-19 epidemic and at time of completion, some financial resource had been earmarked to support implementation. Since March 2020, as a result of COVID-19 the council's financial situation has deteriorated and some of the recommendations may not be affordable in the short term.

7.2 Legal

Implications verified by: **Judith Knight**
Interim Deputy Head of Legal (Social Care and Education)

There are no legal implications. The report has been prepared in accordance with the statutory duties of the Director of Public Health although publication has been delayed slightly due to the COVID-19 epidemic.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead, Community Development and Equalities

Violence and vulnerability is not equally distributed across the population of Thurrock and the report highlights a series of inequality faced by some communities and groups of residents due to violence and vulnerabilities. The recommendations set out within the report seek to address these inequalities, providing targeted and increased support to those most impacted. As such, the report seeks to address and narrow health inequalities caused by violence and vulnerability.

8. Background papers used in preparing the report

Detailed references are given in the main report.

9. Appendices to this report

Appendix 1 - Report of the Director of Public Health, 2019/20.

Report Author:

Ian Wake

Director of Public Health

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Youth Violence and Vulnerability: *The Crime Paradox and a Public Health Response*

Annual Report of the Director of Public Health 2019/20



Author: Ian Wake, Director of Public Health, Thurrock Council

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*"When a flower doesn't bloom, fix the
environment in which the flower
grows, not just the flower"*

Alexander den Heur

Acknowledgements

The author would like to thank and acknowledge the following people who have assisted in developing this Annual Public Health Report

Harinder Bharna: Public Health Information Analyst, Thurrock Council

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Mark Johnson: Head of Informatics, Essex Police

Naintara Khosla: Consultant, Children's Contextual Safeguarding

Michele Lucas: Assistant Director, Education and Skills

Kev Malone, Public Health Programme Manager, Thurrock Council

Mandy Moore: Interim Strategic Lead - Business Intelligence, Thurrock Council

Jason Read: Youth Offending Service Manager, Thurrock Council

Wajid Shafiq: CEO, Xantura Ltd

Elozona Umeh: Senior Public Health Programme Manager: Thurrock Council

Foreword



For my fifth Annual Public Health report, I have chosen to consider the issue of serious youth violence and vulnerability including urban street gangs and how this can be tackled using a public health approach.

Serious youth violence and gang membership and its links to the illegal drug market and 'county lines' has featured regularly in the media over the past 12 months. It has a devastating impact on both the health and wellbeing of the young people who become involved and their wider communities. As with so many public health issues, it disproportionately impacts some individuals and communities and contributes to existing health inequalities.

However violence and vulnerability is not inevitable, and as I hope I have been able to demonstrate in this report, there are a series of evidence based actions that we can take to prevent it from occurring and mitigating it when it does. However, to do this successfully we need coordinated action from multiple stakeholders working in partnership with our residents and communities.

I hope you enjoy the report and that we can use its findings collectively to better address the complex issues it considers.

Ian Wake
Director of Public Health



*** INSERT FORWARD

Cllr. James Halden
Cabinet Portfolio Holder: Children's and Adults' Social Care



*** INSERT FORWARD

Cllr. Allen Mayes
Cabinet Portfolio Holder: Health and Air Quality

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Chapter 1: Introduction

Violent crimes, such as murders and gun and knife crime, account for around one per cent of all crime; but the impact of them on society is huge in terms of lives and communities destroyed. Youth violence, particularly related to knife and gang crime has frequently been subject of media attention over the past five years. Whilst crime has fallen rapidly over the last 20 years, some types of serious violent crime including homicides, knife and gun crime recorded by the police have shown increases since late 2016. These increases have been accompanied by a shift towards younger victims and perpetrators.¹

Knife and gun crime increases have been linked to street crime and the illegal drugs market; particularly crack cocaine and heroin. *County Lines* is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more areas within the UK using dedicated mobile phone lines or other form of 'deal line'. The gangs exploit children and vulnerable adults to move and store drugs and money using coercion, intimidation, violence and weapons.¹

Serious violent crime and Class A drug supply connected to street gangs has a devastating impact on the lives of the individuals, families and communities affected. Street and organised crime gangs operating the *County Lines* model target the most vulnerable young people and adults through a grooming process and then trap and exploit them through threats or actual experience of serious physical, psychological and sexual violence.²

Although the consequences of violence have a serious and long-lasting negative impact on health,³ violence in itself is not inevitable and can be prevented.^{4 5} Interventions can not only prevent individuals from developing a propensity for violence but also can improve educational outcomes, employment prospects and long-term health outcomes.⁶

However, the published evidence base suggests a number of issues are hampering an effective response: Silo'd working between agencies has been identified as an issue where Community Safety Partnerships and the police drive enforcement, but Local Community Safeguarding Boards take responsibility for safeguarding responses; young people and vulnerable adults exploited by gangs often straddle the responsibilities of both of these statutory responses in that they are both offenders and victims.⁷ Furthermore, local child safeguarding responses have historically focused on responding to abuse within families and may not be adequately geared to responding to the issue of exploitation of children and young people by gangs. The trafficking of young people by gangs within the UK means that young people arrested on suspicion of possession of drugs with intent to supply are usually released pending further investigation and sent back to their home area which is usually not the same location of their

arrest, hampering effective response from local children's social care teams.

The targeting and exploitation of young people who have been excluded from secondary school is a major feature in the profile of 'county lines' and gang exploitation. School exclusion, whether being placed on a reduced time table, putting in place home schooling arrangements or placing young people in a Pupil Referral Unit has been shown to increase their vulnerability to child criminal exploitation and gang involvement.

Published evidence also highlights the need for an increased focus on activities that prevent young people and vulnerable adults becoming involved in serious violence and gang culture. Whilst there is a reasonably strong evidence base relating to effective prevention, national evidence suggests that there is inadequate 'upstream' provision and that thresholds of intervention are set too high; in short, we are waiting until young people get arrested for serious crime before intervening.

The Public Health Approach to tackling serious violence

In 2019, the then Home Secretary – Savid Javid announced a new legal duty on public bodies including the police, local authorities, the NHS, education and youth offending services to adopt a *Public Health Approach* to tackling serious youth violence. In addition, the government announced its intention to amend the Crime and Disorder Act to ensure that serious violence is an explicit priority for Community Safety Partnerships including a legal duty to have a strategy in place to tackle violent crime.

An approach that seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence.

By definition, public health aims to provide the maximum benefit for the largest number of people. Programmes for prevention of violence based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at population level

The *Public Health Approach* has been recognised as an effective response to serious youth violence, with the interventions in Glasgow often cited in the media as being successful in significantly reducing knife related violence. Box A shows The World Health Organisation definition of a public health approach to reducing serious violence.⁸

The Public Health Approaches can recognised by the following characteristics:

- It adopts a whole population, whole systems approach involving multiple stakeholders and datasets.
- It conceptualises violence as a communicable disease that if not addressed 'infects' and spreads outwards within defined communities, but which also can be 'treated' through prevention, intervention and recovery.
- Through using data and intelligence, it defines and monitors the problem to understand the 'who', 'what', 'where' and 'how' associated with it.
- It identifies the risk and protective factors, seeking to minimise the former and strengthen the latter.
- It develops and tests prevention strategies and then ensures widespread adoption through coordinated multi-agency action.
- It implements at scale, effective and promising interventions whilst continuing to monitor their effects, impact and cost-effectiveness. (Figure X)

- Serious youth violence against the person including assault, serious assault, actual bodily harm, grievous bodily harm, stabbing/knife crime and gun crime and street robbery.
- Urban street gangs including gang related violent crime and drug related crime
- Local drugs markets
- County Lines
- Child criminal exploitation through gangs

The following issues (although important) fall outside the scope of this report as they have been subject to other Joint Strategic Needs Assessments:

- Domestic and sexual violence where not associated with gang activity

In this report we aim to answer the following five key questions:

1. What is the nature, extent and trends in serious youth violence, gang related activity and drug related crime in Thurrock?
2. What is the nature, extent and trends in vulnerabilities within the population of young people involved in or at risk of involvement in serious violence and gang related activity?
3. What are the risk and protective factors relating to involvement in serious youth violence and gang involvement?
4. What has been shown to be effective in the published evidence base in preventing and reducing serious youth violence and gang related activity and the harms caused by both?
5. How effective is our current multi-agency response to the above three issues and what additional actions need to occur to further disrupt and prevent serious youth violence and gang related activity and the harms that they cause?

Figure 1.1: A Public Health Approach to Tackling Serious Violence



Source: WHO, 2017

Scope of this report

This report focuses on the issue of serious youth violence and urban street gang activity using the *Public Health Approach* methodology to identify and address the vulnerabilities of the young people concerned. For the purposes of this report 'young people' generally refers to the population of Thurrock aged 10-24 unless otherwise specified as our intelligence suggests that it is this group of youth that are most likely to become involved in serious violence and gangs. However, prevention activity with younger children is also discussed. The following issues are considered by this report:

How this report is structured

Chapter 2 discusses the nature and trends of youth violence at Thurrock and Greater Essex level.

Chapter 3 discusses the nature and impact of gangs and gang culture in Thurrock

Chapter 4 discusses the nature and impact of County Lines activity

Chapter 5 considers the issue of illicit drugs and their connection to youth and gang violence. It also examines the effectiveness of local addiction treatment services

Chapter 6 considers the risk factors (or vulnerabilities) linked to youth violence and gang culture, both from the published evidence base and by undertaking analyses of Thurrock datasets

Chapter 7 considers the factors shown to be protective against serious youth violence and gang membership

Chapter 8 summarises the published evidence base on what has been shown to work in preventing serious youth violence and gang membership

Chapter 9 critically analyses current service provision in Thurrock against the published evidence and undertakes a

'gap analysis' to identify areas where current provision could be improved

Chapter 10 draws conclusions from the findings of chapters 1-9 and makes recommendations on strategic action to address the issue of serious youth violence and gang membership in Thurrock including proposing a high level new strategic integrated model.

Chapter 2: Youth Violence

Key Findings

Whilst overall rates of crime have fallen over the last 25 years, rates of recorded crimes of violence in Thurrock, Southend and Essex have risen sharply since 2013. Rates of reported crimes of violence with injury and weapons offences where the victim was aged 10-24 in Thurrock rose from 2015/16, peaking in 2016/17 but have since dropped back slightly. Ambulance data suggests that call outs to young people aged 10-24 for assault and stabbing/gunshot wounds have fallen from 2014-15 to 2018-19 but call outs for assault with serious injury have risen. However, Youth Offending Service Records indicate that violence against the person offences and weapons offences committed by young people in Thurrock have risen sharply since 2013-14 to a peak in 2016-17 and fallen back only slightly.

Thurrock has the second highest rate of recorded violence with injury offences against young people aged 10-24 in Essex and the fourth highest rate of ambulance call outs to young people because of violence. Where the suspect was identified, just over half of all suspects were also aged 10-24. The majority of victims and suspects were the same sex, with just over 63% of recorded violent incidents being male on male and a further 23% being female on female.

Violence with injury offences are not uniformly distributed across either Essex or Thurrock. Only 35.6% of wards in Essex had one or more reported incidents of violence against young people recorded in the last two years with a small number of 16 wards (2.4%) having high (>14) numbers of reported incidents of violence. The most violent wards in terms of number of reported incidents against young people aged 10-24 in Thurrock over the last two years were Grays Riverside, Stanford-le-Hope West, West Thurrock and South Stifford, Aveley and Uplands, and Tilbury St. Chads with nine or more recorded incidents. Where the suspect was recorded as aged 10-24, the majority (80%) lived in Thurrock with 20% recorded as living in an area outside Essex.

All deprivation indices at ward level are a very poor predictor of violence and weapons crime. Conversely, previous history of violence at ward level is a very strong predictor of the likelihood of future violence. 100% of wards across Essex with six or more ambulance call outs in 2016-17 to 2017-18 for a stabbing/knife/weapons injury had at least one ambulance call out for the same injuries in 2018-19. Similarly, over 70% of wards with three to five ambulance call outs for these injuries in the previous two years had at least one ambulance call out in the subsequent year. These data could be used to predict the geographical location of future youth violence and better target enforcement and prevention activity and we predict that there is a 70% chance of at least one ambulance call out for a knife/stabbing or gunshot injury in 2019/20 in East Tilbury ward, Chadwell St. Mary Ward, Stanford East and Corringham Town ward and Tilbury St. Chads ward.

The majority (82.7%) of young people who access Thurrock Youth Offending Service because of violence against the person offences do not re-offend. This suggests YOS has a high degree of success in terms of preventing future offending. However there is a small cohort (18%) who commit two or more violence against the person or robbery offences and a very small cohort (3.3%) who commit three or more offences. Our data suggests that this small cohort of offenders committing multiple offences also commit offences relating to supply of class A drugs and could also be more likely to be involved in organised gang activity.

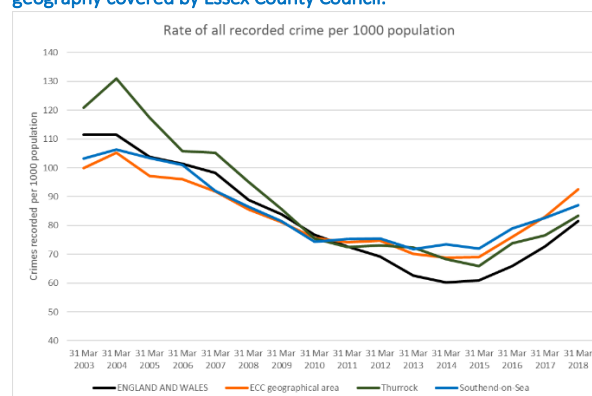
Introduction

In this chapter, we examine the issue of serious youth violence and its public health impact on the perpetrator, victim and wider communities.

We discuss trends in serious youth violence using police reported crime datasets, ambulance service data and undertake detailed analyses of data held by the Thurrock Youth Offending Service (YOS).

Recorded crime in England and Wales and Essex fell significantly since 2003 to 2014, although in the last four years has seen this trend begin to reverse. (Figure 2.1).

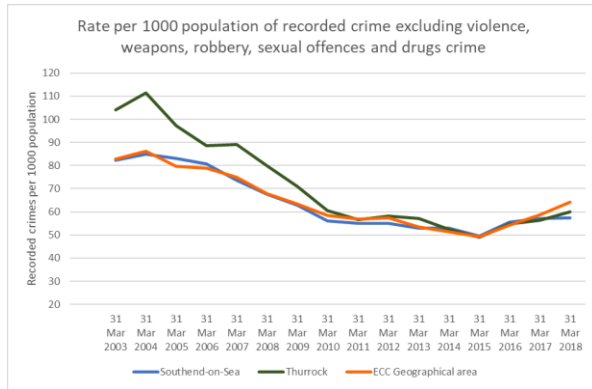
Figure 2.1: Rate of all recorded crime per 1000 population, England and Wales, Thurrock, Southend-on-Sea and the geography covered by Essex County Council.



Whilst the dramatic decrease in recorded crime is welcome, the more recent increase can be attributed to rises in certain

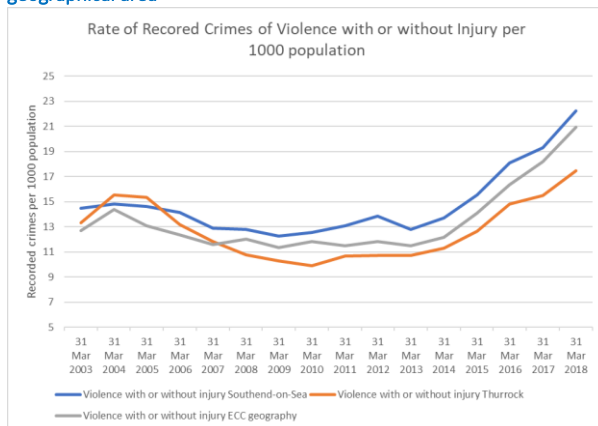
types of offences, particularly violence and sexual offences. Figure 2.2 shows the trend in recorded crime where violent crime, robbery against the person, weapons offences sexual offences and drugs offences are excluded.

Figure 2.2: Rate of crime excluding violence, sexual offences, weapons offences, robbery against the person



Conversely, figure 2.3 shows the trend in rate of recorded violent crime per 1000 population which has increased significantly from 2013 onwards.

Figure 2.3: Rate of recorded crimes of violence with or without injury per 1000 population, Thurrock, Southend-on-Sea, ECC geographical area



Estimating the absolute number of incidents of serious youth violence is difficult. There are three potential sources of data: police records on reported crime, ambulance service data on call outs for violent incidents and youth offending service for young people charged with violent assaults. Each has its advantages and limitations and will be discussed in turn.

Police Data on Reported Crime

Trends and Incidence of Reported Violence with Injury and Possession of Weapons Offences

Figures 2.4 and 2.5 (overleaf) show the trend in absolute numbers of Violence with Injury and Possession of Weapons offences in Thurrock and Greater Essex from 2015/16 to 2018/19

We analysed an anonymised dataset provided by Essex Police on reported crime. The dataset provided records of reported crimes recorded as *Violence with Injury, Possession of Weapons Offences, Rape, Other Sexual Offences, Trafficking of Drugs and Possession of Drugs* between the fiscal years of 2015-15 and 2018-19. The data set also provided details of location of reported offence down to ward level, sex and 'ethnic appearance' of the suspect and victim, whether or not the victim was aged between 10 and 24 and whether or not the suspect was aged under 25. Crucially, unlike the Ambulance Data Set (discussed later) a field was provided that allowed us to exclude crimes committed in a domestic setting (which although important, fall outside the agreed scope of this report).

We also excluded records of crimes relating to rape and sexual violence as it was not possible to determine whether or not they related to gangs and as such could largely fall outside the scope of this report. This provided a total number of records (crimes reported) of 11,446.

Caveats on the dataset and analyses we have conducted:

As with all datasets that we analysed for this report, the police data also has limitations. We believe that the analyses undertaken using this dataset are likely to *underestimate significantly* the true incidence and prevalence of serious youth violence for two reasons:

Firstly not all incidents of youth violence will be reported to the police. Young people involved in gang related violence may be unwilling to report it both due to fear of reprisals from other gang members and because they may be involved in criminal activity themselves.

Secondly, the age of the victim is poorly recorded within the dataset with 4198 (36.7%) of the original 11,446 having no record. Because of this, we have had to also exclude all of these records from our analyses. This exclusion has meant that drugs offences recorded at Thurrock level are so low in number that we have not been able to undertake useful analysis on this type of crime using the police dataset. However we have analysed the remaining records for the crime categories of *Violence with Injury* and *Possessions of Weapons* offences.

Finally, for the majority of crimes recorded in the dataset, a suspect is not recorded, presumably because the police were unable to identify one. As such, analyses of data on suspects only represents a relatively small cohort of the offenders who perpetrated the crimes recorded. We are unable to say with certainty that this sample is representative of the overall population of perpetrators.

Figure 2.4

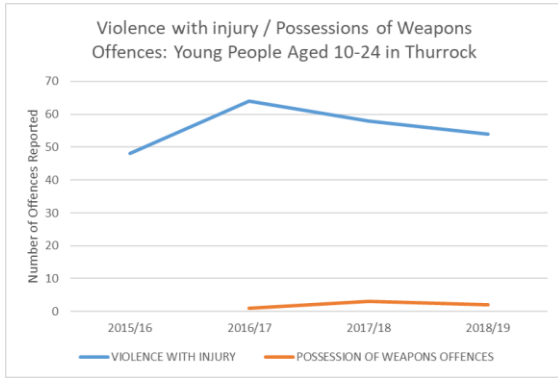
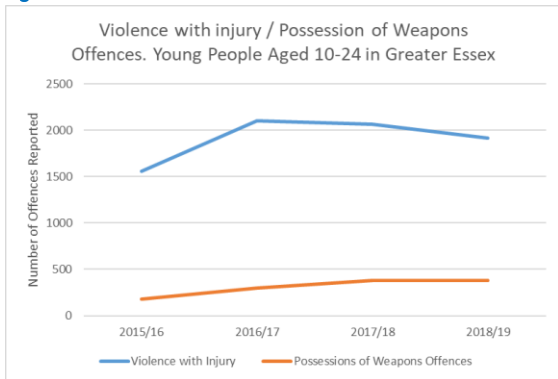


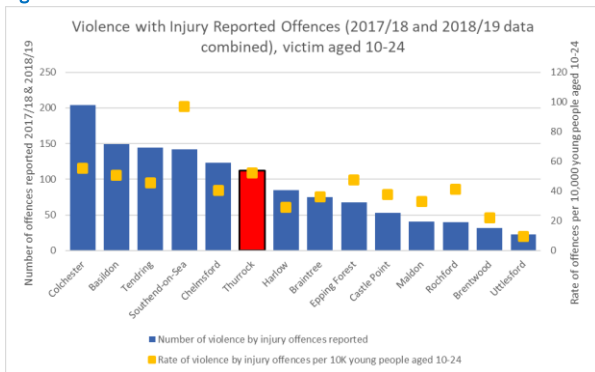
Figure 2.5



Although different in scale, both charts show a similar trend with a rise to a peak in 2016/17 of *Violence with Injury* followed by a slowly decreasing trend in subsequent years. The trend for *Possession of Weapons* offences in Thurrock shows a different trend to Greater Essex with numbers falling from 2017/18 whilst Essex remains static. However due to the numbers of records we have had to exclude because of lack of victim age data recorded, the absolute numbers of records analysed for Thurrock is very small.

Figure 2.6 compares the absolute numbers of *Violence with Injury* offences reported to Essex Police in each district, combining the last two fiscal years of data available where the victim was aged 10-24. As reported earlier, incidents that occurred in a domestic setting have been excluded. Because the population of young people aged 10-24 is not evenly distributed across Essex, we have also presented this data as a rate per 10,000 young people living in each district.

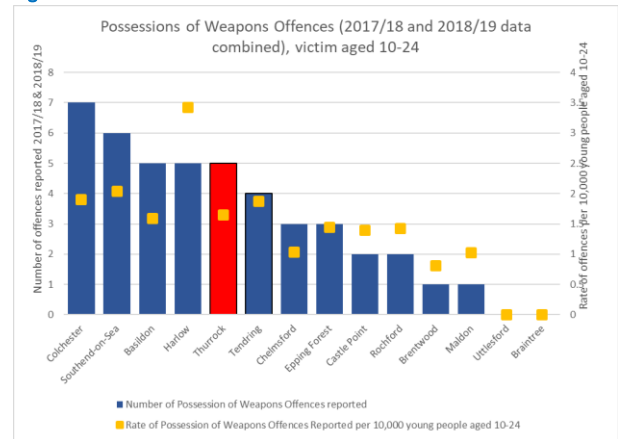
Figure 2.6



In terms of absolute numbers of *Violence with Injury* incidents reported by young people, Thurrock ranks sixth out of 14 districts in Essex. However when rate of reporting per 10,000 young people living in each district is considered, Thurrock has the second highest rate of reported incidents in Essex. It is unclear from the data the extent to which this is caused by a genuinely higher underlying incidence of violence against young people, or because of a greater willingness to report violence compared to young people in other districts.

Figure 2.7 shows similar absolute numbers and rates of reporting of *Possession of Weapons* offences.

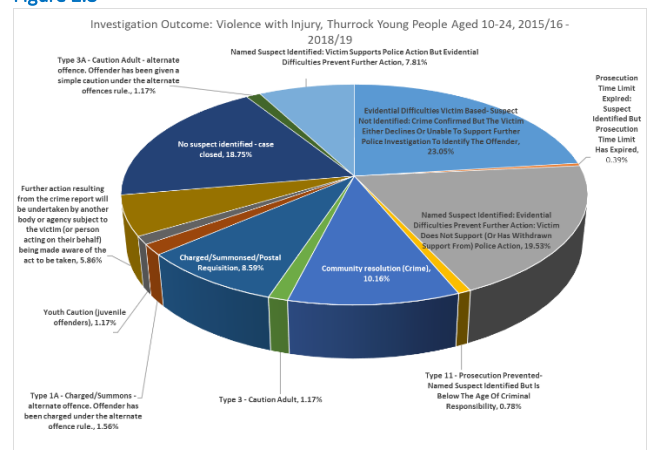
Figure 2.7



Thurrock is ranked the fifth highest district in Essex in terms of both absolute numbers and rate per 10,000 young people aged 10-24 for reported *Possession of Weapons* offences.

Figure 2.8 shows the recorded investigation outcome for reported offences for *Violence with Injury* against young people in Thurrock aged 10-24 between 2015/16 and 2018/19.

Figure 2.8



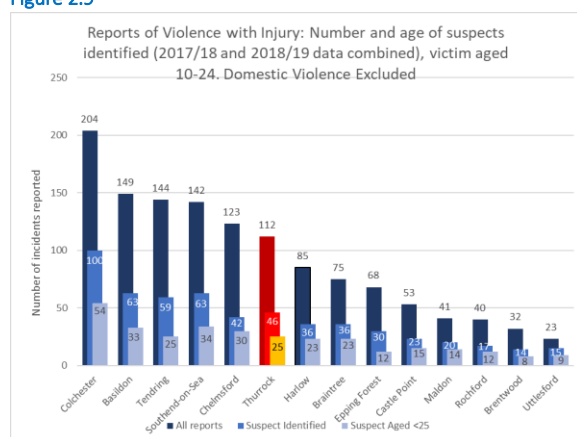
Only 8.59% of reported offences resulted in a formal charge/summons or postal requisition. The main reasons for this were an inability to identify a suspect, the victim withdrawing support for the police action, a community resolution, and further action being taken by another body or agency. Assuming all reports are genuine, this suggests

that the vast majority of offenders who commit violence with injury offences against young people in Thurrock will never face conviction.

Individuals recorded as suspects for involvement in Violence with Injury Offences.

Figure 2.9 shows the number of incidents of *violence with injury* and number where the suspect's details appear in the dataset and where the suspect is also under 25 by district in Essex. These data are likely to be a combination of the underlying incidence of violence where both the suspect and victim is aged under 25, the willingness of victims to report violence incidents to the police and the police's ability to identify a suspect. Thurrock ranks seventh out of 16 district areas in Essex for number of suspects identified in 2017/18 and 2018/19.

Figure 2.9



Of the 112 incidents of *Violence with Injury* reported to Essex police (excluding domestic incidents) in 2017/18 and 2018/19 where the victim was under 25, 46 records (41.1%) had details of an identified suspect and of these, 25 records (54.3%) show that the suspect was also aged under 25. This suggests that only just over half of incidents of violence against young people in the borough are committed by other young people under the age of 25.

Sex of suspects and victims of violent crime with injury

Tables 2.1 and 2.2 show the recorded sex and ethnic appearance of victims and suspects recorded in the police records from 2015/16 to 2018/19 for Thurrock and Greater Essex. Records with no suspect recorded were excluded from this analysis.

Table 2.1: Sex of Suspects and Victims in Thurrock

		SUSPECTS ↓	
		Male	Female
VICTIMS →	Male	63.16%	3.51%
	Female	10.53%	22.81%

Table 2.2: Sex of Suspects and Victims in Greater Essex

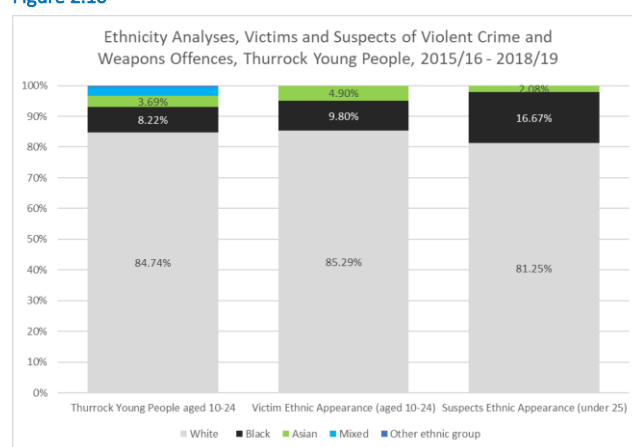
		SUSPECTS ↓	
		Male	Female
VICTIMS →	Male	58.70%	5.60%
	Female	11.65%	24.04%

The majority of reported incidents of *violence with injury* in both Thurrock and Greater Essex has the sex of both the victim and suspect as *male* but with a greater percentage in Thurrock than Essex. The next most common category is where both the victim suspect is female. Incidents of male violence against females makes up circa 11% of records in both Thurrock and Greater Essex and incidents of female suspects committing violence against male victims is rare.

Ethnicity of suspects and victims of violent crime with injury

We analysed the recorded 'ethnic appearance' fields within the police data for victims aged 10-24 and suspects aged under 25 for incidents of *violence with injury* reported in Thurrock between 2015-16 and 2018/19. (Figure 2.10)

Figure 2.10



The ethnicity structure of the cohort of victims reporting crimes of *violence with injury* in Thurrock is broadly in line with ethnicity structure within the general population of young people aged 10-24 in the borough. However, within the cohort of suspects, black young people are over-represented with approximately double the proportion of black suspects compared to the general population. The reasons for this are unclear from the data and are likely to be complex. It is worth noting that 'mixed race' was not recorded in the police data which may over-inflate the numbers of young people recorded as having a black ethnic appearance.

Location of suspects in relation to victims

The police dataset records the district in which the suspect resides. We analysed the dataset to determine whether suspects were likely to live in the same district as victims. This provides a sense of whether suspects are committing violence within their own district or travelling across or into Essex from other districts to commit violent acts against young people.

Table 2.3 (overleaf) shows this location analyses for records containing suspects aged 25+ and table 2.4 shows the same analyses for records containing suspects aged under 25.

Each row shows the percentage of incidents of violence with injury committed in that district in Essex committed by

suspects who live in every district in Essex and outside of the county. The last two full fiscal years of data that were provided (2017/18 and 2018/19 are combined). Boxes where

the location of the crime and the location of the suspect are the same are highlighted in red.

Table 2.3: Location of Violence with Injury reported crimes and Address of Suspects (Victims aged 10-24, Suspects aged 25+) 2017-18 and 2018-19 Combined Data

CRIME LOCATION (Victim aged 10-24)	SUSPECTS' (aged 25+) LOCATION ↓↓														CRIME TOTALS	
	Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	Southend-on-Sea	Tendring	Thurrock	Uttlesford		Area outside Essex
Basildon	80.00%									3.33%			10.00%		6.67%	100%
Braintree		76.92%							7.69%						15.38%	100%
Brentwood			83.33%												16.67%	100%
Castle Point				87.50%							12.50%				0.00%	100%
Chelmsford					91.67%										8.33%	100%
Colchester				2.17%		91.30%						2.17%			4.35%	100%
Epping Forest							83.33%								16.67%	100%
Harlow								100.00%							0.00%	100%
Maldon		33.33%							50.00%						16.67%	100%
Rochford				20.00%	20.00%					60.00%					0.00%	100%
Southend-on-Sea											93.10%				6.90%	100%
Tendring		3.03%										87.88%			6.06%	100%
Thurrock													100.00%		0.00%	100%
Uttlesford		20.00%			20.00%									60.00%	0.00%	100%

Table 2.4: Location of Violence with Injury reported crimes and Address of Suspects (Victims aged 10-24, Suspects aged under 25) 2017-18 and 2018-19 Combined Data

CRIME LOCATION (Victim aged 10-24)	SUSPECTS' (aged under 25) LOCATION ↓↓														CRIME TOTALS	
	Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	Southend-on-Sea	Tendring	Thurrock	Uttlesford		Area outside Essex
Basildon	96.97%				3.03%											100%
Braintree		91.30%				4.35%					4.35%					100%
Brentwood			62.50%												37.50%	100%
Castle Point	6.67%			93.33%												100%
Chelmsford		3.33%		3.33%	80.00%				6.67%				3.33%		3.33%	100%
Colchester		5.66%				81.13%						11.32%			1.89%	100%
Epping Forest							83.33%								16.67%	100%
Harlow							4.35%	78.26%							17.39%	100%
Maldon									92.86%						7.14%	100%
Rochford										66.67%	33.33%					100%
Southend-on-Sea				2.94%						2.94%	91.18%				2.94%	100%
Tendring						4.00%						84.00%			12.00%	100%
Thurrock													80.00%		20.00%	100%
Uttlesford														88.89%	11.11%	100%

Both tables show that the majority of records with a recorded suspect show that suspect also lived in the district that they were suspect of committing the crime in. This suggests a low level of mobility of suspects when committing violent incidents. Interestingly, unlike many other districts has a lower proportion of suspects aged under 25 (80%) who also live within the borough that they committed the crime, whilst conversely 100% of suspects aged 25+ lived within Thurrock. 20% of reported incidents of violence with injury where the suspect was aged under 25 had records of suspects living outside Essex. This may reflect anecdotal evidence that young people are travelling into the borough from the Metropolitan Police area to commit violence against other young people.

Ward level analyses on police dataset

The police dataset contained details of the ward in which the reported incident occurred. We analysed this dataset using records from 2017-18 and 2018-19 across greater Essex, excluding domestic violence incidents.

Figures C shows the distribution of reported incidents for Violence with Injury at ward level, by local authority and with Thurrock wards highlighted. Figure D shows the same data but only highlighting wards with seven or more reported incidents of Violence with Injury.

Figure 2.11: Number of incidents reported for *Violence with Injury* by Ward across Greater Essex 2017-18 and 2018-19

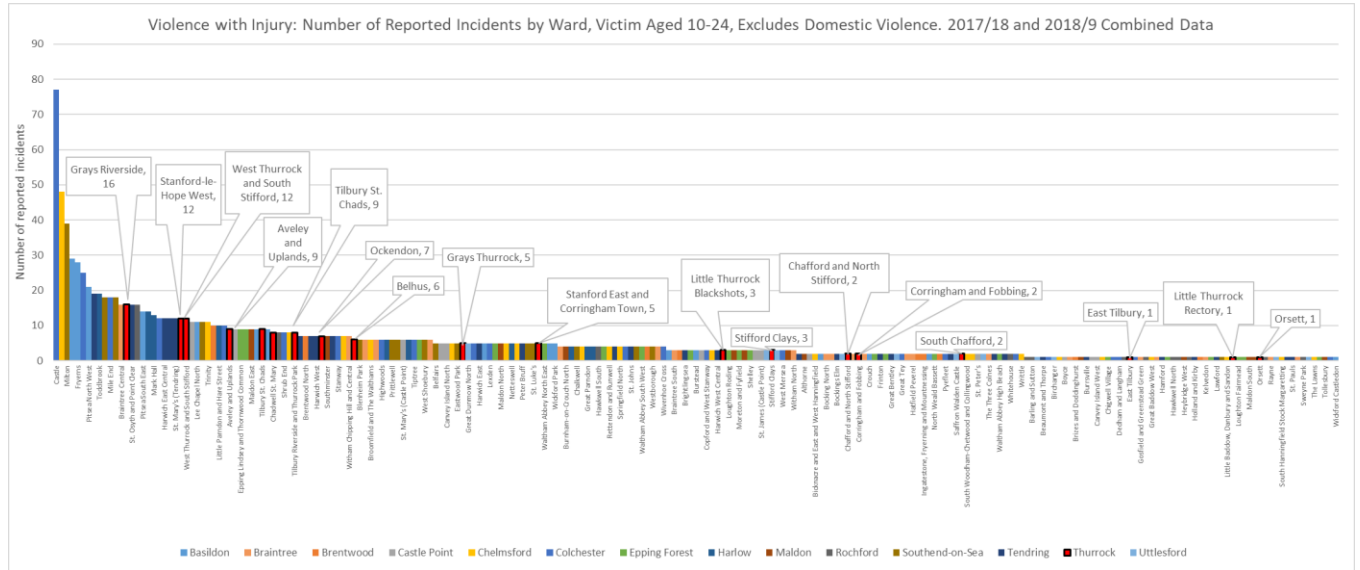
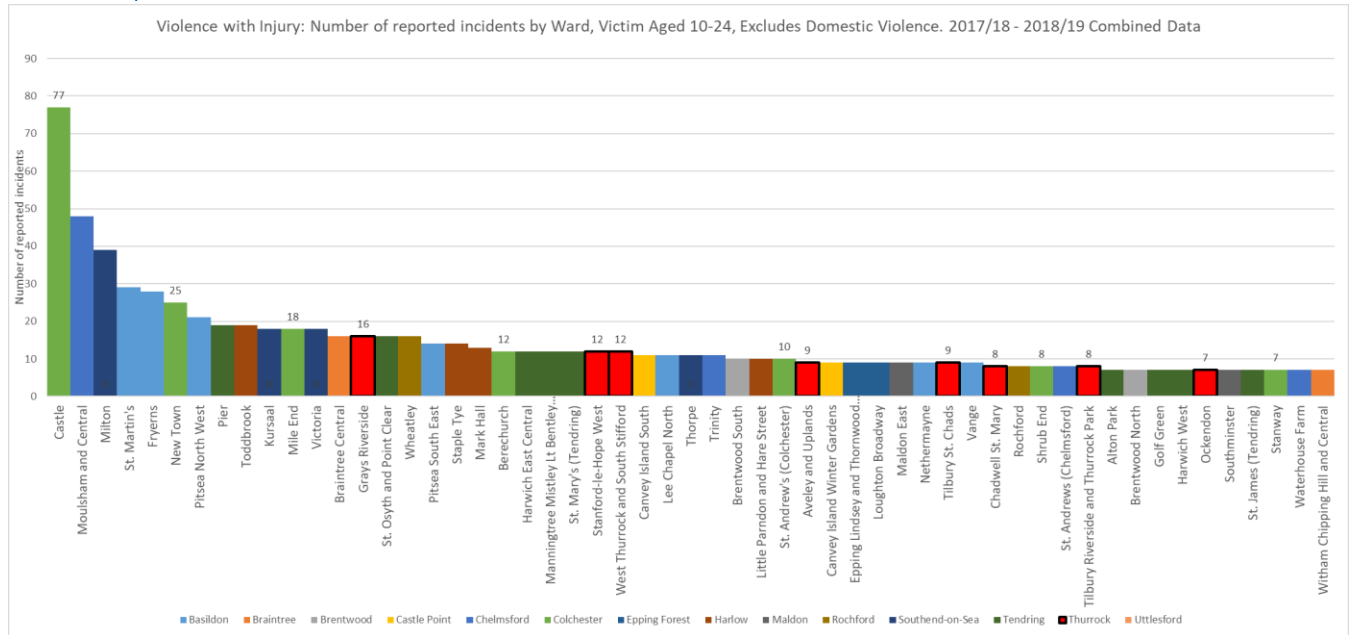


Figure 2.12: Number of incidents reported for *Violence with Injury* by Ward across Greater Essex 2017-18 and 2018-19 (Wards with seven or more incidents)



The ward with by far the highest number of reported incidents of *violence with injury* against young people aged 10-24 in the last two years in Greater Essex is *Castle Ward* in Colchester. *Grays Riverside* is the ward in Thurrock with the highest number of reported incidents with 16 in the last two years. It is ranked 14th highest out of 665 number of wards in Greater Essex. Thurrock has eight wards with seven or more reported incidents of *violence with injury*: *Grays Riverside*, *Stanford-le-Hope-West*; *West Thurrock and South Stifford*; *Aveley and Uplands*; *Tilbury St. Chads*; *Chadwell St. Mary*; *Tilbury Riverside* and *Thurrock Park*; and *Ockendon*.

Figures E and F show similar analyses but only with records where a suspect has been identified who was under 25. As such, these figures show confirmed incidents of youth-on-youth serious violence. Because many records have no suspect data figure E and F show analyses across the longer time period of 2015-16 to 2018-19. Figure F shows only wards where there were five or more reported incidents. All but one wards with five or more reported incidents of *violence with injury* where the suspect was also under 25 were in the Tilbury and Chadwell locality of the borough.

Figures C-E shows that reporting of *violence with injury* is concentrated to specific geographical locations in Essex. In total, 237 of 665 wards (35.6%) in Greater Essex had one or more reported incidents of *Violence with Injury* where the victim was aged 10-24 and only 103 (15.4%) had five or more incidents reported in the last full fiscal years for which we have data. This intelligence has implications for better targeting of both future enforcement and possibly prevention activity.

Figure 2.13

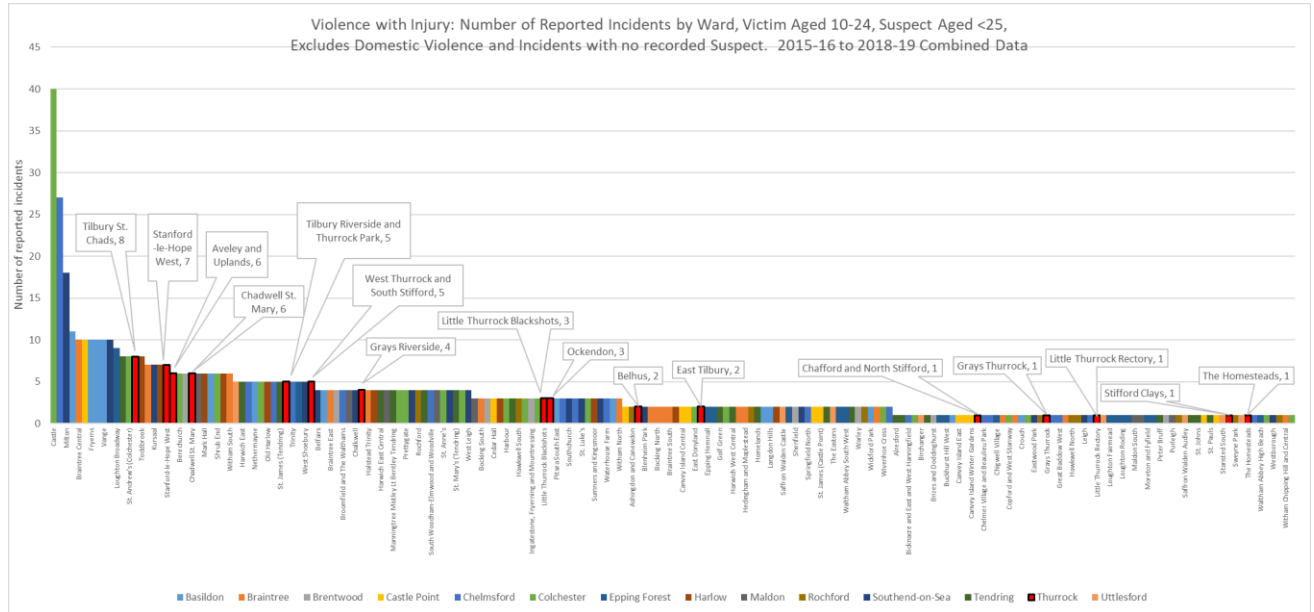
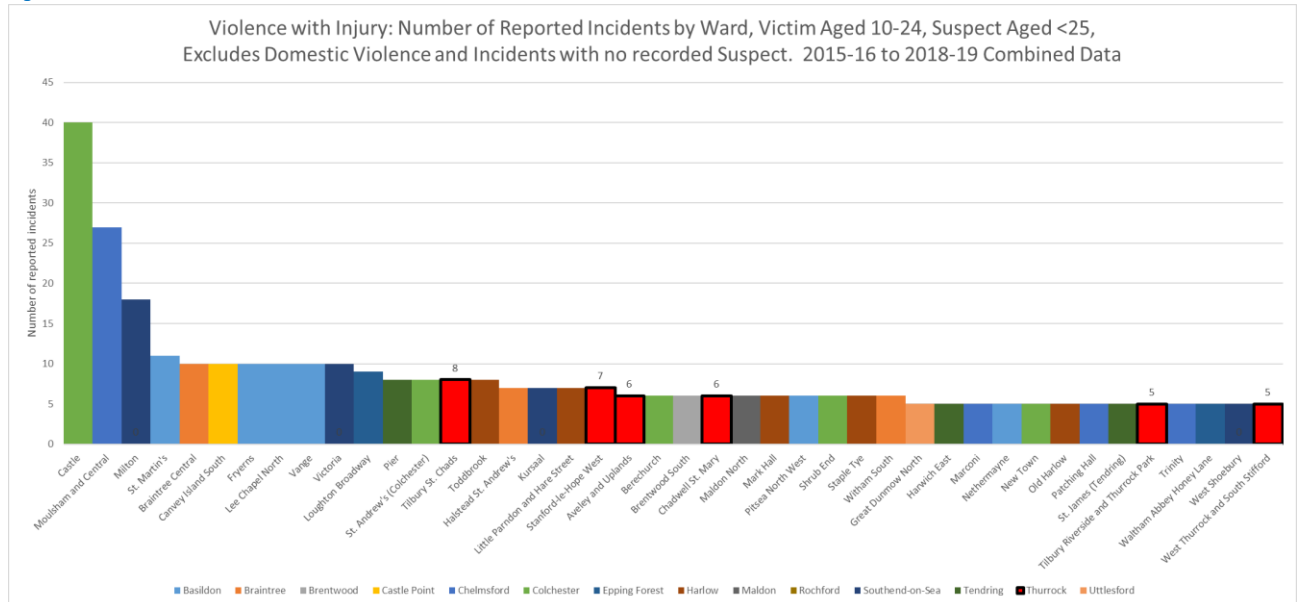


Figure 2.14



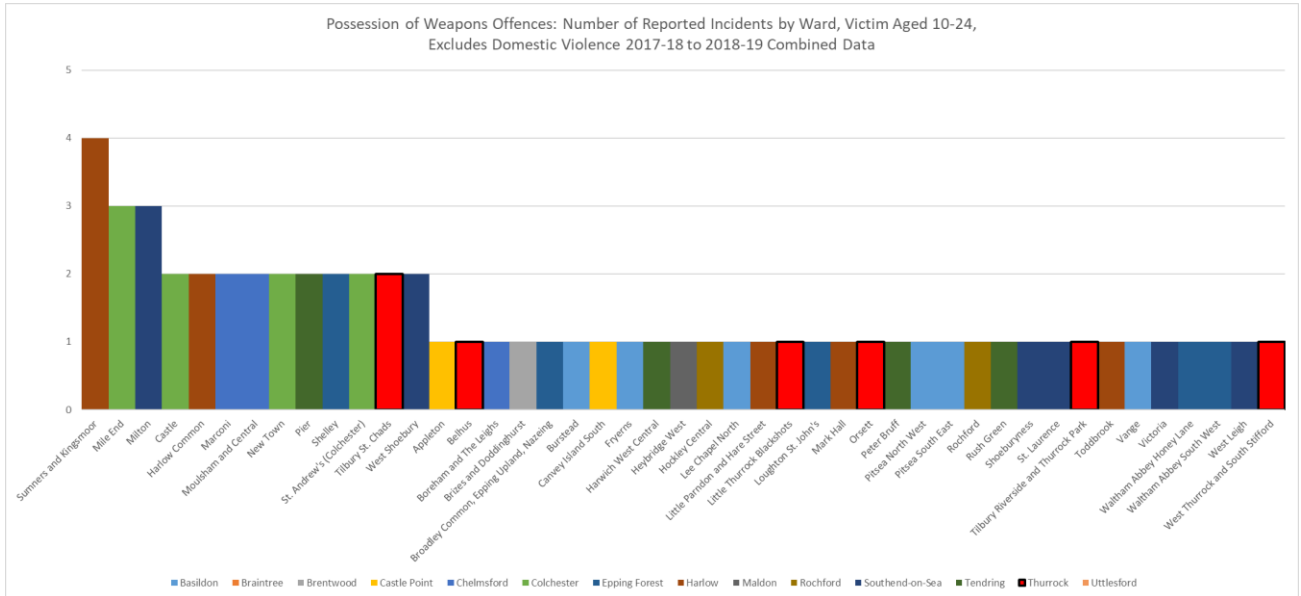
Distribution of Possession of Weapons Offences

If reporting of *violence with injury* offences can be said to be relatively localised to specific wards in the county, *possession of weapons offences* is extremely localised. Figure 2.15 shows the number of incidents of *possession of weapons offences* across Greater Essex in 2017-18 and 2018-19 where the victim was aged 10-24. In total, 63 separate reported incidents were recorded across only 33 of the 655 wards (4.96% of all wards). Again, this intelligence could be used to target enforcement and potentially secondary prevention activity.

Thurrock had six wards where *Possession of Weapons Offences* were reported in 2017/18 – 2018/19: *Tilbury St. Chads; Belhus; Little Thurrock and Blackshots; Orsett; Tilbury Riverside and Thurrock Park; and West Thurrock and South Stifford.*

Analyses of records where a suspect under 25 was recorded has not been included as the number of records were too small to make the analyses meaningful.

Figure 2.15



Ambulance Data

The Essex Ambulance Service provided their dataset from 2014/15 to 2018/19 for ambulance call outs for patients experiencing injury due to violence. Ambulance data included the age of the patient and the location at ward level of the call out. The recording of ward provides a highest level of geographical granularity on where violent incidents may be occurring in Essex. We analysed the subset of this dataset relating to patients aged 10-24. Injuries caused by violence were categorised into those caused by assault, those caused by serious assault with injury and those caused by a gunshot/knife or other stabbing. We excluded all records relating to sexual assault, where the injury was self-inflicted or where we were not able to determine from the data whether or not the assault was sexual or the injury was self-inflicted. Unlike the police data, the Ambulance dataset is more likely to give an accurate picture of need, both because it will not suffer from an unwillingness to report the incident, and because the age of the patient is very well recorded, meaning that we have been able to identify accurately patients who were in the age group 10-24.

Caveats on the dataset and analyses we have conducted

The ambulance dataset does however contains limitations when considering youth violence.

Firstly, the dataset is concerned only with victims of violence who sustain injuries serious enough for an ambulance to be called. As such it is likely to *under-estimate* the overall numbers of young people who are victims of violent attack in the population.

Secondly, the dataset does not record any information on the perpetrators of violence and as such we cannot determine whether or not the perpetrators were also young people. As such it is likely to also include many incidents relating to domestic violence which whilst important are

beyond the scope of this report. In that sense, it is highly likely to *over-estimate* the scale of youth violence that this report concerns itself with in its agreed scope.

Trends in ambulance call outs for young people who have been victims of violence

Figures 2.16 and 2.17 show the trend in absolute numbers of ambulance call outs for assault, assault with serious injury and stabbing/knife/gunshot wounds in young people aged 10-24 between 2014/15 and 2018/19 in Greater Essex and Thurrock.

Figure 2.16

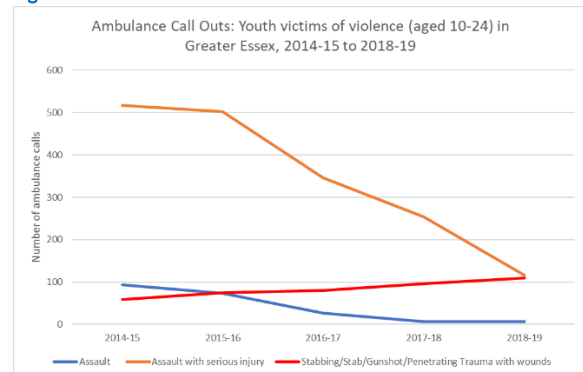
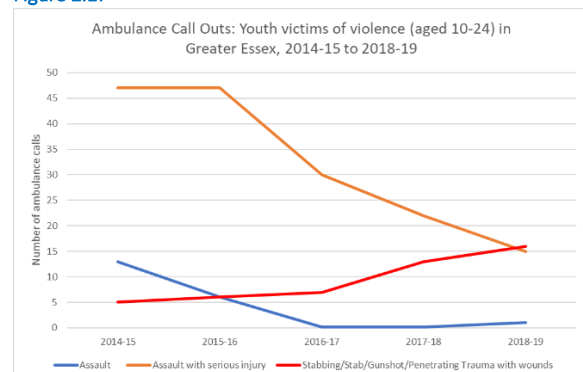


Figure 2.17



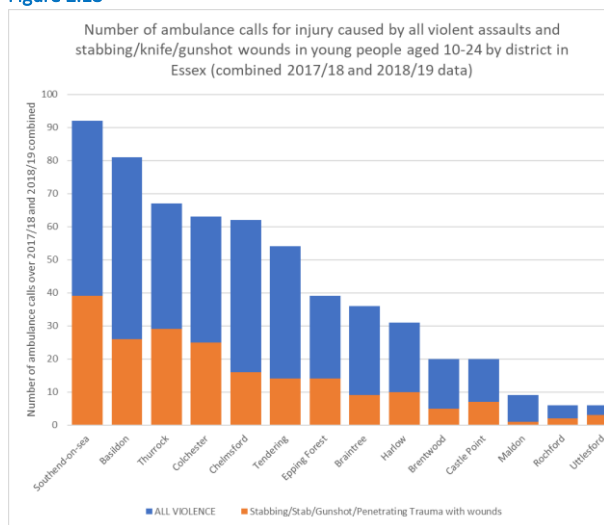
Both graphs show a similar pattern; ambulance call outs for assaults/assault with serious injury have a downward trend whilst ambulance call outs for knife/stabbing/gunshot wounds have risen sharply, particularly over the last three years in Thurrock.

Ambulance Callouts by District

Figure 2.18 shows the total number of ambulance call outs for all violence (excluding self-inflicted/sexual violence) and knife/stabbing/gunshot wounds by district across greater Essex in 2017/18 and 2018/19 for patients aged 10-24.

Thurrock had the third highest numbers of ambulance call outs for violence and the second highest number of ambulance call outs for stabbing/knife/gunshot wounds in Essex over the last two years of recorded data.

Figure 2.18

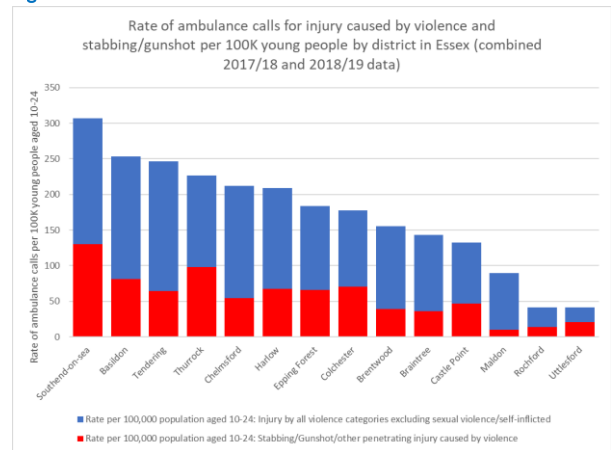


However, we know that the population of young people in Essex is not evenly distributed across the county. In order to control for this, we calculated the rates ambulance call outs for injuries caused by all violence (excluding sexual violence) and injuries caused by stabbing/knife/gunshot wounds per

100,000 young people aged 10 to 24 living in each district in Greater Essex. (Figure 2.19). These data give an indication of the risk that a young person aged 18-24 has of experiencing a violent attack requiring an ambulance in different geographies across Essex.

The rate of ambulance call outs for injuries caused by violence per 100K young people aged 10-24 in Thurrock is the fourth highest in Essex, and for ambulance conveyances for stab/knife/gunshot wounds, is the second highest in Essex.

Figure 2.19

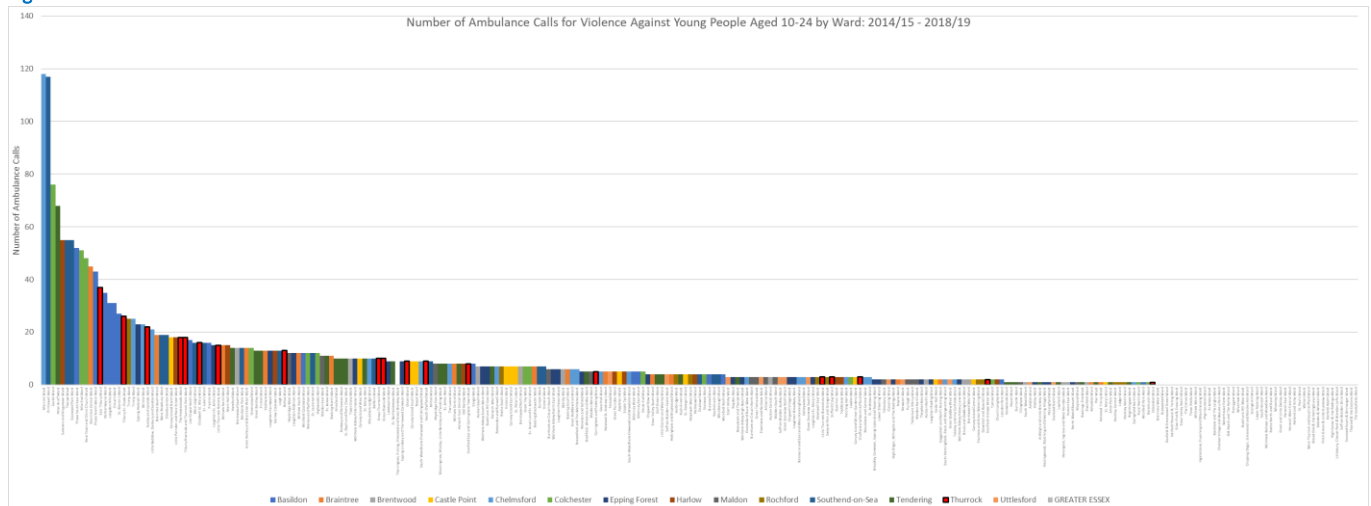


Ambulance Call-Outs for Violence by Ward

We analysed ambulance data at ward level for assault/assault with serious injury and stabbing/knife/gunshot wounds for young people, combining the five years of data between 2014/15 and 2018/19 both in absolute numbers and as a rate per 1000 population of young people aged 10-24 in each ward.

Figures 2.20 and 2.21 show absolute numbers of ambulance call outs for violence by ward for all wards in Essex and the wards with the highest numbers of call outs (8 or more calls). Thurrock wards are shown in red with a black border.

Figure 2.21



(49.8%) received no ambulance call outs for stab/knife/gunshot wounds in young people aged 10-24 between 2014/15 and 2018/19. Conversely, the ward with the highest rate of callouts (Peter Bruff ward in Tendering) had a rate 19 times that of the lowest.

Figure 2.24

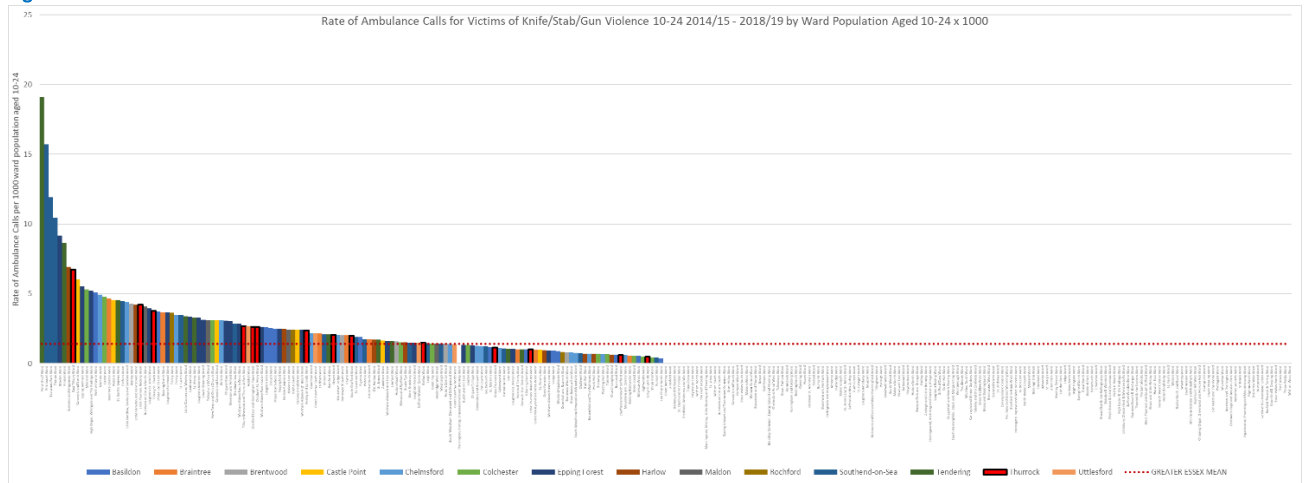
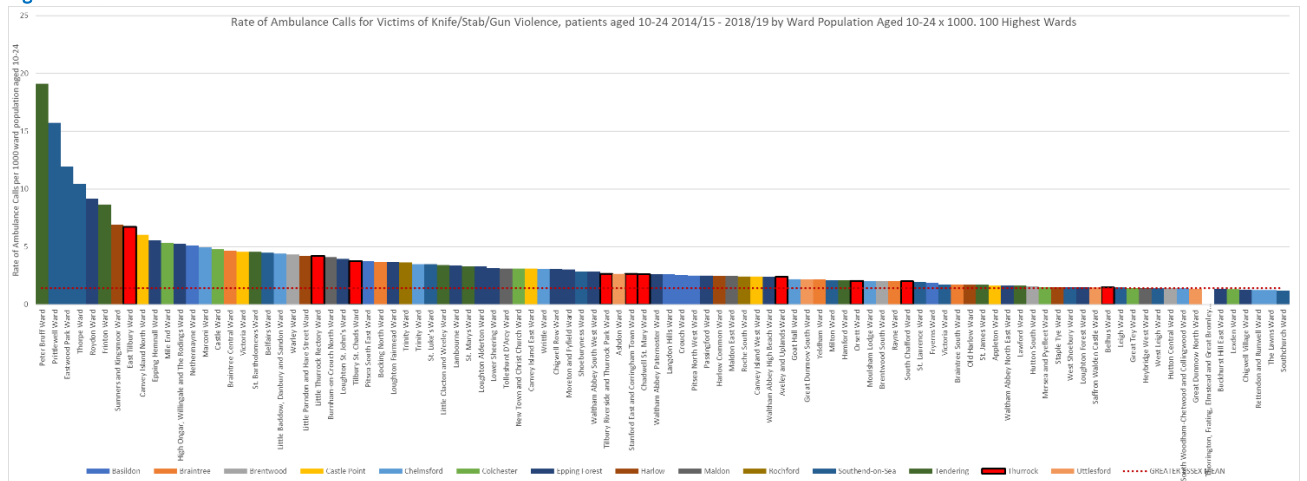


Figure 2.25



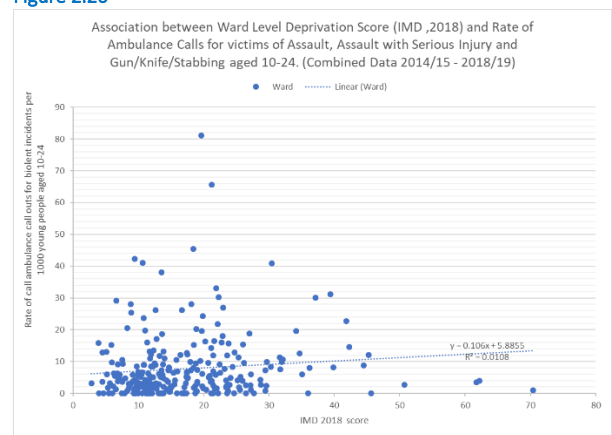
Thurrock had 10 wards with rates of ambulance call outs for stab/knife/gunshot wound injuries in patients aged 10-24 above the Essex mean. These were: *East Tilbury, Little Thurrock and Rectory, Tilbury St. Chads, Tilbury Riverside and Thurrock Park, Stanford East and Corringham Town, Chadwell St. Mary, Aveley and Uplands, Orsett, South Chafford, and Belhus.*

found no significant association, suggesting the overall deprivation of the ward is a very poor predictor of levels of violence. (For example, figure 2.26)

Predicting future incidents of youth violence that require an ambulance call out.

As the previous sections have demonstrated, ambulance call outs for youth violence are not evenly distributed but clustered in specific wards. We can use these patterns to predict future incidents of youth violence that require an ambulance.

Figure 2.26



We examined the association between rates and numbers of ambulance call outs for youth violence and deprivation at ward level using ward level Index of Multiple Deprivation (IMD 2018) and Index of Childhood Deprivation (IDAC 2018) for all violent incidents and stab/knife/gunshot injuries but

However, we found that the number of ambulance call outs for stab/knife/gunshot wound injuries in the previous two years in youth (aged 10-24) at ward level was a strong predictor of ambulance call outs for the same injuries in the

subsequent year. This is shown in figure X. The greater the number of ambulance call outs in the previous two years, the greater the risk of a call out in the subsequent year. For example, as figure 2.27 shows, 100% of wards with six or more ambulance call outs for stab/knife/gunshot wound injuries in the previous two years received two or more ambulance call outs for the same injuries in the subsequent year. Similarly 72% of wards that received three to five call outs in the previous two years received at least one call out in the subsequent year.

We can use these data to predict future ambulance call outs for knife/stab/gunshot injuries in the future. This prediction may be useful as a means of targeting future prevention and enforcement activity at ward level.

