



Islington Safeguarding Children's Partnership:
Thematic Local Child Safeguarding Practice Review (Phase Two)
Children at risk of Serious Youth Violence and Extra Familial Harm

Introduction and purpose of this report.....	2
Methodology	2
Terminology	4
The Challenging Context of Multi-Agency Safeguarding Practice	5
What does good multi-agency preventative safeguarding practice look like?	8
Value based outcome-focussed practice, by design.....	8
Practice and interventions that are rooted in the evidence base.....	9
The child's experience at the centre.....	10
Relational practice with children and families: overcoming barriers to accepting the offer of help.	14
Working authoritatively and generously in multi-agency planning to promote, prevent and disrupt.	17
Intervening earlier – strengths, gaps and possibilities.....	21
Responding early to children's possible disabilities and learning needs.	21
Children with SEMH – accessing therapeutic interventions.	25
History of child abuse and neglect, inc. DA, including responding to parental needs, parental separation and the impact on children.	26
Education: disruption to learner journeys and outcomes.....	28
A Child's loss of friend or peer to SYV	30
Other Practice challenges – how are they responded to?.....	33
Online risk	33
Mitigating the harm from disproportionality and from racism.....	36
Conclusions, considerations and recommendations.....	39

Introduction and purpose of this report

1. This report is a thematic analysis of current multi-agency safeguarding practice in Islington with a cohort of black and dual heritage children who, due to childhood experiences, may be at increased risk of being affected by SYV later in their childhood. As per the Terms of Reference (appendix One), it provides an analysis of how the multi-agency system responds in order to intervene early to prevent children's trajectories towards harmful experiences.
2. The key line of enquiry for the Thematic LCSPR is this: *"Is there more that can be done to identify and intervene early to prevent children's involvement in Serious Youth Violence and prevent their vulnerability to other extra-familial safeguarding risks?"* A range of features and experiences common to this cohort of children at risk were identified through:
 - Learning from the experiences of Child X who died in the borough in Dec 2022 (subject of a Rapid Review and further reflection as part of Phase One).
 - An audit of five children (now aged 14-17) deemed to be at most high risk of being affected by SYV and EFH in the borough during Phase One. The audit identified 'What was?' for these five children and established further areas for exploration of the safeguarding system, considering the question: *If the children from Phase One and their families were to begin their journeys through intervention now, what would be different for them in terms of meeting needs and identifying risk and existing vulnerabilities?*
 - A review of the key evidence (examined in the audit report).

Graphic 1 below outlines the common experiences in these children's lives identified in Phase One. It is suggested that at the end of Phase One, this could be updated to offer an even more nuanced and systemic analysis of the common experiences.

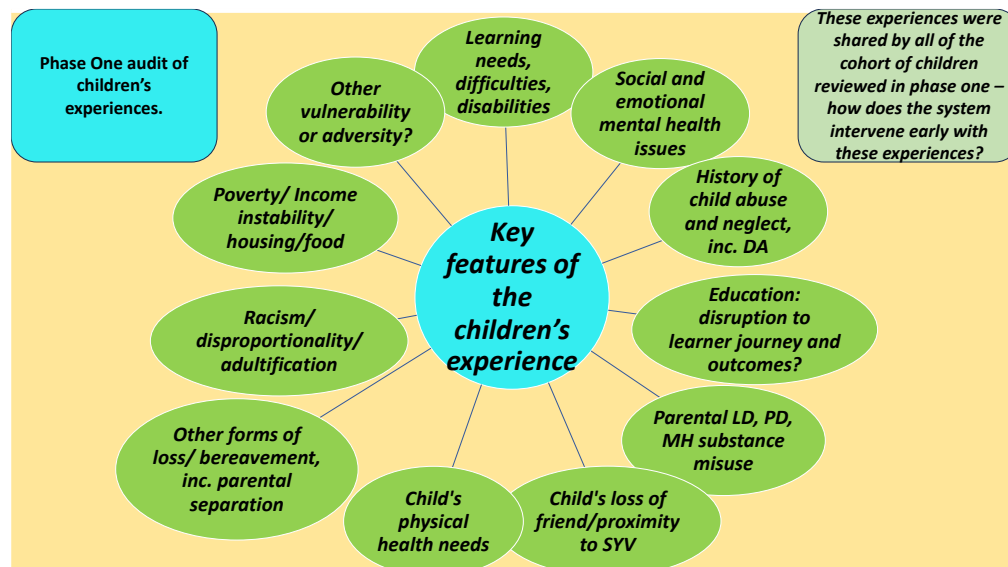
3. After the review had commenced there was another death, of Child Z, who died in the borough in July 2023. Although this child was not thought to have shared many of the features identified in the audit cohort, the Rapid Review generated some specific learning from Child Z around his school experience and responding to his loss, (with the recommendation to include the learning in this thematic review).

Methodology

4. The underpinning approach to this review has been one of Appreciative Inquiry (see ToR). This analysis has been built upon:
 - 5 positive practice sessions with multi- and single-agency groups of practitioners
 - 3 further sessions considering three specific "challenges" in practice for children
 - A series of conversations with key personnel from different partner agencies
 - Conversations with family members affected by Serious Youth Violence and a child who was in custody at the time.
 - Conversation with a young adult who is a YJS peer advocate.

Practitioners were asked to share how they work with children and families to mitigate harm from the common experiences. Case examples of work with 16 families were shared

as well as four written studies of intervention – two from early years settings and two from the young carers' commissioned service. A schedule of review activity in Phase One and Phase Two and the brief for the positive practice sessions and which agencies have been involved can be found at Appendix Two.



5. During the course of Phase Two of the review, the Local Authority commissioned a review of the London Borough of Islington's Youth Safety Strategy which was published in 2020. This was led by Dr James Alexander, London Metropolitan University and Professor John Pitts. It was agreed that the two reviews would complement each other: this review being more focused on operational practice responses and the YSS review on strategic planning and impact. Additionally, this review lends itself more to considering earlier intervention – whereas the YSS review will focus more on the children already receiving interventions due to SYV and exploitation. As such the role of one of the key statutory partners, the MPS is minimal. However, the role of the police has been more of a focus in the review of the Youth Safety Strategy. The reviewers will refer to each other's findings in these reports and have worked together to consult with children and families to gain their perspectives on what could be different.
6. It is important to note the organisational context in Islington. The local authority with key partners have developed and implemented key strategies over the past 5 years that have impacted upon the nature of intervention in the borough. The strategic vision is clearly articulated and draws on research evidence. The clear connection between this vision and the practice shared by those in the review is strategy in action. The children reviewed in Phase One, although experiencing some good intervention at some points in their journey, received services before these key strategies were implemented. Particularly relevant to current practice to prevent escalation of risk are:
 - Re-commissioning Early Help: the [Bright Starts](#) strategy and Bright Futures offer, outlined in the [Fairer Together Islington 2023](#) Early Help strategy.
 - [Islington's SEND strategy 2022-7](#)
 - Children's Services scrutiny on School Exclusion – [report updating on impact](#) 2023.

- NCL ICB: [Start Well](#) Programme
- Islington's [Youth Safety Strategy 2020-2025](#)
- Islington's [Violence Against Women and Girls Strategy](#) 2021-6
- Initiatives from [London's Violence Reduction Unit](#)
- Islington's [Family Hubs](#) – currently two are open, with a third to open in Spring 2024
- Islington's Violence Reduction Strategy 2022-7.

7. This review has identified many strengths in the system which partners can build upon as well as examples of good practice to embed more widely. There is much to celebrate in terms of practice in Islington, although the methodology of this review cannot assure the partnership that multi-agency practice is consistently effective in every setting. It is appropriate to thank all that have taken part in the review for their candour and enthusiasm in sharing their practice.
8. The report will set the context of practice in terms of the structural challenges that children and families are facing, including considering some of these as '*system harms*¹. Practitioners work hard to mitigate the impact of these, in order to be able to intervene effectively, responding to need and risk early to manage the risks faced by children in the home and in the community. The report considers how multi-agency safeguarding practice in Islington works to respond early to reduce the harm to children from their experiences that, in turn, may leave them more vulnerable to becoming affected by SYV. It offers an analysis of what in the system contributes to good practice and what strengths should be built upon, as well as what could be done differently, to fill some of the gaps for children in the safeguarding response. The report will highlight learning points for those in practice to consider as possible enhancements and provide recommendations for safeguarding partners in order to address gaps in practice.

This report will make suggestions in two ways:

- *recommendations* for change or improvement, which the ISCP might need to address through new workstream or initiatives.
- *considerations* to enhance existing strategies, initiatives or practice approaches.

Terminology

9. The following terms are used in this way in this document:
 - '*Practitioner*' is used to describe personnel who work directly with children and their families. In this report, it will be used alongside job titles.
 - '*Child*' – this term is used to describe anyone under the age of 18. This is in-line with the embedding of the 'Child First' ² principle in practice, utilised by Youth Justice services to move away from the categorisation of children as 'offenders' only. More recently, the use of this principle in practice could be considered as

¹Lloyd, J. Mannister, M. Wroe, L (2022) [Social Care Responses to Children who Experience Criminal Exploitation and Violence: BJSW](#) (open source – accessed Nov 2023).

² [His Majesty's Inspector of Probation](#) General Models and Principles 2023

a helpful tool in challenging the adultification³, a system harm which is particularly relevant to this cohort of children.

The Challenging Context of Multi-Agency Safeguarding Practice

10. Although approaching safeguarding practice appreciatively to identify strengths, it was important to acknowledge the current challenging environment for some children and families in Islington. Therefore, all practitioners were offered the opportunity to share what they felt were the key structural challenges for families which impacted on the everyday lived experience of children and families and on their practice. The challenges described in this section were identified during every practice session as significantly impacting on families with practitioners having to address these in many ways before being able to intervene in a meaningful way to bring about changes within the family.
11. Practitioners noted that deprivation and poverty are widespread in the borough, and this is supported by data⁴. This is understood strategically: the borough's Early Intervention and Prevention strategy opens with the statement: *Over the last ten years, austerity and spiralling living costs have exacerbated poverty and inequality....with 38.2% of our children growing up in poverty*⁵. Practitioners offer interventions to help families care for their children well but perform a dual role in having to support families with their everyday experience of hardship and for some, destitution⁶. These harms undermine the efforts made to respond to children's needs. One senior member of staff in a primary school observed that she had never imagined that her time at work would be taken up with the daily job of handing out food boxes, finding food banks and sourcing food vouchers. The situation for families has become much worse during this academic year (2023-4). Another Designated Safeguarding Lead (DSL) in a school described how the children in schools are hungry and parents as having *"incredibly short fuses"*. A youth worker welcomed free school meals for all children at primary school and for some at secondary school but identified that this is often the only meal of the day for many children. Another youth worker described always having snacks available as children's behaviour tends to deteriorate when hungry.
12. Poor parental mental health is increasing. Some schools shared that they have family liaison workers to support families and the children, but the mental health of parents is *"significant and worsening and is exacerbated by deprivation"*. The emphasis was on the rate at which this is worsening. Schools recognise that their staff are visible *'authority figures'* and reflected on how they often bore the brunt of parents who are stressed and cannot regulate their behaviours and in turn cannot regulate their children's emotional behaviours. Practitioners identified how difficult it is for parents to speak to housing

³ [Adultification bias within child protection and safeguarding](#) Davies, J (2022), HMIP

⁴ [Islington JSNA 0-25 years olds](#) (2023) slides 6, 35, 63, 64.

⁵ [Fairer Together Islington 2023](#) Early Help and intervention strategy

⁶ <https://www.jrf.org.uk/deep-poverty-and-destitution/destitution-in-the-uk-2023>

officials or access an official in the DWP, so the schools are the last port of call. Poor parental mental health was leading to increasingly complex behaviours and presentations in some children. In several of the practice sessions, practitioners pointed to the lack of provision to help with poor parental mental health as another challenge. Additionally, some identified that some adult mental health practitioners struggled to '*think family*' and understand how their offer to adults might contribute to the well-being of children.

