



Strategic
Assessment
2016 - 2017

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Creating Safe & Healthy Futures



Our Strategic Assessment for 2016/17 comes at a time of immense change for policing, wider public services and for the West Midlands region as a whole.

This year's assessment emphasises the need for us to maintain our current priorities of reducing violence and investing in intervention strategies. However, it also highlights the need for us to change the way we work with our partners. It is no longer enough for the police to simply lock up criminals. We must find ways to work collaboratively with partners to understand and provide interventions to prevent young people especially from becoming victims and the people who commit crime.

There is growing awareness that there is a big overlap in the effect of serious issues such as homelessness, drug and alcohol misuse, poor mental health and offending behaviours for people experiencing them¹. Serious issues such as these rarely happen in isolation.

As you read the assessment you will see reference to a case study² which illustrates academic research on intervention and violence. The story is not made up, and the circumstances of the case study are not unique – there were many individuals we could have chosen to illustrate these issues. But it is grim reading and has helped to reshape our thinking about how we and our partner agencies need to work differently together to improve how we stop other vulnerable children from experiencing harm.

It is our collective duty to find a way to help families like this one to become active citizens in our communities.

As Chief Constable for West Midlands Police I, together with my policing colleagues, am committed to providing the best Policing service possible. Understanding our problems is the first step towards solving them so that West Midlands Police can continue to be at the forefront of law enforcement and partnership working.

David Thompson, Chief Constable of West Midlands Police



What We Experience

West Midlands Police has been assessed by Her Majesty's Inspectorate of Constabulary (HMIC) as being one of the best forces for recording crimes accurately and ethically. We consistently have a low and stable crime rate which is often lower than similar areas in the UK.

However, recorded crime has been falling across the world for a number of years, partially because there are fewer people addicted to drugs committing crime to fund their habit³; and because crime is evolving from 'visible' crime to less risky 'hidden' crimes such as data theft and ID fraud, which are less likely to be reported⁴.

At the same time more violent crime is now being reported to us and it now accounts for a third of all crimes we record. This is partly due to us encouraging victims of violence, and in particular domestic abuse, to feel safe enough to report their experiences to us. While there is much more for us to do, we have already been working with our partners within local authorities and night time businesses to make sure we have the right strategies for tackling violence, which occurs in public and is often alcohol related⁵.

So although reported crime has fallen, the level of demand on the police service has grown, with an increasing amount of police time directed towards protecting high risk and vulnerable victims, and managing high risk offenders⁶. The complexity of vulnerability means that we cannot manage this on our own. This assessment will show that we need to set the foundation to be able to work as part of an 'integrated service provider' in the future, and adopt a philosophical change to the way we provide our policing service.

We must also change the way we measure how well we are doing and no longer rely on counting arrests and convictions. In the future we will be doing more early interventions with the aim of changing the behaviour of criminals so that crime is prevented. That means that there will be less to count, and we will need to evaluate our intervention work so that we can switch from counting the quantity of what we do, to understanding the quality of what we do.

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What Individuals Experience

Violent Offence

At the age of 15, Craig Jones and his friends approached a young man and his girlfriend from behind. In an unprovoked attack the group circled the couple and started to punch the man. When his girlfriend tried to help him she was knocked to the floor. Craig held the man while he was stabbed.

Craig and his friends were arrested. Later Craig was sent to a young offenders' institute for seven years, and he spent three years at a specialist unit before being released.

The Victim

The victim suffered three stab wounds, to his neck, chest and stomach. The injury to his stomach was very deep and he suffered a significant loss of blood. He underwent emergency surgery and was placed in a medically induced coma and sent to the intensive care unit to recover. The victim was lucky to have survived the attack, and although he made an initial recovery from his injuries, he might suffer from further life-changing physical illnesses in the future. Both he and his girlfriend continue to suffer from the emotional trauma of the attack.

Craig's Family

Craig Jones is the second child of Ron and Kate Jones. Ron was 26 when he started a relationship with Kate, who was 14 at the time. She gave birth to their first child, David, when she was 19, in the same month that Ron started a three month prison sentence. Ron had been committing crime since his teens and was a heroin user. Kate became addicted to drugs.