Figure 2.27

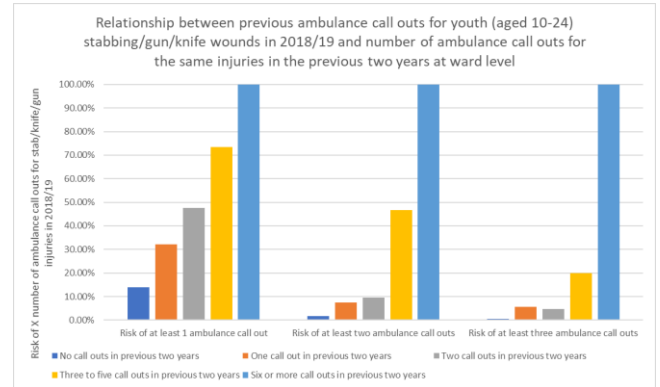
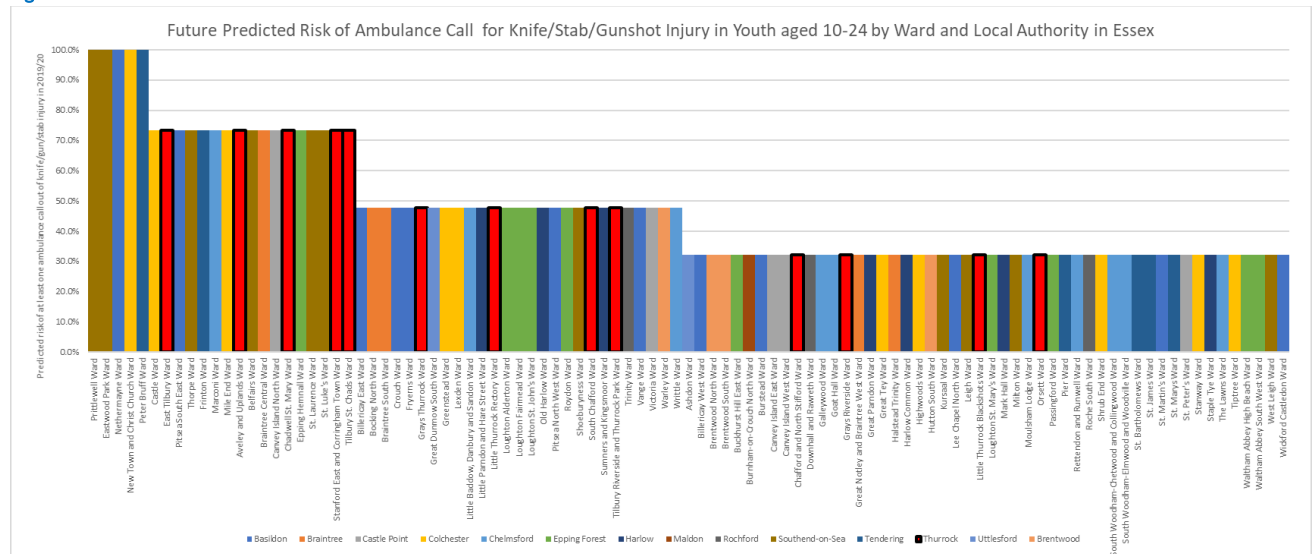


Figure 2.28 demonstrates this by using historical data to predict the risk of at least one ambulance call out for a young person aged 10-24 for a knife/stab/gunshot injury in 2019/20. Wards with a risk of 30% of greater are shown.

Thurrock wards are shown in red with a black boarder.

Figure 2.28



Thurrock has five wards with a predicted risk of 70% of at least one ambulance call out for a knife/stab/gunshot wound in 2019/20. These are *East Tilbury, Aveley and Uplands, Chadwell St. Mary, Tilbury St. Chads, and Stamford East and Corringham Town*.

A further four wards have almost a 50% predictive risk of at least one ambulance call out in 2019/20: *Grays Thurrock; Little Thurrock Rectory; South Chafford; and Tilbury Riverside and Thurrock Park*.

This intelligence can be used to target prevention and enforcement activity more effectively.

Youth Offending Service Data

We analysed the dataset held by the Thurrock Youth Offending Service for the years 2014/15 to 2018/19. We can be confident that the records contained within this dataset pertain to young people (aged <18) guilty of the offences

described. However the data is likely to under-estimate the total level of offending in Thurrock as it relates only to young people who have been caught and entered the criminal justice system.

In order to reduce the number of offence categories, we grouped offences recorded in categories shown in Table 2.5 overleaf.

Figure 2.29 (overleaf) shows the number of each category of offence dealt with by the Thurrock YOS between 2014-15 and 2018-19. Total offending across all categories has risen considerably from 2014-15 to 2018-19 with a slight reduction in 2017-18. Robbery against the individual (likely to be largely street based robbery) shows the fastest increase, with no offences dealt with by the YOS in 2014-15 compared to 84 in 2018-19.

Knife/blade/firearm/offensive weapons offences have also risen sharply since 2013-14 although fell back slightly in 2018-19. (figure 2.30 overleaf)

Table 2.5

APHR Category	Crimes included
Robbery	All robbery / attempted robbery/ conspiracy to commit robbery against the person. (Excluded all other types of theft including burglary, shoplifting, vehicle/cycle theft)
Violence Against the Person – Common Assault	All common assault categories including attempted assault
Violence Against the Person – Serious Assault	Assault / attempted assault by beating, battery, assault of a police officer, assault resulting in actual bodily harm.
Violence Against the Person – GBH	All actual or attempted acts of violence causing grievous bodily harm. Wounding with intent (section 18)
Violence Against the Person – Knife/Blade/Firearm/Offensive Weapon	All offences relating to possessing and/or threatening an individual with a knife, blade, offensive weapon or fire arm
Violence Against the Person – Other	Resisting Arrest and other offensive relating to obstructing a police officer. Using violence to gain entry to a premises. False imprisonment. Interfering with a motor vehicle with the intent of endangering life.

Figure 2.29

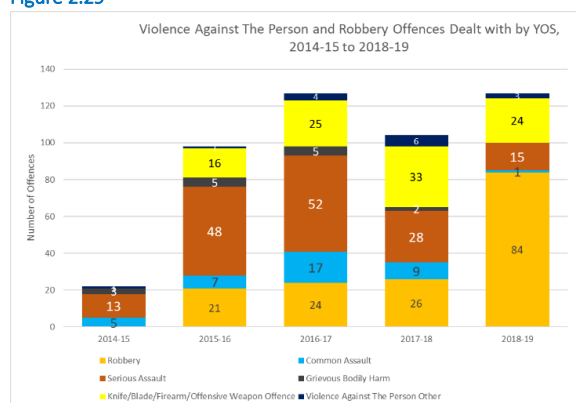
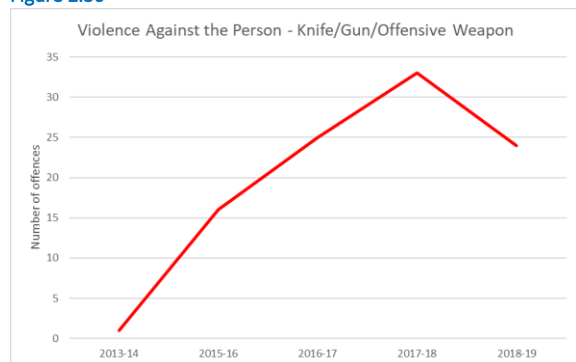
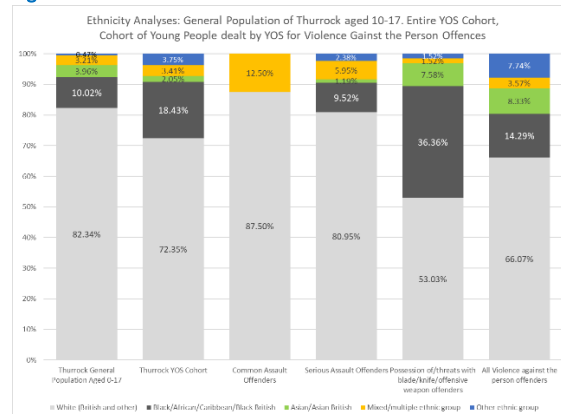


Figure 2.30



We conducted ethnicity analyses of the cohorts of young people accessing the Thurrock YOS because of different categories of violent offences in 2013-14 to 2018-19. This is shown in figure 2.31 and compares these cohorts to the entire cohort of young people the accessed YOS and the ethnicity breakdown of the Thurrock general population aged 10 to 17.

Figure 2.31

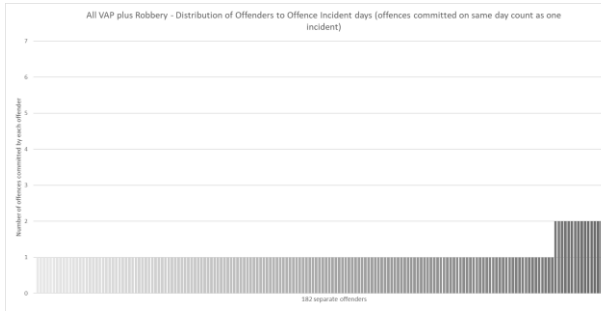


The ethnicity analyses highlights differences in the ethnic makeup of the different cohorts. Young people accessing YOS due to committing *Common Assault* offences are more likely that the entire YOS cohort of the general population of Thurrock to be white or mixed ethnic group. Conversely those accessing YOS because of *Offensive Weapons* offences are disproportionately Asian and particularly Black compared to both the entire YOS cohort and general population of Thurrock aged 10-17. Over all categories of violence against the person, non-white young people are disproportionately over-represented. The reasons behind this are unclear and likely to be complex but could include differences in arrest/conviction rates between different ethnic groups or an underlying difference in the proportions of young people from different ethnic groups committing different types of violent crime. An entire range of differing risk factors faced by different ethnic groups could in turn be driving this phenomenon and the data may have implications for how best to target prevention activity.

Single vs Repeat Offenders

We wished to explore how many offences for youth violence and robbery were committed by the same offender. Figure 2.32 (overleaf) shows the distribution of offenders to offences for all violence against the person categories of offence plus robbery.

Figure 2.32



Over the five years analysed within the YOS dataset, 220 offences for all categories of *violence against the person* plus robbery were committed by 182 separate young people. As such, the majority of young people accessing the YOS (82.7%) committed only one violence against the person or robbery offence over five years. This would suggest that the YOS was successful in the majority of cases of offenders in preventing repeat offending behaviour for this type of crime, although this doesn't account for previous offenders who don't get caught for subsequent offences. 18% of young people were referred to YOS for two offences for violence against the person/robbery and 3.3% for three or more offences of this nature.

We conducted similar analyses for the sub categories of *Knife/Gun/Offensive weapon* and *Serious Assault* (figures 2.33 and 2.34)

Figure 2.33

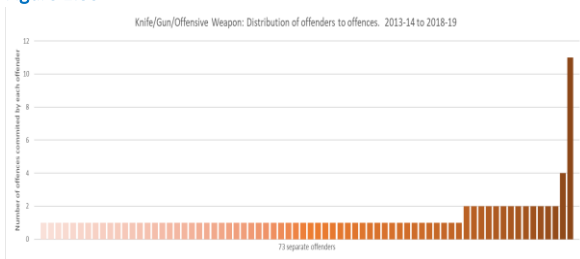
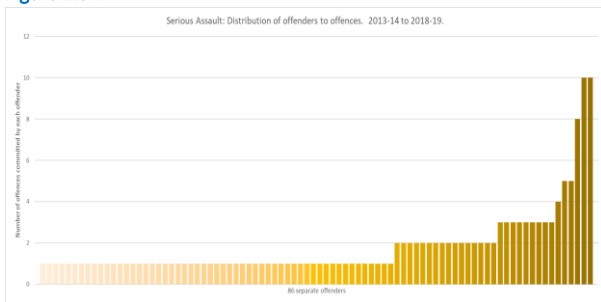


Figure 2.34



In both categories of *Knife/Gun/Offensive Weapon* and *Serious Assault*, once again the majority of offenders (79.4% and 65.1% respectively) committed only one offence. However for *serious assault* there is a larger cohort of young people committing multiple offences despite YOS intervention.

Association with other crime

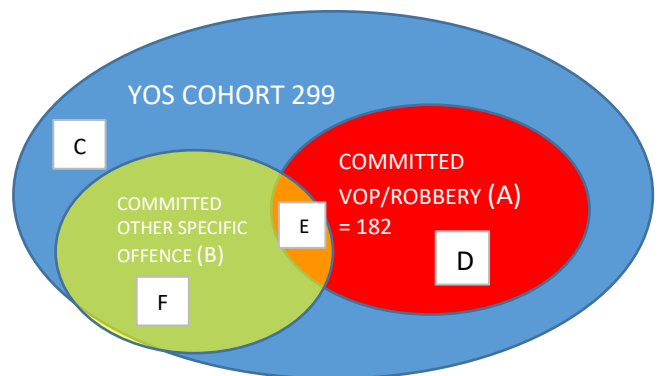
We wished to explore the relationship between committing all sub-categories of *Violence Against the Person/Robbery* and committing other types of crime amongst the YOS cohort. This can be represented by Venn Diagram 1. In total over the years 2013-14 to 2018-19, the YOS worked with 299 separate offenders (Large blue oval). Of those, 182 committed at least one *Violence against the Person/Robbery* category of offence (Red oval – A).

The section of the Red Oval (D) represents the number of young people in the cohort who committed a *Violence against the Person/Robbery* offence (any category) but not another type of offence. Similarly, the proportion of the green circle (F) represents the numbers of young people who committed other specific types of offences (given in table X) but not one in the *Violence Against The Person/Robbery* categories.

The Overlap between the Green and Red Ovals (E) represents the numbers of young people who committed both other categories of crime and *Violence Against the Person/Robbery*.

The section of the blue oval 'C' represents the YOS cohort who committed neither the specific offence represented by the green oval B nor *Violence Against The Person/Robbery*.

Venn diagram 1



We calculated Odds Ratios to show the level of increased likelihood that committing a range of other types of offence has on committing a *Violence Against the Person/Robbery Offence*. We did this using the remainder of the YOS cohort group (C) as a control. An Odds Ratio of 2 would signify that committing another type of offence means that the offender was twice as likely as the remainder of the YOS cohort to commit a *Violence Against the Person/Robbery* offence.

The results of this analyses are shown in table 2.6 (overleaf).

Table 2.6

Specific other offence committed (Green Oval B)	Total Number of YOS Offenders Committing this category of offence (Number Green Oval B)	Number of YOS offenders also committing VOP/Robbery (Overlap E)	Number of YOS Offenders Committing this offence who did not commit VOP/Robbery (Section F of green oval)	% of offenders committing this offence ALSO committing VOP ROBBERY	Number of Offenders committing VOP/Robbery but not this specific other offence (Section D of red oval)	Number of YOS Cohort who did not commit either VOP/Robbery nor this specific offence (Section of blue oval C)	Odds Ratio (Increased risk of committing VOP/Robbery if committed this offence)	95% Confidence Interval	p value
SUPPLY OF A CLASS B DRUG	9	8	1	88.90%	174	116	5.33	0.658 to 43.21	0.12
BREACH OF BAIL	10	8	2	80%	174	115	2.64	0.55 to 12.67	0.2241
POSSESSION OF A CLASS A DRUG	10	7	3	70%	175	114	1.52	0.3851 to 5.99	0.55
SUPPLY OF A CLASS A DRUG	10	7	3	70%	175	114	1.2	0.571 to 2.534	0.63
POSSESSION OF CLASS B DRUG	47	32	15	68.09%	150	102	1.45	0.75 to 2.82	0.27
CRIMINAL DAMAGE	63	41	22	65.08%	141	95	1.26	0.70 to 2.24	0.441
BREACH OF STATUTORY ORDER	34	22	12	64.70%	160	105	0.98	0.45 to 2.12	0.961
PUBLIC ORDER	30	18	12	60%	164	105	0.96	0.44 to 2.08	0.96
BREACH OF CONDITIONAL DISCHARGE	6	3	3	50%	179	114	0.66	0.13 to 3.30	0.61
BURGLARY	16	8	8	50%	174	109	0.63	0.23 to 1.72	0.365
THEFT AND HANDLING STOLEN GOODS	65	31	34	47.70%	151	83	0.501	0.288 to 0.873	0.0148
MOTURING OFFENCES	35	11	24	31.40%	171	93	0.2493	0.1169 to 0.53	0.0003

Table 2.6 shows a high degree of ‘overlap’ between some other types of offence category and committing *Violence Against The Person/Robbery* amongst the YOS cohort of young people. 88.9%, 80%, 70% and 70% of young people committed offences of Supplying Class B drugs, Breach of Bail, Possession of Class A drugs and Supplying Class A drugs respectively also committed VOP/Robbery offences. It is worth noting that which offence preceded the other cannot be determined from this analyses. The Odds Ratios signify that those young people who committed Possession and Supply of Class A and B drugs offences, those committing criminal damage and those who breached bail were all at greater risk than the rest of the YOS cohort of

committing *violence against the person/robbery* offences, although none of the Odds Ratios were statistically significant at 95% confidence, largely because the relatively small numbers of young people involved in both category of offence meant there was insufficient statistical power to the calculation.

Two statistically significant odds ratios were identified, shown in green. Young people committing theft/handling stolen goods and motoring offences were 50% and 24.9% less likely than the entire YOS cohort of also committing *Violence Against the Person/Robbery* offences.

We also calculated odds ratios using the entire population of young people aged 10-17 in Thurrock as the control group rather than the rest of the YOS cohort of young people. The results are shown in Table 2.7 and are striking and all statistically significant at 95% confidence.

Desistence Analyses

YOS record whether each young person has any of 18 risk factors that make desisting from future offending less likely. We analysed the cohort of young people who had been referred to YOS for all categories of *Violence Against the Person* crimes plus robbery. Figure 2.35 shows the results of the analyses for the sub-categories of *Common Assault, Serious Assault and GBH*. Figure 3.36 shows the results for *Robbery and Knife/Blade/Firearm/Offensive Weapon Offences* showing the percentage of offenders in each crime category with each desistence risk factor.

Table 2.7

Specific other offence committed	Odds Ratio. (Increased risk of also committing VOP/Robbery compared to the Thurrock General Population aged 10-17)	95% Confidence Interval	p value
SUPPLY OF A CLASS B DRUG	1674.97	211.19 to 13300	<0.0001
BREACH OF BAIL	1489.75	185.33 to 11975	<0.0001
POSSESSION OF A CLASS A DRUG	432	110.8 to 1684.27	<0.0001
SUPPLY OF A CLASS A DRUG	432	110.8 to 1684.27	<0.0001
POSSESSION OF CLASS B DRUG	460.63	244.36 to 868.30	<0.0001
CRIMINAL DAMAGE	427.99	248.47 to 737.20	<0.0001
BREACH OF STATUTORY ORDER	371.15	180.60 to 762.75	<0.0001
PUBLIC ORDER	296.26	140.45 to 264.92	<0.0001
BREACH OF CONDITIONAL DISCHARGE	181.01	36.28 to 902.87	<0.0001
BURGLARY	186.18	69.09 to 501.68	<0.0001
THEFT AND HANDLING STOLEN GOODS	195.48	117.09 to 323.36	<0.0001
MOTURING OFFENCES	86.79	41.85 to 179.97	<0.001

Young people referred to YOS for the other specific offence categories listed in table 2.7 are between 86.8 and 1675 times more likely to also commit *Violence Against the Person/Robbery* offences suggesting that violence secondary prevention activity needs to be targeted at the entire YOS cohort.

What is striking in the spider diagrams in figure 2.35 and 3.36 is the shapes produced across all crime categories are very similar, suggesting the most common risk factors against desistence from future offending (present in >50% of offenders) for all *Violence Against the Person* and *Robbery* crime categories for the cohort of young people that the Thurrock YOS works with are:

- Emotional Development and Mental Health
- Features of Lifestyle
- Learning, Education, Training and Employment
- Parenting, Care and Supervision
- Substance Misuse
- Thinking and Behaviour

Emotional Development and Mental Health is also a risk in a lower proportion of young people who committed *Robbery* or *Knife/Blade/Firearm/offensive weapon* offences compared to common or serious assault.

The high proportion of young people in the cohort committing violence against the person/robbery offences with the above six risk factors suggests future prevention activity needs to be targeted at addressing these six issues. It is worth noting that the six risk factors relate to both individual, family and wider societal drivers of wellbeing, suggesting future prevention activity requires a multi-agency, multi-systemic and coordinated approach.

One additional risk factor doesn't follow the same pattern across all offence sub-categories; *Resilience and Goals*. 100% of young people who committed GBH had this risk factor whilst it was present only in very low numbers of young people who committed other types of violent crime/robbery.

Figure 2.36

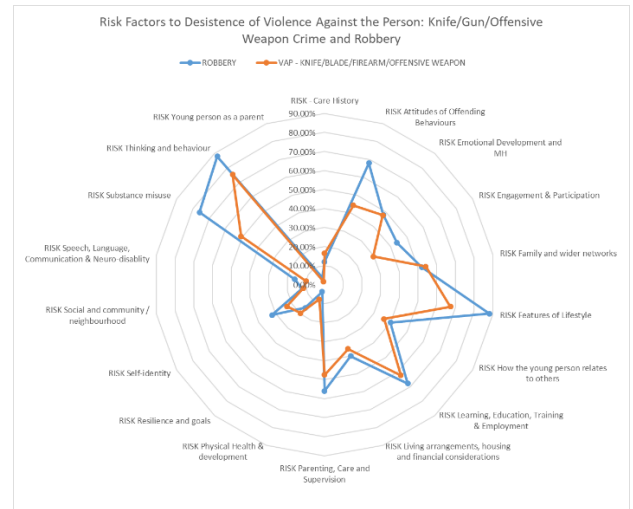


Figure 2.35



Chapter 3: Gang Culture in Thurrock

Key Findings

Evidence suggests serious consequences for both young people who join gangs and their wider communities. Gang membership is strongly associated with risk of both committing and being a victim of serious violence, school exclusion, difficulty gaining meaningful employment, criminal activity including drug dealing, robbery and sexual offences, drug/alcohol dependency and serious mental ill-health.

The numbers of young people becoming involved in gangs in Thurrock remains relatively small as a proportion of our population of the total population but has increased significantly year on year since 2016/17. Black young people are significantly over-represented in the cohort of young people known to be gang nominals in Thurrock. The reasons for this are likely to be complex and not entirely understood but may have implications for the targeting of future prevention activity. The age at which young people become involved in gangs is also reducing year on year over the past three years within the borough.

Gang related activity in Thurrock is centred around the geographical areas of Grays, Chafford Hundred and Purfleet, with three gangs known as C17 (Grays), C100 (Chafford) and P19 (Purfleet) operating. There is evidence of association between established London gangs and gang activity in Thurrock and this could be one explanation for the over-representation of black young people in Thurrock gangs.

Introduction

This chapter examines the issue of youth gangs and gang culture in Thurrock.

Although there is no standard definition of what constitutes a gang, the Centre for Social Justice in 2009 offered a practical description which incorporates five key criteria⁹ shown in box 3.1

Box 3.1

Definition of a youth gang

Gangs are a relatively durable, predominantly street-based group of young people who:

- See themselves and are seen by others as a discernible group.
- Engage in criminal activity and violence
- Identify with or lay claim over territory
- Have an identifying structural feature
- Are in conflict with other, similar gangs

Youth gangs are not a new social problem and have been reported in literature since the 19th Century, but the last 15 years British society has seen an increase in gang culture and its associated violence. Evidence suggests that up to 6% of 10-19 year olds in the UK self-report belonging to a gang.¹⁰

Impact of Gang Membership

The consequences of joining a gang are potentially very serious, both for the youth involved and for their wider communities.

Violence

The frequency with which someone commits serious and violent acts typically increases whilst they are gang members compared with periods before and after gang involvement. Adolescents who are in a gang commit many more serious and violent offences than non-gang affiliated young people.^{11 12} One UK Study found that 90% of male gang members (aged 18 to 34) had been involved in violence in the past five years with 80% reporting at least three violent incidents. Compared with non-gang members, they were more likely to have perpetrated violence, been a victim of violence and fear future victimisation.¹³

Frequent association with other gang members encourages and reinforces violent responses to situations and retaliation against others. This in turn elevates the risk of violent victimisation in gangs.^{14 15}

Exclusion

The majority of gang members either self-exclude (truant) or have been officially excluded from school¹⁶ and are likely to be spending large amounts of time unsupervised on the streets. Gang members subsequently have little, if any, qualifications and are unlikely to gain meaningful employment. This in turn makes criminal activities such as drug dealing appear an attractive alternative.

Involvement in crime and delinquency

Gang involvement encourages more active participation in delinquency and criminal activity. Research suggests that gang members tend to be engaged in a wide range of criminal activities: drug dealing, robbery, assault and rape.¹⁷ Drug use, drug trafficking and violence, and in turn increases the risk to gang members of violence, arrest, conviction and incarceration.^{18 19} These effects of gang involvement also bring disorder to the life course in a cumulative pattern of negative outcomes including school dropout, teenage parenthood and unstable employment

which becomes particularly severe when the young person remains an active member of the gang for several years.^{12 18}

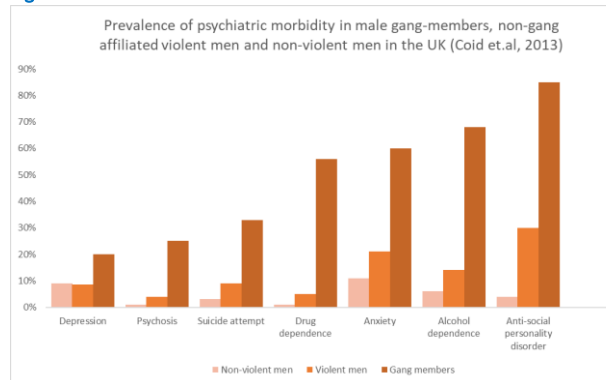
Poor mental health

There is a bi-directional relationship between poor mental health and gang membership. Poor mental health makes young people more vulnerable to joining gangs²⁰, whilst gang membership can have an adverse effect on mental wellbeing.^{13 21 22} Exposure to violence and other trauma associated with gang membership damages mental health. Gang members may be under extreme pressure to suppress feelings of fear and anxiety to avoid being ostracised by the gang.²³ Similarly substance misuse often associated with gang membership can further damage mental health.²⁴

Long-term exposure to violence associated with gangs has been linked to a range of psychological problems including depression, anxiety, behavioural problems and post-traumatic stress disorder (PTSD).^{25 26 27}

Analyses of health screening initiatives with young people (aged 10-18) found that at the point of arrest almost 40% of those who were gang members had signs of severe behavioural problems before the age of 12 compared with 13% of youth justice entrants.²⁸ Around a quarter had a suspected mental health diagnosis and over a quarter were suffering sleeping or eating problems (compared with less than 10% for general entrants). A study of older males (aged 18 to 34) found that those who were gang members had significantly higher levels of mental illness than both men in the general population and non-gang affiliated violent men. (Figure 3.1)¹³

Figure 3.1



Community impact

Fear of crime and gangs are immediate, daily experiences for many people who live in neighbourhoods where gangs are most prevalent.²⁹ Negative impacts of gangs on communities include economic loss including loss of property values, neighbourhood businesses and tax revenue; weakened informal social-control mechanisms; and the exodus of families from gang-ridden neighbourhoods resulting in a downward spiral of neighbourhood decline.³⁰

Gangs may also intimidate non-gang members of the community who witness gang related crime making it difficult for law enforcement to maintain order in gang-impacted areas.³¹

Gang Activity in Thurrock

Thurrock's close proximity and good transport links to London and its comparatively cheaper rent has made it vulnerable to significant displacement of gang associated children and adults from the capital into the borough. Thurrock Council's Gang Related Violence Group monitors gang activity within the borough. Figure 3.2 shows the numbers of new referrals, gang nominal managed and gang nominal removed for the group's monitoring data for the years 2016/17 to 2018/19. It shows increasing numbers of new nominal referred and total nominal managed year on year and a decreasing number of gang nominal removed from the register suggesting that gang activity in the borough has increased. In total, there has been a 33% increase in nominals identified and monitored by the Gang Related Violence Operational Group in 2018/19 compared to 2017/18. This fits with previous trends of increasing knife crime and violence discussed in the previous chapter.

Figure 3.2

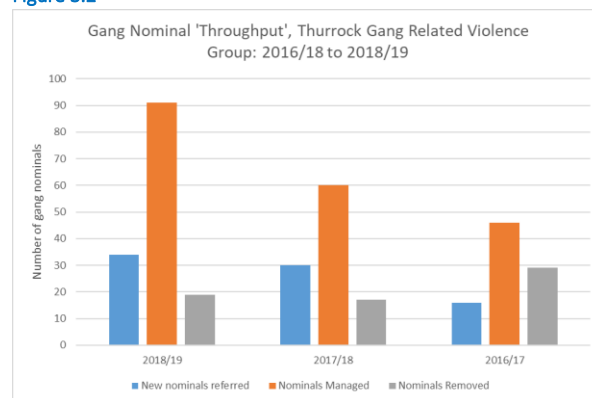
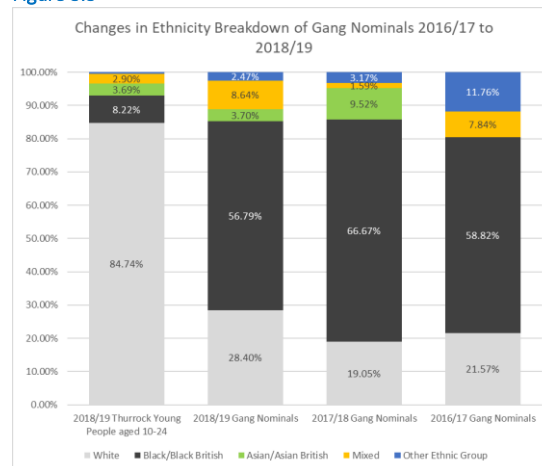


Figure 3.3 shows changes in the ethnicity of gang nominals managed through the Gang Related Violence Group between the years 2016/17 and 2018/19 together with the modelled ethnicity of the population of Thurrock young people aged 10-24.

Figure 3.3



Black/Black British young people are significantly over represented in the population of gang nominals in Thurrock when compared to the general population of Thurrock

young people aged 10-24. This mirrors previously presented data in Chapter 2 on ethnicity breakdown and violent offenders. The reasons for this are unclear and are likely to be complex, but one possible explanation suggested by partners is the migration of black gang involved young people into the borough from London. Overrepresentation of young black youth in Thurrock gangs may also have implications for how future prevention work may need to be focused. However the data shows that the over-representation has become less pronounced when comparing 2018/19 data to 2016/17 data suggesting that greater numbers of white young people are becoming involved in gangs in Thurrock.

Figure 3.4

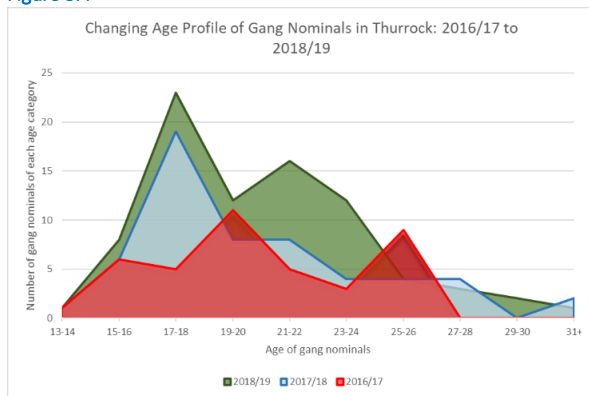


Figure 3.4 shows the age profile of gang nominals monitored through the Thurrock Gang Related Violence Group for the years 2016/17 to 2018/19.

Whilst the larger 'green' plot area of 2018/19 reflects the increasing number of gang nominals being monitored, it also suggests that the age of gang nominals is also getting younger with large increases in the 17-18 age category between 2016/17 and 2018/19 and reductions in gang members over 24. Numbers of gang nominals under the age of 15 is minimal suggesting that future prevention activity aimed dissuading young people from joining gangs, needs to be targeted at the age group under 16

Figures 3.5 and 3.6 show the approximate home area of each of the gang nominals identified and monitored by the Thurrock Council Gang Related Violence Group for 2016/17 and 2018/19. Figure B also shows the name of the gang that the nominal is believed to belong to.

The public health conceptualisation of violence as a communicable disease that 'spreads' from index cases is clearly demonstrated in these two maps. The number of gang nominals increases from a few index cases over three years, particularly in Purfleet, Chafford, Grays and South Ockendon which are the four areas where the majority gang nominals now reside.

Figure 3.5: Approximate Address of Gang Nominals 2016/17

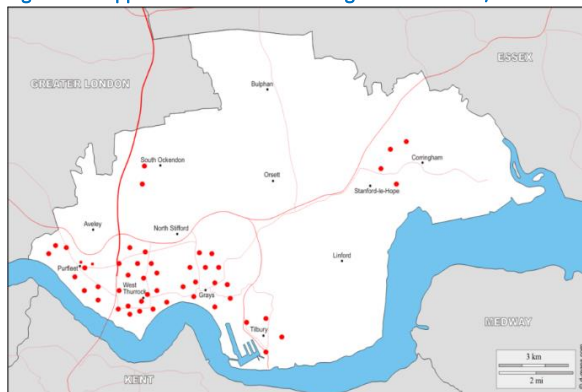


Figure 3.6: Approximate Address of Gang Nominals 2018/19

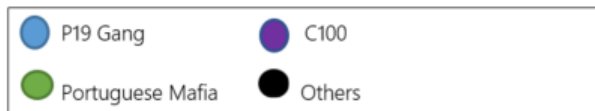
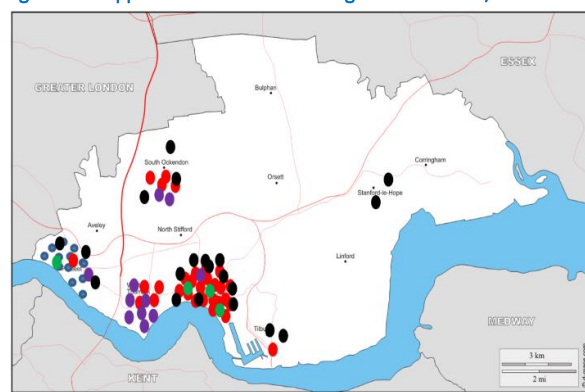
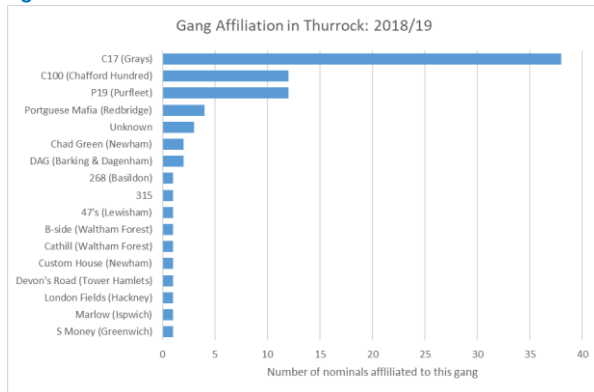


Figure 3.7 shows the affiliation of nominals to gangs in Thurrock.

Figure 3.7



Three main Thurrock gangs operate: C17/7 in Grays, C100 in Chafford Hundred and P19 in Purfleet. Figure C also shows ongoing location of gang affiliates linked to London gangs being located in Thurrock. These gang nominals then align

themselves with a Thurrock based gang. Consequently, gangs like C17/7 have members from various London gangs who would not normally associate with each other in their originating borough. It is believed that the purpose of this arrangement is to maximise earning potential from the existing drugs trade and to be associated with the emerging 'drill music' scene.

Chapter 4: County Lines

Key Findings

County Lines is a term used to describe gangs and organised criminal networks who export drugs into one or more locations within the UK using a dedicated mobile phone line. They systematically exploit children and vulnerable adults whom they use to move, store and sell class A drugs (largely crack-cocaine and heroin) using a threats of violence, making such exploitation a form of modern day slavery. County lines gangs recruit victims through a process of grooming that involves identifying young people with existing vulnerabilities and exploiting them. County Lines activity is associated with increasing availability and prevalence of cocaine and crack-cocaine use.

The grooming process typically follows a three stage process of *targeting*, *testing* and then *trapping* the young person, the final stage involving debt bondage, threats or experience of extreme physical, psychological or sexual violence. Victims may be transported hundreds of miles from their home borough and forced to work in trap houses dealing drugs.

Historical approaches to child safeguarding that are designed to protect against child abuse in domestic settings have been shown to be inadequate in the face of the County Lines threat which crosses multiple disciplines including the police, probation, youth offending teams, education and adults/children's social care, and because lines often cross multiple geographical agency boundaries. Young people exploited through County Lines activity are both perpetrators of serious crime and victims of exploitation, but strategic oversight of enforcement/community safety and wellbeing/vulnerability and safeguarding have historically sat in separate multiagency forums. As County Lines are a relatively new phenomenon, child criminal exploitation has not been historically assessed or recorded on local authority Children's Social Care systems.

Where prevention activity is undertaken, national research reports that it is often undertaken too far 'down-stream' once children and young people have been exploited; thresholds for accessing statutory children's social care and youth offending services are set too high. Children's Social Care practitioners report that historical interpretation of child protection policies did not allow them to accept cases on the sole basis of debt enslavement or entrapment and there was a tendency of statutory safeguarding agencies to view young people's behaviour when being criminally exploited, as a sign of criminality or lifestyle choice rather than as evidence of a vulnerable child in need of protection.

Accurately ascertaining the extent of County Lines activity in Essex and Thurrock is difficult due to their covert nature and recent emergence. Data from the National Referral Mechanism set up to monitor the extent of modern day slavery suggests a sharp increase in under 18 referrals from 2014 to 2018/19 although absolute numbers remain low. Intelligence from Essex police suggest that 20 County Lines are known to be operating in Essex of which three operate in the West Essex Local Police Area which encompasses Thurrock.

Introduction

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and will often use coercion, intimidation, violence (including sexual violence) and weapons. Error! Bookmark not defined.

The National Crime Agency³² describe a typical *County Lines* methodology as having the following components shown in Box A.

Box A: Components of County Lines

1. A group or gang (usually made up of young males) establishes a network between an urban hub and county location, into which drugs (primarily heroin and crack cocaine) are supplied.
2. A branded mobile phone line is established in the market, to which orders are placed by introduced customers. The line will commonly (but not exclusively) be controlled by a third party, remote from the market.
3. The gang exploits young or vulnerable persons, to achieve the storage and/or supply of drugs, movement of cash proceeds and to secure the use of dwellings from which drugs are supplied (commonly referred to as cuckooing).
4. The group or individuals exploited by the gang regularly travel between the urban hub and the county or coastal market to replenish stock and deliver cash.
5. The gang is inclined to use intimidation, violence and

County lines gangs recruit victims through a process of grooming that involves identifying young people with existing vulnerabilities and exploiting them. County Lines activity is associated with increasing availability and prevalence of cocaine and crack-cocaine use.

The grooming process typically follows a three stage process of *targeting*, *testing* and then *trapping* the young person, the final stage involving debt bondage, threats or experience of extreme physical, psychological or sexual violence. Victims may be transported hundreds of miles from their home borough and forced to work in trap houses dealing drugs.

Historical approaches to child safeguarding that are designed to protect against child abuse in domestic settings have been shown to be inadequate in the face of the County Lines threat which crosses multiple disciplines including the police, probation, youth offending teams, education and adults/children's social care, and because lines often cross multiple geographical agency boundaries. Young people exploited through County Lines activity are both perpetrators of serious crime and victims of exploitation, but strategic oversight of enforcement/community safety and wellbeing/vulnerability and safeguarding have historically sat in separate multiagency forums. As County Lines are a relatively new phenomenon, child criminal exploitation has not been historically assessed or recorded on local authority Children's Social Care systems.

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The National Crime Agency have published three reports that provide an insight into the nature and scale of county lines.^{32 33 34} The latest suggests that there are over 2000 individual deal line numbers in the UK, linked to approximately 1000 branded county lines. The Children's Commissioner for England in 2018 warned that up to 50,000 young people could be affected based on the National Crime Agency's estimation that as many as 50 children can be involved in any single county line.³⁵ Although demand for and supply of drugs underpins county lines offending, exploitation remains integral to the business model. Offenders continue to recruit, transport and exploit individuals including children to carry out low-level criminal activity essential to their operation.

Drugs supplied

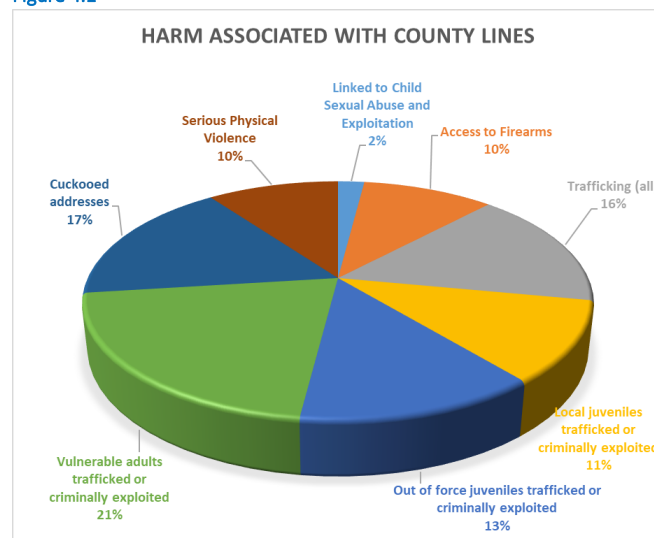
Heroin and crack cocaine remain the drugs most commonly supplied through county lines. Cannabis is generally not supplied through County Lines. Offenders use mass marketing text messages to advertise the supply and availability of drugs and offer free samples (particularly of crack cocaine) in exchange for the contact details of potential customers in order to expand their customer base and increase the number of addicts in the local population.³⁴

The County Lines model has revolutionised the supply chain for Class A drugs in recent years. Establishment of a drugs supply business in a new year presents inherent risks for criminals, not least the threat of violence from rival suppliers, and enforcement by the police. By forcing exploited children and vulnerable adults to 'run' the substances for them free of charge, criminal gangs are able to both maximise profits and minimise risks to themselves. The model also allows a minimal number of 'middle men' between the international criminal cartels who import the drugs and the end user, meaning that the quality of the product is high allowing the gang to undercut existing drug suppliers and capture the market.²

Vulnerabilities and Harm

The County Lines business model thrives on the exploitation of vulnerable adults and children to deliver drugs and money in what could be described as a type of modern day slavery. The National Crime Agency identified eight main areas of harm caused to children and vulnerable adults exploited through County Lines gangs (Figure 4.1)

Figure 4.1



Source: NCA, December 2018

The National Referral Mechanism (NRM) was established by government to identify, monitor and refer potential victims of modern slavery and ensuring they receive the appropriate support. Data from the NRM on individuals exploited through the County Lines model suggest that the majority

of victims are aged between 15 and 17. Individuals within this age group are likely to be targeted as they provide the level of criminal capability required by the offending model, but remain easier to control, exploit and reward than adults. Adult victims of exploitation by county lines gangs are most frequently vulnerable due to an existing drug addiction and often have extensive criminal histories, generally in low-level offending such as shop lifting related to their drug addiction. Mental health conditions such as depression, anxiety and psychosis, and learning and development disorders are often identified in adult victims of exploitation in county Lines activity.³⁴

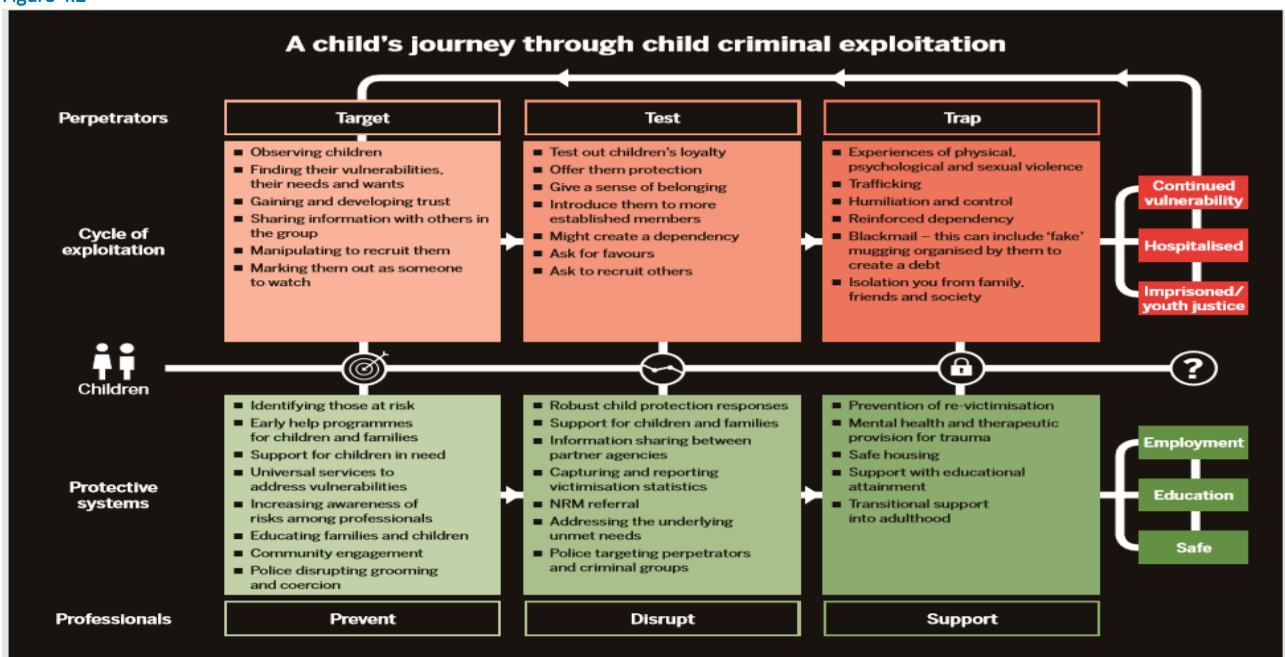
Recruitment of victims

The recruitment of victims can be explained through a three stage process:

1. Targeting
2. Testing
3. Trapping

Figure 4.2 taken from the Children's Society Report into Child Criminal Exploitation and County Lines³⁵ demonstrates the process

Figure 4.2



Source: Children's Society, 2018

The first two stages of recruiting victims exploited by county lines gangs is a process of *grooming*. In the first *targeting* phase, gang members build a relationship with the victim that they then go on to exploit. Children displaying vulnerabilities such as poverty, family breakdown, intervention by social care especially looked after children, being excluded from mainstream education or truancy are most frequently targeted by county lines offenders. In some areas middle class children have also been targeted where the gang can identify a vulnerability. The initial targeting phase typically involves the gang member making initial contact and providing something that the victim wants or needs. This can be material things such as phones or trainers that have perceived status, money, or a relationship/emotional support acting as a replacement "family" that is often absent.

Gangs also targeted young people through on-line grooming, opening advertising monetary benefit on social media to becoming involved. Gangs also produce *drill music* videos which are published on YouTube and portray a

glamorous lifestyle offered by gang membership as a mechanism to recruit victims.

In the second *testing* phase, the gang seeks to ascertain whether the victim is 'trustworthy' and does not pose a risk to the wider organisation. Victims are often asked to undertake 'minor tasks' which then escalate rapidly in terms of their demand and risk. In the testing phase, the victim is often asked to hold something of value for a period of time such as drugs, cash or weapons. Unbeknown to the victim, the gang then arranges for these to be robbed, placing the victim in 'debt bondage' to the gang.

In the final *trapped* phase, the victim is forced to work for the gang under threat or experience of extreme physical, sexual and psychological violence in return for being unable to pay the debt. Victims are required to traffic drugs/money around the county which may involve having to 'plug' or 'stuff' packages anally or vaginally within their own bodies. A major feature of the county lines model is the movement or trafficking of young people, often over hundreds of miles from urban hubs to rural locations to operate the line. Young people are forced to work in 'trap houses' controlled

by the gang for the purposes of selling drugs, either rented through sites like Airbnb or taken over from vulnerable adults (a process known as 'cuckooing'). The young person is left isolated and prevented from accessing education, family contacts and appointments. Threats may be made to the victims' families and victims may be compelled to groom younger siblings.

Problems with current statutory agency responses to exploitation through county lines

The Violence and Vulnerability Unit which is funded jointly by the Home Office and Mayor of London's Office for Police and Crime (MOPAC) published a national summary and guide to emerging best practice on county lines in May 2018 based on extensive interviews with practitioners and managers and the findings of 70 locality reviews and local three strategic frameworks on county lines activity and the exploitation of young people through them.³⁶ It identified a range of commonly repeated issues and concerns in the context of partnership working, the criminal justice system, schools and colleges, early help and intervention, and financial exploitation.

Partnership working

The issue of County Lines and gang activity does not fit neatly into historical partnership work programmes or structures that have been set up in local areas. It crosses multiple disciplines and agency accountabilities including the police, probation, youth offending teams, education, adults' and children's social care, adults and children's safeguarding boards, the NHS and public health. This allows gangs to exploit these differences and service gaps to target vulnerable populations with relatively ease and impunity, exacerbated by the fact that county lines run across large geographies not coterminous with the geographical footprints of individual statutory services.

Criminal justice response: common issues

When young people exploited through county lines are arrested by the police for possession of drugs or possession of drugs with intent to supply, they are often released pending further investigation and returned to their home area which may be different to the geography that they were arrested in. Police reported struggling to get emergency children's social care duty teams to engage with the young person, resulting in them being returned home with a drug debt to the gang and inadequate engagement of services.

Nationally Youth Offending Team staff reported inadequate court sentences being given to young people arrested with large quantities of drugs, and young people being sentenced only for possession in cases where the drugs were clearly not for personal use, but held with intent to supply. This sends a message to young people that the consequences of drug dealing were minimal compared to

the severe potential consequences of being disloyal to their gang.

There was a persistent call from YOT practitioners that government should change the law to make the grooming of young people in this context illegal and for it to incur stiff penalties. Staff felt older gang members were operating in urban areas to recruit young people with little fear of the legal consequences.

A common concern was that young people were coming to the attention of YOTs at crisis point when their criminal behaviour was entrenched because service access thresholds were set too high and there is inadequate early intervention provision. This was underpinned by a common theme of reported increases in antisocial behaviour (ASB) which is not being challenged. This lack of ASB interventions was linked to a lack of proactive/early intervention youth services and outreach work.

Schools and colleges: common issues

The targeting of pupils excluded from mainstream education is a major feature of county lines. The report suggested an increasing trend in exclusions for a wider range of behaviours and a lack of evidence for effective reintegration into education of pupils who had been excluded even when this is temporary. The exclusion of young people from full time education, whether by placing them on reduced time tables, placing them in home schooling arrangements or removing them to Pupil Referral Units (PRUs) exacerbates their vulnerability and increases the risk of them being targeted by gangs for exploitation. PRUs in particular were highlighted as recruiting grounds for county lines gangs.

Early intervention and help: common issues

There was a common call for more outreach and positive activities for young people arising from the realisation that a reduction in these services has left a vacuum into which gangs are moving. The reviews also highlighted inadequate recording of and response to risks highlighted through conversations between front line youth staff and young people, for example being bought trainers or phones by gang members.

When young people become involved in 'county lines', offering diversion away from these activities will inevitably need to involve their entire family. This can be particularly complex when money from county lines activity is used for paying household bills in cases where families have few resources. The report identified that some parents were struggling to maintain boundaries at home, especially if substance users themselves and that some young people are being brought up in a home environment where crime is normalised. The need for parenting programmes that provide practical support to parents was highlighted.

Adult and child safeguarding: common issues

Like YOT thresholds, the review highlighted that thresholds set by Adult and Children Safeguarding teams for a statutory intervention were often too high. 'Cuckooing' is a

common feature of county lines activity where the home of a vulnerable adult is taken over by the gang from which to sell drugs. However, if the adult is said to have capacity to make their own decisions (and is not suffering from a recognisable/diagnosed mental health condition or learning disability) services felt they could not or would not take further steps unless to move to eviction proceedings.

There was a growing view that this issue of capacity needed to be re-examined in cases of 'cuckooing' and that legislation covering 'coercive control' could be used when deciding what powers or tools could be employed to safeguard vulnerable adults.

Housing support services were felt to have been reduced and whilst in the past gangs would be deterred by professionals' regular visits to properties, it was reported that gangs now felt able to control properties with impunity.

The safeguarding of children and young people involved in county lines was felt to be challenging as statutory safeguarding systems were designed to protect children within a domestic setting not county lines context. Children's social care practitioners reported that the interpretation of current child protection policy does not allow workers to accept cases on the sole basis of debt enslavement and entrapment. In consequence, referrals to agencies where young people were showing signs of involvement in criminal exploitation are often not accepted and there was a need to re-examine what constitutes 'neglect' for this cohort of young people.

Furthermore the evidence review identified a tendency of statutory safeguarding agencies to view (particularly in the case of boys), young people's behaviour as a sign of criminality or lifestyle choice rather than as evidence of a vulnerable child who needs protection from exploitation.

There has been a call for a new type of power to manage/protect young people caught up in 'county lines': an urgent need to explore a type of *Child Criminal Exploitation Protection Order*.

Financial Exploitation

There is evidence that there is a new dimension of financial exploitation where young people have their bank accounts controlled for the purpose of laundering money earned by the gang from drug dealing. The report identified reports from the reviews that large sums of money being deposited into children's bank accounts had alerted agencies to the presence of gangs in children's lives. This highlights the need to undertake prevention strategies that work with financial institutions and police fraud services.

Local Intelligence on County Lines Activity

The emerging and covert nature of County Lines activity and the fact that recording of Child Criminal Exploitation is relatively recent makes accurately ascertaining the true

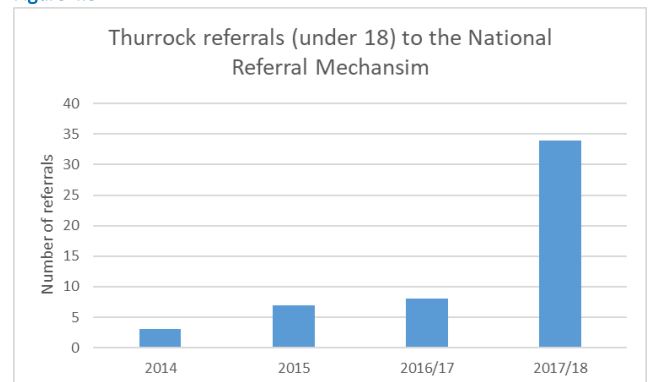
extent and impact of County Lines locally difficult. However, there are a couple of sources of intelligence:

National Referral Mechanism (NRM) Data

The National Referral Mechanism (NRM) is a process set up by the central government to identify and support victims of modern day slavery trafficking in the UK and also the mechanism through which the *Modern Slavery and Human Trafficking Unit (MSHTU)* collects data about victims. As such, victims of child criminal exploitation through County Lines would be eligible for referral to the NRM, although referrals would also encompass other forms of modern day slavery (for example, domestic servitude). This information aims to help build a clearer picture about the scope of human trafficking in the UK. A range of 'first responder' agencies can refer both adults and children/young people aged under 18 to the NRM. These include UK Police forces, local authorities, Home Office Immigration enforcement and a number of third sector organisations specialist in safeguarding adults and children, e.g. Barnardo's and the Salvation Army.

Figure 4.3 shows a rapid increase in the number of under 18 referrals to the NRM from Thurrock between 2014 and 2017/18. In 2017/18, 11 of the 34 referrals were for criminal exploitation and nine of these related to exploitation for drug dealing, suggesting an increasing issue of child criminal exploitation due to County Lines activity in Thurrock.

Figure 4.3



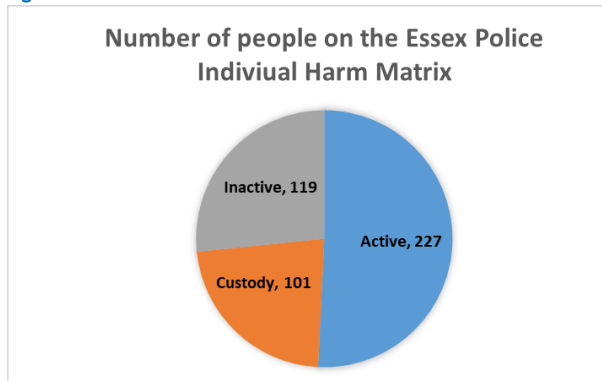
Essex Police Gangs and County Lines Thematic Assessment

In 2018-19, Essex Police published a thematic assessment on Gangs and County Lines activity³⁷. Essex Police maintain an *Individual Harm Matrix* that is a list of individuals who meet the following criteria:

- The person shows a level of loyalty to a gang or county line
- The person has links to Essex within the last six months.
- The person is not part of an Essex Organised Crime Group
- The person is a willing participant (not a victim or vulnerable person).

Figure 4.4 shows the number of people on the Individual Harm Matrix in 2018/19.

Figure 4.4



Police Intelligence suggests that the 227 active individuals represent 58 different gangs and 49 different County Lines. Their average age was 23. The Matrix scores gangs and county lines on drugs and violence to allow analysts to produce tables showing those groups potentially posing the

greatest risk in Essex. It is maintained by the Essex Police Gangs and County Lines Analysts and takes information from two key places:

- The Essex Individual Harm Matrix (scoring on violence and/or drugs)
- Athena Intelligence about gangs or county lines

The thematic assessment suggests that 20 county lines are operating Essex, three of which operate in the West Local Policing Area which encompasses Thurrock. These are ranked 7th, 10th, and 11th in terms of overall harm of all county lines operating in Essex.

Chapter 5: Illicit Drugs and their connection to youth and gang violence

Key Findings

There is a rising trend in opiate and crack cocaine use in those aged between 15 and 64 in Thurrock between 2010/11 and 2016/17. The estimated number of crack cocaine users in Thurrock has more than doubled over the past five years and this increase and that for the estimated numbers of users of both crack cocaine and opiates is statistically significant. Estimated number of young people aged 15-24 in Thurrock using crack cocaine also rose sharply between 2010/11 and 2016/17 with estimated numbers in 2016/17 being more than twice those of 2010/11, however numbers of opiate users in this age group have fallen slightly and numbers of dual users remain similar to 2010/11 baseline. The reasons behind the increase in crack cocaine use are unclear but one explanation could be increased availability through County Lines activity.

There has been a significant drop in the number of service users accessing the service for drug treatment in the age group 18 to 29 since a peak in 2015/16. The reasons for this are unclear but do not relate to a lack of treatment places being available. A reduction in numbers of residents accessing treatment coupled with an increase in the prevalence of crack-cocaine use amongst the population has resulted in a significant drop in the proportion of both opiate and crack cocaine users in treatment. The public health consequences of a rising prevalence of crack cocaine use in Thurrock and a drop of the proportion of users in treatment are serious, both for the users themselves and more widely for the community. Crack cocaine use significantly increases the risk of serious physical and mental health conditions and is associated with increased crime. This drop in the 'reach' of drug and alcohol treatment services into the cohort of residents who are users warrants further investigation and action to reverse the trend.

The association between drug use and crime is complex and multi-directional. There is evidence that crime leads to drug use, drug use leads to crime and that both crime and drug use have other common causes including wider socio-familial factors. Thurrock Youth Offending Service (YOS) data suggests a rising trend in young people committing Class A drugs related offences in Thurrock both in terms of possession and supply although the absolute numbers remain small. Black young men are very significantly over-represented in the cohort of offenders dealt with by Thurrock YOS for offences relating to the supply of Class A drugs. The reasons for this are unclear and likely to be complex, but this cohort also tend to differ from the majority of young people who access YOS in the sense that they have multiple records of repeat offending. Further work is required to understand and implement a more effective approach with this cohort to assist and deter them from reoffending.

Introduction

This chapter discusses illegal drug misuse in Thurrock and its connection to youth and gang violence. The previous chapter highlighted the intrinsic connection of County Lines activity with the illegal drug trade. This chapter includes analyses of the estimated prevalence of drug use and the success of our drug treatment services.

Prevalence of drug users in Thurrock

The illicit nature of drug taking makes it difficult to estimate accurately the number of drug users in Thurrock particularly in young people. We do however have Public Health England commissioned synthetic estimates, produced by Liverpool John Moores University³⁸ for the estimated number of opiate, crack cocaine and dual opiate/crack cocaine users in our local population. The modelled prevalence of these two specific drugs are useful as they are the ones most associated with gangs, violence and County Lines activity.

The modelled estimates are derived by identifying from the published evidence base, the population factors linked to an increased risk of drug taking and local drug and alcohol service data and then applying them through statistical models to local populations. However the estimated numbers of users produced through the modelling have wide confidence intervals (the range of estimated values that the model is 95% confident that the true figure lies within).

Figures 5.1 to 5.3 show the estimated number of opiate, crack cocaine and dual crack cocaine and opiate users aged 15-64 in Thurrock from 2010/11 to 2016/17 respectively. Note that no modelled figures were produced for 2016/16.

Each graph shows an increasing trend in the prevalence of drug users in Thurrock. Whilst the increase is not statistically significant for opiate users, Figures Y and Z show statistically significantly greater prevalence of crack cocaine and crack cocaine/opiate users in 2016/17 compared to 2010/11 baselines.

Figure 5.1

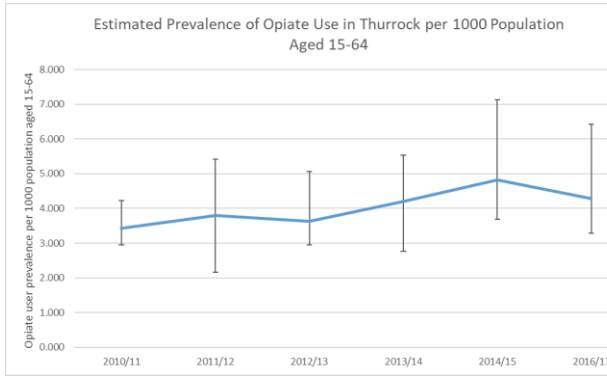


Figure 5.4

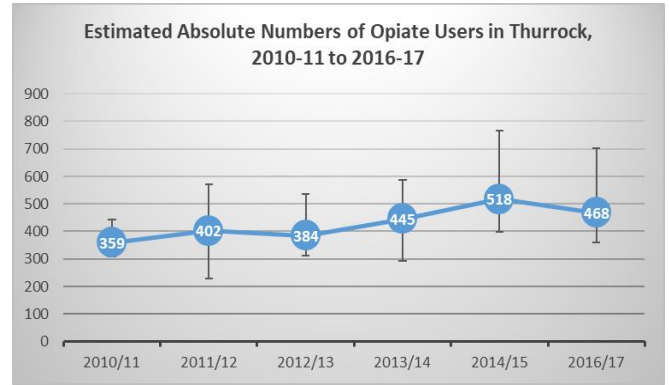


Figure 5.2

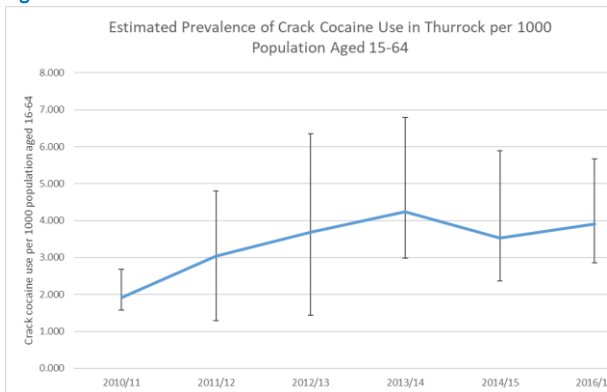


Figure 5.5

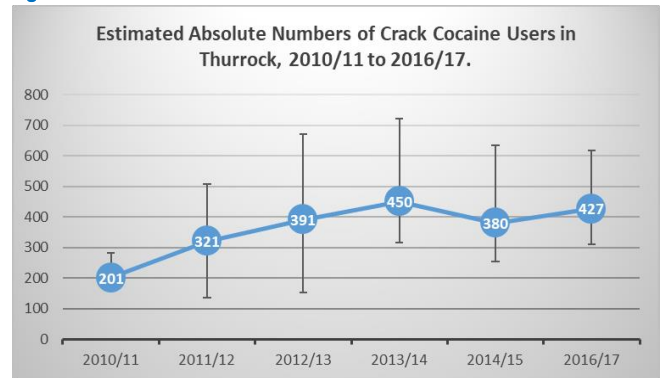


Figure 5.3

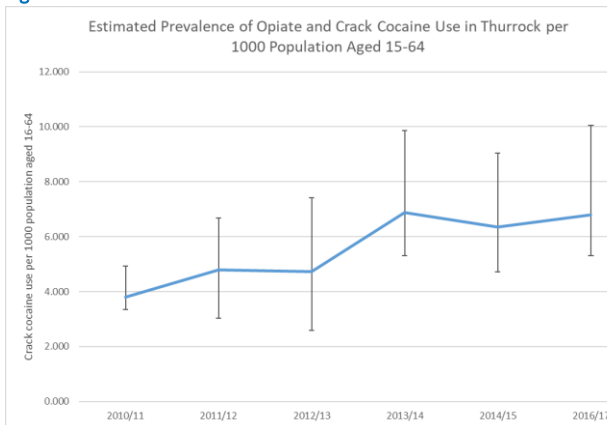
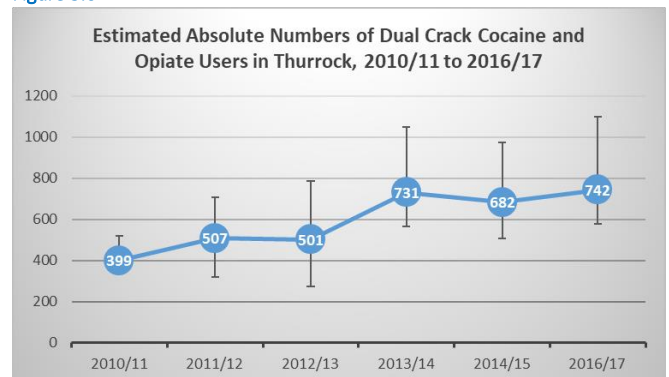


Figure 5.6



Figures 5.4 to 5.6 show the absolute estimated numbers of opiate, crack cocaine and dual Opiate/Crack Cocaine users in Thurrock respectively, from 2010/11 to 2016/17 (note no data was produced for 2015/16).

