



Home Affairs Committee

Oral evidence: [Gangs and youth crime](#), HC 798

Tuesday 25 November 2014

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Written evidence from witnesses:

- [Greater Manchester Police](#)

Members present: Keith Vaz (Chair), Nicola Blackwood, Michael Ellis, Paul Flynn, Lorraine Fullbrook, Dr Julian Huppert, Tim Loughton, Mr David Winnick.

Questions 127 – 182

Witness: **Detective Chief Inspector Debbie Dooley**, Xcalibre Task Force & Integrated Gang Management Unit, Greater Manchester Police, gave evidence.

Q127 Chair: I welcome Debbie Dooley from Greater Manchester Police. Thank you very much for coming in. I am sorry that you were kept waiting for your session. We do appreciate you coming to help the Committee on our inquiry into gangs that we are currently undertaking and in fact is drawing to a close. You are one of our last witnesses. I am sure you have seen the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups. We were very concerned about the numbers that were represented at that inquiry. She found that 2,409 children and young people were subject to sexual exploitation in gangs and a further 16,500 children—a huge number—were at risk. What action is Greater Manchester Police taking to deal with sexual exploitation in gangs?

Detective Chief Inspector Dooley: Certainly, Mr Chairman, it is a very concerning issue and in relation to Greater Manchester Police we have a comprehensive and detailed action plan that takes into cognisance the recommendations from a number of reports that have been produced, including the *If only someone had listened* report, the National Action Plan, the Ann Coffey report and the Jay report from Rotherham. Our priority in Greater Manchester is to raise awareness across the different strands within both the professional and public community.

As part of that awareness raising, in Greater Manchester we have a very well-practised colocated multipartnership working team under the umbrella of Project Phoenix. Within Greater Manchester we have 11 police boroughs, or divisions as we call them in the north. Each division has its own policing project team. Some of the divisions are joined up together. For South Manchester, North Manchester and Salford, we have Project Phoenix based at Greenheys Police Station, working on the floor below myself, which is the Xcalibre Task Force and the Integrated Gang Management Unit. The idea behind having the brand of Phoenix across the 11 divisions is to

have a consistent service given to our community so there is not a postcode lottery in relation to what services are delivered from different branches of Project Phoenix.

Q128 Tim Loughton: When the stories about gang-related sexual violence came out, it was clear that Lancashire Police, where a lot of this had happened—clearly it is nationwide—were very much behind the curve. They had not recognised that this was going on. They had not taken action and taken up the pleas of victims. How has that been rectified or has that not been rectified by the police in Greater Manchester, Lancashire and other constabularies involved now getting ahead of the curve to make sure they are fit for purpose in dealing with this problem in future?

Detective Chief Inspector Dooley: I think Greater Manchester led the way with Operation Span, which you will recollect was the first case of multiple victims and offenders being brought to justice. Before Operation Span, we had a number of CSE teams in place in Manchester but not across all the divisions. Since Operation Span, we have Project Phoenix covering the whole of the area of Manchester. I have to reiterate that it is the colocation and the multipartnership work that is important and putting the victims first.

Q129 Tim Loughton: One particular feature of the Children’s Commissioner’s report was the way that young girls are almost initiated into these gangs through sexual activity. There is a clear problem with keeping young girls away from gangs and educating them that they do not have to go through this sort of process. What part have the police played in that?

Detective Chief Inspector Dooley: The part that the police have helped play in that is working with our partner agencies. We are aware that we need to identify through intelligence where our particular hotspot areas are. We need to do more around our “missing from home”, particularly where there is CSE concern. We have flagged within Greater Manchester 553 persons who may be subject to child sexual exploitation, and it is our aim to have a trigger plan in place for each of those victims.

Q130 Tim Loughton: How do you identify those? 553 is a very precise figure. Why not 554?

Detective Chief Inspector Dooley: The way in which we do that is by flagging on the system when incidents are reported to us. If an incident of a missing from home is reported, key words will be searched for within that report and then an opening and a closing code will be allocated to the report that relates to child sexual exploitation.

Q131 Tim Loughton: In terms of a widespread acknowledgement of the problem and how to deal with it, CEOP, for example, has now stipulated that all its officers must have training in recognising and intervening in child sexual exploitation. How extensive is that within the Greater Manchester area forces?

Detective Chief Inspector Dooley: Greater Manchester area have retrained all their frontline officers, the PSCOs and cadets and specials. There is an ongoing programme of training for new recruits who come into our service and refresher training for the departments who may not deal with it on a daily basis but may need to know what the indicators are for dealing with such victims.

Q132 Paul Flynn: Edward Boyd of the Centre for Social Justice has said that the activities of Xcalibre could be potentially damaging in that, by concentrating on removing the gang leaders, instability is introduced and there is greater violence as there is competition to fill the vacuum. Is this a fair comment or is there any evidence that Xcalibre's techniques are working?

Detective Chief Inspector Dooley: No, Mr Flynn. I would say there is evidence to the contrary inasmuch as in 2008 to 2009 we had quite a high profile case within Manchester, Operation Viola, where a number of highly prominent gang leaders of the Gooch Gang were incarcerated. We have done work since then with partners in the community in our prevent strategy to intervene at an early age to stop young people following in the path of their siblings or associates. We have been told by them that what we did was good, that we removed a whole layer who were able to recruit into the gangs perpetually. By removing those leaders, they were no longer able to recruit. That assisted in helping us to bring that to an end.

Q133 Paul Flynn: Is there evidence from before and after that there was a reduction in the criminal activity, in the crimes?

Detective Chief Inspector Dooley: It is our belief in Manchester that with the partnership work that we have implemented over the last six years, there has been a year-on-year reduction in firearms discharges, particularly where it was associated with gang affiliations. Certainly our gangs' hotspot areas are nowhere near as predominant as they were previously.