Consideration A: *For the ISCP to request that housing providers explore the accessibility of the current offer around housing advice and tenancy support for families in the borough.*

Recommendation 1: *The ICSP works with primary care practitioners, and partners delivering adult-facing services for parents experience poor mental health and mental illness to ensure that they are part of the early help assessment and intervention, in order to improve the circumstances for children living with adults with poor mental health⁷*

Poor housing and the basic effects it has on the lives of all family members. Poor housing due to a lack of affordable, clean and warm properties due to a national housing crisis or emergency⁸ appears as a '*system harm*'. Some practitioners reflected on Maslow's hierarchy of needs: that shelter i.e. housing is a basic need and the impact of poor housing is all-pervasive. The impact of a failing social housing system, along with poverty is resulting in many children arriving at school in the morning too cold to learn, or too tired due to unsuitable or overcrowded housing. These conditions can also lead to children wishing to get away from their homes and potentially gravitate towards negative influences: peer groups, organised criminals. An observation was made around how housing workers were not always present in relevant practice discussions and training.

Consideration B: *The ISCP to promote the participation of housing workers in multi-agency early help networks around families and in multi-agency development.*

13. Practitioners shared how children with additional needs and their families are waiting longer for diagnoses and interventions: There is an increasing number of children of all ages with SEND – many of whom are awaiting diagnosis. The waiting times can be long, although it is important to note how agencies do help for diagnoses (see paras 57-62 below). The situation is the same for children with mental health needs who can access services through school wellbeing offers. Although there are efforts to clear a backlog of children waiting for over a year for diagnoses across NCL's 5 boroughs, some practitioners reflected that the families are referred to Early Help to "hold" the family's situation and manage the escalating impact of not having needs met appropriately. One universal youth worker described how, as the '*trusted adult*', via weekly one to one sessions, she was supporting a 16-year-old waiting for intervention: this child's SEMH presentation has included acts of self-harm and suicidal ideation.

⁷ [Working Together to Safeguarding Children](#) para 124, 131

⁸ [Shelter 2023 Denied the Right to a Safe Home](#)

14. School staff were categorical about the impact of the lack of financial resources during this academic year (2023-4) to support their response to these vulnerable children. 35 schools have engaged in the Islington Trauma-Informed Practice (iTIPS) programme, including 5 secondary schools⁹. The ITIPs schools who shared their practice with the review demonstrated resilience and resourcefulness and aspired to always have something to give children and families through the relationships they offered. The school staff attributed this to the embedding of ITIPs as a whole school approach. However, when a child is made subject to multi-agency planning with a range of actions within the plan for the school to implement, practitioners reflected that there was often no capacity to implement them. It was also shared that often these children will also be those waiting for diagnoses and treatment as above.
15. Poor school attendance is a concern locally and nationally and Islington's JSNA of 2023 reflects the concern of schools and parents about this¹⁰. The impact of Covid continues for many students, although the determination of some schools to support children back in to school was evidenced in one practice example offered by a school. The family did not seem to consider education important and the parent's health needs contributed to the child's poor attendance. The DSL in the school committed to collecting a child and bringing him to school. Once in school, staff ensured that his experience in school would lead to him thinking education was good, fun and important. But for some children, the narrow curriculum does not support the idea of school as an attractive proposition and although this recognition underpins the local authority and schools work to reduce exclusions¹¹, there are still many children out of schools and this figure is disproportionately high for black and dual heritage children¹².
16. The provision of an appropriate translator resource to overcome some of the language barriers in order to maximise the impact of outcomes is a challenge for practitioners: it was felt that the current translation services are not equipped to convey the sensitive nature of the information being discussed with families. There is also a recognition of how different cultures speak about some sensitive issues and how having a third person as translator might impact or inhibit. These difficulties should be considered within a wider context of how to offer help to different communities (see paragraph 42 below).
17. During conversations, practitioners also shared concerns regarding other challenges for children who are vulnerable to Serious Youth Violence (SYV) and Extra-Familial Harm (EFH), which could undermine their interventions. Children are easily influenced by the pull factors towards lifestyles which glamorise violence. Several practitioners identified the negative influence of social media upon children as significant. The impact of everyday experience of racism towards the child and their parent should be seen as a push factor for some children. For practitioners, securing the parents' acceptance of an offer of intervention is also a challenge and so these themes are addressed in more detail at paras 35-46.

⁹ NB Also 15 Early Years settings and 15 settings.

¹⁰ Islington [JSNA](#) Slides 28, 38

¹¹ [Update on impact of Children's Services Scrutiny on Exclusion](#) (2019), March 23, 2023, p7.

¹² Islington JSNA *ibid*

18. Partners in Islington are fully aware of this situation and services are able to help families overcome some of these challenges illustrated by those in practice. The 2023 JSNA points to some of the services who contributed to this review as exemplars of how local partner agencies rise to the challenge of *"deprivation and adversity; complexity; inequalities; and post-pandemic impact"*¹³. The next part of this report offers an illustration of how current front-line practice does provide effective early intervention in a range of ways in order to prevent children from increased vulnerability to becoming affected by Serious Youth Violence. It should be noted that across all levels of intervention: universal, targeted and statutory, there is a sense of increasing need and complexity – with one universal Youth Worker stating: *"there is so much trauma out there"*.

What does good multi-agency preventative safeguarding practice look like?

19. The previous section outlines the challenging everyday experiences of some of the families in Islington and of the professionals helping them. However, it is important to identify the features of good practice upon which specific service responses are made. This part of the review really describes what is possible in practice when a shared vision for children and families so firmly underpins the culture of an organisation. It also offers examples of some of the following areas for exploration identified in the terms of reference for this review, grouped under four headings. It must be noted that in regard to knowing exactly which children might be on a trajectory towards SYV and so at the earlier stage of intervention, it is only possible to say that a certain child *might* have been helped in a way which prevented this pathway. Across the system, supported by approaches that are evidence based and trauma-informed, practitioners are able to identify the vulnerabilities in children and in other family members that need addressing.

Value based outcome-focussed practice, by design.

20. The strategic documents at paragraph 6 set out the aspirations for the local population and the shared examples of positive practice with children and families illustrate what these aspirations and values look like in practice. There were many examples of multi-agency safeguarding practice which prevent the escalation of risk and promote the welfare of children in the present as well as potentially laying the foundations for positive outcomes for the child in their future. Families are offered evidence-based interventions rooted in relationship-based practice, within which both practical solutions to difficulties and changes to family functioning are achieved. A participant noted one example of both the *"ordinariness and skilfulness of practice"* with the family. There is an awareness amongst those offering early intervention of how smaller actions can bring about significant change.

¹³ [Islington JSNA](#) 2023 slides 75-82

21. In Islington, Intervention is multi-faceted with practitioners helping families work through their multiple challenges – managing the easier challenges in order to give space to tackle their more deep-rooted concerns with families. In the Bright Starts and Bright Futures offer, the use of the Outcome Star helps families begin to make sense and identify the changes they think they need. Several of the examples of practice shared showed how intricate planning and the actions taken with families are always purposeful. Practitioners are constantly looking forward to the desired outcomes and the resultant changes for the family are achieved not by chance, but by design. A manager of a specialist service (SFSS) identified the need to be realistic about what progress and a positive outcome looks like with a parent who may need support very long-term.
22. The evidence of impact was tangible across cases where children's lives had improved: in one family, the '*parent as expert*' emerged, the previously disengaged parent was observed successfully navigating challenges such as the transition to school from nursery, establishing her expectations of establishing the relationship with the new class teacher. In another, a parent of a 13-year-old boy already affected by youth violence, from a culture where domestic abuse by men is accepted, had had a positive experience of intensive multi-agency intervention (youth work, ASIP; CAMHS, school). The risk for the child was reduced but a further impact was that this parent subsequently agreed to offer support to another woman in a similar place as '*expert by experience*'. These terms, representing the achievements of the family, appeared as common language amongst the practitioners that participated and strongly represent a shared vision of achieving the **best** outcomes for families.

Practice and interventions that are rooted in the evidence base.

23. Across the system, practitioners are trained in the same or closely aligned theories for understanding and theories for doing and the impact of this training was evident in their practice. Additionally, the developmental needs of staff in terms of required skills and knowledge for their roles appears as suitably met for their roles e.g. motivational interviewing for Family Support Practitioners to support change in families; Parent Conflict training for working with parents who are in difficult and conflictual relationships. There is a range of trauma informed approaches – iTIPS appears as the most coherent and effectively embedded, in schools and early years settings. It offers a theoretical/ conceptual framework for *understanding* the development and behaviour of children and families as their communication of the impact of trauma (being 'trauma-aware'). It also offers a theory for *doing* – the ARC model which focuses on the ways to make the relationships with children and families successful and therapeutic in moving them beyond their trauma ('trauma-responsive'). Practitioners in the 16 Children's Centres are trained in the Solihull approach¹⁴, an attachment-based clinically effective model for working with all families to support the parent-child relationship. YJS and Children's Social Care practitioners are trained in trauma-informed practice, however not the iTIPS approach. The YJS offers trauma-informed practice training to all new police officers in Islington.

¹⁴ <https://solihullapproachparenting.com/>

The specialist services use particular models in practice, supported by clinicians e.g. the ASIP and AMASS services use 'AMBIT'.

24. However, from some feedback offered, both by service users and by practitioners, it is not clear that there is a single whole system trauma-informed approach. For the child from the audit, the family carer for another child and for the peer advocate, they had experienced inconsistencies in the approach between practitioners within agencies and across partner agencies. This was confusing and difficult. Not all practitioners or their agencies are offering evidence-based trauma-informed/ responsive interventions and 'trauma-informed' might mean one thing to social workers and something different to school staff. One very skilful Family Support Practitioner noted how her practice had been enhanced by having received the iTIPS training in a previous school-based role and felt the iTIPS training to have been of greater benefit to her practice. Such differences and anomalies in what is understood to be *trauma-informed practice* has been identified elsewhere and is a current focus of research as to how different Youth Justice Service use trauma-informed practice to prevent and intervene with Serious Youth Violence¹⁵. Although specific to YJS work, it would be useful to the partnership to consider differences in practice against findings from this research to inform the development of a whole system trauma informed approach to safeguarding.

Recommendation Two: *The ISCP should seek to understand, as a trauma-informed partnership, the scope of the different trauma-informed approaches being utilised by partner agencies. This is to ensure that differing offers are consistent enough to meet the needs of and make a difference to the children and families in the borough and the development of a whole-system approach is supported.*

The child's experience at the centre

25. The terms of reference for this review suggested a focus on 'engagement' with children at risk who are 'hard to engage'. This was a challenge for practitioners seen with all of the children reviewed in the first part of this review. During the course of the review, practitioners identified an emerging theme around parents who also did not accept offers of help and in turn were thought to have undermined better outcomes for their child. This review has adopted language of '*accepting the offer*' of help, in order to neutralise any idea of fault, but also to emphasise whether the offer being made is the 'right one'. Early Intervention Foundation research¹⁶ offers a useful framework of the possible barriers to families accepting any offer: grouping them under '*awareness*': an understanding of the offer and what it might entail; '*accessibility*' to the offer: i.e. is it easy for families to take part; '*acceptability*' barriers: what in the offer might prevent it being acceptable? Have past experiences damaged trust or confidence? This section and the following explore what best practice looks like in Islington in successfully offering help to children and families – by putting the child's experience at the centre of practice.

¹⁵ [Crest Advisory](#) – current research synopsis Nov 2023

¹⁶ [Engaging disadvantaged and vulnerable parents: An evidence review](#) Early Intervention Foundation 2019

26. Practitioners that had worked with Child X emphasised the need to '*connect*' with the child. The peer advocate emphasised listening as important and described how mentors did this, both by setting a positive example: "*you can drive a nice car without having to commit crime*", but also through being consistent, available and conveying a sense to the child that they had potential "*they believe in me*". This echoed the child from the Phase One audit, who did not appreciate practitioners "*who acted like they know best*" but felt that he had been able to choose his mentors that he had known for a long time. He felt his time spent with them was "*productive*".
27. All practice examples demonstrated skill in being able to concentrate on the child alongside the complex needs of other family members. Some practice examples shared showed how practitioners started their work by taking the time to see the child's view of the world, their friends and peer network, their experiences of their parents and of their school experience. In each case the practitioners reflected on how the child might see them, in order to ensure that the practitioners themselves were not a block to the child benefitting as much as possible from the offer of intervention. In some cases, this led to joint working arrangements e.g. one highly skilled family support practitioner spoke of also engaging the support of a Targeted Youth Support worker as useful when "*you aren't cool enough for the child*". In this example, there was comprehensive and highly skilled practice to move two boys away from their early involvement with groups and possible gangs.