Figures 5.3 to 5.6 highlight the scale of the increase in users of opiates and crack cocaine in Thurrock over the last seven years. The absolute number of crack cocaine users is estimated to have more than doubled and the increase is statistically significant despite the wide confidence intervals of the modelling methodology. The number of residents using both crack cocaine and opiates has increased by 86%.

The local increase mirrors national trends. PHE found a statistically significant increase in the number of crack cocaine users in England between 2011/12 and 2016/17 and a 19% increase in the number of adults starting treatment for crack cocaine between 2015/16 and 2017/18.³⁹

Prevalence estimates by age

Figures 5.7 and 5.8 (overleaf) show the estimated prevalence and estimated absolute of opiate and crack cocaine users in

Thurrock aged 15-24 between 2010/11 and 2016/17. (No modelled data is available for 2015/16).

Figure 5.7

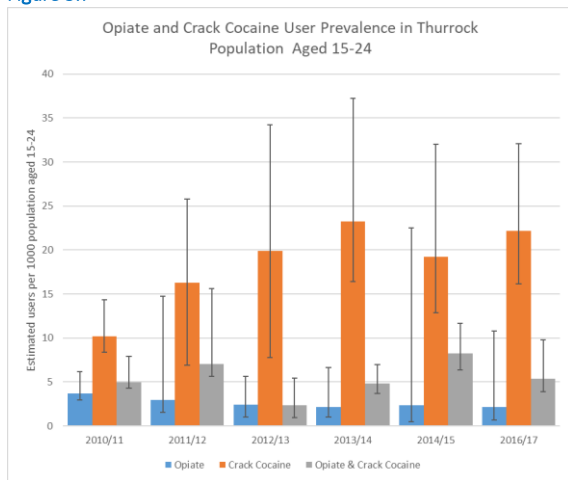
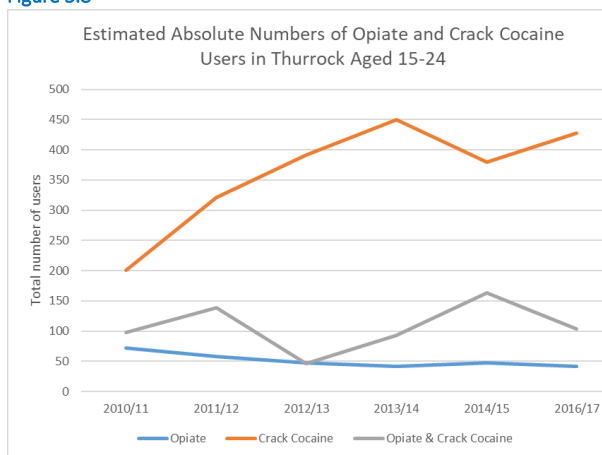


Figure 5.8



Whilst prevalence and overall numbers of young people have fallen, both prevalence and overall numbers of young people using crack cocaine has risen and the rate and numbers is statistically significantly greater in 2013/14 and 2016/17 compared to 2010/11 baseline. The drop in prevalence and numbers of crack cocaine users in 2014/15 compared to 2013/14 corresponds with an increase in use of both drugs in 2014/15 although this trend appears to have reversed again in 2016/17.

Impacts of drug misuse

The reasons behind these increases are unclear, but one explanation could be an increased availability of crack cocaine in Thurrock through County Lines or other drug dealing activity, as discussed in Chapter 3. Qualitative research by PHE identified that crack sales in the UK were being increased through aggressive marketing of the drug by dealers, particularly to existing heroin users.³⁹

The public health impacts increasing numbers of crack cocaine and opiate users are serious. Addiction to crack cocaine and heroin has a devastating impact on an individual, their family and the wider community and places

additional financial and operation burdens on public services.

Crack cocaine

Crack cocaine is a strong stimulant and one of the most destructive drugs on the market and can cause dependence within the first few uses. One of the problems with crack cocaine is that the effects last a very short time whilst leaving the user with intense cravings for more of the drug. Within fifteen minutes the addict needs to smoke another rock of the drug.

The stimulant effects of crack cocaine places severe stresses on the heart, vascular system increasing the risk of arrhythmias, myocardial infarction (heart attack) and cardiomyopathy and strokes.^{40 41 42} Smoking crack cocaine damages the lungs causing a range of pulmonary conditions and can cause pulmonary failure⁴³ and causes neurological damage to the brain including cerebral atrophy⁴⁴ and seizures^{45 46 47}

Psychologically the crack user becomes paranoid, defensive, confused and depressed. Crack cocaine use is strongly associated with psychiatric comorbidities including personality disorders,^{48 49 50} post-traumatic stress disorder^{51 52} and depressive disorders.^{53 54}

Heroin

Heroin is the most commonly abused opiate. Repeated heroin use changes the physical structure (13) and physiology of the brain, creating long-term imbalances in neuronal and hormonal systems that are not easily reversed.^{55 56} The brain's white matter deteriorates in heroin users negatively impacting on decision making abilities and responses to stress.^{57 58 59} Heroin also produces profound degrees of tolerance and physical dependency meaning that the user needs to take more and more of the drug to achieve the same effect and experiences very unpleasant physical withdrawal symptoms if drug taking is stopped or reduced abruptly. Chronic heroin use results in *heroin use disorder*; a chronic, relapsing disease characterised by uncontrollable drug-seeking, no matter what the consequences.⁶⁰

No matter how they ingest the drug, chronic heroin users experience a variety of medical complications including insomnia, constipation, lung complications including pneumonia and tuberculosis, depression and anti-social personality disorder. Medical consequences of chronic injection of the drug include scarred or collapsed veins, bacterial infection in the blood vessels. Sharing of needles increases the risk of blood-borne virus infection including hepatitis B and C and HIV.⁶¹

The link between drugs and crime

There is undeniably a strong association between illicit drug use and criminal activity which is consistent across much of the empirical literature. However this association is also

complex and non-universal and various researchers have argued over its causal direction and association with other possible causal factors⁶²

Drug use leads to crime

A number of researchers have suggested that psychopharmacological, economic motivation and systemic theory may cause drug users to commit crime.

Psychopharmacological theory asserts that the intoxicating effect of drugs makes users more likely to commit crime.⁶³ For example, one study identified that 34% of police detainees were under the influence of an illegal drug whilst they committed the offence and other found that 52.8% of robberies were committed by offenders who were already intoxicated through drugs with a further 5.7% suffering withdrawal effects.⁶⁴

The economic motivation theory asserts that drug users are compelled to commit crime in order to fund their drug habit, with many studies concluding this phenomenon particularly in relation to property crime, shoplifting and street robbery.^{65 66 67}

Systemic theory suggests that the offender's engagement in the illegal drugs market exposes them to other offenders including organised crime gangs and these associations increase their risk of becoming involved in crime themselves.⁶⁸

Crime leads to drug use

Some researchers have suggested that offenders are more likely to become illegal drug users. Thus, individuals who are deviant are more likely to be involved or choose social situations where drug use condoned or encouraged. This theory may arise when deviant individuals use drugs to self-medicate or to provide an excuse to commit deviant or criminal acts or that income from criminal acts providing additional income enables the offender to purchase drugs.⁶²

Crime and drug use have another common cause

This third theory suggests that crime and drug use are not causally linked to each other but share another causal variable. Researchers have suggested that a range of both social and family circumstances appear to be influences on young people's risk of becoming involved in both crime and drug use. When risk factors for both outweigh protective factors, a young person is more likely to both become involved in crime and take illegal drugs.^{69 70} (See Chapters 6 and 7 for further discussion on risk and protective factors).

In reality, all of the above theories may be correct or hold true for different sections of the population, although the economic motivation theory whereby the offender is motivated to commit crime to fund a drug addiction where other economic means are lacking probably has the strongest research base behind it.

Youth Offending Service Data

As discussed in Chapter 2, Thurrock Council's Youth Offending Service (YOS) records data on all crimes committed by young people that they work with. All the

young people have had some form of statutory outcome, either pre-court or through the courts. As such we can assume that in every case, they have been convicted of the crime and/or admitted guilt.

We categorised all drugs related offences recorded by the youth service into four categories;

1. Supply (including attempt to supply or possession with intent to supply) of a Class A drug
2. Supply (including attempt to supply or possession with intent to supply) of a Class B drug
3. Possession of a Class A drug
4. Possession of Class B drug

Class A drugs are of interest because crack cocaine and heroin are most strongly associated with gang violence and county lines activity. Cannabis is also of interest as the evidence base and local analyses on risk factors (Chapter 6) identified availability of/exposure to cannabis as a risk factor for a young person becoming involved in serious youth violence and gangs.

Figures 5.9 and 5.10 show the number of recorded offences on the YOS database for possession and supply of Class A and Class B drugs between 2014/15 and 2018/19

Figure 5.9

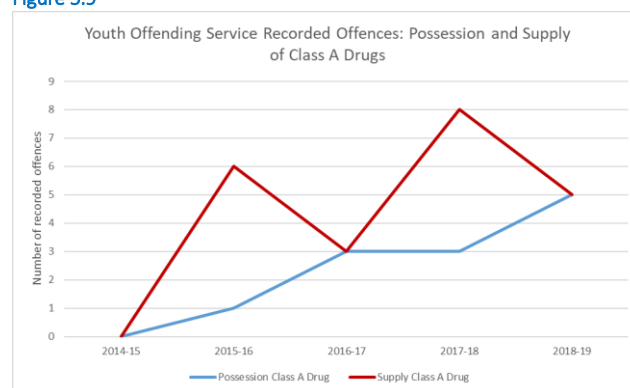
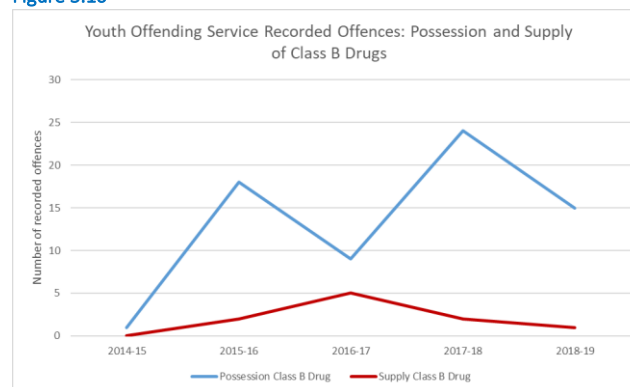


Figure 5.10



There has been an increasing trend in offences recorded on the YOS database for both possession and supply of class A drugs although the overall number of offences remains relatively small. This corresponds with the increasing trend in opiate and crack cocaine users aged 15-24 in Thurrock over the same period.

For class B drugs (likely to be overwhelmingly cannabis), there has also been an increasing trend in possession offences but offences for supply remain very low.

The vast majority of offenders were male with females only committing four drugs recorded offences over the past five years.

Connection between youth violence, gangs and drugs.

Without a single linked data set between YOS, drug treatment services and police data it is difficult to analyse definitively the connection between drugs offences recorded by YOS and youth violence/gang involvement. However, given that supply of crack cocaine and heroin is strongly associated with gang involvement and violence we undertook a detailed analyses of youth offenders involved in the supply of class A drugs.

In total only 10 offenders were responsible for the 22 offences recorded on the YOS database which we categorised as 'Supply of Class A'. All were male with a mean age of 16.3 and a median age of 16 years old. We conducted a detailed analysis of the ethnicity of the cohort of offenders involved in the supply of class A drugs that the YOS worked with. (Figure A)

Figure 5.11

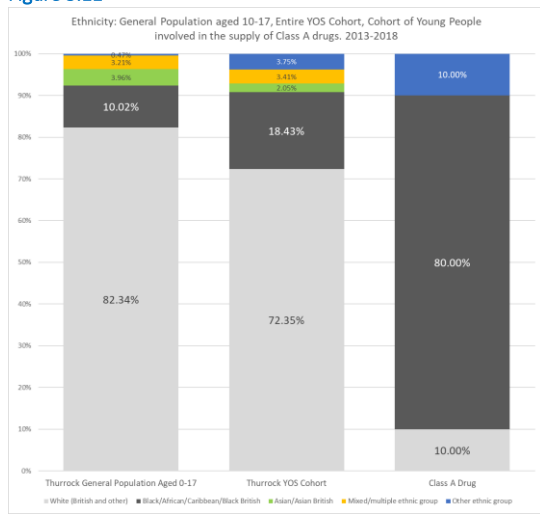
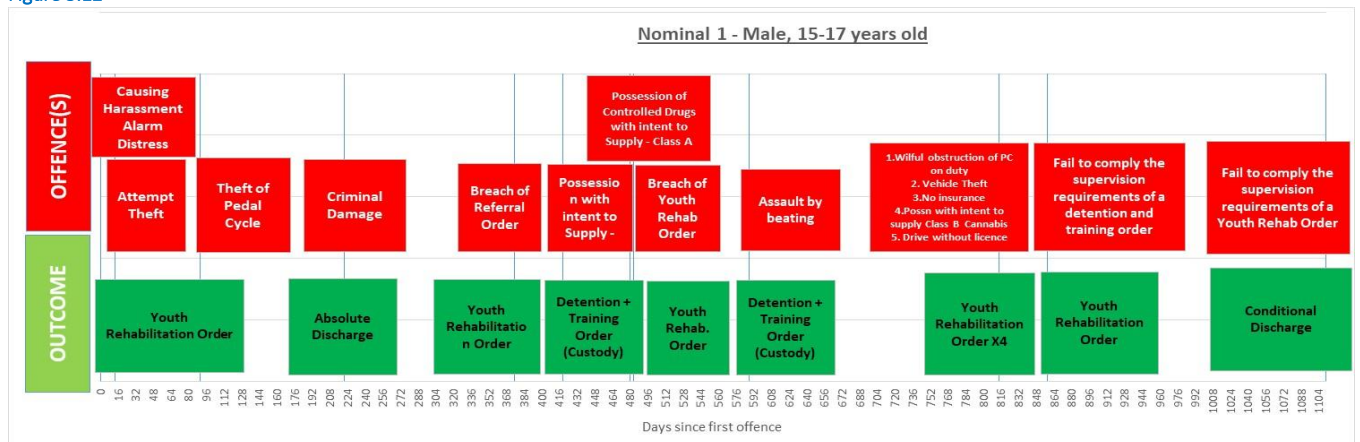


Figure 5.12



Black African/Caribbean and Black British males are heavily over represented in this cohort of offenders, with 80% belonging to this ethnic group compared with 18.4% in the entire cohort of young people that YOS has worked with over the last five years and just 10% of the Thurrock population of young people. The reasons behind this are unclear and likely to be complex. It is also worth highlighting that the absolute numbers of offenders involved in supply of class A drugs is relatively small.

All ten offenders had committed multiple offences with the mean number of recorded offences being 6.8 and the median being 7. This offending pattern is greater than that of all recorded offenders on the YOS data base where the mean number offences committed was 3.55 and the median was 2. 70% of the cohort this cohort were also recorded as having committed one or more violence against the person offences.

In an attempt to better understand the offending behaviour and success of the response of the criminal justice system to it for these 10 offenders, we created ten offending histories which map each offence committed and the intervention made by the system in response in chronological order. The 'x' (horizontal) axis shows the numbers of days elapsed since the first offence was committed. These are shown in figures 5.12 to 5.21 overleaf. It is worth remembering that these histories represent only offences dealt with through YOS. Each offender may have committed other offences that we do not know about and are therefore not recorded.

Figure 5.13

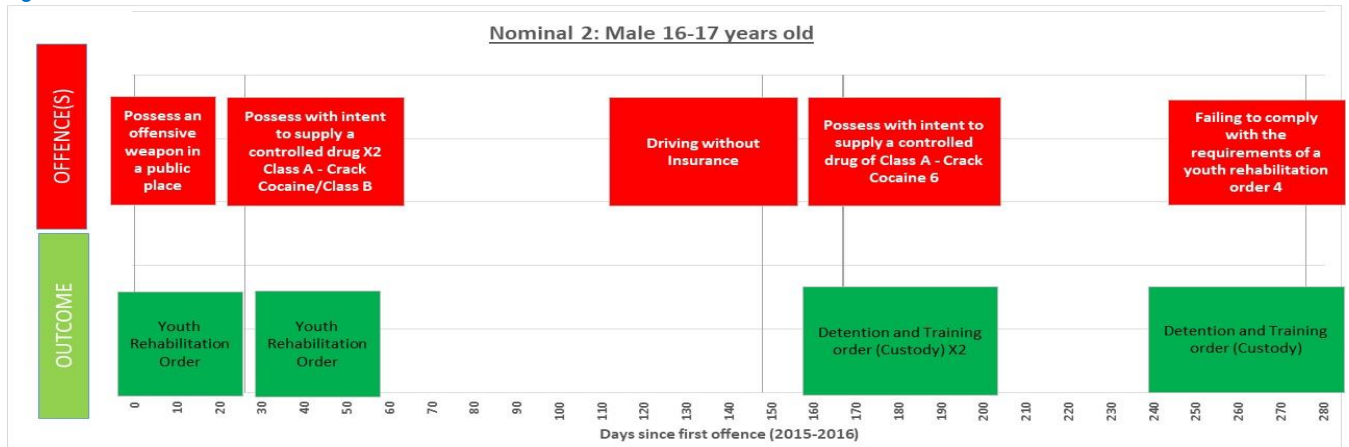


Figure 5.14



Figure 5.15

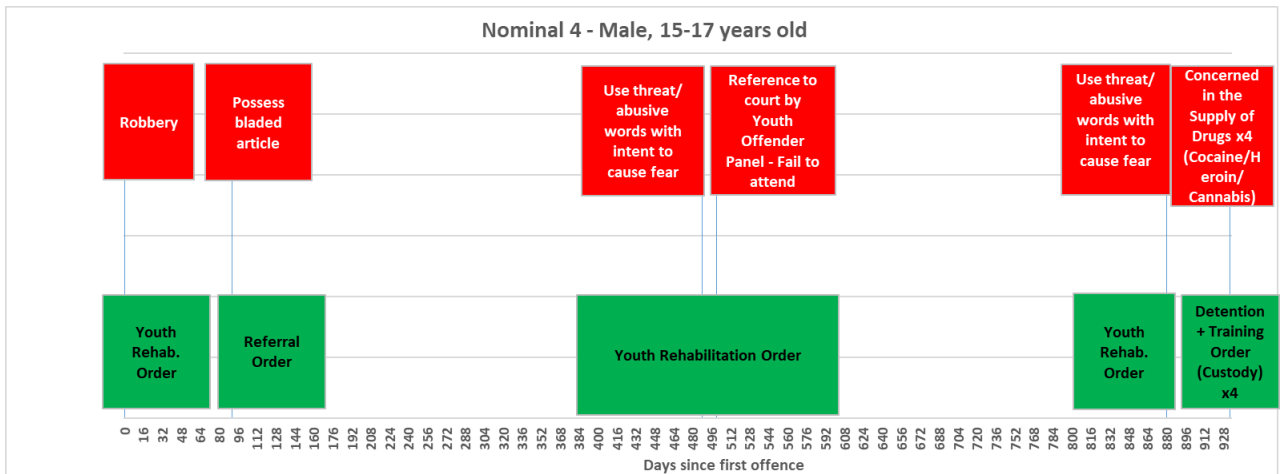


Figure 5.16

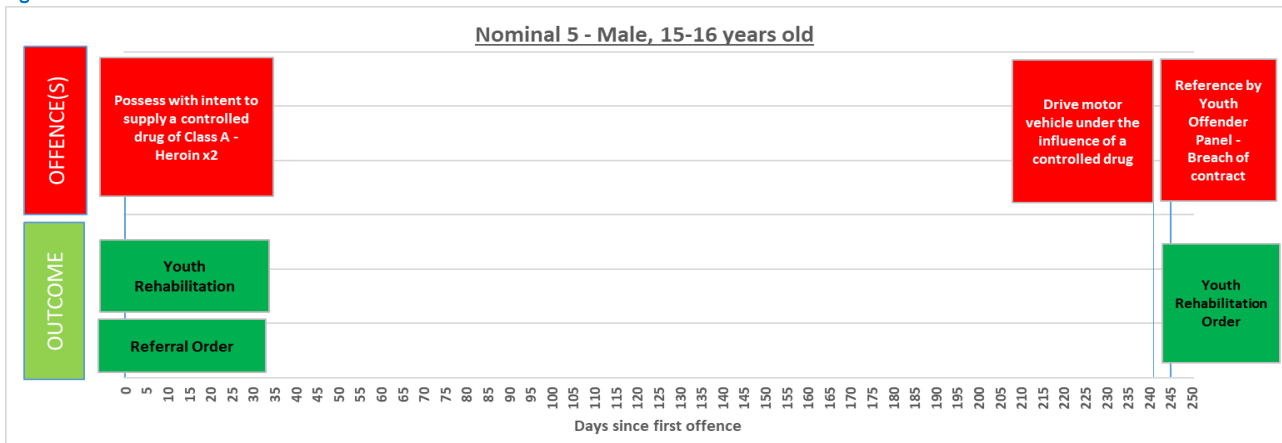


Figure 5.17

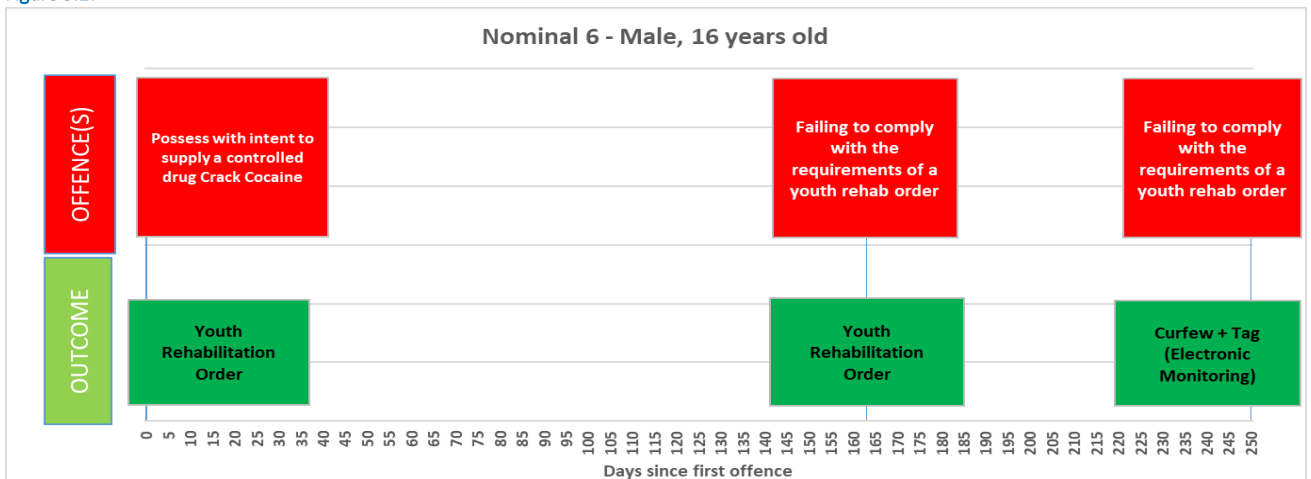


Figure 5.18

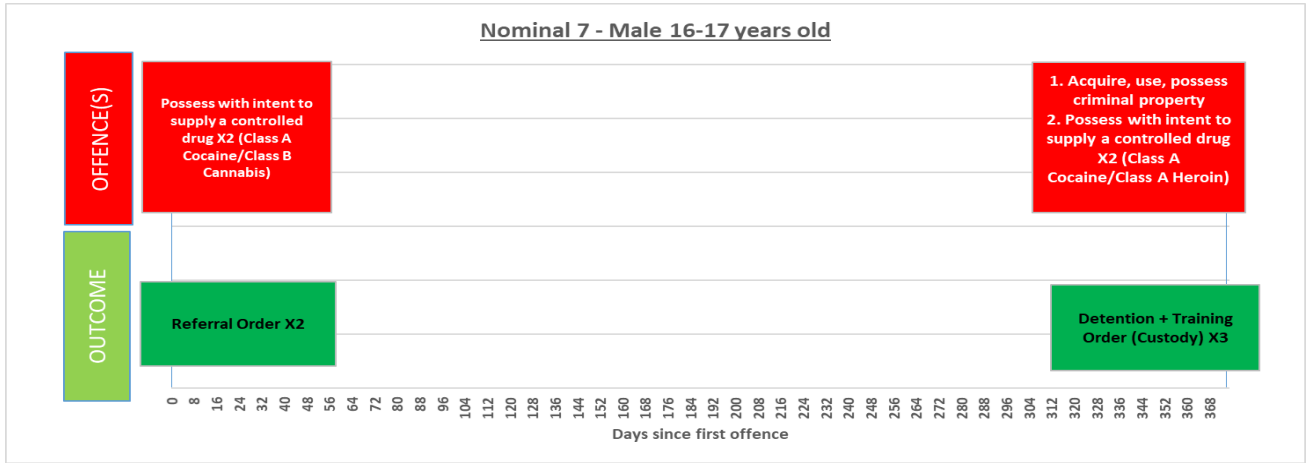


Figure 5.19

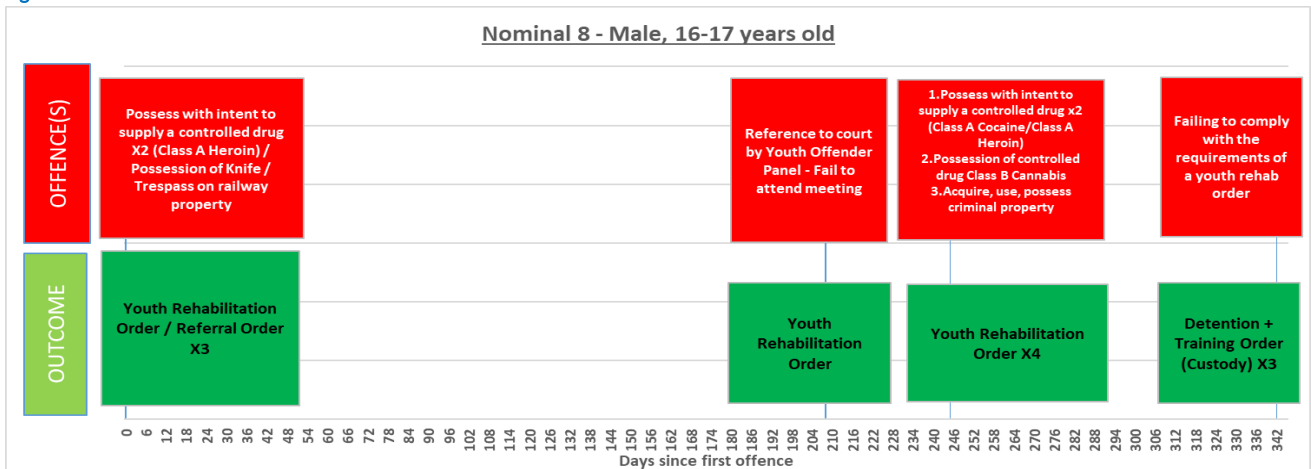


Figure 5.20

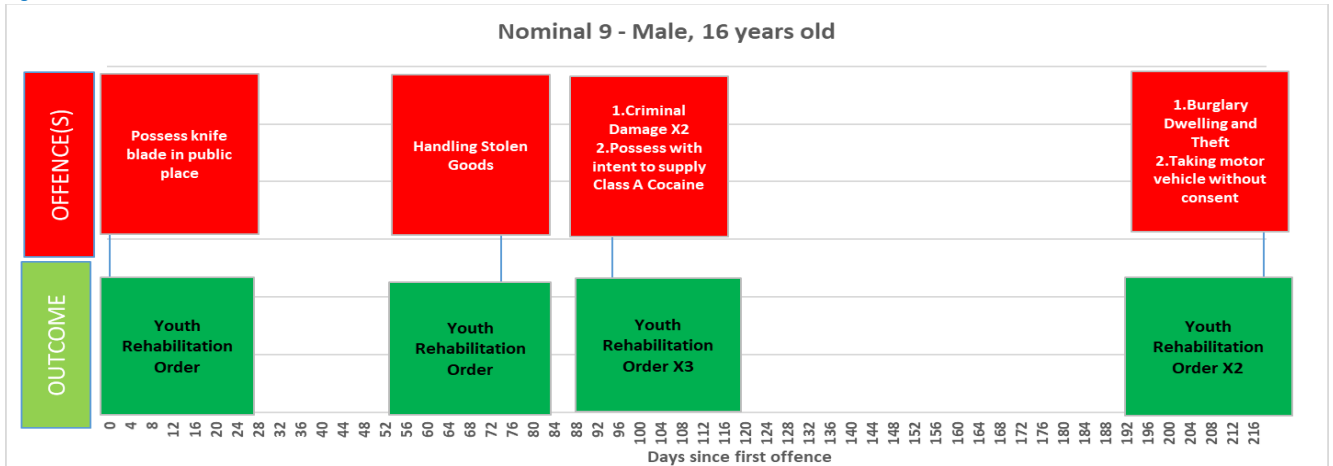


Figure 5.21



What is striking when reading these ten offending histories is that the system interventions have largely been unsuccessful in changing offending behaviour. Youth rehabilitation orders are the most common outcome listed and yet repeatedly this cohort of offenders go on to commit other offences, often serious and also including failure to comply with the original rehabilitation order.

The persistent offending behaviour differentiates them from most young people who commit offences in Thurrock and are dealt with by the Thurrock YOS. Over the entirety of the cohort that YOS has worked with in the past five years; 59.2% of young people did not reoffend and another 4.3% only offended one more time.

Drug Addiction Treatment Services in Thurrock

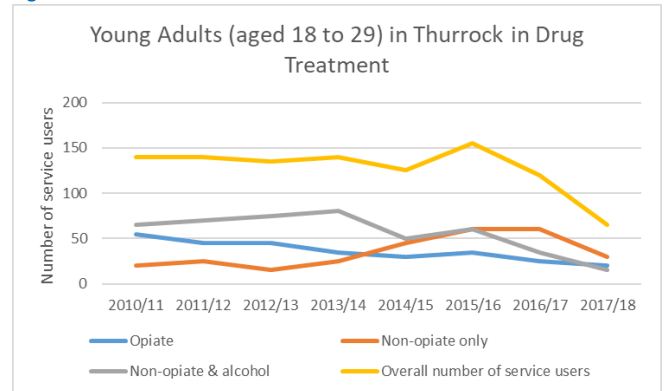
Drug treatment services in Thurrock are commissioned by Thurrock Council from the Public Health Grant and provided by *Inclusion Thurrock* for adults (aged 18+) and *CGL Wise Up* for Children and Young People. As such, the cohort residents that this report discussed (young people aged 11 to 25) are seen by both providers.

Data for adults in drug treatment in Thurrock was analysed from the National Drug Treatment Monitoring System (NDTMS). This categories adults into three age bands; 18-29, 30-39 and 40-64.

Young adults in treatment

Figure 5.22 shows the numbers of young adults (aged 18-29) in treatment for drug problems in Thurrock from 2010/11 to 2017-18, for opiates, non-opiates only, no opiates and alcohol and overall.

Figure 5.22



There has been a significant drop in the number of service users accessing the service for drug treatment in the age group 18 to 29 since a peak in 2015/16. The reasons for this are unclear as treatment places are available for any young adult that wishes to access the service. Regrettably the 18-29 age banding used by NTDMS does not correspond with the 15-25 age band used by Liverpool John Moores University to produce drug user prevalence estimates and so a direct comparison between trends in drug use prevalence and treatment is not possible for different age groups in Thurrock. However, it is worth noting that the rise in estimated prevalence of crack cocaine use in the 15-25 year old age group does not correspond with the trend in treatment access for non-opiate drugs in the 18-29 year old age group. This could mean that there are more young adults that remain untreated for non-opiate addiction than in previous years.

Figure 5.23 demonstrates the 'reach' of drug treatment services into the drug using population by showing the percentage of estimated of drug users in treatment. All ages between 15 and 64 are shown due to restrictions that differing age bands between prevalence estimates and treatment services place on more granular analyses.

For the all age cohort of residents, it can be seen that there a downward trend in the estimated percentage of drug users in treatment for opiate, crack cocaine and dual use

opiate/crack cocaine between 2011/12 and 2016/17. This mirrors a trend nationally and in Essex, the East of England although figures for the percentage of drug users in Thurrock are lower than national and regional figures and similar to Essex (data not shown on graph). The drop in crack cocaine users in treatment is particularly large (from just under 55% in 2010/11 to just under 25% in 2016/17). Again, the reasons for this drop are unclear and do not reflect any change in commissioning practice suggesting a genuine drop in demand. This could reflect a change in demographic profile or other factors in the lives of crack cocaine users. It is however worrying from a public health point of view, meaning that there are a greater proportion of untreated drug users risking their own health and possibly harming their families and wider society.

Figure 5.23

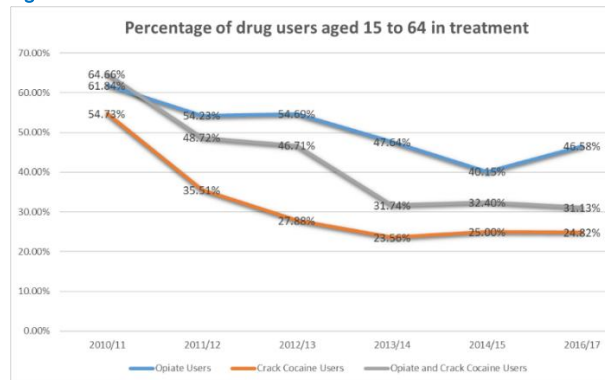
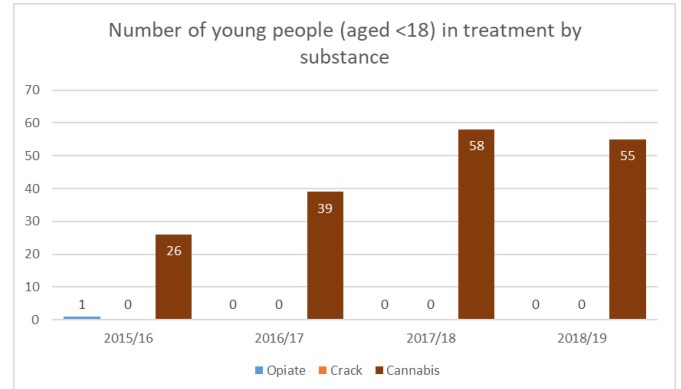


Figure 5.24 shows the numbers of young people (aged under 18) accessing the Thurrock Young People's drug treatment service from 2015/16 to 2018/19

Figure 5.24



Unlike young adults (aged 18-29) the trend in access of young people under the age of 18 is increasing (albeit with a slight reduction from 2017/18 to 2018/19). With the exception of a single opiate user in 2015/16 all drug treatment for those aged under 18 was for cannabis. This would suggest either that the estimated prevalence and absolute numbers of opiate and crack cocaine users in the 15-25 age group relate mainly to young people over the age of 18 and/or that they are not accessing treatment.

We do not have estimated prevalence models for cannabis use so we are unable to ascertain the 'reach' of commissioned young people's drug treatment services into the population of young people using cannabis. The rising trend in treatment access could suggest a rising underlying prevalence in cannabis use, and/or are greater willingness of young people using cannabis to seek help.

Although sometimes portrayed by some in the media as a less 'innocuous' drug, cannabis use in young people remains highly concerning in public health terms, particularly as there is national evidence base that the strength of street cannabis has increased significantly over the past decade and is now often the highly potent 'skunk' form.

Chapter 6: Risk Factors (Vulnerabilities) for Violence and Gang Involvement in Young People

Key Findings

The published evidence base suggests a range of risk factors that are associated with youth violence and gang membership. These can be grouped under five categories of Individual, Family, School, Peer Group and Community. Different risk factors are important at different ages. The largest group of risk factors most strongly associated with youth violence fall in the 'individual category' and include cognitive-behavioural issues such as aggression, conduct disorder, running away and truancy, anti-social behaviour, low self-esteem and high psychopathic features. Disrupted family and poor family supervision, low commitment to school/school exclusion and poor relationships with peers/delinquent peers were also identified as strong risk factors for youth violence. Highly associated risk factors for gang membership include anger/aggression traits, low academic achievement, learning disability, association with delinquent/gang involved peers, living in a neighbourhood with many troubled use and cannabis availability within the neighbourhood. There is increasing evidence that social media is associated with youth violence and gang membership including the use of 'drill music' videos to glamorise gang lifestyle/drug dealing and violence, live broadcasting of violence and anti-police messages. Evidence suggests that the issue is largely hidden from adults who are often unaware what their children are viewing.

An associated risk factor cannot be claimed to be 'causal'. Despite often being cited by the media and politicians as a risk, poverty and deprivation are very poor predictors of crime in general and youth violence in particular both from national and local data. Whilst the majority of criminals come from deprived backgrounds, the vast majority of the population who live in deprived communities do not commit crime or violent crime. This is known as 'the crime paradox'. Longitudinal research demonstrated two causal variables for serious youth offending:

1. Exposure to a criminogenic environment which encompassed unsupervised time in city centre or other locations with low levels of social cohesion, and exposure to peers already involved in crime.
2. Developing an individual crime personality which encompassed low scores on standardised morality inventories and low scores on standardised self-control inventories.

Youth that scored highly on these two variables from both deprived and affluent backgrounds are much more likely to become prolific youth offenders whilst those who did not from both deprived and affluent backgrounds were not. The risk factors identified from the published evidence base can be mapped onto these two causal variables to explain the crime paradox.

Analyses using Thurrock's linked dataset provided by Xantura identified the following five risk factors as being the most significant associated and predictive factors for serious youth violence:

1. Previous Criminality or exposure to family/peers who commit crime
2. Substance Misuse, particularly availability of / use of drugs by others within the neighbourhood
3. Family dysfunction
4. Individual behavioural/cognitive factors including conduct disorder, aggression and troublesome behaviour
5. Being expelled or excluded from school or mainstream education.

Thurrock has high rates of fixed term Primary School exclusions compared to England but very low rates of fixed term secondary school exclusions. Rates of permanent primary and secondary school exclusions are generally in-line with England. There is a high variability of exclusion rates between different schools, with fixed term exclusion rates at the Pupil Referral Unit being exceptionally high. Further work to understand and address this variation is required. There may be opportunities to share best practice between schools to reduce exclusion rates.

Introduction

This chapter discusses the published evidence base on factors that increase the risk of young people committing violence and/or becoming involved in gangs. It is based on an evidence review commissioned by the Home Office⁷⁰ together with other published evidence. The Chapter also contains analyses on specific risk factors faced by Thurrock young people and their impact on increasing the risk of youth violence and gang membership.

A risk factor is defined as a variable that can usefully predict an increase in the likelihood that a young person will become involved in serious youth violence or gangs. It is important to remember that a predictive factor does not necessarily mean that the factor is *causal* in the development of violent behaviour or gang membership; simply that it is a reliable predictor of increased risk. For example, it cannot be said that low academic attainment *causes* a young person to become violent, simply that young people with low academic attainment are more likely to be

represented in the cohort of young people who participate in serious youth violence. Risk factors are grouped into five categories:

- 1) Individual
- 2) Family
- 3) School
- 4) Peer Group
- 5) Community/Society

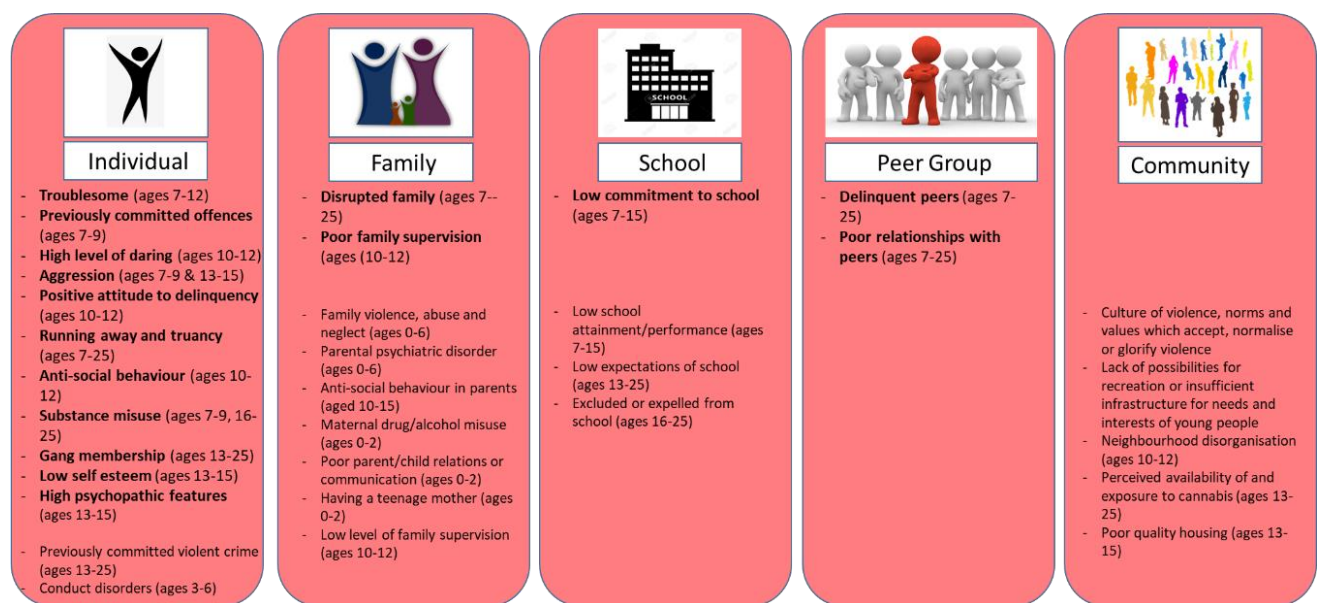
Risk factors have a cumulative effect; that is, the greater the number of risk factors experienced by the youth, the greater the likelihood of involvement in youth violence or gang membership. For example, one study found that youth in

Seattle possessing seven or more risk factors were 13 times more likely to join a gang compared to youth with one risk factor.⁷¹

Youth Violence

Figure 6.1 summarises the evidence base^{72 73 74 75 76 77 78 79 80 81 82 83 84 85} on risk factors for youth violence. Youth violence was defined as violence committed in a community or public space by a young person aged 25 or under. The factors with the strongest predictive value (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are shown in bold.

Figure 6.1: Risk Factors for Serious Youth Violence



Across the majority of age categories, individual factors consistently represent the best predictors of youth violence. In particular, attributes such as aggression, risk taking and high psychopathic features such as a lack of guilt and high level of daring are strongly associated with risk of violent behaviour. Running away from home/truancy, misuse of drugs and committing previous criminal acts are also strongly correlated with serious violence.

Family related risk factors tend to be important in younger age groups but generally have a lower predictive value of serious violence, particularly as children age. The exception is 'living in a disrupted family' which was usually defined as the frequency with which children's primary care giver changes, which was an important risk factor up to age 25.

Peer related factors amongst young people aged 7 and above are also consistently found to be a strong predictor of youth violence. Factors predominantly relate to levels of peer delinquency, commitment to delinquent peers and poor relationships with peers.

School based factors also tended to have a lower positive predictive value than individual and peer based factors but included exclusion from school and low academic attainment.

Community and society factors generally have a lower level of predictive value for serious youth violence, however neighbourhood disorganisation, poor quality housing provision and available of/exposure to cannabis have been found to be associated.

Gang Involvement

A gang was defined in the evidence search as 'a relatively durable, predominantly street-based group of young people who:

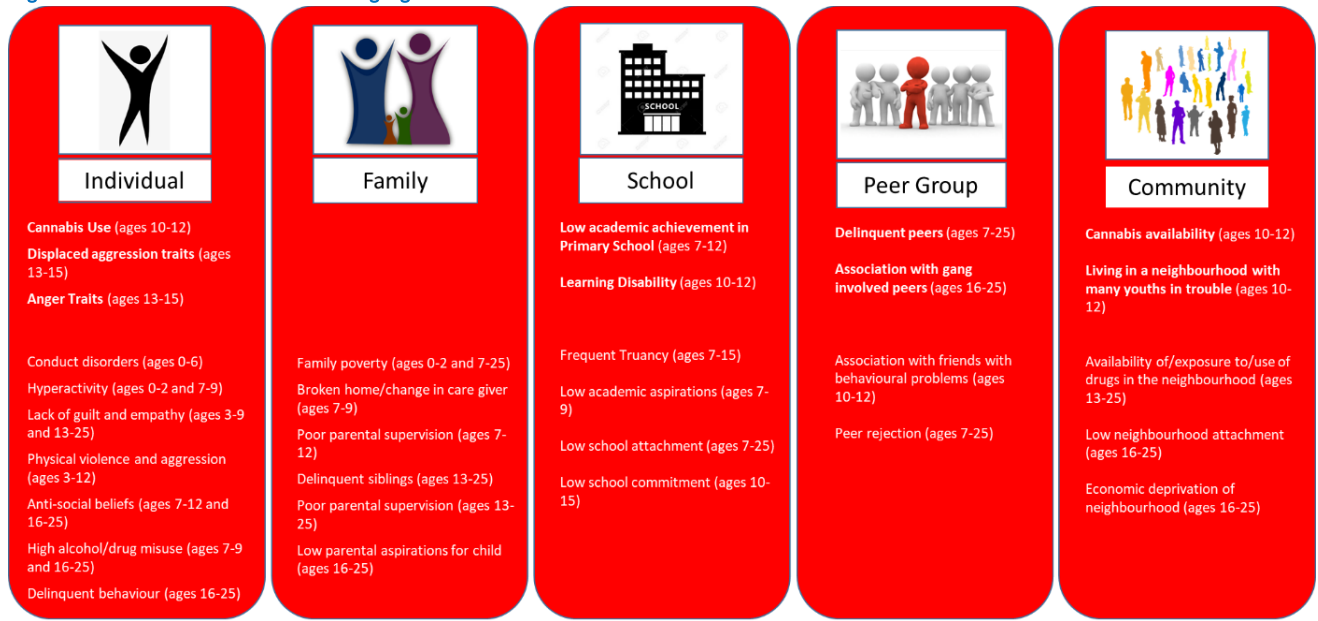
- See themselves (and are seen by others as a discernible group)
- Engage in criminal activity and violence and may;

- Lay claim over territory (this is not necessarily geographical territory but can include an illegal economy territory);
- Have some form of identifying structural feature;
- Be in conflict with other, similar gangs'

Far fewer studies have investigated risk factors associated with gang involvement compared to those that have

investigated serious youth violence. Figure 6.2 summarises the evidence base^{77 81 83 86 87 88 89 90} on risk factors of gang involvement by young people aged 25 and under. The strongest predictive factors (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are again shown first in bold.

Figure 6.2: Risk Factors for involvement in gangs



As with studies investigating risk factors for serious youth violence, *individual factors* are often cited as the best predictors of gang membership. Attitudinal factors (particularly) aggression and anger traits are strong predictors together with anti-social beliefs and lack of guilt and empathy. Cannabis use at age 10-12 is the strongest behavioural predictive factor, although other behaviours including conduct disorder, physical violence and aggression and delinquent behaviour have also shown to be associated.

Family factors have been found to have a lower predictive value on gang involvement compared to individual factors but include family poverty, attitudes of parents including pro-violent attitudes and low aspiration for children, delinquent siblings, and changes in care givers.

Much like youth violence, school-based factors are generally associated with poor academic attainment, low commitment to school and truancy. One study identified that children with learning disabilities were particularly vulnerable to gang involvement.⁷⁷

Peer relations have been found to be strongly correlated with gang membership. Both a connection with peers

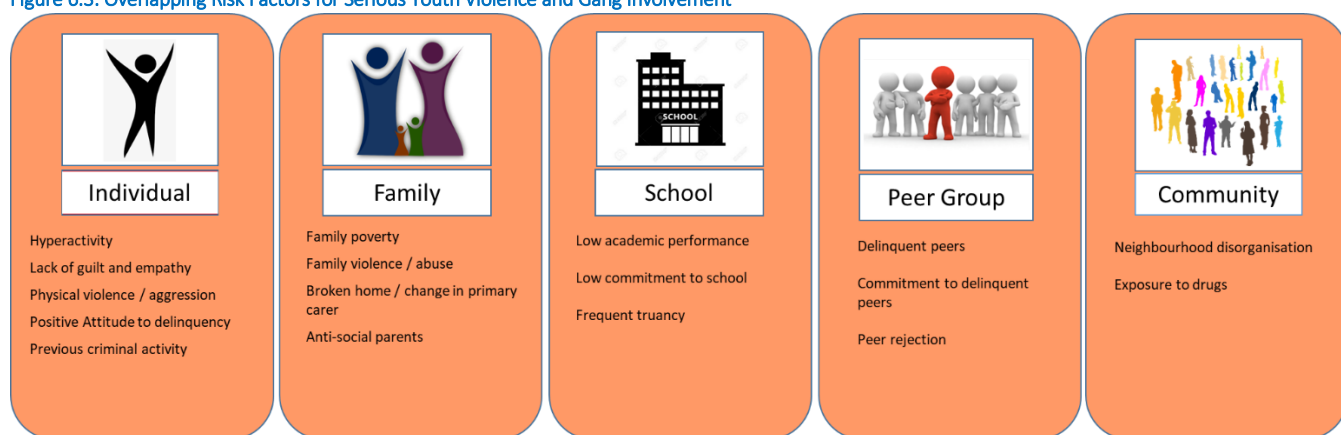
associated with problem behaviours and a commitment to delinquent peers are found to predict gang involvement.

While community/society factors are often included in studies of gang involvement, the majority of studies found a relatively weak association. Availability of cannabis and living in a neighbourhood where many other youths are in trouble were the only two risk factors with strong associations.

Overlapping risk factors

Figure 6.3 (overleaf) shows risk factors that have been identified for both serious youth violence and gang involvement. It is worth noting that not all risk factors shown were identified as strong predictors (i.e. a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) for both gang involvement and serious youth violence

Figure 6.3: Overlapping Risk Factors for Serious Youth Violence and Gang Involvement



Social Media

Much has been written in the press about the link between social media and youth violence and gangs.^{91 92}

There is significant anecdotal evidence from law enforcement and youth offending professionals in the UK and US that disputes on social media can fuel and escalate youth violence, and of the link between 'Drill' music videos being used to glamorise gang membership, gang violence and material gain from drug dealing through gangs. However, the relatively recent emergence of this phenomenon means that robust published evidence on the topic is minimal. Dame Glenys Stacey, HM Chief Inspector of Probation in her 2017 report on UK Youth Offending Services concluded that in 25% of cases examined in her thematic inspection, there was a social-media component to the main offence, although the form varied widely. She reported gangs' use of social media to appeal to new members, stake their territory, and issue challenges and engage in provocation with other gangs.⁹³

Researchers at University College London conducted a six-month analysis of the social media platforms *Twitter*, *YouTube*, *SnapChat*, *Instagram* and *Periscope*, together with focus groups and interviews with 20 front line professionals and an international review of the literature.⁹⁴ They made a number of concerning discoveries about the negative impact of social media on young people's risk for violence and gang membership including:

Anti-police. Social media content frequently depicted police officers in a negative and derogatory light which could lead to anger and resentment, and increased likelihood to commit crime and an increased difficulty for the police to be seen as legitimate

Music videos raising tension. 'Drill music' videos (a genre of rap music that originated in Chicago) were popular and often depicted displays of young people holding weapons,

remarks about recent incidents of violence, explicit threats to stab or shoot specific individuals or groups and acted as a call to violence. Many examples were also identified of young people using social media to video and post themselves 'trespassing' onto other gang territory, stealing property associated with rival groups or taunting individuals or rival gangs.

Live broadcasting of violence. Numerous episodes of acts of serious violence being uploaded to social media were identified that led to further reprisals in real life and enhanced the fear and status of individual gangs and gang members.

A growing issue that is hidden from adults. Because social media is commonly perceived to be hidden from adults, a virtual 'free-for-all' space has emerged in which a minority of young people share various forms of material that both displays and incites serious violence in real life unchecked. The explosion in smart phone use and social media and the reported little oversight that parents and teachers have of children's use of it make this an unregulated and harmful space which can be accessed by millions of young people. Many professionals described current e-safety training as either non-existent or narrowly focused on online chat rooms and as such out of date.

School Exclusion

Much has been written in the media about the connection between being excluded from school and youth violence/gang membership.

There is significant evidence of an association between both fixed term or permanent exclusion and becoming either a victim or perpetrator of crime. One study found that 63% and 42% of prisoners stated that they had been temporarily or permanently excluded from school respectively.⁹⁵ Of 16 and 17 year old young offenders receiving a custodial

sentence in 2014, 39% had been permanently excluded from school prior to sentence.⁹⁶

The 2019 Timpson Review on School Exclusion in the UK, commissioned by the Secretary of State for Education⁹⁷ found that parents, schools and other front line professionals highlighted that exclusion increased other risk factors a child may have of being drawn into crime and suggested that children who have been excluded may face additional vulnerability for exploitation by gangs, with gang membership temporarily fulfilling a sense of belonging that they crave after being asked to leave their school community. Ofsted has also highlighted in its research into how London schools are dealing with knife crime that *"gangs know that once children have been excluded, they are much more vulnerable and easier to groom. Gangs are taking advantage of this by, for example, getting children to take a knife into school or break another rule which gets them permanently excluded."*⁹⁸

However, evidence on a *causal link* between school exclusion and crime is minimal and complex. A study by the Ministry of Justice, which found that 85% of young knife possession offenders who had offended prior to the end of Key Stage 4 had received at least one fixed period exclusion from school at some point, and that 20% had received a permanent school exclusion. However it also reported that there was an approximate 50/50 split between those whose first exclusion was prior to the offence, and those who were excluded at some point after the offence. As such, existing criminal behaviour could be the cause not the result of school exclusion for some young people.⁹⁸

Other risk factors already highlighted in this chapter may also be the underlying cause of both school exclusion and serious youth violence or gang membership. The Ofsted report into knife crime amongst pupils in London found that the common denominator of pupils found carrying bladed objects into school was their vulnerability, whether that is poverty, abuse neglect, troubled families, or other factors that may lead to exclusion.⁹⁹

Despite the lack of hard evidence that school exclusion is a *causal* factor leading children into serious crime or gang membership, the risk factors associated with exclusion need to be minimised. Being in education, whatever form that takes is likely to be a protective factor for children against violence and gang membership. One study found that 83% of young knife crime offenders were persistently absent from education in at least one of the five years prior to the offence they had committed.⁹⁸ Similarly, the prevalence of special educational needs (SEN) among the young offender population is striking; almost half of those young people sentenced to less than 12 months in custody in 2014 were recorded as having SEN without a statement and 28% were recorded as having SEN with a statement.⁹⁹ The Timpson Review highlights the need for schools to adopt a *public health approach* to crime by working with other agencies in partnership to minimise exclusion and the impacts of exclusion where it is unavoidable, minimising other risk factors and strengthening protective factors.

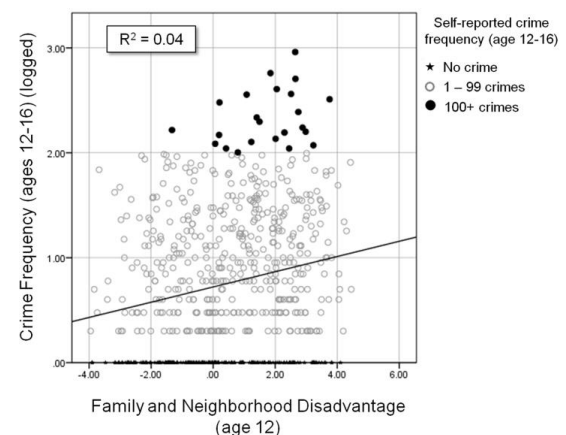
Causal Factors

As stated at the start of this chapter, whilst the risk factors identified can act as *predictors* for involvement in youth violence or gang involvement, it can not necessarily be claimed that they are *causal factors*. For example, whilst we may observe that young people who commit serious violent crime may be more likely to have experienced a disrupted family and misused drugs, we also observe that many young people with substance misuse problems or who come from broken homes do not commit youth violence.

The difference between association and causality in this context can perhaps be best demonstrated by the link between poverty and crime. Poverty and coming from a disadvantaged background is often cited by politicians and in the media as being causal to youth offending because without question, the vast majority of young people who are persistent offenders and enter the youth criminal justice system come from socially disadvantaged backgrounds. However, it is equally true that the vast majority of young people who come from socially disadvantaged backgrounds never commit criminal offences and that social disadvantage in and of itself is a poor predictor of future criminality leading some researchers to question whether a causal relationship exists at all. This has been labelled by criminologists as *the crime paradox*.^{100 101 102 103 104}

A study by researchers at Cambridge University¹⁰⁵ aimed to investigate this paradox using the Peterborough Adolescent and Young Adult Development (PADS+) Study, a longitudinal study that followed a random sample of 716 young people who were living in Peterborough since they were 12 in 2002, through adolescence into young adulthood in 2015. Across the entire cohort, their research identified only a very weak link ($R^2 = 0.04$) between members of this cohort of young people who went on to be prolific offenders (committing more than 100 crimes) and family/neighbourhood disadvantage. (Figure 6.4).

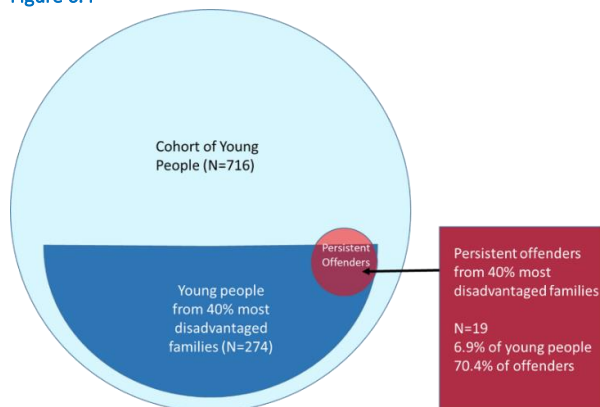
Figure 6.4



The vast majority (93%) of the 274 young people in the 40% most disadvantaged didn't go on to become persistent offenders however, the PADS+ study equally identified that 19 of the 27 (70.4%) of young people who became

persistent offenders were from the 40% most disadvantaged in the cohort. The *crime paradox* is demonstrated in figure B.

Figure 6.4



From detailed analyses of the cohort, the researchers identified two variables that seem to be causal factors in persistent and prolific offending:

1. Being exposed to a criminogenic environment which was a composite measure of two factors:
 - Exposure time spent in unstructured and unsupervised peer-oriented activities in local city centres or other locations with poor collective efficacy, i.e. without strong social norms around community cohesion and positive social values
 - Having peers who had an existing propensity to involvement in crime
2. Developing an individual crime propensity. This was defined as scoring highly on an index made up of

standardised scores on personal morality and levels of personal self-control.

The study found a strong relationship between scoring highly on these two measures and persistent offending behaviour in young people and also demonstrated that the relationship between these two measures and persistent criminal offending was strong in young people from all levels of family disadvantage within the overall cohort.

They therefore concluded it is being exposed to a criminogenic environment (unstructured peer activity in locations with low social cohesion/contact with peers with existing crime involvement) and individual crime propensity (morality/self-control) that were the causal factors in persistent youth crime involvement and not social disadvantage per se. They also concluded that the reason that most persistent offenders come from disadvantaged backgrounds could be explained by the fact that they have a higher likelihood of developing a high crime propensity and/or being exposed to criminogenic environments.

It is worth remembering that the Cambridge study had as its outcome variable all persistent offending as opposed to serious youth violence or gang involvement. However applying its findings to the risk factors identified previously, figure 6,5 attempts to show how the previously identified risk factors for serious youth violence may contribute to being exposed to the two causal factors identified in the research of *Being Exposed to a Criminogenic Environment* and *Developing an Individual Crime Propensity* and their composite measures. The risk factors identified as the strongest (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are shown in bold.

Figure 6.5: Relationship between Risk Factors for Serious Youth Violence and Causal Factors for persistent youth offending.

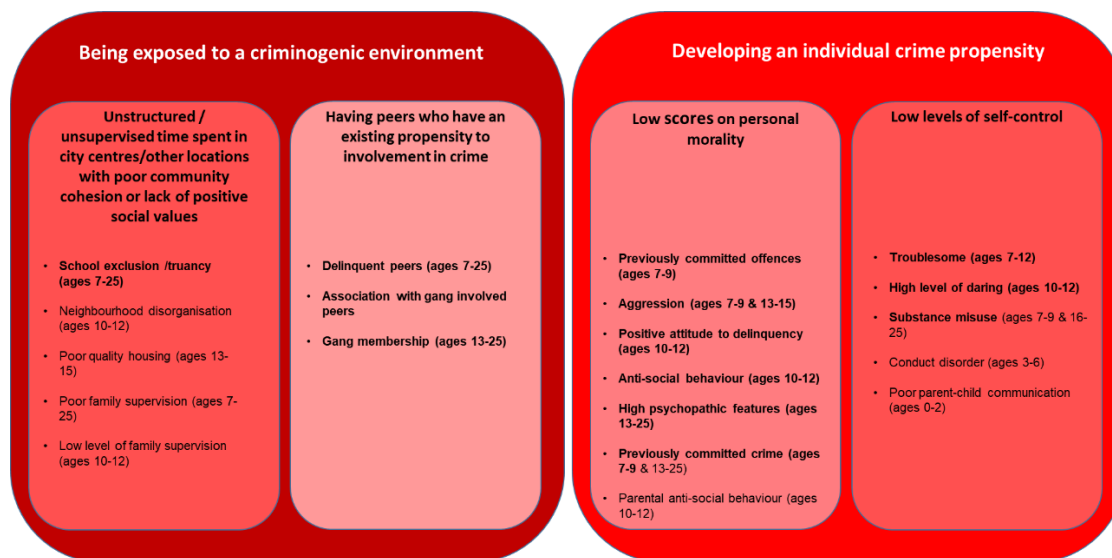
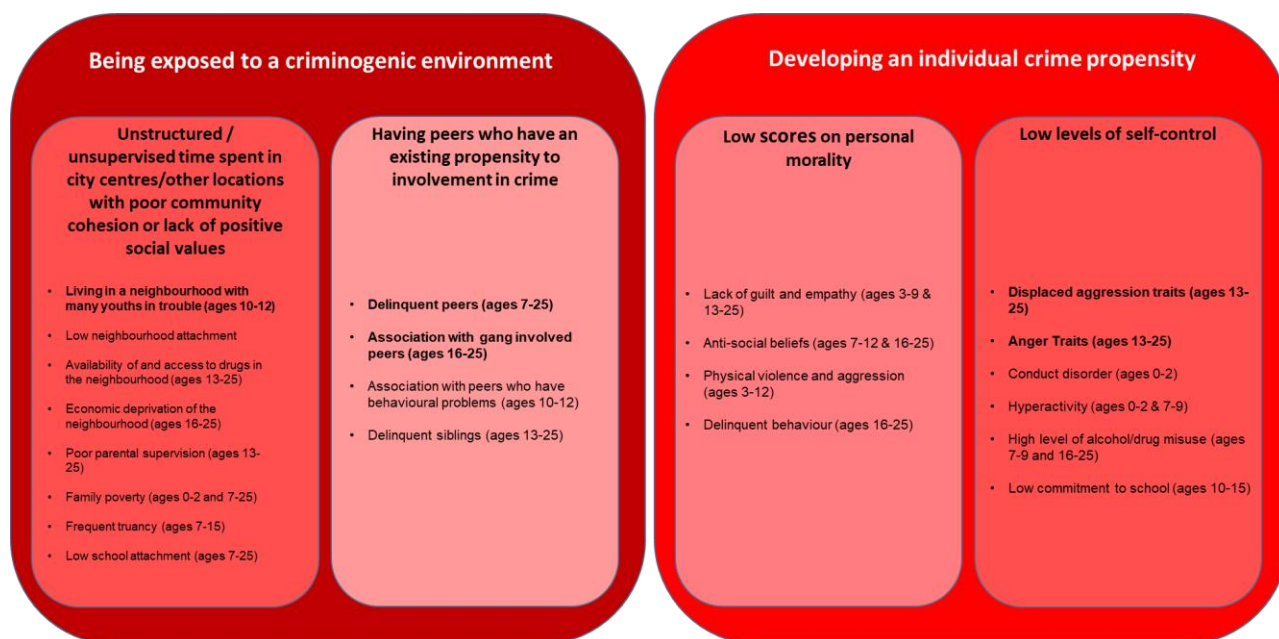


Figure 6.6 (overleaf) suggests how the previously identified risk factors for gang involvement may be linked to the two identified causal factors and their composite measures for persistent youth offending. The strongest risk factors (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are shown in bold.

Figure 6.6: Association of risk factors for gang involvement with causal factors for persistent youth offending.



Analysis of Risk Factors faced by Thurrock Young People and their impact on prevalence of violence and gang membership.

Xantura has been commissioned by Thurrock Council to create and maintain a linked dataset of different data held on young people and their families. The linked dataset currently joins the following datasets at resident level:

- Youth Offending
- Chronology
- Children's Social Care case notes
- Anti-social behaviour victims data
- Missing persons
- School attendance and exclusions
- Domestic Violence
- Child Safeguarding datasets including Children In Need, Child Protection, CLA, EH
- EDUPRU
- Child missing education
- Benefits data
- Debt including tenancy, council tax, housing benefits over payment.