Craig was born just 14 months after Ron's release from prison. Kate went on to give birth to a further four children; Adam, Kylie, Stacey and Harry; a total of six children in seven years. During this period Ron served four prison sentences for a range of offences including burglary, drugs, fighting, racially motivated criminal damage carrying a weapon, theft, and stealing from a car. Kate gave birth to her fifth child three days after Ron went back to prison; she had four children below the age of six to look after as well as the new baby.



The Seeds of a Safe and Healthy Future

The West Midlands Police change programme has already recognised the need to change our policing focus from 'place' to 'vulnerability' so that we can start to prevent crime committed against vulnerable people. To do this we need to encourage victims to report more crime to us so that we can begin to understand the underlying causes, particularly for sex, hate, domestic or child abuse crime.

The people who are most likely to suffer from violence are also those who are affected by other factors which cause poor health, such as poverty, domestic abuse and mental health issues⁷.


In 2010, the UK Government estimated that 11% of the adult population faced 'multiple disadvantages' in areas such as employment, health, and housing. The Lankelly Chase Foundation described 'severe and multiple disadvantage' (SMD) as something that excludes families or individuals from society. This is because few people want to associate with those who are experiencing SMD. As the number of disadvantages a family faces increase, a greater effort is required to help them overcome the SMD and for the intervention to be successful¹.

In the UK, the majority of those facing SMD are in contact with, or are living with children, and research shows that adults who face SMD also experienced the trauma of neglect, poverty, family breakdown or disrupted education as children. The study of Adverse Childhood Experiences (ACE) has shown that these are major risk factors for the leading causes of illness and death as well as a poor quality of life⁸.

The reporting of domestic abuse crime has increased significantly in the last three years and 40% of violence where a physical injury has been caused now relates to domestic abuse. The increase indicates victims are more confident to report crime to us, and that our officers are better at spotting when an offence is domestic abuse.

There are many causes of domestic abuse but some research suggests that the single best predictor of children becoming involved in domestic abuse later in life is whether or not they grow up in a home where there was domestic abuse⁹. Women from the most deprived groups are more likely to suffer the worst domestic abuse throughout their lives¹⁰.

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Children witnessing domestic abuse are recognised in law as suffering from 'harm'¹¹ and are affected in a number of ways including⁹:

- They are more likely to suffer from neglect or sexual abuse.
- It can harm the development of their brains and impair cognitive and sensory growth.
- They tend to have a lower educational attainment.
- Children can suffer from Post-Traumatic Stress Disorder (PTSD)¹² and exhibit aggressive behaviour.
- Later in life, they are at greater risk of substance abuse, juvenile pregnancy and criminal behaviour.

Kate was a victim of domestic abuse. On one occasion she rang to check that the three younger children had arrived at school. She said they had run off that morning because Ron was attacking her.

We need a better understanding of the causes of domestic abuse so we can improve our intervention activity to prevent the effect on children's emotional and behavioural development.

Children who witness domestic abuse are at increased risk of social exclusion in the future caused by substance abuse or criminal behaviour. This means that tackling domestic abuse is a key priority for breaking the cycle of Severe and Multiple Disadvantage (SMD).

Those individuals and families who face SMD are excluded from society. They need a greater level of intervention and coordination from different agencies in order for them to recover.

The Importance of the Right Early Support

Early intervention must start as early in a person's life as possible. Early childhood and the teenage years are significant periods of vulnerability. That is when there are rapid changes in brain development which provide the building blocks for future behaviour¹³. Good parenting, especially when the child is under five, is important to give a child the cognitive and emotional functions they will draw on all their lives¹⁴.

Alongside domestic abuse, there are other important factors that can indicate that a child will experience SMD when they are older. These include when their parents are involved in substance abuse or criminality, their mother is a teenager when she has her first child, or when their parents are experiencing deprivation.

A review of domestic homicides found that domestic abuse will escalate without effective intervention. But it is often difficult for victims to access services¹⁵, with women who are experiencing domestic abuse on average contacting 11 agencies before they receive the help they need¹⁶.


Service providers often have a single issue focus which means that women who face SMD find it even harder to get the help they need¹⁷, especially since they are more likely to misuse drugs or alcohol. Instead of splitting services into separate paths, intensive

family based interventions accounting for individual needs have been shown to work¹⁸.

