



# **Portsmouth Safeguarding Children Partnership**

## **Child J (LCSPR)**

**Independent Author: Dr Russell Wate QPM**

**(July 2021)**

This report encompasses the key learning from the Local Child Safeguarding Practice Review (LCSPR) carried out in relation to the lived experience of Child J. The report has been written ready for publication and equally as a learning tool for agencies and practitioners.

The purpose of an LCSPR is to establish whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard children, identify what needs to change and as a consequence, improve multi-agency working to better safeguard and promote the welfare of children.

## **Who is Child J?**

Child J is a Portsmouth Child Looked After (CLA) and was placed out of area. He had a significant history of intervention from various Local Authorities as he was placed around the country and also many involvements with the police and youth offending teams for his violence, drugs and criminality.

He was charged with an offence of murder. After pleading guilty he was sentenced to life imprisonment with a minimum term of 15 years. The murder was of an adult male in the north of England. This killing happened amid fears that this incident may be related to Child Criminal Exploitation (CCE) with major concerns around Child J's involvement with gangs and 'County Lines' and the significant serious harm he had suffered in his childhood.

His journey of being involved with agencies, began when he was only five years old. Children's Services in the area that he lived in at that time, had significant and longstanding neglect concerns for him, so much so that they removed him from his parents care and he went to live with a maternal aunt and uncle.

His life has been a complex one and for the purposes of this review has been broken down into six distinct periods which are as follows.

**A background period prior to the timescales set for the review.** This covers Child J's early life and involved when he moved to Portsmouth. As a 12-year-old he was the subject of Special Educational Needs (SEN) and was having behavioural issues at school. He made allegations against a family member, resulting in him moving to foster care and needing to move schools. By the age of 15 Child J was involved in selling drugs and was suspected of being a victim of CCE<sup>1</sup>. He moved to a residential children's home and was constantly missing and now committing various types of crime from burglary, car theft to assault.

**Time in a Yorkshire placement from April 2018.** This begins with Child J residing in a secure children's home away from Portsmouth. This was a good period of time for Child J. On leaving the secure accommodation, Child J attends an Army Fitness and Preparation College and plans

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<sup>1</sup> "Child Criminal Exploitation is common in **county lines** and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology". Ministry of Justice 2019.

to take exams. Child J is described as 'settled' and the risk of him absconding had lessened. This is an identified 'reachable moment' as discussed later in this report. Child J on speaking to the author of the report agrees this was for him a 'Reachable moment'. He unfortunately wasn't able to join the army due to unresolved court cases and lack of history of medical records.

**A placement in a Yorkshire city.** Child J was now living in a flat with provided care. This was a short placement as Child J was regularly away from the flat. He was involved in criminality and violence as both the victim and perpetrator.

**A further placement in North Yorkshire.** Child J moved to another location where he had been choosing to stay as he felt safer there. He was now uninterested in joining the army or going to college. He was still engaging in criminality and as part of his bail conditions he returned to live in North Yorkshire. A police referral followed a home visit which saw in their opinion very poor living conditions within the house that Child J was staying in at that time. There were still fears that Child J was the victim of CCE.

**A placement in West Yorkshire.** Child J moves again to a further placement and he reveals that he is being forced to commit crime by older men. Child J is scared and is selling drugs across four counties and making money as evident by his new branded clothing. Child J is now more aggressive to those trying to help him and to authority as he assaults a woman and a police officer. He is still committing crime, taking drugs and believed to being exploited.

**A final placement in North Yorkshire.** This again is a short period but an extremely unbalanced and troubling time for Child J. More offending occurs, some of it violent and a National Referral Mechanism<sup>2</sup> decision decides that Child J is a victim of modern slavery. At the end of October, the adult man is stabbed to death in this area and Child J is arrested and subsequently charged and convicted with the murder.

These summarised periods highlight how chaotic and emotionally complex life has been for Child J and equally shows how difficult and challenging it was for those professionals trying to work with him, in particular his social workers and youth offending team workers.

Child J experienced a number of Adverse Childhood Experiences (ACEs), from which he was undoubtedly strongly affected by. Early in his life, the neglect and abuse he suffered appears to have greatly impacted on him and on his future behaviour and life choices. Professionals did realise this and tried to help him at times using a trauma informed approach. Child J was resistant to this on almost all occasions, so the challenge to professionals was/is how to overcome this resistance.