To date, the main use of the Xantura linked data is to provide a *single view* of an individual child and their parents that displays information from multiple datasets for front line children's social care professionals. However, the system that Xantura has created also provides opportunities to use linked data to ascertain the impact that the risk factors identified in this chapter have had on the likelihood

that a young person will commit violent crime or become involved in gangs (the *Outcome Variables* we seek to prevent in the future).

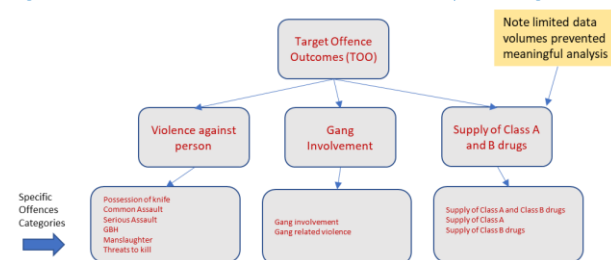
Ascertaining and quantifying the impact that various different risk factors (vulnerabilities) in our own population have on likelihood of involvement in the outcome variables of future violence or gangs creates allows us to identify the most significant vulnerabilities in young people at Thurrock level associated with youth violence and gang involvement.

This in turn opens up the exciting possibility of building a predictive model that could identify the cohorts of young people most at risk of future gang memberships or violent behaviour and provide the opportunity to target tailored prevention interventions at specific young people to reduce their risk. We have therefore worked closely with Xantura to analyse the impact that specific vulnerabilities have had on violent behaviour and gang membership within the population of young people living in Thurrock.

Unfortunately because police data is not currently included within the Xantura linked dataset we have been unable to use arrest/police caution/charge as an outcome variable within these analyses. We have therefore defined the outcome variables that we are interested in preventing from the YOS dataset using the crime categories discussed in Chapter 2 (table 2.5) and shown in figure 6.7. We have considered four outcomes over two levels: All Target Offence Outcomes (TOO); Violence Against The Person Offences; Gang Involvement; and Supply of Class A and B drugs. The limitation of using YOS data is that we are only able to define the outcome in terms of a young person's involvement in YOS and may miss young people who have

been involved in serious youth violence or gangs who have not come to the attention of our YOS service.

Figure 6.7 – Outcome Variables we are interested in preventing



In undertaking this analyses, Xantura considered both category data (values recorded in specific fields in each dataset) and undertook *contextual text* analyses to identify risk factors that appeared in ‘free text’ notes within each dataset.

Violence Against the Person Risk Factors

Xantura undertook three types of analyses against the outcome variable of *Violence Against the Person* offences dealt with by YOS:

- Risk factors present in young people before committing *Violence Against the Person*
- Correlation of risk factors with *Violence Against the Person* over time
- Predictive factors for *Violence Against the person*

Each will be discussed in turn.

Risk Factors Present Prior to Thurrock Young People Committing Violence Against the Person offences.

Figures 6.8 and 6.9 show the risk factors (vulnerabilities) already present in young people aged 15-18 and 10-14 respectively who have been dealt with by YOS for offences in the *Violence Against The Person* category.

Figure 6.8

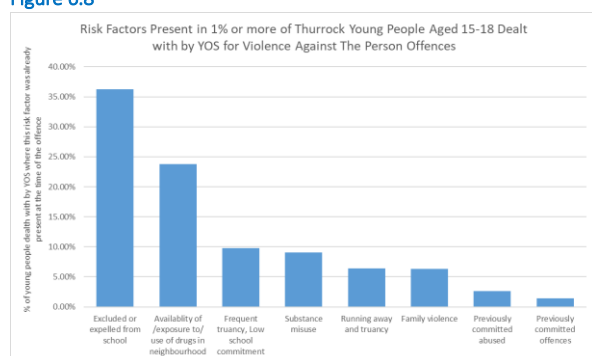
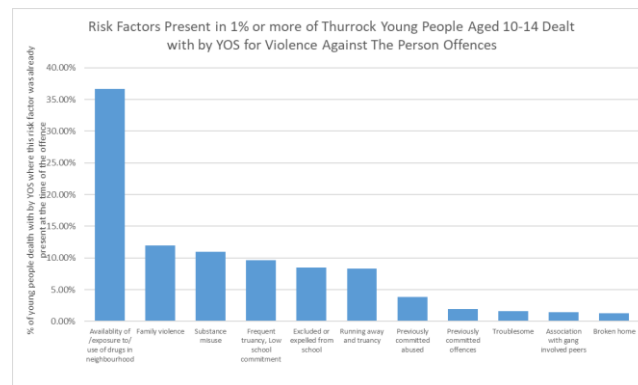


Figure 6.9



For 15-18 year olds, the most common vulnerabilities present at the time of committing violence against the person offences related to school absence: *Being Excluded or expelled from school; Frequent Truancy, low school commitment*, and drugs: *Availability of, exposure to drugs in the neighbourhood; and Substance Misuse*.

For 10-14 year olds, the most common vulnerability present at time of committing violence against the person offences was *Availability of/exposure to drug use in the neighbourhood. Family Violence, Substance Misuse, Frequent Truancy/Low school commitment, Being Expelled or excluded from school, running away and truancy* were also present in a significant minority of young people committing violence against the person.

Individual risk factors such as conduct disorders and hyperactivity were recorded in very low numbers of young people dealt with by YOS for violence against the person offences despite the fact they were identified as strong risk factors in the evidence base. However, this may simply reflect that the datasets used in the Xantura analyses were not likely to record conduct disorders or hyperactivity comprehensively.

Correlation between risk factors and Violence Against the Person offences over time.

Xantura correlated the numbers of *Violence Against the Person* offences dealt with by YOS with the numbers of young people recorded as having the different risk factors (vulnerabilities) identified within this report at quarterly time periods. Pearson R² co-efficients were calculated for each risk factor against the outcome variable of *Violence Against the Person* offences.

Pearson R² coefficients calculate how strongly the risk factor (vulnerability) is associated with *Violence Against the Person* offences over time, i.e. to what extent do numbers of violence against the person incidents increase when numbers of young people with a specific risk factor increases. A Pearson R² coefficient can range from -1 to +1. The larger the number, the more strongly the risk factor is associated with *Violence Against the Person* offences. A R² of >0.5 signifies a strong association. A negative R² would suggest that the risk factor is *protective* against *Violence Against the Person* offences.

Table 6.1 shows the results of these analyses.

Table 6.1

APHR category	Aged 5 to 9	Aged 10 to 14	Aged 15-18	Max Correlation
Frequent truancy, Low school commitment	0.37	0.75	0.84	0.84
Previous criminal activity	0.45	0.84	0.79	0.84
Availability of /exposure to/ use of drugs in neighbourhood	0.55	0.8	0.77	0.8
Running away and truancy	0.33	0.74	0.77	0.77
Previously committed violent crime	0.47	0.77	0.76	0.77
Excluded or expelled from school	0.54	0.75	0.69	0.75
Previously committed offences	0.52	0.72	0.65	0.72
Conduct disorders	0.43	0.55	0.61	0.61
Family violence	0.45	0.5	0.61	0.61
Association with gang involved peers	0.26	0.63	0.54	0.63
Poor parental supervision	0.63	0.58	0.58	0.63
Troublesome	0.4	0.5	0.59	0.59
Family poverty	0.19	0.33	0.59	0.59
Disrupted family	0.54	0.52	0.58	0.58
Substance misuse	0.49	0.46	0.55	0.55
Drug-alcohol misuse	0.35	0.19	0.29	0.35
Hyperactivity	0.27	0.26	0.43	0.43
Peer rejection	0.14	0.19	0.46	0.46
Broken home	0.33	0.19	0.24	0.33

Risk factors (vulnerabilities) related to lack of school attendance (frequent truancy, running away, excluded or expelled from school); previous criminal activity (previously committed violent crime, previously committed other offences, association with gang related peers); and availability of/exposure to drugs in the neighbourhood are most strongly associated with *Violence Against the Person* offences over time. Family issues including family violence, family poverty and poor parental supervision is also strongly associated in older age groups. These factors all link with the causal factors identified earlier in this Chapter of *being exposed to a criminogenic environment*.

Predictive Risk Factors in Thurrock

Examining the risk factors already present in young people known to YOS due to *violence against the person* offences or correlations between vulnerabilities and *violence against the person* offences over time does not on its own allow us to predict risk. For example, although figure 6.8 demonstrates that 36% of young people known to YOS for *violence against the person* offences had been excluded from school

we cannot confidently state that being excluded from school predicts violence unless we also consider the sizes of the population of young people in Thurrock who have been excluded from school who do not go on to commit violence and the population of Thurrock who commit violence who have not been excluded from school.

In order to calculate the risk that an individual risk factor or vulnerability has on future violence we calculated Odds ratios for the risk factors identified from the Xantura dataset and evidence base. By examining the numbers of young people with a specific risk factor (vulnerability) who do and do not commit *violence against the person* offences and comparing these cohorts with the numbers of young people without the same risk factor who do and do not commit violence, the Odds ratio allows us calculate how much more likely a young person is to commit a *violence against the person* offence if they have an existing risk factor or vulnerability. As such an Odds Ratio of 2 for a given risk factor X means that young people who have experienced risk factor X are twice as likely as young people without risk factor X to commit *violence against the person* offences.

Table 6.2

RISK FACTOR (Vulnerability)	Odds Ratio (CI)	p-value
Previously committed violent crime	326.33 (262.42, 405.80)	0.00
Availability of / exposure to / use of drugs in neighbourhood	203.50 (166.98, 248.02)	0.00
Committing theft or handling stolen goods	95.44 (75.92, 119.98)	0.00
Conduct Disorders	41.98 (34.46, 51.13)	0.00
Previous criminal activity	29.83 (24.96, 35.67)	0.00
Association with gang involved peers	13.08 (10.99, 15.55)	0.00
Troublesome	9.64 (7.72, 12.02)	0.00
Previously committed offences	7.75 (6.55, 9.16)	0.00
Family Stress	7.70 (4.00, 14.82)	0.00
Substance misuse	6.40 (5.08, 8.05)	0.00
Family dysfunction	5.10 (3.10, 8.38)	0.00
Excluded or expelled from school	4.57 (3.87, 5.41)	0.00
Abuse or Neglect	2.01 (1.17, 3.43)	0.01

The odds ratios in table 6.2 suggest four sets of risk factors are highly predictive of future serious youth violence.

Firstly *previous criminality* significantly increases risk of a young person accessing YOS for *violence against the person* offences. Previously committing violent crime; theft or handling stolen goods; previous criminal activity; and previously committed offences, makes a young person 326, 95, 30 and 7.8 times respectively more likely to commit future violent crime compared to young people who did not have a recorded history of criminality. Association with gang involved peers makes a Thurrock young person over 13 times more likely to access YOS for *violence against the person* offences compared to young people not associated with gangs. These four variables are closely associated with the suggested *causal* variables suggested earlier in this chapter of both '*being exposed to a criminogenic environment*' and '*developing an individual crime propensity*'.

Secondly substance misuse, *particularly the availability of / exposure to / use of drugs* in the neighbourhood, and to a lesser extent a history of *substance misuse* increased the risk of youth violence by 203.5 and 4.16 times respectively compared to Thurrock young people who did not have these risk factors. The difference in risk between drugs in the neighbourhood and individual substance misuse is interesting as it could suggest that there is something else about neighbourhoods with drug use, rather than simply drug use itself that is substantially increasing risk of youth violence. Living in a neighbourhood with high levels of drug use could be associated with the suggested causal variable of *being exposed to a criminogenic environment* and its two sub-variables of '*unstructured time spent in city centre or other locations with poor levels of social cohesion*' and '*having peers who have an existing propensity to crime*'. As discussed in Chapter 5, drug misuse itself may increase risk of crime by lowering inhibitions, linking this risk factor to one of the other two sub-variables – *low levels of self-control* in the second suggested causal variable of *developing an individual crime propensity*.

Thirdly, *family dysfunction* and *family stress* increase the risk of involvement in youth violence by 5.1 and 7.7 times that of Thurrock young people without this vulnerability. This again could be said to increase risk of both suggested causal variables: *being exposed to a criminogenic environment* through lack of supervision or other family members' involvement in crime, and *developing an individual crime propensity* through poorer quality of parenting.

Fourthly *individual cognitive and behavioural* factors including a record of *conduct disorders* and being *troublesome* makes a Thurrock young person 42 and almost 10 times respectively more likely to commit *serious youth violence* offences. Both of these risk factors could be said to be associated with one of the suggested causal variables: *developing an individual crime propensity* and its two sub-variables: *low levels of self-control*, and *low levels of personal-morality*.

A final fifth factor of *being expelled or excluded from school* was identified. Young people who have been subject to temporary or permanent school exclusion in Thurrock are 4.6 times more likely than those who have not, to access YOS for *violence against the person* offences. Whilst school exclusion itself has a lower predictive value than some of the other vulnerabilities, it is worth noting that analyses presented earlier in this chapter found it to be both the most highly correlated vulnerability with youth violence over time, and the most common existing vulnerability in those young people who access YOS because they had committed *violence against the person* offences. It is also highly correlated with youth violence. School exclusion is likely to substantially increase the risk of a Thurrock young person encountering the suggested causal variable of *being exposed to a criminogenic environment* both because they may be more likely to spend time in unstructured environments, and because they may be at increased risk of being groomed by gangs, exposing them to peers with an existing propensity to crime involvement.

Some care should be taken when interpreting odds ratios of single risk factors. Many young people are likely to have multiple risk factors and what is not clear at this stage is how these risk factors or vulnerabilities may interact. The next stage of analyses would be to build a logical regression model that calculates how each individual risk factor interacts with the others in order to develop an over-all risk score of a young person with multiple risks.

Risk factors (vulnerabilities) for Gang Membership

We asked Xantura to similar analyses on their Thurrock linked dataset for the outcome variable of *Accessing YOS*

due to Gang Membership as we did for *violence against the person offences*. However analyses was hampered by low data volumes and a lack of recording of date of first involvement in gangs, meaning it was not possible to calculate predictive odds ratios or ascertain percentages of young people who had existing risk factors prior to gang membership.

We were able to correlate both risk factors identified in the evidence base and general risk factors identified by Xantura over time with gang membership. The results of these analyses are shown in tables 6.3 and 6.4

Table 6.3: Correlation of numbers vulnerabilities from the evidence base in Thurrock young people with gang membership over time

APHR category	Aged 10 to 14	Aged 15 to 18	Aged 19 and above	Maximum Correlation
Excluded or expelled from school	0.97	0.28	0.38	0.97
Frequent truancy & low school commitment	0.96	0.3	0.4	0.96
Poor parental supervision	0.96	0.26	0.36	0.96
Running away and truancy	0.96	0.3	0.41	0.96
Disrupted family	0.95	0.31	0.42	0.95
Availability of / exposure to / use of drugs in the neighbourhood	0.72	0.78	0.93	0.93
Troublesome	0.29	0.54	0.88	0.88
Previously committed offences	0.86	0.59	0.67	0.86
Previously committed violent crime	0.74	0.68	0.77	0.77
Previous criminal activity	0.45	0.61	0.7	0.7
Substance misuse	0.54	0.36	0.68	0.68
Association with gang involved peers	0.14	0.6	0.1	0.6
Broken home	0.14	0.6	0.1	0.6
Conduct disorders	0.03	0.43	0.52	0.52
Family violence	0.15	0.33	0.37	0.37

Table 6.4: Correlation of numbers of general vulnerabilities in Xantura with Thurrock gang membership over time.

APHR category	Aged 10 to 14	Aged 15 to 18	Aged 19 and above	Maximum Correlation
School exclusion	0.97	0.28	0.39	0.97
Missing. Education.	0.97	0.3	0.41	0.97
Theft and handling stolen goods	0.97	0.48	0.61	0.97
Missing person.	0.96	0.31	0.42	0.96
Neglect	0.96	0.26	0.36	0.96
Family dysfunction	0.95	0.32	0.42	0.95
Public Order offence	0.94	0.63	0.63	0.94
Vehicle theft	0.91	0.26	0.36	0.91
Possession of a class B drug	0.87	0.37	0.59	0.87
Criminal damage	0.46	0.62	0.72	0.72
Previous abuse	0.14	0.6	0.1	0.6
Robbery	0.24	0.52	0.59	0.59
Prison history	0.18	0.54	0.05	0.54
Domestic violence	0.15	0.37	0.42	0.42
Knife/blade/firearm/offensive weapons offence	0.3	0.26	0.15	0.52
Emotional abuse	0.1	0.14	0.16	0.37

Correlations above 0.5 could be said to be the most significant. The same predictive risk variables identified in the analyses on *violence against the person offences* feature in above analyses on risk of gang membership:

- *Exclusion from education* including permanent or temporary school exclusion and frequent truancy;
- *Criminality* including previous criminal activity, association with gang related peers, robbery, vehicle theft;
- *Substance misuse*, particularly exposure to drugs in the neighbourhood;
- *Family dysfunction* including poor parental supervision, broken home, neglect, emotional abuse and
- *Individual Behaviour or Cognitive issues* including *troublesome, conduct disorders*

Further exploration of vulnerabilities identified

Thurrock School Exclusion Data

Our analyses have shown that being excluded from school is a predictive risk factor for future youth violence. The Department for Education and Skills publishes data on rate of fixed term and permanent exclusion per 100 pupils on the school role for primary and secondary schools in each local authority in England on an annual basis.

Figures 6.10 and 6.11 show rate of Primary School Fixed Term and Permanent Exclusions per 100 pupils on the school roll for each top tier local authority area in England for the last year of data available (2017/18). Figures 6.12 and 6.13 show the same rates for secondary schools in 2017/18.

Thurrock's performance is shown by the 'red' bar on each graph Thurrock has a rate of both fixed-term and permanent Primary School exclusions at that is greater than England's and in the fourth and worst quintile of performance nationally. Conversely, Thurrock had one of the lowest rates of secondary fixed-term exclusions in England in 2017/18 and rates of secondary permanent exclusions largely in-line with the England me

Figure 6.10

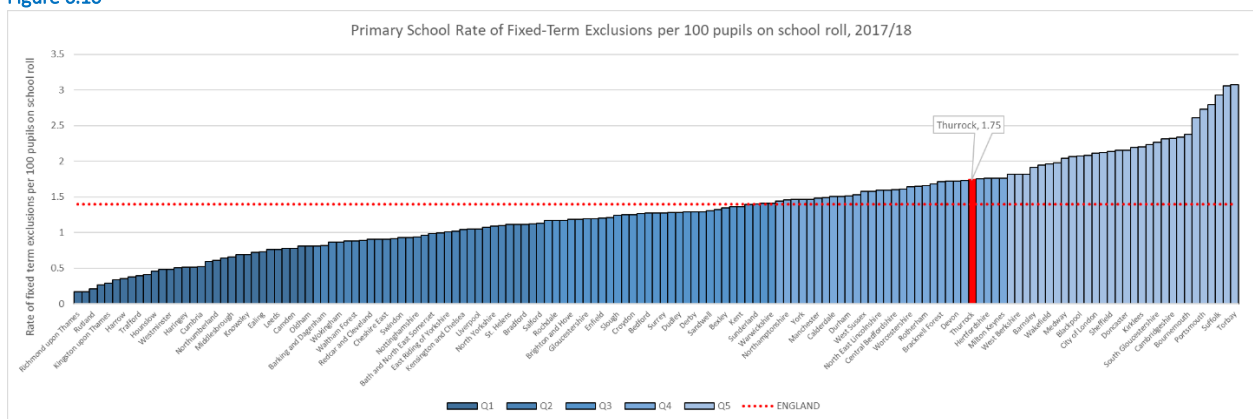


Figure 6.11

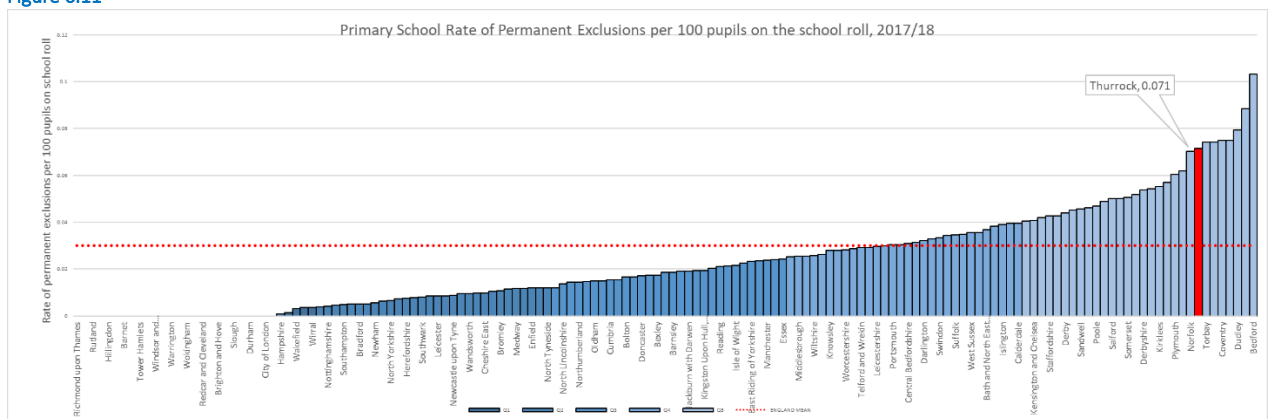


Figure 6.12

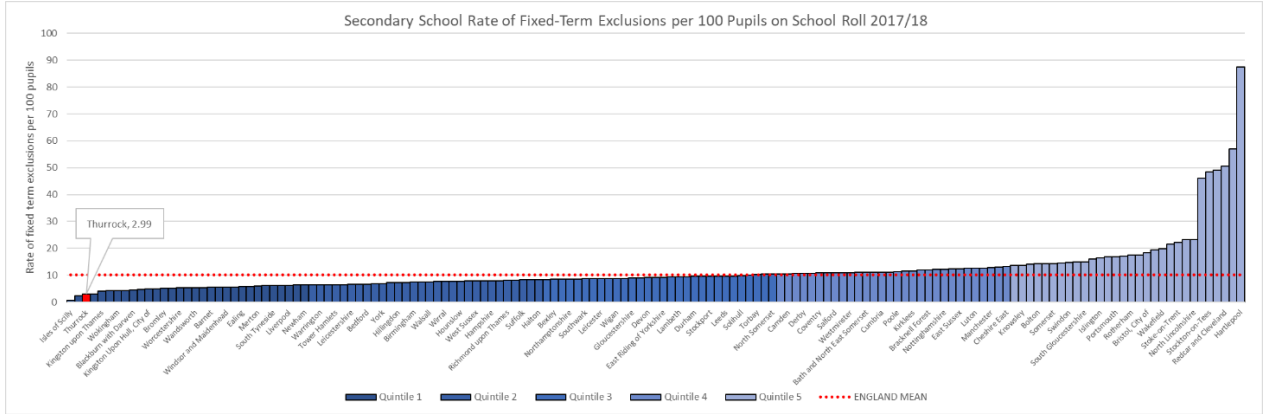
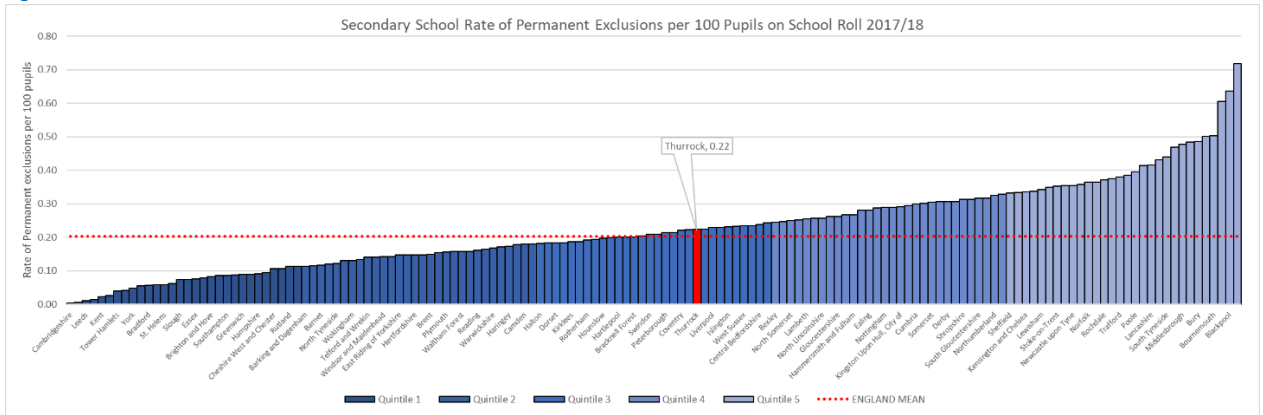


Figure 6.13



Exclusion Rates at School Level within Thurrock.

In order to drill down further into the data we calculated the rates of fixed-term and permanent exclusions per 100 pupils at individual school level for Thurrock Primary and Secondary schools. Because total numbers of school exclusions at school level are low and vary between individual years we used calculated a mean rate over the last three fiscal years (2015/16, 2016/17 and 2017/18). Figures 6.14-6.16 show these analyses. A Thurrock 3-year mean rate and the England mean rate for 2017/18 is also shown.

Figure 6.14

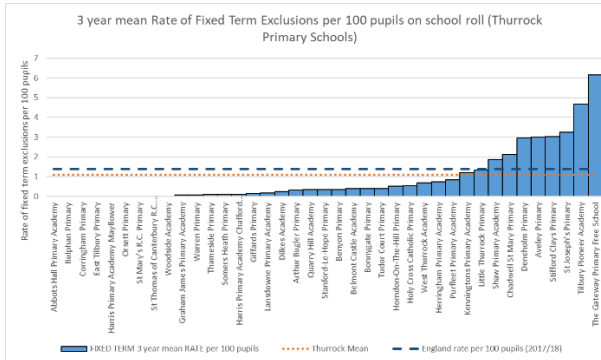


Figure 6.15

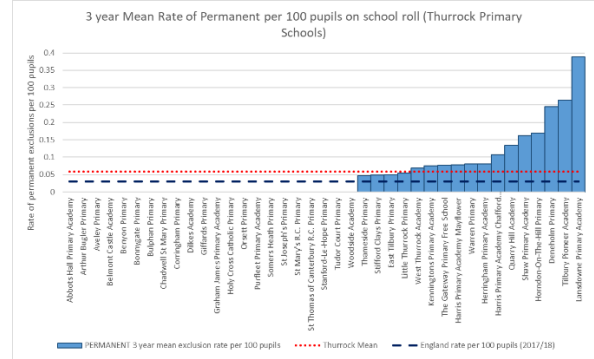


Figure 6.16

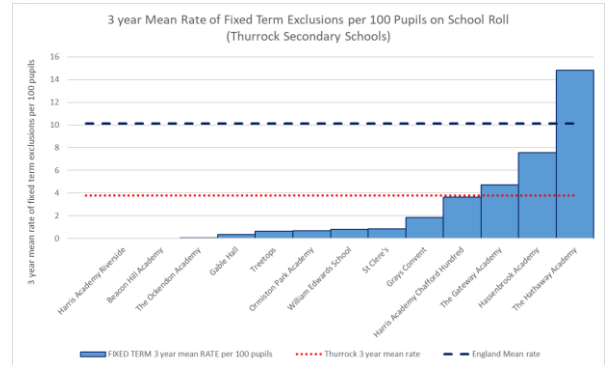
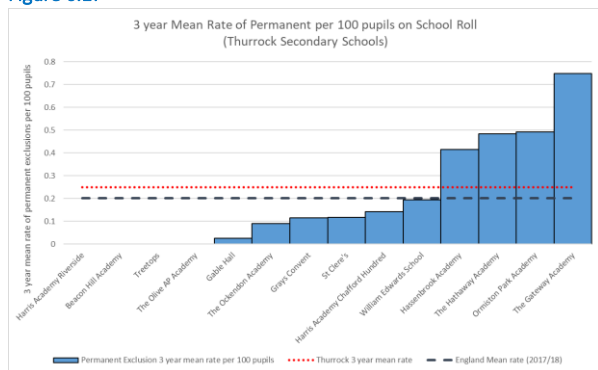


Figure 6.17



All four graphs show a significant variation in school exclusion rates between schools in Thurrock. For primary schools there is over a six-fold variation in fixed term exclusions and almost a four-fold variation in permanent exclusion rates, with a significant minority of schools having a rate of exclusion significantly greater than the England mean. For secondary schools there is a fifteen-fold variation in fixed-term exclusion rates between schools and over a seven-fold variation in rates of permanent exclusions.

The Olive Academy is a Pupil Referral Unit in Thurrock that is likely to receive pupils who have been permanently excluded from Thurrock secondary schools. Its rates of exclusion are not shown on figures C and D but have been calculated. Whilst no pupils were permanently excluded from The Olive Academy in the three years ending 2017/18, its rate of temporary exclusion was 194 exclusions per 100 pupils. This is 48.5 times greater than the Thurrock mean and is cause for concern.

Given the strong link between exclusion and serious youth violence, further work to understand and address the high rates of fixed term exclusion at Primary school level and at the Olive Academy is required. The high level of variation between exclusion rates of different schools within Thurrock also warrants further investigation. One explanation could be differences in the level of other behavioural risk factors between school populations, however there may also be an opportunity to spread best practice between different schools.

Chapter 7: Protective factors against serious youth violence and gang involvement

Key Findings

The published evidence base identifies a series of protective factors that may act as a 'buffer' between the prevalence of a risk factor and the onset of youth violence. A preventative factor is a predictor of reduced risk but may not be causal in preventing youth violence. The evidence base on preventative factors is less comprehensive than that on risk factors for youth violence. Evidence on prevention of gang membership is particularly sparse.

Factors that have been shown to be associated with reduced risk of youth violence include positive/prosocial attitudes, low levels of impulsivity, belief in 'the moral order', being female, family factors including good family management, stable family structure and infrequent parent-child conflict, academic attainment and low levels of economic deprivation.

There is some evidence that high social skills, personal moral beliefs, high levels of empathy, moderate levels of parental monitoring, a sense of belonging at school and a perception of fairness from teachers, interaction with pro-social peers, and neighbourhood support including neighbourhood safety and participation in/availability of community groups/assets and clubs could be protective against gang membership.

Introduction

This chapter explores the protective factors against serious youth violence and gang involvement that have been identified from the published evidence base.

Research on risk factors for youth violence and gang involvement has promoted discussion and investigation into factors that may provide a 'buffer' between the presence of risk factors and the onset of and involvement in youth violence and gang involvement. A protective factor is defined as "*attributes, characteristics or elements that decrease the likelihood that violence will be perpetrated*".

¹⁰⁶They are variables that can usefully predict a decrease in the likelihood that a young person will become involved in serious youth violence or gangs. It is important to remember that a predictive factor does not necessarily mean that the factor is *causal* in the protection against violent behaviour or gang membership; simply that it is a reliable predictor of decreased risk (although it is possible that they could be). For example, it cannot be said that

infrequent parent-child conflict is the *cause* a young person avoiding violence; simply that young people with less frequent conflicts with their parents are less likely to be represented in the cohort of young people who are convicted for violent offences.

Like risk factors, preventative factors can be grouped into five categories:

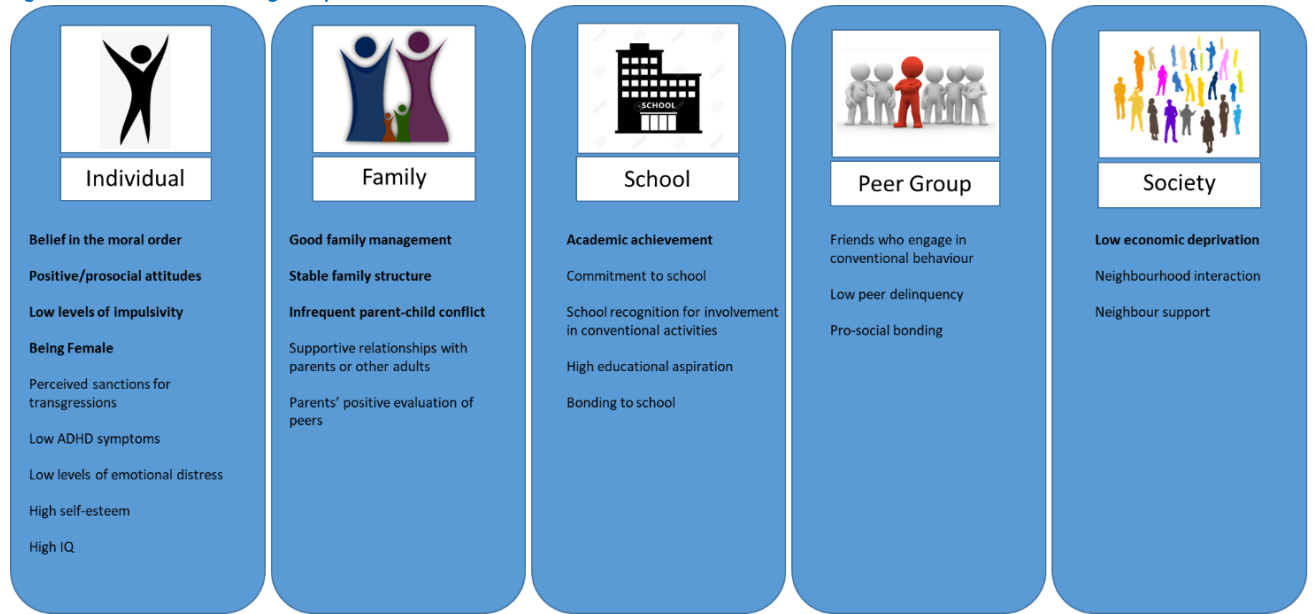
- 1) Individual
- 2) Family
- 3) School
- 4) Peer Group
- 5) Community/Society

Youth Violence

Figure 7.1 summarises the evidence base on protective factors against perpetrating youth violence. ^{74 75 107 108 109 110 111}

¹¹². The strongest protective factors an odds ratio less than 0.3) are shown in bold

Figure 7.1: Protective factors against youth violence

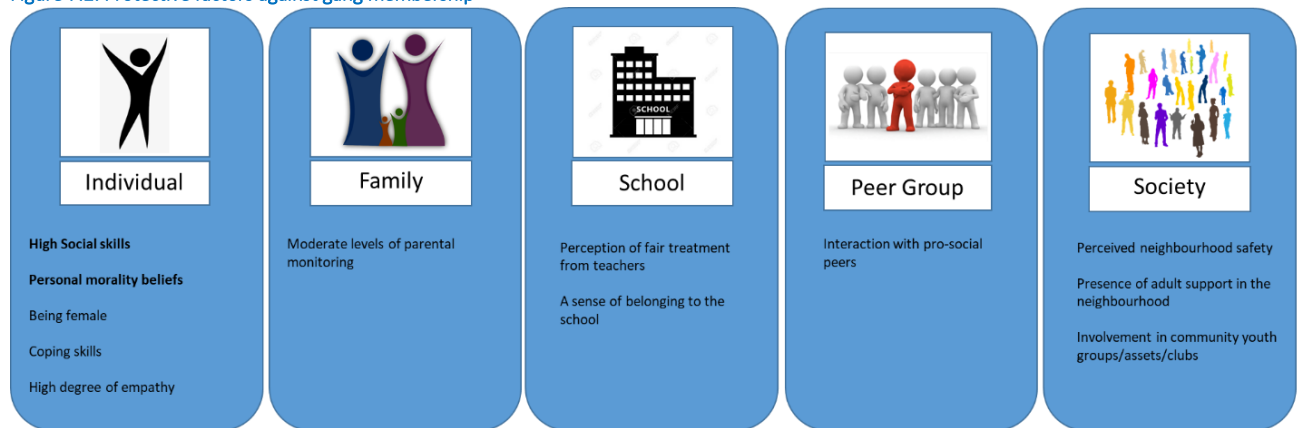


Gang membership

There is a paucity of published evidence base exists on factors shown to be associated with a reduced risk of gang

membership. In general, the factors that prevent young people from joining gangs are less well-understood.¹¹³ The results of the evidence base^{114 115 116 117 118} The protective factors against gang membership identified from the literature available are summarised in figure 7.2.

Figure 7.2: Protective factors against gang membership



Chapter 8: Prevention and Early Intervention Evidence Base

Key Findings

Youth violence is not inevitable and can be prevented. Although the emerging issue of youth violence has meant that the evidence base in some areas is stronger than others, there are a wide range of evidence based strategies and interventions that have shown have a positive effect, both on strengthening preventative factors and reducing risk factors, and on violence as an outcome itself. The strongest evidence base relates to addressing individual and familial risk factors.

The evidence base can be grouped into interventions that support eight strategic actions.

- Promoting family environments that support healthy family development:** Promoting supportive family environments has some of the most promising evidence base. The family environment plays a key role in shaping youth's physical emotional, social and behavioural health and if unstable, stressful, without structure or supervision, will contribute to risk factors for violent behaviour and aggression. There is good evidence that early childhood visiting programmes and parenting skill and family relationship programmes can be highly effective.
- Providing quality education early in life** improves children's cognitive and socio-emotional development, increases the probability that children will experiencing a safe, nurturing environment, improves academic success and reduces the likelihood of behavioural problems linked to violence such as aggression and crime. The *Healthy Child Programme* in England has a strong evidence base in terms of early year education for 0 to 5s. Additional educational support programmes for children aged 5 to 7 targeted at those with developmental needs have shown positive outcomes in terms of reducing risk factors for violence in later life.
- Strengthening youth's communication, empathy, problem solving and emotional intelligence skills** has a strong evidence base and programmes that support skills development have been shown to be effective in improving emotional regulation and impulse control and reducing youth violence perpetration and victimisation. Universal classroom behaviour management programmes such as *Incredible Years Teacher Classroom Management*, *PATHS Elementary Curriculum* and *The Good Behaviour Game* have RCT level evidence that demonstrates improved pro-social behaviour, improved emotional self-regulation, improved social competency and reduced aggression. Some selective skills based programmes aimed at children with additional needs show similar impact.
- Connecting youth to adults and activity that role model positive behaviour** is a strategic action with emerging and promising evidence base particularly when targeted at individuals with an increased number of existing risk factors. Relationships to caring adults over and above parents or primary care givers can influence young people's behavioural choices and reduce their risk in involvement in crime and violence. Mentoring programmes show positive outcomes in systematic reviews and meta-analyses for improvement in behavioural, social, emotional and academic domains. After-school programmes show mixed evidence of effectiveness, probably because of the high variability between the programme models, duration, structure and participants but some specific after-school programmes evaluate positively.
- Addressing the wider determinants of serious youth violence and gang membership** including *modifying the built and social environment* to 'design out crime', reducing the concentration of retail outlets selling alcohol in high crime areas, street outreach and community development and strategic action to address the harm caused by social media and its impact of glamorising violence and violent behaviours have some evidence base of effectiveness. Similarly, there is emerging evidence of the effectiveness of reducing and preventing school exclusions which was highlighted a strongly associated risk factor for youth violence in Thurrock.
- Intervene early to reduce harms of exposure to violence and violence risk behaviours.** Many young people who engage in violence as teens and young adults have histories of childhood conduct problems, aggression, violence, delinquency and criminal behaviour and a range of known risk factors for violence including substance misuse, academic problems, association with deviant peers and dysfunctional home environments. *Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)* has been shown to be highly effective at treating post-traumatic stress disorder and depression, improving behaviour for victims of serious violence. *Level 5 Pathways Triple P* parenting programme has strong evidence in reducing risk of future parental abuse and improving their children's lives. 'Whole system' family-peer-environmental therapeutic approaches such as *Multi-Systemic therapy* and *Functional Family Therapy* have strong evidence of effectiveness in improving the behaviour and life-chances of young people who have already committed serious youth violence and preventing future violence.
- Preventing Gang Membership and Crime Caused by Gangs** is perhaps the strategic action with the weakest evidence base with little that demonstrates conclusive effectiveness on reducing the likelihood of gang membership as an outcome. Approaches aimed at helping gang involved youth exit gangs have centred on *opportunities provision*. *Pulling Levers* approaches including *Gang Injunctions* that seek to actively disrupt gang activity through coordinated law enforcement and community action have been shown to be effective in reducing gang related crime.
- Law enforcement** whilst largely a 'downstream' response to violence has been shown to be effective in some areas of prevention. There is some evidence that highly targeted stop and search activity which focuses on suspects with the highest probability of criminal behaviour has a small but positive impact on the prevalence of violent crime and weapons offences. Law enforcement is also an important component of the *Pulling Levers* approach including gang injunctions discussed in strategic action 7.

Introduction

This chapter discusses and summarises the published evidence base on approaches that have been shown to be effective in preventing young people from engaging in serious violence and gang membership.

Programmes that seek to prevent serious youth violence and gang membership can be thought of using different categories:

Primary Prevention programmes aim to prevent violence or gang membership before they occur by reducing risk factors promote protective factors discussed in Chapters 5 and 6.

Secondary/Tertiary Prevention programmes take place after violence or gang membership occurs and aim to reduce

prevent the short/long term harms caused by violence or gang membership including helping young people exit gangs.

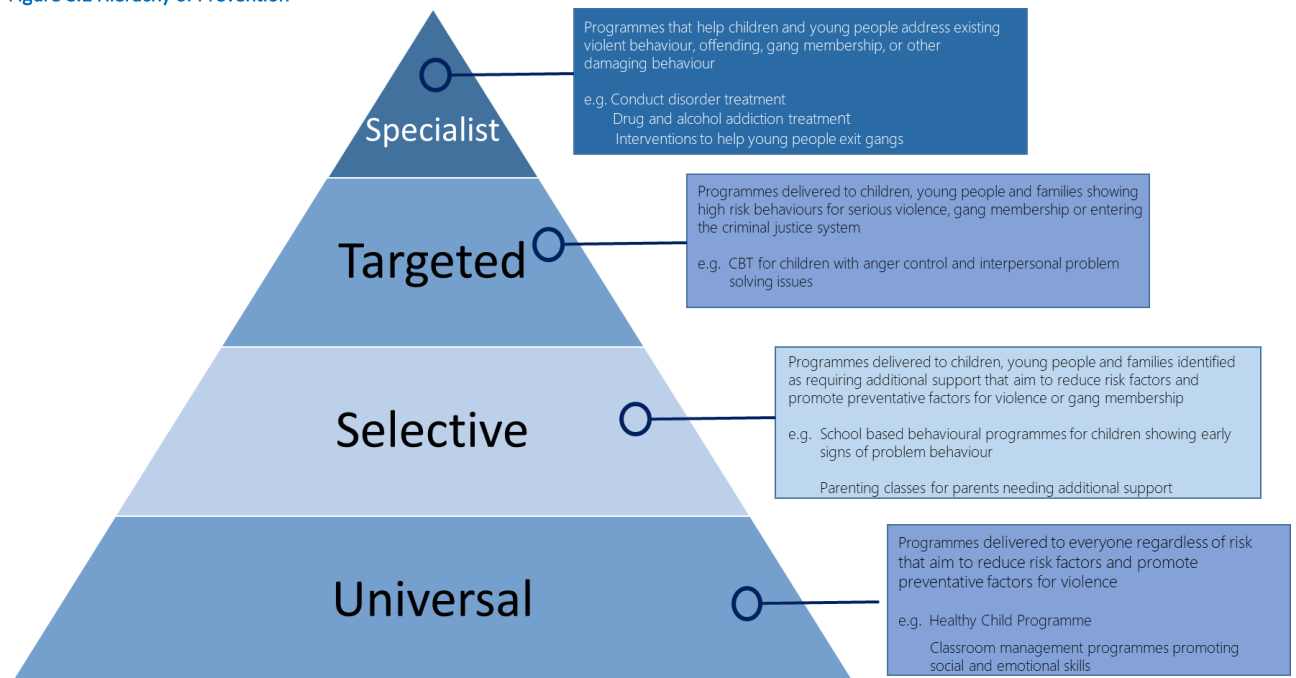
Universal prevention programmes are administered to an entire defined population regardless of risk of violence and aim to reduce risk factors and promote protective factors linked to violence or gang membership.

Targeted prevention programmes are administered only to populations already identified at high risk of or already involved with violence/gang membership.

Hierarchy of prevention

Prevention programmes can be thought of as a hierarchy as shown in figure 8.1

Figure 8.1 Hierarchy of Prevention



What works in the prevention of youth violence?

Youth violence can be prevented. Overall, there is good evidence that early intervention programmes can work to prevent violence. There are a wide range of strategies that can be employed to the reduce risk factors and promote protective factors discussed in Chapters 5 and 6. 11 different systematic reviews have found that early interventions were effective in reducing violent behaviour^{119 120 121 122 123 124 125 126 127 128 129} with the most recent review by Cambridge University demonstrated that prevention initiatives can reduce aggression by around 25%¹²¹ and a review by Vries et.al. (2015) found an average decrease of 13% in criminal behaviour amongst high-risk young people.¹²⁹

Most of the evidence base comes from interventions at the individual and relationship level, which aim to prevent behavioural problems which mirrors the fact that the majority of risk factors discussed in Chapter 5 operate at an individual level.

The following five strategic actions (adapted from the US Center for Disease Control's comprehensive technical packing on preventing youth violence and associated risk behaviours)¹³⁴ have good evidence on prevention:

1. Promote family environments that support healthy development
2. Provide quality education early in life
3. Strengthen Youth's communication, empathy, problem solving, conflict resolution and emotional intelligence skills

4. Connect youth to adults and activity that role model positive behaviour
5. Intervene early to reduce harms of exposure to violence and violence risk behaviours

Each will be discussed in turn.

1. Promote family environments that support healthy development.

Across all of the major reviews of global evidence, promoting supportive family environments was identified to be one of the key approaches with the most promising evidence base. The family environment plays a key role in shaping youth's physical, emotional, social and behavioural health and this influence extends from early childhood through late adolescence and beyond.¹³⁰ Family environments that are unstable, stressful, lack structure and supervision, have poor relationships and communication or use either too harsh or too limited discipline contribute to risk factors for violent behaviour including poor problem skills and aggression.^{131 132 133}

There are a number of approaches that can help families create and sustain supportive, nurturing and structured environments at every stage of a young person's development.

1a. Early Childhood Home visiting programmes provide information, support to care givers, training in child development and wider wellbeing support to parents. They are generally targeted at populations identified as having additional needs, making them *selective* in the hierarchy of prevention. *The Family Nurse Partnership* is a home-visiting programme for young mothers expecting their first child delivered by highly trained nurses or midwives. It aims to improve pregnancy health and behaviours, improve child development and improve economic self-sufficiency of parents by helping them plan for their own and baby's future. Mothers enrol on the programme early in their pregnancy and receive weekly visits before and for the first six weeks after the birth of their baby, during which they learn about their child's health and development and receive support on their own well-being.

Evidence from the USA demonstrated fewer behavioural problems and by the age of 15, fewer arrests and convictions in children who had participated in the programme compared to those who did not¹³⁴. However robust UK evaluation found no significant benefit of the Family Nurse Partnership over the first two years' of the child's life compared with usual provision through the *Healthy Child Programme* (see next section).¹³⁵ Further longer term evaluative studies for the UK programme are awaited.

1b. Parenting skill and family relationship programmes

These programmes teach communication, problem-solving and behaviour monitoring and management skills to parents. They can be delivered either to individual families or through groups.

The quality of inter-parental relationships, particularly how parents communicate and relate to each other has a primary

influence on children's mental health and future life chances including a wide range of key risk factors for violence including poor academic achievement, aggression towards peers, behaviour/conduct problems, anti-social behaviour, low self-esteem and greater child-parent conflict¹³⁶

Psycho-educative/skills based group programmes from the US such as *Happy Families, Happy Kids* and *Couples Enhancement Training* that aim to reduce couple/parental relationship stress in intact parental relationships have been found to be effective in improving inter-parental relationships and hence reduce risk factors highlighted above.^{137 138} Similarly skills based training for separated couples that aims to reduce conflict such as *The Collaborative Project and Children in the Middle* have shown a similar effect.^{139 140}

Family Foundations is a group-based programme for couples expecting their first child, delivered any time during the mother's pregnancy. It is delivered by male and female co-facilitators with a QCF-level 6 qualification in a helping profession. Parents attend five weekly sessions where they learn strategies for enhancing their communication, conflict resolution and sharing of child care duties, and return for four more weekly sessions two to six months after the baby is born. The programme has been found to have evidence of a long-term positive impact on pro-social behaviour and reduced parent/parent and parent/child psychological and physical violence, and reduced externalising of problems in children.^{141 142}

Multiple systematic reviews have demonstrated the benefit of improving parenting skills on reducing risk factors and increasing protective factors for youth violence.^{131 143 144}

Evaluation of *The Incredible Years Preschool Programme* showed a reduction in both the frequency and particularly the severity of disruptive behaviour in children.¹⁴⁵ The programme comprised of 20 weekly group sessions for parents aimed at emphasising positive rather than negative interactions between parents and children aged 3 to 6 years old, hence addressing the risk factors of conduct disorder aged (3-6), troublesome (aged 7-12), aggression (aged 7-15) and poor parent/child communication (ages 0-2).

Triple P – Positive Parenting Programme (Levels 3 and 4) combines a mass-media campaign with both consultations with primary carers to improve parenting practices and intensive support to parents with children at risk of behaviour problems aged 0 to 12. Groups of parents attend one to four small group sessions delivered by a trained facilitator (level 3) or sessions delivered over 8 weeks delivered by a trained clinical psychologist (level 4) where they learn strategies for improving their child's competencies and discouraging unwanted behaviour such as aggression.. The programme has been shown to be cost effective at reducing violence and improving child behaviour, parenting skills and increased self-efficacy.^{146 147}

Strengthening Families Programme 10-14 is a parenting and family strengthening programme for families with children aged between 10 and 14. It can be implemented as a

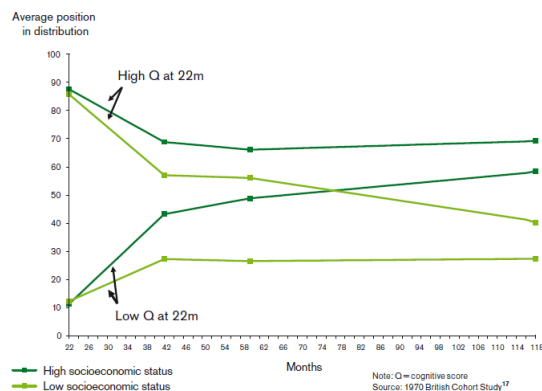
universal or selective programme targeted at high-risk adolescence. The programme consists of seven weekly sessions lasting two hours. During the sessions, families learn how to communicate effectively as well as specific skills such as parental limit setting and child resistance to peer pressure. RCT evidence demonstrates that on four year follow up young people who were involved in the programme had lower levels of aggression and hostility, reduced aggressive and destructive conduct and lower rates of polysubstance use.^{148 149}

2. Provide Quality Education Early in Life

High quality early years education improves children's cognitive and socio-emotional development and increases the probability that children will experience an environment that is safe and nurturing. It improves the likelihood of long term academic success and reduces the rate of behavioural problems, aggression and crime.^{150 151} Early childhood education that includes parental engagement can strengthen youth outcomes, family involvement in children's future education and parenting practices and attitudes.^{152 153}

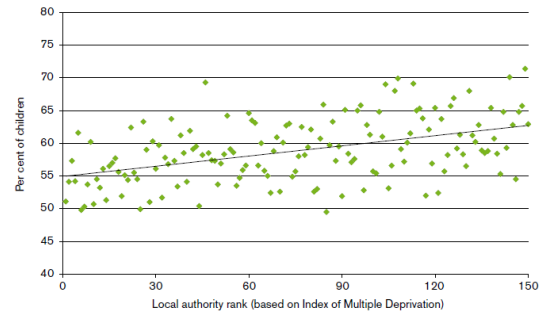
We know that need for early childhood education is not distributed evenly across society and is often positively associated with deprivation. Professor Michael Marmot in his report *Fair Society, Healthy Lives*¹⁵⁴ demonstrated in figure 8.2 that children within initial high cognitive ability relative to their peers at 22 months but who grow up in low socio-economic environments saw their relative position worsen year on year, whilst children with low cognitive ability at the age of 22 months but who grew up on high socio-economic environments saw their relative position improve year on year. By the age of 10, the former group had relatively lower cognitive ability than the latter group.

Figure 8.2: Inequality in early cognitive development in the 1970s British Cohort Study, ages 22 months to 10 years.



Similarly we know that across the UK, the percentage of children achieving a good level of development at age five is negatively associated with the rank of deprivation of the population served by their local authority. (Figure Y)

Figure Y: Percentage of children achieving a good level of development at age five by local authority



As such, high quality education early in life needs to be delivered with universal proportionalism; both a level of universal support and additional support to higher need communities. Pre-school enrichment programmes which improve educational achievement and self-esteem are associated with less violence in later life. Social development programmes to reduce aggressive and anti-social behaviour try to improve social skills with peers and promote cooperative behaviour by teaching young people to manage anger, resolve conflict and solve social problems. These are most effective if delivered in a pre-school or school setting to populations most likely to benefit.^{155 156} Evidence from the US on early-years education programmes such as *Child Parent Centres* and *Early Head Start* found that children/young people who participated in them had significantly lower rates of juvenile arrest and arrests for violence and lower rates of conviction and prison incarceration for violent offences.^{157 158}

The Perry Preschool Programme from the US is one of the universal early years' programme that has shown a direct impact on reducing youth violence as a long-term outcome measure. The programme provided high quality preschool education and home visits to 3 and 4 year old African American children living in poverty and assessed as at high risk of school failure. A preschool was provided each week day morning for 2.5 hour sessions by qualified teaching staff who also undertook 1.5 hour weekly home visits. On follow up of participants up to the age of 40, the programme found decreases in all types of violence including murder and robbery.¹⁵⁹

In England, the *Healthy Child Programme* is a universal programme that commences during pregnancy and supports children until the age of 18. The first five years are led by Health Visitors with support from midwives and wider health professionals. Although the programme is universal, it provides a greater intensity of support to those with greater need.

Doodle Den is a literacy support after-school programme for children between the ages of 5 and 7. It is delivered in primary school, community centres or libraries and aims to support children to participate fully in education, address delays, and to improve educational outcomes. Each programme provides 15 places to children who would benefit from additional literacy support and encompasses a combination of modalities of literacy instruction including

phonics, sight vocabulary, shared and independent reading, writing and comprehension. An RCT showed a statistically significant positive impact on a number of child development outcomes including improved behaviour and concentration in class and improved reading and literacy skills.¹⁶⁰

Let's Play in Tandem is a school readiness programme for children aged three living in socially disadvantaged communities. It aims to improve children's cognitive development and self-regulation. The programme runs for 12 months and is typically delivered through children's centres. Each family is assigned a project worker who visits the family in their home each week for 90-120 minutes to deliver a programme to develop pre-reading and numerical skills and promote vocabulary and general knowledge. The project worker also teaches the parents how to prompt and provide instructions to their child. One of the key aims of the programme is to focus on school readiness, and to improve the child's numeracy and communication skills. An RCT concluded that the programme was successful at improving early years' education in pre-reading, numeracy, writing, vocabulary and personal/social skills and that it improved inhibitory control of the children.¹⁶¹

3. Strengthen Youth's communication, empathy, problem solving, conflict resolution and emotional intelligence skills

Chapter 5 highlighted that children and young people with low levels of self-control, high levels of aggression or conduct disorder and low levels of empathy are at increased risk of violence. Programmes that seek to develop skills in effective communication, problem-solving, conflict resolution, impulse control and emotional regulation and management can help reduce both youth violence perpetration and victimisation.^{162 163 164}

Programmes can either be *universal* and incorporated into the school curriculum, or *selective / targeted* depending on the level of skills deficiency identified or severity of the delinquent behaviour that the programme seeks to address.

3a. Universal Skills Based Programmes

Multiple systematic reviews of various universal school based programmes have demonstrated beneficial impact on youth's skills and behaviours including delinquency, aggression, bullying perpetration and violence.^{163 165}

Incredible Years Teacher Classroom Management programme is a universal classroom management programme for teachers of children between the ages of four and eight. It improves teacher competencies in supporting children in the classroom and developing children's social, emotional and problem solving skills together with specific strategies on behaviour management. RCT evidence shows that it improved child negative behaviour, improved child compliance, improved prosocial behaviour, improved emotional self-regulation and improved social competency in children.^{166 167 168}

PATHS Elementary Curriculum is a comprehensive programme for promoting emotional and social competencies and reducing aggression and behaviour problems in junior school children whilst simultaneously enhancing the educational process in the classroom. The curriculum is designed to be used by teachers and provides systematic, developmentally based lessons, materials and instructions for teaching their pupils emotional literacy, self-control, social competence, positive peer relations and interpersonal problem solving skills. A key objective of promoting these developmental skills is to prevent or reduce behavioural and emotional problems. A cluster RCT study of 1,675 pupils in 56 junior schools found reduced aggressive behaviour and reduced impulsivity/ADHD in children who had received the intervention.¹⁶⁹ A further five year follow up RCT found that children who had benefited from the intervention had statistically significantly lower prevalence of contacts with the police compared to those who had not.¹⁷⁰

Positive Action is a universal, school-based social and emotional learning programme delivered to children between the ages of 4 and 15. Sessions are taught through the curriculum, covering six core topics of self-concept, positive actions for the body and mind, positive actions for getting along with others, positive actions for managing yourself, positive actions for self-improvement and positive actions for being honest with yourself and others. Sessions are direct instruction from lesson plans in teachers' manuals which include activities such as role-play, discussion, poems, music, puppets, games, radio plays and journaling. Two separate RCT trials concluded a range of statistically significant benefits in violence risk reduction including reduced serious violence-related behaviours and reduced prevalence of substance misuse.^{171 172}

The Good Behaviour Game (GBG) is a universal preventative programme delivered by a teacher to a class of primary school students, normally between 15 and 30 children and normally lasts between 10 and 45 minutes. It is a behaviour management strategy that is designed to encourage prosocial behaviour and reduce disruptive behaviour. Teachers initiate GBG by dividing children into small teams that are balanced for gender and child temperament. Teams are awarded points for good behaviour, according to basic classroom rules which are reviewed in class. Short games are played weekly. The programme is underpinned by life course and social field theory which states that improving the way teachers socialise children in classrooms will result in improved social adaptation of the children in the classroom social field. The theory predicts that this early-improved social adaptation will lead to better adaptation in other social fields over the life course. Two RCTs have concluded positive outcomes for violence risk reduction including reduced aggressive and anti-social behaviour in class, reduced anti-social behaviour at 14 year follow up and reduced alcohol abuse and dependence at 3,6 and 14 year follow up.^{173 174}

3b. Selective Skills Based Programmes

Selective skills based programmes target additional support at young people and their families with greater or specific needs.

Helping the Non-Compliant Child is a programme of up to 12 sessions delivered by a psychologist or social worker for parents who are having difficulty managing the behaviour of a child between the ages of three and eight. The practitioner works individually with the parents and their child. The programme teaches a range of effective strategies for managing noncompliant child behaviour and seeks to improve the child's ability to regulate his or her behaviour, reduce anti-social behaviour and improve relationships with other children. An RCT concluded that children treated through the programme reduced symptoms of ADHD and improved conduct, whilst parents improved parenting practice and gained parenting satisfaction.¹⁷⁵

Incredible Years Dinosaur School Child Training is a group-based programme for children with behaviour difficulties aged between four and eight. The programme teaches children self-regulation and problem solving skills in small groups. Children are taught to identify and recognise emotions in self and others and helped to develop emotional literacy, to problem solve and respond appropriately to social interactions with peers and adults. Parents and teachers are updated on session goals and asked to help reinforce target behaviours. Three separate RCT studies concluded positive effects including improved behaviour in both home and school and improved social competence with peers.^{176 177}

Treatment Foster Care Oregon Adolescent (TFCO) is a team based intervention available in the UK that works with young people in foster care, their foster carer, birth family, school, and move-on placement. It usually lasts for 9-12 months. The programme aims to increase a young person's social, emotional and relational skills and therefore reduce the need for more challenging and anti-social behaviours. Trained foster carers deliver the TFCO model directly to young people in their everyday interactions. All young people also follow an age appropriate behavioural incentive programme and receive weekly skills coaching sessions. A Birth Family Coach works with the young person's birth family to help them learn and implement the TFCO parenting programme. This helps to improve their own skills as parents and improve the quality of the contact that they have with their child, increasing the likelihood of the young person being returned home. A number of studies have concluded reduction in risk factors for violence including a reduction in the number of days running away from placements, reduced rates of criminal referrals and reduced rates of delinquent behaviour.^{178 179}

4. Connect youth to adults and activity that role model positive behaviour

Young people's risk for violence can be buffered through strong connections to caring adults other than parents and involvement that help them develop and apply new skills. Relationships to caring adults over and above parents or

primary care givers can influence young people's behavioural choices and reduce their risk in involvement in crime and violence.^{180 181} Within the prevention hierarchy they are most often *selective* (aimed at populations at risk) or *targeted* (aimed at individuals with high risk behaviour) although could be delivered universally.

Mentoring programmes show positive outcomes in systematic reviews and meta-analyses for improvement in behavioural, social, emotional and academic domains. *The Big Brothers Big Sisters of America (BBBS)* is the oldest and best known example of a one-to-one mentoring programme implemented in community and school settings in the US. An evaluation found positive impacts in a number of risk behaviours including mentees being 46% less likely to have initiated illegal drugs and 32% less likely to have engaged in a physical fight. Other benefits included stronger academic competence and improvement in parental trust.^{182 183}

After-school programmes show mixed evidence of effectiveness, probably because of the high variability between the programme models, duration, structure and participants.¹⁸⁴ One of the most effective is the *Los Angeles' Better Educated Students for Tomorrow (LA BEST)* programme. A rigorous longitudinal evaluation of LA-BEST found significant positive outcomes on academic achievement and reduction in arrests for youth crime and violence, especially among those students who attended for at least 10 days per month.¹⁸⁵

Another good example of best practice is the *After School Matters (ASM)* programme which offers apprenticeship experiences in technology, science, communication, the arts and sports to high-school students in Chicago Public Schools. A rigorous RCT of the programme across 10 schools in predominately lower income areas found that participating young people missed fewer days of school, had higher self-regulation, a more positive attitudes and were less likely to sell drugs or participate in gang activity than youths in the control group.¹⁸⁶

5. Intervene early to reduce harms of exposure to violence and violence risk behaviours

Many young people who engage in violence as teens and young adults have histories of childhood conduct problems, aggression, violence, delinquency and criminal behaviour.^{187 188 189} These youths often have other known risk factors for violence including substance misuse, academic problems, association with deviant peers and home environments characterised by disruption, conflict, violence and other family problems.^{190 191} Justice responses made in isolation such as incarceration have limited effect on youths' future criminal behaviour. The Children's Society in their 2019 report on Child Criminal Exploitation^{Error! Bookmark not defined.} noted that:

"Responses are almost always reactive not preventative. Professionals report that many children come to attention of statutory agencies when exploitation is already present and

criminal groups are controlling them to deliver drugs. Typically law enforcement takes precedence over safeguarding responses."

and further concluded that thresholds for intervention by Youth Offending Services were generally set too high noting that typically Council Children Services Departments wait until a young person offends before providing an intervention.

Approaches that seek to address high risk behaviours such as violence, delinquency and early offending have the potential to interrupt the continuation and escalation to more serious violent offending.^{192 193}

Approaches in this area can be categorised into those that lessen the harms caused by exposure to violence, and those that aim to intervene to treat problem behaviour to prevent future violence or further involvement in violence. Within the prevention hierarchy, they are categorised as either *targeted or specialist prevention*.

Treatment to lessen the harms caused by exposure to violence.

Therapeutic treatment can mitigate the behavioural and health consequences of witnessing or experiencing violence in the home and community and other adverse childhood experiences.^{194 195} Treatment aims to help youth process traumatic exposures, manage trauma-related distress and develop effective coping strategies and skills.

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is a therapeutic intervention for children and families who have been exposed to a traumatic event. Children and their parents attend between 12 and 18 sessions where they learn cognitive strategies for managing negative emotions and beliefs stemming from highly distressing and/or abusive experiences. It is delivered by a mental health professional with a QCF7/8 level qualification. Rigorous RCT evidence suggests that it is highly effective at treating Post Traumatic Stress Disorder and depression, improving behaviour, improving parenting practices and improving psychological functioning.^{196 197 198}

Treatment to prevent problem behaviour and further involvement in violence

Interventions that seek to address problem behaviour and its causes and prevent future violence or escalation in violent behaviour have been shown to be effective. These approaches develop youths' social and problem-solving skills, provide therapeutic services to address behavioural and emotional issues, offer families therapeutic services to reduce conflict, improvement communication and enhance parental or school ability to supervise and manage problem behaviour in young people or in the case of parents, to address their own violent behaviour.^{192 193}

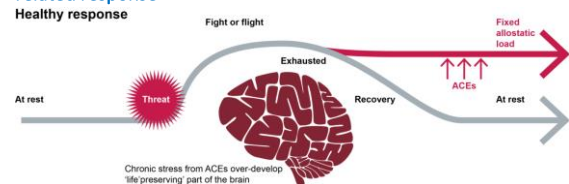
Early identification and support for neuro-disability including Traumatic Brain Injury (TBI)

Evidence from a range of international studies have demonstrated a consistently high incidence of

neurodevelopmental impairment (including TBI) among young people in contact with the Youth Justice System.¹⁹⁹ Research suggests that Adverse Childhood Experiences (ACEs) such as physical and emotional abuse or neglect, sexual or domestic violence, or parental drug/alcohol abuse, mental illness or loss/bereavement can have long term psychological and neuro-biological negative impacts.