For example the Strengthening Families initiative, is an internationally recognised parenting and family programme for both high-risk and low-risk families. It is delivered through weekly sessions and supports parents to do the best for their primary school-age children. Evaluations show that families improved in areas such as parenting, children's social skills and family relationships. Among older children, there was a substantial reduction in the use of tobacco, alcohol and drugs. It is estimated that the programme saves almost ten times its cost just by averting alcohol related harm¹⁹.

There is evidence that holistic parenting and support programmes can have a long term effect on the levels of substance misuse and other SMD. This approach can cost ten times less than dealing with the long term SMD that develop without the programme.

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West Midlands Police recognises the importance of early intervention and the benefits of multiple agencies working together to give a young person structured and personalised intervention as soon as there is concern about their wellbeing or behaviour. Our Youth Strategy aims to 'treat children first and foremost as children' and to 'see children as victims first and offenders second'.


Health professionals have opportunities to identify young children and families who face SMD, through the universal health screening provided to mums throughout pregnancy and pre-school children. The frequency of screening reduces as children start school, but there are other opportunities for GPs or emergency department staff to identify children most in need of support.

The West Midlands Violence Prevention Alliance (WMVPA) is developing an 'injury surveillance system' in order to understand the causes and effects of violent injuries and develop better partnership interventions²⁰. The health service plays a key role in this scheme because those suffering from the symptoms of violence (poor mental health, domestic abuse, alcohol and drug dependency, physical child abuse or sexual health issues) often present at their services.

It is only when we fully understand the causes and effects of violence on families that we can begin to solve the problem. West Midlands Police and Public Health England are partners in the WMVPA which aims to prevent and control violence in order to reduce the level of demand it places on services.

West Midlands Police and our partners have already recognised the importance of a focused, structured and co-ordinated approach to dealing with young people. A wealth of information is collected by different government agencies, and this provides us with an opportunity to identify the SMD of young people early and plan effective multi agency interventions which can be evaluated.

The injury surveillance project has the potential to radically change how the police and other agencies manage violence together.



Later Chances to Give a Child a Better Future

Research suggests that children who offend before the age of 14 are more likely to become violent offenders when they are older and to have a longer criminal career. Also, people with a long criminal career are more likely to commit violent crimes²¹. This research may provide us with an opportunity to identify children who are more likely to mature into the violent offenders of the future.

Schools have daily contact with children and teachers are well placed to spot any worrying changes in behaviour, attendance, poor attainment or social skills. At this stage, schools have a key role in identifying children who face SMD, and are the most appropriate agency to initiate support and intervention²².

Truancy can be an indicator that a child is facing SMD and can be a symptom of domestic abuse or child abuse at home^{23&24}. These children often engage in other risky behaviours, such as alcohol or drug abuse, and teenage pregnancy²⁴. Schools work hard to identify and support children who truant from school, and research suggests multi-agency interventions involving parents work best²⁵.

Ron actively encouraged his boys David, Craig and Adam to commit crime from a young age. When Craig was eight, he and David were committing vehicle crime, criminal damage, anti-social behaviour and they took stolen property into school. No further action was taken by the police because they were below the age of criminal responsibility.

When David was nine his school made a referral to Children's Services because there were concerns that he was having relationships with older girls. In the same year there were reports to the police that their dad, Ron, was associating with underage girls.

Police data alone may be able to predict people who may benefit from intervention to prevent future violent behaviour. But the complex cross cutting issues that are indicators of future offending can only really be described by data from all partners.

Schools are important for identifying children who may be facing SMD because they are more likely to notice worrying changes in behaviour. Children who truant regularly are vulnerable and at risk of harm.

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Government agencies take on the role of a parent for children who cannot remain at home because they would come to harm. Children who have positive experiences of care are more likely to do well in school, behave better and do well socially²⁶. Positive experiences of care are more likely to happen when children are taken into care before they are seriously harmed by the problems at home.

Many of these children already have complex mental and physical health problems when they enter the care system and their experiences before being taken into care influence their subsequent care journey. A 'one-size fits all' approach is not effective for these children²⁷.

The educational attainment of children in care is poor compared to other children. Only 15% of children in care achieve 5 or more GCSEs at grades A* to C compared with 58% of children not in care²⁸.