### **Why was the LCSPR carried out?**

In October 2019, a referral relating to Child J was made to the Safeguarding Children Partnership by the Portsmouth Children Families and Education Directorate. The Case Review Committee considered the relevant information, against the criteria in Working Together

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<sup>2</sup> The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Modern slavery is a complex crime and may involve multiple forms of exploitation.

2018 and concluded that throughout various periods of Child J's life it appeared that abuse and/or neglect had been suspected. Prior to and at the time of his arrest for murder, he was suspected to be a victim of exploitation. There were also concerns around the multi-agency working which was for Child J complex.

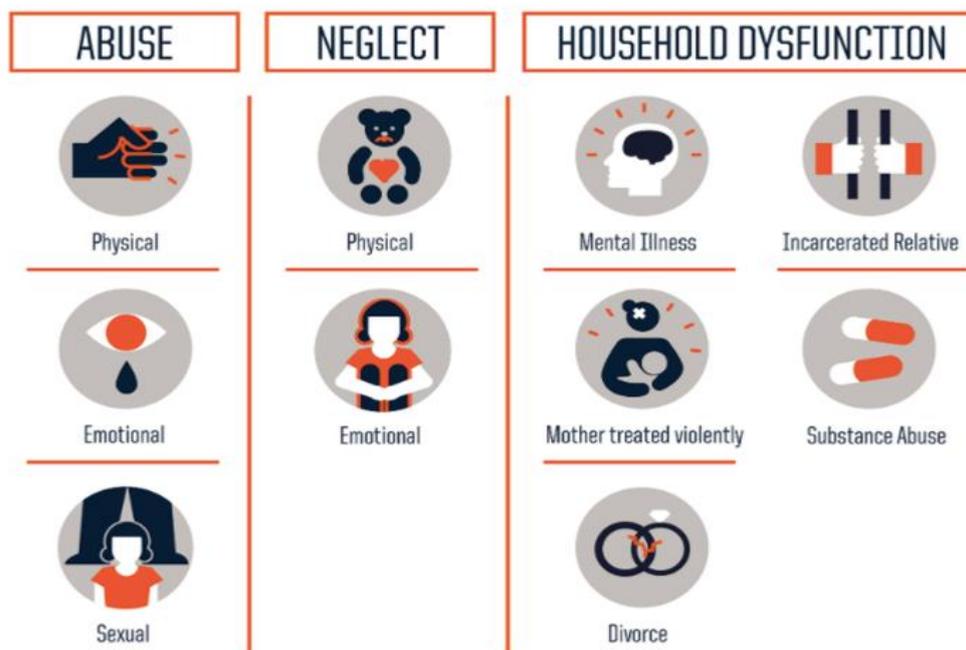
The LCSPR examined issues concerning the welfare of Child J and the lessons to be learnt to improve experiences for children in similar circumstances in the future. This included the degree to which decisions were child focused and the effectiveness of working arrangements across agencies and services.

The period under review was agreed as from 1st April 2018 - 21st October 2019.

The critical areas for exploration by agencies through this LCSPR are:

**What Adverse Childhood Experiences<sup>3</sup> can impact a child; potentially making them more vulnerable to exploitation** - and help us consider if there are lessons that can be learnt for current practice on improvements to systems, processes and/or practice to better support children in future<sup>4</sup>.

#### Three Types of ACEs



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

There is no doubt that Child J has experienced multiple ACEs for example:

- **Sexual Abuse** He disclosed sexual abuse. Child J was also in 2017 believed to be a victim of CSE and later on risk scored as vulnerable to CSE.

<sup>3</sup> The term 'Adverse Childhood Experiences<sup>3</sup>' is credited to Dr Vincent Filletti who carried out a study in the United States of over 17,000 people in the 1980's. His study was the first to identify the relationship between experiences in childhood and problems with health and social integration throughout a lifetime.

<sup>4</sup> The ACE Score <https://www.adversechildhoodexperiences.org.uk/>

- **Physical Abuse** Child J experienced at least the threat of physical abuse and on numerous occasions he was the person carrying out the physical abuse as evidenced by his arrest and conviction record, meaning that he experienced a number of physical confrontations.
- **Neglect both emotional and physical** Child J at an early age was removed by a Local Authority due to neglect, and at a very young age became a CLA for the rest of his childhood, this was due to him and his siblings suffering longstanding neglect. The home circumstances the police found when Child J was sleeping on a family members sofa was what they described as neglect.
- **Mental illness** the review author has no information in relation to whether his parents or aunt and uncle had any mental health issues, but Child J was detained in August 2019 under section 136 and assessed by mental health professionals. His mother also raised mental health concerns for him in October 2019.
- **Divorce** Child J's parents are divorced.
- **Domestic Abuse** The review author has no information in relation to whether parents or aunt and uncle had any DA issues, but Child J was arrested for assaulting a girlfriend.
- **Substance misuse** Child J was misusing controlled drugs and also had a drugs overdose requiring hospital admission.
- **Parent Incarceration** Although not parental and not strictly incarceration, Child J did spend time in a secure environment.