Learning how to cope with adversity is an important part of healthy child development. When there is a threat, the body responds by activating a variety of physiological responses, including increases in heart rate, blood pressure, and stress hormones such as cortisol producing what is called collectively as *allostatic load*. Protective relationships and a supportive environment protect the child from the impact of this biologically and psychologically. However when strong, frequent, or prolonged adverse experiences such as extreme poverty or repeated abuse are experienced without adult support, stress becomes toxic, as excessive cortisol disrupts developing brain circuits and the *allostatic load* remains fixed at a higher level than baseline (19) as shown in figure 8.3

Figure 8.3: Biological Impact of ACE-related stressors and trauma related response



There is clear evidence that a prolonged increase in allostatic load caused by ACEs neurodevelopmental impairment, neuro-disability as the brain of the child develops. Neurodevelopmental impairments are expressed through a wide range of symptoms including deficits in reasoning, thinking and perception, lack of impulse control, expression of emotion, formation of positive relationships, and expression of challenging behaviour (all identified as individual risk factors for violence in Chapter 5).

Research suggests the 'tipping point' for this process is experience of four or more ACEs with young people in this cohort being 14 times more likely to become a victim of violence, 15 times more likely to become a perpetrator of violence and 20 times more likely to be incarcerated at some time in their lives²⁰⁰.

Young people at risk of perpetrating anti-social and violent behaviour could be identified earlier if assessed for underlying cognitive and emotional needs and support and intervention to address these and their underlying causes could be provided.

Level 5 Pathways Triple P is a targeted programme for parents who have difficulty regulating their emotions and as a result are considered at risk of physically or emotionally harming their children (aged 16 or younger). It is delivered over five 1-2 hour sessions in a variety of settings including the home, clinic or community centre. It aims to improve

children's mental health and wellbeing, prevent maltreatment and prevent crime, violence and anti-social behaviour. Three RCTs concluded a reduction in potential for parental child abuse, improved parental confidence and involvement, reduced parental over reactivity and blame and improved child quality of life.^{201 202 203}

Multi-systemic therapy involves trained therapists working with high risk adolescents who have a history of anti-social behaviour and experience of the criminal justice system. Unlike traditional approaches which concentrate purely on the thoughts and feelings of the individual, MST directly both interpersonal (e.g. cognitive) and systemic (i.e. family, peer and school) factors known to be associated with adolescent anti-social behaviour. Moreover, because different combinations of these factors are relevant for different adolescents, MST interventions are individualised and highly flexible. MST has been shown to be highly effective in reducing violent offending. Evidence suggests that approach can reduce offending by a third compared to standard psychological therapy.²⁰⁴

Functional Family Therapy (FFT) is targeted at young people between the aged of 10 and 18 involved in serious anti-social behaviour and/or substance misuse. The young person is typically referred into FFT through the youth justice system at the time of a conviction. The young person and his or her parents then attend between eight to 30 weekly sessions to learn strategies for improving family functioning and addressing the young person's behaviour. Two RCTs have identified positive outcomes in risk factors for violence; reduced recidivism and reduced cannabis use.^{205 206}

Hospital Based Programmes access young people attending A&E or who are admitted to hospital due to violence related injury. They comprise of brief psychological interventions, referral to specialist services including mentoring and youth services and are based on the premise that interaction in A&E with a young person attending because of violence presents a unique 'teachable moment' where youth involved in violence or gang culture may be amenable to receive other interventions that may deliver desistance. The programmes also provide a valuable source of intelligence for law enforcement. There is some evidence of positive results of these programmes where trialled on a reduction in hospital attendances and admissions for violence where there are strong arrangements between acute trusts, crime reduction partnerships and the police for sharing anonymised data on ED attendances for violent crime.^{207 208}

Preventing Gang Membership and Crime caused by Gangs

There is little robust published evidence base (randomised control trials) of interventions that can definitively conclude effectiveness at preventing gang membership and further research is urgently needed in this area of practice.

A systematic review into provision for preventing youth gang involvement for children and young people aged 7-16

in the UK in 2008 concluded that there were *no randomised control trials or quasi-randomised controlled trials of the effectiveness of opportunities for gang prevention.*²⁰⁹

Upstream prevention

Upstream prevention activity aims to reduce the risk factors that may lead to young people becoming involved in gangs or intervene to actively dissuade gang membership in youth people. They can be delivered either universally (i.e. to all young people) or in a selective way (targeted at cohorts of young people at increased risk of gang membership).

A systematic review conducted on upstream prevention programmes that focused on dissuading young people from joining gangs found only six robust studies out of an initial search of 3,850 that could be included. Studies included two universal and four targeted approaches. It concluded a small positive impact across the pooled data of a statistically significant odds ratio of 1.26 (i.e. young people receiving the interventions were 26% less likely to join a gang). However, four of the six studies individually failed to conclude a statistically significant positive impact and the authors concluded that the evidence on gang prevention programmes was too weak to claim whether or not the programmes were effective²¹⁰.

Despite the lack of robust studies where gang membership prevention was a specific outcome, it is worth noting that many of the risk factors identified from the evidence for youth gang involvement in Chapter 6 mirror those for serious youth violence. As such, it could be argued that many of the evidence based prevention programmes discussed in section 1 to 5 previously in this chapter may also have a positive impact in reducing the risk of gang membership.

Downstream prevention

Downstream prevention activity aims to assist young people to exit gangs and disrupt gang related activity, harm and violence.

Opportunities Provision is a gang prevention strategy derived from research that concluded that young people join gangs as a means of fulfilling economic needs due to exclusion from the labour market and lack of socio-economic opportunity and mobility.^{211 212} *Opportunities Provision* provides tutoring, supplementary education, job training and preparation, job development and other programmes designed to increase economic or educational opportunities available to gang involved youth. Some studies have indicated the potential effectiveness of *opportunities provision*. One 1996 survey of past and current gang members found that 49.1% felt job training and employment programmes were effective in preventing gang membership.²¹³ Other studies have concluded that *opportunities provision* is most effective when administered within late childhood and early adolescence as this corresponds to a time when parental supervision decreases, youth typically begin involvement in gangs and are most receptive to prevention programmes.^{214 215}

The Pulling Levers Strategy for gang disruption has been experimented by a number of American police departments. Pioneered in Boston to halt serious gang violence, it can be summarised by selecting a specific crime problem such as gang related homicide; convening an inter-agency working group of law enforcement, health and care practitioners and community representatives; framing a response to offenders that uses a varying menu of law enforcement sanctions to dissuade offenders from continuing to offend; focusing health/care/community resources on targeted offenders to match law enforcement activity; and directly communicating to the target group of offenders why they are receiving this special attention.

A meta-analysis of 10 studies relating to the *pulling levers* approach concluded that nine of the 10 reported statistically significant drops in offending although none of the studies were of high quality in that they included a control group.²¹⁶ As such, the effect they report could simply be regression towards the mean (the research bias that shows that often situations improve/resolve on their own without or despite intervention).

The *Comprehensive Gang Model* featuring targeted and group-based social interventions offering support and help alongside enhanced enforcement activity against gangs and individuals, provision of social opportunities for at risk youth, and community mobilisation involving agencies and citizens is an example of the *Pulling Levers Strategy*²¹⁷. It is currently the favoured intervention in the US and more recently the UK. This model was a key point of reference in the development of *Operation Ceasefire* developed in Boston and has been described as a 'focused deterrence strategy, harnessing a multitude of different agencies plus resources from within the community itself.'²¹⁸ A modified version of the model has been adopted in Glasgow and Manchester. However a systematic review of 17 such *comprehensive gang model* programmes found that whilst eight showed positive results on crime reduction, none of the effects achieved statistical significance.²¹⁹

Gang Injunctions are a specific example of the *Pulling Levers* intervention. The Police and Crime Act (2009) authorises law enforcement agencies to apply to a County Court for an injunction if they can demonstrate that on the balance a probability:

- An individual is involved in or has encouraged gang-related violence or drug dealing activity, and
- A gang injunction is necessary to prevent such activity or protect the individual from harm.

Gang injunctions give a range of statutory powers to authorities including to disrupt the movement of gang members, limit association and communication between gang individuals and compel gang members to participate in rehabilitative activities on threat of further arrest and more serious sanction.

A 2017 study examining four Merseyside gangs over a 36 month period found a drop of 70% in individual offending

amongst gang members and a 60% drop in victimisation of gang members compared to the pre-injunction period. Comparison between gangs with and without injunctions found a downward trend in gang offending in the injunction served gangs that was not observed in the comparator gangs over the same time period.²²⁰

Addressing the wider-determinants of serious youth violence and gang membership

Serious youth violence and gang membership does not occur in a vacuum. Chapter 5 highlighted a range of socio-economic, community and environmental risk factors including poverty, adverse childhood experiences such as neglect and abuse, neighbourhood disorganisation, lack of community infrastructure, school exclusion, poor quality housing and access to/perceived availability of cannabis. Chapter 5 also proposed causal factors for prolific youth offending that included unstructured time spent in locations with poor community cohesion or lack of positive social values.

In section *** we highlighted research that demonstrated how experience of adverse childhood experiences can permanently alter the allostatic load on the developing brains of children and young people causing permanent neuro-disability that in turn increases the risk of many of the individual risk factors identified in Chapter 5 such as aggression, high level of daring, low self-esteem and poor impulse control.

Some of the interventions discussed earlier in this chapter can help to address the wider determinants of serious youth violence, for example early years education and parenting support will improve educational outcomes and life chances. Similarly action to improve family dynamics and relationships may reduce the likelihood of adverse childhood experience like neglect and violence.

In the remainder of this chapter we examine the evidence base for addressing other wider determinants of violence and creating systemic change to improve the environment that young people grow up in.

Modifying the physical and social environment

Approaches to prevent youth violence and crime by enhancing and maintaining the built environment could include increasing lighting, improving accessibility to social spaces, increasing security, creating green space and developing meaningful community activity for young people. Evidence suggests that areas in which these approaches are trialled see a reduction in reduced arrests and an overall reduction in violent crime compared to areas that remain undeveloped.^{221 222}

A systematic review of *Crime Prevention Through Environmental Design* standards in the US that promoted design of the built environment based on increased positive personal interactions, enhanced visibility, access to green

spaces and improved housing quality found decreases in gun assault, violent crime, youth homicide, and disorderly conduct as well as beneficial impacts on residents' perception of crime, stress, community pride and physical health.^{223 224 225 226 227 228}

Reduce the concentration of outlets selling alcohol

Systematic review and meta-analyses show that alcohol control policies including restrictions on the concentration of outlets selling alcohol, licencing regulations and hours and days of sale can reduce risk factors associated with youth violence and other health conditions.^{229 230} One US study found a significant reduction in ambulance pickups of youth for violent injuries compared to a control community following alcohol control policies being implemented.²³¹

Other international research studies demonstrate the efficacy of alcohol sale restriction on murder, physical assault and violent crime.^{232 233 234}

Street outreach and community development

Interventions in this category use outreach or community development workers to connect with residents, youth and gang members to mediate conflict, promote norms of non-violence and connect violent offenders or gang members with support that may prevent further offending. There is some evidence from the US of its efficacy. Evaluation of Chicago's *Cure Violence* outreach programme implemented in seven communities found significant reductions in aggravated batteries and assaults and shootings in half of the implementation communities. Evaluation of Baltimore's *Safe Streets* programme in four neighbourhoods found significant reductions in nonfatal shootings in all areas and significant reductions in murder in two implementation areas compared to comparator communities without the intervention.^{235 236}

Intervention to address the harm caused by social media

In Chapter 5 we discussed the emerging evidence on the link between social media and youth violence and gang membership. The evidence base on how to address this effectively is extremely limited. Researchers from University College Birmingham in their *Catch 22* research report on social media and youth violence⁹⁴ suggest three approaches:

Prevention: Providing resources and training on social media to parents and front line professionals that will enable them to better engage with young people and understand the risks posed by the largely unregulated social media space

Intervention. Recent research in Chicago has provided some evidence on how effective use of social media proactively by youth outreach workers is pre-empting and preventing serious incidents of face-to-face youth violence. Youth workers use social media platforms to monitor increased tension between high-risk individuals and groups and then intervene proactively to reduce tension.²³⁷

Suppression. Active monitoring of social media content by law enforcement authorities with a view to requiring social media platforms to take down damaging content.

Reducing school exclusions and minimising impact when they occur

In Chapter 5 we explored the association between school exclusion and violent crime and gang membership in young people and highlighted evidence that being excluded from school can increase other risk factors.

The 2019 Timpson Review commissioned by the Department for Education set out a range of evidence based recommendations to prevent unnecessary exclusion and the harms that can be caused by them. It highlighted four key drivers:

- Differences in leadership at school level which leads to an unacceptable level of variation in exclusion policy and practice
- Variation in systems, capability and capacity between schools to manage poor behaviour
- Perverse incentives at system level that can discourage schools from taking responsibility for the needs of children they wish to exclude
- Lack of safeguards that protect children against informal exclusion and off-rolling together with inadequate safeguarding responses to the wellbeing of children receiving multiple periods of exclusion.

The review makes a number of recommendations to reduce avoidable exclusions and the harm caused by excluding children including:

- Consistent guidelines to address variation in practice between schools
- Strengthened partnership working and data sharing between all schools, local authorities, local health partners to take collective responsibility for collecting and reviewing data on excluded pupil needs and for planning and funding local alternative provision and services that intervene early for children at risk of exclusion
- Additional support to the school workforce to ensure that have the knowledge and skills needed to better manage behaviour and meet wider pupil needs and address risk factors including dedicated senior leads for mental health
- Strengthening Alternative Provision and additional support for at risk children including creation of school 'internal inclusion units; nurture programmes; approaches to strengthen the engagement and advocacy skills of parents; creating inclusive environments for BME children who are at higher risk of exclusion including mentoring and role models; proactive use of AP as an early intervention delivered in mainstream schools and through off-site placements including comprehensive holistic six week assessment of the educational, behavioural and social needs of young people who are excluded RI

Enforcement – Stop and Search

Police stop and search practice either to deter or detect remains a controversial and political topic. The statutory power to stop and search is an investigative tool used to allay or confirm a police officer's suspicions, short of arrest. It requires reasonable suspicion on the part of the officer conducting the search that a crime may have been committed. Non-statutory stop and search allows officers to search individuals on a voluntary basis.

One distinction that can be drawn is between reactive and proactive stop and search. Put simply, reactive stop and

search responds to suspicious circumstances either reported or witnessed, whilst proactive stop and search actively seeks out potential suspects in situations where an offence is likely to occur. Evidence suggests that these two approaches to stop and search are underpinned by different policing aims. Reactive stop and search aims to detect incriminating evidence, and therefore makes greater use of statutory search powers which require reasonable suspicion. In contrast, proactive stop and search aims to deter people from offending and involves carrying out a large number of searches in order to communicate the likelihood of detection.²³⁸

Table 8.1 taken from an evaluation of police practice in Scotland describes the two approaches based on force data.²³⁸

Table 8.1: Reactive and proactive stop and search: Key Indicators

Indicator	Reactive (Detection)	Proactive (Deterrence)
Search rates	Lower search rates, due to greater use of reasonable suspicion.	Higher search rates in order to communicate the likelihood of detection and strength of the deterrent effect
Search power	Greater use of statutory powers and reasonable suspicion, in order to detect	Greater use of non-statutory stop and search. Allows officers to increase search rates without reasonable suspicion.
Reason for search	Higher proportion of drugs searches, due to the prevalence of drugs and reasonably clear grounds for suspicion.	Searches target crimes associated with younger populations. High proportion of offensive weapons and alcohol searches.
Age-profile	Searches follow the standard age-distribution of offending	Searches directed towards young people over and above the standard age-distribution of offending
Detection rate	Higher detection rates, due to use of reasonable suspicion (19%) ¹	Lower detection rates, due to limited use or lack of reasonable suspicion. (9%) ¹

Does stop and search reduce crime and deter people from offending?

Evidence on the efficacy of stop and search in deterring violent crime is equivocal. Proponents draw on existing literature that concludes that 'the perceived likelihood or certainty of being caught must be reasonably strong to deter crime'.^{239 240} It is also worth noting that widespread use of stop and search as a deterrent has featured in successful approaches to reducing knife crime in the UK, for example in Glasgow.²⁴¹

Whilst there is limited robust evidence to suggest a *direct* association between the use of stop and search and offending levels, it should be noted that deterrent effects of individual interventions are notoriously difficult to untangle, as stop and search almost always employed as one in a range of different interventions to deter crime.²³⁸ Some researchers point to 'highly consistent evidence' to suggest that stop and search '*causes reductions in weapons violence*

and homicide'²⁴² whilst others point to the methodological difficulties of the evidence base that typically applies causal reasoning after the event²⁴³ and highlight the dangers of the approach in damaging relationships between communities targeted and the police.²⁴⁴

Some recent research from the US has suggested a small but significant effect of stop and search of suspects with the highest probability of criminal behaviour on the prevalence of violent crime, drugs offences and weapons offences, with an approximate two month time lag.^{245 246} An analysis of the impact of stop and search over a ten-year period between 2004 and 2014 in London quantified a small but statistically significant impact of increased stop and search on all susceptible crime and drugs offences (-0.32% and -1.85% respectively) for each 10% increase in stop and search activity, and a weak statistically significant impact on week-on-week but not month-on-month violent crime. However no statistically significant impact was found on robbery, theft, criminal damage or non-domestic violent crime).²⁴⁷

¹ Data taken from study²³⁸ on stop and search across Scottish Police forces in 2010.

Chapter 9: A Gap Analysis of Current Provision in Thurrock against the Published Evidence Base

Key Findings

We conducted a gap analysis to critically analyse our current provision on preventing youth violence against the eight strategic actions identified in the evidence base and discussed the previous chapter. Our findings were as follows.

- Promoting family environments that support healthy family development:** Thurrock has a comprehensive and evidence based offer on Promoting Family Environments that support healthy development and Thurrock's offer in this category is almost entirely supported by high quality evidenced based studies. Thurrock provision goes over and above the current evidence base, providing a range of targeted provision for families with significant additional needs particularly around parenting. Provision is delivered in an integrated way through Brighter Futures programme with selective and targeted provision directed at families identified as having additional needs either through Brighter Futures universal work for example, health visitor checks or as a result of direct referral from Children's Social Care. There is evidence of effectiveness of the programme in terms of improved outcomes for families, reduced levels of risk factors and reduced demand on children's social care services.
- Providing quality education early in life:** Thurrock has invested heavily into early years education through Brighter Futures funding provided through the Education and Skills and Children's Social Care Divisions of the council and from the Public Health Grant. Current provision is comprehensive and in line of published evidence of best practice both for the universal offer and selective support given to children with additional needs. Our current services are likely to be reducing risk factors and vulnerabilities for future youth violence including aggression, development and education attachment. The programme is delivered in an integrated way through Brighter Futures. Outcomes data show the programme is having a positive effect. Despite having levels of child deprivation and hence need significantly worse than England's, Thurrock's outcomes are statistically significantly better than England's on all major indicators; the only local authority within our CIPFA comparator group to achieve this.
- Strengthening youth's communication, empathy, problem solving and emotional intelligence skills:** Thurrock's current provision on skills development does not currently mirror recommendations in evidence base which recommends universal classroom based programmes to help young people to develop skills and additional selective skills development programmes with children who need additional support. The new *Schools' Wellbeing Service* has great potential to fill this gap and help individual schools in the borough develop curriculum activity that supports young people to improve skills in communication, empathy, problem solving, conflict resolution and emotional intelligence but the service is at an early stage. The school nursing element of the Healthy Families service is also well placed to support this programme but is believed that most of its focus is with individual children rather than wider universal programmes. A new Ofsted framework that focusses on a more rounded curriculum should also support both services to develop skills based classroom and selective provision. A more comprehensive universal and targeted skills based offer in schools would improve classroom behaviour, reduce risk factors for violence and could support a reduction in the need for fixed term exclusions, which have been identified as having a strong association with youth violence in Thurrock young people.

A range of additional skills based development programmes are on offer through INSPIRE Although of high quality, they are generally highly selective for example TCHC only works with NEETS and careers advice is only available to a relatively small number of children that each school who purchases the service selects. As such, their reach into the general population of Thurrock young people is limited and their primary focus is also often based around employment and careers. INSPIRE front line staff report that the effectiveness of their work is often compromised by underlying unmet mental ill-health need in the young people whom they work with. Access to EWMHS for 1:1 therapy is not adequate for underlying need both in terms of waiting times and minimum threshold requirements. Better integration of adolescent mental health provision as part of an integrated youth offer is required to maximise the effectiveness of INSPIRE's offer.

- Connecting youth to adults and activity that role model positive behaviour:** The evidence base suggests that universal youth work provision to create meaningful out of school activity, and mentoring programmes for young people show promise in reducing risk factors for serious youth violence and gang membership. Thurrock's current provision is of high quality but inadequate in its scope and coverage. There is no youth provision whatsoever in Grays and limited provision in other parts of the borough operating only one evening a week. New mentoring programmes are available but are highly targeted and will only be accessible by a small proportion of young people who could benefit. The council needs to prioritise new or future investment to expand the provision of universal youth services across the borough, particularly in Grays and to expand the provision of mentoring programmes so that significantly more young people could benefit.

Key Findings (continued)

5. Addressing the wider determinants of serious youth violence and gang membership: There are currently some gaps in local provision against this strategic action. Whilst universal provision on improving the built environment is operating effectively at a strategic level for major future planning/regeneration programmes such as the Purfleet Regeneration Programme and Grays Town Centre redevelopment, there is less evidence of a strong connection on how local intelligence on serious violent crime feeds into a drives regeneration action. The evidence base highlights the success of action to limit the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime but there is little evidence that this is happening locally or that crime intelligence is being considered as part of licensing decisions. The council needs to use its intelligence in a more proactive way to inform services that address wider determinants of health.

Drug and alcohol treatment services for both young people aged under 18 and adults are considered high quality and waiting times for treatment remain short. However the proportion of drug users in treatment has fallen year on year from 2014/15 driven largely by a steady increase in prevalence of crack-cocaine use as discussed in Chapter 5. This is a worrying trend meaning an increase in the numbers of residents in Thurrock with untreated crack-cocaine use. This in turn may reflect an increase in County Lines activity within the borough. The Council's new Addictions Strategy should undertake further analyses to understand issue and action to increase the proportion of users in treatment

The relationship between social and youth violence is discussed in Chapter 6 but there is little evidence of a comprehensive strategy in Thurrock to addressing harm caused to young people by social media in the context of violence, either at a universal level in terms of education of parents or a more targeted level in terms of monitoring social media platforms to gain intelligence or action to disrupt harmful social media content and targeted outreach interventions based on intelligence gained. A more strategic local approach to addressing the harms caused by social media needs to be developed.

6. Intervene early to reduce harms of exposure to violence and violence risk behaviours: Thurrock has a wide range of selective/targeted provision aimed at addressing violent behaviour in young people and reducing the likelihood of future violence. The Prevention and Support Service (PASS) and youth work service in A&E are in line with published evidence base although the latter is currently only funded as a pilot from the Essex Police, Fire and Crime Commissioner and requires mainstream funding to become sustainable. A range of additional innovative programmes including Holiday Activity Programmes, the Goodman Project and Power undertake targeted work with high risk young people. These programmes need to be evaluated to assess impact and success. Thurrock YOS is evidence based, high quality and achieves good outcomes in general for young people who have committed crime with the majority of young people who access the service prevented from re-offending. However Chapter 2 identified a small cohort of young people who access YOS multiple times for violence against the person offences and robbery. This cohort often also commit drugs offences and current YOS interventions appear unsuccessful at delivering crime desistance for this group. Further work is required to understand the reasons behind this and develop new approaches.

The current mental health offer provided to Thurrock via the EWMHS service is commissioned separately and is not well integrated with other programmes. Front line professionals highlighted that thresholds to access EWMHS services are set too high and waiting times are too long. Current EWMHS mental health provision when provided focuses largely on the individual and does not offer the more holistic specialist support recommended in the evidence base such as multi-systemic therapy or family functional therapy that seeks to address wider problems in the family and environment of the young person. Trauma focused CBT also recommended in the evidence base for victims of serious youth violence is also offered. As such, current provision in this area is too individually focused and fragmented. A new single integrated model for treatment of young people involved violence is required that treats children in young people in the wider context of issues within their family and environment.

A new single integrated and more holistic offer for treating youth violence is required that works further 'upstream' with youth at high risk of committing violent offences, integrates mental health and the other range of interventions and treats the individual in the context of their environment.

7. Preventing Gang Membership and Crime Caused by Gangs: The published evidence base is weak in this area. The SoS+ programme is funded as a pilot and only operates within the Olive Academy. The Knife Crime Awareness programme operates through YOS and as such is only available to those young people who have been arrested for weapons offences. Current provision is therefore largely re-active when targeted at young people who are members of gangs. A wider *Opportunities Provision* approach is required to increase the likelihood of young people exiting gangs together with increased reach of programmes aimed to dissuading and diverting young people from gang involvement.
8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs: Thurrock is making use of targeted stop and search activity based on intelligence led policing activity. Gang Injunctions are in place and have been shown to be successful. Current enforcement activity is in-line with the published evidence base.

Introduction

This Chapter examines the current provision in Thurrock to prevent and reduce serious youth violence and gang membership. It critiques the likely effectiveness against the evidence base discussed in Chapter 7 and makes recommendations for future provision moving forward. It also describes current governance arrangements relating to the Violence and Vulnerability agenda.

Eight strategic actions to prevent serious youth violence and gang membership.

The evidence base in Chapter 7 can be grouped into eight strategic actions shown to be effective in preventing and reducing serious youth violence and gang membership:

1. Promote family environments that support healthy development
2. Provide quality education early in life

3. Strengthen Youth's communication, empathy, problem solving, conflict resolution and emotional intelligence skills
4. Connect youth to adults and activity that role model positive behaviour
5. Intervene early to reduce harms of exposure to violence and violence risk behaviours
6. Address the wider determinants of violence and gangs
7. Prevent gang membership and crime caused by gangs
8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs.

A summary of the evidence base against these eight strategic actions is shown in figure 9.1, which also highlights whether the evidence based activity is *universal* (aimed at the entire population); *selective* (provided only populations with additional need or increased risk); *targeted* (aimed only at individuals with additional needs or risk); or *specialist* (programmes that seek to address existing violent or other damaging behaviour in young people).

Figure 9.1

	1. Promote family environments that support healthy development	2. Provide quality education early in life	3. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and Emotional Intelligence	4. Connect youth to adults and activity that role model positive behaviour	5. Address the wider determinants of serious youth violence and gang membership	6. Intervene early to reduce harms of exposure to violence and violence risk behaviours	7. Prevent gang membership and crime caused by gangs	8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs	
UNIVERSAL		High quality early years education for children and families <ul style="list-style-type: none"> • Perry Pre-school Programme • Healthy Child Programme 	Universal based classroom programmes to develop skills <ul style="list-style-type: none"> • Incredible years Teacher Classroom Management • PATHS Elementary Curriculum • Positive Action emotional learning programme • The Good Behaviour Game (classroom management) 	Development of universal access meaningful activity for young people out of school hours	Enhance and maintain the built environment including increased lighting, improved accessibility to social spaces, increased security, creation of green space Upskill professionals and parents to better engage young people on the dangers of social media				
SELECTIVE	Early childhood home visiting programmes: <ul style="list-style-type: none"> • Family Nurse Partnership Parenting skill and family relationship programmes <ul style="list-style-type: none"> • Family Foundations • Incredible School Years • Triple P (level 3-4) • Strengthening Families Programme 10-14 	Support for children with additional identified development needs <ul style="list-style-type: none"> • Doodle Den • Let's Play in Tandem 	Skills development programmes targeted at children and young people with additional identified needs. <ul style="list-style-type: none"> • Helping the non-compliant child • Incredible Years Dinosaur School Child Training • Treatment Foster Care Oregon Adolescent (TFCO) 	After-school activity programmes aimed at young people with additional needs <ul style="list-style-type: none"> • LA BEST Programme • After School Matters (ASM) 	Reduce the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime				
				Mentoring Programmes for youth at risk of / engaged in violence/gang related activity <ul style="list-style-type: none"> • BBBB 	Community development and street outreach activity with high risk youth, gang members and wider communities affected. Monitoring social media platforms to gain intelligence on youth violence, together with intervention through outreach	Intervention to address high risk abusive behaviour in parents <ul style="list-style-type: none"> • Level 5 Pathways Triple P A&E based assessment and onward referral for young people admitted for injury linked to youth violence/gang activity	Opportunities Provision including tutoring, supplementary education, job training and preparation, job development and other programmes designed to increase economic or educational opportunities available to gang involved youth.	Highly targeted stop and search activity with the purpose of detecting crime	TARGETED
				Action to disrupt or take down harmful social media content including that which promotes or glamorises violence, drug dealing or gangs. Drug Addiction/treatment	Clinical intervention to reduce harms from violence exposure <ul style="list-style-type: none"> • Trauma focused CBT Screening/support for neuro-disability including traumatic brain injury Specialist support for adolescent violent offenders/those at risk of offending <ul style="list-style-type: none"> • Multi-systemic therapy • Family functional therapy 	Pulling Levers whole system approach to gang disruption. <ul style="list-style-type: none"> • Gang Injunctions 	Gang Injunctions.	SPECIALIST	

Figure 9.2 highlights the risk and protective factors that each strategic action aims to reduce or strengthen.

Figure 9.2

	1. Provide quality education early in life	2. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and EI	3. Promote family environments that support healthy development	4. Connect youth to adults and activity that role model positive behaviour	5. Address the wider determinants of serious youth violence and gang membership	6. Intervene early to reduce harms of exposure to violence and violence risk behaviours	7. Prevent gang membership and crime caused by gangs	8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs
RISK FACTORS MITIGATED	<ul style="list-style-type: none"> Low school attainment Troublesome Positive attitude to delinquency Conduct disorder Poor parent/child relationships or communication Violence Developing an individual crime propensity 	<ul style="list-style-type: none"> Delinquency Being exposed to delinquent peers Aggression Conduct disorder Violence Anti-social behaviour Substance misuse Truancy Developing an individual crime propensity 	<ul style="list-style-type: none"> Conduct disorder Disrupted family Poor family supervision Poor parent/child relationships or communication Environment Family violence Aggression towards peers Low school attainment/performance Substance misuse Developing an individual crime propensity. Being exposed to a criminogenic environment 	<ul style="list-style-type: none"> Substance misuse Gang membership Truancy Positive attitude to delinquency Having peers with an existing propensity for crime Being exposed to a criminogenic environment 	<ul style="list-style-type: none"> Living in a neighbourhood with many youths in trouble Neighbourhood disorganisation Violent community norms/culture Positive attitude to delinquency Unstructured or unsupervised time spent in locations with low community cohesion or lack of positive social values Exposure to a criminogenic environment 	<ul style="list-style-type: none"> Low self-esteem High psychopathic features Family violence, abuse and neglect Poor parent/child relationships or communication Poor family supervision Having peers with a propensity for crime Being exposed to a criminogenic environment Cannabis use 	<ul style="list-style-type: none"> Low school attainment Low educational aspirations Exposure to violence Previously committed violent crime Access to/use of cannabis Anti-social behaviour Living in a neighbourhood with many youths in trouble Delinquent peers Having peers with an existing propensity for crime Exposure to criminogenic environment 	<ul style="list-style-type: none"> Anti-social behaviour Violence/exposure to violence Availability of / use of cannabis Being exposed to a criminogenic environment
PROTECTIVE FACTORS ENHANCED	<ul style="list-style-type: none"> Low levels of impulsivity High IQ/cognitive functioning High academic achievement 	<ul style="list-style-type: none"> Pro-social behaviour Pro-social bonding Supportive relationships with parents and other adults Low levels of impulsivity Academic achievement School bonding 	<ul style="list-style-type: none"> Low levels of emotional distress Stable family structure Infrequent parent/child conflict Supportive relationships with parents/adults Academic achievement Pro-social behaviour 	<ul style="list-style-type: none"> Low levels of impulsivity High educational aspiration Commitment to school Academic achievement Involvement in community youth groups/ community assets and clubs. 	<ul style="list-style-type: none"> Neighbourhood interaction Neighbourhood support Positive / pro-social attitudes 	<ul style="list-style-type: none"> Infrequent parent/child conflict Good family management Supportive relationships with parents or others Low levels of emotional distress High self-esteem 	<ul style="list-style-type: none"> Perceived neighbourhood safety Involvement in community youth groups/community assets/clubs 	<ul style="list-style-type: none"> Perceived neighbourhood safety

Current provision against strategic actions 1-3:

Figure 9.3 gives a summary of current provision for the first three strategic actions:

- Promote family environments that support healthy development
- Provide quality education early in life
- Strengthen youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence.

Interventions that mirror evidence of best practice set out in the previous chapter are shown in green. Interventions not supported by published evidence base are shown in black. It is important to remember that serious youth violence is an emerging issue and as such, the published evidence base is not that well developed. As such, it should not be inferred that because an approach is not supported by a published paper, it does not have value or is not effective; simply that it is important to ensure that it is well evaluated. A public health approach to tackling serious violence should be about testing new and innovative ways of working and scaling up those that show a positive effect.

Figure 9.3: Current Provision in Thurrock.

	1. Promote family environments that support healthy development	2. Provide quality education early in life	3. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence
UNIVERSAL	<p>Family Sessions at Grangewaters Grangewaters offer family focused activities outdoors that aim to increase positive mental health and wellbeing, increase physical activity, reduce obesity and strengthen family connections.</p> <p>Reducing parental conflict programme – universal training for frontline practitioners to identify problematic parental conflict and refer parents for interventions where needed.</p>	<p>Thurrock Healthy Child Programme operating through <i>Brighter Futures</i> known as the <i>Healthy Families</i> service delivers support at five mandated contact points from antenatal to five years, known as health visiting and from 5 – 19 years known as school nursing. Assessment at developmental stages using ASQ – Ages and Stages questionnaire to highlight any needs to ensure children reach an expected level of development and are ready for school at 4 years. Collaborative work with children’s centres</p> <p>Universal Early Education – ages 3-4 years Early Years Foundation Stage (EYFS) within childcare and nursery providers between 15 and 30 hours per week provided for Ofsted registered settings.</p>	<p>Schools’ Wellbeing Service – works to provide skill required to manage behaviour within the classroom, an element of this is a drama workshop provided by Innact funded by the CSP</p> <p>Healthy Families Service – Offer support to students through school/college at transition points and in particular working to ensure children and ready for adulthood and receive support with exam stress and managing emotions.</p> <p>INSPIRE service – provide drop-in sessions for career advice and to enhance young people’s understanding of the world of work and assessment/development</p> <p>Youth Cabinet – designed to support young people to be involved and have their say on issues and services that affect them.</p> <p>Duke of Edinburgh Award Scheme – Support to schools to deliver a programme including learning new skills, volunteering, physical challenge</p> <p>Drawn Out – short film/teaching resource on risky behaviours, exploitation and grooming.</p>
SELECTIVE	<p>The Healthy Families Programme focuses extra support to teenage parents and families with wider vulnerabilities</p> <ul style="list-style-type: none"> Universal Plus (UP) Offer to families requiring additional support <p>Parenting skill and family relationship programmes</p> <ul style="list-style-type: none"> Triple P (level 3 and 4 and online) Triple P (level 4 online), new pilot for 1 year across Essex Incredible Years (0-3), (3-6), (6-12) Mellow Mums and Dads 	<p>Support for Children with Additional Developmental Needs <i>Incredible Years 0-3, 3-6 and 6-12 years programmes outcomes include:</i> Enhancing school achievement & employment -improved reading. Preventing crime, violence and antisocial behaviour – improved behaviour on all measures, less defiant behaviour</p> <p>Early Education – age 2 years provision of 15 hours childcare for parents in receipt of certain benefits where settings are registered with Ofsted delivering EYFS.</p>	<p>Skills development programmes targeted at populations of children and young people with additional identified needs.</p> <ul style="list-style-type: none"> TCHC (through Inspire): a 24 week course of level 1&2 employability and functional skills employability/functional skills Prince’s Trust (through INSPIRE): 12 week programme to build skills and confidence in young people who are NEET INSPIRE careers advice offer to schools Employability and Skills Team Offer to schools.
TARGETED	<p>Universal Partnership Plus (UPP) Offer – for families with identified high needs plus additional concerns e.g. safeguarding, DV, alcohol/substance misuse, mental health.</p> <p>Together with Baby – Infant MH service offering therapeutic intensive support to families with attachment disorder</p> <p>STOP Programme: Step-by-step course for teenagers displaying challenging behaviours and their parents aimed at improving family communication</p> <p>Strengthening Families, Strengthening Communities (SFSC) – a 13 week programme available to parents of children 3 – 18</p> <p>Reducing Parental Conflict Programme – sessions with parents.</p>		

1. Promote family environments that support healthy development

Universal Provision

Grangewaters offer a range of family focussed activities outdoors that aim to promote positive mental health and wellbeing, increase physical activity, reduce obesity and strengthen family connections.

A *universal training programme* is available for all frontline practitioners to help identify problematic parental conflict and refer parents for interventions where needed.

Selective Provision

The council commissions or delivers provision in line with published evidence of best practice.

The Healthy Families Programme is delivered through the Brighter Futures Healthy families Service delivered by North East Foundation Trust (NELFT). It is an early intervention and prevention public health programme for children and families. The Universal plus element of provision identifies vulnerable families, provides, delivers and co-ordinates evidence based packages of additional care, including maternal mental health & wellbeing, parenting issues, families at risk of poor outcomes and children with additional health needs in a targeted way. Additional contact points and support are put in place. Universal Plus includes intensive parenting support and interventions for vulnerable parents that have been shown to improve their outcomes and that of their children.

Parenting Programmes in Thurrock are commissioned by Children's Services and offered on to families identified as needing additional support. A range of accredited and evidence-based parenting programmes are available and in addition a limited number of one-to-one interventions. Current capacity meets demand.

Programmes include:

Incredible Years Programme is delivered in Children's Centres. The model used focuses on strengthening parenting competencies and fostering parent involvement in children's school experiences, to promote children's academic, social and emotional skills and reduce conduct problems. This is available to parents of children and young people between the ages of 0 and 12 with specific programmes aimed at different age groups including a baby and toddler programme, pre-school programme and school age children (aged 6-12). Each programme consists of two-hour weekly group sessions over 12-13 weeks, where parents learn strategies for interacting positively with their child and discouraging unwanted behaviour.

National published evidence for this programme's impact specifies it achieves positive outcomes for families including: enhancing school achievement and enjoyment; improved reading; preventing anti-social behaviour, crime and violence; and improved child behaviour.

Triple P (level 3) – Triple P is an evidence based tool for frontline staff to use in their everyday practice. This is not a commissioned offer however, the provider is expected to have staff trained in this programme. Upon assessment, a decision is made on whether this programme is the most suitable for the family at the time. When used the teenage programme (aimed at parents of children aged 12 – 16) is delivered focussing on addressing behavioural difficulties within this age group and improving family communication problems receives specified intensive sessions to improve their parenting practices.

Outcomes measured using the Outcome star and de-escalation of cases model as above.

Mellow Mums or mellow Dad is a programme designed to support families with children aged 0 to 5 who are experiencing complex relational and attachment issues. It is delivered over 14 weekly 4.5 hour sessions. It works to create and understanding how previous experiences may impact on parenting relationships. The programme consists of using a mixture of reflective and practical techniques to allow parents to address their personal challenges and the challenges they face with their children.

Outcomes measured using the Outcome star and de-escalation of cases model as above. Other outcomes measured include improvement in parental mental health and child behaviour.

An emerging offer of *Triple P (Level 4)* known as the Triple P online parenting programme has been commissioned by Essex CCGs and Essex County Council for a 12 month pilot across Southend, Essex and Thurrock and delivered by Triple P as a digital offer. It is a stand-alone web-based intervention (equivalent to Level 4 Triple P) designed to promote positive parenting practices and teach parents the application of principles to specific situations. There are three elements to this offer;

- i) 0 – 12 year - It is a broad-based parenting intervention delivered online for parents of children up to 12 years. It involves eight (1-hour) online modules that parents complete independently.
- ii) Teen Triple P – 10 – 16 - It is a broad-based parenting intervention delivered online for parents of teens aged up to 16 years. It comprises six (1-hour) online modules that parents complete independently.
- iii) Triple P - Stepping Stones- this is a service is specifically for families with CYP with ASD and on the autistic spectrum. The service also provides mentoring support through e learning.

The *Triple P Online* programme focuses on families with pre-adolescent children, children who present with diagnosed (or undiagnosed) developmental challenges. The stepping stone element works to manage and prevent mild to moderate behavioural challenges for families already within the care of specialists to address developmental needs.

The *Step-by-Step* course is available for parents with pre-teen or teenagers (10-16 year olds). The course aims to improve family communication through learning how to really listen and de-code what your pre-teen/teenager is really saying or needing. As your pre-teen/teenager is developing and changing, this course aims to increase knowledge on effective behaviour management skills which will increase parental knowledge and confidence.

Targeted Provision

The following programmes are only available to families referred through Children's Services – PASS and Social care. This includes those children that have a plan as a Child In Need (CIN), a Child Protection (CP) plan or in some rare cases at the point of care proceedings. Outcome measures follow requirements of the programme licence:

Universal Partnership Plus (UPP) offer from Healthy Families Service is available where there are identified health needs plus additional concerns, such as safeguarding, domestic abuse, alcohol/substance misuse, mental health problems, or poor physical health. The UPP offer provides ongoing support from health visiting team plus a range of local services within the Brighter Futures offer, working together to deal with more complex issues over a period of time. These include services from the children's centres and other community services including charities

Together with Baby-Infant Mental Health Service commissioned by the CCG pan Essex, provided by EPUT and supported by the Parent Infant Foundation (PIP UK) offering highly therapeutic intensive support to families with attachment disorders to support healthy parent infant attachment. It supports families where parent mental health problems or substance abuse has prevented them from forming a secure parent infant attachment.

Strengthening Families Strengthening Communities (SFSC) is targeted at parents, step-parents, grandparents and other family members (who may be under a Special Guardianship Order) of children and young people aged 3 to 18. The Thurrock SFSC forms part of a government programme of evaluation in 2012 (The Parenting Early Intervention Programme – PEIP) which are evidenced as programmes to deliver successful outcomes. The aims are carefully assessed and aligned to the local needs and correlated to the success of existing and previous parenting programmes in Thurrock. The offer includes an initial visit with parents prior to attending any of the group sessions to assess family needs. About half of sessions are delivered as a group at Children's Centres which is the primary location for service delivery.

The broader outcomes measured follow the fidelity of the programmes which are termed *outcome stars* assessed at the beginning and end of the programme. *Outcome stars* include measures on: physical health; wellbeing; meeting emotional needs; keeping children safe; social networks; education and learning; boundaries and behaviours; family routine; home and money; and progress to work. Evaluation shows a positive shift on *outcome stars* between the beginning and end of the programme. In addition, across all of the programmes there have been 23% of cases that have

de-escalated or closed to social care following intervention during the last 12 months suggesting the programme is effective in reducing demand on children's social care services.

STOP programme – This is a 10 week programme, is aimed at parents of teenagers displaying challenging behaviours. Referral is through open cases within social care or PASS and presenting issues include school attendance, relationships with parents and gang affiliation or vulnerability to this. More referrals are being received where there is gang involvement or vulnerability with incidences of young people aged just 12 reported as 'running' drugs. The STOP Programme also gives information on key parental concerns for this age group such as drugs, drink, sexual health and aggression in young people. This course is mindful of parents/carers needs and emotions as well as the teenagers. This course also offers a session on Exploitation and County Lines/ Gangs delivered by YOS.

Outcomes measured using the Outcome star and de-escalation of cases model as above.

The *Reducing Parental conflict (RPC)* programme is focussed on persistent unresolved conflict which affects the health and wellbeing of the child. Funding has been awarded from DWP to develop a strategic response and facilitate the training of professionals across the Brighter Futures partnership to be able to recognise parental conflict and support families with this. The second component to this is joining up with Essex in a regional agreement to offer 100 places on the RPC programme for parents over next 2 years. This programme is delivered by the Tavistock and Portman NHS trust.

Analysis of current provision and gaps

Thurrock has a comprehensive and evidence based offer on *Promoting Family Environments that support healthy development*. The published evidence base only contains interventions that are *selective* and Thurrock's offer in this category is almost entirely supported by high quality evidenced based studies.

Thurrock provision goes over and above the current evidence base, providing a range of targeted provision for families with significant additional needs particularly around parenting.

Provision is delivered in an integrated way through *Brighter Futures* programme with selective and targeted provision directed at families identified as having additional needs either through Brighter Futures universal work for example, health visitor checks or as a result of direct referral from Children's Social Care. There is evidence of effectiveness of the programme in terms of improved outcomes for families, reduced levels of risk factors and reduced demand on children's social care services. However, we identified a need to strengthen integrated commissioning arrangements, and evidence that

2. Provide quality education early in life

Universal Provision

The *Thurrock Healthy Child Programme* is delivered through the *Brighter Futures Healthy Families Service* and is an early intervention and prevention public health programme for children and families that follows published evidence of best practice. The Healthy Child Programme's universal reach provides an invaluable opportunity to identify and provide evidence-based interventions for families that are in need of additional support and children that are at risk of poor outcomes including those families with varying levels of vulnerability.

The universal offer within the service is offered to all families. There are currently five mandated contact points, with a health visitor led service for the 0-5 pathway and within the school nurse led service for the 5-19 part of the pathway. Delivery takes place in a variety of locations including the home, health clinics, Children's Centres, community venues, schools and colleges. Evidence suggests that universal prevention such as health visiting; school nursing and childcare have a significant impact on reducing demand for early intervention services. They place a crucial role in identifying children and supporting families that are struggling and need early intervention support and they prevent early issues from turning into more serious problems.

Universal Early Education provides free childcare for parents or carers of children aged 3-4 in/from Ofsted registered nurseries/childminders. The Early Years Foundation Stage curriculum is delivered.

Selective Provision

Support for Children who with additional developmental needs is available through the *Brighter Futures Healthy Families* service. Health visitors assess expected development through the 2½ year check to highlight children who have areas of development below what is expected. Appropriate additional support and interventions are put in place ahead of the child starting school at four years to improve development.

Early Education and aged 2 scheme offers free childcare for parents of two year olds whose parents or carers are on low income and can include nurseries, childminders and other providers who are Ofsted registered and deliver the Early Years Foundation Stage curriculum (EYFS).

Analysis of current provision and gaps

Thurrock has invested heavily into early years education through *Brighter Futures* funding provided through the Education and Skills and Children's Social Care Divisions of the council and from the Public Health Grant. Current provision is comprehensive and in line of published evidence of best practice both for the universal offer and selective support given to children with additional needs. Our current services are likely to be reducing risk factors and vulnerabilities for future youth violence including aggression, development and education attachment. The

programme is delivered in an integrated way through *Brighter Futures*.

Outcomes data show the programme is having a positive effect. Despite having levels of child deprivation and hence need significantly worse than England's, Thurrock is the only local authority in its CIPFA comparator group of local authorities with the most similar demographic populations to have performance scores on all major Early Years' Key Performance Indicators statistically significantly better than England's. (Table 9.1) Furthermore, Thurrock's Early Years' performance ranks within the top five local authorities in every indicator, the top three in four the eight indicators and first in two of the indicators.

Table 9.1

LOCAL AUTHORITY CIPFA COMPARATOR GROUP	Proportion of New Birth Visits completed within 14 days	Proportion of infants receiving 6 to 8 week review	Proportion of children receiving 12 week review	Proportion of children receiving 2-2.5 year review	Proportion of children aged 2-2.5 years receiving ASQ.3 as part of health review	Good level of development achieved at 2-2.5 years	Good level of development achieved at end of year R	% children achieving expected level in communication and language skills at the end of year R
Thurrock	90.0%	97.4%	94.0%	87.3%	98.8%	88.2%	73.7%	82.6%
Thurrock RANK	5th out of 16	2nd out of 16	1st out of 16	5th out of 16	5th out of 16	3rd out of 16	1st out of 16	5th out of 16
Bedford	79.7%	76.2%	90.7%	77.5%	100.0%	83.6%	69.1%	81.0%
Bolton	92.2%	94.1%	92.6%	95.5%	96.5%	66.4%	67.3%	76.1%
Calderdale	84.3%	82.2%	90.6%	84.5%	94.8%	No data	70.5%	83.6%
Coventry	89.1%	97.2%	92.5%	86.7%	88.9%	78.4%	69.0%	77.5%
Derby UA	85.7%	98.9%	93.7%	89.8%	93.5%	86.6%	70.7%	79.2%
Midway UA	84.6%	88.0%	87.8%	75.9%	100.0%	No data	73.5%	83.4%
Milton Keynes	86.1%	91.3%	85.0%	79.7%	98.5%	82.2%	73.3%	82.2%
Peterborough	88.7%	82.3%	93.4%	78.1%	No data	71.5%	67.0%	78.2%
Reading	93.3%	89.4%	84.0%	75.3%	92.8%	91.0%	69.2%	79.1%
Rochdale	98.2%	94.8%	83.0%	64.8%	No data	66.4%	66.0%	75.4%
Stockton on Tees	82.6%	88.0%	93.1%	85.7%	86.6%	No data	73.7%	84.4%
Swindon	72.7%	87.2%	71.6%	71.2%	97.4%	88.2%	71.2%	81.8%
Telford and Wrekin	89.4%	91.6%	82.5%	72.1%	97.6%	67.1%	71.3%	81.6%
Trafford	96.5%	95.2%	90.7%	92.0%	100.0%	No data	74.7%	85.5%
Warrington	89.1%	95.1%	91.5%	88.6%	99.6%	89.6%	73.6%	81.7%

Statistically significantly better performance than the England mean
 Performance statistically similar to the England mean
 Performance is statistically significantly worse than the England mean

3. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence

Universal Provision

Thurrock School Mental Wellbeing Service – is a new programme of support offered to all schools to help them improve mental resilience and reduce risk factors to mental ill-health amongst their pupils. Dedicated workers aligned to clusters of schools undertake an individual school assessment and develops and delivers a joint action plan. Support can include curriculum development, policy development and direct delivery of programmes within the classroom. An element of this universal offer to schools works to provide skill required to manage their behaviour in class. Innact delivers assembly, video and drama sessions for children in schools. This is aimed at working with pupil at risk of being excluded using drama to communicate how to manage their behaviour and self-awareness.

The Healthy Families Service employ school nursing staff who offer support to students through school/college at transition points and in particular working to ensure children and ready for adulthood and receive support with exam stress and managing emotions

Thurrock Youth Cabinet – is designed to support young people to be fully involved in having their say about the issues that affect young people and the services that are provided for them. The programme provides consultation opportunities for services to gain feedback from young people and for the views of young people to be heard. Elected members are part of the British youth council attending conventions throughout the year in addition to the annual youth sitting. The Youth Cabinet deliver an annual youth conference which all schools in the borough attend offering the opportunity to debate issues that have arisen via the national Make your Mark campaign.

Duke of Edinburgh Award Scheme is a youth award programme supporting schools and colleges to deliver all sections of the Bronze, Silver and Gold awards including learning a new skill, volunteering, physical challenge and an expedition, in addition to operating open centres that encourage those who wish to enrol outside of their school.

INSPIRE Service Careers advice drop in sessions at Inspire Youth Hub are offered on an open access basis and provide sessions to enhance young people's understanding of the world of work focusing on identification of strengths and self-assessment, career learning, psychometric testing; understanding emotional intelligence and skills needed to excel in the modern workplace.

Drawn Out. A short film available to schools that provides a message of hope to those caught up or stuck in negative situations that have the potential to place them in very risky situations to be exploited, groomed etc. it looks at the reality of street life, gang life and associated violence and how easy it is to get drawn in.

Selective Provision

Thurrock Council's *INSPIRE* service run a number of programmes available to some young people in the Borough:

Schools based careers advice offer is available for individual schools to purchase, which provides one to one assessment and individual careers advice to secondary school pupils, usually to year 9 pupils. The offer varies between schools and is dependent on what each school decides to purchase but includes sessions on aspirations, finances, apprentices and routes to university and other higher education. Generally the level of provision purchased means only a few pupils from each school receive the offer. The council's *Employability and Skills Team* link closely with *INSPIRE* to work with schools to arrange work experience for young people and to organise employment skills development programmes like *Thurrock's Next Top Boss*.

TCHC (Level 1 and 2) employability and functional skills programme is commissioned by *INSPIRE* and run from their Grays hub offering a 24 week course programme in maths, literacy and confidence building linked to careers advice and development of a careers plan. The programme is open to young people who are NEET (not in education, employment or training).

The Prince's Trust programme is also offered through *INSPIRE* and aims to build confidence in young people who are NEET. Evaluation suggests positive outcomes include increased confidence, improved relationships with parents, improved mental health and a reduction in homelessness risk.

Analysis of Current Provision and Gaps, and Recommendations

The published evidence base recommends universal classroom based programmes to help young people to develop skills and additional selective skills development programmes with children who need additional support. This perhaps the strategic action with the strongest level of published evidence based of effectiveness.

Thurrock's current provision on skills development does not currently mirror recommendations in evidence base. The Schools' Wellbeing Service has great potential to fill this gap and help individual schools in the borough develop curriculum activity that supports young people to improve skills in communication, empathy, problem solving, conflict resolution and emotional intelligence but the service is at an early stage.

The school nursing element of the *Healthy Families* service is also well placed to support this programme but is believed that most of its focus is with individual children rather than wider universal programmes.

A new Ofsted framework that focusses on a more rounded curriculum should also support both services to develop skills based classroom and selective provision.

A range of additional skills based development programmes are on offer through *INSPIRE* including the traded careers advice service to schools and the Duke of Edinburgh, Princes Trust, TCHC and Youth Cabinet. Although of high quality, they are generally highly selective for example TCHC only works with NEETS and careers advice is only available to a relatively small number of children that each school who purchases the service selects. As such, their reach into the general population of Thurrock young people is limited. Their primary focus is also often based around employment and careers.

INSPIRE front line staff report that the effectiveness of their work is often compromised by underlying unmet mental ill-health need in the young people whom they work with. Access to EWMHS for 1:1 therapy is not adequate for underlying need both in terms of waiting times and minimum threshold requirements. Better integration of adolescent mental health provision as part of an integrated youth offer is required to maximise the effectiveness of *INSPIRE*'s offer.

A more comprehensive universal and targeted skills based offer in schools would improve classroom behaviour, reduce risk factors for violence and could support a reduction in the need for fixed term exclusions, which have been identified as having a strong association with youth violence in Thurrock young people.

Summary of Gaps Identified

- A lack of a comprehensive universal and targeted skills based offer in schools that builds youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence. The new Schools Based Wellbeing Service provides a strong opportunity to be the delivery mechanism to achieve this but needs to concentrate on ensuring curriculum development and targeted programmes based on the evidence base for example:
 - Incredible years Teacher Classroom Management
 - PATHS Elementary Curriculum
 - Positive Action emotional learning programme
 - The Good Behaviour Game (classroom management)
- Thurrock Council Education and Public Health divisions should identify and share models of best practice across all schools using mechanisms like *The Head Teachers' Forum*
- The current EWMHS clinical care pathways and commissioning model are not sufficiently integrated into other skills based assets. Issues of access and treatment thresholds into EWMHS are limiting the efficacy of other programmes due to untreated underlying mental health problems in young people.

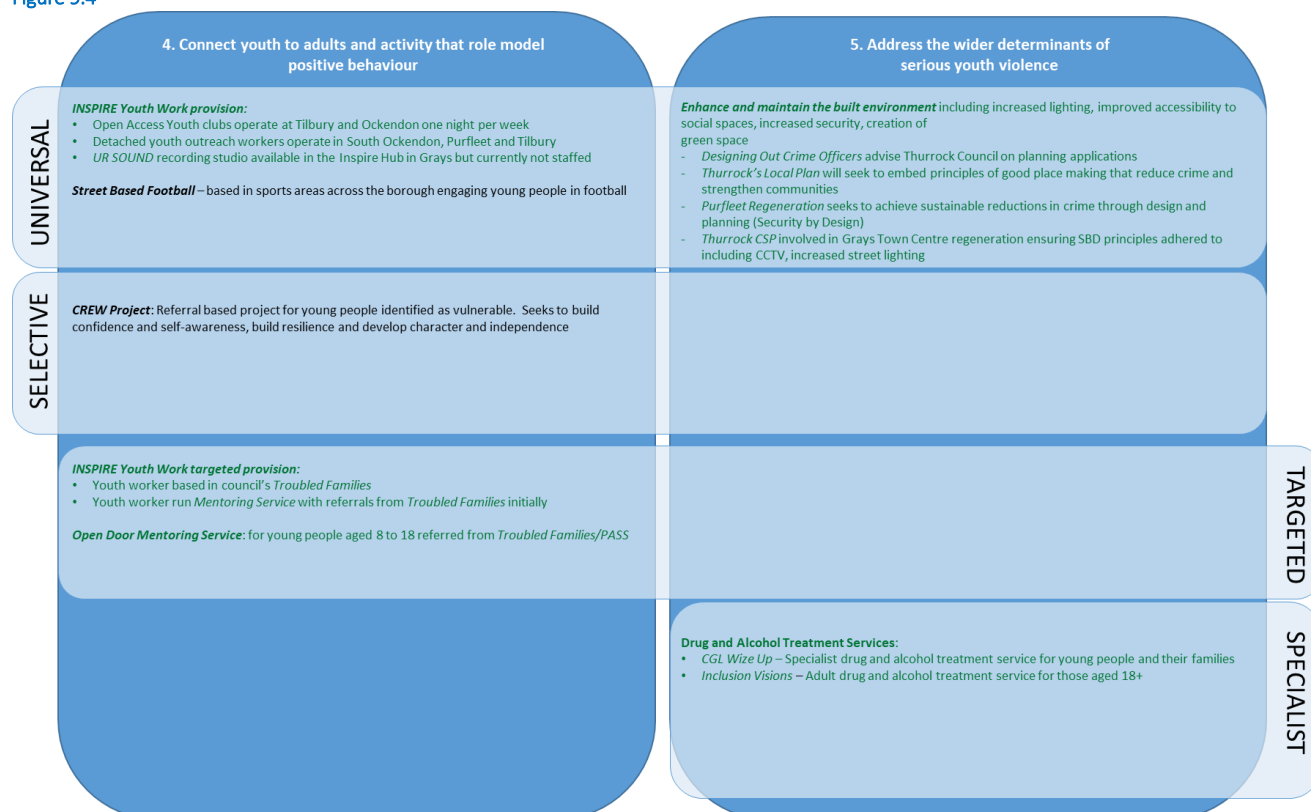
Current provision against strategic actions 4-5:

Figure 9.4 gives a summary of current provision against strategic actions four and five:

4. Connect youth to adults and activity that role model positive behaviour
5. Address the wider determinants of serious youth violence

Activity supported by the published evidence base is shown in green.

Figure 9.4



4. Connect youth to adults and activity that role model positive behaviour

The evidence base highlights the importance of universal youth work provision to create meaningful activity for young people out of school hours. Mentoring approaches for young people requiring additional support are also highlighted as showing promise in reducing risk factors for youth violence.

Universal Provision

Youth work provision forms part of the council's INSPIRE service and offers open access youth centres and detached youth workers in parts of the borough, providing informal educational opportunities that:

- Explore issues that affect young people
- Support them to build effective networks within the wider community
- Provide opportunities to develop skills
- Build positive relationships
- Explore issues and concerns

The youth work team consists of 12 posts comprising of qualified youth workers, youth support workers and apprentices. Provision includes *youth groups* operating one night a week in Tilbury and South Ockendon for 9-14 year olds and 14-18 year olds. In addition, *detached youth workers* operate in parts of South Ockendon, Tilbury and Purfleet with the aim of engaging and supporting young people within the community and connecting them to other community assets and groups.

There is currently no universal youth work provision in Grays although there are plans to deliver this when vacant posts

Summary of Gaps Identified

- Lack of provision of universal and targeted youth service provision across the borough, prioritising Grays where there is currently no provision
 - Lack of adequate provision of mentoring programmes for young people so that they are available to significantly greater numbers with a broader focus rather than simply on careers advice.

Selective Provision

CREW project is a referral based project for vulnerable young people to raise confidence and self-awareness, builds resilience and character and supports the development of independence.

Targeted Provision

Mentoring: All youth workers are trained in mentoring skills and a mentoring programme is due to commence imminently. Referrals to the programme will be from the Troubled Families (PASS) programme initially and referral criteria will be reviewed based on demand.

Mentoring is also commissioned by Thurrock Children's Services and delivered by Open Door, aimed at children and young people aged 8-18 years. Mentoring is delivered by professionally qualified staff. The majority of referrals are from social care and schools with some from PASS. Referral reasons include young people identified at risk of exposure to gang criminality, exploitation or online grooming.

The provider (Open Door) also delivers an intensive mentoring programme funded outside of the scope of this for young people who are frequently missing, many of whom will likely have been drawn into gangs. This adds value as the project is externally funded through and independently sourced grant.

The *Employability and Skills Team* offer mentoring to four schools: Gable Hall, St. Clairs, Harris Academy and Ockendon for year 8 students. Schools typically select their most disengaged students.

Analysis of Current Provision and Gaps, and Recommendations

The evidence base suggests that universal youth work provision to create meaningful out of school activity, and mentoring programmes for young people show promise in reducing risk factors for serious youth violence and gang membership.

Thurrock's current provision is of high quality but inadequate in its scope and coverage. There is no youth provision whatsoever in Grays and limited provision in other parts of the borough operating only one evening a week.

New mentoring programmes are available but are highly targeted and will only be accessible by a small proportion of young people who could benefit.

5. Address the wider determinants of youth violence

The evidence base highlights approaches that maintain and enhance the built environment including increased lighting, improved accessibility to social spaces, increased security and the creation of green space. It also highlights action to upskill professionals and young people on the dangers of social media and proactive monitoring of social media platforms to gain intelligence from/action to take down or disrupt harmful social media content. Programmes to treat drug addiction in young people are also highlighted.

Universal provision

Designing Out Crime Officers (DOCOs) have training and experience of advising on safety and security, are independent in their advice and have further access to more specialist resources where required (ref – NPPF). Essex Police have DOCOs in place and are actively involved in advising Thurrock on planning applications as members of the Health and Planning Advisory Group, a sub-group of the Thurrock Health and Well-being Board.

Building considerations for crime and safety into the Local Plan and regeneration schemes is key. This should use relevant guidance materials and best practice (such as Secured by Design and the National Design Guide).

In Thurrock, the emerging local plan is in development and will seek to embed principles of good place-making that encourage active frontages, natural surveillance and reasons to utilise public spaces. It will also seek to protect and improve community facilities to strengthen support networks within communities, ensure a high quality natural and built environment to give a sense of pride and ownership, and design the public realm to encourage positive social behaviour such as play, relaxation, and leisure.

The Thurrock design guide (a part of local plan policy) is used as a starting point for regeneration schemes.

The Grays Town Centre Framework requires public safety to be addressed in new schemes recognising that perceptions of crime are a key reason why people do not use the town centre. The Community Safety Partnership has been involved in consultations to inform the approach for the town centre and they will be further consulted, as well as SBD (Secure by Design), as schemes develop. In schemes such as the underpass, crime and safety have been written in to the specifications including requirements for lighting, CCTV, views in and out of the spaces, designing out hiding places and shadow areas, and creating informal surveillance.

In the Purfleet Regeneration Centre Programme, part of the pre-development process will be to consult with SBD. This will seek to achieve sustainable reductions in crime through design and other approaches to reduce the demand on Police authorities and help people live in a safer society."

Selective and Targeted Provision

There is no evidence on work in these areas.

Specialist Provision

Drug and Alcohol Treatment Services for young people (aged up to 18) are commissioned from the Public Health Grant and provided by *CGL Wise Up*. The service offers specialist support to children and young people in Thurrock under the age of 18 and their families to help young people cut down or stop using alcohol or drugs, including new psychoactive substances. The offer includes; specialist one-to-one sessions, support for young people affected by the hidden harm of parental substance misuses, access to counselling, advice and information for parents and carers and support to access other health and lifestyle support alcohol and drug preventative messages and brief advice delivered in schools and community settings by the young person's substance misuse service.

Drug and Alcohol Treatment Services for young people aged 18+ are provided by *Inclusion Visions*. The service supports people to facilitate change in their lives through motivation and providing evidence-based interventions. Support may include; one-to-one and/or group work, psychological support, substitute prescribing, community or residential

detoxification and/or rehabilitation, needle exchange services and health and lifestyle support.

Analysis of Current Provision and Gaps, and Recommendations

There are currently some gaps in local provision against this strategic action. Whilst universal provision on improving the built environment is operating effectively at a strategic level for major future planning/regeneration programmes such as the Purfleet Regeneration Programme and Grays Town Centre redevelopment, there is less evidence of a strong connection on how local intelligence on serious violent crime feeds into a drives regeneration action.