Q134 Paul Flynn: The Children's Commissioner argues that the police are often viewed as part of the problem rather than part of the solution in some communities, and as such there remains a strong resistance to engaging with the police. Is this a fair assessment?

Detective Chief Inspector Dooley: I think it is a very subjective statement. Yes, there are the entrenched gang members who will see the police as part of the problem and refuse to engage. However, we have experience within Xcalibre where we have had to assist gang members who have got themselves into situations where they need support and assistance to leave that way of life, who 12 months later have readily contacted us to say, "My friend needs help" or "I need help with this". They are not frightened to come and speak to us.

Q135 Paul Flynn: Are you satisfied that the reduction in gang activity is the result of your work and not the result of the fact that young people have a new addiction in their toys of communication, and they spend more time absorbed in their iPads and iPhones rather than doing other things that are less attractive now?

Detective Chief Inspector Dooley: I think there is a multitude of reasons why we have had such good success in Manchester. One is the partnership work, not just with our partners, statutory agencies such as children's services, but working with the community as well, making sure that the community and the voluntary sector is involved in each step of the way of our action plans to deal with gang strategies.

Q136 Chair: How do you share information with other areas where gang crime is prevalent, for example the Met in London or West Midlands Police? What is the mechanism by which you do this?

Detective Chief Inspector Dooley: There are a couple of mechanisms. The national mechanism is that we use the police national computer database whereby, if somebody is a self-confessed gang

nominal or deemed by that police force to be associated with gangs and the like, a marker is placed on the PNC so that if that person travels from one area to another and a police check is done by an officer during a stop and search, it will flag up on the national database. The other way in which we share information is by contacting each of the forces through the police national database and through information-sharing agreements. We often get enquiries from equivalent police units like myself, such as Trident in London or Matrix in Merseyside, asking whether we have any information on a certain individual because they have been across to their area.

Q137 Chair: What percentage of young people do you think are involved in gangs in Greater Manchester? I know it is difficult to be precise but a rough estimate would be helpful.

Detective Chief Inspector Dooley: It is difficult to be precise. The problem that we have—if I can just explain—is that we were criticised in a problem profile, which was commissioned about 12 months ago, for labelling people as gang nominals and members of gangs. So we have tried to work on the basis that we will only flag them as a gang member if their criminality indicates that within the last six months they have been arrested for a gang-related offence or criminality that relates to that.

Chair: Do you have an estimate?

Detective Chief Inspector Dooley: A conservative estimate I would say is about 30%.

Chair: 30%? So one in three in Greater Manchester is involved in gangs of some sort or another?

Detective Chief Inspector Dooley: Yes.

Chair: That is a very large figure.

Detective Chief Inspector Dooley: Yes, Manchester is a very large area, Mr Chairman.

Chair: Indeed, as I said a very large number of people.

Detective Chief Inspector Dooley: Yes.

Q138 Nicola Blackwood: I want to follow on from your answers to Mr Loughton. Obviously not all victims of child sexual exploitation are involved in gangs, even if they are abused by multiple defendants. How do your gang task forces and your child sexual exploitation teams interact together and share information? You might have someone who is a victim of child sexual exploitation and may be involved in gangs in some way and have the crossover. How do you make sure that they do not fall between the cracks?

Detective Chief Inspector Dooley: We are quite fortunate in Manchester. As I say, I am based at Greenheys Police Station, where not only do we have the Xcalibre Task Force and the Integrated Gang Management Unit but we have the Manchester Phoenix Protect Team, which covers child sexual exploitation across North and South Manchester and Salford divisions. The team manager for social services manages the social workers in both the Integrated Gang Management Unit and the Phoenix unit. So we are cited on cases that go through both departments. If there is any crossover we are able to pick it up straightaway.

Q139 Nicola Blackwood: How many people are in that Phoenix team?

Detective Chief Inspector Dooley: In the Phoenix team, there is a detective inspector, one detective sergeant and then a mixture of police staff and statutory agency and voluntary staff. I would say that the total is around about 10 people.

Q140 Nicola Blackwood: So 10 people, and what is their caseload at the moment do you think?

Detective Chief Inspector Dooley: I would have to come back to you on that.

Nicola Blackwood: But approximately.

Detective Chief Inspector Dooley: It is not my department. I could tell you the figures for the females that are flagged as being involved in gangs. We have four.

Nicola Blackwood: Four females?

Detective Chief Inspector Dooley: Yes.

Nicola Blackwood: But this would be child sexual exploitation in gangs?

Detective Chief Inspector Dooley: Yes.

Q141 Nicola Blackwood: Do you think that is as low as four or as high as 100 or something like that?

Detective Chief Inspector Dooley: As low as four.

Nicola Blackwood: As low as four?

Detective Chief Inspector Dooley: Yes. Who are involved in—

Nicola Blackwood: Four girls who are at risk of child sexual exploitation in Greater Manchester?

Detective Chief Inspector Dooley: And gang exploitation.

Q142 Nicola Blackwood: How many girls and boys do you think are at risk of child sexual exploitation in Greater Manchester?

Detective Chief Inspector Dooley: 553.

Q143 Nicola Blackwood: Would they come under the Phoenix?

Detective Chief Inspector Dooley: Yes.

Nicola Blackwood: So the caseload would be about 553 for 10 people?

Detective Chief Inspector Dooley: Yes.

Nicola Blackwood: That is what I was trying to get to.

Detective Chief Inspector Dooley: Oh sorry, no, that 553 is across Greater Manchester, so the Phoenix Protect Team that is based at Greenheys would only cover three divisions. I do not have a breakdown per area of how many cases, so I can get that for you.