The Challenge: There are three children, two half-sibling boys are a year apart, one is white, one is dual heritage: mum is white British and the dad is black British. It was very challenging for the mother to have two boys of a similar age in the same household, so the 11-year-old boy lived with his father and paternal grandparents. There was a referral from a health provider that the subject child had self-harmed, but access to the child was refused. School also referred at the same time regarding both of the boys being involved in making music videos and in making threats to others online. The subject child had been out of school for 3 months and was on the brink of exclusion. There had been five previous failed attempts to engage the family by Early Help. In persisting, the mother told the Family Support Practitioners that she found intervention stressful. However, she agreed to engage on the phone. The dad agreed to intervention, but there was a very negative view of services.

The Response: The practitioner knew she '*wasn't cool enough to work with the boys*' so she referred to Targeted Youth Support for a worker for them and she focused on intervening with the adults. This was a success – both children began to reveal quite a significant knowledge of the dynamics of local gangs. The children had been fearful of walking to school between the areas where the two gangs were based. There was a recognition of these children using '*change talk*' and so this gave practitioners the impetus. There was also a subsequent referral made on the younger brother about a knife that resulted in a s47. However, he was aware of his difference and how he adapted when with white and with black friends. Increasingly, he was being stopped and searched and felt he had been accused of responsibility for some offences (e.g. criminal damage) because he

was black: he was becoming more disenchanted about this. The parents were normalising the boys' behaviour in being part of the 'gang' and doing the things that they had done as children. The practitioner worked within the family on relationships and on mitigating the impact of negative parental separation: mediating, helping them reflect upon the children together, being consistent across parenting in terms of boundary setting and not undermining each other.

The Outcome: Practitioners capitalised on the information shared which was fed back into the system resulting in mapping of a group who were then the focus as a group of a further Targeted Youth Support group intervention – including taking the group (aged 11-24) to the seaside for the day. The mother was 'very cagey' in terms of her engagement at first, however began to open up and support the work and adapt to avoid parental conflict. The father engaged in safety work – ensuring internet safety and preventing the child watching violent music videos. The child re-engaged in school.

28. There is also evidence of flexibility and openness across and between partner agencies, contributing to effective multi-agency intervention. Where one practitioner, e.g. a youth worker, is already a '*trusted adult*' for the child, key practitioners talked about how they supported a '*Team around the Worker*' approach, in which the key worker is supported through reflection and skills development, rather than introducing a new worker. There is an openness in the articulation about how professional anxiety might influence practice and decisions around risk in a case. Where needed, practitioners worked to overcome this through developing the skills of practitioners who are anxious about their role with a family. In a school where the teaching assistant is building a relationship with a child who is waiting for a possible diagnosis, key professionals, who will not be working with the child because there is no current diagnosis, will offer a '*team around the class*' approach, offering formulation of the child's needs in class and how to manage these.
29. There were several descriptions by practitioners of children who are '*different*' and who felt they did not fit. Sometimes this had become apparent to their peers and in some cases to their families, echoing the life-long experiences of some of the children in the cohort that were audited in phase one. Some practice examples included clear accounts of how the child felt about this e.g. one child shared how he adapted his behaviour when he was with his white friends and changed when with his black friends; another child was of a different ethnicity to the rest of her family which led to her sense of not 'fitting' and her constant vigilance about how others saw her which made her vulnerable and a target for bullying.
30. There were several examples where addressing '*difference*' was the primary focus of intervention: for example, some children were supported with social skills training or given specific responses by teachers, so that they could mix with their peers in the classroom and during break time. The iTIPS model offered a clear goal of averting a child from experiencing "social thinning"¹⁷ where the impact of trauma upon a child's brain

¹⁷ <https://www.eif.org.uk/blog/childhood-adversity-and-the-brain-what-have-we-learnt#:~:text=Studies%20have%20shown%20that%20abuse,to%20build%20and%20maintain%20relationships>

might lead to challenges in maintaining healthy relationships and thus to a reduction of friendships and thus social support. (see para XXX below for an example) This constant focus on the future trajectory for a child and supporting their inclusion appears as fundamental to avoiding similar experiences to Child X and to several of the other boys in the audit cohort.

31. Having a holistic view of the child was key. Some schools that shared practice examples understood the child's lived experience, both in school and beyond. A secondary school also shared how using school data regarding attendance, lateness and positive behaviour such as merits and de-merits allows the school to notice and act on patterns early. Effective recording on case management systems such as CPOMs allows for a comprehensive picture of the child to emerge, beyond attainment, to their experience of their world, including adversity and its impact. Schools share these at the point of transfer to other settings. This passing on of the child's experience of trauma to those who might offer intervention in the future was identified by a CAMHS therapist as a gap for older care-experienced children who come to the CAMHS service with a fragmented history and one of not accepting offers of help. Primary schools where the iTIPS model is embedded are creating a valuable record and resource of the child's 'lived experience'.
32. It was also observed for the group of children in the audit in the first part of the review that they did not have positive peer groups. Four of the five children knew one another at the point of transition to secondary school and between them were potentially reinforcing some of the more negative behaviours which led to the escalation of behaviours and risks. The family carer interviewed expressed his concern around how he felt a move to the PRU was not managed for the child he cared for, he described an intimidatory atmosphere with no rules for the children and poor influences leading to an incident with a knife. However, the head of the PRU identified that for many children that attend, they do not particularly form peer networks at the PRU – more often the child comes with established peer networks and there is a fairly rigorous approach to risk management within the setting to ensure that rivalries and potential difficulties are managed.
33. Outside school, there were practice examples which illustrated excellent exploration of the child's peer group at the point of potential escalation of risk and examples of innovative relational work with groups of children by youth clubs and by Targeted Youth Support. However, it was observed by others that in some cases the contextual safeguarding risks involving groups of peers and friends was not always fully grasped and a suggestion that social mapping of children's peer groups, friendship groups and their dynamics at an earlier stage of multi-agency intervention could be better. This resonated with the experience of Child X – practitioners found it hard to grasp where he was and who he was with. It may be well known in schools or in youth centres, but perhaps not so well shared especially where interventions are so firmly focused on individual children in their families.
34. There is much information in the system around children and friendship or peer groups as well as information around the children. There is also some significant learning for the

partnership regarding how more broadly, children in the borough experience the community they live in. Children told researchers evaluating the current Youth Safety Strategy (2020-5) that they do not feel safe in particular parts of the borough or when travelling around the borough¹⁸. With this as a backdrop to any intervention that is offered to children already identified as at potential risk the following is suggested as part of existing work.

Consideration C: *That the new ISCP contextual safeguarding protocol emphasises the need to map the strengths from and risks to children and their parents from their friends and peer groups in different places and spaces and has a clear mechanism for proactively utilising all the information in the multi-agency system including in universal settings such as school.*

Relational practice with children and families: overcoming barriers to accepting the offer of help.

35. From the audit in phase one and from broader learning from other reviews, there is often a concern as to why offers of early intervention such as health appointments such as with CAMHS or SALT, or offers from Early Help services are not taken up by families. This may leave children with unaddressed needs which can then in turn lead to increased vulnerability and the escalation of risk. For some families, their understanding of what their child needs and what help is out there may be challenged due to a lack of awareness, a learning need, or simply not being able to understand or know what to expect with the complicated systems for help in the UK.
36. Child X's mother spoke of not having places to go to get the right help, both for herself as an adult with care and support needs and for her son. For Child X, this was compounded by Covid restrictions, e.g. youth centres were shut. But it is also about the suitability of what was offered. Although she had been offered an advocate, at the point of her contribution to this review, Child X's mother was unhappy about what she had recently been offered by adult services to help her with her care and support needs. Her description of the intervention at a drop-in centre for adults with a range of needs did seem to suggest a very poor fit for a mother with small children. It also suggested that she was still not receiving the right help to navigate the system as a parent and to support her with becoming '*parent as expert*'.
37. In one of the positive practice sessions, a police practitioner informed that despite the potential positive impact for children at risk of Serious Youth Violence of the MOPAC funded offer [DIVERT app](#) in Camden and Islington, there had been only 25% take up of support services due to the lack of parents' acceptance of the offer. When discussed with the peer advocate as to what might help, he felt that he would be suspicious of an app recommended by the police. At a forum attended by GPs, it was suggested that some tips to support acceptance of offers of further medical intervention would be helpful. The reasons as to why families don't accept offers are numerous and complicated and

¹⁸ Children's views on safety in the borough can be found in the Alexander, J and Pitts, J, Islington's Youth Safety Strategy 2024 Chapter 8

practitioners reflected upon some of these: Some families have a deep-rooted lack of trust in authority, often born out of previous experience of intervention. For some families from some communities there is an antipathy to the police due to negative experiences and narratives and oppressive practices. Other families may struggle with the rigid expectations of the offer which made it less accessible to them: the time or the setting. Some children and families may not have a positive view of some offers in terms of how acceptance of an offer may lead to them being portrayed – e.g. as ‘mad’ if therapy is offered.

38. This underlying difficulty prompted a specific bite-sized practice session to explore good practice in securing parental acceptance of offers who may previously have turned help down. Practice shared was incredibly skilful and is a strength in the system which should be shared more widely. The Early Intervention Foundation suggest that terminology should be re-framed from being “*harder to reach*” to being “*seldom listened to*”¹⁹ : the attention to listening was evident in many practice contexts. However, there is a difficult message to acknowledge: some agencies are not likely to ever be accepted by some families and therefore reflecting on that and asking which other partner agency might be able to help a child or family to accept offers of help should be something that all practitioners consider. In some practice examples, the ability of some practitioners to listen to families resonated with one practitioner emphasising how they used explicit ‘*noticing*’ of a child’s experience of adversity to communicate how they had listened to the child “*yes, life is unfair sometimes*”.
39. Some parts of the system structure their offer to ‘normalise’ asking for and receiving help to maximise acceptance of interventions. Bright Starts and Futures strategically placing outreach workers from targeted services in universal service settings e.g. children’s centres or adventure playgrounds. These services also offer a helpline, promoting the sense of availability and accessibility. There is an agility and responsiveness to ensure families receive some form of help so that need does not go unmet, as was the experience for some of the children in the audit e.g. a children’s centre is piloting a stay and play with health’s Social Communication Team for families with under 5’s where possible Autism or ADHD is suspected, but the child is waiting for a diagnosis, so that families can get support and advice from experts around their child’s behaviours easily.
40. There is a persistent exploration of the barriers to accepting help in Bright Start, creatively using data to identify where there is a sign of demand for a universal offer. For example, it was noted a particular ethnic group signing up for physical activities on offer, so more were offered. For older children, Young Islington respond to community need in offering youth safety initiatives such as Islington Standing Together Fortnight (November 2023) which included awareness raising sessions for parents in the local youth centre on topics such as your child and EHCPs, explaining drugs and alcohol as well as sessions for parents on why children might carry a bladed article. Partnerships are established with community groups so that the offer fits culturally. There is a sense of energy and focus and the challenges which fed back from practice are known and are a focus point for leadership.

¹⁹ [Engaging disadvantaged and vulnerable parents: An evidence review](#) Early Intervention Foundation 2019

Vulnerability is understood: 30% of places in EYS are prioritised to meet the needs of vulnerable children.

