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CHILDREN ON CHILD PROTECTION PLANS: ARE THE POLICE MISSING OPPORTUNITIES TO INTERVENE EARLIER AND FAILING TO PREVENT FUTURE HARM?

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Research Contract

Title

Children on Child Protection Plans (CP Plan): Are the police missing opportunities to intervene earlier and failing to prevent future harm?

Research Questions

1. Does the number of prior incidents where the child is present during ACE events predict post Child Protection Procedures (CPP) victimisation and offending?
2. Is it possible to predict whether a child will suffer an increase in harm after they are subject to a CPP?
3. When examining the highest harm children, is there a difference between the CSS and the Adapted Harm Index (AHI) when ranking children at the point of CPP?
4. Does the Crime Severity Score (CSS) at the point the child is subject to a CPP predict the future harm that the child will suffer?

4a. Which harm index predicts future harm post CPP better?

5. What opportunities were missed for the 260 children aged 10, 11, and 12 with the greatest harm difference?

Research Design

This study used descriptive analysis to target children who are likely to suffer the highest harm. Children were identified from data available in Hampshire Constabulary (HC) Record Management Systems (RMS) over a nine-year period

(2011 – 2019). This data was used to look at repeat victimisation and child harm post CPP as the main outcome.

Data and Unit of Analysis

From the original data (n=15945) a 5-year censor window post CPP was used and only included children aged 10 to 12 years at the point of CPP. This subset (n=650) was then used to answer the first four research questions. A second subset (n=260) of children was selected to answer question five. This subset was identified by using the CSS to calculate a harm score pre CPP and then for a 5-year period after the CPP. A change score, calculated by subtracting the post-harm from the pre-harm score, was then ranked to determine the children in the highest 20% (n=130) increase and decrease group.

Method

The first four research questions sought to understand what events in the life of a child could be used to better identify and predict harm in children. To do this all crimes and non-crime related incidents linked to the child and their primary carers were identified. Two methods were used to measure the harm scores for each child pre and post CPP. The first was the CSS and the second, a newly developed index created by the author, the Adapted Harm Index (AHI), which incorporated the CSS and two additional variables of ‘other’ and ‘witness’.

These results were analysed by separating the children into two groups of the highest and lowest harm. To explore this both their victimisation and offending were considered. Analysis was conducted using independent sample t-tests to examine differences in frequencies between the groups. Logistic and linear regression analysis was used to understand prediction possibilities for both the CSS and AHI. Pearson and Spearman's Correlation examined any differences between the two harm indexes.

The final research question required manual examination of CPP records for each of the 260 children. All variables pertaining to the child including parental history, education, health, child behaviours and interventions were analysed to understand the frequencies of events. Crosstabulations with a Chi-Square test was used to explore differences between the increased and decreased harm group.

Findings

This study found that neither the CSS nor the AHI are suitable for predicting future harm but identified a demonstrable benefit of widening current crime harm indices to include non-crime incidents when measuring harm in children.

The study found children displaying poor behaviours are most likely to be in the higher harm group, whilst children from deprived environments are most likely to be in the decreased harm group. Children in the decreased harm group were also found to have higher numbers of working agreements and interventions as part of

their CP Plan but perhaps most significantly they were almost twice as likely to have an associated police investigation related to their CPP.

Policy Implications

This research supports the need to consider additional non-crime variables such as incidents of missing when measuring harm. To do this changes are needed to the force system for flagging of vulnerabilities and non-crime incidents.

Although not part of the research questions this study found a 70% under recording of crimes against children subject to CPP. This finding has enormous reputational risk for HC and crime recording practices at a national level. Perhaps more importantly, it identifies a missed opportunity by police to intervene positively and perhaps prevent future harm.

Abstract

This study sought to understand what, if any, opportunities were missed by police to identify and intervene earlier in the life of a child to prevent future harm. Using descriptive analysis, 15945 Child Protection Procedure (CPP) records for Hampshire Constabulary from 2011 – 2019 were reviewed, and the sample then narrowed to records for children aged 10-12 years (n=650). Unlike similar studies limited to one data source the records available provided a unique opportunity to use both partnership and police information to inform the research.