Nicola Blackwood: If you could write to us afterwards that would be really helpful.

Detective Chief Inspector Dooley: Yes.

Q144 Nicola Blackwood: There was obviously some criticism following the Rochdale case of attitudes towards victims, and you have already mentioned the criticism about labelling victims as gang nominals and so on. The criticism was around not believing victims, and this was the admission of Sir Peter Fahy who said that mistakes had been made in the past and that the mindset was that victims in these sorts of cases were unreliable. He stated that he thought that attitudes had changed, but that is obviously the mindset that he is saying is at the top. Do you think that the attitude on the ground of the officers who are face to face with victims has changed now?

Detective Chief Inspector Dooley: Yes, it has changed drastically. It is one of Greater Manchester Police's priorities across the force. The training that we have put in place for the staff reflects the fact that we accept attitudes were not very good historically, but now it is at the forefront of our training and our priorities, and I would say the attitudes have completely changed.

Q145 Michael Ellis: Chief Inspector, whether it relates to gang specifically, Xcalibre or any other issue, the issue of stop and search has gone wrong, hasn't it? There is disproportionate stopping of black people. It creates considerable bad feeling—understandably so—distrust and prevents improvements in community cohesion. Do you agree with that?

Detective Chief Inspector Dooley: Yes, I would.

Q146 Michael Ellis: What do you think we can do to improve the situation?

Detective Chief Inspector Dooley: I think we are taking strides in Greater Manchester to improve the situation by making sure that the community are involved. As of next Sunday, we are going live with the best use of the stop and search scheme. Through that scheme we are ensuring that we adhere to the community validation pilot scheme in relation to section 60 stops, which has worked very well in the areas where we have had the Caribbean Carnival, Eden and Mela, to the point where we have not had to use them because we have engaged the community in explaining—

Q147 Michael Ellis: This is a Home Office scheme, the best use of stop and search, and you have implemented it in Manchester?

Detective Chief Inspector Dooley: It will go live on Sunday of this week, but Monday of the working week will be the day it goes forward.

Q148 Michael Ellis: Isn't it common sense that police officers should not stop and search people on the basis of colour or on the basis of any other rationale but the reasonable expectation that they have due cause to stop them?

Detective Chief Inspector Dooley: Yes, I would agree with you and with our training in Greater Manchester there are a number of ways in which we are trying to overcome that. One is by working with youth groups within the community. We are doing role plays with a number of police officers and a number of youth from the community so that they can walk in our shoes and we can walk in theirs to see how they feel when they are stopped. They can see what job we have to do. One of our youth workers is working on making a video with the youth of the area, which will be shown across Greater Manchester. So we are taking a lot of actions in order to redress that view.

Q149 Michael Ellis: I saw a report from one individual who said he had been stopped 40 or 50 times, and I want to emphasise just how appalling that is and how harmful it is to have a situation—and of course it is not specific to Greater Manchester—where this is happening and it needs to be rectified.

Detective Chief Inspector Dooley: I do not disagree with you, Mr Ellis. We are taking as many steps as we can to try to redress the balance and move things forward.

Q150 Tim Loughton: On the reduction of gang activity or not, some years ago I was involved with a television programme and I lived among some of the gangs and met many of the gang members. The gang violence was very much based on postcodes. This was in Birmingham, but it was postcodes between various areas of Birmingham where there were warring factions, and also postcodes between Birmingham, Manchester and Newcastle and other areas. Is that still going on?

Detective Chief Inspector Dooley: Not as much as it used to. As I say, in Manchester one of the things that was quite good for us was that our gang warfare was one square mile, so it was quite easy for us to patrol that and get on top of the problem. We do have gang members who travel from one area to another, but the network that is in place between the police forces allows us to share that information and try to get ahead of the game to stop any trouble from happening. If we know that we have an event happening in Manchester, we will warn other gang units and they will give us their top 10 nominals of interest who may come to that event.

Q151 Tim Loughton: Would you agree that there is a problem in primary schools, where you can see in playgrounds embryonic gangs of kids who are going to graduate to the real life gangs later on? Is that a realistic problem and, if so, what are you doing about it at that early stage?

Detective Chief Inspector Dooley: We do not believe it is a problem in Manchester, because we recognised quite early on that early intervention was necessary. We have done a lot of work around intervention at an early age, to get into primary schools, to go to local community centres and to the local workshops and work with the children to ensure that indoctrination does not take place.

Q152 Tim Loughton: Do you do that or do you get outside bodies to do that and kids themselves who have had experience, and charities and others?

Detective Chief Inspector Dooley: We do both. We do it as a joint enterprise between the Xcalibre Task Force and the Integrated Gang Management Unit. One of our best practice areas from the ending gang and youth violence funding was that we use an ex-gang member who has been in prison, has served his time, reformed and come out. We use him to mentor high-risk prison releases who may be coming out shortly and we also use him to go into the schools and give presentations. The feedback that we get from both the schoolchildren and the teachers is magnificent.

Q153 Mr Winnick: The figure that you gave to the Chair of one in three involved in gangs is pretty alarming. It may be so elsewhere, and I heard what you have just been saying about trying to persuade youngsters not to get involved, but to a large extent I suppose it is peer pressure, isn't it, that if you want to be one of the lot it is appropriate to join a gang?

Detective Chief Inspector Dooley: There is a lot of peer pressure. We found in Manchester that it is both peer pressure and it could be sibling-related. It could be that they come from a background where family life is not stable and therefore joining a gang is one way of being identified, being wanted and being reassured that you belong somewhere. So there are a number of factors that can add to that.

Q154 Mr Winnick: If you were asked to give some sort of estimate, how many of those in gangs as youngsters later become adult criminals? Would you be able to give any sort of percentage?