41. A key factor which seems to support parental/family acceptance of offers of help is through the embedding of approaches in practice such as the Solihull Model or ITIPs. This means that practitioners prioritise gaining an understanding of a family's history as the starting point of their interventions. Practitioners shared examples of practice which evidenced a real grasp on the legacy of childhood trauma in parents, the ongoing impact of domestic abuse in past adult relationships, the detrimental impact of long-term poorly managed mental illness and the negative impact of past, unhelpful interventions.
42. In 2023, Manor Gardens Trust published a report which identified how confusing and challenging UK systems of help are for migrant and refugee mothers to access during the first 1001 days of their child's life ²⁰. This report appears as instrumental in informing the Bright Start approach to ensuring services are a better fit and that organisation is now partnering with the LA to offer one of the borough's family hubs. However, the resultant offer from Manor House Gardens to support practitioners in their work with migrant and refugee communities was reported as not having the take-up by agencies and professionals as was hoped. The importance of being able to access culturally competent services at that vulnerable time of life is understood by some in practice, however again, for someone like Child X's mother, the information regarding this offer may not have reached her.
43. There were several examples where a family's culture is central to the work with them in terms of how to help them and build the relationship with them – interventions that 'fit' are critical, and practitioners appear to reflect on this both structurally in terms of communities and networks, but also on an individual, relational way – e.g. where language could be a barrier, one practitioner had worked to develop communicating in the absence of robust translation services. The practitioner reflected that *"she communicates like my mum!"*. The depth of exploration of the impact of coming to the UK as a migrant or a refugee and of cultural expectations and how they impact on parent child dynamics appeared as incredibly skilled and advanced for an Early Help Assessment that had been initiated 6 weeks previously.
44. The shared commitment to acting as the significant person to the child and family - giving simple messages that indicated that *"TIPS want to know you"* or turns of phrase to a child *"I was thinking about you"* and taking purposeful action in order to convey this message. A specialist service manager spoke of how important it was to put the relationship first: Present less as a service and more as significant people who are interested in what the family can do to be different – *"we might have some ideas to help you"*. An EYS practitioner summarised this as *"a way of speaking to families that sounds a little bit different to them and so they felt listened to"*. This would include tenacity in meeting up with the family and reliability in visiting. This also extended to meeting the family on their terms, so for example, following a parent's wishes to observe

²⁰ [Manor Gardens Community Trust Bright Beginning Equalities Report](#) 2023

comprehensive hygiene routines on home visits, or agreeing to engaging with the parent over the phone only or by text.

45. The Terms of Reference for this review asked to identify evidence of good practice around "critical/teachable" moments with children and what makes a difference. The concept of the "critical" or "teachable moment" was highlighted by the National Panel as relevant to the cohort of children at risk of SYV ²¹, drawing upon systemic theory to describe a point in a child or adult's life where practitioners intervene with impact by using the right language or taking action for the child. The peer advocate emphasised the availability of support – of someone being there to talk to in a place that the child would go to. Established relationships provide the context for practitioners to be able to notice and act on these and there were many examples of these shared e.g. when a pregnant mother, close to statutory pre-birth processes felt her baby kick for the first time; when a boy realised that his 'friend' was not necessarily a good friend; when a child moved school unsuccessfully and was welcomed back by the original school. Some of the practitioners described actively waiting to notice these moments and being ready to act in a way that is realistic and matched to the pace of the child or family.
46. What is clear is that there are some incredibly skilled practitioners working with families where the vision is all about ensuring that intervention is as accessible as possible for families, within universal, targeting and statutory offers. These practitioners might be utilised as a resource to support others working with families in the borough in casework but perhaps also in professional development opportunities. Intervention also seeks to empower families e.g. there is some current consideration of how to offer Family Group Conferences at an even earlier stage of intervention before an Early Help 'team around the child' is initiated. However, it must also be recognised by all agencies that the legacy of poor, oppressive or harmful interventions or experiences with some agencies leaves some families unable to accept offers of help from those agencies again, without some exploration of that legacy with the family.

Recommendation 3: *That the ISCP has a practice-based focus on how children and adults in families might best be supported by all partner agencies to accept offers of help. This might include developing practice guidance and workshops, utilising practitioners who are skilled and successful in building relationships with families, as well as developing a pathway for practitioners to seek out the expertise of others to consider different ways of offering their help so it is **accessible** and **acceptable**.*

Working authoritatively and generously in multi-agency planning to promote, prevent and disrupt.

47. Family Support Practitioners in Bright Starts and Bright Futures Early Help services take an authoritative lead in co-ordination of plans, whilst the specialist services that offer

²¹[https://assets.publishing.service.gov.uk/media/5e5e7f47e90e077e3385cb44/Safeguarding children at risk from criminal exploitation review.pdf](https://assets.publishing.service.gov.uk/media/5e5e7f47e90e077e3385cb44/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf)

intensive interventions offer the possibility of practice with families where innovative ways of working are supported by collaborative and generous ways of working to support colleagues in partner agencies. The latter is also the case for the clinicians that provide support to schools, early years settings, children's centres and youth work through the iTIPS offer. A school DSL noted how their response to a child in school was complemented by the Early Help Practitioner working with the family and how the Early Help practitioner was "driving the plan" forward for agencies. Another practitioner in a specialist team noted how schools challenged them to be timely in their actions on behalf of the child. A school leader noted that there is a sense of collegiality in the borough in terms of working together but reflect that this might be due to individuals and that there could be some variability in approach.

48. In some of these examples, planning appears as a 'precise science' within and across partner agencies. In each example, practitioners described what they were doing with a family and why and what the purpose was of the intervention of practitioners from partner agencies in detail. An Early Years Setting practitioner described the minutiae of how the setting helped a child and family and what the intended outcome was: an *'action plan'* was drawn up for the whole team with a child which offered both preventative and responsive actions to take in order to manage the child's presentation (C11, this case received a Mayors Gold Award, Healthy Early Years.). Schools sought early help or in some cases engaged particular offers for children in the school experiencing specific risks e.g. where a primary school aged child was at risk of gang involvement, an experienced DSL sought help from voluntary organisations.
49. The resourcefulness of practitioners in offering practical help to families so their intervention is more likely to succeed, with one manager identifying that *"Early Help services used to be very much that we were just about parenting difficulties but we are much more than that now"*. This ranged from finding food vouchers, seeking out charities for support with counselling or getting a grant to hire therapists directly or seeking out expertise to support their practice. A youth centre helped a family in debt so that the child would not need to sell drugs to put food on the table. A specialist team practitioner described arranging and finding a place for a child to take their GCSEs after being excluded. Practitioners demonstrated this expansion and a sense of *'role generosity'*, appearing willing to wear many hats: advocating, supporting, navigating the complex systems with families (some of whom appeared similar in terms of needs to Child X's mother); being a 'good enough parent' to a family; influencing partner agencies in order to achieve a shared view of the child. However, there is a question as to whether for some services this should be regarded as positive. Are practitioners filling the gaps in resources as they are the only help for families who are in need?
50. Some settings had responded significantly to need and had taken on a much broader role – e.g. New River College have a team of mentors who support children and families, delivering a flexible learning offer. There are many positives here, although there is the potential for this breadth in roles to be misconstrued: there have been examples of social workers and early help practitioners closing the case too early because the child is at New

River College, perceiving that the school will and can manage the work with the child alone.

51. The schools which are iTIPS schools appear to be working far beyond their remit to promote children's well-being and prevent the escalation of risk. Again, is this born from the nature of their offer or out of necessity to support the basic needs of children being met, or both? The simple articulation of the values these schools hold about children is powerful: *"We think we should take at least one student each year from New River College [the PRU] to re-integrate them back into mainstream.* Such schools, despite resourcing difficulties, are ready to respond to need and draw on a range of interventions within the school and demonstrate a willingness to use a range of offers from external agencies. Examples of this included giving a Teaching Assistant time to offer social skills training; seeking out mentoring from an external charity that work with children at risk of SYV. Some of the primary schools showed a clear understanding of and appropriate responses to these risks which are increasingly present for younger children in primary schools. Another school demonstrated a confidence in multi-agency working in order to ensure better outcomes e.g. working with a secondary school to address holistically the needs of a sibling group.
52. Where joint work is embedded and the team implementing the plan is multi-agency, shared values and approach allows for all professionals to share a perspective of the child – e.g. where police colleagues *"are on board in terms of considering him as the victim, not a criminal"*. This echoes reflections by practitioners that had worked with Child X: the close working arrangements of Targeted Youth Support, ICAN and the police Gangs team facilitated shared beliefs about the child and supported developing clearer outcomes for plans of children that are at risk from others as well as posing a risk to others.
53. Within and across partner agencies, practitioners can use the offer of the expertise of specialists to develop their intervention and inform plans and this availability of expertise is held in high regard by practitioners, who are encouraged to consider *"who can help me with this family? who else can help this family? And how?"*. Additionally, Islington Violence Against Women and Girls sits within Young Islington: practitioners can utilise their advice when planning interventions where domestic abuse is a risk. There is also an offer of advice to practitioners from the mental health trust's Psychologically Informed Consultations and Training team ([PICT](#)) to support practice where parents have complex mental health needs. A Family Support Practitioner who admitted feeling out of her 'comfort zone' took on the challenge of the difficult but necessary conversation with a father who had been a perpetrator of domestic abuse, on behalf of the child, to improve her life and that of her siblings. The positive risk taking is notable, supported by supervision and evidence-based practice in how to become that significant person, e.g. by sharing a bit of self. Practice appears as authoritative and bold and perhaps beyond what might be seen in early intervention and preventative offers in other areas.

54. The role of youth work and activities holds such potential in the borough and what is offered by the borough²² is supported by the evidence base, with mentoring and sports activities but also therapeutic interventions (in some settings) being offered by commissioned universal services²³. The peer mentor emphasised the importance of offering children and young people activities and felt that this was often underrated. The peer advocate suggested that this helped to persuade and pull the child away from being involved with crime or carrying knives. The activity could be anything; boxing, other sports, entertainment, photography, music, going to youth clubs and that these offers needed to be flexible, however the common denominator for all of the children is music and what is promoted as cool on social media so activities should focus on that. He noted the importance of practitioners understanding that sometimes children 'get lost' in their friendship groups and don't recognise the opportunity that activities have to offer and felt that *"those kids are the ones that probably don't go to youth clubs and look up to the older boys and what they are doing, rather than perhaps looking to people who are doing something different like football or boxing"*. For some children there is peer pressure about how a child needs to look to other people: *"you don't want to look weak and for some of the boys who are quite engaged in crime and violence, doing activities and looking like a 'good' boy by being involved in sports is a sign of weakness"*.
55. Universal youth work seeks to offer something to counter this and there is an emphasis on sport and access to musical production equipment in some settings. The offer to children comes from a range of settings and there is a range of skill sets and professional experiences across the borough with some centres staffed only by volunteers. But there are also some highly skilled reflective practitioners in these settings who offer invaluable help and support to children and their families in the community. These centres are very aware of the needs of the children they work with and identify that some children have more needs. Some practitioners act as trusted adults but rue the fact that they are usually outside professional networks etc, despite seeing and helping the children regularly. Potentially, the offer from universal settings could be more systematically utilised, especially if the child wishes, to support, help, advocate, and advise children and their families. It would be important to understand the capacity of a setting and the potential and skills of the practitioners to offer this help well. This may require some upskilling or further availability of specialist support to youth centres.

Recommendation 4: *The ISCP to explore how to extend multi-agency networks of help and preventative safeguarding to include universal youth centres, via the three family hubs, so that vulnerable children who may not have accepted other offers of help can access timely help with specific needs (e.g. supporting children at risk of school exclusion and helping children experiencing grief at the loss of a friend to SYV. N.B. paragraphs 88-93 below consider practice in these areas further.)*

²² <https://www.islington.gov.uk/children-and-families/things-to-do/youth-hubs-and-clubs>

²³ <https://youthendowmentfund.org.uk/toolkit/?evidence-min=0&reduction-min=4&reduction-max=4>

Intervening earlier – strengths, gaps and possibilities

56. The key line of enquiry for this part of the review asked “*What does good practice in multi-agency early intervention in Islington look like? What do practitioners do to promote the welfare of children? What is effective preventative safeguarding practice with children who demonstrate having experienced some of the challenges as described in the Phase One report?*”. This section of the report focuses on how some of these experiences (see graphic 1 above) may have made the child more vulnerable to becoming involved in Serious Youth Violence or at risk of other Extra-Familial Harm and considers what might happen for those children if they were to start their journey through intervention now.

Responding early to children’s possible disabilities and learning needs.