**Effectiveness of professional support and interventions and any barriers** – including responses to Child J and significant interventions in his childhood and his transition in to care.

**A comparison of services on offer at the time, compared to services on offer now** - can we be assured that the same risks and barriers are no longer in place. Would the delivery of care be different now?

And additional themes for consideration were Out of Area placements/ Information sharing and communication and NRM and the effectiveness of Court Action to prevent re-offending or keeping a young person safe.

### **What did the LCSPR find?**

Child J had definitely experienced a high number of Adverse Childhood Experiences in his life. It is important for the safeguarding partnership to understand what they were and work using a trauma informed approach in order to work through them to help Child J. The wider partnership in Portsmouth has already embarked on work in relation to this area, for example Hampshire Constabulary have been proactive with a trauma-informed approach and have been involved with ACE training. Hampshire Constabulary are also developing a trauma informed approach to policing, embedding the understanding of Adverse Childhood Experiences and resilience factors. Some officers and staff have been trained to become Trauma Informed Educators which has been funded through the violence reduction units. This is forming part of ongoing work which will require cultural change to ensure that officers understand what this means in practice, what they should be doing differently when attending incidents and ensuring good quality information is provided to partners regarding risk.

Portsmouth Safeguarding Partnership should ensure they are fully involved with is the Integrated Public Service Board. Their Emerging Strategic Plan highlights a life course approach. They have two strategic aims that are relevant to the learning from Child J's life story.

*Strategic Aim 1: To embed trauma-informed and restorative practice that promotes early intervention and prevention across all public services within Hampshire, Isle of Wight, Portsmouth and Southampton.*

*Strategic Aim 2: To ensure that there are a range of universal, selective and targeted interventions in place to prevent or reduce the impact of ACEs and Trauma at a population level.*

The learning for Child J, is that if professionals had been able to work with him to alleviate some of his Adverse Childhood Experience trauma, they may have been able to divert and disrupt his offending patterns and behaviours.

It is believed that a 'reachable moment' for positively altering his life journey from offending and being at risk of criminal exploitation, for Child J, did occur following his time in secure accommodation and him moving to a placement in East Yorkshire. The Portsmouth professionals were aware at the time that this was a 'reachable moment', but due to systems and processes involved with the courts and the Ministry of Defence were unable to capitalise on it. The learning for professionals is ensuring that when these 'reachable moments' occur, professionals are flexible and able to capitalise on them.

Learning from this case is that wherever Child J was in the country, he was persistently missing from his placements. This caused an issue as to who to contact and who should be looking for him. This distance caused further problems in relation to carrying out return home interviews with him.

There is very little evidence that these return home interviews took place on a regular basis and even if they did take place, what positive action resulted from them. The review author's view is that the learning raised is for more importance to be placed on the carrying out of the interviews where the child is placed out of area. There is of course a statutory duty but real value in completing them for the child themselves, and any information they can also offer to safeguard themselves and others. The Hampshire Police panel member highlighted that the College of Policing Approved professional Practice (APP) states that: *'The police have a responsibility to ensure that the returning person is safe and well. The purpose of the prevention interview is to identify any ongoing risk or factors which may contribute to the person going missing again. Prevention interviews should therefore be carried out in all high-risk cases, but should also be considered for no apparent risk (absent), low and medium cases. The interview provides a valuable opportunity to find out useful information that may indicate harm suffered by the returning person.'* There is no record any information from the safe and well checks being shared with Child J's Social Worker or other local agencies.

Child J despite the best efforts of the virtual school and other professionals spent substantial time absent from school or excluded or out of education. The National CSPR panel on

adolescents who harm highlighted in their report 'It was hard to escape,' stated that keeping young people in mainstream education can be a protective factor for children at risk of criminal exploitation and can safeguard them away from knife crime. *'Exclusion has a major impact on children's lives and if it is unavoidable then there need to be immediate wrap around support to compensate for the lack of structure, sense of belonging and rejection that exclusion from mainstream school can cause.'*

In Child J's case the provision of an education placement was further complicated by his Child J's case the provision of an education placement was further complicated by his Education, Health and Care Plan (EHCP), which involved the receiving education establishment having to provide Child J with a level of specialist support. Ensuring education provision in children like Child J, however hard it is, should be a key consideration. Evidence provided to the review, shows that Portsmouth have a very low level of Fixed Term Exclusions.