Reasons for this difference are complex, but reviews conducted by Lindsworth School, an Alternative Education Provider in Birmingham^{12&29} concluded that most of their pupils were known to social services and a large percentage was also known to mental health services. Many had experienced multiple traumatic events, possibly resulting in undiagnosed post-traumatic stress disorder. Their history probably contributed to their high risk behaviour and criminality as teenagers and by years 10 and 11 the majority of students were regular violent offenders.

Each year there is a core group of pupils with the most exceptional complex needs who are at a greater risk of entering the Care System

and the Criminal Justice System. This core group represents a year-on-year requirement for a clear care plan and consistent provision for Alternative Education Providers to be able to educate these children.

Craig and David both attended an Alternative Education Provider. Some of their school friends were also in the care system as well as being known to the police as offenders. Craig did not achieve any GCSEs from his time at the establishment. He was diagnosed with severe dyslexia a few years after leaving school.

Positive experience of care involves early intervention, stability while in care and a supported transition to independence. The best care should be tailored to the individual needs of the child and take account of their experiences, including SMD, before they were taken into care.

Schools educating children with exceptional complex needs (ECN) struggle to meet the same academic attainment as mainstream schools. Children with ECN or SMD need to be provided with support to help them to deal with the traumas they have experienced.

We must support the development of a new model of provision for these children that considers all aspects of their social, emotional and mental health, and their academic development. If they are supported they are more likely to change their behaviour and avoid criminality.

Our Collective Parenting

Children taken into care can sometimes be moved to different care homes during a year. If this happens a lot it is more likely that they will go missing. Feeling insecure and isolated makes children feel more vulnerable and having multiple care placements reduces their chances to develop personal relationships.

Research shows that the number of children who go into care with no criminal record but who come out of it with one is very large. Not many parents would report their own child for behaviour such as breaking one of their own windows, but by being in care these children get a criminal record for the same thing³⁰. While less than 1% of all children in England are in care, boys who have been in care make up 33% of all boys in custody, and for girls its 61%³¹.

Moving children between care homes can make things worse for them and spreads the problem of their poor behaviour to new places. There is also evidence that children who are moved from one care home to another introduce the adults who exploit them to new vulnerable victims.

Research also suggests that teenagers who run away a lot are more likely to be suffering from sexual abuse or exploitation, for example prostitution. While a definite relationship cannot be established between sexual abuse in early childhood and the sexual exploitation of teenagers, it does appear that the combination of the two may increase the risk of becoming a victim of sexual abuse as a teenager^{32&33}.

While it can often be appropriate to move a child, difficult and violent children may be suffering from SMD and require intensive parenting to address their complex needs. Having multiple placements will have a long term negative effect on their wellbeing.

Police should use the national decision making model to help consider a range of options when dealing with child offenders in children's homes. It is essential that they continue to consider the child as a victim who has safeguarding issues.

While studies suggest that girls are more at risk than boys of child sexual abuse, further research is required to understand what risks boys actually face.

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For children there is no distinction between their online and offline lives³⁴. They socialise in the digital world³⁵ and we face the challenge of providing 'capable guardians' in this new location³⁶. Adolescence is a crucial time for the brain's development and before this children are less able to cope with difficult experiences, including seeing images of a violent or sexual nature³⁷. While children 8 years old regularly use the internet, parents tend to delay discussing online safety until children are at least 9 years old³⁸. It is estimated that half of children already have a social networking profile by the time they are 11 or 12³⁹.

Teenagers consider cyber bullying to be a bigger issue than drug abuse; and more upsetting than face to face bullying⁴⁰ because it continues for a greater proportion of the day and in their own homes⁴¹. Over a quarter of those aged 11-16 with a social networking profile experienced something upsetting in the last year and for some this happens daily³⁷. More of those aged under 13 continue to feel upset or scared for weeks or months afterwards³⁹. Up to 40% of young people are involved in "sexting". In particular for girls, "sexting" is the same as bullying and it can cause them psychological harm³⁴. We need a common sense approach to avoid criminalising young people using legislation that was intended to protect them, while making sure that we protect girls from the harm it causes them."