Detective Chief Inspector Dooley: I couldn't off the top of my head but I would expect it to be quite low, given the work that we have done within the community.

Mr Winnick: That is encouraging.

Q155 Dr Huppert: Can I press you on the figure of a third of young people in Greater Manchester being involved in gangs? Have I understood you correctly?

Detective Chief Inspector Dooley: Yes.

Dr Huppert: That is something like 85,000 people. You are telling this Committee that you think there are 85,000 young people in Greater Manchester who are involved in gangs. Is that right?

Detective Chief Inspector Dooley: I am relating the figures to the area where I work, because we have different problem profiles within Manchester, if I can explain. The area where I work is predominantly Greenheys, Moss Side. Most people will be aware of Moss Side. That was where the prolific urban street gang problem was situated. Across the rest of Manchester the problem profile is more organised crime group gangs rather than urban street gangs.

Q156 Dr Huppert: To be clear, you are not telling us that a third of young people in all of Greater Manchester—

Detective Chief Inspector Dooley: Are urban street gangs.

Dr Huppert: It does seem somewhat surprising.

Detective Chief Inspector Dooley: Yes.

Dr Huppert: Can I be clear as to what you are saying then? Your assessment is that a third of young people in Moss Side—

Detective Chief Inspector Dooley: Have been in or will be associated with a gang.

Dr Huppert: Right. So it is quite a small area on which you are giving us this information?

Detective Chief Inspector Dooley: Yes.

Dr Huppert: I have to say the figure sounded implausible.

Q157 Chair: To clarify, this is not a third of young people in the whole of Greater Manchester?

Detective Chief Inspector Dooley: No.

Chair: This is a third of young people in a particular area?

Detective Chief Inspector Dooley: Yes.

Chair: Just in case the whole of Manchester is alarmed as a result of what you said.

Detective Chief Inspector Dooley: It would be confusing.

Q158 Mr Winnick: What would be the estimate for the whole of Manchester?

Detective Chief Inspector Dooley: The confusing part for you is that to me Manchester is just the area I cover. Obviously it isn't the whole area.

Chair: Of course, indeed, we understand. Do you have figures for the whole of Greater Manchester or not?

Detective Chief Inspector Dooley: Not off the top of my head, but again I can send them to you.

Chair: In your area in Moss Side it is a third?

Detective Chief Inspector Dooley: Yes.

Q159 Mr Winnick: You could not give any estimate for the whole of Manchester?

Detective Chief Inspector Dooley: Not off the top of my head, but we could send those figures to you.

Q160 Dr Huppert: I think it would be helpful if you could write to us and make this point clear and what sort of age range you are talking about as well. Also, it would be quite useful to understand what you mean by being involved with a gang. There is roughly a third. Essentially some of them are central to gangs; some of them are much more peripheral. Do you have a sense of how that breaks down?

Detective Chief Inspector Dooley: I can try to explain that to you. We have the ACPO definition of what a gang is, but we have had criticism, as I said earlier, about the problem profile that was completed around Manchester's gang problem. We were criticised for labelling too many people as gang nominals or associated to gangs. When I say a gang nominal, that is somebody who has confessed that they belong to a gang. They say, "I belong to the Gooch Gang" or "I belong to the Doddington Gang". We also use the term "gang associate", which means that they mix with people who we know belong to a gang. So there are two distinct—

Dr Huppert: When you say "mix with people", as in go to the same school, as in talk to occasionally?

Detective Chief Inspector Dooley: Socialise, are seen together when out on the streets and so forth. What we have tried to do is comply with the public wishes that we do not criminalise or put people in a box and label them as a gang unnecessarily. What we try to do is base it on intelligence or evidence that over the last six months they have been involved in a criminal offence that may be gang-related or that they have been seen consistently mixing or hanging around or socialising with those people who are self-confessed gang members.

Q161 Dr Huppert: Sorry to go on about the figures, but it is useful to get a sense of the picture. The third figure you gave was the more expansive definition of gang involvement or the tighter one of people who you believe have been involved with a criminal offence in the last six months?

Detective Chief Inspector Dooley: Sorry, could you say that again?

Dr Huppert: You said that you had one way of counting it, which was quite general where people had associated with, and another way that was tighter, which was more intelligence-led, people who had actually been involved. Your figure of a third, in your area, of children being involved, is the larger definition or—

Detective Chief Inspector Dooley: It is on the larger definition, yes.

Dr Huppert: Maybe you should write to us about how many it is on the tighter definition as well so we get an accurate picture.

Detective Chief Inspector Dooley: The reason we have had to try to implement something like that is that one of the tactics that we have used previously around Caribbean Carnival, Eden and Mela, some of the events that we have in Manchester, was to try to prevent opposing gang members from meeting at those events and trouble taking place. So we issued banning letters to prevent the people who we felt were members of a gang or associated to a gang from entering those events where a lot of members of the public would congregate and get caught up in any incident that might take place.

Again going back to the difficulty of us being criticised for flagging people as gang nominal, we have had incidents over the last 12 months where people who have not been involved in gang criminality, have not been arrested for a gang offence or been seen with gang nominals for two to three-plus years, have come across somebody in a takeaway, for example. They have seen a person in the takeaway who they knew from a few years ago when in an opposing gang and they have gone in and an assault and affray has taken place. So it is hard for us to say on the one hand, "Yes, we can definitely say they are no longer involved in a gang" when we know there are opportunistic events where historic opposing gang nominals have come together and incidents have taken place.

Q162 Lorraine Fullbrook: Can I clarify: you lead the Xcalibre Task Force and the Integrated Gang Management Unit?

Detective Chief Inspector Dooley: I lead the Xcalibre Task Force and I am one of the tripartite managers of the Integrated Gang Management Unit, along with a lead from probation and a lead from children's social services.