The evidence base highlights the success of action to limit the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime but there we are unclear as to the extent to which is happening locally or that crime intelligence is being routinely considered as part of licencing decisions.

The role that social media plays in relationship to youth violence is discussed in Chapter 5 but there is little evidence of a comprehensive strategy in Thurrock to addressing harm caused to young people by social media in the context of violence, either at a universal level in terms of education of parents or a more targeted level in terms of monitoring social media platforms to gain intelligence or action to disrupt harmful social media content and targeted outreach interventions based on intelligence gained.

Drug and alcohol treatment services for both young people aged under 18 and adults are considered high quality and waiting times for treatment remain short. However the proportion of drug users in treatment has fallen year on year from 2014/15 driven largely by a steady increase in prevalence of crack-cocaine use. (See Chapter 5). This is a worrying trend meaning an increase in the numbers of residents in Thurrock with untreated crack-cocaine use. This is turn may reflect an increase in County Lines activity within the borough.

Summary of gaps identified

- A need for Thurrock Community Safety Partnership to improve links with the Planning and Regeneration Teams to ensure that live crime data shapes the work programme of regeneration activity. A single mechanism based around Contextual Safeguarding should be developed where data from all agencies is shared which shapes planning and regeneration activity.
- A need to limit the concentration of licenced premises in geographical areas with a high incidence of violent crime
- Further analysis and action to understand and address the falling proportion of crack-cocaine users in treatment. This should be included in the development of a new council Addictions Strategy.

Current provision against strategic actions 6 to 8:

Figure 9.5 gives a summary of current provision against strategic actions six, seven and eight:

- Intervene early to reduce harms of exposure to violence and violence risk behaviours

Figure 9.5

	6. Intervene early to reduce harms of exposure to violence and violence risk behaviours	7. Prevent gang membership and crime caused by gangs	8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs
SELECTIVE	<p>Prevention and Support Service (PASS) –early help services within social care work with based on a strength based approach (Signs of Safety/Signs of Wellbeing) that identifies risk factors whilst also highlighting family strengths.</p> <ul style="list-style-type: none"> Youth @ Risk. A six week school based programme that addresses violence risk behaviours including internet safety, drugs and alcohol, anti-social behaviour. Schools identify and select young people who would benefit most including those already engaging in anti-social behaviour <p>Youth Work Service in Basildon Hospital A&E – Trained youth workers work with young people accessing A&E in crisis including those accessing due to serious youth violence and the range of connected vulnerabilities.</p> <p>Goodman Project: Five week mentoring programme for boys/young men identified as in or at risk of entering an abusive relationship</p> <p>POWER – an early intervention programme targeted at 8 – 13 years olds struggling to engage at school, attending irregularly or truanting internally and will have had contact with or be known to the police (perhaps as victims).</p>	<p>Gang Awareness - Delivered by Essex Fire and Rescue. This programme is universal in its offer to all year 9 pupils through their school and involves a one-hour session exploring gangs and consequences of gang involvement.</p> <p>SoSa+ Programme - offers interactive sessions in schools that aim to prevent disadvantaged YP become involved in gang crime and serious youth violence.</p>	
TARGETED	<p>Emotional Health and Wellbeing Offer (EWMHS service) – offers Tier 2 and 3 mental health services following screening and assessment with a range of therapeutic interventions</p> <ul style="list-style-type: none"> Screening/testing and work on neuro-disability/development undertaken only on presentation of concerns CPI and speech and language therapist embedded within YOS Family therapy offered when families are experiencing mental health problems. <p>Adult (18+) Mental Health offer</p> <ul style="list-style-type: none"> Core IAPT / IAPT analgesic pilot Trauma focussed treatment <p>Thurrock Youth Offending Service (YOS) – a statutory service following court or pre-court proceedings.</p> <ul style="list-style-type: none"> Deal or no deal drug intervention (also fits within priority 7 preventing gang membership) a 6 weeks programme on consequences of drug dealing ASSET plus - a tool within YOS which works to identify specific factors that drive young people to becoming susceptible to exploitation and gang involvement. 	<p>Gang Worker within Children's Social Care – a professional employed within children's social care for a fixed term contract with a remit to include upskilling, supporting and enhancing knowledge around gang membership, grooming for this type of criminality with social workers and other children's professionals. Supports social workers with young people awaiting trial for gang related behaviour that don't meet YOS threshold.</p>	<p>SURGE activity: Coordinated police activity targeting knife crime hotspots across the county identified through intelligence led policing and analytics. Includes:</p> <ul style="list-style-type: none"> Increasing the number of uniformed officers in each area to undertake stop checks Stop and Search knife arches placed in visible locations including ones, areas outside colleges and town centres. Use of CCTV and plain clothes officers to identify and search individuals acting suspiciously. 'Knife sweeps' in high knife crime areas Community led policing approaches to increase public knowledge and gather additional intelligence
SPECIALIST		<p>Youth Offending Service – a statutory service following court or pre-court proceedings.</p> <ul style="list-style-type: none"> Street Wise: A 6 week intervention for young people accessing YOS due to serious youth violence, weapons offences and gang membership. The programme aims to increase knowledge of dangerous weapons and the intentions behind possession, identify the social, economic and health implications of possessing weapons for young people accessing YOS. Community Resolution Plus – an informal solution to lower level criminality that prevents a criminal record. Voluntary referred from police to YOS <p>Gang Injunctions – nine gang injunctions are in place in Thurrock currently, one of which involves a child and links to the C7 and C17 gangs. The model used in the implementation of injunctions is the prevent, disrupt and enforce model.</p>	<p>Gang Injunctions</p> <p>Crack House Closures – Closure orders on premises where police have a reasonable belief that the premises is being used for the unlawful consumption, production or supply of Class A drugs and is associated with disorder or serious nuisance</p> <p>Operation RAPTOR: intelligence led policing activity that obtains and executes warrants to search addresses linked to drug dealing/taking, and investigate/detect/prosecute offenders involved in violence against the person, child criminal exploitation, modern day slavery and sexual offences.</p>

6. Intervene early to reduce harms of exposure to violence and violence risk behaviours

The evidence base references action in the targeted category including A&E based assessment and onward referral of young people linked to youth violence/gang activity, and the Level 5 Triple P parenting programme for parents at high risk of abusive behaviour towards their children.

In the specialist category, the evidence base highlights clinical programmes that help young people who have experienced violence deal with trauma, screening and support for neurodisability/development problems and specialist support for youths who are violent offenders including multi-systemic therapy and family functional therapy.

Selective Provision / Targeted Provision

Holiday Activity Programme is selective and targeted for different participants with the intention of preventing escalation and diverting young people from criminality. This referral based project service forms part of the Thurrock youth offer. Referrals come from the Youth Offending Team (YOT), Prevention and Support Service (PASS), Social Care, and Schools. It offers diversionary activities to those deemed vulnerable or at risk in terms of engaging in violent

- Prevent gang membership and crime caused by gangs
- Enforce the law to disrupt and deter violent offenders and crime connected with gangs

Activity supported by the published evidence base is shown in green.

behaviours or have been exposed to violence, antisocial behaviours or behavioural difficulties highlighted at school. There are varying referral reasons, not all attendees are there for the same reasons or behaviours. The sessions are delivered in a group every school holiday and give participants the opportunity to engage with a team of professional youth workers who are able to constructively challenge behaviours, emotions and reactions.

Prevention and Support Service (PASS). Thurrock's PASS is a tier two service which supports CYP and families with additional needs that do not meet the criteria for a statutory service. Staff groups include Social Work, Youth Offending, Mental Health, Youth Service, and a wide range of Children Centre staff.

The PASS service initiates work with young people by completing a comprehensive assessment, based on a strength based approach (Signs of Safety/Signs of Wellbeing), this allows for a holistic assessment which will identify any risk factors whilst also highlighting the strengths within a family/child. In relation to children exposed to serious youth violence and vulnerability, a child exploitation risk assessment is completed to ensure appropriate interventions are actioned.

PASS work on an evidence based approach to preventing child criminal and sexual exploitation. The team work collaboratively with a focus on partner agency working with a *Team Around the Family Approach*. This promotes a contextual safeguarding/support to the children and family to ensure support is proportionate, appropriate and relevant, meeting the requirements and needs of the family/child.

Youth @ Risk is a programme run by the PASS Team and youth workers within schools and funded through the community safety partnership. Schools select young people to attend, most often young people showing signs of anti-social behaviour or already engaging in these behaviours. The programme is delivered over a six week period and works to address risky behaviours. The programme also works to support children at risk of CSE and addresses topics such as internet safety and substance misuse. The aim is to prevent young people from engaging in these risky behaviours and leading to involvement in youth violence and criminality.

Youth Work Service in Basildon Hospital A&E. Trained youth workers work with young people accessing A&E in crisis including those accessing due to serious youth violence and the range of connected vulnerabilities. The service is based on the premise that when a young person accesses A&E they are usually in crisis and this provides a unique 'teachable moment' when they are most likely to be receptive to help. The service has been funded as a pilot by the Essex Police, Fire and Crime Commissioner as part of the countywide pilot and is provided by Essex County Council. Youth workers develop a shared action plan with the young people involved. Work can continue over a period of weeks or months and includes onward referral to statutory services and community organisations.

The Goodman Project is a five week male mentoring programme for boys and young men (aged 13 – 18 years) who are at risk of entering into abusive relationships in the future and/or are at current risk within an abusive relationship. It can be delivered on either a group work or 1:1 basis, depending on need. The areas covered include:

- Making relationships work
- Relationships in a digital world
- Confidence
- Manners and respect
- Consequences
- Healthy relationships

The project looks to educate young people about the value of respect and the characteristics of healthy and unhealthy relationships. Equipping them with the necessary skills to develop and maintain healthy relationships, recognise how to break up in an appropriate way when necessary and maintaining appropriate open lines of communication.

POWER is an early intervention project working across Southend, Essex and Thurrock. *POWER* practitioners offer direct support to children and young people aged 8-13 struggling to engage at school, attending irregularly or

truanting internally and will have had contact with or be known to the police (perhaps as victims). They also work to support children, young people and their parents towards developing ways of coping with challenging situations at home, at school and in their local communities. *POWER* also seeks to support schools to develop effective methods to enable children and young people to be successful in school.

A referral is needed and can be from the following,

- Police (through a multi-agency panel) panel
- Education services
- Pupil Referral Units (PRUs) Primary
- Secondary and special schools
- Others by consultation

Once a referral is assessed and accepted, an allocated case worker will develop and agree a plan with parent and young person and a minimum of six (6) sessions are required administered.

Specialist Provision

Emotional Health and Wellbeing Offer (EWMHS Service)

The EWMHS service delivered by NELFT is an integrated Tier 2 and 3 mental health service that delivers mental health services for children and young people aged 5-18 years with a mental health need across Essex including Thurrock.

There are two referral pathways – Single Point of Access (triage of need happens here) and A & E Crisis Response - crisis assessment is completed. Referral can be from professionals (medical, educational, community etc.), young people, parents/carers, schools. The EWMHS is a selective and specialist service for young people aged 5-18 years.

Mental Health & Emotional Wellbeing practitioners are trained in different interventions across the work streams, children are assigned a practitioner depending on need. A team is based in Thurrock at the Grays hub. Where there is a requirement for group or individual sessions is to be delivered off site, these happen across locations including family/carers homes, school, coffee shop or where most convenient for the young person.

Intervention timelines vary, group interventions lasts between 6 – 8 weeks and individual interventions following the length identified within the care package provided.

Single point of access –. once a referral is made, a triage and assessment process occur.

- Routine Assessment – referral with concerns for emotional and mental wellbeing and need for interventions. Following triage, assessment is offered within 12 weeks of referral.
- Urgent Assessment – Referrals where an underlying risk of harm has been, arrangements are made for the referral to be attended to within 10 working days

- Emergency Response – referrals with an imminent threat to life is referred to the crisis team. Assessment happens within 4 hours

As children are waiting for assessment, other services can be offered e.g. Universal or community (voluntary sector, parenting support, early help, etc.) The single point of access also provide clinical advice to referrers as needed.

Following triage and identification of need, treatment is offered. There are four core workstreams/pathway to treatment;

- Behavioural Conduct
- Complex Cases
- Anxiety and Mood
- Neurodevelopmental (children with morbidity)

Once a case is assigned to a workstream, the following is expected:

- Care plan development and identified interventions – these commence within 18 weeks of referral. This is also a national target. If cases get worse there is an avenue to fast track where the need presents.
- Interventions administered (a range of this exists)– This may be brief or long term depending on need
- Outcomes are tracked based on the intervention administered as well as individual achievements
- Link to other services where appropriate.

A EWHMS Community Psychiatric Nurse and speech and language therapist is embedded within the Youth Offending Service (YOS) to work with young offenders with mental health issues and/or neuro-development problems.

EWHMS also offers family therapy where families are experiencing mental health problems, although the evidence based multi-systemic therapy and family functional family is not currently provided.

Adult (18+) mental health offer relating to youth violence

IAPT provides a core offer of provision of therapies to patients with a common mental health problem. This is mandated by NHS England and has a number of targets around waiting times, access and recovery rates. An innovative pilot aiming to provide specialist IAPT treatment to those addicted to legal opioid medications is currently underway. A pharmacist has been recruited to review and treat patients referred through the pathway; IAPT therapists are providing psychological support where needed.

Trauma-focussed treatment is commissioned by NHS Thurrock CCG for victims/survivors aged 18+ who have experienced violence and subsequent trauma at any time in their lives.

Thurrock Youth Offending Service (YOS) is a multi-agency partnership that sits within the Children and Family Services department of Thurrock Council. The partnership comprises of statutory partners; the Local Authority, Essex Police, the

National Probation Service, the local CRC providers and Health, each of whom (apart from the CRC) have a duty placed upon them by the Crime and Disorder Act 1998 to secure youth justice services appropriate for their area. The partnership maintains strong links with education at a strategic level through senior level engagement. Most services and interventions are delivered by the youth workers and officers with the YOS 'in house', substance misuse and mental health support is provided by specialist services.

To be eligible for the YOS a young person has been arrested and sentenced by the courts, programmes are also available via an 'out of court disposal' route. This is an arrangement between YOS and police where minor offences are committed and liaison happens to determine consequences – this enables young people become diverted from the court system. An example of where this route may be used in the instance of preventing gang membership could be where the circumstances of the arrest are in relation to young people arrested at a 'trap house' for drug dealing where it becomes evident they are being exploited by gangs. This most often occurs in a 'County Lines' scenario where young people are exploited by gangs to transport or deal drugs between counties out of bigger towns and cities to more rural locations.

Most of the interventions are delivered in house at the YOS based in Corringham. Where a need for drug and alcohol or other specialist services are identified, appropriate referrals are made. The length of the programme is determined by the nature of the court order and length of sentence and can range from 1 month to approximately 3 years.

The overarching outcome within the YOS is to prevent re-offending, the service have core KPIs to measure success;

- Reduce first time entrance to youth justice system
- Prevent reoffending
- Reduce use of custody

The YOS uses a management tool recommended by the Youth Justice Board called Asset Plus intervention. Asset Plus has been designed to provide a holistic end-to-end assessment and intervention plan, allowing one record to follow a young person throughout their time in youth justice system. The tools within the assessment framework look to identify specific factors that drive young people to becoming susceptible to exploitation and gang involvement. In this way the tool acts a targeted prevention intervention in itself. The tool is not exclusively to prevent gang membership and criminality but this is a component. It can be used for all youth offenders to manage their time with the YOS. Subsequently a multi-agency approach is used to address these factors. The YOS works towards a trauma informed model with all YOS staff being trauma trained.

- Thurrock Asset Plus contains a range of elements:
- Offending behaviour
- Drug and alcohol use
- Sexual health
- Career guidance, education and employment

- Gang and knife crime
- Family restoration

Deal or no deal drug intervention is a six week programme delivered by YOS that explores the young offender's attitudes towards drug dealing, the consequences of dealing and how the skills required to deal drugs could be effectively and positively channelled to better use. The young people accessing this intervention have usually been arrested for 'possession with intent to supply' and are often victims of being groomed for criminality by gangs. The sessions are delivered on a one-to-one basis; group work is identified to be very challenging for young people at risk of or being groomed for gang membership as tensions exist between groups and so this is generally avoided to safeguard young people and the facilitators. The intervention aims to prevent young people from becoming further involved with drug dealing, gang membership and criminality.

Analysis of Current Provision and Gaps, and Recommendations

Thurrock has a wide range of selective/targeted provision aimed at addressing violent behaviour in young people and reducing the likelihood of future violence. The Prevention and Support Service (PASS) and youth work service in A&E are in line with published evidence base although the latter is currently only funded as a pilot from the Essex Police, Fire and Crime Commissioner and requires mainstream funding to become sustainable.

A range of additional innovative programmes including Holiday Activity Programmes, the Goodman Project and Power undertake targeted work with high risk young people. These programmes need to be evaluated to assess impact and success.

Thurrock YOS is evidence based, high quality and achieves good outcomes in general for young people who have committed crime with the majority of young people who access the service prevented from re-offending. However Chapter 2 identified a small cohort of young people who access YOS multiple times for violence against the person offences and robbery. This cohort often also commit drugs offences and current YOS interventions appear unsuccessful at delivering crime desistance for this group. Further work is required to understand the reasons behind this and develop new approaches.

The current mental health offer provided to Thurrock via the EWMHS service is commissioned separately and is not well integrated with other programmes. In the development of this report, many front line professionals highlighted that thresholds to access EWMHS services are set too high and waiting times are too long. Current EWMHS mental health provision when provided focuses largely on the individual and does not offer the more holistic specialist support recommended in the evidence base such as multi-systemic therapy or family functional therapy that seeks to address wider problems in the family and environment of the young person. Trauma focused CBT also recommended in the evidence base for victims of serious youth violence is also offered.

As such, current provision in this area is too individually focused and fragmented. A new single integrated model for treatment of young people involved violence is required that treats children in young people in the wider context of issues within their family and environment.

Many professionals consulted in the course of developing this report believe the current offer in this area is too far down stream with thresholds set too high and largely only a 'statutory' response available once young people have committed serious offences. A new strengths based integrated offer to work with young people at risk of serious violence before they offend is required.

Summary of gaps identified

- Mainstream funding to allow the Youth Work Service in A&E to continue
- Trauma based CBT to support young people who have experienced serious violence
- A single integrated and more holistic model for treating youth violence that:
 - Brings together the current range of distinct interventions
 - Has a threshold of access below that required by YOS, i.e. before young people have committed serious violent offences.
 - Integrates EWMHS
 - Provides a more holistic and less individually focussed approach adopting evidence based interventions such as Multi-Systemic Therapy and Family Focussed Therapy
- Further analyses and work to develop interventions to address offending behaviour in cohort of young people who repeatedly commit violence against the person/drugs offences

7. Prevent gang membership and crime caused by gangs

The published evidence base on this strategic action is relatively weak, with few robust studies showing positive evaluation of interventions that reduce risk of gang membership. *Opportunities Provision* where education, job training and other programmes designed to increase economic opportunity as seen as the most promising approaches. The *Pulling Levers* approach discussed in Chapter 7 where a whole system multi-agency approach is used to disrupt gangs has the best evidence base on curtailing harm caused by gang activity, with gang injunctions being one evidence based example of this approach.

Selective Provision

Gang Awareness - Delivered by Essex Fire and Rescue. This programme is universal in its offer to all year 9 pupils through their school and involves a one-hour session exploring gangs and consequences of gang involvement. It has also been offered to South Essex College for older pupils.

SoS+ Programme is an intervention that has been delivered by the St. Giles' Trust as a pilot using funding from the Violence and Vulnerability Programme established by the Police, Fire and Crime Commissioner (PFCC) and partners across Essex. The programme funds projects to reduce the risk of young and vulnerable people being groomed into a life of crime and help those affected by gangs to take the steps to leave. Funding is not yet secured for this to continue.

This programme includes one-to-one mentoring sessions alongside group sessions looking at the psychological impact of prison; it has been delivered to 20 young people at the Olive Academy, Pupil Referral Unit (PRU). Interactive sessions are offered in the school with practical tools for the young people attending to benefit from. The programme also includes an element of intervention with parents and significant adults for the young person to equip them with skills to initiate difficult conversations. It is a selective prevention programme delivered to those within the PRU only at this stage although it is intended to be a targeted programme if it were to continue with individuals identified as being at risk through social care involvement, disclosure from the young person and intelligence gathered from the professional involved in their care and education, they may be children with a Child Protection Plan or a Child in Need Plan.

Targeted Provision

Gang Worker within Children's Social Care is a professional employed within Children's Social Care for a fixed term 12 month contract with a remit to include upskilling, supporting and enhancing knowledge around gang membership, grooming for this type of criminality with social workers and other children's professionals. This role is not a front line professional with children and young people but supports those who do have this role. Children who may have been arrested can wait up to a year for the case to reach court dependent upon the complexity. In nearly all cases these children would be subject to statutory intervention from children's social care and would not be eligible for youth offending services until a court orders this. The Gang Lead can support social care with interventions and approaches to support young people with the aim of preventing further criminality and gang involvement.

Youth Offending Service (see also previous section)

Streetwise Knife Crime Awareness interventions is a 6 week in-house programme that case workers within YOS complete directly with young people on a 1-2-1 basis. It is works with young people who have been involved with weapons in any way and this includes through gang membership and for young people identified as being

groomed by gangs for criminal exploitation. They will be young people in the criminal justice system with the aim to prevent further gang activity and criminality, to disrupt gang activity and divert the young person away from the gang. The sessions aim to create awareness of dangerous weapons and the intentions behind possession, identify the social, economic and health implications of possessing weapons, develop skills in conflict resolution, self-control and positive decision making and identify strategies and ways to highlight and reduce weapon crime. Each weekly session has specified aims and outcomes expected to be met or delivered on.

Analysis of Current Provision and Gaps, and Recommendations

The published evidence base is weak in this area. The SoS+ programme is funded as a pilot and only operates within the Olive Academy. The Knife Crime Awareness programme operates through YOS and as such is only available to those young people who have been arrested for weapons offences. Current provision is therefore largely re-active when targeted at young people who are members of gangs.

Summary of gaps identified

- Wider provision of programmes aimed at dissuading young people from gang membership
- A more proactive *Opportunities Provision* approach to assist young people exit gangs

8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs

Targeted Provision

Increased Police Activity in SURGE areas: Essex Police have a programme of targeted stop and search, and enforcement in identified 'hotspot' locations led by a dedicated Chief Inspector. A dedicated team of intelligence officers and analysts identify geographical areas of high knife crime and individuals of interest who are known knife carriers/offenders. Funding has been made available to increase the number of officers to undertake targeted enforcement work including stop and search checks. Knife arches have been located at visible locations in including train stations, areas outside colleges and in town centres where there is an existing high prevalence of knife crime. CCTV is also used in SURGE operations and alongside plain clothed officers, is used to identify people who appear to avoid the highly visible police presence or knife arch. These individuals are spoken to, and if suspicion is raised, may be subject to a search.

The SURGE teams also undertake 'knife sweeps' to locate 'stash weapons and drugs' placed regularly in certain locations, often frequently used public spaces such as in bushes in parks and near to leisure centres. Officers also engage with members of the public, discussing the issue of knives and serious violent crime and visit locations where children and young people congregate including fast food

restaurants and cinemas in order to educate them about knife crime, child criminal exploitation and serious violence, gaining further intelligence in through these discussions.

Specialist Provision

Operation RAPTOR: Dedicated police officers in 'Operation Raptor' teams use a number of methods to combat serious violence. Led by intelligence they will patrol areas in plain clothes which have a high incidence of violence, drug dealing and where intelligence tells them high harm is likely or anticipated. During the patrols they will use Stop and Search powers against known drug suppliers and those suspected to be engaging in drug supply. They will also stop and speak to children and young people whom they believe may be being coerced or exploited by Gangs and County Lines.

Raptor teams organise intelligence led operations in which they obtain and execute warrants to search premises in hotspot areas, or where intelligence suggests drug dealing is taking place. Searches of these premises and any persons on the premises believed to be involved in the supply of drugs (or possibly possession) are undertaken. The team also investigate the offences of *Possession with intent to Supply, Human Trafficking and Modern day Slavery, and Child Criminal Exploitation*. They might also encounter *Violence against the Person* offences and sometimes sexual offences have been perpetrated against some of the people involved.

Some of this work will involve repatriating High Risk Missing Persons (generally children and young people) to their host local authority and ensuring safeguarding arrangements are in place. The team also attempts to safeguard individuals whose properties have been 'cuckooed', working with them over the medium term to attempt to ensure this does not occur again and offering support.

'Crack House Closures': Essex Police look to impose closure orders on any premises where there is a reasonable belief that the premises is involved in the production or supply of Class A drugs ('Crack House Closures') and is associated with disorder or serious nuisance. The closure order can be extended to a maximum of six months.

Analysis of Current Provision and Gaps, and Recommendations

Thurrock is making use of targeted stop and search activity based on intelligence led policing activity. Gang Injunctions are in place and have been shown to be successful. Current enforcement activity is in-line with the published evidence base.

Chapter 10 Conclusions, Recommendations and Future Action

Introduction

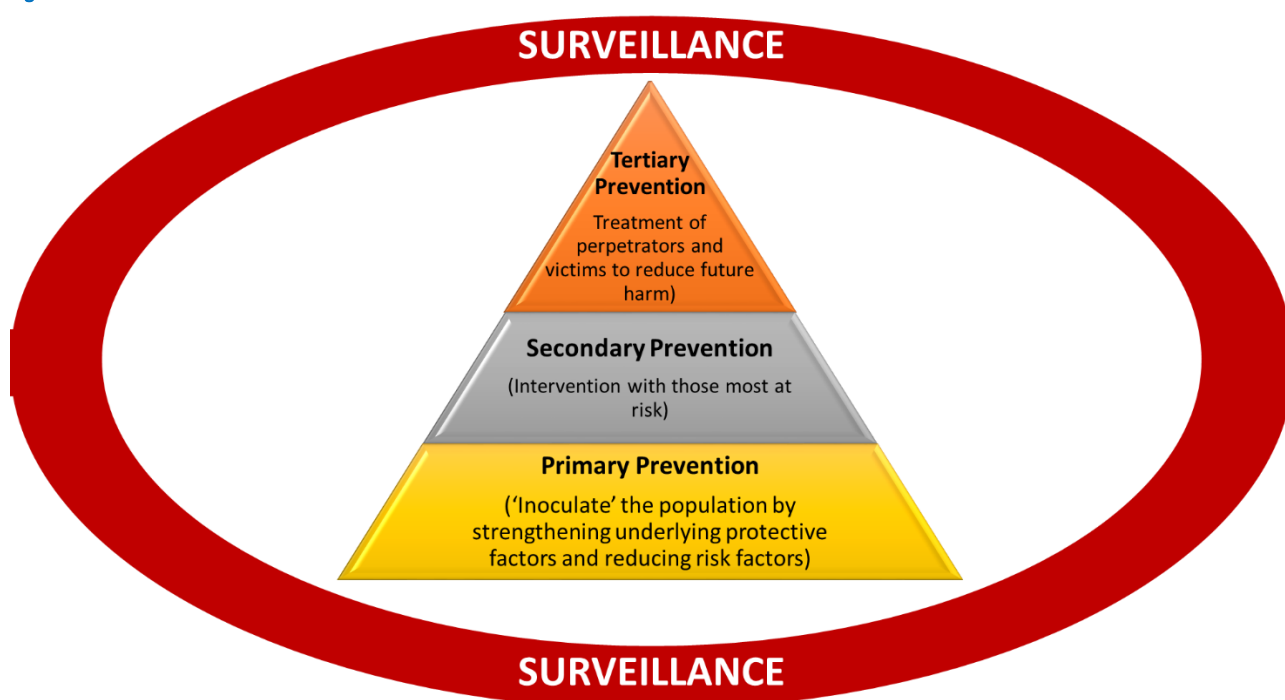
In this chapter we bring together all of the analyses of the previous nine chapters and propose recommendations to address the issue of serious youth violence and vulnerability in Thurrock.

In Chapter 1 we introduced the concept of the *Public Health Approach* to serious youth violence and vulnerability and the idea that it can be conceptualised as a communicable disease that if not addressed 'infects' and spreads outwards within defined communities, but which also can be diagnosed through screening, studied using epidemiological surveillance techniques, treated through early intervention and recovery and against which communities can be 'immunised' by reducing their risk factors and strengthening protective factors.

We return to this conceptualisation in this final chapter. Recommendations using a *public health approach* to address the issue of serious youth violence and vulnerability can be segmented into four categories shown in figure 10.1:

1. Surveillance: Action to understand and monitor the problem at a population level including the effectiveness of a whole system approach.
2. Primary Prevention: Action to 'inoculate' the wider communication against the risk of becoming either a victim or perpetrator of serious violence.
3. Secondary Prevention: Intervention with those with existing risk factors to mitigate risk
4. Tertiary Prevention: 'Treatment' of perpetrators and victims of violence to reduce further harm.

Figure 10.1



1. Surveillance

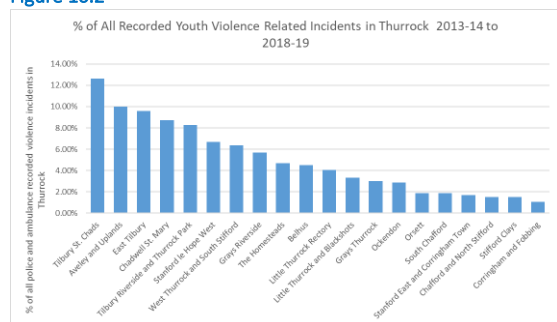
When police, ambulance and youth offending service datasets are analysed, serious youth violence and gang membership have risen significantly in Thurrock since 2013 although the limitations of each dataset on estimating the true extent of youth violence and gang membership mean that the estimated numbers vary.

Violence, injury caused by violence and gang membership is not distributed evenly across either the borough or more widely across the county and remains concentrated within specific wards. Thurrock has the second highest rate of recorded violence with injury offences in Essex with the majority of suspected perpetrators also living in the borough.

Indices of ward deprivation are a very poor predictor of violence both at Thurrock and Essex level and it is too simplistic to say that poverty is the underlying cause of violence. Whilst the majority of offenders are likely to come from deprived backgrounds, the vast majority of deprived populations never commit violent offences.

Conversely, the historical prevalence of violence at ward level is a very strong predictor of the likelihood of future violence. Violence begets violence and geographical patterns of violence and gang membership can be shown to repeat and spread outwards between years as increasing numbers of young people within a locality become 'infected'. Combining police data on reported violent crime against young people where the perpetrator was also under 25 with ambulance call outs for violent incidents where the victim was aged 10-24 for the last five years, we can see a wide variation in youth related violence between wards in the borough. This analyses should be used to prioritise targeted prevention activity (see section 3).

Figure 10.2



Datasets relating to youth violence and vulnerability are dispersed between a number of different agencies including Essex Police, Essex Ambulance Service, NHS Providers and Thurrock Council. A children's linked data set operating through the Xantura system integrates a range of different individual council service data but is currently used largely as an operational tool to provide a 'single view' of data to front line children's social care professionals. It does not however include police or ambulance datasets and only has limited health data within it. We have demonstrated through work undertaken in producing this report that the power this system has the ability to also be harnessed to provide predictive risk modelling capabilities that could allow us to identify the most at risk children and families and intervene earlier with tailored prevention packages.

As such it remains an untapped asset that could be used to join up a wider range of relevant crime and health datasets with those held by the council, to offer more proactive and holistic response, particularly to young people at risk of becoming victims or perpetrators of violent crime and/or of gang involvement.

Recommendations: Surveillance

Rec #	Issue to be addressed	Recommendation
1.1	Inadequate commissioning of strategic surveillance capability	Thurrock Council Transformation Corporate Programme should work with all key stakeholders to commission Xantura to deliver a single programme of strategic analyses that answers key corporate questions/responds to corporate strategic needs, rather than the current 'piecemeal' approach of commissioning of different pieces of individual analyses by different council services.
1.2	Inadequate linking of datasets and intelligence between crime, health and local authority	Thurrock Council Public Health and Transformation Corporate Programme Team should work with Xantura, Essex Police, Essex Ambulance Service and MSE Hospital to facilitate a regular flow of Police, Ambulance and A&E data into the Xantura system
1.3	Need to develop analyses in this report into a predictive risk model	Thurrock Council's Public Health Team should work with Xantura to develop the analyses on initial risk factors contained within this report into a predictive risk model for youth violence and (if possible) gang involvement
1.4	Need to use predictive analytics to deliver more proactive, tailored multi-agency preventative response	Following development of a predictive risk model, Xantura should work with other relevant council services to provide relevant risk profiling information to allow tailored preventative packages and more effective multi-agency response to young people at risk of becoming victims or perpetrators of violent crime and/or of gang membership
1.5	Need for effective multi-agency strategic oversight of trends in youth violence and vulnerability and effectiveness of response	Thurrock Council's Violence and Vulnerability Board should receive and review quarterly monitoring information from Xantura on trends in youth violence and gang involvement and impact of future prevention activity in order to receive assurance on effectiveness of prevention, and to inform future strategic action on prevention of serious youth violence and gang related activity. Public Health should work with other key stakeholders to design and agree a <i>surveillance monitoring dashboard</i> .
1.6	Current prevention activity inadequately targeted at geographies of greatest need	Analyses contained within this report on variation of youth violence at ward level should be used to target and prioritise prevention activity (where appropriate) at ward and school level (see next sections) including any immediate investment

2. Primary Prevention ('inoculate the population against violence')

Analyses in this report demonstrates a comprehensive, integrated and high performing *Early Years* and *Family/Parenting Support* offer through our Brighter Futures Programme that is both evidence based and delivering some of the best outcomes for children and families in the country. This is perhaps one of the most important programmes of preventative activity that the local authority and health partners can undertake to deliver long-term protection against violence and vulnerability and it should be celebrated and continued to be resourced. Over time, as the cohort of children and families accessing this offer age, protective factors will be strengthened and risk factors reduced in a large cohort of Thurrock young people.

Although the over-all programme outcomes are positive, there is a complex range of parenting programmes available and in general there is scope to strengthen and integrate commissioning arrangements of *Brighter Futures* and evaluation of individual elements. The AD Public Health is leading a process with all stakeholders to develop a single Children's Services Strategy to drive the next phase of transformation. A stakeholder workshop has already been undertaken and a shared vision developed. This work needs to explicit reference and reflect the findings and recommendations within this report. We also identified evidence that a strategic commissioning approach to Brighter Futures parenting programmes is not replicated across all tiers of need resulting in lower tier provision being used to meet higher need along with a lack of provision to meet specialist needs. The planned recommissioning of parenting provision should be expanded to provide a strategic multi agency review of the parenting support required and the resource available across all tiers. This should be used to ensure that an evidenced based offer is available across the spectrum of need. This will bring

together the existing range of provision and support targeted planning, building on existing good practice

There is a strong evidence base that skills based training that addresses cognitive and behavioural risks including aggression, conduct disorder and lack of empathy prevents future youth violence. Our analyses also highlighted these risks as one of the five key risk factors within Thurrock young people driving violent behaviour. Whilst the skills based offer provided by INSPIRE is of high quality, once again its reach is limited to a small number of Thurrock young people and its traded school offer is generally limited to careers advice rather than wider skills based training.

There is a need to develop a more comprehensive classroom based skills offer on improving behaviour, reducing aggression and strengthening emotional intelligence in our young people. A new more holistic Ofsted framework should support this and there is probably best practice within some schools within the borough that could be shared more widely. The new Schools Based Wellbeing Service are ideally placed to build this capacity within the Thurrock school curriculum and should ensure that what is developed is based on programmes that have already been shown to be the most effective.

For teenagers in Thurrock, the INSPIRE service offer is undoubtedly of high quality but has insufficient reach and scope. Whilst there is a growing evidence base on the positive impact that both generic and targeted youth service out of school provision can have on diverting young people away from violence, provision is currently limited to Tilbury, Ockendon and Purfleet and is inadequate in terms of its reach. After school meaningful youth activity directly positively impacts one of the four causal risk factors suggested in this report that explain *the crime paradox; being exposed to a criminogenic environment through unstructured time spent unsupervised in neighbourhoods with poor community cohesion*. However some wards with higher prevalence of youth violence such as Aveley and Uplands, Stanford-le-hope West, West Thurrock and South Stifford, and Grays Riverside have limited or no youth clubs or detached youth work

Recommendations: Primary Prevention

REC #	Issue to be addressed	Recommendation
2.1	Continued success of Early Years offer, with selective provision better targeted and tailored to populations with greater need	Thurrock Council should continue to commission the current model of Early Years and Family/Parenting Support through Brighter Futures. The new Brighter Futures strategy being developed by Public Health should explicitly reference youth violence and vulnerability prevention and the role that the suite of services play in universal and selective prevention.
2.2		The Xantura predictive model (when developed) should be used to better target tailored prevention packages (particularly selective prevention) available through Brighter Futures at children and families most at risk

Recommendations: Primary Prevention (continued)

REC #	Issue to be addressed	Recommendation
2.3	Continued success of Early Years offer, with selective provision better targeted and tailored to populations with greater need	Brighter Futures commissioners should strengthen commissioning arrangements into a single integrated function that includes a review of parenting programmes and robust evaluation of the impact of individual interventions
2.4	Inadequate comprehensive schools based skills offer despite strong evidence base.	The School Based Wellbeing Service in conjunction with the <i>Brighter Futures Healthy Schools Service</i> and Thurrock schools/academy groups should seek to develop a comprehensive curriculum skills based offer focusing on improving communication, improving classroom behaviour, problem solving, strengthening emotional intelligence, reducing aggression and strengthening impulse control in conjunction with Thurrock schools based on evidence based programmes such as: <ul style="list-style-type: none"> - <i>Incredible Years Teacher Classroom Management</i> - <i>PATHS Elementary Curriculum</i> - <i>Positive Action Emotional Learning Programme</i> - <i>The Good Behaviour Game</i>
2.5		Thurrock Council Education Division in conjunction with Thurrock Schools/Academy Groups should seek to share best practice on skills based learning between all schools through existing mechanisms such as the Head Teachers' Forums.
2.6	Inadequate reach of generic youth services to provide meaningful after-school activity for young people, despite emerging evidence base and link to locally determined risk factor	Thurrock Council should prioritise future new investment in expanding the reach of the generic youth service offer, prioritising areas where there is currently no or inadequate levels of provision and higher prevalence of youth violence for example: Aveley and Uplands, Grays, Chafford
2.7	INSPIRE skills based offer, although of high quality, is too funded at a supply level to meet need/demand and could be broadened from careers focus	Thurrock Council and Thurrock Schools/Academy Trusts should prioritise future new investment in expanding the reach and breadth of INSPIRE generic skills based offer to allow a greater number of young people to benefit. INSPIRE should consider broadening the scope of the traded offer to schools from careers advice to include skills development on improving communication, problem solving, strengthening emotional intelligence, conflict resolution and impulse control.
2.8	Efficacy of INSPIRE skills based offer is compromised through young people being unable to access timely 1:1 talking therapy to address mental health problems	NHS Thurrock CCG/MSE CCGs Joint Committee in partnership with Thurrock Children's Services Commissioners and Public Health should seek to re-design and recommission the EWMHS care pathways to better integrate 1:1 talking therapies into other community assets providing Primary Prevention activity, for example INSPIRE

Secondary Prevention (Intervene earlier with those most at risk)

It is perhaps in the area of earlier intervention with those who have significant numbers of vulnerabilities that in-turn lead to serious youth violence and/or gang membership where there is most scope for an improved local strategic response.

In short, and in line with many other areas of the UK as highlighted in earlier chapters of this report, in Thurrock

current thresholds for intervention with those at serious risk of becoming perpetrators (and perhaps to a lesser extent) victims of violent crime are set too high. Our focus is too heavily skewed downstream to tertiary prevention with inadequate secondary prevention activity. There is insufficient secondary prevention activity and we wait until young people get arrested for a violent offence before intervening. This is a huge missed opportunity.

In line with many other areas of the country, when we do intervene, there is too great a disconnect between different agencies; a weighting towards criminal justice and a

complex array of discrete interventions but a lack of a single holistic assessment and tailored, coordinated multi-agency response. Furthermore provision currently consists of a series of interventions which, whilst may be of merit, are insufficiently coordinated, have multiple referral pathways for access, may be delivered in parallel and are often focused on individual cognitive or behavioural factors. Neighbourhood disorganisation, and particularly living in a neighbourhood with access to drugs/drug dealing was highlighted in both the published evidence base and in analyses undertaken through the Xantura dataset as a key driver of youth violence in Thurrock. Conversely, our current response perhaps focuses too much on individual risk factor and behaviour without adequately considering the context in which the young person lives.

In line with findings by Ofsted, there is a need to strengthen the operational coordination of information and alignment of systems to monitor the needs and impact of work with vulnerable adolescents and children including alignment of wider support such as employment, training, education, homelessness advice, drug and alcohol addiction and mental health treatment services. Young people at high risk of or beginning their journey of violent offending are likely to have experienced a range of adverse childhood experiences and will likely have a number of vulnerabilities that need addressing in parallel.

That is not to say that nothing is being done in Thurrock or that what is currently being delivered lacks value. Children's Services have commissioned a consultant in contextual safeguarding to review existing provision and make recommendations and we have worked closely with her in producing this report. There are also some models of good practice such as basing a gangs lead within social care, that go some way to joining up provision, however more needs to be done particularly in 'joining the dots' to create a coordinated and holistic response.

There is a need to share intelligence from multiple agencies on young people that they have individual concerns about, regularly in multi-disciplinary panels to build up a comprehensive picture of need/risk. Where risk was assessed to meet statutory thresholds for intervention, a referral could be made to Children's Social Care. Where a young person was identified as having a series of significant risk factors that were under the threshold for statutory intervention but where a coordinated response from multiple agencies could assist in reducing risk, referral to a new integrated support team would be made.

A Multi-Agency Child Exploitation Panel currently exists in Thurrock and this could be expanded in scope and potentially number to be locality based and focussed on evidenced and data based information sharing that will support all agencies to understand in-depth risk and community based threats. In time, these multi-agency panels could in time be supported by Xantura predictive risk analyses modelling work referenced in recommendations 1.3 and 1.4.

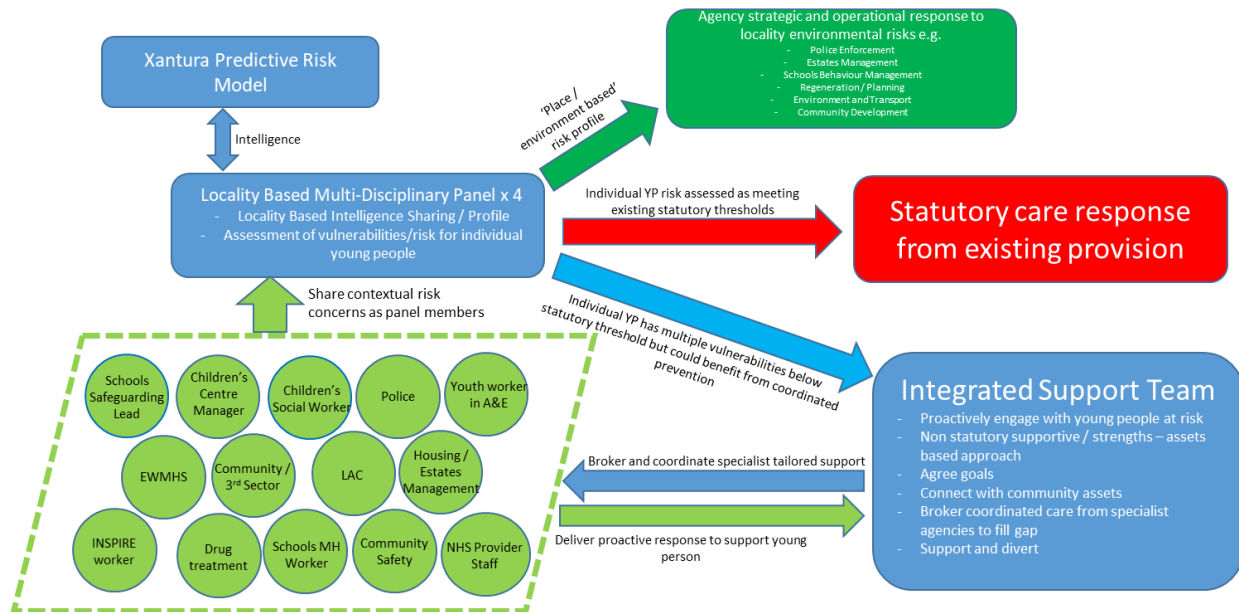
Locality based shared intelligence on 'place based' environmental risks e.g. drug dealing, bullying, anti-social behaviour could also be used to direct rapid operational interventions from a range of stakeholders to reduce place based environmental risks, e.g. police enforcement activity, action within schools or estates management. In addition it could be used more strategically to inform commissioning of future services, community development/asset building work or the work of planning and regeneration and environment functions to improve the built environment.

We recommend the creation of a new integrated support team to receive referrals of each multi-agency panel of young people with risk below the statutory threshold for intervention but where proactive multi-agency support would assist in reducing vulnerabilities and risk. They would act upon shared intelligence from each multiagency panel and seek to engage directly and proactively with vulnerable young people and their families to divert them away from exploitation and youth violence. This service should work on the 'strengths/asset' based approach successfully employed by Thurrock Adult Social Care through the *Better Care Together Thurrock* transformation programme; a Local Area Coordination/Community Led Solutions approach to vulnerable young people / families. The team would also be responsible for care coordination of a tailored package of support where required to enhance the strengths based approach and to connect young people with more meaningful community activity.

Key to this multi-agency model of working is the responsiveness to education issues, ensuring that there are appropriate activities to provide alternatives for young people who are not able to attend or are excluded from school. Mental health support could be available through either a funded dedicated specialist post within the team and/or through a more integrated care pathway with EWMHS.

Figure 10.3 shows a high level graphical representation of what an improved service offer may look like:

Figure 10.3



Other Secondary Prevention Conclusions

In line with recommendations made in the report of the Contextual Safeguarding Consultant, there is a need to implement a programme of training for front line health and care staff in the emerging issue of contextual safeguarding, child criminal exploitation and county lines.

There is also a need to address variation in school exclusions across the borough. Whilst Thurrock has one of the lowest rates of secondary school fixed-term exclusions in England and a permanent exclusion rate in line with the national mean, the borough's primary schools have a fixed-term and permanent exclusion rates are in the second worst and worst quintiles of national performance respectively. Moreover, there is a four and six fold variation in primary school fixed and permanent exclusion rates and a 14 and seven fold variation in secondary fixed term and permanent exclusion rates at school level respectively. This will undoubtedly reflect in part differences in demographic intake and need between school populations, but may also suggest variation in exclusion practice and policy at school level. Exclusion from education was highlighted both in the national evidence base as a risk factor, and could be a driver for the suggested causal factor of time spent in unsupervised locations. It was also one of the five risk factors linked to youth violence and gang membership identified from the Xantura analyses.

Fixed and permanent exclusions are not the only mechanism by which children and young people detach from education; poor attendance and truancy could also be underlying programmes. The *Power programme offers direct support to children and young people struggling to engage at school, attending irregularly or truanting internally and will have had contact with or be known to the police (perhaps as victims). They also work to support children, young people and their parents towards developing ways of coping with*

challenging situations at home, at school and in their local communities. POWER also seeks to support schools to develop effective methods to enable children and young people to be successful in school. We have been unable to access robust evaluation of the impact of this programme, and if not completed, this would be worth undertaking. The proposed model above could be one mechanism to intervene more proactively with repeated school absence, and monitoring could take place within the Locality Based Multi-disciplinary panels with proactive engagement with parents and young people undertaken by the Integrated Support Team or existing resources within schools. During the development of this report, one head teacher suggested that any child with an attendance below 75% needed to be flagged and followed up as a risk.

Drug and alcohol treatment services, whilst high performing in terms of access and treatment success indicators have shown a decrease in 'population reach' corresponding to an increase in crack-cocaine use at population level. This is concerning as it suggests that fewer residents with class A drug addiction are coming forward for treatment. There is a clear association between drugs and violent crime/gang membership in both the evidence base and in local analyses from Xantura. Further analyses is needed to understand and address the issue.

There is an emerging evidence base on the positive impact of mentoring approaches with young people with existing risk factors for violence. Thurrock has a low level of provision in this area which is highly targeted suggesting that supply is inadequate for need. Future investment should be prioritised at expanding the reach of these services.

Finally social media has been linked to both youth violence and gang membership both in the national evidence base and through local intelligence but there is little strategic or coordinated action to address this risk.

Recommendations: Secondary Prevention

REC #	Issue to be addressed	Recommendation
3.1	Intelligence on young people with multiple vulnerabilities that make them at high risk of becoming victims or perpetrators of violence not shared in a timely fashion between partner agencies in a single forum and risk assessed on the basis of concerns from all stakeholders	Create locality based multi-disciplinary panels that meet regularly where all intelligence can be shared across stakeholders from children's social care, health providers, Brighter Futures, drug and alcohol treatment, education, schools, community safety, housing, the police, local area coordinators and relevant third sector organisations
3.2		Public Health to ensure Xantura Predictive Risk Model (when developed) is used to support the work of the multi-disciplinary panels
3.3	Inadequate place (locality) based understanding of environmental and organisational risk e.g. school based bullying, drug dealing, anti-social behaviour and coordinated timely action to address	Locality based multi-disciplinary panels should collate environmental risks to create a locality based risk profile and relevant agencies should undertake rapid operational action to reduce and mitigate risks for example enforcement activity, community development, estates management. Action to swiftly address identified drug availability/dealing within neighbourhoods should be prioritised as this was identified in Xantura analyses as a local risk factor strongly associated with youth violence.
3.4	Inadequate link between place (locality) based identified environmental risk and strategic action to improve the built environment to reduce existing risk factors such as crime	Locality risk profiles should be used to inform the priorities of the planning and regeneration functions of the local authority and the work of the Violence and Vulnerability Board and ultimately the Joint Health and Wellbeing Board, Community Safety Partnership and its subgroups,
3.5	Risk assessment of young people who may be above thresholds for statutory social care service is not informed by intelligence from a sufficient number of agencies	Multi-disciplinary panels to assess risk of individual young people using intelligence from all panel members and refer young people above the threshold for a statutory service to Children's Social Care
3.6	Inadequate and uncoordinated service provision for young people with multiple risk factors who do not meet threshold for statutory service	<p>Thurrock Council should prioritise future investment to create a new Integrated Support team to receive referrals from multi-disciplinary panel from young people with multiple risk factors but below threshold for statutory service.</p> <p>New Integrated Support Team should be based on the strengths/assets approach successfully used by Adult Social Care and will be responsible for:</p> <ul style="list-style-type: none"> • Proactively engaging with young people at risk and (where appropriate) their family/peers • Agree goals with young people • Connect young people with community assets that help them achieve their goals • Support and divert young people away from crime and gang membership • Broker coordinated care from specialist agencies where necessary to address unmet needs
3.7	An inadequate provision of mentoring for young people with existing vulnerabilities and risk factors for violence is very highly targeted and not meeting need, despite emerging evidence base of effectiveness in violence prevention	Thurrock Council should prioritise new investment in developing and expanding reach of current mentoring provision so that an increased number of young people at risk of violence can benefit. Effectiveness of current and future mentoring should be evaluated robustly using Xantura

Recommendations: Secondary Prevention (continued)

REC #	Issue to be addressed	Recommendation
3.8	High variation in fixed-term and permanent exclusion rates between primary and secondary schools, and high overall rate of primary fixed-term and permanent exclusions are likely to be increasing risk of youth violence and gang involvement. Very high rates of fixed term exclusions in the PRU are of particular concern. This was identified as a key risk factor in the Xantura analyses.	The AD Education and Skills with support from Public Health should undertake further analyses to understand variation, particularly very high rates at the PRU and develop a strategy to address these.
3.9	High rates of fixed term exclusions in the PRU are of particular concern. This was identified as a key risk factor in the Xantura analyses.	Education and Skills Division in association with Head Teachers and Academy Trusts should facilitate sharing of best practice on reducing exclusions between schools.
3.10	Lack of systematic mechanism to provide assurance that children and young people who are absent from education are monitored and followed up.	Education and Skills Division in association with Public Health should undertake a robust evaluation of the <i>Power Programme</i> to ascertain impact and effectiveness (if not already completed) Children and young people with school attendance below 75% should be flagged at the Locality Based Multi-Disciplinary panel with proactive follow up initiated where appropriate
3.10	Adult drug treatment services are treating a decreasing proportion of crack-cocaine users at a time when prevalence is increasing meaning more residents are living with untreated crack-cocaine addiction	The Director of Public Health should undertake further analyses of the issue and develop strategic action plans to improve the situation through the new Thurrock Addictions Strategy in 2020/21
3.11	The national evidence base and local intelligence suggests a link between harmful social media content and use and the glamorisation of youth violence and gang membership. There is a lack of coordinated strategic action to address this.	The Violence and Vulnerability Board should commission further work to develop a Thurrock multi-agency strategic response to addressing harms caused by social media

3. Tertiary Prevention: 'Treatment' of perpetrators and victims of violence to reduce further harm

Tertiary prevention seeks to deliver interventions that 'treat' victims and perpetrators of serious youth violence with a view to minimising harm caused by the violence and preventing future violence and the harm caused by it. Thurrock has a range of provision in this terms of this strategic action including the Prevention and support Service (PASS) that run a *Youth @ Risk* programme, *Goodman* mentoring programme for boys/young men who are abusive in relationships.

The Youth Offending Service is of high quality with low rates of reoffending amongst the overall cohort that it works with. The service offer a range of tertiary prevention programmes including a *Deal or no Deal drug intervention* for young people involved in drug related crime, *Street Wise* six week intervention for young people arrested for serious youth violence including weapons offences and gang involvement, and uses an ASSET plus tool which seeks to identify specific factors that drive young people into becoming susceptible to exploitation and gang involvement. A children's social care worker is embedded within YOS.

We have been unable to identify robust evaluation on the impact of each of the specific interventions delivered by PASS and YOS and further work to evaluate this is desirable. We also identified a small cohort of young people within YOS who are repeat offenders and for whom the current service is less successful at achieving desistance from crime. This group is characterised by violence, drug supply and weapons offences, and is over-represented by black young men. The reasons why YOS are less successful at diverting this cohort away from future serious offending is unclear and beyond the scope of this work but warrants further investigation and the piloting of new approaches.

The EWMHS service sits largely separately to other tertiary prevention activity although there has been recent moves to integrate a CPN and speech and language therapist within the YOS service. The service offers a range of CBT but we were unable to ascertain whether this included NICE recommended Trauma focussed CBT for victims of serious

youth violence, gang involvement in line with NICE guidelines.

The *Level 5 Triple P* parenting programme is the only evidenced based initiative shown to address and reduce abusive behaviour in parents, but this is not available in Thurrock. Brighter Futures should consider commissioning/delivering this.

For young people who are perpetrators of serious youth violence or involved in gangs, the service is currently not offering multi-systemic therapy of family functional therapy that seeks to treat individuals in the context of environmental, peer group and familial risk, although this is best practice from the published evidence base. As such, there is a risk that the current service offer is too individually focussed and efficacy of treatment will be compromised.

There is a need to develop a much more holistic an integrated tertiary prevention offer between YOS and PASS, with EWMHS fully integrated within it and delivering evidence based programmes that seek to treat the individual in the context of their wider environment. The current threshold for prevention remains too high, as YOS programmes are only available to young people who have been arrested for violent offences

A youth service offer, delivered by Essex County Council and funded by the Essex V&V Board has been operating in Basildon Hospital A&E in line with evidence of best practice, although at time of writing, on-going funding for this service in 2020/21 has not been secured. Early outcome data from the service has been positive but there is a need to continue funding this service in 2020/21 to allow a full evaluation to be undertaken.

Enforcement activity in Thurrock and more widely in Essex is in line with evidence of best practice, being highly intelligence led with focussed stop and search activity. Nine gang injunctions are place in Thurrock, and again this approach is well supported by published evidence. The Violence and Vulnerability Board may wish to consider piloting an *Opportunities Provision* approach which provides education, skills, employment and other support to gang involved youth as a mechanism to persuade them from exiting gangs, although robust evidence of the effectiveness of this is not currently available. As such, any future programme would need to be well evaluated.

Recommendations: Tertiary Prevention

REC #	Issue to be addressed	Recommendation
4.1	Trauma focussed CBT is not currently available for young people aged under 18 in EWHMS who are victims of serious violence, despite this being evidence of best practice	NHS CCG / Brighter Futures / MSE Joint CCG Committee should ensure that Trauma-focussed CBT is available within the service offer of a re-commissioned EWMHS
4.2	A range of individual initiatives are available through PASS and YOS that may well have considerable merit, but robust evaluation is not currently available	Thurrock Violence and Vulnerability Board in conjunction with the relevant service managers and support from Public Health and Xantura, should seek to evaluate all current tertiary prevention programmes including <i>Deal or No Deal</i> , <i>Goodman</i> , <i>Holiday Activity</i> and <i>Youth @ Risk</i> to determine effectiveness of impact
4.3	Lack of integrated tertiary prevention model with EWMHS provision largely provided separately, programmes focused too narrowly on individual/behavioural factors and threshold for intervention currently set at a level that requires a young person to be arrested for an offence before some interventions are available	NHS CCG / Brighter Futures / MSE Joint CCG Committee should recommission EMHWS to ensure integrated provision with other tertiary prevention programmes. New commissioning model should seek to ensure service offer is in line with evidence of best practice, for and includes for example: - Multi-systemic Therapy/ Family Focussed Therapy
4.4		Thurrock Violence and Vulnerability Board in conjunction with Brighter Futures should future evaluation of current offer, and develop a more integrated an holistic model with a greater focus on addressing familial, school, environment risk.
4.6	Current service offer lacks evidence based parenting intervention for parents at high risk of abusive relationships with their children	Brighter Futures should review current service offer and commission an appropriate intervention such as <i>Level 5 – Triple P</i>
4.7	There is a cohort of young people accessing YOS who are committing multiple violence / drugs offences and for whom current interventions appear to be unsuccessful in terms of future desistance.	YOS should undertake further work to understand this issue and pilot and evaluate new approaches where appropriate
4.8	A&E based youth service in line with evidence of best practice but lacks evaluation data or on-going funding.	Essex V&V unit and/or Essex County, Thurrock and Southend Councils should seek to continue funding for this service in 2020/21 to allow an evaluation of impact to be undertaken

References

- ¹ HM Government, *Serious Violence Strategy*, 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf
- ² The Children's Society. *Counting Lives: Responding to children who are criminally exploited*. July 2019. Available at: <https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/counting-lives-report>
- ³ Kings Fund. Ten design principles for place-based systems of care: The Kings Fund; 2015 Available from: www.kingsfund.org.uk/publications/place-based-systems-care/ten-design-principles
- ⁴ Fenton RA, Morr HL, McCartan K, Rumney PNS. A review of the evidence for bystander intervention to prevent sexual and domestic violence in universities. London: Public Health England; 2016.
- ⁵ Universities UK. Changing the Culture. Report of the Universities UK Taskforce examining violence against women, harassment and hate crime affecting university students. London; 2016.
- ⁶ World Health Organization. World Report on Violence and Health. 2002.
- ⁷ Ford, S. County Lines – a national summary and emerging best practice, Violence and Vulnerability Unit, May 2018. Available at: <https://www.local.gov.uk/sites/default/files/documents/County%20Lines%20National%20Summary%20-%20Simon%20Ford%20WEB.pdf>
- ⁸ World Health Organization, 2017. Violence Prevention Alliance: The public health approach. [online] Available at: http://www.who.int/violenceprevention/approach/public_health/en/
- ⁹ Centre for Social Justice. *Dying to Belong*. 2009. London: Centre for Social Justice.
- ¹⁰ Pritchard, T. *Street Boys: 7 Kids, 1 Estate. No Way Out. The True Story of a Lost Childhood*. Harper Element, 2008, p.318.
- ¹¹ Howell JC. *Gangs in America's Communities*. Thousand Oaks, CA: Sage Publications, 2012.
- ¹² Thornberry TP. Membership in youth gangs and involvement in serious and violent offending. In: Loeber R, Farrington D, eds., *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, CA: Sage Publications, 1998:147-166.
- ¹³ Coid JW, Ullrich S, Keers R, et al. Gang membership, violence, and psychiatric morbidity. *American Journal of Psychiatry*. 2013;170(9):985-993.
- ¹⁴ DeLisi M, Barnes JC, Beaver KM, Gibson CL. Delinquent gangs and adolescent victimization revisited: A propensity score matching approach. *Crim Justice Behaviour*. 2009; 36:808-823.
- ¹⁵ Ariza JJM, Cebulla A, Aldridge J, Shute J, Ross A. Proximal adolescent outcomes of gang membership in England and Wales. *Journal of Research in Crime and Delinquency*. 2013;51:168-199.
- ¹⁶ Young, T., Fitzgerald, M., Hallsworth, S. and Joseph, I. *Groups, gangs and weapons*. Youth Justice Board. 2007, p.27.
- ¹⁷ Heale, J. *One Blood: inside Britain's New Street Gangs*. Simon & Schuster, 2008, p.34.
- ¹⁸ Krohn MD, Thornberry TP. Longitudinal perspectives on adolescent street gangs. In: Liberman A, ed., *The Long View of Crime: A Synthesis of Longitudinal Research*. New York, NY: Springer, 2008:128-160.
- ¹⁹ Lizotte AJ, Krohn MD, Howell JC, Tobin K, Howard GJ. Factors influencing gun carrying among young urban males over the adolescent-young adult life course. *Criminology* 2000; 38:811-834.
- ²⁰ Gangs Working Group. *Dying to belong: an in-depth review of street gangs in Britain*. London: The Centre for Social Justice;2009.
- ²¹ Decker SH, Katz CM, Webb VJ. Understanding the black box of gang organization: implications for involvement in violent crime, drug sales, and violent victimization. *Crime & Delinquency*. 2008;54(1):153-172.