Internet access can put vulnerable children at risk by making them accessible to adults from anywhere. Children's offline and online lives are the same so that the impact of any harm they suffer online can have a similar effect to harm suffered in the real world³⁵.

Most children have access to the internet, and they are less concerned about privacy than previous generations⁴² and this means that they are vulnerable to online exploitation.

Kylie posted photos of herself in her underwear on Instagram accompanied by sexual comments. She told staff at the care home that she had prostituted herself.

Her sister Stacey dressed provocatively for her age. The staff at her care home monitored her internet access and didn't let her have an internet enabled phone.

Children require co-ordinated guidance and support from education, police, parents and other agencies to stay safe online. We need to have continuing training to make sure we understand the changing trends in children's digital lives and to appreciate the damaging effects of cyber bullying, especially for those who are not yet 13.

We need to have a "common sense" approach when young people share sexualised images of themselves between themselves (sexting).

Craig's



Ron was 26 and Kate was 14 and in care when they met. Ron had been committing crime since his teens and was a heroin user. Kate was also addicted to drugs.

Now Craig is 18 and has left the specialist unit, he has a girlfriend and wants to have a different life from now on. He can't find a place to live of his own. He couldn't afford to live in assisted accommodation. He is now sleeping on friends' sofas, and has found it difficult to find work, partly because of his dyslexia. He is trying to avoid crime, but other young people often ask him to go with them to steal.

The children were taken into care and separated into different care homes. They still remained in contact. The four oldest children were angry and damaged property and hurt staff and residents.

Craig continued to steal things from cars and houses. He started to commit robberies using violence and knives.

Craig spent 3 years in a specialist unit and received behavioural therapy. He was kept safe from hurting himself and others. While there, he started to mentor other children and think about what kind of a life he wanted for himself when he was released. Craig found out that he was severely dyslexic.

Social workers said that Craig needed a placement in a therapeutic residential unit as soon as funding could be found. This didn't happen and the places he was sent to could not cope with his behaviour, so he was moved 8 times in 4 years.

Craig was arrested for attempt murder, and sent to prison for 6 years.

On the way to Birmingham to visit his father, Craig was arrested after hitting the train conductor who asked him for his ticket.

When Craig was 15 he helped his friend stab a man who just happened to be in the street at the same time as Craig and his friends.

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Story

We don't know very much about the family when Craig was very young. In total Kate had 6 children in 7 years. Craig's older brother was born the same month that his dad went to prison for three months. The family moved home 5 times in 2 years.

By the time Craig was 7, Ron had taught him how to steal from houses and cars

Kate was sent to prison for neglect and child cruelty. Ron was released from prison but only three days later was arrested for serious violence and returned to prison again.

Craig's primary school made two referrals in nine months and then started a Pastoral Support Programme and invited social services to attend.

When Craig was 11, British Transport Police found Craig on a railway embankment near his school. The officers took him home but he didn't want to go. He said that his mum hits him, does not feed him, and was staying with her crack cocaine dealer. Craig said that he would prefer to be in care. He was issued with a penalty notice for trespass on the railway.

When he was 8, Craig was found by the police playing alone with rubbish on a derelict site. He did not know his address or when his mum would return for him.

Craig started to misbehave and officers from the Youth Offending Service tried to meet with Kate to offer help and support. But she wouldn't talk with them and the case was closed.

While Ron was in prison for robbery, his mother went on holiday and left the children with a man she knew. One of Craig's younger brothers fell out of an upstairs window as he tried to throw stones at a visitor. He had life threatening injuries and at one point was not expected to live. It was found that the children did not have enough food or proper clothing, and they were taken into emergency care.

Soon after the children were returned to Kate. She again left them with another male she knew. Some of the children were found naked in the man's bed and they were all dirty. One of the boys was found sleeping in the garden shed with pornographic magazines. The children were taken into care for a few weeks.

Ron was released from prison but continued to commit crimes including making threats, damaging property, stealing cars and being violent. So he was returned to prison.

Early Intervention is Best

It is important to understand the complex issues faced by individuals and families, and how these issues are sometimes so severe that they can lead to social exclusion. It is important to be able to identify intervention opportunities as early as possible to help reduce the effects of disadvantage and to help people feel socially included instead. Intervention can be thought of as 'early' and 'late' and doesn't necessarily correspond to a particular stage of life.