Q163 Lorraine Fullbrook: What exactly is the difference between the two?

Detective Chief Inspector Dooley: When it was initially set up, the Xcalibre Task Force was the reactive police arm in order to go out and conduct enforcement around gang criminality and firearms discharges. The Integrated Gang Management Unit is our multipartnership arrangement working with probation and children's services. We have Youth Offending Service staff within there who—

Lorraine Fullbrook: That is proactive?

Detective Chief Inspector Dooley: Yes.

Lorraine Fullbrook: So one is reactive and one is proactive?

Detective Chief Inspector Dooley: One is proactive. The two work together, so that when our police officers from Xcalibre have concerns about children they come across during their daily work, a referral will be made into the Integrated Gang Management Unit and we will open a case from the Integrated Gang Management Unit to see what support or help that child or family may require.

Q164 Lorraine Fullbrook: So it is coming through several different layers of bureaucracy really?

Detective Chief Inspector Dooley: It is not bureaucratic because we are in the same building in the same office and it is just a matter of us working together. That is far better than how it used to be. If I can give you an example, in 2008 when we were not colocated an incident came to Xcalibre's attention of a child who was consistently going missing, and was the subject at that time of exploitation by gang members and opposing gang members, consistently missing from school and there were problems at home. It took from 2008 to 2010, having made the referral, for us to remove that child and her family out of the area, granted the child and the family were difficult and challenging to work with. In 2012 we had a similar incident—bearing in mind the two teams are now colocated—where a threat had been made towards a gang member and his family. We were aware of it in Xcalibre at 9 o'clock in the morning. We did a joint visit with the Integrated Gang Management Unit social worker by 11 o'clock and by 3 o'clock that day, having called a strategy meeting, we had identified a property for the family to move to as an interim measure to get them to a place of safety. The colocation is the key to working together to make things more effective and expeditious.

Q165 Lorraine Fullbrook: What happens at the reactive end to a gun crime, for example, a shooting? Does that then go through the criminal justice system? It does not come through to the Integrated—

Detective Chief Inspector Dooley: It will still go through to the Integrated Gang Management Unit if there are concerns for siblings or children who are involved on the periphery of that particular criminal offence. For argument's sake, if we were to conduct a warrant based on intelligence from Xcalibre Task Force, going out and executing the warrant and there are children at that address and guns, drugs or whatever are found, we will make a referral to children's social services within the Integrated Gang Management Unit so that we can make sure we have a strategy meeting and safeguarding is put in place for that child and family.

Q166 Lorraine Fullbrook: Thank you. On that point, the Office of the Children's Commissioner suggests that there are some 12,500 girls and young women who are closely involved with gangs, and a further 12,500 may be directly adversely affected by the presence of youth gangs, that is urban street gangs. What specific action is Greater Manchester Police taking on girls?

Detective Chief Inspector Dooley: It is twofold. Within the Integrated Gang Management Unit we have a girls and gangs strand of work where we meet monthly to discuss any issues that are brought to our attention. Obviously we have the child sexual exploitation Phoenix Protect Team where there may be some crossover. There are plans in place to make sure nothing slips through the net in relation to either strand of exploitation.

Q167 Lorraine Fullbrook: What is being done for girls or boys at the primary school intervention stage?

Detective Chief Inspector Dooley: From the sexual exploitation side, we go into the schools and give presentations and educate both the children and teachers around child sexual exploitation, what the indicators are. We do the same with health workers because health workers and teachers predominantly will see children on a more daily basis than perhaps social workers or police officers. The training has also been extended to hoteliers, taxi driving companies and licensees.

Lorraine Fullbrook: That is specifically about child sexual exploitation?

Detective Chief Inspector Dooley: Yes.

Q168 Lorraine Fullbrook: How are you stopping girls becoming involved and being gang members?

Detective Chief Inspector Dooley: Through the Integrated Gang Management Unit, we have gone into the community and presented workshops within the various local community centres where we know community groups are gathering. We have had girls come into the police station and have specifically presented to them on that point. We have a workshop that is scenario-based training and we will say to the girls, "You are at a party. This happens. What would you do next?" and talk them through the scenario.

Q169 Lorraine Fullbrook: From doing those things, how do you measure how many girls do not become involved in gangs because of your intervention work?

Detective Chief Inspector Dooley: It is very difficult to quantify what we actually prevent, both on the exploitation side and the gang side. All I can say is that currently within Greater

Manchester there are four cases that are gang exploitation in relation to sexual exploitation. I can only go off what we have flagged, not what we don't know.

Chair: Thank you. If there is any further information that you can give to this Committee, please do not hesitate to write. If you could write to us about the facts that I have just mentioned, that would be very helpful. Chief Inspector, thank you very much for coming in to give evidence today. The Committee may visit Manchester to have a look at some of your work. We will be in touch with you so that we can see for ourselves what is happening there.

Detective Chief Inspector Dooley: You would be most welcome. Thank you.

[Lorraine Fullbrook in the Chair]

Examination of Witnesses

Witnesses: **John Poyton**, Chief Executive, Redthread Youth Limited, and **Dr Emer Sutherland**, Consultant Emergency Physician, Clinical lead for Emergency Medicine, King's College Hospital, gave evidence.

Q170 Lorraine Fullbrook (in the Chair): We welcome Dr Emer Sutherland and John Poyton to the Committee, specifically to talk about gangs and gang-related crime. First, can I ask Dr Sutherland about St Mary's Hospital in Paddington that says it is treating children as young as 11 in hospital for injuries including shootings and stabbings?

Dr Sutherland: Good afternoon, Madam Chair. I am actually representing King's College Hospital, which has been working in partnership with Redthread Youth for 10 years, but they have recently expanded our project in St Mary's Hospital, and I am familiar with the work that is going to be rolling out there. May I talk about our experience at King's College Hospital?