Initial analyses examined the relationship between Crime Severity Score (CSS) (Office for National Statistics, 2017) and a newly devised Adapted Harm Index (AHI), devised by the thesis author for this research, which also included crimes linked to the child as 'witness' and 'other' and non-crime incidents such as missing. This study found that neither the CSS nor the AHI are suitable for predicting future harm but identified a demonstrable benefit of widening current crime harm indices to include non-crime incidents when measuring harm in children.

The main analysis used independent sample t-tests to compare two groups of children with the highest and lowest harm to understand any differences between the two groups before and after they were subject to a CPP. Children displaying poor behaviours were most likely to be in the higher harm group, whilst children from deprived environments were most likely to be in the decreased harm group. Children in the decreased harm group were also found to have higher numbers of working agreements and interventions as part of their Child Protection Plan (CP Plan), most significantly being almost twice as likely to have an associated police investigation related to their CPP. This is important when considering the notable finding in this study that in 70% of cases police failed to recognise and record a crime against children subject to CPP. This supports the widely held view (Chandan et al,

2020; Worlock and Horowitz, 1984) that neglect is often overlooked and identifies a missed opportunity for police to intervene positively in these cases.

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List of Abbreviations

ACE	Adverse Childhood Experience
AHI	Adapted Harm Index
CCHI	Cambridge Crime Harm Index
CDI	Crime Data Integrity
CP Plan	Child Protection Plan
CPP	Child Protection Procedure
CSE	Child Sexual Exploitation
CSS	Crime Severity Score
HC	Hampshire Constabulary
HIPS	Hampshire, Isle of Wight, Portsmouth and Southampton
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
ICPC	Initial Child Protection Plan
MASH	Multi-Agency Safeguarding Hub
NCRS	National Crime Recording Standards
ONS	Office of National Statistics
PNC	Police National Computer
RCPC	Review Child Protection Conference
RMS	Record Management System
URN	Unique Reference Number

Chapter 1 - Introduction

"Defend the children of the poor and punish the wrongdoer" (Book of Common Prayer, 72:4, Coverdale Version)

In 1907 these words were first carved into the wall of the Central Criminal Court of England and Wales, also known as The Old Bailey. Yet in 2020, 51,510 children are on Child Protection Plans (CP Plans) in the United Kingdom (UK) with half on a plan for neglect (NSPCC, 2021). Children are amongst most vulnerable in society, but perhaps also the most difficult to identify as victims.

Hampshire Constabulary (HC) recorded 3310 offences of child abuse from April 2019 to March 2020 (Force Performance Data 2020, unpublished). During the same reporting period 1411 Child Protection Procedures (CPP) were documented. These cases rely on good multi-agency working arrangements, which recognise that identification and protection of children suffering harm is the responsibility of all. Indeed, the statutory guidance under *Working Together to Safeguard Children* (HM Government, 2020) outlines the role and responsibilities of all agencies who have contact with children. This guidance emphasises the need to identify and intervene early, recommending that, "early help is more effective in promoting the welfare of children than reacting later" (HM Government, 2020, p.12).

The Children Act 1989 states that any child suffering or at risk of significant harm should be subject to a Section 47 (s47) joint investigation. These children are frequently subject to CP Plans to ensure that they receive the services and intervention they need. Often this is because family or carers have been unable to demonstrate sufficiently their ability to safeguard the child, or the child's own behaviour is impacting on their risk. There is a profusion of research that supports the impact of Adverse Childhood Experiences (ACE's) on the future of children's health and wellbeing (Hughes et al., 2017). It is essential that police and other agencies can target those children who are suffering the highest harm, and in doing so intervene appropriately to prevent harm from escalating.

For police to intervene effectively, they must first recognise the harm and understand their purpose. Police responsibility under s47 can be summarised as information sharing and where appropriate, recording and investigating offences. Whilst seeming straightforward, this task should be considered against a body of research that recognises child abuse as being under-recognised and overlooked, particularly the categories of neglect and emotional abuse (Besharov, 1991; Gelles, 1982; Dubowitz, 2007).