57. As identified earlier, the number of children with additional learning needs is increasing both locally and nationally. The 2023 JSNA gives a comprehensive analysis of possible disability by ethnicity and presenting needs. The Islington SEND strategy 2022-7²⁴ outlines a ‘new approach’ – refocussing the SEND offer in to mainstream schools and early years settings to *build resilience to meet an increasing complexity of need* (p6). This complexity in children’s presentations was noted by many practitioners during the positive practice sessions. Some of the practice examples recognised the links between this complexity and a trajectory towards violence and exploitation. In a conversation with a health commissioner and a leader in provider services, they shared their recognition of how some of the existing provisions to support children with SEND can be confusing and that some existing rigid service structures can work against understanding and responding to the child holistically. There is an aspiration to commission services that respond to both neurodiversity and SEMH needs and this appears as critical for this vulnerable cohort of children.

58. In the audit in the first part of this review, the additional needs of the children had not been effectively assessed or responded to due to a range of factors, reflecting some of the recent evidence around children similar to those children who end up in the criminal justice system, with a range of, absence of or incorrect diagnoses²⁵. There was key learning regarding the inconsistency across agencies as to the understanding of whether the child should have been diagnosed or was or was not offered interventions. There was also some debate around the complexity of presentation for some of the children as to whether there is neurodiversity or childhood trauma or PTSD or other conditions evident in the children.

59. From the evidence shared in interviews and practice sessions, there appear to be clearer pathways and a more shared approach to identifying and working with additional needs for children under 5 and for children in primary school, enhanced by joint working arrangements between health and early help providers. Children’s Centres are central to

²⁴ [Islington SEND strategy](#)

²⁵ [Neurodiversity – a whole-child approach for youth justice](#). Kirby A 2021 HMIP academic insights

the offer and 30% of Early Years Settings places are prioritised for vulnerable children. There was a useful discussion in one of the practice sessions around this which suggested a clarity in the current clinical approach which considers not only the need for a diagnosis but also how to support the child and families with the behaviours and traits arising from any condition, however practices have developed so that there is also an emphasis on considering parenting and other environmental influences on a child. It is recognised that some parents want their child to receive a diagnosis because it validates their experience.

60. There are at the time of writing 300 under five-year-old children waiting for diagnoses which is acknowledged by senior leaders as '*unacceptable*'. However, there is clear and helpful signposting for families as well as clear pathways to support for those that are waiting for diagnostic assessment²⁶ and a recent NCL initiative sought to clear the backlog of children with complex presentations waiting for diagnosis. There are a range of working hypotheses that inform the multi-agency strategic and operational response e.g. Bright Starts and Bright Futures and the Family Hubs around children's exposure at a very young age to screens on electronic devices as well as more focus on pre-birth concerns e.g. Foetal Alcohol Syndrome Disorders, therefore there is a significant focus in the borough on early intervention with infants to support parenting and infant mental health outcomes. Practitioners shared examples of young children whose developmental trajectory had been altered due to Covid, but also to other stressors in their environment e.g. living with a parent whose mental health is affected by financial stress. An example was given regarding a cohort of breast-feeding peer supporters working alongside parents who are well-placed to identify the less settled, more 'fussy' infants who might not be feeding so well and offer early help from SALT and OT to ensure that any additional needs or environmental concerns are identified.
61. Many of the referrals for diagnoses for these younger children come via paediatric services. There is some useful feedback from the system around the quality of referrals for SEND diagnoses – it was observed that they should be as holistic as possible, utilising the observations of skilled education practitioners. Where GPs refer, they may record the behaviours as reported by parents or observed during an appointment, however that is best complemented by schools and Early Years Settings so that the descriptions of the child are more trauma-informed as well as medical and the information from the family is balanced.
62. During a session of Islington GP safeguarding practice forum, regarding the learning from the audit and reflecting on information sharing practice, a GP asked about the suitability of contacting a school to ask about a child who was brought by a parent concerned regarding possible additional needs after seeing the child and parent. This appears as excellent proactive information sharing practice and should be encouraged and reinforced as part of the embedding of the new Working Together 2023 and the non-statutory Information Sharing Guidance, due imminently.

²⁶ [Support from Local Services whilst waiting for assessment](#)

Consideration D: *That the ISCP emphasises at every opportunity the advantages of a pro-active information-sharing approach to all partners, in order to promote the child's welfare and prevent harm as per p29 in Working Together 2023.*

63. There is a local information sharing agreement²⁷ regarding children with SEND which is intended to support more consistency in promoting the welfare of children with SEND and this may benefit children similar to those described in the previous paragraph. This dates from 2017, but it may need reviewing and re-embedding in practice. Additionally, information sharing agreements are being drafted to support effective information sharing for family hubs which are multi-agency and include a wide range of participating third sector and community organisations who offer services to children and families. At the same time, the positive practice sessions indicated a sense of confidence in some parts of the system e.g. Bright Start around the early identification of additional needs at the level of universal services.
64. Further along the child's journey, the majority of the children at New River College (the PRU, which has a primary, secondary and medical offer) have additional needs including SEND and or SEMH, some of whom may not have been picked up in time to prevent exclusion from mainstream school. Some of these children are already affected by or involved in Serious Youth Violence by the time they arrive at the PRU. A school leader reflected that was much expertise in the system which would support early identification of which children might be on the journey towards violence and exploitation. The Joint Multi-Agency Panel hosts many useful discussions around children who presented as at risk, however, in considering if there is more that could be done, posed a query regarding systematising the sharing of information through regular communication to utilise the experience found in individual agencies regarding vulnerable children, perhaps as part of the family hub model.
65. The purpose of proactive information-sharing would be to promote welfare of the most vulnerable children and prevent future harm from Serious Youth Violence and exploitation, using mapping and information sharing around some of the younger children (aged 5-10) whose trajectory is concerning and who may be known to have the some of the experiences as identified at paragraph 3 to consider what else the child and/ or family could be offered. Whilst any preventative information sharing exercise **must** tread carefully in terms of 'profiling' and the influence of unconscious biases that lead to disproportionality, this approach could be considered as the earliest stage of a 'focussed deterrence'²⁸ to Serious Youth Violence, in terms of ensuring timely help and intervention.

Recommendation 5: *That the ISCP explores an 'early help' information sharing project, using partner information from education, health and LA services to ensure that all is being done to promote the welfare of the most vulnerable children.*

²⁷ [Local SEND information sharing agreement](#) 2017.

²⁸ Youth Endowment Fund: [What works? Focussed Deterrence](#)

66. The Head of the PRU shared there is a change in the demographics in the cohort at New River College and of those being supported by the NRC outreach team, including a rapid increase in female pupils and of children at KS3. The intensive services in the LA also observed that they anticipated being more involved with boys but that staff had noted that there were many more girls coming in than previously thought. Although outside the scope of this review, given that this is a shared experience, it might be useful to enhance information sharing as per the recommendation above with a joined-up consideration of the emerging nature and patterns and what the cohort of girls as a whole might require - thinking about some of the behaviours such as self-harm or vulnerability to exploitation.
67. Practitioners were asked to consider what might be different now for a child with additional needs. There were examples from very early in a child's journey where practitioners were able to see and respond to possible additional need. Systems are in place to identify in a timely way – home visits before a child attends an EYS or school can often be the point where need is identified. Some practice examples and the discussion around a case vignette around a child's transition from an EYS to school showed a range of possible interventions to support any additional need and increase the child's chance of a successful move.
68. Primary school staff gave examples of their tenacity in supporting children to ensure their needs were met and in doing so often held a significant level of risk to and from the child due to their complex presentation whilst in school. The iTIPS approach in schools offered a framework to staff to support children over long periods of time whilst they were awaiting diagnoses, citing the *'team around the school'* offer as instrumental to their success. In some case examples, the school's modelling of relationships with the child and the parent/s laid a foundation for the longer-term parenting of that child beyond primary school age. However, primary schools aired some concern about the difference in culture and approach of some of the secondary schools and in the different nature of the relationship between parents and schools which might not support a longer-term meeting of the family's needs.
69. However, one secondary boys' school, where the staff are iTIPS trained and trained in identifying and working with autism gave an example of how a child on the edge of alienation from his peers due to 'difference' was identified and the risk of *'social thinning'* mitigated.

A year 8 child was falling asleep in lessons. He was struggling with peer relationships in school and school staff observed him as not understanding social cues. When he spoke, the child's register didn't change in tone. The school sought out the cause of the presenting behaviours.

The whole staff team is trained in autistic spectrum conditions and is an iTIPS school. An autism assessment was offered as well as in-school counselling; The family was referred to Bright Futures and allocated a practitioner to work in parallel with the family around bed/ night time routines and on relationship building. These were simple steps but the

child was happier in school, his needs in class were addressed, and he gained better strategies for navigating peer relationships.

The school recognised the vulnerability in the child that may have increased if he fell out with peers, was bullied and ostracised – it is this type of child who may be vulnerable to the alternative 'offer' from organised crime gangs. This school also shared the details of other skills on supporting children with SEND in the classroom, thus supporting ongoing inclusion.

70. It is noted that children with SEND are focussed upon as a recommendation to schools arising from the Islington Annual Safeguarding to Governors report 2021-22 – ensuring that their increased vulnerability to abuse, neglect and bullying is reflected in schools' policies and training. It is hoped that these examples of good practice and what is working in Islington schools can be utilised by education colleagues.

Children with SEMH – accessing therapeutic interventions.

71. For the cohort of children in the audit, perhaps with undiagnosed or misunderstood additional needs, they appeared to follow a pathway to worsening mental health, again from a range of causes, but for all, there was a history of trauma. Islington has done much to ensure early identification of mental health issues, however it should be noted that due to commissioning arrangements, some children have better access to timely appropriate support with their SEMH needs than others, e.g. children that are looked after by the LA can access a well embedded CAMHS service in the CLA health team. The SEMH pathway within CSCT does provide a coordinated response to children referred to the front door for a request for a service and can identify services children with SEMH needs. As not all SEMH needs equates to a need for a CAMHS service. Children on '*child in need plans*' do not always have such a clear pathway to direct CAMHS service, although the social worker for the child will have access to specialist services that can offer formulations and support the practitioner to understand the MH circumstances. Children in school have a clear pathway to help, however, those out of school are less visible, less frequently observed and less likely to accept an offer of help with their needs.
72. Schools in the borough have access to a Mental Health Support Team and to quicker diagnoses and treatment. Anecdotally this works for many children in schools, however there was some suggestion from some practitioners that this service also struggles to meet demand in some schools. This initiative in schools was piloted in 2020 but then halted due to Covid, therefore the evaluation is pending. Whilst this is a welcome offer for children alongside iTIPS in schools, however, given the likelihood of the most vulnerable children not attending school, then ongoing consideration must be given to locating some of this offer in alternative settings where children do go, e.g. youth centres.
73. Accessing CAMHS is a problem and for some children the response is not timely. But there is also an ongoing concern around intervention 'fit' – that the way that CAMHS is

offered, where and by whom is a barrier to acceptance of the offer by children. Commissioners are aware of this, however there is more work to be done to consider the service offer to children aged 8+ so that therapeutic availability is part of the Bright Futures offer, perhaps through family hubs. One universal setting is hiring therapists for children and has received a grant to have therapists as part of the team although this is not diagnostic.

74. There was a discussion with universal youth workers around how the structured offer from CAMHS may scare children off. There is a perception amongst children that therapy offered by authority figures feel like being targeted, or that to have therapy is to admit *"there's something wrong with you"*. Some of this reflection seemed to echo the narrative around how children might see therapy outlined in a recent report by Barnardo's in to the *'double discrimination'* experienced by black and mixed heritage children who are also care experienced²⁹.
75. A practitioner reflected that success depends on how therapy is offered but also on the degree to which children are prepared to accept the offer, how much do they wish to share and who the therapist is. One practitioner gave an example of an asylum-seeking child who they believe has had a significantly difficult and harmful experience which he did not wish to share with anyone. The practitioner was able to offer his support, however, it is hard to help a child with such complex challenges when they do not want therapy. The practitioner has tried to reframe and *'normalise'* having therapy, echoing a theme found elsewhere in this review – that needing and asking for help is normal. It is not clear that this approach has embedded in terms of offering help for children who do not accept other offers of help (including education) who have SEMH needs.
76. A recent SEMH review initiated by health commissioning has led to a more informed commission approach through the SEMH partnership which is rooted in data e.g. around access to service and there are plans for co-producing the commissioned strategy with children. Again, it is acknowledged that SEND and SEMH are closely linked and that the offer to children and families should recognise this. It is noted that the London VRU Vanguard Elevate project will offer help to some boys in 3 schools, however, there still appears to be an inconsistency in the offer for the most vulnerable boys.