Lorraine Fullbrook (in the Chair): Yes, please do.

Dr Sutherland: Thank you. King's College Hospital, where I work as a paediatric and adult A&E consultant, has been aware for many years of youth violence and we have regarded it as a child safeguarding issue. In my department, child safeguarding is not just an issue of the young babies, it is an issue of adolescents and to recognise the many stressors that are placed upon adolescents growing up in the boroughs that we serve at King's College Hospital. You are absolutely right: we have seen victims of assaults, going down to very young adolescents, who have come from the locality around our hospital but also from wider parts of south-east London since we are now a major trauma centre.

Q171 Lorraine Fullbrook (in the Chair): How much evidence do you have from around the country with your work that this is happening elsewhere outside London?

Dr Sutherland: I think that, much as our colleague from Manchester has described, as with so many other aspects of life, this is not a pattern that is applied mutually across the country. There are hotspots for urban youth violence as there are hotspots for other issues. What is particularly interesting at the moment is that my department is involved in a research project looking at problem drinking in young people, and we are involved in a cluster collecting information from London, comparing ourselves with clusters from other parts of the country. It has confirmed my

clinical feeling, which is that acute alcohol intoxication is not a significant issue for my local young people.

Lorraine Fullbrook (in the Chair): It is not?

Dr Sutherland: It is not for the local young people in Lambeth and Southwark who attend my department, but I know that it is a significant issue in emergency departments in other parts of the country. So the one-size-fits-all does not apply, which I guess is how my hospital came to start the funding for our project, working in partnership with a local youth work group who were already embedded within the local community so that we could look at best serving this particular group of young people.

Q172 Dr Huppert: It is good to have you both here. Mr Poyton, I have been quite excited about the work that Redthread has been doing from what I have heard of it, so it is very good to have you here.

John Poyton: Thank you.

Dr Huppert: Could you say a little bit more about the sort of opportunities that you have in the NHS context, how you have driven them and what can be done to make that a better option for people?

John Poyton: I think it is particularly appropriate at a Committee when we are talking about gangs to recognise that young people often do not recognise themselves in this way and that a lot of hard to reach and vulnerable young people are already known to services but not choosing to engage. For Redthread and for my colleagues and friends at King's College Hospital, and now at St Mary's in Paddington, we recognise what we call a teachable moment when young people are in pain and, pain being a great catalyst, they may be bored waiting to be treated in a very busy A&E. We know that they may be close to death, or an injury does not necessarily equal the trauma that someone feels. It is a very teachable moment for young people to be engaged, both by the clinical team and by youth workers. As I said, they may have been known to services for a long time but not choosing to engage, they may be completely unknown, but the key is—and I think what the young people would say if they were sitting here—that they choose to engage with the youth work team that is embedded because they are treated as the victim or they are treated by looking at a solution for that young person.

My medical colleagues have to look at the problem. They have to stop the bleeding and stitch the young person up. The youth work team are able to then immediately start working with that young person while they are still being treated, or while they are in a bed, and start looking to where the young person wants to make some differences in the future.

Q173 Dr Huppert: I spoke quite a bit about Redthread's work and we had a debate about whether to have compulsory sentencing for possession of knives as a second offence. I do not want necessarily to go into that whole debate, but one of the concerns I had was that you were not getting sufficient support from the Government. There was a lot more that could be done from that sort of angle to reduce knife crime as well as gang violence.

What level have you reached in terms of evaluation—that is a question for either of you—of the project so that there would be a strong evidence base to roll it out to the rest of the country where needed or to say, “It just does not work. It sounds like a good idea”.

John Poyton: It is fair to say that over the nine years—10 years next year—that Emer and I have been working together there has only been a very small amount of funding available for this intervention. It just so happens that nine or 10 years ago we stumbled upon this. We were not aware that it was innovative necessarily at the time. It just met the needs of the local population, and it has taken some time for the funding snowball to begin.

In that sense, there was a feeling at King's that the small pots that we received needed to be put into the intervention and there was never a nice large research evaluation pot to fish in. Now what is quite exciting is, in rolling out to St Mary's, there is evaluation of the King's and Redthread model happening with the St Mary's programme over the next three years. Also the Mayor's Office Policing and Crime Team are funding a pan-London rollout of the Redthread and King's model over the next year, and that will give us funding to start to do some evaluation with their team.

Q174 Dr Huppert: Presumably the NHS has to be able to accommodate this sort of thing. Has it been an easy thing to get acceptance for?

Dr Sutherland: I think that it has been hugely welcomed by the shop-floor staff in the emergency department, because the atmosphere in which we work is one, especially in an emergency department, of time pressure on highly skilled individuals whose skills are in high demand. Our nurses particularly, our junior doctors as they come through, are very aware that they are not getting the whole story from young people who come through, that there is something else happening. The number of young people who fall on glass in the area surrounding my department is quite terrifying, but we have a resource available in the department that you can call upon to come down and sit with the young person and to engage with them while they are there. Young people are not daft. They know that with knife crime and gun crime we have a GMC obligation now to inform the police, hence the falling on glass. They find our approach much more threatening. They regard us as being part of the establishment, but they are very comfortable with the youth work model and we find that the story that we have been given will change as they speak to the youth worker, even within the one sitting.

We particularly see the strength of the model when we start to look at issues like young women who are being sexually exploited within the gang environment. In those situations they are almost always not ready to tell us enough to reach a statutory threshold on their first attendance, but they want to be asked. We know from an SPCC document and the Children's Commissioner document that they have wanted to be asked. Healthcare professionals cannot ask a question if they have nothing to offer the patient in return. But in my department you only have to suggest that you are a young person who is worried about something and we can contact our youth workers who can engage with you on a youth-friendly basis in terms that you can accept, and work with you to a point where you are willing to engage with statutory partners. So the staff on the ground have been very welcoming of it, and it forms one of the big parts of our major trauma centre and our injury prevention strategy.