To target children there must be a robust method of identification of harm. The view of Sherman (2013) that a central practice of evidence-based policing is to focus police resources on victims, offenders and places cannot be disputed. However, the plethora of evidence from ACE research supports the view that child harm should not be considered simplistically as direct victimisation (Hughes et al., 2017; Mersky et

al., 2017). The large body of research concludes that determining harm in children is complex with the limitations of measurement tools and risk assessments well documented (Bellis et al., 2015; Hughes et al., 2017; Lloyd, 2018).

In recognising that harm cannot simply be measured by counting crimes (Sherman et al., 2016), acceptance that any measure relies upon accurate recording of all aspects of a child's life must be implicit. The first step, an undisputed responsibility of the police, is to ensure that all crimes and incidents are accurately recorded in a way that is easily accessible to those assessing the initial risk (HMICFRS, 2017). Even this seemingly innocuous role is difficult when crimes are not recognised as having been committed.

The wide range of literature reviewed in this study highlights the complexity of classifying child abuse and neglect (Gillingham and Humphreys, 2010). Where harm in children is so difficult to define, there is a high likelihood that the recording of criminal offences will be overlooked. The literature also demonstrates that in most cases, research has focussed on views and interventions from a social harm perspective, with very little evidence of understanding the police role in intervening and preventing future harm.

Purpose of Study

This study strives to augment the limited research on the role of police in CPP and the prevention of child harm. The research seeks to answer the question "Children

on Child Protection Plans: Are the police missing opportunities to intervene earlier and failing to prevent future harm?" To answer this police CPP records over a 9-year period (2011 – 2019) were analysed to understand what information police and partners have available to inform decision making and measure harm, what interventions contributed to better outcomes for children and what if any opportunities have been missed by the police.

Chapter 2 - Literature Review

This chapter explores a range of literature to assist in understanding the complex nature of child abuse and neglect research. It begins by addressing the difficulties in defining child abuse and neglect and how this can affect the ability of agencies to respond to and recognise risk. Next, it examines the role of multi-agency safeguarding hubs and their effectiveness in decision making, reviewing research on Child Protection Plans (CP Plans), and specifically the categories used to determine what kind of abuse or neglect a child is suffering.

An overview of research exploring the impact of Adverse Childhood Experiences (ACE) on future harm, examines how the theories of ACE have recently gained momentum in policing, with some forces trying to establish practical methods for their use to identify those children at most risk (Chandan et al., 2020). Finally, the methods of identifying and measuring harm in children are considered. The use of harm indexes to identify harm in adult offenders or victims has been the subject of several studies, however, this does not appear to be the case for children.

Child Abuse and Neglect

This research considers child abuse in its broadest terms of maltreatment. Maltreatment in this context refers to both child abuse and neglect. There have been significantly more studies on the wider definition of child abuse than that of neglect (Kaplan et al., 1999). The reason for this, as McSherry (2007) suggests, may be that

not only is neglect difficult to define, but it is also difficult to prove. In the United Kingdom (UK) neglect is defined in law. Under the Children and Young Persons Act 1933 s1(1), it is deemed to have occurred if a child is neglected "in a manner likely to cause injury to his health if he (carer) has failed to provide adequate food, clothing, medical aid or lodging …" Yet, the decision of what is adequate is certainly open to interpretation.

Neglect occurs by omission of care rather than the consequences of an unlawful action, whereas child abuse such as physical or sexual assault has more tangible causes and outcomes. This assumption commonly underpins the policing of child abuse and neglect, with police often considering neglect as a problem for other agencies. Some studies suggest that even those other agencies identify neglect as less harmful than child abuse (McSherry, 2007; Chandan et al., 2020). Research into child abuse and neglect has also tended to focus on sexual and physical abuse with Wolock and Horowitz (1984) coining this oversight as the "Neglect of Neglect".