One of the main issues for professionals was the distance involved in out of area placements. This caused issues for both Portsmouth but also the North Yorkshire Local Authority. Learning is that an adequate briefing before or shortly after placement should take place with all relevant agencies in order to ensure the child is adequately safeguarded. As previously stated in this report the 'North Yorkshire Out of Authority Looked After Children Protocol,' would have been very useful, if used in the case of Child J.

For Portsmouth it was even more difficult as Child J had no further link to them once he was placed away as no family or had any connection with Portsmouth. In fact, his mother lived in the North of England. The fact that he was a Portsmouth CLA complicated matters and all of the issues that he had, whilst in both areas of Yorkshire, were always deferred to Portsmouth, to take the lead on. However, if the Local Authorities for the areas had looked at all of the issues that was happening with Child J, within their own areas, this may have changed who should have now taken on the lead professional responsibility in order to keep Child J and others safe. North Yorkshire did take a level of professional responsibility as evidenced by the allocation of work, attendance at strategy meetings, and telephone communication with Portsmouth. They would argue that taking ownership of the case management when Child J was placed in their area contradicts national guidance.

The length of time that Child J had waiting for cases to resolve seems inordinate for a child to reach closure. The proposed forthcoming changes to the Released under Investigation, may improve the situation for other children like Child J. His appearance at court also appeared to be a revolving door, out to placement, back offending and into court again for the process to start again. There is further learning required regarding how the court process for children can be streamlined and what role can CPS, and court play in keeping children safe from CCE. The review author does fully appreciate though that there were at times specific reasons for adjournments, for example when Child J pleaded not guilty and a trial was set for 19<sup>th</sup> July 2019 but vacated as there was no youth bench. The trial took place on 13<sup>th</sup> August 2019 with sentencing following. This delay as already mentioned in this report caused Child J an issue in his attempt to join the army.

The use and implications of the NRM is not widely understood by all professionals within the Portsmouth area.

As already mentioned, earlier in this report Portsmouth Safeguarding Children Partnership are part of the recently published HIPS Child Exploitation strategy. Some of the priorities that are particularly relevant to this case are:

- Providing a coordinated and effective multi-agency response to all forms of child exploitation across the HIPS areas.
- Enhancing our understanding of why children go missing and the most effective responses to keep children safe.
- Strengthening engagement with education settings and working in partnership to understand the specific risks associated with children who are missing from, absent from or not in full time education and whom may be at risk from exploitation.
- To strengthen our traditional safeguarding responses so they are effective in responding to the experience of children and young people of significant harm beyond their families.
- Strengthening partnership with family members/carers to support engagement in joint protection and management of risk.
- Understand and consider the use of disruption tactics to keep children safe.
- Share information and develop an enhanced understanding of perpetrator networks and tactics.
- Consider and identify our collective 'critical points' in children's lives and circumstances where partnership intervention can be best targeted to have significant impact.
- Increasing the knowledgebase of professionals involved in working with children who are at risk of or are being exploited to assist in the early identification and onward referral to relevant local services.
- Through LSCP networks, better understanding the lived experience of children who have experienced exploitation to inform our ongoing work at a strategic and local level.

The review author has one concern that the strategy doesn't mention the connection with the work of the Violence Reduction Unit. Portsmouth are involved and part of the Violence Reduction Unit. There should be strategic discussions held by Portsmouth safeguarding children partnership with, in particular the Portsmouth Health and Wellbeing Board, but also the YOT management board to ensure there is coordination of activity for children in Portsmouth who are at risk of CCE to prevent duplication and focus to the coordinated activity.

**Further, the review concluded that:**

The review considers that the serious incident involving Child J may not have been predictable nor preventable. There was very little information from Child J's life story that would lead professionals to believe that it could be predicted that he would be involved in a fatal stabbing of another person. He was showing signs of risk of being involved in more violent behaviour,

but of course nothing to suggest extreme violence, for example in terms of him being the physical aggressor he was involved in what could be described as lower level assaults and not involving weapons, as such.