Early intervention is preferable over late intervention as there are financial benefits and long term societal benefits. It is estimated that in England and Wales the cost of late intervention is nearly £17 billion per year⁴³. The largest costs are related to children who are taken into care, the consequences of domestic abuse, and welfare benefits for 18-24 year olds.

The Police have a key role to play in identifying when early intervention is needed⁴⁴. We are well placed to identify children, families and individuals in need of support because we are often the first agency to come into contact with individuals and families in need of help. Our role in early intervention is not to take over the roles of other agencies; it is about being able to identify risk factors presented by individuals and families and referring them to the appropriate agency.

Where late intervention is required it is usually because a complex need has not been met. We are usually already involved as a statutory partner providing an 'acute' response with our partner agencies. The majority of

police costs from late intervention originate from ASB incidents and domestic abuse cases (£960 million & £760 million respectively⁴³).

When Craig was 12, his mum Kate, was released from prison to a bail hostel. Social services believed that Kate's new partner was grooming the children. They were both served with child abduction warnings, denying them access to the children.


David was sexually abused by Ron as a child. As a teenager, David's behaviour started to become more sexualised. He started selling sex and took underage girls from his care home to Ron's flat where they both had sex with them.

Kylie was moved away from the midlands area after being assessed as being at risk of sexual abuse. She frequently went missing and her behaviour became more sexualised. She introduced sex offenders to girls whilst resident in care homes in other parts of the country.

The partnership of government agencies must develop within a trusting and supportive culture. Every agency must always act in the best interests of the individuals they come into contact with and offer the most appropriate intervention.

But the benefits will only be felt in the long term and only when there is a truly 'Integrated Services' approach.

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We expect people who we help with interventions to often reoffend. There are many reasons why they do, but it does not mean the interventions were the wrong ones. Understanding why they reoffend can help to identify which interventions could be the most effective. This is evidenced by the fact that different groups of offenders reoffend at different rates. For example, nationally, the reoffending rate for adults is 25% but for juveniles it is 37%⁴⁵.

There is a combination of individual and social factors that influence reoffending rates. This includes substance misuse, childhood abuse, time spent in care, unemployment, homelessness, and mental health problems. Many of these factors are interlinked and vary from individual to individual and group to group, for instance by gender and age. This represents a challenge for professionals involved in offender management because all the information is not held in one place.

It is important to know what works in reducing reoffending. Studies have shown that for individuals given a custodial sentence, a more structured approach, with treatment and rehabilitative elements is much better. Training and employment are a key factor for offenders to be able to develop a future view of themselves. For example, the Prince's Trust scheme provides the opportunity for young people to gain employment with businesses which would not normally consider those with a criminal record.

Offender managers and probation officers would be able to make much better assessments of reoffending risk factors if they had access to better and more relevant data, allowing them to offer the best support to address the needs of the individual.

Offenders who see themselves as part of mainstream society and want to plan for their future self are more likely to benefit from access to stable accommodation and engage in employment or training. However future orientation can develop through exposure to employment, so it is important to continue to support business programs such as the Prince's Trust.



Examples of Evidence Based Interventions

There are high human and financial costs associated with domestic abuse. Getting the right intervention at the right time is an important factor in reducing its harmful effects and changing the behaviour of the individuals involved. This is an important principle for intervention in general.

“There is a magic window during pregnancy...a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse.”

Professor David Olds, Nurse-Family Partnership Founder⁴⁶

Interventions that support children who are exposed to domestic abuse are crucial in minimising the long-term harm⁹. Research suggests that early experience and development creates the foundation for wellbeing which lasts into later childhood and on into adulthood. This is a really important fact for children who witness domestic abuse, who are much less likely to experience wellbeing as they grow up. The evidence shows that early intervention should be provided as soon as the beginning of a problem is found. Also, the best interventions are those which provide a holistic approach to the individual or family’s needs⁴⁷, rather than trying to fix a single issue at a time.


There are many academic studies about approaches to intervention. While research suggests that a number of them have merit, further work to evidence what can work within the context of the West Midlands is needed.