The need to define maltreatment is widely accepted (McGee et al., 1995: Besharov, 1981; Gelles 1982; McSherry, 2007). Even in the UK where there is a standardised categorisation for children on a CP Plan (i.e., Emotional, Sexual, Physical, Neglect or multiples of these), neglect can be overlooked (Bunting et al., 2018). Neglect refers to the child's basic needs such as cleanliness, health, or nutrition, but can overlap with other categories. When responding to classic cases of neglect, there is often a disparity of views amongst professionals and academics on the level of severity (Besharov, 1991; Gelles, 1982; Dubowitz, 2007). The difficulty in agreeing what

constitutes child abuse or neglect perpetuates today as much as it did when Besharov (1991, p.308) suggested that agencies should be asking “does the care of the child fall below common community standards?”. However even in this question the “common community standard” is not clearly defined. Similarly, in defining neglect as a child’s ‘basic’ needs having not being met, Dubowitz et al. (1993) do not seem to define basic.

A more recent example of the complexity of defining abuse is seen in the recent legislative changes in Scotland and Wales where child physical chastisement has been banned. However, in England ‘lawful chastisement’ is still a defence under Section 58 of the Children Act (2004). With so much scope to determine what causes harm and what the level of harm is, it is not surprising that there is a lack of consistency or ability to identify those children at risk of the highest harm.

Multi-Agency Safeguarding Hubs

Across most local authority areas in the UK once a report of neglect has been raised it is sent to a Multi-Agency Safeguarding Hub (MASH). These referrals can emanate from any agency, including Health, Education, Police or Social Work. Multi-agency partnerships have been a feature of safeguarding since the 1980’s with the first statutory requirements for inter-agency co-operation formalised in the Children Act (1989). The MASH, established in 2011, is the most recent iteration of a multi-agency team and its aim is to jointly identify and manage vulnerability at the earliest opportunity (Shorrock et al., 2019). The creation of the MASH came from a

perceived lack of information sharing between police and other agencies (Jeyasingham, 2017; Golden et al., 2011).

The MASH strives to improve information sharing, joint decision-making and co-ordination of interventions (Home Office, 2014). Despite co-location of partners and increased information sharing, individual agency policy and practice still drives decisions (Shorrock et al., 2020). Inevitably, resources, funding, and local priorities influence thresholds for intervention (Chandan et al., 2020; Hood et al., 2020). The capacity of agencies to meet demand continues to be a concern (Holmes et al., 2010; Holmes and McDermid, 2016).

Since the inception of MASH, several studies have reported favourably on their effectiveness (Golden et al., 2011; Home Office, 2014). Although, Jeyasingham (2017) highlights that these evaluations tend to be from the perspective of practitioners rather than the experiences of those families immersed in the process. These studies have not examined how much information was available or used to evaluate the risk or needs of the children assessed. Certainly, from a policing perspective, due to the volumes of referrals, information is often summarised as most recent incidents of victimisation or the carers police national computer (PNC) records. What is unknown is how much of the omitted information could influence decision making and identify risk.

In a study by Jeyasingham (2017) police asserted that it was not necessary to know the full history of a child to determine what action to take. This would appear to be a

reasonable belief for an event that has a clear crime associated and an immediate risk that requires a police deployment. However, many cases referred to the MASH are not in this category and the risk is often not obvious. The difference between the approach of police compared to social workers is the police desire to address the immediacy of the crime presented rather than understanding how the history of the child determines the risk (Jeyasingham, 2017). There is a need to balance information, ensuring that children are identified who are at risk of highest harm. To do this, it is necessary for all partners including the police to understand what causes harm.

Child Protection Plans

The introduction of MASH and revised guidance under *Working Together to Safeguard Children* (HM Government, 2020) recognises the importance of multi-agency working and joint investigations to safeguarding children. The statutory obligation for joint working has been a requirement for over 20 years. In the early development of partnership working Horwath and Calder (1998) identified child protection as a complex social issue with a diversity of views, particularly relating to the purpose of a CP Plan. In the early days of Initial Child Protection Conferences (ICPC) plans were often written by key workers in advance of the meeting causing other agencies to question their contribution (Farmer and Owen, 1995; Howarth and Calder, 1998).

ICPC remains a key mechanism in modern child protection procedures with studies supporting the view that current policy and procedure provide little opportunity to

discuss options, rather they simply attempt to eliminate risk (Dugmore, 2014). It may be the case that CP Plans are now as generic as they were in 1998, not because they are written in advance, but because policy and available interventions dictate the plan, rather than the bespoke needs of the child.