Child J has had an at length discussion with the review author and agrees that the 'reachable moment' for him was when he was attending the army preparation course. He, however, states it goes further back and the key for him was that it was right to have been removed from his parents care, but he needed to remain in a foster home or to be adopted. Being in a loving caring family home would have in his view been the key for him.

### Identified Learning Themes:

#### Learning Themes

- Child J's adverse childhood experiences. Ensuring trauma informed practice;
- Intervention and identifying and acting on 'reachable moment' opportunities;
- Missing and Return Home Interviews. Police Alive and Well Checks;
- School Exclusions;
- Placements away from Child J's home;
- Length of time for court conclusion. NRM Knowledge; and
- HIPS Child Exploitation Strategy.

### Recommendations to PSCP:

This review has identified learning and suggests the recommendations as detailed below, the implementation of these will assist the PSCP to deal more effectively with similar circumstances in the future resulting in the improved safety and welfare of children who are experiencing or at risk of CCE.

#### Recommendations related to learning from Child J

##### Recommendation 1

a) The PSCP should highlight this case to strategic leaders within CSC to ensure that in similar cases where the CLA has no family or home connection with them, and is placed at a significant distance, a suitable service is commissioned to support with the LA responsibilities.

##### Recommendation 2

The PSCP should share this review report with the North Yorkshire Safeguarding Children Partnership for them to consider if there is any learning that they would wish to consider actioning within their area.

##### Recommendation 3

a) The PSCP should ensure that learning is provided that highlights to professionals the importance of identifying and acting on a 'reachable moment' for a child at risk of CCE. In this case Portsmouth knew when the 'reachable moment' happened for Child J but due to

other system delays were not able to act on it successfully. The PSCP should be assured that processes are in place for effective escalation and action where barriers such as these have been identified.

b) The PSCP Independent Chair should write to the Ministry of Justice and the Ministry of Defence in order to share the learning from this report with him. Highlighting the 'reachable moment' when Child J wanted to join the army, but criminal justice delays prevented this from happening. It would be helpful to know from the MOD whether or not senior escalation by Children's Services might have allowed Child J's case to be reviewed individually so that his application could be considered notwithstanding the outstanding criminal charges against him.

#### **Recommendation 4**

The PSCP should combine with the work that Hampshire Constabulary are already carrying out which is developing professional's knowledge and understanding of the impact of Adverse Childhood Experiences and for professionals to provide a trauma informed response.

#### **Recommendation 5**

a) For Children placed outside of Portsmouth, the PSCP should seek assurance that those Local Authorities are appropriately notified and briefed. The PSCP should also seek assurance on lead professional arrangements (including commissioned services) for young people placed at a distance from Portsmouth.

b) The Portsmouth Local Authority should continue with their campaigns to increase local foster carers, with the added emphasis of the learning from the life of Child J and his various placements.

c) This issue should be highlighted to the National CSCR panel and the Safeguarding and Child Protection division at the Department for Education and should feature in Portsmouth's response to the National Care Review.

#### **Recommendations generic to all CCE cases.**

#### **Recommendation 6**

a) The PSCP should seek assurance from Children Social Care in relation to the completion of missing return home interviews. This is particularly important for CLA placed outside of Portsmouth.

b) The PSCP should seek assurance on whether prevention interviews are being carried out by police in all cases of children reported missing, This also needs to apply in line with national procedures for those placed out of Portsmouth, and what the process is to share information disclosed about the child with other agencies.

#### **Recommendation 7**

a) The PSCP should seek assurance from their partners working in education that the use of permanent exclusion from mainstream education is kept to a minimum this includes those CLA children placed outside of Portsmouth. (Some of this assurance has been already provided; with Portsmouth already having a low level of permanent exclusions.)

b) The PSCP should enquire on what approaches their schools are taking, to deal with behaviours from children adversely affected by childhood trauma.

#### **Recommendation 8**

a) The PSCP should seek assurance that there is a shared strategic response to CCE reflected in key Partnership Board meetings in Portsmouth. E.g. Portsmouth Youth Offending Board, Criminal Justice Board and Health and Wellbeing Board.

**Recommendation 9**

The PSCP should ensure that the use and implications of the National Referral Mechanism is understood by professionals who work in the area of keeping children safe from CCE, and appropriately used in safeguarding plans.

**Recommendation 10**

The PSCP should seek to ensure that the HIPS Child Exploitation Strategy is well known and understood by all professionals and agencies that work in Portsmouth. The strategy needs a strong delivery plan and there needs to be good collaboration and shared learning across all partners. This strategy should also include the work of the Violence Reduction Unit.