The Early Intervention Foundation recommends that early intervention is about empowering parents rather than increasing State interference in family life. The best interventions are those that improve parenting behaviour and how parents interact with their children⁴⁸.

Examples of early intervention programmes which work include programmes such as:

- Family Nurse Partnership for teenage mums (9 teams in the West Midlands).
- Strengthening Families programme for mums who abuse drugs and alcohol and are victims of domestic abuse.
- Incredible Years parent training for those whose children are displaying behavioural problems.


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The cycle of children inheriting their disadvantage from their parents could be broken by increasing referrals for services that support the whole family. This must be done with the assistance of all health care professionals and schools who have touch points with parents and children

To complement the work done with victims of domestic abuse, there also needs to be a focus on offenders. Offenders often repeat their pattern of behaviour with each new partner, so it is important to know their offending history and to try and change behaviour. Amongst domestic abuse offenders in Birmingham, 79% were known to have mental health problems and 47% had substance misuse problems¹⁵. These are some of the risk factors commonly associated with criminality in general.

There is a suggestion that some offenders of domestic abuse may have undiagnosed autism⁴⁹. Some professionals believe that autism can result in controlling behaviour and can also generate anger when routines are not kept. It can also result in communication difficulties which can lead to the person expressing themselves inappropriately through violence. This view is not held by all professionals, so in order to develop our understanding and to support offenders in their rehabilitation, West Midlands Police has begun a pilot with health professionals. Adult male offenders arrested for domestic abuse will be screened routinely by Mental Health Liaison and Diversion Nurses when entering police custody. Where autism is suspected, a referral will be made through the health service. This allows the appropriate intervention to be put in place to help change or control their behaviour and understand the link to autism.



The continuation of innovative research to reduce domestic abuse offending will provide us and our partner agencies with a greater range of options to manage domestic abuse and reduce some of the most harmful outcomes that it creates.

Integrating What We Know

Over the last few years West Midlands Police and other government agencies and partners have been data sharing, and collaborating on many different projects to improve protective services. There are many examples of successful innovations including the Troubled Families Programme and the Multi Agency Safeguarding Hubs (MASH). This has led to an increase in teamwork, joint prioritisation across agencies and improvements in services.

Unfortunately, most of our data sharing is a manual process that relies on spread sheets and emails. It takes too long to gather, analyse and then respond to what we find.

That means that the majority of the severe and multiple disadvantages of our communities are still being dealt with in isolation, issues are being missed, and the day to day activities of different agencies are not coordinated well.

In the 2015/16 Police and Crime Plan, one of the six themes that West Midlands Police must work towards is Protecting People from Harm. In order to achieve this objective we and our partners must be able to identify vulnerability within our combined data sets. However, there are three overlapping reasons why we are unable to do this:

Inadequate Technology - The majority of data sharing between partners is carried out after manual searches and shared as spread sheets sent by email or data disk. We cannot routinely store data we receive so it is easily lost to our organisational memory.

Poor Data Capture and Data Quality – Each partner organisation uses different ways to record things, such as names or dates. When data is collated together from multiple partners, it then takes a long time to create a single data set that can be used for analysis.

The Fear of Data Sharing – There is a fear that data shared will be used unlawfully or in an inappropriate way. This is not only by external partners but also by our own internal departments. Often data is only shared after data sharing agreements have been signed and this means that data cannot be shared quickly. Anonymised data sharing removes some of the fear, but this type of data is not suitable for most analysis where an insight into the data is needed.

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Data sharing is essential to the process of identifying families and individuals with severe and multiple disadvantages. All agencies can work together more effectively than if they work alone. Data is the key to this approach.

An aspirational approach to address data sharing issues is for West Midlands Police and partner agencies to integrate data services for the purpose of safeguarding people and communities. Services will improve because better decisions can be made more of the time and ultimately be more efficient and cost less.

Data integration allows all agency data to be available for all other agencies when they need it, but with agreed data sharing rules built in. To do this, we must all agree a single multiagency vision for how we all share our future integrated data.

There are many examples of data integration, including the government data service of Estonia, which is said to have the 'most joined up digital government in the world'. All their citizens can complete almost all state services online. More than 400 municipal and state services are part of the integrated data system. In retrospect the pooling of knowledge about the Jones family may have helped protective agencies safeguard Craig and members of his family better. The family may have avoided the abuse and neglect they were experienced, because the protective agencies may have been able to make better decisions as each crisis presented itself.