Recommendation 6: *The ISCP partners support a multi-agency approach to co-produce with children a consistent, accessible and acceptable offer of early help and intervention for their emerging mental health needs for the most vulnerable children in this cohort, aged 8+.*

History of child abuse and neglect, inc. DA, including responding to parental needs, parental separation and the impact on children.

77. In a recent overview of London Rapid Reviews from the London SCP Adolescent Safeguarding group (unpublished) it was suggested that there was more work to do to understand the links between SYV and domestic abuse. Within Islington, this link is

²⁹ ['Double Discrimination'](#) report. Listen Up/Barnardo's 2023

understood as domestic abuse being a frequent cause of childhood trauma, and so the VAWG response sits with the AD for Young Islington. In all the children's lives reviewed in the first part of the audit, there was a history of domestic abuse which in some cases appeared as both chronic and extreme in nature. Implicit in the trauma informed practices developed across Islington is a readiness to respond to children and their parents or carers who have experienced trauma because of child abuse or neglect, including domestic abuse. The acknowledgement of these experiences is overt in the practice examples both with earlier intervention and intervention where the child is already involved in Serious Youth Violence as well as needing protective safeguarding. In the example below the child is supported to change, the parents are supported to change and the team around the family seek to break down some of the cultural acceptance of domestic abuse.

A 13-year-old child was already significantly involved in knife crime and in robberies using a weapon. His dad was absent and estranged, and the child had little trust in professionals apart from talking to a Targeted Youth Support worker. The Adolescent Support Intervention Project (ASIP) became involved to work intensively with the family. Practice included:

- ASIP deployed a 'team around the worker' supporting the TYS worker as 'trusted adult' to do the work with the child. ASIP worked with his mother as her past trauma was recognised as impacting on her present relationship with her son. A practical approach was deployed in skilling up mum on how to respond to the challenges in parenting him.*
- ASIP identified the need to upskill professionally anxious colleagues: ASIP use the [AMBIT model](#) to build trust – 'I get you': lots of formulation, lots of safe reflective space offered to the team as well as with the parent and child. Work was done to mentalise with other practitioners in the network so they could mentalise with mum so that mum could then mentalise with her child. CAMHS clinician was also involved in this work.*
- Another key aspect was to remove some of the pressure on the family from the structural challenges that they faced – they experienced poverty so some shopping vouchers were issued, allowing the family room to think and do something different.*
- Team also advocated with the PRU around the best pathway for the child around inclusion.*
- There was intervention with the father around his rejection of the child who was now rejecting him – mentalising this supported a change in his thinking and an ability to see the impact of his distance on his child.*

Outcome: *The network was the strength of this case and the team witnessed positive change. Mum's behaviour and responses to her child improved significantly. She had experienced domestic abuse; culture had had an impact upon her in that different expectations and experiences of males and females were very entrenched. The dad began to think differently about his distance from the child: the child was disrupted from violent offending.*

78. As identified in the audit cohort and more widely in learning reviews, separation or estrangement from a parent and/or the parental conflict that arises can be significantly harmful. This is often framed in a narrative around 'absent fathers' or practitioners needing to 'work with men', however these labels may serve to alienate service users or simplify and mask the risk. This was evident in at least one child's experience in the audit

– with the family carer emphasising how hard it had been for the child to have a mother who could not parent him and a father who was in and out of the child's life, but then had the child placed with him despite being a source of harm for the child. Despite his effort and professional interventions to ameliorate this, the impact of the trauma continues for this child, now placed in a secure placement a long way from home.

79. Reflecting the evidence from the Early Intervention Foundation³⁰ around this area of practice, Bright Futures staff have all received parental conflict training so there is a focus on working with families where the adult relationships have broken down. Practitioners shared examples of incredibly skilled work where the poor communication between parents resulted in ongoing parental conflict and disagreement over parenting styles. These interventions also sought to ensure that fathers, who might be less likely to be involved in the child's lives, were as involved as possible. Where there was parental separation, there would be an emphasis on checking if dad had been invited to events and was informed about the child's progress, with practitioners checking as to whether the father was being involved in interventions. If there is parental conflict, both parents should be supported as *parents as partners*, e.g. by the education setting.

80. However, this approach may be tested as regards practitioner feedback regarding future need from specialist services including the Missing and Exploitation team. There has been recent increase in inter-generational patterns of risk and vulnerabilities: there are currently several young adults who are or have been known to the borough for SYV and EFH who are now parents themselves and due to their experiences are challenged in being able to keep their young children safe due to parental conflict, domestic abuse and involvement in crime.

Education: disruption to learner journeys and outcomes

81. The impact of disruption to the child's journey through education especially where children are permanently excluded or subject to suspensions was an experience common to the children in the first audit. It was not possible to speak to the child who was a subject of the audit about this matter, however, the peer advocate had some useful feedback. He recalled school exclusion as being "really bad". For him, excluding children from school was negative and hard for the child and pointed to the loss of routine, the loss of structure, the loss of friends which would all add up to leading to danger. He pointed out that children that are excluded often want to go back to the school gates to see their friends after school because they feel "*sad and lost*", with nothing else to do apart from hang out on the streets. For the peer advocate, it would be better to think about isolating children from particular groups of negative peer influences in school rather than being kicked out of school.

82. For some of the children in the audit who were excluded, there was an omission in identifying SEND in a timely way and responding to them, for some it was the impact of

³⁰ <https://www.eif.org.uk/>

childhood trauma which the children communicated through their behaviours. Some children who were 'held' by schools that cared for them, but without the robust use of SEND processes, did not benefit from their education. Covid was a challenge for these children: Child X became distant from his school in a neighbouring borough during Covid. Being or going in to care also served to disrupt the education of some of the children due to placements not meeting the needs of the child, forcing multiple moves for one child. The family carer pointed to the move to a south London borough leading to the decline in his child's education. However, one child in the audit had benefited from the small groups in school during Covid and another never experienced exclusion or suspension.

83. Much work has been done in Islington to recognise and address the challenges of school exclusion, focussing on the in-school offers of additional support, easy access to key interventions offered by partners, flexibility in information sharing and joint working with the local PRU and shifting the culture in schools. This work around reducing school exclusions is underpinned by a clear value-based and evidence-informed vision around making schools a place where children are welcome, so the child feels like they belong and they fit. This scrutiny, led by the LA, is also driven by their articulated objective to rectify the inequality in the school system and the disproportionality in exclusion/sanction rates as well as attainment of particular ethnic groups, supported by a black and ethnic minority action plan. This whole-system approach started in 2018. A recent report³¹ to the borough's Children's Scrutiny committee in March 2023 offers a comprehensive picture of a strategy which is working to ensure that children such as those in the audit cohort are identified and responded to by schools and partners as early as possible in order to prevent exclusion.
84. As to whether there is more that could be done to avert difficult school experiences for this cohort, strategically, the borough needs to continue to attempt to engage **all** schools in the borough around ensuring a consistency in experience for children: exclusion and suspensions have reduced in some parts of the school system with only 3 academy-run schools accounting for 50% of suspensions³². The strengths and clearly improved outcomes for children as a result of this scrutiny should be built upon to develop the approach to behaviour management and use of sanctions which often disproportionately target already vulnerable children.
85. This was echoed by those in practice: there were some examples shared where a child had experienced school exclusion in Year 11 which was described as unfair in relation to other children involved in the same incident which led to exclusion. There was also a plea from universal youth work practitioners that some schools that perhaps are not trauma-informed in their approach could offer a better way of disciplining children, although there has been a clear attempt to make behaviour management consistent across the borough. The youth workers spoke in depth about how they wanted schools to understand the root causes of children's behaviour: the response to children's

³¹ [Update on impact of Children's Services Scrutiny on Exclusion](#)

³² Exclusion strategy update para 5.2

behaviours is often too punitive for the child and disproportionate to some of the minor misdemeanours. Reflecting national concern, they felt that some schools do not provide for the child that does not 'fit', where the school is too focussed only on achievement, results and grades³³ and universal youth work practitioners felt that they could have a role in supporting and advocating for a child at risk of exclusion alongside colleagues from early help services within a multi-agency plan for intervention as a trusted adult. But it was also noted that this would require better links and connections between schools and the local youth offer that are more stable and less ad-hoc, with some youth workers suggesting they only hear about the difficulties the child is having in school or about their exclusion after the event. This illustrates one of the areas intended as a focus by Recommendation 4 above and could be requested of any youth worker as long as they have received suitable training in multi-agency safeguarding via the ISCP offer.

86. Some of the schools who contributed to the review appear as going above and beyond what a member of the public might understand as the school experience. Despite pressures on capacity, schools were responding to current need but also working to re-set the trajectories for more positive outcomes. The practice examples shared appear as evidence of the impact of the multi-faceted approach as outlined to the scrutiny committee. All of the examples came from schools which are part of the ITIPs pilot programme³⁴ and encompassed not just responses to individual children but also demonstrated how the iTIPS approach with a clear framework for practice had supported the whole school community through significant and potentially destabilising change.
87. The examples offered by schools demonstrated a huge range of knowledge and skill in action in schools. In response to the vignette regarding a child who was at risk of exclusion in primary or had come from another school or who was transferring to another school, primary schools were able to identify a range of creative strategies for understanding the child's behaviours and helping them. This included social skills, training and regulation, offer of calming spaces, support in developing language skills to express his need; input to provide more emotional scaffolding so that he could better navigate his relationship with peers, especially as his behaviour might lead to some alienation from his peers in the class, explore what was going on at home, refer to partners for family support; class planners, record of observation.

A Child's loss of friend or peer to SYV

88. The peer advocate recalled his experience of losing four or five friends or peers in incidents of Serious Youth Violence. He felt that it was so important to have an availability of support and of someone neutral to talk to about the situation. He remembered that he knew when his first friend died that he shouldn't be involved with knives and those peers and that he should try and get away from the situation, the streets and his peers but it was so difficult to do that. He was describing these deaths as 'critical moments' but also that there was not necessarily anyone there which recognised it as such.

³³ <https://www.theguardian.com/education/2023/dec/12/peers-call-urgent-overhaul-secondary-education-england>

³⁴ [Islington Trauma informed practice in schools](#)

89. Child X was deeply affected by the murder of another child at the beginning of January 2021. It was not clear to the multi-agency network who worked with Child X what the nature of that relationship had been although Child X's DNA had been found at the scene of the murder and so it was likely he had been there to witness the child's death. Regardless of what the relationship was, Child X was affected and was offered counselling (although it is not clear in what form) which he declined. His mother confirmed that they had been friends, but also that Child X did not warm to the idea of counselling. It is likely that he found the concept of counselling difficult – he had complained to his mother about practitioners "*chatting shit*". At the time he was out of school due to not taking up the lockdown place offered and was increasingly alienated from his family. Other provisions, e.g. youth centres were shut due to Covid restrictions. Child X's distress at this child's death is thought to have contributed to the escalation of risk. He fought with his brother in the home and his movements were more unpredictable outside the home. Other children in the audit had also witnessed or been close to a child that had died.
90. In turn, from another review in a neighbouring borough, the death of Child X was felt to have impacted significantly on a child there who had been Child X's friend. That child was noted to say that "too many black boys are dying". For that child, practitioners recognised that he wanted change and had begun to turn his life around, partly due to the death of Child X and perhaps because he was getting older. Sadly, he lost his life in a knife incident 7 months later. It was noted by a youth worker that the death of Child X had resonated with many children locally – he had attended school in the borough.
91. Regardless of the nature of the relationship between a child and a deceased peer, it is vital to recognise that each child will respond differently and the child's own experience of trauma and other vulnerabilities will feed in to that response. Ensuring that the borough has a range of trauma-informed responses for children on an individual level or group level is vital as is ensuring that the response is consistent, regardless of whether the child is in school or out of school. An effective response may be an opportunity to prevent a future occurrence of violence or a death. The responses to the death of Child Z in July 2023 were proportionate in the three schools he attended and were informed by clinical expertise from educational psychologists in the borough so that groups and individual children as identified by schools were offered support in the short and longer terms.
92. This type of response needs to be replicated in the community and is another area of practice as relevant to Recommendation 4 above at paragraph 55. Youth workers in a universal provision shared their significant experience of responding to deaths from violence. The nature of their offer means that they are the obvious place for a child to go to seek help or grieve with friends. Such provisions are ideally placed to respond so their feedback about what works for them and what might be improved are helpful for the review: The scale and the frequency of child deaths or violent incidents in the local area means that so many more children know a child that has died or has killed another

child. Youth workers felt that all the children they worked with were affected by violence and knew someone involved. They shared their perspectives on what helps:

- the importance of their use of language, avoiding 'victim blaming'.
- 'Unplanned' and 'unstructured' responses are important and how to use informal moments to begin a conversation with a child about their grief.
- The group talked about how unique the grief journey might be to different children. One gave an example of two young people who remain affected by a death in the borough. The grief is still difficult for them - both children have gravitated towards each other and developed almost a self-help group between themselves, sometimes they might draw upon a youth worker to support their conversation.
- Youth workers were candid in sometimes not knowing what to say in response to a child, "is my silence ok?" Others acknowledged being more comfortable when an older person dies but what they might say then would not apply when a child dies.
- Others pointed to the traumatising impact of a death in the community e.g. a younger adult was shot on a sports court - one of his peers is no longer able to use that court. One practitioner recalled how his younger brother and friends approached the youth centre during lockdown (he died in July 2020) but there was nothing that could be offered to them due to the restrictions in place. That trauma and sense of loss continues.