Q175 Tim Loughton: I think your comments about youth workers appearing to be more empathetic are very interesting. What do you think it is about a youth worker that draws a more trusting revelation from some of these people appearing in a medical context?

Dr Sutherland: I do not know why John appears to be more trustworthy than I do, but I think there is something about—

Tim Loughton: We do not need to personalise it, just youth workers generally.

Dr Sutherland: I think there is something about the types of questions that you are forced to answer, by the information that you have to gain professionally and also about the pace at which you ask it. I do not have the luxury of sitting in the waiting room with my young person and chatting to them, “How is college going? How are things at home?” the things that I would like to ask. I do not have the luxury of that time because I may be going straight from one major trauma case to the next major trauma case, whereas the youth workers have that opportunity. As John said, there is something very powerful about not going on to the negative, “How big was the knife? When did it happen?” and very much going on to think about where the young person wants to move forward to.

Q176 Tim Loughton: Is it a matter of time or is it that you are effectively the uniformed service whereas a youth worker is not?

Dr Sutherland: I think we have been labelled as part of “the Feds”. When we have done user group engagement, they have told us in no uncertain terms that we are the Feds and that John is not.

Q177 Tim Loughton: Is that right, Mr Poyton?

John Poyton: I think one of the things that we feel has been successful over the nine or 10 years at King’s, and that we feel is working very well at St Mary’s now and will do so at St George’s next year, is that this is an important partnership between a major trauma centre and a voluntary sector agency. As major trauma centres, we have all looked at the numbers of young people who attend and where they attend from. We have very nice colourful bar charts that show the numbers of boroughs they come from. We have had many conversations with our colleagues and partners that we work very closely with in the local boroughs that there is no room in a busy A&E department to have a youth worker from Lambeth, Southwark, Lewisham, Bromley, and I think also that would mean that a youth worker, who may work in a similar way, would then come with that sort of statutory hat on.

I think it is the voluntary sector element, the fact that Redthread is there as a voluntary engagement, there is no statutory agency. It is all carrot and no stick I suppose, and it does mean the young people pick up on that. It is a voluntary engagement. They can choose to say, “No, I am not ready to talk about this”, but it is a team approach in that very solution-focused way. They look at the future and also they have the time to start off the conversation with a glass of water or a Diet Coke. It is very old fashioned. It is almost biblical that a glass of water between a Good Samaritan and someone is actually a real breaker of barriers.

Tim Loughton: Interesting.

Dr Sutherland: If I could add to that, I think particularly it is the young people who have had very complex journeys, who have perhaps had a lot of involvement with services, who are not sure whom they can trust. We certainly have several young women, in particular, who have not been able to tell their story until the second or third engagement with our specialist female youth workers in the team. We are not in the business of bringing people back for repeat attendances, so it is having someone who can take them away from the emergency department, meet them on neutral ground and allow them time to tell their story.

We know that there is some testing that goes on in those first few conversations of implying that the story is to come and then they wait until they feel that they can trust before they share.

Q178 Tim Loughton: Turning to the centre, which was opened in 2011 I think, wasn't it, between Herne Hill and Redthread?

John Poyton: Yes, it was.

Tim Loughton: Can you talk us through how it is effective in reducing inappropriate use of acute services and its proactive role in education as well?

John Poyton: Certainly. The Well Centre is a one-stop shop, a youth centre and a health centre rolled into one, set up by Redthread with the youth work team and with primary care. My co-founder is Dr Stephanie Lamb. We were looking at the fact that young people were often not engaging with mainstream services and also that there were not places for young people to go once they left the A&E department. They might meet up with the team in a cafe or in McDonald's to continue to have a conversation, but often they were still not reaching the threshold to be referred on to the gangs units or to the Havens, the Rape Crisis Service or CAMHS for mental health issues. The young people were also not engaging with their local GPs and local GPs were not necessarily feeling they were resourced enough to engage young people in those very short seven to 10-minute appointment slots.

So the Well Centre was set up in 2011 specifically to enable young people to come and engage on any issue whatsoever. We have young people who will come in, having engaged with the team in the A&E department at King's, who may need their stitches removed. They probably are not at the point of realising that their anxiety, their paranoia and the fact that they now do not leave the house without their mum is possibly linked to post-traumatic stress, in a not dissimilar way to our soldiers coming home from warzones. It might be that end of the spectrum. It might be a young person who needs to have a sexual health check or who maybe is feeling paranoid because they are aware they are smoking substances. They could come in with their acne.

Adolescents do not understand how services work. I can totally see, having worked with the NHS in partnership for 10 years, why health has to work in silos. But young people cannot understand how the system works and why—if they have perhaps an issue around their sexual health, because they are adolescents who are perhaps starting to experiment and to live life—they have to go on one bus to a sexual health clinic over here when at the same time they may be smoking, they may be experimenting with drugs, but they cannot deal with that over here. They have to go on another bus over there. At the same time, their substance misuse might be affecting them and causing some paranoia, but then they probably have to go on another bus to engage with CAMHS. At the same time, they might or might not reach the threshold.