-
- ²² Taylor TJ, Freng A, Esbensen F-A, Peterson D. Youth gang membership and serious violent victimization: the importance of lifestyles and routine activities. *Journal of Interpersonal Violence*. 2008;23(10):1441-1464.
- ²³ Melde C, Taylor TJ, Esbensen F-A. "I got your back": an examination of the protective function of gang membership in adolescence. *Criminology*. 2009;47(2):565-594.
- ²⁴ Meier MH, Caspi A, Ambler A, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *PNAS*. 2012;109:E2657-E2664.
- ²⁵ Buka SL, Stichick TL, Birdthistle I, Earls FJ. Youth exposure to violence: prevalence, risks, and consequences. *American Journal of Orthopsychiatry*. 2001;71:298-310.
- ²⁶ Gorman-Smith D, Henry DB, Tolan PH. Exposure to community violence and violence perpetration: the protective effects of family functioning. *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*. 2004;33(3):439-449.
- ²⁷ Fowler PJ, Tompsett CJ, Braciszewski JM, Jacques-Tiura AJ, Baltés BB. Community violence: a meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and psychopathology*. 2009;21(1):227-259.
- ²⁸ Khan L, Brice H, Saunders A, Plumtree A. *A need to belong: what leads girls to join gangs*. London: Centre for Mental Health;2013.
- ²⁹ Lane J, Meeker JW. Subcultural diversity and the fear of crime and gangs. *Crime Delinq*. 2000; 46:497-521.
- ³⁰ Decker SH, Pyrooz DC. Gang violence worldwide: Context, culture, and country. Small Arms Survey 2010. Geneva, Switzerland: Small Arms Survey, 2010.
- ³¹ Troutman DR, Nugent-Borakove ME, Jansen S. *Prosecutor's Comprehensive Gang Response Model*. Alexandria, VA: National District Attorneys Association, 2007.
- ³² National Crime Agency. *County Lines Violence, Exploitation and Drug Supply*. National Briefing Report. November 2017. Available at: <https://nationalcrimeagency.gov.uk/who-we-are/publications/234-county-lines-violence-exploitation-drug-supply-2017/file>
- ³³ National Crime Agency. *County Lines Gang Violence, Exploitation and Drug Supply; 0346-CAD National Briefing Report*. 2016, Available at: <http://www.nationalcrimeagency.gov.uk/publications/753-county-lines-gang-violence-exploitation-and-drug-supply-2016/file>
- ³⁴ National Crime Agency. 2018. *County Lines Drug Supply, Vulnerability and Harm*. 2018, Available at: <http://www.nationalcrimeagency.gov.uk/publications/993-nac-19-095-county-lines-drug-supply-vulnerability-and-harm-2018/file>.
- ³⁵ Just for Kids Law, Children's Rights Alliance for England. 2018. *State of Children's Rights in England 2018, Briefing 4: Safeguarding Children*. Available at: http://www.crae.org.uk/media/126988/B4_CRAE_SAFEGUARDING_2018_WEB.pdf
- ³⁶ Ford, S. County lines – a national summary and emerging best practice, Violence and Vulnerability Unit. May 2018. Available at: <https://www.local.gov.uk/sites/default/files/documents/County%20Lines%20National%20Summary%20-%20Simon%20Ford%20WEB.pdf>
- ³⁷ John, W., Chapman, G. and Plant, P. *Urban Street Gangs and County Drug Lines 2018/19 Thematic Assessment*. Essex Police.
- ³⁸ Hay, G., Rael dos Santos, A., Reed, H. And Hope, V. Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2016/17: Sweep 13 Report. Public Health Institute, Liverpool John Moores University. March 2019. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2019/03/Estimates-of-the-Prevalence-of-Opiate-Use-and-or-Crack-Cocaine-Use-2016-17-Sweep-13-report.pdf>
- ³⁹ Increase in crack cocaine use inquiry: summary of findings. Public Health England. 25 March 2019. Available at: <https://www.gov.uk/government/publications/crack-cocaine-increase-inquiry-findings/increase-in-crack-cocaine-use-inquiry-summary-of-findings>
- ⁴⁰ Foltin RW, Fischman MW. 1991. Smoked and intravenous cocaine in humans: acute tolerance, cardiovascular and subjective effects. *Journal of Pharmacology Exp. Ther*. 1991. 257:247-611

-
- ⁴¹ Daras M, Tuchman AJ, Koppel BS, Samkoff LM, Weitzner J, Marc J. 1994. Neurovascular complications of cocaine. *Acta Neurol Scand*. 90: 124-29
- ⁴² Kaku DA, Lowenstein DH. Emergence of recreational drug abuse as a major factor for stroke in young adults. *Annals of International Medicine*. 1990. 113:821-27
- ⁴³ Laposata EA, Mayo GL. 1993. A review of pulmonary pathology and mechanisms associated with inhalation of freebase cocaine ("crack"). *American Journal of Forensic Medicine and Pathology*. 1993 14: 1-9
Lee HO, Eisenberg.
- ⁴⁴ Pascual-Leone A, Dhuna A, Anderson DC. Cerebral atrophy in habitual cocaine abusers: a planimetric CT study. *Neurology*. 1991. 41:34-38
- ⁴⁵ Jaffe JH. Drug addiction and drug abuse. In *The Pharmacological Basis of Therapeutics*, ed. AG Gilman, TW Rall, AS Nies, P Taylor, pp. 52245. 1990. New York: Pergamon.
- ⁴⁶ Miller BL, Chiang F, McGill L, Sadow T, Goldberg MA, Mena I. 1992. Cerebrovascular complications from cocaine: possible long-term sequelae. *NIDA Research Monograph*. 1992. 123: 12946
- ⁴⁷ Schrank KS. 1992. Cocaine-related emergency department presentations. *NIDA Research Monograph*. 1992. 123:110-28.
- ⁴⁸ McKay JR, Alterman AI, Cacciola JS, et al. Prognostic significance of antisocial personality disorder in cocaine-dependent patients entering continuing care. *Journal of Nervous Mental Disorders*. 2000;188:287–296
- ⁴⁹ Rutherford MJ, Cacciola JS, Alterman AI. Antisocial personality disorder and psychopathy in cocaine-dependent women. *Am J Psychiatry*. 1999; 156:849–856.
- ⁵⁰ Grella CE, Joshi V, Hser Y. Follow-up of cocaine-dependent men and women with antisocial personality disorder. *J Subst Abuse Treatment*. 2003; 25:155–164
- ⁵¹ Back S, Dansky BS, Coffey SF, et al. Cocaine dependence with and without post-traumatic stress disorder: a comparison of substance use, trauma history and psychiatric comorbidity. *Am J Addict*. 2000; 9:51–62.
- ⁵² Najavits LM, Gastfriend DR, Barber JP, et al. Cocaine dependence with and without PTSD among subjects in the National Institute on Drug Abuse Collaborative Cocaine Treatment Study. *Am J Psychiatry*. 1998;155:214–219
- ⁵³ Brown RA, Monti PM, Myers MG, et al. Depression among cocaine abusers in treatment: relation to cocaine and alcohol use and treatment outcome. *Am J Psychiatry*. 1998; 155:220–225.
- ⁵⁴ Rounsaville BJ. Treatment of cocaine dependence and depression. *Biological Psychiatry*. 2004;56:803–809.
- ⁵⁵ Ignar, D.M.; and Kuhn, C.M. Effects of specific mu and kappa opiate tolerance and abstinence on hypothalamo-pituitary-adrenal axis secretion in the rat. *Journal of Pharmacological Experimental Theory*. 1990; 255(3):1287–1295.
- ⁵⁶ Kreek, M.J.; Ragunath, J.; Plevy, S.; Hamer, D.; Schneider, B.; and Hartman, N. ACTH, cortisol and beta-endorphin response to metyrapone testing during chronic methadone maintenance treatment in humans. *Neuropeptides*. 1984;5(1-3):277–278
- ⁵⁷ Li, W.; Li, Q.; Zhu, J.; Qin, Y.; Zheng, Y.; Chang, H.; Zhang, D.; Wang, H.; Wang, L.; Wang, Y.; Wang, W. White matter impairment in chronic heroin dependence: a quantitative DTI study. *Brain Res* 1531:58-64, 2013
- ⁵⁸ Qiu, Y.; Jiang, G.; Su, H.; Lv, X.; Zhang, X.; Tian, J.; Zhou, F. Progressive white matter microstructure damage in male chronic heroin dependent individuals: a DTI and TBSS study. *PLoS One*. 2013; 8(5):e63212.
- ⁵⁹ Liu, J.; Qin, W.; Yuan, K.; Li, J.; Wang, W.; Li, Q.; Wang, Y.; Sun, J.; von Deneen, K.M.; Liu, Y.; Tian, J. Interaction between dysfunctional connectivity at rest and heroin cues-induced brain responses in male abstinent heroin-dependent individuals. *PLoS One*. 2011; 6(10):e23098,
- ⁶⁰ Kreek, M.J.; Levran, O.; Reed, B.; Schlussman, S.D.; Zhou, Y.; and Butelman, E.R. Opiate addiction and cocaine addiction: underlying molecular neurobiology and genetics. *Journal Clinical Investigation*. 2012; 122(10):3387–3393.
- ⁶¹ What are the medical complications of chronic heroin use? National Institute on Drug Abuse Advancing Addiction Science. June 2018. Retrieved from: NIDA. (2018, June 8). Heroin. Retrieved from <https://www.drugabuse.gov/publications/research-reports/heroin> on October 25 2019.
- ⁶² Raskin White, Hr. and Gorman, D. Dynamics of the drug-crime relationship. *Criminal Justice*. 2000; 1:151-219

⁶³ Lo, C. and Stephens, R. The role of drugs in crime: Insights from a group of incoming prisoners. *Substance Use and Misuse*. 2002; 73(1): 121-131

⁶⁴ Indermaur D. Reducing the Opportunities for Violence in Robbery and Property Crime: The Perspectives of Offenders and Victims. In Homel R, editor, *The Politics and Practice of Situational Crime Prevention*. Vol. 5. Monsey NY USA: Criminal Justice Press division of Willow Tree Press Inc. 1996. p. 133-158. (Crime Prevention Studies).

⁶⁵ Best, D. Sidwell, C., Gossop, M., Harris, J., and Strang, J. Crime and Expenditure amongst Polydrug Misusers Seeking Treatment : The Connection between Prescribed Methadone and Crack Use, and Criminal Involvement, *The British Journal of Criminology*, Volume 41, Issue 1, January 2001, Pages 119–126, <https://doi.org/10.1093/bjc/41.1.119>

⁶⁶ Weatherburn. D., Jones, C., Freeman, K., and Makkai, T., Supply control and harm reduction: lessons from the Australian heroin 'drought'. *Addiction*. 19 December 2002; 98(1): 83-91.

⁶⁷ Pritchard, J., and Payne, J., *Alcohol, Drugs and Crime*. Australian Institute of Criminology. 2005.

⁶⁸ Goldstein, P.J. The Drugs/Violence Nexus: A Tripartite Conceptual Framework. *Journal of Drug Issues*. 1985; 39: 143-174.

⁶⁹ Pudney, S. The Road to Ruin? Sequences of Initiation to Drugs and Crime in Britain. *The Economic Journal*. March 2003; 113(486): 182-198.

⁷⁰ The Early Intervention Foundation, *Preventing Gang and Youth violence: A review of Risk and Protective Factors*, 2015.

⁷¹ Barnes, J.C. and Jacobs, B.A. 'Genetic Risk for Violent Behaviour and Environmental Exposure to Disadvantage and Violent Crime: The Case for Gene-Environment Interaction'. *Journal of Interpersonal Violence*. January 2013. 28(1):92-120

⁷² Farrington, D. Predictors of Violent young Offenders, in *The Oxford Handbook of Juvenile Crime and Juvenile Justice*, Ed. Feld, Barry C. and Bishop, D. Oxford University Press, Oxford: 2013.

⁷³ Esbensen, Finnaage, Peterson D., Taylor, T. and Freng, A. Similarities and Differences in Risk Factors for Violent Offending and Gang Membership. *Australian and New Zealand Journal of Criminology*, 42, 3(1). December 2009: 310-35.

⁷⁴ Herrenkohl, T., Jungeun, L. Hawkins, J.D. Risk versus Direct Protective Factors and Youth Violence: Seattle Social Development Project. *American Journal of Preventative Medicine*, 43(2). August 2012: 41-56.

⁷⁵ Bernat, D., Oakes, M., Pettingell, S. and Resnick, M. Risk and Direct Protective Factors for Youth Violence: Results from the National Longitudinal Study of Adolescent Health. *American Journal of Preventative Medicine*, 43(2). August 2012: 57-66.

⁷⁶ Kurlychik, M., Krohn, M., Dong, B., Penly-Hall, G., and Lizotte, A. Exploration of When and How Neighbourhood-level Factors Can Reduce Violent Youth Outcomes, *Youth Violence and Juvenile Justice*. 10(1) January 2012: 83-106

⁷⁷ Hill, K G., Howell J, Hawkins JD, and Battin-Pearson S. 'Childhood Risk Factors for Adolescent Gang Membership: Results from the Seattle Social Development Project'. *Journal of Research in Crime and Delinquency* 36, no. 3 (8 January 1999): 300–322

⁷⁸ Herrenkohl, T., Huang B., Kosterman, R., Hawkins, J., Catalano, R., and Smith. R. 'A Comparison of Social Development Processes Leading to Violent Behaviour in Late Adolescence for Childhood Initiators and Adolescent Initiators of Violence'. *Journal of Research in Crime and Delinquency* 38, no. 1 (2 January 2001): 45–63.

⁷⁹ Herrenkohl, T., Guo, J., Kosterman, R., Hawkins, J.D., Catalano, R.F., and Smith, B. Early Adolescent Predictors of Youth Violence as Mediators of Childhood Risks. *The Journal of Early Adolescence*. 21(4) January 2001: 447-69.

⁸⁰ Farrington, D P. 'Early Prediction of Violent and Non-Violent Youthful Offending'. *European Journal on Criminal Policy and Research* 5, no. 2 (1 June 1997): 51–66.

⁸¹ Ariza J, Medina J, Cebulla A, Aldridge J, Shute J, and Ross A. 'Proximal Adolescent Outcomes of Gang Membership in England and Wales'. *Journal of Research in Crime and Delinquency*, 22 July 2013,

⁸² McVie, S. 'The Impact of Bullying Perpetration and Victimization on Later Violence and Psychological Distress: A Study of Resilience among a Scottish Youth Cohort'. *Journal of School Violence* 13, no. 1 (2 January 2014): 39–58.

⁸³ Deschenes, Piper E, and Esbensen F. 'Violence and Gangs: Gender Differences in Perceptions and Behaviour'. *Journal of Quantitative Criminology* 15, no. 1 (1 March 1999): 63–96.

-
- ⁸⁴ Hawkins, J. David, Herrenkohl T, Farrington D, Brewer D, Catalano R, Harachi T and Cothorn L. 'Predictors of Youth Violence. Juvenile Justice Bulletin.' Juvenile Justice Bulletin (April 2000).
- ⁸⁵ Loeber R, Farrington D, Stouthamer-Loeber M, and Raskin White H, eds. *Violence and Serious Theft: Development and Prediction from Childhood to Adulthood*. 1 edition. Routledge, 2008.
- ⁸⁶ Alleyne E, and Wood J. 'Gang Involvement: Psychological and Behavioral Characteristics of Gang Members, Peripheral Youth, and Nongang Youth'. *Aggressive Behaviour* 36, no. 6 (December 2010): 423–36.
- ⁸⁷ Vasquez E, Osman S, and Wood J. 'Rumination and the Displacement of Aggression in United Kingdom Gang-Affiliated Youth'. *Aggressive Behaviour* 38, no. 1 (February 2012): 89–97.
- ⁸⁸ Melde C, and Esbensen F. 'Gangs and Violence: Disentangling the Impact of Gang Membership on the Level and Nature of Offending'. *Journal of Quantitative Criminology* 29, no. 2 (1 June 2013): 143–66
- ⁸⁹ Esbensen F, Peterson D, Taylor T, and Freng A. 'Similarities and Differences in Risk Factors for Violent Offending and Gang Membership'. *Australian & New Zealand Journal of Criminology* 42, no. 3 (1 December 2009): 310–35
- ⁹⁰ Sharp C, Aldridge J, and Medina J. *Delinquent Youth Groups and Offending Behaviour: Findings from the 2004 Offending, Crime and Justice Survey*. Home Office, 2006.
- ⁹¹ Drury, I. 'Social media 'fuels crimes by children: From blackmail to squabbles that end in violence, report reveals toxic effects on the young. *Daily Mail*. 26 October 2017. Available at: <https://www.dailymail.co.uk/news/article-5018453/Social-media-fuels-crimes-children.html>
- ⁹² Ghosh, S. 'Does Social Media Induce Violence Among Youth?' *International Business Times*. 13 August 2017. Available at: <https://www.ibtimes.com/does-social-media-induce-violence-among-youth-2577472>
- ⁹³ HM Inspectorate of Probation. *The Work of Youth Offending Teams to Protect the Public*. October 2017. Manchester. Available at: https://www.justiceinspectors.gov.uk/hmiprobaton/wp-content/uploads/sites/5/2017/10/The-Work-of-Youth-Offending-Teams-to-Protect-the-Public_reportfinal.pdf
- ⁹⁴ Irwing-Rogers, K. and Pinkney, C. *Social Media as a Catalyst and Trigger for Youth Violence*. January 2017. Catch 22 in partnership with University College Birmingham. Available at: <https://cdn.catch-22.org.uk/wp-content/uploads/2017/01/Social-Media-as-a-Catalyst-and-Trigger-for-Youth-Violence.pdf>
- ⁹⁵ Williams, K., Papadopoulou, V. and Booth, N. *Prisoners' Childhood and Family Backgrounds*. 11 London: Ministry of Justice. February 2014. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278837/prisoners-childhood-family-backgrounds.pdf
- ⁹⁶ Sheriden, M. 'Knife crime: a shared problem'. Ofsted. 12 November 2018. Available at: <https://educationinspection.blog.gov.uk/2018/11/12/knife-crime-a-shared-problem/>
- ⁹⁷ Timson, E. *Timpson Review of School Exclusion*, Department for Education DFE-00090-2019. May 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf
- ⁹⁸ Ministry of Justice. *Examining the Educational Background of Young Knife Possession Offenders*. MOU, 14 June 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716039/examining-the-educational-background-of-young-knife-possession-offenders.pdf
- ⁹⁹ Department for Education and Ministry of Justice. *Understanding the educational background of young offenders: full report*. 15 December 2016. Available at: <https://www.gov.uk/government/statistics/understanding-the-educational-background-of-young-offenders-full-report>
- ¹⁰⁰ Agnew, R. Building on the foundation of general strain theory: Specifying the types of strain most likely to lead to crime and delinquency. *Journal of Research in Crime & Delinquency*, 38, 2001: 319–361.
- ¹⁰¹ Bjerck, D. (2007). Measuring the relationship between youth criminal participation and household economic resources. *Journal of Quantitative Criminology*, 23. 2007:23–39.
- ¹⁰² Braithwaite, J. *Inequality, crime, and public policy*. London, England: Routledge. 1979.

-
- ¹⁰³ Coulton, C. J., Korbin, J. E., Su, M., & Chow, J. Community level factors and child maltreatment rates. *Child Development*, 66, 1995: 1262-1276.
- ¹⁰⁴ Fergusson, D., Swain-Campbell, N., & Horwood, J. How does childhood economic disadvantage lead to crime? *Journal of Child Psychology and Psychiatry*, 45, 2004: 956-966.
- ¹⁰⁵ Wikström, P. and Treiber, K. Social Disadvantage and Crime: A Criminological Puzzle, *American Behavioural Scientist*, 60(10). 2016: 1232-1259.
- ¹⁰⁶ Hall, J.E., Simon, T., Mercy, J. Loeber, R. Farrington, D. and Lee, R. 'Centers for Disease Control and Prevention's Expert Panel on Protective Factors for Youth Violence Perpetration: Background and Overview. *American Journal of Preventative Medicine*. August 2012.43(2)S1-7. doi:10.1016/j.amepre.2012.04.026
- ¹⁰⁷ Loeber, Rolf, and Farrington, D.P. 'Advancing Knowledge about Direct Protective Factors That May Reduce Youth Violence'. *American Journal of Preventive Medicine* 43, no. 2 (1 August 2012): S24–27. doi:10.1016/j.amepre.2012.04.031.
- ¹⁰⁸ Hall, Jeffrey E., Simon,T., Mercy, J., Loeber, R.,, Farrington,D., and Lee, R. 'Centers for Disease Control and Prevention's Expert Panel on Protective Factors for Youth Violence Perpetration: Background and Overview'. *American Journal of Preventive Medicine* 43, no. 2 Suppl 1 (August 2012): S1–7. doi:10.1016/j.amepre.2012.04.026.
- ¹⁰⁹ Krohn, M., Lizotte, A., Bushway, S. Schmidt, N. and Phillips, M. 'Shelter during the Storm: A Search for Factors That Protect At-Risk Adolescents from Violence'. *Crime and Delinquency*, 28. November 2010. 60(3): 379-401
- ¹¹⁰ Kurlycheck, M., Krohn, M., Dong, B., Penly-Hall, G., and Lizotte, A. 'Protection from Risk: Exploration of When and How Neighbourhood Level Factors Can Reduce Violent Youth Outcomes'. *Youth Violence and Juvenile Justice* January 2012. Vol 3(1): 83-106.
- ¹¹¹ Herrenkohl, Todd I., Hill, K., Chung, I., Guo, J., Abbott, R., and Hawkins, J.D., 'Protective Factors against Serious Violent Behaviour in Adolescence: A Prospective Study of Aggressive Children'. *Social Work Research*. 9 January 2003; 27(3):179–91.
- ¹¹² Shader, Michael. *Risk Factors for Delinquency: An Overview*. US Department of Justice, 2004. <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=207540>
- ¹¹³ Losel F, Bender D. Protective factors and resilience. In: Farrington DP, Coid JW, eds., *Early Prevention of Adult Antisocial Behaviour*. Cambridge, England: Cambridge University Press. 2003.
- ¹¹⁴ Katz, C. and Fox, A. Risk and protective factors associated with gang-involved youth in Trinidad and Tobago. Centre for Violence Prevention and Community Safety: Phoenix Arisona. 25 April 2009.
- ¹¹⁵ McDaniel DD. 'Risk and protective factors associated with gang affiliation among high-risk youth: a public health approach'. *Injury Prevention* 2012;18:253-258.
- ¹¹⁶ Merrin G.J., Hong, J.S., and Espelage, D.L., Are the risk and protective factors similar for gang-involved, pressured-to-join, and non-gang-involved youth? A social-ecological analysis. *American Journal of Orthopsychiatry*. Nov 2015. Vol 85(6): 522-535
- ¹¹⁷ Lenzi, M., Sharkey, J., Bieno, A., Mayworm, A., Doughrty, D. and Nylund-Gibson, K. 'Adolescent gang involvement: The role of individual, family, peer and school factors in a multilevel perspective'. *Aggressive Behaviour*. Jul/Aug 2015. 41(4):386-397
- ¹¹⁸ Arbretton AJ, McClanahan WS. Targeted Outreach: Boys and Girls Clubs of America's Approach to Gang Prevention and Intervention. Philadelphia, PA; Public/Private Ventures, 2002.
- ¹¹⁹ Espelage, D., Low, S., Polanin, J. & Brown, E. 'The Impact of a Middle School Program to Reduce Aggression, Victimization, and Sexual Violence'. *Journal of Adolescent Health*, 2013. 53(2), 180-186.
- ¹²⁰ Fagan, A., & Catalano, R. 'What Works in Youth Violence Prevention'. *Research on Social Work Practice*, 2013. 23(2), 141-156
- ¹²¹ Farrington, D., Gaffney, H., Lösel, F. & Ttofi, M. 'Systematic reviews of the effectiveness of developmental prevention programs in reducing delinquency, aggression, and bullying'. *Aggression and Violent Behavior*, 2017. 33, 91-106.
- ¹²² Farrington, D., & Welsh, B. Family-based Prevention of Offending: A Meta-analysis. *Australian & New Zealand Journal of Criminology*, 2003. 36(2), 127-151.
- ¹²³ Hahn, R., Fuqua-Whitley, D., Wethington, H., Lowy, J., Crosby, A, Fullilove, M. . . Dahlberg,L.. 'Effectiveness of Universal School-Based Programs to Prevent Violent and Aggressive Behavior: A Systematic Review'. *American Journal of Preventive Medicine*, 2003. 33(2), 114-129.

-
- ¹²⁴ Kurtz, A. 'What works for delinquency? The effectiveness of interventions for teenage offending behaviour'. *The Journal of Forensic Psychiatry*, 2002. 13(3), 671-692.
- ¹²⁵ Limbos, M.A., Chan, L., Warf, C., Schneir, A., Iverson, E., Shekelle, P. & Kipke, M. Effectiveness of Interventions to Prevent Youth Violence: A Systematic Review. *American Journal of Preventive Medicine*, 2007. 33(1), 65-74.
- ¹²⁶ Littell, J., Popa, M., & Forsythe, B. Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. *The Cochrane Database of Systematic Reviews*, (4). 2005.
- ¹²⁷ Matjasko, J., Vivolo-Kantor, A., Massetti, G., Holland, K., Holt, M. & Dela Cruz, J.. (2012). A systematic meta-review of evaluations of youth violence prevention programs: Common and divergent findings from 25years of meta-analyses and systematic reviews. *Aggression and Violent Behavior*, 17(6), 540-552.
- ¹²⁸ Tolan, P., Henry, D., Schoeny, M., Lovegrove, P. & Nichols, E. Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*, 2013. 10(2), 1-28.
- ¹²⁹ Vries, S., Hoeve, M., Assink, M., Stams, G., & Asscher, J. Practitioner Review: Effective ingredients of prevention programs for youth at risk of persistent juvenile delinquency – recommendations for clinical practice. *Journal of Child Psychology and Psychiatry*, 2015. 56(2), 108-121.
- ¹³⁰ DeVore, E. R., & Ginsburg, K. R. The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics*, 2005. 17(4), 460-465.
- ¹³¹ Farrington, D. P., Loeber, R., & Ttofi, M. M. Risk and protective factors for offending. In B. C. Welsh & D. P. Farrington (Eds.), *The Oxford handbook of crime prevention* (pp. 46-69). 2012. New York, NY: Oxford University Press.
- ¹³² Derzon, J. H. 'The correspondence of family features with problem, aggressive, criminal, and violent behavior: A meta-analysis'. *Journal of Experimental Criminology*, 2010. 6(3), 263-292.
- ¹³³ Hawkins, J. D., Herrenkohl, T. I., Farrington, D. P., Brewer, D., Catalano, R. F., Harachi, T. W., & Cothorn, L. *Predictors of youth violence*. 2000. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from https://www.ncjrs.gov/html/ojdp/jbul2000_04_5/contents.html.
- ¹³⁴ David-Ferdon C., Vivolo-Kantor, A., Dahlberg, L., Marshall, K., Rainford, N. and Hall, J. *A Comprehensive Technical Package for the Prevention of Youth Violence*. Retrieved 14 November 2019 from National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2016. . et.al. 2016
- ¹³⁵ Robling, M., Bekkers, M., Bell, K., Butler, C., Cannings-John, R., Channon, S., 'Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial'. January 2016. *Lancet*: 387(10014):146-155.
- ¹³⁶ Gordon, H., Acquah, D., Sellers, R., and Chowdry, H. 'What works to enhance inter-parental relationships and improve outcomes for children'. Early Intervention Foundation Evidence. 2016. DWP Research/University of Sussex.
- ¹³⁷ Cummings, E.M., et al., Evaluating a brief prevention program for improving marital conflict in community families. *Journal of Family Psychology*, 2008. 22(2): p. 193 – 202.
- ¹³⁸ Bodenmann, G. and S.D. Shantinath, The Couples Coping Enhancement Training (CCET): a new approach to prevention of marital distress based upon stress and coping. *Family Relations*, 2004. 53(5): p. 477 – 484.
- ¹³⁹ Kramer, K.M., et al., Effects of skill-based versus information-based divorce education programs on domestic violence and parental communication. *Family Court Review*, 1998. 36(1): p. 9 – 31.
- ¹⁴⁰ Pruett, M.K., G.M. Insabella, and K. Gustafson, The Collaborative Divorce Project: a court - based intervention for separating parents with young children. *Family Court Review*, 2005. 43(1): p. 38 – 51.
- ¹⁴¹ Feinberg, M.E., Jones, D.E., Hostetler, M. And Solmeyer, A. 'Long-Term Follow-up of a Randomized Trial of Family Foundations: Effects on Children's Emotional, Behavioural and School Adjustment. *Journal of Family Psychology*. 2014. 28: 532-542
- ¹⁴² Kan, M. and Feinberg, M. 'Impacts of a coparenting-focused intervention on links between pre-birth intimate partner violence and observed parenting'. *Journal of Family Violence*. 2015. 30(3): 967-980

-
- ¹⁴³ Burrus, B., Leeks, K. D., Sipe, T. A., Dolina, S., Soler, R. E., Elder, E. W. 'Person-to-person interventions targeted to parents and other caregivers to improve adolescent health: A community guide systematic review. *American Journal of Preventive Medicine*, 2012. 42(3), 316-326.
- ¹⁴⁴ Piquero A. R., Farrington, D. P., Welsh, B. C., Tremblay, R., & Jennings, W. G. 'Effects of family/parent training programs on antisocial behavior and delinquency'. *Journal of Experimental Criminology*, 2009; 5(2), 83-120.
- ¹⁴⁵ Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C., & Edwards, R.T., Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial, *BMJ*, 2007. 334, doi:10.1136/bmj.39126.620799.55.
- ¹⁴⁶ Ditterman, C.K., Farruggia, S.P., Keown, L.J. and Sanders, M.R. 'Dealing with disobedience: An evaluation of brief parenting intervention for young children showing noncompliant behaviour problems. *Child Psychiatry and Human Development*. 2015. 47: 102-112
- ¹⁴⁷ Morawska, A. Haslam, D., Milne, D. and Sanders, M.R. 'Evaluation of a brief parenting discussion group for parents of young children. *Journal of Developmental and Behavioural Pediatrics*. 2011. 32(2): 136-145.
- ¹⁴⁸ Trudeau, L. Spoth, R. Randall, G.K. and Azevedo, K. 'Longitudinal effects of a universal family-focused intervention on growth patterns of adolescent internalizing symptoms and polysubstance use: Gender comparisons. *Journal of Youth and Adolescence*. 2007. 36: 725-740
- ¹⁴⁹ Spoth, R.L., Redmond, C. and Shin, C. 'Reducing adolescents' aggressive and hostile behaviours.' *Archives of Pediatric and Adolescent Medicine*, 2000. 154:1248-1257.
- ¹⁵⁰ Braveman, P., & Gottlieb, L. The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 2014;129(suppl 2):19-31.
- ¹⁵¹ Manning, M., Homel, R., & Smith, C. A meta-analysis of the effects of early developmental prevention programs in atrisk populations on non-health outcomes in adolescence. *Children and Youth Services Review*, 2010;32(4):506-519.
- ¹⁵² Higgins, S., & Katsipatakis, M. Evidence from meta-analysis about parental involvement in education which supports their children's learning. *Journal of Children's Services*, 2015;10(3):280-290.
- ¹⁵³ Reynolds, A. J., & Robertson, D. L. School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Development*, 2003; 74(1):3-26.
- ¹⁵⁴ Marmot, M. *Fair Society, Healthy Lives*. <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>
- ¹⁵⁵ McVeigh C. *Violent Britain. People, prevention and public health*. Liverpool, John Moores University, 2005.
- ¹⁵⁶ Kellermann AL Preventing youth violence: what works? *Annual Review of Public Health*, 1998, 19:271-292
- ¹⁵⁷ Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*, 2001; 285(18): 2339-2346.
- ¹⁵⁸ Reynolds, A. J., Temple, J. A., Ou, S. R., Robertson, D. L., Mersky, J. P., Topitzes, J. W., & Niles, M. D. Effects of a school based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. *Archives of Paediatrics and Adolescent Medicine*, 2007;161(8): 730-739.
- ¹⁵⁹ Schweinhart, L. (2005). *Lifetime effects: The high/scope Perry Preschool study through age 40*. Ypsilanti, MI: High/Scope Press
- ¹⁶⁰ Biggart, A., Kerr, J., O'Hear, L. and Connolly, P. 'A randomised control trial evaluation of a literacy after-school programme for struggling beginning readers'. *International Journal of Education Research*, 62: 129-140
- ¹⁶¹ Ford, R. McDougall, S. and Evans, D. 'Parent-delivered compensatory education for children at risk of educational failure: Improving the academic and self-regulatory skills of a Sure Start preschool sample. *British Journal of Psychology*. 2009. 100:773-798
- ¹⁶² Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. 'The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions'. *Child Development*, 2011, 82(1): 405-432.
- ¹⁶³ Hahn, R., Fuqua-Whitley, D., Wethington, H., Lowy, J., Crosby, A., Fullilove, M., Task Force on Community Preventive Services. 'Effectiveness of universal school-based programs to prevent violent and aggressive behavior: A systematic review'. *American Journal of Preventive Medicine*, 2007.33(2): S114-S129.

-
- ¹⁶⁴ Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. The Positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews. 2008. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning. Retrieved from <http://files.eric.ed.gov/fulltext/ED505370.pdf>.
- ¹⁶⁵ Hawkins, J. D., Oesterle, S., Brown, E. C., Abbott, R. D., & Catalano, R. Youth problem behaviors 8 years after implementing the Communities That Care prevention system: A community-randomized trial. *JAMA Pediatrics*, 2014. *168*(2), 122-129.
- ¹⁶⁶ Hutchings, J., Martin-Forbes, P., Daley, D., & Williams, M. E. 'A randomized controlled trial of the impact of a teacher classroom management program on the classroom behavior of children with and without behavior problems'. *Journal of School Psychology*, 2013. *51*(5), 571-585.
- ¹⁶⁷ Hickey, G., McGilloway, S., Hyland, L., Leckey, Y., Kelly, P., Bywater, T., O'Neill, D. 'Exploring the effects of a universal classroom management training programme on teacher and child behaviour: A group randomised controlled trial and cost analysis'. *Journal of Early Childhood Research*, 2015. doi: 10.1177/1476718X15579747.
- ¹⁶⁸ Reinke, W. N., Herman, K. C., & Dong, N. 'The Incredible Years Teacher Classroom Management program: Outcomes from a group randomized trial'. 2016. *Unpublished Manuscript*. Retrieved from (<http://incredibleyears.com/wp-content/uploads/Reinke-IY-TCM-Program-Outcomes.pdf>).
- ¹⁶⁹ Malti, T., Ribeaud, D., and Eisner, M. P. 'The Effectiveness of Two Universal Preventive Interventions in Reducing Children's Externalizing Behavior: A Cluster Randomized Controlled Trial'. *Journal of Child Clinical and Adolescent Psychology*. 2011. *40*, 677-692.
- ¹⁷⁰ Averdijk, M., Zirk-Sadowski, J., Ribeaud, D., & Eisner, M. 'Long-term effects of two childhood psychosocial interventions on adolescent delinquency, substance use, and antisocial behavior: a cluster randomized controlled trial'. *Journal of Experimental Criminology*. 2016. *12*: 21-47.
- ¹⁷¹ Li, K.-K., Washburn, I., DuBois, D.L., Vuchinich, S., Ji, P., Brechling, V., Day, J., Beets, M.W., Acock, A.C., Berbaum, M., Snyder, F., Flay, B.R. 'Effects of the Positive Action Programme on problem behaviors in elementary school students: A matched-pair randomised control trial in Chicago'. *Psychology & Health*, 2011. *26*(2), 187-204.
- ¹⁷² Beets, M. W., Flay, B. R., Vuchinich, S., Snyder, F., Acock, A., Burns, K., Washburn, I. J., & Durlak, J. 'Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii'. *American Journal of Public Health*, 2009. *99*(8), 1-8.
- ¹⁷³ Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., Toyinbo, P., Wilcox, H. C. 'Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes'. *Drug and Alcohol Dependence*, 2008; *95*(S1):S5-S28.
- ¹⁷⁴ van Lier, P. A., Huizink, A., & Crijnen, A. 'Impact of a preventive intervention targeting childhood disruptive behavior problems on tobacco and alcohol initiation from age 10 to 13 years'. *Drug and Alcohol Dependence*, 2009; *100*(3):228-233
- ¹⁷⁵ Abikoff, H. B., Thompson, M., Laver-Bradbury, C., Long, N., Forehand, R.L., Miller Brotman, L., Klein, R.G., Reiss, P., Huo, L., & Sonuga-Barke, E., Parent training for preschool ADHD: a randomized controlled trial of specialized and generic programs. *Journal of Child Psychology and Psychiatry*, 2015; *56*, 618-631.
- ¹⁷⁶ Webster-Stratton, C., Reid, M. J., & Hammond, M. 'Treating children with early-onset conduct problems: intervention outcomes for parent, child, and teacher training'. *Journal of Clinical Child and Adolescent Psychology*, 2004; *33*(1), 105-124.
- ¹⁷⁷ Reid, M. J., Webster-Stratton, C., & Hammond, M. 'Follow-up of children who received the Incredible Years intervention for oppositional defiant disorder: Maintenance and prediction of 2-year outcome'. *Behavior Therapy*, 2003; *34*: 471-491.
- ¹⁷⁸ Chamberlain, P., & Reid, J. B. Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*, 1998; *66*(4):624.
- ¹⁷⁹ Leve, L.D., Chamberlain, P., & Reid, J.B. 'Intervention outcomes for girls referred from juvenile justice: effects on delinquency'. *Journal of Consulting and Clinical Psychology*, 2005; *73*(6):1181-1185
- ¹⁸⁰ Resnick, M. D., Ireland, M., & Borowsky, I. 'Youth violence perpetration: What protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health'. *Journal of Adolescent Health*, 2004. *35*(5), 424.e1-424.e10.
- ¹⁸¹ DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, C. 'How effective are mentoring programs for youth? A systematic assessment of the evidence'. *Psychological Science in the Public Interest*, 2011; *312*(2):57-91.

-
- ¹⁸² Grossman, J. B., & Tierney, J. P. 'Does mentoring work? An impact study of the Big Brothers Big Sisters program'. *Evaluation Review*, 1998; 22(3):403-426.
- ¹⁸³ Chan C. S., Rhodes, J. E., Howard W. J., Lowe, S. R., Schwartz, S. E. O., & Herrera C. 'Pathways of influence in school-based mentoring: The mediating role of parent and teacher relationships'. *Journal of School Psychology*, 2013; 51(1):129-142.
- ¹⁸⁴ Riggs, N. R., & Greenberg, M. T. After-school youth development programs: A developmental-ecological model of current research. *Clinical Child and Family Review*, 2004;7(3):177-190.
- ¹⁸⁵ Goldschmidt, P., Huang, D., & Chinen, M. The long-term effects of after-school programming on educational adjustment and juvenile crime: A study of the LA's BEST after-school program. Los Angeles, CA: National Center for Research on Evaluation, Standards, and Student Testing and University of California Los Angeles. 2007. Retrieved from <http://www.chapinhall.org/research/brief/after-school-programs-and-academic-impact>.
- ¹⁸⁶ Hirsch, B. J., Hedges, L. V., Stawicki, J. A., & Mekinda, M. A. *After-school programs for high school students: an evaluation of After School Matters. Technical report*. 2011; Evanston, IL: Northwestern University. Retrieved from <http://www.sesp.northwestern.edu/docs/publications/1070224029553e7f678c09f.pdf>.
- ¹⁸⁷ Eron, L. D., & Huesmann, L. R. The stability of aggressive behavior—even unto the third generation. In M. Lewis & S. M. Miller (Eds.), *Handbook of developmental psychopathology* (pp. 147-156). 1990. New York, NY: Springer.
- ¹⁸⁸ Moffitt, T. E., Caspi, A., Harrington, H., & Milne, B. J. Males on the life-course-persistent and adolescent-limited antisocial pathways: Follow-up at age 26 years. *Development and Psychopathology*, 2002; 14(1), 179–207.
- ¹⁸⁹ Tolan, P. H., Gorman-Smith, D., & Loeber, R. Developmental timing of onsets of disruptive behaviors and later delinquency of inner-city youth. *Journal of Child and Family Studies*, 2000;9(2): 203–220.
- ¹⁹⁰ Thornberry, T. P., & Krohn, M. D. *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies*. 2006. New York, NY: Kluwer Academic Publishers.
- ¹⁹¹ Gorman-Smith, D., & Tolan, P. The role of exposure to community violence and developmental problems among inner-city youth. *Developmental Psychopathology*, 1998; 10(1), 101-116.
- ¹⁹² Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. Cochrane review: Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Evidence-Based Child Health: A Cochrane Review Journal*, 2013; 8(2), 318-692.
- ¹⁹³ Lipsey, M. W., Wilson, D. B., & Cothorn, L. *Effective intervention for serious juvenile offenders*. 2000. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/181201.pdf>.
- ¹⁹⁴ Cary, C. E., & McMillen, J. C. The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review*, 2012; 34(4), 748-757.
- ¹⁹⁵ Branas, C. C., Kondo, M. C., Murphy, S. M., South, E. C., Polsky, D., & MacDonald, J. M. Urban blight remediation as a cost-beneficial solution to firearm violence. *American Journal of Public Health*. 2016. doi: 10.2105/AJPH.2016.303434.
- ¹⁹⁶ Deblinger, E., Lippmann, J., & Steer, R. 'Sexually abused children suffering posttraumatic stress symptoms: Initial treatment outcome findings'. *Child Maltreatment*, 1996; 1(4), 310-321. <http://dx.doi.org/10.1177/1077559596001004003>
- ¹⁹⁷ Cohen, J., Deblinger, E., Mannarino, A. & R. Steer. 'A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms'. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2004; 43(4), 393-402. <http://dx.doi.org/10.1097/00004583-200404000-00005>
- ¹⁹⁸ Goldbeck, L., Muehe, R., Sachser, C., Tutus, D., & Rosner, R. 'Effectiveness of Trauma-Focused Cognitive Behavioral Therapy for Children and Adolescents: A Randomized Controlled Trial in Eight German Mental Health Clinics'. *Psychotherapy and Psychomatics*. 2016; 16: 159-170. <http://dx.doi.org/10.1159/000442824>
- ¹⁹⁹ Hughes N, Williams H, Chitsabean P, Davies R, Mounce L. *Nobody made the connection: The prevalence of neurodisability in young people who offend*. Children's Commissioner; 2012.
- ²⁰⁰ Turney K. 'Adverse childhood experiences among children of incarcerated parents'. *Children and Youth Service Review*, 2018; 89:218-25.

-
- ²⁰¹ Lanier, P., Dunnigan, A., & Kohl, P. L. 'Impact of Pathways Triple P on Pediatric Health-Related Quality of Life in Maltreated Children'. *Journal of Developmental and Behavioral Pediatrics*: 2018; JDBP. Available at: https://journals.lww.com/jrnlbbp/Citation/2018/12000/Impact_of_Pathways_Triple_P_on_Pediatric.4.aspx
- ²⁰² Sanders, M.R., Pidgeon, A.M., Gravestock, F., Connors, M.D., Brown, S., & Young, R.W. 'Does Parental Attributional Retraining and Anger Management Enhance the Effects of the Triple P – Positive Parenting Program with Parents at Risk of Child Maltreatment?' *Behavior Therapy*, 2004; 35: 513–535.
- ²⁰³ Wiggins, T.L., Sofronoff, K., & Sanders, M.R. 'Pathways Triple P-Positive Parenting Program: Effects on Parent-Child Relationships and Child Behavior Problems'. *Family Process*, 2009; 48: 517–530
- ²⁰⁴ Schaeffer, C. M., & Borduin, C. M. Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*. 2005; 73(3): 445–453.
- ²⁰⁵ Waldron, H. B., Slesnick, N., Brody, J. L., Turner, C. W., & Peterson, T. R. 'Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments'. *Journal of Consulting and Clinical Psychology*, 2011; 69, 802-813.
- ²⁰⁶ Alexander, J. F., & Parsons, B. V. 'Short-term behavioral intervention with delinquent families: Impact on family process and recidivism'. *Journal of Abnormal Psychology*, 1973; 81, 219-225.
- ²⁰⁷ Bifulco A, et al. *Evaluation of the youth service prevention project at Guy's and St Thomas' hospital London. Report 5 – interim report*. Lifespan Research Group. Centre for Abuse and Trauma Studies. Kingston University. October 2012.
- ²⁰⁸ Florence C, Shepherd J, Brennan I, et al. Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. *BMJ* 2011; 342:d3313
- ²⁰⁹ Fisher H, Montgomery P, Gardner F. Opportunities provision for preventing youth gang involvement for children and young people (7-16). *Campbell Systematic Reviews* 2008:8
DOI: 10.4073/csr.2008.8
- ²¹⁰ Wong, J.S., Gravel, J., Bouchard, M. Descormiers, K. and Morselli, C. 'Promises kept? A meta-analysis of gang membership prevention programs'. *Journal of Criminological Research, Policy and Practice*. 2016; 2(2): 134-147.
- ²¹¹ Goldstein AP. Gang intervention: A historical review. In: Goldstein AP, Huff CR, editor(s). *The Gang Intervention Handbook*. Champaign IL: Research Press, 1993.
- ²¹² Klien MW. *The American street gang: Its nature, prevalence, and control*. New York: Oxford University Press, 1995.
- ²¹³ Houston J. 'What works: The search for excellence in gang intervention programs'. *Journal of Gang Research*, 1996; 3(3):1-16.
- ²¹⁴ Hill, K.G., Howell JC, Hawkins JD, Battin-Pearson SR. Childhood risk factors for adolescent gang membership: Results from the Seattle Social Development Project. *Journal of Research in Crime and Delinquency* 1999;36(3):300-322.
- ²¹⁵ Connor, D.F. *Aggression and antisocial behaviour in children and adolescents: Research and treatment*. New York: The Guilford Press, 2002.
- ²¹⁶ Braga, A. and Weisburd, D.L. 'The Effects of Pulling Levers Focussed Deterrence Strategies on Crime'. *Campbell Systematic Reviews*. April 2012:6. DOI:10.4073/csr.2012:6
- ²¹⁷ Sperzel, I. and Grossman, S. *Little Village Hang Reduction Project* Chicago. 1998.
- ²¹⁸ Kennedy, D. *How to Stop Young Men Shooting Each Other*. Presentation to the MPA. 2007.
- ²¹⁹ Hodgkinson, J., Marshall, S., Berry, G., Newman, M., Reynolds, P., Burton, E., Dickson, K., and Anderson, J. *Reducing Gang Related Crime: A Systematic Review of Comprehensive Interventions*, EPPI-Centre Social Science Research Unit, Institute of Education London. 2009.
- ²²⁰ Carr, R., Slothower, M., and Parkinson, J. 'Do Gang Injunctions Reduce Violent Crime? Four Tests in Merseyside'. *Cambridge Journal of Evidence Based Policing*. 2017; 1:195-210. DOI 10.1007/s41887-017-015-x
- ²²¹ MacDonald, J. M., Golinelli, D., Stokes, R. J., & Bluthenthal, R. The effect of business improvement districts on the incidence of violent crime. *Injury Prevention*, 2010; 16(5): 327-332.

-
- ²²² Casteel, C., & Peek-Asa, C. Effectiveness of crime prevention through environmental design (CPTED) in reducing robberies. *American Journal of Preventive Medicine*, 2000; 18(4S), 99-115.
- ²²³ Bogar, S., & Beyer, K. M. Green space, violence, and crime: A systematic review. *Trauma, Violence, & Abuse*, 2015; 17(2):160-171.
- ²²⁴ Branas, C. C., Cheney, R. A., MacDonald, J. M., Tam, V. W., Jackson, T. D., & Ten Have, T. R. A difference-in-difference analysis of health, safety, and greening vacant urban space. *American Journal of Epidemiology*, 2011;174(11): 1296-1306.
- ²²⁵ Branas, C. C., Kondo, M. C., Murphy, S. M., South, E. C., Polsky, D., & MacDonald, J. M. Urban blight remediation as a cost-beneficial solution to firearm violence. *American Journal of Public Health*. 2016. doi: 10.2105/AJPH.2016.303434
- ²²⁶ Culyba, A. J., Jacoby, S. F., Richmond, T. S., Fein, J. A., Hohl, B. C., & Branas, C. C. Modifiable neighborhood features associated with adolescent homicide. *JAMA Pediatrics*, 2016; 170(5), 473-480.
- ²²⁷ Donnelly, P., & Kimble, C. E. Community organizing, environmental change, and neighborhood crime. *Crime and Delinquency*, 1997; 43(4):493-511
- ²²⁸ Welsh, B., & Farrington, D. Effects of improved street lighting on crime: A systematic review. *Campbell Systematic Reviews*, 2008; 4(13), 1-61.
- ²²⁹ Anderson, P., Chisholm, D., & Fuhr, D. C. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 2009; 373(9682):2234-2246.
- ²³⁰ Community Preventive Services Task Force. Preventing excessive alcohol consumption. 2016. Atlanta, GA: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Retrieved from <http://www.thecommunityguide.org/alcohol/index.html>.
- ²³¹ Masho, S. W., Bishop, D. L., Edmonds, T., & Farrell, A. D. Using surveillance data to inform community action: The effect of alcohol sale restrictions on intentional injury-related ambulance pickups. *Prevention Science*, 2014; 15(1): 22-30.
- ²³² Duailibi, S., Ponicki, W., Grube, J., Pinsky, I., Laranjeira, R., & Raw, M. The effect of restricting opening hours on alcohol related violence. *American Journal of Public Health*, 2007; 97(12): 2276-2280.
- ²³³ Menéndez, P., Tusell, F., & Weatherburn, D. The effects of liquor licensing restriction on alcohol-related violence in NSW, 2008–13. *Addiction*, 2015; 110(10): 1574-1582.
- ²³⁴ Wallin, E., Norstrom, T., & Andreasson, S. (2003). Alcohol prevention targeting licensed premises: A study of effects on violence. *Journal of the Studies on Alcohol*, 2003; 64(2): 270-277.
- ²³⁵ Webster, D. W., Whitehill, J. M., Vernick, J. S., & Curriero, F. C. Effects of Baltimore's Safe Streets program on gun violence: A replication of Chicago's CeaseFire program. *Journal of Urban Health*, 2013;90(1): 27–40.
- ²³⁶ Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. Cure violence: A public health model to reduce gun violence. *Annual Review of Public Health*, 2015; 36: 39-53.
- ²³⁷ Patton, D.U., Eschmann, R.D., Elsaesser, C. and Bocanegra, E. 'Sticks, stones and Facebook accounts: What violence outreach workers know about social media and urban-based gang violence in Chicago', *Computers in Human Behavior*, 2016;1–10.
- ²³⁸ Murray, K. *Stop and search in Scotland: An evaluation of police practice*. The Scottish Centre for Crime and Justice Research. 2014. Edinburgh: University of Edinburgh.
- ²³⁹ Nagin, D. 'Criminal deterrence research at the outset of the twenty-first century', in M. Tonry (ed.) *Crime and justice: a review of research*, 23, 1998. University of Chicago Press, Chicago, pp 1–42.
- ²⁴⁰ von Hirsch, A., Bottoms, A., Burney, E. and Wikström, P-O. *Criminal Deterrence and Sentence Severity*, 1999. Oxford: Hart Publishing.
- ²⁴¹ 'Knife carrying down by 35%' Scottish Government website <http://www.scotland.gov.uk/News/Releases/2010/11/05144403> [Accessed 25 November 2019]
- ²⁴² Sherman, L. 'The Rise of Evidence-Based Policing: Targeting, Testing, and Tracking' in M. Tonry (ed.) 'Crime and Justice in America, 1975-2025', Crime and Justice, 2013;42. Chicago:University of Chicago Press
- ²⁴³ Manning, P. *Democratic Policing in a Changing World*, 2010. Boulder CO, Paradigm Publishing.

²⁴⁴ Bradford, B. and Jackson, J. 'Co-operating with the police: Social control and the Reproduction of Police Legitimacy'. 2010. available at: ssrn: <http://ssrn.com/abstract=1640958>

²⁴⁵ Fegan, J. 'Terry's Original Sin'. *University of Chicago Legal Forum*, 2016: 43-97. Available on-line at <http://chicahounbound.uchicago.edu/uclf/vol2016/iss1/3>

²⁴⁶ Weisburd, D., Wooditch, A., Weisburd, S. and Yang, D.M. 'Do Stop, Question and Frisk Practices Deter Crime? Evidence at Microunits of Space and Time' *Criminology and Public Policy*. 2015; 15:31-56

²⁴⁷ Tiratelli, M., Quinton, P., and Bradford, B. 'Does stop and search deter crime? Evidence from ten years of London wide data'. *British Journal of Criminology*. January 2018; 58(5): 1212-1231

30 September 2020	ITEM: 11
Council	
Report of the Cabinet Member for Central Services and Communities	
Report of: Councillor Deborah Huelin, Cabinet Member for Central Services and Communities	
This report is public	

Introduction by Cabinet Member

I am delighted to present to Council my report which details many of the areas of work and achievements within my diverse portfolio. The core services covered include:

- Community Development and Equalities
- Libraries
- Corporate strategy and performance
- Customer Services
- Communications
- Transformation
- HR, OD and Payroll
- Information Management
- Arts, Culture and Heritage
- Internal Audit
- Legal, Democratic, Electoral and Member Services
- Information Technology

I have never been more proud of my portfolio teams as I have been over the past few months.

In March 2020, the Council had to grapple with how to protect our communities from the impact of Covid-19 and support those most at risk. No area had a blue print for what a local response might look like to this world wide pandemic.

It is no surprise to me that in Thurrock our approach relied on the resilience and co-operation of officers as well as the willingness and commitment of the voluntary sector led by Thurrock CVS to work in partnership with us. Thurrock Coronavirus Community Action (TCCA), a partnership led by Thurrock Council with Stronger Together Thurrock and Thurrock CVS, was set up immediately to respond to the Covid-19 outbreak and has been supporting Thurrock residents who were self-isolating or shielding and who do not have family and friends who can help, since March.

So much has been achieved in this time – we have delivered 596 essential food boxes and supported over 3,370 residents in the borough to access practical help such as shopping and collecting prescriptions. Over 1,900 volunteer tasks had been completed by the end of August.

TCCA has had a tremendous impact on the most vulnerable in our borough. Without the support of TCCA with the council and voluntary sector working side by side, the outcome for many of our residents could have been life-threatening. TCCA will continue to support people to self-isolate. Volunteers will be encouraged to stay active, helping informally with the support of OurRoad – a toolkit developed by Stronger Together Thurrock.

Alongside TCCA and the Community Development Team, many other services in my portfolio have really gone above and beyond to support these completely unprecedented times. This includes (but is by no means exclusive):

- Customer Services moving all their interactions to the telephone/online overnight in March and taking over the delivery of the TCCA contact centre from 1 June
- Procurement team sourcing and arranging for the TCCA emergency food parcel supplies to enable these to be ready faster than most other authorities
- Communications supporting Public Health colleagues to ensure the correct and latest advice was cascaded to staff, members, residents and businesses, including the very numerous changes as the pandemic and related guidance evolved
- IT department turning the whole organisation into an agile working operation within a few days, providing necessary equipment and bringing forward the roll out of Microsoft Teams
- HR interpreting and producing guidance for staff on new ways of working, including sickness policies, e-learning provision and on-boarding guidance for new or returning staff with whom managers could not meet up physically
- Legal and Democratic Services rewriting the constitution and developing a system with IT to allow hybrid physical and virtual committee meetings to take place

Plus many officers whose main role had quietened during the early stages of lock down, volunteering to be temporarily redeployed to support the Covid-19 response including to support the TCCA at High House Production Park food distribution hub deliveries or from libraries to support the call centre.

I am incredibly proud of all that has been – and continues to be achieved by officers in my portfolio to support our communities through lockdown and other restrictions.

It seems a very long time ago now, but in February I was delighted to be part of the Civic Awards 2020 event, and honoured to present the award for Business in the Community. This special black tie event is biannual and is always a pleasure to see and hear about the amazing work that goes on in our borough, often by volunteers. This year there was also special recognition for the four Thurrock organisations which were awarded the Queen's Award for Voluntary Services (QAVS) and for three residents who are part of the Windrush Generation who have made huge contributions to their communities.

Even further back in January, the Staff Awards saw individual staff and teams being recognised for excelling in their work, plus a special presentation made by the Chief Constable of Essex Police, BJ Harrington, to colleagues from emergency planning, communications, security, environment and community development, who led and supported the council response to the terrible incident in West Thurrock last October where 39 people lost their lives and were discovered in a lorry trailer.

It reminded me, as has the Covid-19 response, that we sometimes ask a lot of our officers – more than any job description could ever reasonably expect. And they, time and time again, deliver.

COMMUNITY DEVELOPMENT and EQUALITIES

▶ SERVICE OVERVIEW

The Community Development Team supports people to come together to take positive action on what is important to them. The team provide support to all services and staff networks around equality, diversity and inclusion, ensuring our decisions and processes are both informed by our duties as a public body under the Equality Act 2010 and also representative of local issues. Building strong, resilient communities that enable integration and cohesion in a growing borough underpins the wide and varied work of the service.

▶ REVIEW OF PREVIOUS 12 MONTHS

Understanding the needs and aspirations of communities – for their neighborhood and for specific groups across our borough – is a central requirement of all council services. We are committed to improving community engagement, provision of information, consultation and co-production.

With the introduction of a new consultation portal in April 2019, we now have over 3,000 users registered to ‘have their say’ online. A number of successful engagement exercises have been hosted on the portal, including those relating to a range of services for example, the development of the Council’s Waste Strategy. Many current consultation exercises have been delayed due to Covid-19, however, as these restart, I am confident that new functions on the portal will help not just seek opinion on ideas put forward by council, but will also increase the opportunity for residents to bring their ideas forward too.

Progress on preparing the Collaborative Communities Framework was delayed due to the unprecedented need to respond to Covid-19. However, we learnt a great deal through this period, not least that our relationship with communities in Thurrock is stronger than in many other authorities. This has undoubtedly helped us to weather the Covid-19 storm. In doing so we shared a vision and did not let the complexities of organisational boundaries or red tape stop us from rallying to do the right thing. This commitment will be enshrined in the Collaborative Communities Framework which will set out how we intend to work alongside the citizens of Thurrock to help transform our borough with the communities we aim to serve. The aims of the framework include our equality objectives and provide a genuine opportunity to capitalise on the community spirit demonstrated through this recent period to really collaborate with our residents to both shape and reform how we work in the future.

The latest round of the Community Environmental Development Fund closed on 30th August 2020. This year we have asked applicants to explain how proposals will help build resilience within communities, post-coronavirus (COVID-19), and maintain the longer-term sustainability of local projects. With almost 40 projects supported with a CEDF grant over the last 4 years, we expect a continuation of the growth in demand for funding a wide range of proposals this year.

The team continue to champion equality, diversity and inclusion and support learning and development associated with community equality impact assessments, raising awareness of protected characteristics, challenging barriers and unconscious bias. Events marked recently include marking the 25th anniversary of the genocide in Srebrenica, Windrush

Day, International Women's Day and raising the rainbow flag for PRIDE. The debate prompted by the killing of George Floyd and the subsequent campaign for justice led by Black Lives Matter continues to be discussed in Thurrock amongst both staff and community organisations. I welcome the opportunity this brings to consider how we build on our commitment to promoting fairness and equality of opportunity, celebrating and valuing diversity as well as eliminating unlawful discrimination, harassment and victimisation in all forms. I am grateful to Thurrock CVS for their support in facilitating a much needed conversation about how we can confront and end racism. We will explore ways to convert conversation into change, and continue to celebrate the rich diversity that exists across our communities in Thurrock.

Supporting volunteering is also a key priority for the service. As well as working with communities to encourage volunteering, the service oversees the Council's volunteer programme. As we continue to monitor and streamline the process for involving volunteers, it is anticipated the programme will go from strength to strength. Although many traditional volunteer roles are paused due to Covid-19, we stay in touch with almost 200 volunteers and thanked them all for their support in Volunteers' Week in June.

► FUTURE

The community sector has been disproportionately impacted by Covid-19. Ensuring we build resilience and enable the sector to thrive is incredibly important, especially local infrastructure to help sustainability. A survey by CVS has identified some of the challenges local organisations are experiencing including a loss of income and reducing reserves. We are working with the sector to explore how we can support future sustainability. Enabling communities to access the resources they need to deliver locally is a key aspect of the team's work with grants programmes. Given the disruption to the sector through Covid-19, we have postponed a review of the current voluntary sector grants programme until 2021/22 with a view to introducing any changes to the process from April 2022.

20 small grants were approved in March 2020 to help communities lead their own events to celebrate VE Day. Unfortunately these events, along with many others planned to commemorate World War Two, had to be postponed for the future. We are however looking at alternative ways to remember and educate about the impact of the Second World War, especially on our communities here in Thurrock.

I have mentioned the Collaborative Communities Framework and TCCA. Both will evolve in the coming months. We do not know what lies ahead, the extent of the economic threats we will face, or the physical and mental health challenges that releasing lockdown might uncover. But we can nurture what we know works well and embed this to enable a cultural shift where every member of staff and member of the council knows they have a role to play in enabling and empowering communities to flourish and strengthen as we look to support residents face a new future.

LIBRARIES

▶ SERVICE OVERVIEW

Thurrock's Library Service includes nine authority run libraries and one self-serve library within Purfleet Community Hub.

▶ REVIEW OF PREVIOUS 12 MONTHS

During 2019-2020

- Residents made 684,437 visits to libraries and the hubs within them
- They borrowed 325,157 items
- They attended 2,670 events. The total number of attendees was 26,178
- They used the public access computers 66,649 times
- Library staff answered 66,418 enquiries

Five community hubs run alongside library services in South Ockendon, Chadwell, Tilbury and Aveley with staff and volunteers working closely together. At Purfleet a self-service library is hosted by the Hub, and in Stifford Clays the Hub operates from Headon Hall. The community hubs programme helps to complement the library offer in Thurrock by supporting people to resolve local issues with access to information and IT, providing opportunities to socialize and connect over important local issues. A number of milestones have been achieved recently including the opening of the new build Aveley Community Hub in February 2020, and in 2019/20, hubs arranged the largest number of events to date with over 10,000 attendees taking part in activities such as knit and natter, summer barbeques and other social groups.

All libraries and hubs closed on the 23rd March as a result of Covid-19. The majority of library staff were redeployed to the Thurrock Coronavirus Community Action response to support the Covid call centre and triage emergency calls. New procedures were quickly learnt and staff demonstrated their ability to relate sympathetically to vulnerable residents and problem solve to assist at this difficult time.

With the easing of lockdown a phased recovery plan is underway to reopen libraries and hubs safely. Three libraries reopened in mid-July with all safety mitigations in place and staff trained and confident to welcome back residents. Phase two is due to commence in September following the completion of risk assessments, and changes to the service to welcome residents back.

Supporting the digital agenda remains a priority for the service. Capital funding has meant that 128 public access computers have been replaced and new self-service machines are now available in all libraries. This has enabled staff to focus on providing individual assistance, signposting, giving advice on reading and supporting access to online services. Support online includes completing job applications, signing up for My Account and applying for Universal Credit. Use of our online services has grown with more residents aware that they can access 24/7 free learning courses etc. and borrow e-books and e-audio via their phones and tablets. A new library app was launched in July. Support for reading continues to evolve especially encouraging children and young people to read for pleasure and benefit from opportunities being able to read well can bring.

Provision of information and signposting to support agencies remains a core offer. Library staff receive on-going training and work with the hubs to ensure information is easy to access. A programme of regular staff training days has been arranged to ensure all staff are confident and knowledgeable to assist volunteers and residents.

▶ FUTURE

The Library Service will continue to develop alongside the Community Hubs programme. The digital offer developed during lockdown, which included online story/rhyme times and a virtual job club will be expanded. The service will continue to modernise with membership of The Libraries Consortium and the implementation of a new Library Management System providing an enhanced customer experience and access to a wider range of physical and e-resources. Thurrock library users will have access to over six million books (in addition to the current Essex and Thurrock joint stock of 1.4 million titles) including over 37,000 e-books. The enhanced app will enable customers to book events and manage their library account all in one place. The new marketing module with Thurrock's branding will allow the service to promote directly to library members and raise the profile of both the service and council.

Hub and library social and learning events to combat social isolation will be reintroduced as soon as it is safe to do so. This will ensure community hubs and libraries continue to provide a responsive service at the heart of the community. I encourage all members to ensure they visit their local library and take advantage of the services on offer.

CORPORATE STRATEGY and PERFORMANCE

▶ SERVICE OVERVIEW

This part of my portfolio is primarily concerned with the council's vision and priorities and ensuring the council is delivering against those priorities and objectives through the corporate performance framework.

▶ REVIEW OF PREVIOUS 12 MONTHS

The performance of the priority activities of the council is monitored through the Corporate KPI (Key Performance Indicator) framework. The indicators are reviewed every year and have been chosen to be as clear and simple to understand as possible, whilst balancing the need to ensure the council is monitoring those things which are of most importance, both operationally and strategically.

This is the fourth year that corporate performance indicators have been reported simply as having "Achieved" or "Failed". This has proved to be much clearer and more transparent than the previous system, as seen by the positive and continual improvement:

At end of 2016/17	59% Achieving
At end of 2017/18	66% Achieving
At end of 2018/19	68% Achieving
At end of 2019/20	74% Achieving

The first few months of 2020/21 have seen different challenges for us all, and the performance data has reflected the difficulties and pressures facing service delivery in some areas. I presented the Quarter 1 Corporate Performance Report to Cabinet earlier this month, which highlighted the effect so far on corporate key performance indicators. For as long as Covid-19 continues to impact service delivery, we will include a specific focus area in each of the corporate performance reports showing the affects and outlining mitigations and a clear route back to green. I would like to take this opportunity again to thank colleagues on the Corporate Overview and Scrutiny Committee for their ongoing scrutiny, and for their suggestion of using “Route to Green” commentary, as part of the strong governance in place for key performance indicators.

The council does not just measure itself by statistics alone. And we continue to see many of the council’s services, projects and individuals recognised locally, regionally and nationally. A full list of the awards which the council has won or been shortlisted for can be found at www.thurrock.gov.uk/how-we-are-doing/awards.

And as if once was not accolade enough, the council has been shortlisted – for the second year running – as Local Authority of the Year 2019/20 in the Municipal Journal Awards. In shortlisting Thurrock Council the MJ says: "Thurrock Council is a previous finalist and has consistently demonstrated its ability to adapt, prosper and grasp socioeconomic opportunities. Its leadership of the place agenda is impressive and the council unapologetically aspires to delivering for both businesses and residents."

The winner will be announced via an online awards ceremony in October. Fingers crossed.

▶ FUTURE

The governance for the corporate performance framework is embedded and as such this approach will be continued throughout 2020/21. This governance is multi-layered – individual teams, lead officers, Directors, portfolio holders and member scrutiny through the Corporate Overview and Scrutiny Committee and Cabinet work programme. Teamwork will ensure the “route to green” is achieved and improvements made.

CUSTOMER SERVICES

▶ SERVICE OVERVIEW

This part of the portfolio includes all front line customer contact including the Contact Centre, Careline, out-of-hours, cashiers, registrars and face to face customer services on the ground floor of the Civic Offices.

REVIEW OF PREVIOUS 12 MONTHS

A major project within this part of my portfolio in 2019/20 was the continuation of delivery of the customer services strategy action plan for 2017-2020. Key highlights include the further cascade of the “Right First Time” Customer Excellence Training and the “Write First Time” letter and email writing training with over 1,000 employees having attended these courses since launch.

Our performance was recognised externally with accreditation of the CCA (Customer Contact Association) Version 7 new global standard in 2019 with our next assessment due again later this year. The Customer Services quality framework which was recognised by the CCA as leading practice in 2019, has now been completed successfully within the special educational needs and disabilities (SEND) team and helped make significant improvements in call quality handling, reducing repeat calls and improving general service provision.

The Customer Services Team were also runners up and achieved silver award for the best public sector improvement strategy in the UKCCF awards in October 2019 and in the APSE awards for best efficiency and transformation initiative in September 2019.

The closure of Civic Offices during the Covid-19 outbreak resulted in customers not being able to visit for face to face customer service enquiries. However, the service has still managed to provide a full Contact Centre service throughout the period, providing support for our vulnerable customers by helping them to complete applications etc. over the telephone and providing reassurance for situations where they would have previously visited the offices. We have received lots of compliments from customers throughout this period. The Contact Centre have also taken responsibility for the TCCA call handling since 1 June 2019. This transition was very smooth and meant we were able to provide further support for our most vulnerable residents throughout this period.