93. The group also reflected on how a staff team could be significantly impacted by a child or young person's death as the team is also part of the community. There is a need to ensure that they are able to support the children well and it was emphasised that staff teams require therapeutic support also to reflect on their own sense of loss as well as responding to the children. The lack of staff benefits for youth work and a lack of access to this type of supervision was raised.

94. The useful work of Community TIPS regarding good local practice in supporting youth work practitioners in responding to a death of a child was outlined in a recent research paper³⁵. Additional innovation is also taking place via the VRU's Vanguard pilot across north and central boroughs to support community groups with their response to trauma from violence in the community. Whilst it is important to strike a balance between the natural responses of communities, it is also key to ensure there are the right responses to particularly vulnerable children in vulnerable groups and that those offering the response are suitably supported. A death of a peer or friend should be seen as a possible '*critical moment*' for an unknown number of children and so any response must consider this and be multifaceted.

95. It would be useful for the partnership to consider what more needs to be done across the safeguarding system to ensure that universal youth centres are upskilled and ready to be key to the multi-agency response to children's grief and trauma after a death. Are there elements of the response that can be standardised? There is a borough response established between Community Safety and the Metropolitan Police which focuses on

³⁵ Lucy Alexander, Sian Barnett & Verity Wilkinson (2023) Working with trauma; finding new ports of entry, Journal of Child Psychotherapy, 49:1, 39-59, DOI: [10.1080/0075417X.2023.2167103](https://doi.org/10.1080/0075417X.2023.2167103)

community responses rather than those to individual or specific groups of children and are perhaps focused upon risk management for the community after such an event. As per recommendation 4, this response should be enhanced with a trauma-informed plan to meet the needs of the children who might need it most, in that critical moment. The NCL Child Death Review panel has been considering practice across North Central London. The Child Death Review lead nurse has contacted all of the Family Hubs as possible co-ordinators of an initial response to a death of a child due to SYV in the community, however there is an additional aspect regarding what holistic responses might look like and who should be offering help to maximise the support to vulnerable children at such times. The support needs to be flexible in terms of time and location, but also relational and trauma-responsive and the children that need help should be signposted to help using simple messaging such as QR codes. As well as the local learning from iTIPS regarding community responses, it may be worth considering the learning from other North London initiatives such as Project 10:10³⁶ in Camden, as well as some of the evidence shared in the Islington Youth Safety Strategy Review.³⁷

Other Practice challenges – how are they responded to?

Online risk

96. This area of concern and a challenge to helping children effectively has been cited a gap in evidence. *"The 2018 [Serious Violence Strategy](#) cites social media and county lines gangs as likely drivers of an increase in serious violence. Yet we saw surprisingly little evidence on either. An evidence review [for the strategy] noted growing evidence to suggest that social media use may play a significant role in SYV, yet other than this review it was only mentioned in one interview and one SCR. Here, concerns were raised about how social media can put young people under pressure, fuel gang rivalry, assist county lines operations and pose risks to children more generally"*³⁸. Whilst the link to Serious Youth Violence is important to establish, the wider concern around the impact upon children's development, their wellbeing, and their mental health is also important to understand further.

97. Locally, there has been concern regarding older children accessing extreme violence in music videos, such as Child X, or children using online apps such as Tik-Tok to express violent intent towards another child (Child Z appeared with a bladed weapon in a video, leading to his exclusion from school). In the audit of the 5 high risk children, there was a sense shared by managers that the nature of risk to the children appeared to have escalated quickly. It was noted that where the child was and who they were with was less predictable due to their movements across boroughs and different peer networks, perhaps developed online. More innocently, children meet new friends or develop loyalties in the physical but also in the virtual world. The other pull, suggested by the peer advocate was how influential social media is in what children consider as 'cool' and

³⁶ [Project 10:10](#) Report 2022

³⁷ Alexander, J and Pitts, J, Islington's Youth Safety Strategy 2024, Chapter 8.

³⁸ [The role of systems of support in serious youth violence: evidence and gaps \(Dfe 2023\)](#)

that social media should be used to convey the message that violence and crime is not cool.

98. Recent evidence points to the virtual world as a violent space. The Youth Endowment Fund's³⁹ recent survey of 7500 children's experiences of violence identified that: *60% of those surveyed said that in the past 12 months, they'd seen content on social media that showed real-world acts of violence, translating to around two million teenage children across England and Wales... The most common type of content seen was footage of fights between children or young people and threats to beat up another child or group – viewed by 48% and 36% of all teenage children, respectively*". The peer advocate remembered, as an 11-year-old, going to secondary school and seeing footage of school fights and thinking *"oh wow, this is amazing!"* Children saw gangs, drug use and social media as the drivers for violence. Some children in this survey were able to move away, 35% of them switching off social media, but for other children, whose vulnerability could mean that they are not able to critically consider online content, the influence of online content could lead to increased suggestibility to being coerced in to acts of violence or risk of exploitation.
99. *"Whilst social media platforms are being used to glamorise, display and incite serious acts of violence, this content currently drifts under the radar of responsible adults and organisations which have the potential to respond to and challenge this behaviour" (Catch 22, 2018).* This part of children's lives is often not visible to the adults, both parents and professionals, around them: In a discussion with the reviewer, Child X's mother commented on how her son was always on his phone but confirmed that she didn't know what he was looking at or how to manage it. Practitioners that worked with him described their difficulty in knowing where he was and who he was with. In the positive practice sessions, practitioners pointed to the lack of knowledge on the part of parents and the challenges in working with families where children are isolated, not in school and are possibly neurodiverse. Such children were described as *"easy targets"* for those who might wish to exploit or bully online: these children consider the people they talk to online as their friends. Younger children might access their older siblings' devices or social media accounts.
100. The new Online Safety Act 2023 does offer the possibility of the removal of harmful content, but there are suggestions that it does not remove the challenge of content, design, clickbait or dangerous algorithms⁴⁰. For some practitioners this may be new territory in terms of knowledge, understanding and skills in risk assessment: *"By collapsing time and space, social media platforms are providing young people with unprecedented opportunities to disrespect one another. Before the advent of these platforms, incidents of violence, disrespect and provocation were typically confined to relatively small audiences, as well as a single location and point in time"*⁴¹.

³⁹ <https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2023/summary/>

⁴⁰ <https://connectfutures.org/resources/misogyny-red-pills-and-extreme-figures-how-to-approach-the-online-space-with-young-people-in-2023/>

⁴¹ <https://www.catch-22.org.uk/resources/social-media-as-a-catalyst-and-trigger-for-youth-violence/> 2017

101. In a bite-sized session with practitioners on this risk, schools described their comprehensive approaches to responding to this concern and having monitoring and filtering processes in place, however one senior leader from a special school commented: *"it is a battle that we are not winning"* and described how her schools rely heavily upon using children's eyes and ears as to what's going on online? The partnership's s157 School Governors Safeguarding audit reflects what a priority this is for schools – not just promoting safety online amongst children in PHSE sessions, but also educating parents on the issues. Parental interest in this can be variable, however creative ways of tackling this are needed. One practitioner emphasised the increased vulnerability of a child with neurodiversity who is not in school and isolated at home, with parents who do not have the skills or knowledge to protect their child from online risk or prevent risk occurring when the child's access online may be their only source of contact with peers.
102. In other settings, where contact with children is less frequent, practitioners' knowledge and confidence in working with children around their risks online appears as variable. There is a need for training for some in terms of embedding this area of safeguarding in to risk management, especially around context and platforms work to convince, persuade and groom. There is a need for practitioners to understand the relevance of knowledge about an individual child's usage, e.g. around what their name or 'handle' is online.
103. During the review process, another concern around children's lived experience of their virtual world was voiced. For the younger child, several participants noted how a child's prolonged exposure to screens changes how their brain develops. Practitioners are seeing the potential impact of highly stimulating, fast changing images on screens on neurodevelopment in infants and children, and shared concern regarding the unknown impact of young children spending periods of time in a state of arousal due to the information views on mobile devices and tablets. For some, there are clear links between this and the increasing presentation of children with possible neurodiversity and they are concerned regarding the impact on children's wellbeing.

Consideration E: *Building upon some of the existing responses by Bright Start to ensure parents of young children understand the possible developmental impact arising from exposure to screens, the ISCP could extend the messaging around this to all parts of the safeguarding system so that all practitioners that come in to contact with families are aware and can offer similar advice and responses and include consideration of this as a potential risk to the child in their assessments.*

104. There is also some thought to be given to how safeguarding practitioners might respond to parents who willingly substitute their supervision of a child with screen time: alone, is this potentially harmful parenting, or in some families where there are broader concerns, should this additional aspect of parenting be flagged as a risk? It is important that consideration of a child's online usage (screen time) is embedded in processes such as CP conferences etc so any online risk is in focus. Other possibilities may be for the

partnership to consider how to share information and update trends more widely. In a survey of a small group of practitioners after the workshop, approximately half of them stated that they knew 'a little bit' about children's use of social media. For example, they knew a couple of the names of the sites, suggesting there is a need for some development of practitioners' knowledge around this area of risk and how social media influences children and their vulnerability to becoming involved in acts of violence as well as being at risk. Whilst the clear links to Serious Youth Violence are not yet clearly evidenced there was feedback from the system in Islington to suggest this is an area of risk which, if not gripped, potentially undermines practitioners' ability to be able to fully understand what a child is experiencing and to ensure their safety.

Recommendation 7: *The ISCP should ensure that the potential risk to any child (0-18) by social media and their online safety is explicitly addressed in assessments and intervention consistently across the journey through intervention. Practice in this area could be enhanced through the development of a practice expert to support all in practice or a clear pathway to external resources, such as the POSH helpline used in schools⁴²*

Mitigating the harm from disproportionality and from racism

105. The strategic intention of partners to prevent disproportionality in services is noted and some existing commissioning arrangements, for example in Bright Start, ensure that communities who might be marginalised and vulnerable to disproportionality receive services from organisations that are culturally relevant and appropriate. This includes commissioning voluntary organisations from the communities in question e.g. Minik Kardes at the Factory Children's Centre⁴³, as well as initiatives such as the network of 40 proactive parent champions who speak 15 different languages. The parent champions support families to access services and navigate systems of help and, where required, act as the interface with those in practice.
106. The ISCP is currently focussing on disproportionality as a priority to "*address the impact of structural racism on vulnerable children*" and has challenged 16 partner agencies to detail on the data they collect and how they might use data to challenge disparity in accessing services and in service responses. It is welcome that this strategic work is underway. Examples were also given of commissioning of services or other service initiatives which ensured interventions as culturally relevant in order to ensure a fit with the families that the service targeted. There is also an emphasis on cultural competence as part of the core ISCP training. There is wider evidence that working with racism is part of the development of staff, for example the iTIPS recognises racism as traumatic and supports practitioners in considering how to 'position' themselves and address the experiences of children and families.