Agencies cannot measure the level of SMD using only their own data in isolation and need to measure the cumulative impact that all agency data can provide. This can only be done through a shared vision so that the collective data requirements and system designs are fit to support data integration.

A data integration strategy should aim for a high level of data quality. There cannot be duplicate names or addresses, and data collected must be of a consistently high standard, for example all dates must be recorded in the same way.



Our Commitment to Providing Safe and Healthy Futures

After being found guilty, Craig spent three months at a standard young offenders' institute. His experience there was not positive. He had to fight every day to stop being bullied and he had no effective education. His complex needs were not met, and didn't receive any attempt at an intervention. If he had remained there he would have left three years later with the same issues and the same SMD he entered with.

Fortunately Craig was moved to a specialist secure children's unit where he spent three years. When he first arrived he was violent and regularly assaulted members of staff and fellow residents. But his experience in this particular home was very different to that found in other young offender institutes. The number of residents was very low, with a high staff ratio. The focus was for the residents to be nurtured and educated rather than punished.

However, the annual cost of this secure home was three times higher than other less supportive young offender institutes. But for Craig his experience has been largely positive, and there is evidence that the intervention provided him with some degree of 'future orientation'. He began to think about his own future. He made plans to become an electrician and find a new home away from his family, whose problems with drugs and crime had such a negative influence during his childhood. By the time of his release, Craig acknowledged that he had behaved badly, and stated that he would have had a bleak future if he had not been sentenced for his crime and spent time at the specialist children's unit.

Craig was 18 years old at the time of his release and was placed on a Community Licence. His youth worker says he is approachable and articulate. He supports his younger siblings by discouraging them from criminality and celebrating their educational achievements. He tells his sisters' care workers when he finds out that they have gone missing.

Craig has attended several job interviews, but his dyslexia has made finding work difficult. He is volunteering for a charity whilst receiving Job Seekers Allowance. Craig left his supported accommodation because he found it expensive as it left him with £30 a week to live on. He was also being pressurised by other residents to go with them to commit crime. He is now homeless and 'sofa surfing'. He needs continuing support to help him fully overcome his SMD and this evidence tells us that our role in his life is not yet finished.

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Individuals and families facing severe and multiple disadvantages are excluded from society. They are the kind of people that neighbours avoid and parents tell their children not to play with. They draw on support from local services and create demand for the police and partners. They are accessing multiple services at any one time, but professionals view them only through the lens of the organisation they represent.

SMD has a strong intergenerational component meaning that the children who are currently experiencing disadvantage to varying degrees are likely to experience it when they are adults. They were excluded from society as children, and continue to be excluded as adults.

To break this intergenerational cycle the complexity of their experience has to be assessed so that the correct intervention or interventions can be implemented at the right time and by the right agency. For early intervention for a child this may come at the point of them being taken into care. Those children from families like Craig's have extreme needs and require intensive parenting to address their complex needs. Moving them through multiple placements makes their issues worse and can spread the violence and disruption from one placement to another.

Integrated service provision

Early intervention is cheaper, easier and could save children from growing up in misery. Early intervention with data integration would allow partner agencies to think about calls for service as an opportunity to provide early intervention every time.

Integration of data systems across government agencies is the only way to ensure that all partners know what they need to know so that they can make the right decisions more of the time. In the case of the Jones family there is evidence that social services, education and the police understood the family had complex needs at certain moments, but the knowledge of this need faded as the individual professionals moved to new roles. Their organisations 'forgot' what they knew, even though the information was recorded somewhere.

The process of helping people with SMD begins at the first indication that an issue needs intervention and only ends when the individual or family no longer experience SMD. Different parts of the process will be owned by different agencies but it needs a single vision of priority and coordinated approach. By doing this, the process of inclusion into society of people with severe and multiple disadvantages will begin and the long term demand on police and partners' resources will reduce as the quality of life of individuals such as Craig improves.

We just need to agree to a shared West Midlands county wide vision, implement it and hold our nerve.

In total it is estimated that it has cost over £1 million to care for Craig in the ten years since he was removed from his parents.

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