The Contact Centre homeworking technology solution was scheduled for later in 2020 as part of our Phase 2 telephony project, however this was brought forward due to Covid-19 and we have now managed to enable Contact Centre advisors to work from home very successfully, with full Contact Centre technology, achieving excellent productivity.

The transition of the registry office to customer services has been very successful. The service not only registers and issues certificates for all births, deaths, marriages and civil partnerships which occur in the Thurrock district, but also conducts a number of ceremonies. Covid-19 resulted in closure of these service from March to July but service is now resumed in line with latest government guidance. The aim is to maintain our 100% good or excellent satisfaction rating previously achieved and hopefully identify some other excellent approved premises for weddings throughout the area.

All key performance indicators have been achieved throughout this period.

► FUTURE

We will develop a new customer services strategy for 2020-2023 to help us build further on our customer service success over the past few years. Following the successful implementation of Phase 1 Omni-channel Contact Centre project we are now planning Phase 2 of the project to implement future enhancements. These include generic mailbox integration for query handling, automation opportunities where high call volumes exist, exploring the use of chatbots or Artificial Intelligence (AI) where clear customer benefits can be identified, skillset routing for generic mail boxes and web chat along with further integration with existing platforms. We will continue to explore channel migration opportunities to maximise the use of our digital channels wherever possible. We will also build on the changes made during Covid-19 to review our face to face customer service delivery model.

Throughout 2020/21 the team is continuing to complete customer services quality assessments with others services utilising our customer services quality framework to help guide and implement actions to improve customer service delivery across all council departments. We are also continuing with work to support our most vulnerable residents to ensure that all services can be aware of when people are facing particular challenges so that they can be supported in the most appropriate way with early intervention wherever possible.

COMMUNICATIONS

▶ SERVICE OVERVIEW

This portfolio covers the council's communications functions including media liaison (proactive and reactive), social media, marketing campaigns, design and the council's website as well as internal communication with staff.

▶ REVIEW OF PREVIOUS 12 MONTHS

The council's work to improve resident engagement with its digital channels including the monthly e-newsletter and social media channels - Facebook, Twitter and Instagram – meant that it was well prepared when the coronavirus pandemic resulted in new ways of working and living for many of our residents and the need to get information to them quickly and regularly. This includes the latest advice from the government and Public Health England as well as the changes to council services and support available through TCCA.

The council's e-newsletter was quickly adapted to reach over 100,000 email addresses across the borough initially twice then once a week with an average open rate of over 50%. The Business Buzz e-newsletter has also be used to share the changes and support available with over 2,000 local businesses each week ensuring they are aware of the financial support available to them.

For the first three months of 'lockdown' a daily update was also provided to all local media outlets so that they were aware of the latest changes to council services and as a vehicle to answer their enquiries wherever possible.

Prior to March, the team had created and delivered a number of high-profile campaigns which ran across multiple media channels. Campaigns carried out include recycling plastics, fostering and adoption and promotion of the award winning Give A Gift initiative for its most successful year yet.

Internal communications has also been critically important during the pandemic, ensuring all staff have the latest advice and guidance as well as support available. We have used the weekly #TeamThurrock email and the new intranet went fully live in November 2019 to share information. A comprehensive regular briefing has also been provided to all Members.

The communications team have also lead the development of a brand for the Association of South Essex Local Authorities (ASELA) with the creation of a South Essex 2050 logo, style guide and templates as well as launching a regular Member newsletter, LinkedIn account and new standalone website.

▶ FUTURE

The communications strategy refresh will be finalised in the next few months with another LGA communications health-check involving local government peers planned to inform its development. We will also be looking at ways to proactively respond to social media comments recognising that this kind of two way communication is becoming more normal these days. I would encourage all councillors to sign-up for our e-newsletters and follow our social media channels to keep updated on the huge amount of work the council is doing. Direct communication with Thurrock's residents and businesses through our own channels will continue to be a priority for 2020/21.

CORPORATE PROGRAMME TEAM (TRANSFORMATION)

▶ SERVICE OVERVIEW

The Corporate Programme Team is responsible for the delivery of the council's Corporate Transformation Programme. This ambitious programme ranges from enhancing the way residents interact digitally with the council, via Thurrock On-Line, to implementing new ways for employees to work and deliver services more efficiently through agile working and modern HR, Procurement and Finance systems.

To help us deliver the best possible services to the residents of Thurrock the Corporate Programme Team are actively engaged in the Council's Service Review Programme to look at how we can do things differently by driving continuous positive transformation throughout the whole organisation.

▶ REVIEW OF PREVIOUS 12 MONTHS

The focus over the last twelve months continued to be the delivery of the Digital Programme providing the key enablers for transformation:

Thurrock On-Line

Over 95% of households are registered with a MyAccount demonstrating that our residents are choosing to interact with us on-line. Reporting online is the most effective method for issues regarding graffiti, abandoned vehicles, fly-posting, fly-tipping, missed waste collections, litter, overgrown trees/vegetation, grass cutting, dog fouling, potholes, street lights, road markings, noise complaints and pollution, providing residents with a quicker service response and the ability to monitor status.

Since MyAccount was implemented we have seen:

- Over 363,500 online views of Council Tax
- Over 15,400 direct debits set up online
- Over 14,130 council tax details updated regarding moves*
- Over 47,500 'reports' online

* (people updating their own details when moving in to, moving out or moving within the borough)

This year, development of the current system has been paused whilst we focus our attention on developing the next generation of platform required to further enhance the resident's experience when digitally interacting with the council.

Oracle Cloud

Going live on 1 April 2019 Oracle Cloud provided the modern technology to support internal transformation. All staff immediately benefitted from having access to a mobile App to carry out Employee Self Service tasks such as booking absence/leave, pay slips and claiming expenses.

The past year saw further enhancements to the reporting capabilities of Oracle in parallel with the platform's functionality embedding wider throughout the organisation. As with most Cloud-based platforms, regularly released features and enhancements ensure we are continually able to embrace new functionality.

Single View of Debt

Using a modern, efficient approach to analyzing data, the Single View of Debt initiative has accelerated our ability to help our residents using the most appropriate methods that reflect their circumstances. Taking input from multiple systems we have now developed a dashboard with a single view of a resident's debt to the council and a link to vulnerability to ensure we offer the most appropriate support.

This groundbreaking approach to debt management has been nominated for a Public Finance 2020 award in the Solutions Partner category.

► FUTURE

Innovation and new ways of working are constantly on our radar in order to deliver the best possible services to the residents and businesses of Thurrock. Over the next year we will continue to focus the Transformation Programme on the delivery of three key principles:

- Getting it right first time, every time
- Excellent customer services
- Collaboration and co-production of services

Agile Working

Accelerated beyond anyone's wildest expectations as a result of the Covid-19 pandemic the Agile working project continues to be, even more so, at the very forefront of transforming the way we will work in the future. Building on the unprecedented successes of continuing to deliver excellent levels of service to the residents and business of Thurrock we will continue to embed agile working across the council to drive the benefits of technology, property and new embracing ways of working.

Thurrock On-Line

During Covid-19 lockdown restrictions our physical front doors may have had to remain closed to the public but our "digital front doors" were wide open for business. Never before has customer facing digital interaction with the council been so critical. We will continue to support channel shift and further enhance the customer service experience through modern digital interfaces as we develop the next generation of Thurrock on Line.

Data Analytics, Process Automation and Artificial Intelligence

Unsurprisingly, the Covid-19 pandemic made organisations realise the true value of the data they have access to and how quickly they can react to what it's telling them. Fortunately, as a result of previous work we had achieved in various phases of our Digital Analytics projects, we were ahead of the curve and were very quickly able to start focusing help for our most

vulnerable residents. We will continue collaborating with our communities and partners to further exploit modern technologies that improve process efficiency, transform service delivery models and deliver better outcomes.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT

▶ SERVICE OVERVIEW

The focus of HR & OD is to ensure the Council has the high performing, engaged and confident workforce it needs to deliver excellent services and positive outcomes to our residents. The service consists of:

- HR, Resourcing and Improvement – ensuring the council is effectively resourced with the right people to deliver services to residents and providing the employment framework for excellent people management.
- Pay & Operations – ensuring staff are paid appropriately and the council complies with appropriate legislation and statutory requirements.
- People & Organisational Development – ensuring our workforce is equipped with the skills, knowledge and behaviours needed to deliver the council’s priorities and the organisation embraces change.

Activity and interventions are aligned to deliver the council’s People Strategy which is focused on embedding the six core values and our ambition to create a high performing, open and inclusive culture where innovation and creativity is encouraged and nurtured.

▶ REVIEW OF PREVIOUS 12 MONTHS

People Strategy

Reviewed and refreshed the People Strategy for the next three years; removed the three previous key themes of capacity, confidence and culture and focused on embedding our six core values:

- Ambitious
- Empowered
- Inclusive
- Compassionate
- Collaborative
- Proud

This will enable the council to attract and retain staff with appropriate attitudes and behaviours to deliver the collective services to residents.

Oracle Cloud

Oracle Cloud provides a modern system which will underpin business transformation and improvement across HR & OD. Oracle went live on 1 April 2019 and the team have consolidated processes to improve efficiency through automated transactions, improved employee and manager experience, whilst supporting change across the organisation. Once fully functional Oracle will provide:

- enhanced business intelligence to support workforce planning and talent management
- improved Employee Self Service through an App
- improved Manager Self Service and dashboards
- efficiency in internal processes supports improved customer service

By enhancing our internal digital transformation this supports the targeting of resourcing to resident facing services.

Capacity

In relation to resourcing, the council has:

- on boarded over 500 new starters in 2019/20
- significantly reduced agency numbers
- exceeded our target for recruiting apprentices
- continued to on board new starters remotely during Covid-19 into business critical roles

Confidence

In aiming to have the best workforce and the most exciting opportunities for staff we have:

- developed an online community as part of our response to Covid-19 to support staff and enable them to learn and develop during lockdown
- implemented a range of health & wellbeing, Leadership, communication, personal development and technology activities
- built confidence and capability by delivering a range of different learning and development events in the past 12 months
- face to face learning & development – 3,006 attendance for the whole year compared to 43 for the first quarter of 2020/21 which equated to 541 separate Face to face events
- 3,061 completed eLearning across 76 items in the first quarter
- 45 people attended Personal Best for staff
- 169 learners across Oracle learning communities in place to support Covid-19

Culture

Organisational culture is critical to our success, the way we do things is the ultimate determinate of how we treat our customers. This year we have:

- embedded our organisational values through our policies, practice and performance management
- conducted a Pulse Survey to better understand staff perceptions and take appropriate action. Another survey is currently being completed to determine the impact of Covid-19 and workforce engagement
- improved our Wellbeing offer, promoting health and wellbeing and ensuring staff are supported - reducing sickness absence, supporting mental health and supporting staff during Covid-19, including the development of a Covid-19 working arrangements policy to provide support, clarity and information to the workforce

► FUTURE

Key priorities for the year ahead include:

- Pay Review Phase 2 – a full review of our reward and benefits package to further modernise our approach and ensure an inclusive approach.
- build on the changed ways of working from Covid-19 to fully embed agile working, ensuring individuals are supported and outcomes managed.

- Oracle Cloud Phase 2 – embed Employee and Manager Self Service to realise benefits and efficiencies and underpin business transformation
- Talent Management – develop talent management and succession to support effective workforce and career planning
- Launch and embed our new People Strategy for the next three years
- Launch our new Digital Academy to develop the workforce to meet our Digital ambition

INFORMATION TEAM

▶ SERVICE OVERVIEW

This team is responsible for ensuring compliance with information governance regulations, including information security (policies and procedures), Data Protection, Freedom of Information (FOI), Records Management, Complaints and Geographical Information Systems (GIS) including Local Land & Property Gazetteer (LLPG) / Local Street Gazetteer (LSG).

▶ REVIEW OF PREVIOUS 12 MONTHS

During 2019/20:

- The council processed 97% of Freedom of Information (FOI) requests within the 20 working day legal timeframe. This is improved performance compared to the previous year. The Information Commissioner expect public authorities to answer at least 90% on time
- The council continue to ensure data is identified for routine publication online. This work forms part of the Transparency Agenda and aims to increase openness and accountability
- The council received 132 Subject Access Requests under the Data Protection Legislation. 97% of these requests were processed within the legal timeframe. Requests have increased significantly following changes to the Data Protection Act, however performance remains strong
- The volume of complaints reduced by 6% compared to last year. Upheld complaints also reduced by 3%. 86% of complaints were responded to within timeframe. A total of 3,580 member enquiries were received, with 96% responded to within timeframe. The average time taken to respond to members enquiries across all directorates was 3 days

▶ FUTURE

The focus for the team over the next year will be:

- to reduce complaints stages from a three staged process to two. This links in with our customer services strategy of getting it right first time
- driving a learning from complaints culture with robust learning action plans across council services
- to implement changes and to evidence accountability as part of the Data Protection Act requirements
- to reduce the number of physical records located at off-site storage locations

ARTS, CULTURE AND HERITAGE

▶ SERVICE OVERVIEW

A thriving Arts, Culture and Heritage scene has an important part to play in creating a vibrant, proud and optimistic community. Cultural services can be fun and enjoyable but also help us all to learn, to meet new people, to build our community and improve wellbeing. The council is responsible for Thurrock Museum, the Thameside Theatre and for supporting arts development in Thurrock. Alongside the council's services there are a number of professionals, community groups and volunteers delivering arts and heritage activity in the borough. I know Members will want to join me in thanking them for the work that they do.

▶ REVIEW OF PREVIOUS 12 MONTHS

I updated Members on the work of the cultural services team last January. At that time I was pleased to report on the good work underway. However, the Covid-19 pandemic has had big implications on arts and heritage activity. As a result some activity has been put on hold and attention focused on work that can be delivered while complying with Government guidance on social distancing.

Respect for and an understanding of the past helps us to shape our future. Our heritage service continues to share the story of the borough and to act as our guardians of the local history collection and archive. Since my last report, work has continued to update and digitise the collection; education activity supporting the Thurrock Trailblazer cultural education programme has continued and a new education session was developed using funding won from the Royal Opera House Bridge Development Fund; the museum volunteers also continued to support the World War II Committee work programme. Again I'd like to thank the volunteers for their dedication and good work.

Since lockdown the service has focused on continuing to support volunteers, responding to enquiries and, most importantly, on improving the educational materials available for teachers to help with online history lessons. Since March, 47 online teaching resources have been published for teachers to use. Now restrictions are easing the service has been able to reopen the research areas and volunteers are able to return safely. Work continues to re-open the gallery and to enable educational visits at Coalhouse Fort again.

Before the lockdown the theatre was busier than ever, hosting more shows and supporting the local community through relaxed performances, Liam's nightclub, the Beautiful Minds Cinema Club, comedy nights, foreign language films and other events and activities. The theatre team have worked with volunteers to support the service including the Thameside Young Producers - a group of young people with an interest in the performing arts.

Since March the theatre has had to close its doors. All shows were cancelled or rebooked for next year. Where possible staff have been deployed to help elsewhere including the TCCA food distribution centre. The annual maintenance programme has also started so the theatre is ready to open when it can. Members of the team have kept in contact with vulnerable customers and helped other aspects of the council response to Covid-19 while preparing to reopen safely as soon as they can.

As Members will know we have a world-class centre for creative production at High House Production Park. The site has raised our profile as a centre for the creative industries – a growing sector in the UK and, working with the Royal Opera House team, the council has been able to deliver the Trailblazer programme – enabling young people in Thurrock to benefit from high quality cultural activities.

There have been some changes at High House this year and the council has taken over day to day management responsibilities for the site alongside our work to support the development of the site. The costs of day to day management are recharged to High House Production Park so there is no cost to Thurrock residents.

In my last report I highlighted the work we have been doing to support the development of community-driven arts activity in the borough. I firmly believe our work to support the arts should be co-designed with the community to make sure we are supporting what our residents want to see and contributing to the delivery of other priorities in Thurrock including learning and developing skills, improving health and wellbeing and building pride in Thurrock.

I reported that we were working with the Thurrock CVS to combine our arts development funding with some underspend in the Voluntary Sector Development Fund to distribute around £25,000 in grants to deliver community based arts projects that contribute to developing strong and well connected communities. I'm pleased to confirm that the funds were allocated to nine different artists and groups.

When lockdown started many of the projects supported decided to defer delivery for a year and we were able to work with Thurrock CVS to launch a second small grants programme aimed at artists, historians and community organisations to use arts and heritage to deliver cultural activities for residents safely during the lockdown. I'm pleased to say we had a very good response to the call for proposals and were able to support 14 projects that are now underway, as diverse as *Smiles 4 All*, a project connecting isolated and vulnerable residents across the borough who would benefit from receiving and making artwork with kind strangers; as well as projects like *A Salvaged Thurrock 2020* from performance trio 5, in which residents learn dance, design, puppetry, song-writing and script-writing from the safety of home via free Zoom workshops.

► FUTURE

Through the focus on community-driven arts and cultural activity we have been able to work with local stakeholders like the CVS, Thurrock Lifestyle Solutions, Tilbury on Thames Trusts and local artists, historians and community groups to develop a shared vision for community driven arts in Thurrock.

The shared vision for community based arts closely relates to the aims of the Arts Council England Creative People and Places (CPP) programme, which focuses on more people choosing, creating and taking part in brilliant arts experiences in their area. The bidding process for CPP funding is incredibly competitive and we just missed out the first time we applied - reaching the final 3 bids in the Arts Council Eastern Region. We bid again in a bidding round held earlier this year but unfortunately the programme was suspended as the Arts Council focused attention on the COVID pandemic. The programme should reopen again towards the end of 2020 and I know we will all want to support the partnership as they develop a new application for funding in the next few months. If

successful the programme could bring a multi-million pound investment in cultural activity that local people want to see, create and deliver.

In the next few months officers will be working hard to return to 'business as usual' as soon as they can. The team will continue work to reopen the museum gallery, to begin education activity again at Coalhouse Fort, look at the use of the theatre foyer and the potential to offer traded services such as PAT testing and hiring out theatre staff and equipment to third parties. We also hope to reopen the theatre in time for Christmas but of course progress will depend on the public health guidelines. We will continue to work with the HHPP Board to maintain High House and to promote Thurrock as a location for inward investment from the cultural sector. Most importantly we will continue to work with our partners to deliver community driven arts and heritage activity across the borough.

COMMUNITY LED LOCAL DEVELOPMENT

▶ SERVICE OVERVIEW

The Tilbury Community Led Local Development (CLLD) programme is part-funded by the EU and covers Tilbury St Chads and Tilbury Riverside & Thurrock Park wards. The delivery element of the programme is expected to run until December 2022. A Local Action Group (LAG) comprised of voluntary and community sector, resident, Member and business representatives agreed the priorities for the area and make key funding decisions.

▶ REVIEW OF PREVIOUS 12 MONTHS

The CLLD Programme offers grants of £1,000-£4,000 to small and medium-sized businesses to improve their business frontage or to support new businesses with start-up costs. Businesses need to match the grant pound for pound. By the end of July, five grant applications had been approved, with five further businesses having had their eligibility confirmed and invited to submit a full application. The aim is to support at least 68 businesses by the time the project concludes.

Much more significant in terms of funding are the monies available to support unemployed and economically inactive residents to move into learning or work. Again, these need to be matched pound for pound meaning that they only attract interest from providers with project activity already funded in the area. The second half of 2019 saw six projects approved across three funding rounds with a total of £2m in projected spend. The six projects are led by Council services (Careers, Leisure and Thurrock Adult Community College), Thurrock Lifestyle Solutions, South Essex College and Creative Blast. A number of voluntary and community sector groups are also involved in delivery. Delivery has been hit significantly to date by COVID-19, reliant as projects are on the provision of face to face advice and support.

▶ FUTURE

The programme has been hit by the pandemic but projects have tried to continue to offer services to residents where they can. As restrictions ease projects will be able to deliver more services to residents to help them develop skills and find work.

There is a particular focus on the business grants element of the programme and new businesses established in the area are being contacted to make them aware of the financial support available and to help them apply. Around £1.5m remains unallocated and further funding rounds will be launched this year.

INTERNAL AUDIT

Internal Audit is an independent assurance function that primarily operates in accordance with best practice professional standards and guidelines. It reviews on a continuous basis, the extent to which the internal control environment supports and promotes the achievement of the council's objectives, and contributes to the proper, economic, efficient and effective use of resources.

▶ REVIEW OF PREVIOUS 12 MONTHS

The Chief Internal Auditor's Annual Report, which was presented to members of the Standards & Audit Committee in July 2020, confirmed the council's frameworks for governance, risk management and internal control were all positive. The Internal Audit team has provided regular progress reports to the Standards and Audit Committee on the work carried out and highlighted any key findings throughout the year.

▶ FUTURE

The Internal Audit 3 year Strategy 2020/21 to 2022/23 and Annual Plan 2020/21 was developed in early 2020 following a comprehensive audit needs assessment which was undertaken with senior managers across the council. In addition, a separate audit needs assessment was carried out to develop a specialist IT audit programme. The strategy and plan also takes into account the key risks identified within the council's Corporate Risk Register, External Auditor's Annual Audit and the Annual Governance Statement and was agreed at Standards & Audit Committee.

The plan is dynamic which allows the service to react as issues arise and priorities change, which has been crucial during the pandemic.

LEGAL SERVICES

The Legal Services directorate includes the legal services team, democratic services, Members' services and electoral services.

LEGAL SERVICES

▶ REVIEW OF PREVIOUS 12 MONTHS

The Legal Services team has built on its previous restructuring embedding its approach with clear expertise and close working with client departments. The significant alignment in safeguarding has built significant collaboration and improvement to the working relationships.

The team continues to develop its services for the Council and is working to recruit for key posts which are currently filled by agency Locums, this will solidify the team, as well as making savings.

► FUTURE

The team is currently working on a project which will move its existing case management systems to a locally hosted service improving resilience and is seeking its annual reaccreditation with Lexcel the legal practice management standard. Robust practice management is a key factor in delivering excellence in legal services, retaining good legal talent and consequently giving reassurance to our residents.

Thurrock Legal Services will continue as an in-house team addressing principally the needs of Thurrock Council but will continue to collaborate within the wider local authorities' networks particularly those of South Essex authorities where this supports the development of the service and the wider Councils priorities. This will be beneficial to the community as will give continuity in service provision and stability for the specialist teams such as children in care. We are building a stronger, more robust legal team to protect vulnerable residents, to prosecute planning violations and environmental enforcement including against fly tippers.

DEMOCRATIC SERVICES

The service continues to support all of the council's public committees as well as give advice on the governance of decision making as well as to a range of officer bodies and working groups.

In 2019-20 the Orsett Hospital Task and Finish Group agreed that its terms of reference was largely fulfilled and made recommendations for its work to be brought back into the Health and Well-being Overview and Scrutiny Committee. The Waste Management Working Group was also created across parties to review the council's current approach to waste and recycling.

This year also saw a new webcasting system installed in the chamber to allow the public to view Full Council meetings live online. At the end of the municipal year the COVID-19 outbreak saw the team introduce a range of measures to facilitate virtual and hybrid meetings ensuring the safety of staff, Members and the public.

By way of update from the previous report two members of staff are due to complete their certificate in Democratic Services by November 2020.

ELECTORAL AND MEMBER SERVICES

It was a very busy year last year for Electoral Services. Firstly, the team delivered four elections:

- scheduled local election in May 2019
- a by-election for Chadwell St Mary in May 2019
- European Parliamentary Election in May 2019
- General (UK Parliamentary) Election in December 2019

Following on from the elections in 2019, the electoral team were planning for the combined May 2020 polls (Police, Fire and Crime Commissioner election and local elections). In March 2020, the polls were postponed due to Covid-19 and are now

scheduled to be held on 6 May 2021. 2021 would ordinarily have been a fallow year (ie. no local elections were due to be held).

The statutory Polling District and Polling Place review concluded with the report to council 29 January 2020

During the pandemic the team developed processes for working remotely and maintaining the register of electors to meet the statutory duties of the Electoral Registration Officer. Plans were developed and resources put in place to deliver the annual canvass and maintain safety of the team and any canvassing staff.

The statutory annual canvass commenced in July 2020. As a result of Canvass Reform the canvass process is more streamlined and now utilises a matching process with both data from the Department of Work and Pensions and local council tax and housing data. This means those householders (82%) whose details matched do not need to respond if their details are correct, as printed on the form. The revised register is due for publication on 1 December 2020, subject to further legislation.

The Member Services team have worked to support elected members remotely during recent months. The team supported the recruitment of volunteers and redeployed a team member to the contact centre during the pandemic. The team have co-ordinated events and worked with the Communications team to ensure the Mayor has attended and publicised civic events where practical and safe to do so.

▶ **FUTURE**

Planning for the May 2021 local elections and Police, Fire and Crime Commissioner (PFCC) election will commence when guidance is received about polls in 2021. The PFCC poll will be led regionally by Colchester.

The team is currently reviewing procedures for scheduled events in light of Covid-19. This includes planning for Remembrance Day, the Mayor's Civic Dinner in April 2020 to commemorate the end of the Mayor's term in office and thinking ahead to ways in which Annual Council may be facilitated. They are also reviewing the induction process for new members (post election in May 2021) to ensure they can facilitate this safely. The team continue to work both remotely and in the office to support members meet the needs of residents.

INFORMATION TECHNOLOGY

The IT department deals with 2,500 calls per month and is responsible for providing the council with the back end IT services to enable systems to work effectively.

▶ **REVIEW OF PREVIOUS 12 MONTHS**

The past 12 months has been extremely busy and challenging for the IT department and we have delivered a wide range of technology projects for all parts of the council. ITs delivery portfolio included large scale projects that contributed to the delivery of community outcomes such as the ones set out in the 2017 Digital Strategy which also included some smaller scale projects such as application upgrades.

The single biggest project achievement for the IT department over the last year has been its contribution to enable mass remote working as part of the council's response to Covid-19. This involved bringing forward and contracting down the mass roll out of the Microsoft Teams, part of the Microsoft 365 platform, into one month rather than the originally planned four months. As a result of the new ways of working that have arisen in response to Covid-19, IT has had to respond by rapidly engineering solutions to enable wide scale video conferencing, an online public meeting capability, creating a virtual telephone contact centre and issuing over 550 mobile devices (laptops and phones) to staff.

In addition to the above the service has delivered a number of other key projects over the last year, many aimed directly at providing more effective, efficient services for residents, some of which are highlighted below:

- Creation of remote virtual contact centre at beginning of Covid-19 pandemic to enable the council to continue to provide this essential service to residents and businesses
- Replacement of out of date data centre which will future proof the council's IT infrastructure to enable delivery of new more efficient digital ways of working
- Upgrade of the wi-fi at Civic Offices to support agile working and to enable visitors to be able to access guest internet via their own devices
- All the council's libraries were equipped with new technology including computers and tablets resulting in a better computing experience for library users Creation of a technology which was applied across multiple council data systems to enable staff to have a fuller, single view of the customer to enable more appropriate and coordinated approach to working with the resident
- Early delivery of Connected Workspace and Microsoft 365 Phase 1 to enable staff to be able to access all the work systems including files, emails and video-conferencing using a virtual desktop during Covid-19 from home. This agile working capabilities enabled seamless responses to residents issues and urgent needs during Covid-19

FUTURE

The next 12 months will be equally challenging as we continue to support the council's drive for agile working. Outlined below are some of the key projects that are planned for delivery over the coming year, which will have a direct, positive impact on residents and businesses:

- Local Full Fibre Network across Thurrock using £4m of government grant funding, which will improve and speed up internet connectivity across the borough for residents and businesses and support economic growth
- Further upgrading and interconnectivity of networks and systems to enable more resilient and enhanced agile working capability for staff
- Provision of an online payments platform to give residents a better and modern experience of using the council by paying for services online
- Roll out of the wi-fi upgrade at all other council sites (ie. not Civic Offices) to support agile working and to enable visitors to be able to access guest internet via their own devices and other services so residents do not have to come into Civic Offices
- Continued support to Public Health colleagues for the Track and Trace system
- Provision of Omni-channel technology (as per Customer Services above) enabling residents to receive a more efficient and timely response to standard enquiries
- Migration from the out of date "My Account" portal to a new platform which will allow more services to be accessed online and will facilitate residents and other service users receiving a more efficient and transparent service/response

PERFORMANCE – Corporate Performance Indicators

Service Area	KPI Title	2019/20 Outturn	Qtr 1 2020/21	Qtr 1 Target 2020/21	Year End Target 2020/21	Qtr 1 2020/21 Status
HROD	No of new apprenticeships started (incl current staff undertaking new standards)	69	2	1	67	ACHIEVING
Customer Services	Contact Centre - Face to Face average waiting times	00:59 mins	n/a	Under 3 mins	Under 3 mins	N/A – Face to Face is currently closed
Customer Services	Contact Centre - Face to Face - no of visitors	58,504	n/a	n/a	n/a	
Community Development	No of placements available within council for volunteers	225	205	190	210	ACHIEVING
Community Development	% of volunteer placements filled within council	96%	100%	90%	96%	ACHIEVING
Community Development	Number of new Micro Enterprises started this year	44	5	0	20	ACHIEVING
Community Development	Number of engagement events in a range of opportunities to support well-being and strengthen community connections	New KPI	0	0	600 (<i>target under review in light of Covid-19</i>)	ACHIEVING

FINANCIAL INFORMATION

Service Area	£K Variance at year end (2019/20)	£K Full Year Budget (2020/21)	£K Forecast at Month 3 (2020/21)	£K Forecast Variance (2020/21)
Internal Audit	(60)	303	266	(37)
Legal Services	(48)	1,899	1,864	(34)
Democratic Services	(40)	234	207	(27)
Electoral Services	(50)	506	330	(175)
Member Services	(75)	753	799	46
Strategy Team	(35)	320	315	(5)
Communications	2	514	515	1
*Customer Services	(153)	1,132	1,036	(96)
Procurement/contract management	9	1,027	840	(187)
Corporate Programme Team	(212)	973	878	(95)
Information Team	54	581	613	32
HR, OD and Payroll	(404)	3,590	3,653	63
Arts Development	0	13	13	0
*Theatre	61	(10)	189	199
Museum	(1)	106	106	0
Community Development Projects	331	797	797	0
Libraries	261	1,292	1,213	(78)
Information Technology	359	3,575	3,645	70

*At period 3, the theatre was forecast to overspend by £199k. This was a direct result of being closed during the pandemic and, as at Month 3, assumed that the theatre would re-open in time for the pantomime season. Forecasts have been reviewed following the decision that the pantomime will not take place this year and the estimated deficit is now £260k - entirely due to Covid-19. Similarly, there is also anticipated loss of income to the value of £91K in customer services due to the impact of Covid-19 on marriage ceremonies. This has led to a total loss of income for the first quarter and an 80% forecast of expected income for the rest of the year. The forecast will continue to be reviewed and revised in line with government advice on Covid-19/lockdown easing and customer behaviour.

30 September 2020	ITEM: 12
Council	
Report of the Cabinet Member for Health and Air Quality	
Report of: Councillor Allen Mayes, Cabinet Member for Health and Air Quality	
This report is Public	

Executive Summary

It has been a privilege to become the Portfolio holder for the areas of Health and Air Quality earlier this year. The two parts were put together in recognition of the relationship between supporting people to make healthier lifestyle choices, having access to high quality services when they need them and the impact of air quality on their health and wellbeing.

There are also clear links with my fellow Cabinet Member and Portfolio Holder for Adult's and Children's Social Care as Chair of Thurrock's Health and Wellbeing Board of which I am a member. The Health and Wellbeing Board has a statutory responsibility to produce and oversee the implementation of Thurrock's Health and Wellbeing Strategy. The Health and Wellbeing Board played a key role in responding to changes to the NHS landscape and the creation of the Mid and South Essex Health and Care Partnership.

This report addresses the unprecedented impact of the COVID-19 Pandemic. It recognises the fantastic resilience, reactive and proactive action by taken by Council officers, Health, Third Sector partners and members of the public to protect and support the residents of Thurrock and beyond. Our Public Health Team has been an instrumental partner in establishing outbreak management protocols which respond and meet national expectations, while being tailored to the needs of the Borough.

This report also outlines what the Health and Place Directorates, working with our health professionals, environmental experts and the public, have done to contribute to improving wider health outcomes for the people of Thurrock.

There has been a great deal of positive work done with Mental Health services across the borough. However, with the Impact of the COVID-19 Lockdown and economic fallout, the challenges of supporting residents with their Mental Health are a fresh challenge, and one that effects any age group. We will establish a member led Mental Health, cross party steering group to discuss the challenges and look for ways forward.

I will now outline the strong successes achieved by the Departments and our plans for the future under the two main headings of 'Health' and 'Air Quality'.

PART 1 - HEALTH

1. Thurrock Health and Wellbeing Board and Health and Wellbeing Strategy

As the Cabinet Member and Portfolio Holder for Health and Air Quality I am now a member of Thurrock's Health and Wellbeing Board which is responsible for the development and oversight of Thurrock's Health and Wellbeing Strategy.

As a Board member I am committed to ensuring that the wider determinants of health such as Air Quality consider to be prioritised in the Strategy, due to be refreshed in July 2021.

2. COVID-19 Pandemic

Covid-19 has put pressure upon health and well-being systems across the UK to an extent never seen previously. Partners across the Health and Care system have implemented a number of measures to address the challenges which are being faced as a result of COVID-19, particularly in response to the announcement of the Government's 'Stay at Home' guidance on 23 March 2020.

Since this time, system partners have taken action to protect the health and wellbeing of both its staff and the public from the risks posed by COVID-19, whilst ensuring that critical services could continue to be delivered for those who are most at need. Close attention has been paid to statutory responsibilities, new legislation and Government guidance which has, on occasion, changed quickly.

There has been a substantial and comprehensive efforts across the Health, Social Care and VCS systems to understand and respond to COVID-19.

Reset and Recovery

It is becoming clear that we will not see a quick end to the pandemic. As such we need to consider how we begin to provide some services that have been paused, in the context of the increased risk to older and vulnerable people caused by Covid-19.

Set against this is the emerging evidence of the detrimental impact upon the health of vulnerable people as a consequence of the isolation imposed to counter the virus. We also need to be mindful of the impact of service reduction on the health and wellbeing of family carers and their ability to be able to continue to provide levels of care required by loved ones.

Adding to the need to reopen services is the impact of a large number of health professionals, such as community nurses, being re-deployed across the system to support the front line response to the pandemic. This has caused a growing backlog

of service interventions the consequences of which have led to a growing number of health issues and the potential of an increased requirement for social care support. These services will need to be re-set in very different conditions to those that pre-existed Covid 19. How to deliver these much needed services safely, whilst living with the potential for another spike of the pandemic, will require an understanding of the risk and significant mitigation to be put in place. A system rather than service response will be key to responding effectively and safely to demand and unmet need.

There is evidence of potentially significant un-met need building up in our communities as a consequence of the changes necessarily enacted to meet the current crisis a system issue that requires a whole system response.

We will also need to be mindful of the ongoing impact following the pandemic as a result of the economic impact Covid-19 has had on our residents and service users.

Work is now beginning that seeks to understand the full extent of un-met need and the requirements of delivering a response in a world where Covid 19 is still with us. Locally the Thurrock Integrated Care Partnership, which has representation of all of the key partners including crucially Public Health, will lead the re-set programme.

Our success in delivering a response to Covid 19 leaves us in a strong position to manage the re-set process effectively; there is however no room for complacency as this challenge is equal to that initially presented by the first wave of the pandemic.

3. COVID and its impact on Thurrock

Due to a number of complex factors including a lack of access to sufficient data, it is not possible to undertake detailed analysis and compare Thurrock's performance in tackling COVID with that of other comparable authorities. I have therefore provided some key statistical information on the Impact of COVID on Thurrock residents.

Between March 1st and August 27th 2020 a total of 17,393 coronavirus tests have been carried out for Thurrock residents.

There have been changes in testing practice and criteria throughout the Pandemic. Since May an increasing number of testing has been made available to the community. Currently the usual criteria for obtaining a test in the community is that symptoms are present.

Once somebody has tested positive they should enter the NHS test and trace database to allow contact tracing to take place and request any contacts to self-isolate for 14 days. This is our primary defence against seeing a second wave of similar proportions to the first in Thurrock so it is vital that testing is conducted when and where it is needed to support this process.

Confirmed Cases¹

As of 4th September 2020 there had been 631 confirmed cases of COVID-19 in Thurrock. However due to restrictive testing criteria because of lab capacity early in the pandemic, we know that there would have been more cases than this. During the peak months of the pandemic, March to early May 2020, confirmed cases totalled approximately 359. Figures for July 2020 and August show 74 confirmed cases.

To date, over the course of the Pandemic the case rate per 100,000 population in Thurrock (366 cases per 100,000) has been lower than that of the East of England region (434 cases per 100,000).

At present, we currently have very few new confirmed cases in Thurrock; typically have a maximum of three new confirmed cases on a given day. The current seven day average rate for cases per 100,000 is 7.46 cases. This places Thurrock 110th out of 149 authorities in England, where a rank of 1 represents the highest rate and 149 the lowest

The average age of those infected has fallen considerably from earlier in the pandemic. Currently most new cases are in young adults who are at low risk of serious health complications from becoming infected.

Deaths

As of August 14th 2020 there had been a total of 149 deaths involving COVID-19 amongst Thurrock residents. Fortunately mortality levels have subsequently fallen and we have had no deaths involving COVID-19 since the week ending 17th July 2020 for Thurrock residents.

Observed patterns in Thurrock are very similar to what has been observed at a national level.

¹ PHE Covid-19 Situational Awareness Explorer report

BTUH Intensive Treatment Unit (Critical Care)

Basildon hospital's Intensive Treatment Unit (ITU) reached its peak with COVID-19 cases during April 2020 (46 occupied beds).

The number of COVID-19 patients in ITU beds gradually declined from May onwards and has been consistently at or close to 0 for the last two weeks. See Figure 2. This is good news as it means that we are managing to protect our most vulnerable groups from the virus.

Figure 2: BTUH ITU Beds



Source: Basildon and Thurrock University Hospitals

4. Outbreak Control Plan and the Health Protection Board

On 24 May 2020, central government informed all top tier local authorities that they were required to produce and publish Outbreak Prevention and Control Plans (OPCP) by 1 July 2020. Thurrock Council has received £1.054M from central government to support the plan.

A series of detailed setting based protocols that set out arrangements for prevention, early detection and management of COVID-19 in a range of high risk settings sit under the OPCP. Settings Based Protocols have been completed for:

- Schools and Early Years
- Care Homes
- Workplaces, Businesses and Public Venues
- High Risk Residential Settings
- Domiciliary Care
- Vulnerable Communities
- Primary Care

Four settings based hubs (below) have been set up and are overseeing the protocol implementation and acting as a reference point for a dedicated setting specific communications plan for each protocol.

- Health and Social Care
- Schools and Early Years
- Workplaces and Business
- Communities.

For example, deaths from COVID-19 in Care Homes have been highlighted in the national media. In Thurrock, we mobilised an enhanced care home offer early in the epidemic and developed and implemented a protocol that set out how we would prevent outbreaks from occurring in care homes, detect and manage outbreaks promptly to prevent their spread and provide additional support to care home managers, staff and residents.

Our multi-agency 'Health and Social Care Hub' has met three times a week to implement the protocol. Work has included enhanced weekly testing of all care home staff to check their negative status, twice weekly 'support' telephone calls to every care home manager, step up/step down facilities for COVID-19 positive residents at Oak House and enhanced clinical support and care planning through a GP Locally Enhanced Service. The latest data shows that Thurrock's rate of care home deaths is the fifteenth lowest of all district/borough areas in England.

An overarching Communications Plan for the OPCP is being developed and an Intelligence and Surveillance Cell has been set up and has produced a Thurrock COVID-19 Dashboard. The dashboard reflects surveillance data currently being received by Thurrock Council including mapping of positive test results by postcode across the borough

A staffing structure including future contact tracing responsibilities are set out in the main plan. We have established contact tracers to ensure integration with existing assets that can support vulnerable residents to self-isolate.

The Thurrock Council contract tracing function commenced in August 2020. Thurrock Council now has access to data that can be used to support this. Our local service (Tier 1) service (comprising of our local team and the Public Health England Local Health Protection Team) has a contact follow up success rate of 98.7% compared to 55.1% from the national contact tracing architecture.

Thurrock council is working with partners to build a local contact tracing database that will triangulate case and contact data with local intelligence in our Xantura linked database. The system will be completed by mid-September and will further enhance our local ability to contact trace at pace.

On the 17th July the Government laid additional regulations giving further powers to Local Authorities to close settings and some restrictions on use of open spaces, other powers to close settings and wider restrictions on movement are retained by the Secretary of State.

Governance Arrangements comprise of an officer/professional led Thurrock COVID-19 Health Protection Board and a Member Engagement Board that provides political overview and scrutiny that meets on the time cycle of the Health and Wellbeing Board. Both boards report to the Health and Wellbeing Board. Details are set out in the OPCP.

The Thurrock Covid-19 Health Protection Board meets at least fortnightly and comprises of a range relevant officers from Thurrock Council and stakeholder organisations including the designated PHE Consultant in Communicable Disease Control. This board is chaired by the local Director of Public Health.

The main function of the Health Protection Board is to provide operational and clinical oversight of implementation of the Thurrock OPCP and oversight of actions to track, prevent and control the COVID-19 epidemic in Thurrock. The Thurrock Covid-19 Health Protection Board reports to the Health and Wellbeing Board and provides regular reports to the Member COVID-19 Engagement Board.

A Member COVID-19 Engagement Board has been established and currently meets approximately every six weeks. The main function of the Member Engagement Board is to provide political oversight and scrutiny of the strategic plans to track, prevent and control COVID-19 in Thurrock and to act as a mechanism through which to engage and communicate with residents. The Member Engagement Board is also a sub-group of the Health and Wellbeing Board.

Responsibility for decision making and management of arrangements on prevention, local testing and surveillance rests with the Director of Public Health. Tier 1 routine management of positive cases and contact tracing is a joint responsibility between the Director of Public Health and Public Health England. Precise details are set out in the setting specific protocols.

In a more significant outbreak situation in settings or localities, an Outbreak Control Team of appropriately qualified and relevant officers including Council and PHE Public Health staff will be formed who will devise an Outbreak Control Plan that will set out how the outbreak will be managed. The Outbreak Control Team will be responsible for decision making on how best manage the outbreak.

The Outbreak control plan and governance arrangements were approved by myself and other members of the Health and Wellbeing Board at our meeting of 31 July 2020.

NHS England reset and recovery expectations

On 31 July 2020 NHS England issued a letter to CCGs which sets out expectations for the Third Phase of the NHS response to COVID-19 which includes accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available until the winter. NHS partners are also preparing for winter demand pressures, alongside continuing vigilance in the light of further possible Covid spikes locally and possibly nationally.

The third phase of the NHS response to COVID-19 includes intentions to:

- Restore full operation of all cancer services
- Recover the maximum elective activity possible between now and winter
- Restore service delivery in primary care and community services.

Officers continue to work closely with NHS colleagues to ensure Thurrock is coordinate, considers the priorities of partnership organisations while meeting national expectations.

5. Data Linkage

To ensure that all local stakeholders are working together efficiently for our residents in a way that is sustainable for future generations it is vital that we have access to data from all relevant services that is both up-to-date and integrated. In doing so, this enables us to both plan services better and to evaluate their effectiveness. It also allows us to produce risk stratification models that enable caregivers to identify residents for the most suitable and efficacious treatments and interventions.

In the last year we have taken significant steps towards making this aim a reality. We now have successfully linked data relating to Adult Social Care, Hospital activity, Mental Health Services and Primary Care. In total, 25 of our local GP practices are now flowing data into our linked data system, allowing us to understand patient activity across the wider health and social care system.

6. Mid and South Essex Health and Care Partnership

The Mid and South Essex Health and Care Partnership is one of 44 such partnerships across England. The Partnership brings together local organisations (acute hospitals, community and mental health providers, CCGs, our three local authorities (Essex County Council, Southend-On-Sea Borough Council and Thurrock Council, our three Healthwatch organisations (Essex, Thurrock and Southend) along with clinical and service user representatives to work together to improve the health and care of a population of 1.2 million people.

The challenge for the Partnership is to manage these expectations while also working together as equal partners. In response to this a Memorandum of Understanding (MoU) has been developed to strengthen existing joint working arrangements.

The Mid and South Essex Health and Care Partnership Board approved the Memorandum of Understanding in June 2020. As a member of Thurrock's Health and Wellbeing Board I supported the approval of a Mid and South Essex Health and Care Partnership Memorandum of Understanding on 31 July 2020.

The MOU provides mutual accountability framework involving key strategic health and care partners at different geographical levels that all impact on the people of Thurrock. It also acknowledges the critical work of Health and Wellbeing Boards and Health and Wellbeing Overview and Scrutiny Committees within the Mid and South Essex Health and Care Partnership footprint.

The MOU is built on a number of number of principles and as such supports and reinforces the place agenda within Thurrock and while it is not a legal document it has been developed to formalise and build on existing partnership arrangements and relationships.

7. Integrated Medical Centres (IMCs)

The council and partners remain committed to creating four Integrated Medical Centres across Thurrock. Work on three of the four Integrated Medical Centres has continued to progress well during the Covid-19 pandemic: This has been possible because design work can be undertaken remotely, and to date little work on site has been necessary. The current status of the IMCs is as follows:

Corringham IMC (Graham James site)

The site is owned by NELFT and on 24th March 2020 the Trust Board signed off and approved the Full Business Case for the development.

In recognition of the priority on public health communications, NELFT and the IMC Strategic Programme Board have agreed to pause any external communication during the emergency period.

The Programme plan has been updated and reviewed. As the development has already received planning consent, construction is expected to start on site in November 2020 ensuring full compliance with guidance on construction during the COVID-19 pandemic. It is anticipated the IMC will be operational by early 2022.

Tilbury IMC: (Civic Square site)

Architects Pick Everard are working with the Schedule of Accommodation, agreed by the Council and its health partners in February 2020, to produce a feasibility layout.

The integrated vision for the Tilbury site includes a circa 6,000 list size surgery, a suite of flexible clinical rooms to enable various health and care services to make use of the facility, along with community elements such as the library and community hub.

Initial design options and floor plans for the IMC will be circulated to Committee for its consideration and comment. It is anticipated the IMC will be operational by the end of 2023.

Purfleet IMC: (Purfleet Town Centre)

The developer, Purfleet Centre Regeneration Limited, is working with the Schedule of Accommodation agreed by the Council and its health partners in February 2020 and liaising closely with the Director of Primary Care Estates for the Mid and South Essex Health and Care Partnership.

Initial design options and floor plans for the IMC are being developed. An on-line community design panel held on 12 May engaged 30 local people.

Site investigations have resumed after a pause and ensuring full compliance with guidance on construction during the COVID-19 pandemic. The Government recently awarded the project £75m from the Housing Infrastructure Fund.

It is anticipated the IMC will be operational by the end of 2023.

Grays IMC (Thurrock Community Hospital site)

The IMC at Thurrock Community Hospital was always going to be a slightly different offer – the site already has an extensive range of existing services, and it is likely to be the site chosen for those services which can only realistically be offered in one location – e.g. potentially an Urgent Care Centre and Renal Dialysis.

A Master Planning exercise for the whole the current site has been undertaken, and a range of options have been considered. The layout of the site is felt to lend itself to the zoning of two main areas: a "Health Village", incorporating quieter and more long-term activities, and a "Day Hub", the space where patients would come for appointments and more short term activities.

Thurrock Community Hospital has played a key part in the local health response to Covid-19 and consequently work on the Grays IMC has been paused since mid-March. The timescales for this IMC becoming operational are therefore currently under review in light of the impact of the COVID Pandemic.

8. Adult Mental Health Transformation

I am pleased to report that a large amount of work has been happening over the last year to begin to transform the way we deliver support to adults with poor mental health, in order that care is delivered in a much more holistic way. Recent successes include:

- The launch of the 24/7 mental health crisis response service across Mid and South Essex on 1st April. This enables callers dialing 111 to select option 2 which connects them directly to trained staff at Essex Partnership University Foundation Trust (EPUT) who provide timely and appropriate support and advice. Part of this pathway also includes non-clinical Sanctuaries – one of which is run by Thurrock and Brentwood MIND. Whilst they have been operating remotely during the lockdown period, they are preparing to restore face to face support over the next few months. The Sanctuaries have already supported a number of Thurrock residents with issues such as anxiety, suicidal thoughts and social isolation, reducing the likelihood of a future hospital attendance.
- Completion of a successful pilot treatment programme called STEPPS (Systems Training for Emotional Predictability and Problem Solving) for adults with Emotionally Unstable Personality Disorder. It is intended to mainstream this service as part of the future Integrated Primary and Community Care Mental Health offer within the Primary Care Networks.

- Continued work in embedding opportunities for depression screening in non-mental health frontline roles, thereby increasing the likelihood that residents with depression will have it detected and be offered support. Data supplied by our Public Health team indicates that the gap between those diagnosed and estimated to have depression was closed by 3% within the first year of activity.
- Recommissioning of the Floating Support service for people with mental health challenges. The service provides support to enable people to live as independently as possible in the community supporting them to maintain their tenancies and accommodation helping with budget planning paying bills and rent.

Ultimately, the COVID period required mental health support to be delivered in a different way, requiring services to prioritise delivery of care above non-urgent developmental service activities. However work is underway to re-scope existing mental health transformation plans, so that we can continue to improve the mental health support available to our residents.

9. Whole Systems Obesity

A whole systems approach requires multiple actions across all parts of the system. Following the Whole System Obesity Summit that was held in 2019, a strategy and delivery framework have been both produced and published, which identified the five different goals of the strategy. From the attendees of the summit, Director level sponsors for each goal were identified from various council departments, the CCG and the CVS, each with a named lead and Public Health support. The goals were identified as:

- A - Enabling settings, schools and services to contribute to children and young people achieving a healthy weight
- B - Increasing positive community influences
- C - Improving the food environment and making healthy food choices
- D - Improving the physical activity environment and getting the inactive active
- E - Improving identification and management of obesity

Each of the goals have developed a group of stakeholders who have both contributed into their goal area and have also communicated the work to their department or organisation.

To advise on and to ensure the involvement of the community within this and as a part of progressing Goal B, a Citizen's Panel was co-produced with CVS. Prior to the COVID-19 pandemic, the group was evolving and in its early infancy and this will continue to be established more firmly going forward as work recommences

All the goals have made progress against their delivery plans. Moving forward, the importance of maintaining a healthy weight in the context of COVID-19 risk will be highlighted and a review to understand the impact of the virus on Whole Systems Obesity will be undertaken. This may result in additional actions being identified and incorporated into the plans.

10. Thurrock Healthy Lifestyle Service

Thurrock Healthy Lifestyle Service (THLS), in partnership with Primary Care, achieved their NHS health check target for 19/20 with 61% of our eligible 40-74 year old population receiving a cardiovascular risk assessment.

This meant many people identified with, or who are at risk of high blood pressure, high cholesterol, and diabetes, as well as those who are overweight or obese, smokers and high consumers of alcohol, could be diagnosed and receive the appropriate intervention to improve their health and lower their risk of cardiovascular related illness.

Working with Primary Care, pharmacy and local vape shops, THLS also exceeded their targets for 19/20, supporting 1,128 Thurrock residents to stop smoking that will reduce their risk of smoking related illness and premature death, as well as reducing the likelihood of contracting COVID-19 and the severity of symptoms if infected.

It was, therefore vital that support was made available to smokers wishing to stop when COVID-19 struck. Despite THLS having to cease temporarily all face to face programmes and clinics because of lockdown, our stop smoking service has continued a virtual support over the telephone with medication being sent to clients weekly by post. The team mobilised seamlessly to a different offer for stop smoking support and they have continued to demonstrate their resilience and passion for ensuring the residents of Thurrock have an 'offer' that still delivers results, with an increase on referrals month on month throughout the pandemic period.

Clients really welcome the regular support they receive each week, using it often as a 'touch point' to have an opportunity to discuss any challenges they have. I have been greatly encouraged to see that through the work of Thurrock Healthy Lifestyle Solutions clients have continued to make great progress despite the stress of quitting during these unprecedented times.

Part 2 – Air Quality

1. Introduction

Air Quality within Thurrock, and its direct impact on health and wellbeing of our residents, means the subject has in the recent past gained significant prominence, and remains a critical subject for our communities.

Emissions and particulates within the air we breathe is associated with a number of adverse health impacts, disproportionately affecting the young and older members of our communities, contributes to respiratory and cardiac conditions, and impacts on the onset of cancers and heart disease, and ultimately a root cause of premature death. Those from less affluent areas are often most impacted by poor air quality, a correlation which has been identified across multiple studies.

The main pollutant of concern within Thurrock is Nitrogen Dioxide (NO₂), and to a lesser extent Particulate Matters (PM₁₀) – both being predominantly contributed to from road traffic. Therefore reducing these emissions, or minimizing their impact on receptor sites – that is sites where people have prolonged exposure (homes, schools and workplaces) will help the authority tackle the many health inequalities linked to air quality.

2. Air Quality Management Areas (AQMA)

There are currently 18 designated AQMAs within Thurrock. They are primarily related to NO₂ and the long-term objective or annual mean 40 µg/m³ objectives. Out of the 18 AQMAs there are currently four declared for PM₁₀.

In 2016 the Council undertook a detailed modelling assessment to re-determine the extent of NO₂ & PM₁₀ exceedances over most of the borough and including all 18 AQMA's. This assessment found that 8 AQMA's should be revoked for NO₂ and all four for PM₁₀ should also be revoked. However, this assessment was not supported by Defra and the council has identified the need to undertake a new Air Quality Assessment Model.

In 2018 the air quality monitoring team instigated additional monitoring sites using NO₂ diffusion tubes in AQMAs. This enables additional data trends to be understood so revocations can be made on the basis that monitoring shows that they are well below the annual mean objective limit for NO₂.

3. Air Quality and Health Strategy refresh

Following a request from the Cabinet Member and feedback from CGS O&S Committee, a scoping report has been advanced in order to inform development of a new Air Quality & Health Strategy.

The scoping report sets out the requirements for updating the Air Quality modelling assessment for the borough and how the existing Air Quality & Health Strategy will need to be reviewed and refreshed to account for new baseline information, implementing Air Quality measures and interventions and how Air Quality & Health issues need to be addressed as the Council looks to deliver growth to 2038 and beyond.

The key elements for the refreshed Air Quality and Health Strategy are:

- Commission a borough-wide air quality assessment to develop a better understanding of local air quality issues. Re-testing will also:
- Review the existing Air Quality Strategy for Thurrock (published in 2016), including any actions, and appraise the current situation.
- Assess the current strategy against Government ambition for improving air quality outlined in the National Clean Air Strategy 2019, affiliating any recent evidence and research.
- Public Health to review evidence of interventions that have been proven to improve air quality and health, establishing the most practical interventions to reduce harm from outdoor air pollution by their health impact.
- Consider the roles of different services in the Council for improving air quality, and the actions to be taken to ensure they work more closely together. Consideration should be given to what actions the council itself could undertake that would make a significant difference to air quality, recognising funding constraints.
- Considering the above points, create an updated Air Quality and Health Strategy for Thurrock.

4. Thurrock Air Quality Modelling

The Council's existing Air Quality model is out of date and officers have identified the need to undertake extensive air quality modelling work and develop a detailed air quality assessment report which can be submitted to Defra on behalf of the Council.

An updated model and detailed assessment report will form the basis of determining if there are any new declarations of AQMA's, if the current AQMA's need re-defining in terms of geographical area or if they need to be revoked completely.

This information will be used to support the refreshed Air Quality and Health Strategy, setting out where air quality issues are most prevalent and providing focus on those areas and the mitigation measures that can be applied to address and tackle air quality issues.

An extensive brief has been developed and circulated to interested parties in order to commence the procurement of suitable external support and the identification of the necessary budget to undertake the required modelling work.

5. Working with Schools

The Transport Development team have continued their strong working relationship with schools by developing and supporting anti-idling campaigns at schools. Children from Woodside Academy participated in a competition sending amazing drawings for the campaign. Winning designs have been turned into banners and placed on the school entrance.

The success of the campaign has led to further engagement with other schools to promote the anti-idling message at school locations.

6. Idling Enforcement

This year the Environmental Enforcement Team will be supporting growing concerns about pollution and the environment by reducing unnecessary exhaust emissions from vehicles. The Enforcement Team have adopted the power to request vehicle drivers to switch off their vehicle engines while parked and they can issue a £40 fixed penalty notice to drivers if they refuse to comply with the warning.

This enforcement approach has been supported by the Council's Director's Board, Overview and Scrutiny Committee and the leader.

7. Brown dust

The brown dust issue is currently being considered by the Environment Agency as the issue derives from a location which is outside of the Council's remit.

However, the Council has played a key role in driving forward the Brown Dust Group. The Group is now well established as a collaborative advisory group that can share information and provide technical advice and guidance around best practice in relation to the concerns raised by residents of Thurrock of dust in the Tilbury area.

The Advisory Group comprises core representation from Thurrock Council, the Environment Agency, London Port Health Authority and Public Health England.

There are numerous potential dust sources in the Tilbury area, some of which can be deposited from transboundary locations. The Environment Agency and London Port Health Authority officers continue to monitor dock based companies who may contribute to the dust in this area.

A 4-month Air Quality Monitoring Exercise was undertaken by the Environment Agency. This work has concluded and the results have been shared. The advisory group of professionals continue to meet on this subject and the relevant attending agencies monitor the situation and take action where required.

8. Annual Air Quality Report

Thurrock's Annual Status Report 2020 work continues, but it has been affected by the constraints imposed by the COVID-19 pandemic and other impacts on officer time. Furthermore the scientific expertise required to complete this work has been impacted as the current Air Quality Officer leaves Thurrock Council employment.

2020 Air Quality data has been updated for all Thurrock monitoring sites. This now requires technical analysis and re-formatting to fit the required Defra submission format. This work is very time consuming as the data has to be presented in many different formats. DEFRA have made this work increasingly more comprehensive over the years as more criteria are added, but this work is currently being progressed.

The team are actively working to replace the expertise offered by the current Air Quality officer, so the comprehensive work already completed can continue. This could require the instruction of AQ specialist consultants should recruitment not be successful.

APPENDIX A: 2020-21 PUBLIC HEALTH GRANT SPEND

Income source	Amount (£s)
Public Health Grant 2020/21	(11,484,752)
PHG Carry Forward from 19/20	(174,839)
OPCC Grant Income	(48,907)
NRT Re-charge from NHS Thurrock CCG	(27,000)
HRA Recharge (contribution to Well Homes Project)	(45,000)
TOTAL INCOME	(11,780,498)

Questions from Members to the Leader, Cabinet Members, Chairs of Committees or Members appointed to represent the Council on a Joint Committee in accordance with Chapter 2, Part 2 (Rule 14) of the Council's Constitution.

There was 1 question to the Leader and 11 questions to Cabinet Members, Committee Chairs and Member appointed to represent the Council on a Joint Committee.

1. From Councillor J Kent to Councillor Gledhill

The Government has chosen Thurrock as one of 29 areas covered by a Special Development Order to enable the building of a lorry park to help facilitate the extra paperwork that may be needed post Brexit. Will the Leader of the Council tell us the location of the Government's preferred site for this lorry park?

QUESTIONS FROM MEMBERS TO CABINET MEMBERS, COMMITTEE CHAIRS AND MEMBERS APPOINTED TO REPRESENT THE COUNCIL ON A JOINT COMMITTEE

1. From Councillor Fish to Councillor Mayes

Following my question to the Portfolio Holder around a year ago he undertook to review the Clean Air Strategy. What changes have been made as a result to improve air quality for residents in Grays Riverside?

2. From Councillor Worrall to Councillor Watkins

Can the Portfolio Holder for Environment update the chamber on the progress he has made on replacing the bins at cemeteries?

3. From Councillor Byrne to Councillor Coxshall

Can we be given assurances that Thurrock residents will not be asked to contribute to the A13 widening projects overspend?

4. From Councillor Anderson to Councillor Halden

Can the Portfolio Holder outline what he is doing additionally to make the children's partnership more accountable?

5. From Councillor Byrne to Councillor Mayes

Would the Portfolio Holder be prepared to write to the Secretary of State on behalf of the Council to ask him to account for the Government's despicable treatment of NHS workers over its pay increase decision?

6. From Councillor J Kent to Councillor Johnson

When will all residents living in Council sheltered complexes be able to use their community halls?

7. From Councillor J Kent to Councillor Maney

Will the Portfolio Holder, as a matter of urgency, take steps to improve the safety of the dangerous junction of Bradleigh Avenue and Lodge Lane?

8. From Councillor Worrall to Councillor Redsell

Following the recent task and finish working group looking at waste recycling in Thurrock, could the chair of CGS scrutiny committee update the chamber as to when this report will be on the agenda at committee?

9. From Councillor Kerin to Councillor Coxshall

Can the Portfolio Holder please let this Chamber know how the Stanford-le-Hope Station Redevelopment is going?

10. From Councillor Holloway to Councillor Mayes

Will the Portfolio Holder for Health provide an update on the effectiveness of test and trace in Thurrock?

11. From Councillor Holloway to Councillor Halden

Following updated Government guidance that care home homes in England should be prepared to accept Covid 19 positive patients from hospitals, what processes are in place for our care homes to handle that situation and ensure all care home residents are kept safe?

Update on Motions agreed by the Council

Date	From	Motion	Status	Director
23/10/2019	Cllr Gerrish	<p>Thurrock Council therefore resolves to:</p> <ol style="list-style-type: none"> 1. Declare a 'Climate Emergency' that requires urgent action; 2. Request that the Council's activities become net-zero carbon by 2030; 3. Request that the Council embed this work in all areas and take responsibility for reducing, as rapidly as possible, the carbon emissions resulting from the Council's activities; 4. Request that the relevant Portfolio Holder with responsibility for Climate Change convenes a Citizens' Assembly on Climate Change and a Climate Change partnership group, involving Councillors, residents, young citizens, climate science and solutions experts, businesses and other relevant parties. Over the following 6 months, the Group should consider strategies and actions being developed by the Council and other partner organisations and develop a strategy in line with a target of net zero emissions by 2030. It should also recommend ways to maximise local benefits of these actions in other sectors such as employment, health, agriculture, transport and the economy. The membership of this group should be agreed in consultation with Group Leaders; 5. Request that all reports in preparation for the 2020/21 budget cycle and investment strategy will take into account the actions the Council will take to address this emergency; 6. Request that the Leader write to the UK Government asking them to provide the powers, resources and help with funding To make this possible, and ask local MPs To do likewise. 	<p>As agreed by Group Leaders on the 13 January 2020, a Task Force will be established to consider the recommendations included within the motion, evidence from experts within the field and what actions are required to be taken.</p> <p>Terms of Reference have been drafted and a draft work programme put together. That work programme is currently being reviewed. In addition, supporting arrangements to assist in the delivery of that work have been recently agreed. The delivery of the programme will commence shortly and an update report will be presented to Cleaner, Greener, Safer Overview and Scrutiny Committee in December.</p>	Andy Millard

Update on Motions agreed by the Council

Date	From	Motion	Status	Director
29 January 2020	Cllr J Kent	This year's Holocaust Memorial Day marked the 75th anniversary of the end of the Holocaust. Thurrock Council understands the importance of remembering the millions of people murdered in the Holocaust and the genocides in Cambodia, Rwanda, Bosnia and Darfur. The Council calls upon Cabinet to explore the opportunity to work with schools to facilitate visits to former Nazi death camps, including Auschwitz-Birkenau, to help learn first-hand the consequences of hate. A future programme should seek to work across schools in Thurrock.	We have been unable to follow up on the report due to the restrictions imposed by the COVID pandemic. This will be followed up with education as soon as we are able to do so.	Roger Harris
26 February 2020	Cllr Redsell	Council calls on Cabinet to consider a new wood and bluebells to be planted on a piece of land at the edge of Woodside.	The requirement from the s106 is for the open space to be kept mowed, with limited planting around the edges. Numerous attempts have been made to have dialogue with the developer to discuss the motion presented, to no avail. Officers will continue to pursue.	Julie Rogers
8 July 2020	Cllr Kerin	This Chamber calls on Thurrock Council to celebrate and thank our National Health Service by marking the 5th July, every year, with the raising of the National Health Service flag outside the Civic Offices.	Thurrock Council will be proud to celebrate NHS Day each year. Earlier this year, the council flew the 'thank you NHS' flag as instigated by the Mayor and celebrated the anniversary.	Karen Wheeler

Motions Submitted to Council

In accordance with Chapter 2, Part 2 (Rule 15) of the Council's Constitution

Motion 1

Submitted by Councillor Redsell

Members hereby remember those who have lost their lives due to COVID-19 during this pandemic. Furthermore this chamber agrees that the Council should consider the creation of a permanent memorial to local residents, with the intention that it could be a place for family and friends to reflect. Members would also request that Cabinet consider options for a Thurrock memorial and bring forward a future report on this.

Monitoring Officer Comments:

Should the motion be accepted, Cabinet will need to consider all material factors relating to the design, location and construction of a memorial. The provision of such a memorial is within the powers of the Council.

Section 151 Officer Comments:

Should this motion be accepted, Cabinet will need to consider a report that sets out both the cost of a memorial and any ongoing maintenance.

Is the above motion within the remit of Council to approve?

Yes

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