⁴² POSH <https://saferinternet.org.uk/professionals-online-safety-helpline>

⁴³ Minik Kardes @ The Children's Factory, [Islington Local Offer](#)

107. *"Central to understanding extra-familial harm, is situating it within a broader understanding of structural harm such as poverty, racism, patriarchal structures, ableism, etc. (Featherstone and Gupta, 2018). At the same time, it is important to consider how systems—such as social care [and other agencies]— can replicate and inflict those harms"*⁴⁴. A recently published report by Barnardo's⁴⁵ presents powerful evidence on double discrimination and essentially depicts how racism as a '*system harm*' is experienced by children at individual, organisational and systemic levels thus: *"rejection, humiliation, criminalisation, adultification, low aspirations and misinterpretations about their behaviour were the common experiences for this cohort"*. The first part of this thematic review found examples of racism and adultification during their journey and so the review process sought to understand what takes place in order to mitigate this harm. The ITIPs training recognises experiences of racism as traumatic for children.
108. This review process has noted several examples of practice shared around how practitioners work directly with children to mitigate racism as a structural harm and sometime as a '*system harm*'. Practitioners who work with black and mixed heritage boys talk with them regularly about their experience of stop and search and detail how they have to reflect on the reality for the child of the racism they may experience. Practitioners have direct and honest conversations with children in order to help them learn how to manage and navigate adverse experiences of racism and discrimination. Practitioners remind them how to conduct themselves, identifying how being in your friendship group can increase your chance of being stopped and searched. It is difficult for practitioners to have to convey the message that children should change their expected behaviour, i.e. not being with a group of friends in order to avoid the racist or biased actions of other practitioners. One practitioner said they have to advise the child: *"that is how it is now."* Practitioners and their managers are able to acknowledge structural and system harms and shared examples of how specific actions can support the building of trust with e.g. ensuring that a parent is offered a practitioner from the same global majority in order to maximise the chance of their acceptance of help.
109. Children that responded to the evaluation of the Youth Safety strategy reported a negative view of the police and policing in the borough⁴⁶. This view can be linked to the experiences of some children report their experience of racism by police officer in their communities. An example of this was shared by youth workers in a universal youth centre. After the death of Child Z, the ISCP identified good multi-agency practice in responding to his tragic death. However, during the subsequent period of the extension of police powers under the section 60 Serious Violence Reduction Orders (Police Crime Sentencing and Courts Act (2022)) in place in that part of the borough, the youth centre workers reported that two 14/15-year-old black / mixed heritage boys who had been riding their bikes in the neighbourhood, were intimidated and "brutalised" by the actions of police officers. The boys reported un-marked cars circling where there was a group of six boys outside the youth centre vaping. Plain-clothes officers, without visible badge

⁴⁴ [Lloyd, J. Mannister, M. Wroe, L \(2022\) Social Care Responses to Children who Experience Criminal Exploitation and Violence: BJSW](#) (open source – accessed Nov 2023).

⁴⁵ [Black care-experienced young people in the criminal justice system](#) September 2023.

⁴⁶ Alexander, J and Pitts, J, Islington's Youth Safety Strategy 2024 Chapter 3.1

numbers, jumped out of their car and pushed two mixed-heritage boys up against a wall, only quickly showing warrant cards. The children were clear that there was a racist element to the police action – this did not happen to the white children in the group. The children were not entirely clear as to what was happening and who the people in the unmarked car were until uniformed police attended. The youth centre staff went outside towards the end of the ‘altercation’ and tended to the distress of the boys involved. No further police action was taken, the children’s names were not taken down and no clear rationale was offered for this alleged heavy-handed response.

110. The youth centre workers suggested that the police could have come to the youth club and asked for information about the children involved and the likelihood of their involvement in violence, instead of taking overly physical action against them. They were also concerned that there was no information given to these children regarding being the subject of a stop and search and queried that parents were not informed or the child issued with a note or slip to share with parents. They also suggested that there could be better communication by police and/ or partners with the community around the SVPO in the context of a recent death or incident in the community – for example using schools or youth clubs to communicate the nature of the order to as many children as possible.
111. It is also concerning that that the children and families did not feel able to complain about their treatment due to the perception of the likely repercussions of doing so i.e. that this could lead to further harassment. The youth centre practitioners felt it important to share this incident with the review and to emphasise that the children that attended their youth club experience this type of incident frequently. Recent research gives a powerful argument regarding the SVPO legislation as ineffective in reducing violence and that it appears as a tool to commit a ‘system harm’: Black people are 18 times more likely to be stopped and searched under a SVRO ⁴⁷. This example appears to further illustrate this disparity, which then serves to perpetuate the lack of trust of and confidence in the police in the community.⁴⁸ However, it is noted that the His Majesty’s Inspectorate of Constabulary response⁴⁹ to the 2021 ‘super-complaint’: ‘*More Harm than Good*’ regarding stop and search practice has recommended that forces do not take disproportionality seriously enough and that “*chief constables ensure that all officers understand and comply with their responsibility to safeguard children who are stopped and searched*”. The peer advocate had much to say about this: whilst he felt that stop and search was a necessity to stop children carrying knives, *how* police carry out a stop and search is important: “*it needs to be done with humanity and in a way that is caring*”.
112. The peer advocate offered his analysis of what is perpetuating children having negative experiences and it is not always down to racism. He felt that over the years, there has been a change in how communities are policed and in who’s doing the policing. When he was younger in 2018 / 2019, police officers were recognisable and he got to know them on the streets. The peer advocate suggested he even had a certain ‘relationship’ with

⁴⁷ [\[1\] Head, T \(2023\) Against Serious Violence Reduction Orders the Runnymede Trust](#)

⁴⁸ [Baroness Casey Review](#) para 9.3.4 2023

⁴⁹ [HMIC](#) December 2023

some officers and that could be helpful when a child ended up in custody and there was a recognisable face there to talk to about feeling vulnerable or worried. He regretted that the link with the community had gone, and that police officers aren't walking the streets. As a result, the streets can be and feel dangerous. This young adult suggested that there is a balance to be found and a need for the police to work alongside frightened communities to keep them safe.

Consideration F: *To continue to ensure robust partnership working, that the BCU works with Islington partners on any current initiatives to improve practice in the s60 stop and search of children and updates the partnership on their plans to implement those recommendations locally and swiftly as outlined in the HMIC report.*

113. The youth club in question responded to the children's distress in this case, but a feeling of powerlessness amongst practitioners is echoed elsewhere in the review. Another practitioner detailed where a child was arrested for head-butting a police officer and in the course of the arrest, the child was restrained in a way that was illegal and potentially dangerous. Officers knelt on his legs. This was escalated to director level, with the family being supported to complain, however the family felt that the consequence of complaining would lead to the child being singled out for future stop and searches. The practitioner was left feeling unable to help and also shared how escalating an incident of racist practice can be stressful for the practitioner.
114. As a multi-agency system, these are examples where there is a sense that the positive impact of the good practice by some is undermined by the actions of some practitioners in other agencies and that those actions then perpetuate negative narratives in the community about those agencies. There are complaint procedures for the public and there are escalation routes for professionals, yet some of the feedback from the system about the impact of using these processes suggests that this could be a focus for further improvement.

Recommendation 8: *The ISCP considers an **exploration of the robustness of current complaints and escalation processes for vulnerable children in the borough who experience racism and disproportionality and how the escalation of racist incidents and discriminatory practice are resolved, if necessary through discussion at the Partnership Executive's meeting and learned from by all those in practice.***

Conclusions, considerations and recommendations.

115. It was intended that this report illustrated *what works* in Islington now in intervening with children who might grow up to experience a range of risks in the community, which might be prevented by addressing vulnerabilities early. Anecdotally, practitioners, managers and their leaders are aware of how Islington's offer to families compares favourably to other authorities and areas. However, it is not just about resources but how they are utilised and the investment in the workforce in some partner agencies appears to be paying off. Some of the practice that practitioners have described is innovative and exciting and the

descriptions delivered by practitioners with pride and enthusiasm, despite the challenging context of practice. Children's lives are being changed for the better.

116. The recent iteration of Working Together 2023 includes three clear sets of expectations of all those involved with multi-agency safeguarding at strategic and operational levels under the headings of "Collaborate, Learn, Resource, Include, Mutual Challenge"⁵⁰, and there has been much evidence offered in this review that demonstrates that these expectations are underpinning practice, in some multi-agency offers and established teams and in some multi-agency networks around children and families. These are the expectations which should underpin any action taken in respect of the recommendations (for new initiatives or focus) and considerations (for enhancing existing practice) listed below in the order that they appear in the report.

Consideration A: *For the ISCP to request that housing providers explore the accessibility of the current offer around housing advice and tenancy support for families in the borough.*

Recommendation 1: *The ICSP works with partners delivering adult-facing services for parents experiencing poor mental health and mental illness to ensure that they are part of the early help assessment and intervention, in order to improve the circumstances for children living with adults with poor mental health.*

Recommendation 2: *The ISCP should seek to understand, as a trauma informed partnership, the scope of the different trauma-informed approaches being utilised by partner agencies. This is to ensure that differing offers are consistent enough to meet the needs of and make a difference to the children and families in the borough and supports the development of a whole system approach.*

Consideration B: *The ISCP to promote the participation of housing workers in multi-agency early help networks around families and in multi-agency development.*

Consideration C: *That the new ISCP contextual safeguarding protocol emphasises the need to map the strengths from and risks to children from their friends and peer groups in different places and spaces and has a clear pathway for proactively utilising all the information in the multi-agency system including in universal settings such as schools.*

Recommendation 3: *That the ISCP has a practice-based focus on how children and adults in families might best be supported by all partner agencies to accept offers of help. This might include developing practice guidance and workshops, utilising practitioners who are skilled and successful in building relationships families, as well as developing a pathway for practitioners to seek out the expertise of others to consider different ways of offering their help so it is **accessible** and **acceptable**.*

⁵⁰ [Working Together 2023](#) para 19-27

Recommendation 4: *The ISCP to explore how to extend multi-agency networks of help and preventative safeguarding to include universal youth centres, via the three family hubs, so that vulnerable children who may not have accepted other offers of help can access timely help with specific needs e.g. supporting children at risk of school exclusion and helping children experiencing grief at the loss of a friend to SYV.*

Consideration D: *That the ISCP emphasises at every opportunity the advantages of a pro-active information-sharing approach to all partners, in order to promote the child's welfare and prevent harm as per p29 in Working Together 2023.*

Recommendation 5: *That the ISCP explores an 'early help' information sharing project, using partner information from education, health and LA services to ensure that all is being done to promote the welfare of the most vulnerable children.*

Recommendation 6: *The ISCP partners support a multi-agency approach to co-produce with children a consistent and accessible offer of acceptable early help and intervention for their emerging mental health needs for the most vulnerable children in this cohort, aged 8+.*

Consideration E: *Building upon some of the existing responses by Bright Start to ensure parents of young children understand the possible developmental impact arising from exposure to screens, the ISCP could extend the messaging around this to all parts of the safeguarding system so that all practitioners that come in to contact with families are aware, can offer similar advice and responses and include consideration of this as a potential risk to the child in their assessments.*

Recommendation 7: *The ISCP should ensure that the potential risk to any child (0-18) by social media and their online safety is explicitly addressed in assessments and intervention consistently across the journey through intervention. Practice in this area could be enhanced through the development of a practice expert to support all in practice or a clear pathway to external resources, such as the POSH helpline used in schools⁵¹*

Recommendation 8: *The ISCP considers an exploration of the robustness of current complaints and escalation processes for vulnerable children in the borough who experience racism and disproportionality and how the escalation of racist incidents and discriminatory practice are resolved, if necessary through discussion at the Partnership Executive's meeting and learned from by all those in practice.*

Consideration F: *To continue to ensure robust partnership working, that the BCU works with Islington partners on any current initiatives to improve practice in the s60 stop and search of children and updates the partnership on their plans to implement those recommendations locally and swiftly as outlined in the HMIC report.*

Author: Josie Collier

⁵¹ POSH <https://saferinternet.org.uk/professionals-online-safety-helpline>