So the Well Centre enables young people to engage with a team dynamic for all the young people to come through. They are first and foremost engaged by the youth work team, again in a very voluntary sense. They can sit down and get a feeling of the service while having a hot chocolate and a slice of toast after school or after whatever they have been doing, and ask the questions that they might want to ask. They all get an opportunity to have a good long conversation with the GPs that run the sessions, and all the young people then are able to have a team health check, as we call it. That is a great opportunity for a young person who attends and maybe when they look in the mirror in the morning they are most bothered by spots. But when a GP is able to start to ask a few questions and to do a little bit of a health needs assessment, you start to pick

up on the fact that their risky behaviour, related to perhaps their substance misuse or their sexual health, is actually of much more concern to us, and perhaps their self-harm and so on.

It means that we are able to start to case find. We start to be able to do some good early intervention and prevention work. We have CAMHS services. Lambeth CAMHS second one of their experienced mental health nurses to us and she has been embedded with the team for the three years that we have been running. It creates perhaps a very unique opportunity for teenagers to engage with their health and to return and learn over time and in that relationship how to access mainstream services in future.

Q179 Paul Flynn: I have enjoyed very much what you have said. How rare is this collaboration between the two services and do you think it is applicable elsewhere?

Dr Sutherland: We are about to roll out to the four major trauma centres in London. We hope to start working in a more networked way. I think that some of the high profile things that raise headlines, such as urban street violence, are in many ways the tip of a pyramid and our youth workers are not single-issue youth workers. As John has described, thinking about children who do not meet the CAMHS threshold and who might be being sexually exploited or in dating violence, those children and young people are in all emergency departments and not just because of urban street violence. While you may not need a full extended hour's presence in every department, I think most young people would benefit from a more integrated service.

Q180 Paul Flynn: You mentioned earlier about not raising issues where you do not have any solution, if I understood you correctly.

Dr Sutherland: Exactly.

Paul Flynn: We know that among the gang members, people in these categories have a very high degree of mental ill health problems, from anxiety to psychosis and usually a high use of alcohol and drugs, excepting Lambeth, which is a very temperate area.

Dr Sutherland: Substance is an issue but alcohol is not, in our local studies.

Paul Flynn: That is fascinating. But what can you do about that? Can you offer any solutions to those problems?

Dr Sutherland: In our hospital for many years now, as well as a very holistic child safeguarding assessment, every young person up to the age of 18 who is admitted after a serious assault will have a full CAMHS assessment. We do recognise going forward that there are serious mental health issues, but we also know that when we are discussing more of the walk in-walk out type assaults that we see, which we review weekly in our multidisciplinary meeting, that Redthread are engaged with that. We know that a number of them have been referred to CAMHS in their youth, often for issues around anger management, but as part of the issues that have brought them to that stage they have not been able to engage on those terms. That is where something like a drop-in service is much more youth friendly.

Q181 Paul Flynn: There was a survey conducted by Professor Coid last year of nearly 5,000 people between the ages of 18 and 34. They found that of the group of men identified as having a gang association, 66% of them were alcohol dependent and 57% were drug dependent. Apart from the

alcohol point that you made earlier, are those other figures on drug dependency plausible, in your experience?

Dr Sutherland: Professor Coid's paper was very interesting. There is a similar piece of work that has been done in our local population. I do not know if you are aware of the South East London Health Collaborative who have been looking at health inequalities in south-east London. They have published a paper, which I would be very happy to share with the Committee, looking at mental health, substance and alcohol use in people within Lambeth and Southwark who have either been victims of violence, perpetrators of violence or been exposed to violence. You are absolutely correct that substance and alcohol abuse are associated with both those groups—substance more so in our area than alcohol—and that there is a cumulative effect on their mental health, that being an exposed victim or a perpetrator cumulatively make you more likely to have features for mental health diagnoses. I would be happy to share that paper with the Committee if you want it.

Q182 Paul Flynn: These are problems that are very difficult to treat, the mental health problems and if the drug addiction is a serious one. Are you building up expectations that you cannot fulfil in suggesting that you can improve their lives?

Dr Sutherland: The primary prevention?

John Poyton: Yes. The youth work team embedded in the department is able to become a single point of contact, as the clinical teams cannot be bringing up issues if there are no services to link to. It is difficult for clinicians in a very busy department to have a relationship and partnership with every different agency that is out there, whether they are voluntary sector agencies who are commissioned by local boroughs to provide services or the boroughs themselves. So it is the youth work team that look to create those partnerships, which means that both Redthread and King's are not then looking at reinventing the wheel. There are many good services out there, so we do try to make sure, if we cannot support those young people ourselves, that we signpost, handhold and relationally refer those young people into the most appropriate services.

We are very aware, and when I was a youth worker on the ground 10 years ago in King's, that with a lot of young people coming through with mental health issues and misuse issues, it was very difficult to do all that work and try to manage a caseload of 700 13-to-19 year-olds every year. So it was a lot of signposting, but if young people who start to build up a rapport in the teachable moment are then told, "We are going to make a referral" it is very much a sense of rejection for them. They have just started to build some trust, some rapport, and then that person is saying, "I can't deal with you". So what we recognise is a real need to blend that relationship into the community. The work cannot just happen in the A&E department. There needs to be youth workers as a single point of contact creating relationships with the other agencies, providing mental health services, substance misuse services. We can then take the young people and introduce them to our friends and colleagues so that the young people themselves can really sense that this is a relationship from John to Paul and not just a fax or an e-mail and a very cold referral. That seems to work very well, and it means that the hospital and Redthread do not have to try to recreate and outdo other colleagues who are already providing excellent services.

Paul Flynn: Thanks. I look forward very much to reading your paper and I think we can probably add to the knowledge of what is happening in Lambeth and Southwark, which has

a large population of Members of Parliament who form a sort of gang who are not without their problems as well.

Lorraine Fullbrook (in the Chair): Mr Poyton, Dr Sutherland, thank you for coming to the Committee today to give your evidence. We would be grateful for any evidence or reports that you would like to share with the Committee for the compilation of our report. Thank you very much.