For many children it is already too late at the point they are subject of a CP Plan. In a quarter of the cases, the child's circumstance is described as chronic in that they remain on the plan for an extended period or are subject of multiple plans throughout their childhood (Devaney, 2009). Hood et al., (2020) has suggested that there appears to have been a shift to later intervention due to cuts in universal services such as youth clubs and early help hubs, as well as social factors like economic hardship. All these factors are likely to increasing the likelihood of poor outcomes.

During the last decade, in the UK there has been an increase in the number of children subject to a CP Plans (Bunting et al., 2018). Yet, there is still a significant gap between the rates of reporting between professions and self-reporting (Stoltenborgh et al., 2015). Davies and Townsend (2008) believed that government policy caused multi-agency investigations to focus on management and performance tools rather than the needs of the child and family. Arguably, the introduction of the MASH is evidence that these processes have matured to produce a more integrated service.

In 2015 75% of cases referred to Child Protection Services in America were for the category of neglect (Logan-Greene and Jones, 2018), supporting research that

evidenced neglect as having the highest rates of reporting (Jonson-Reid et al., 2010). The accumulation of harm through neglect has been shown to impact negatively on children cognitively and emotionally (Painter and Scannapieco, 2013; Logan-Greene and Jones, 2018; Nagy et al., 2019). Yet, as discussed previously, the impact of neglect and the harm caused is underestimated by partner agencies and police. Chronic neglect, although not defined, is broadly accepted as multiple incidents and repeat episodes spanning developmental stages (Graham et al., 2010; Jonson-Reid et al., 2010). Research indicates that this chronic neglect can create an accumulation of harm that impacts on cognitive and brain development as well as emotional behaviours (Hildyard and Wolfe, 2002; Logan-Greene and Jones, 2018). In recent years, there has been greater acknowledgement of the impact of childhood events and the correlation of these to adult health outcomes. The impact of these events on children will be discussed next.

Adverse Childhood Experiences (ACE)

The first major research study of ACE (Felitti et al., 1998) considered several categories, including psychological, physical, and sexual abuse. This study included family violence, substance abuse and parental mental health, finding a “strongly graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults” (Felitti et al., 1998, p.245). A subsequent plethora of studies have supported this research with ACE scores adapted as a tool for measuring childhood stressors and the likely outcome in adulthood (Bellis et al., 2015; Hughes et al., 2017; Lloyd, 2018).

ACE scores are calculated by the completion of a questionnaire. Over time, these questionnaires have been adapted and now broadly accept there are ten questions that determine the outcome (Anda, et al., 2010; Hughes et al., 2017; Mersky et al., 2017). These ten categories are divided into the two groups, maltreatment, and household dysfunction. These and the further seven ACE recommended by Mersky et al. (2017) are displayed in Table 1.

Table 1: Summary of ACE Questions

ACE Number	10 ACE Questionnaire (Felitti et al, 1998)	7 Additional ACE (Mersky et al, 2017)
1	Did a parent or adult in your household often swear, insult or humiliate you **or** act in a way that made you afraid you might be physically hurt?	
2	Did a parent of other adult often push, grab, slap, throw something at you **or** hit you so hard that you had mark or injuries?	
3	Did an adult or person at least 5 years older than you ever touch of fondle you or touch their body in a sexual way **or** tried to have oral, anal or vaginal sex with you?	
4	Did you often feel that no one in your family loved you or thought you were important **or** special or that your family didn't look out for each other, feel close or support each other?	
5	Did you often feel that you didn't have enough to eat, had to wear dirty clothes or had no one to protect you **or** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	
6	Were your parents ever separated or divorced?	
7	Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her **or** sometimes or often kicked, bitten, hit with a fist or hit with something hard **or** ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	
8	Did you live with anyone who was a problem drinker or alcoholic **or** used street drugs?	
9	Was a household member depressed or mentally ill **or** did a household member attempt suicide?	
10	Did a household member go to prison?	
11		Family financial Problems?
12		Food Insecurity?
13		Homelessness?
14		Parental Absence?
15		Parent or Sibling Death?
16		Bullying?
17		Violent Crime?

The measurement of ACE is useful in understanding the impact of a stressful environment and its link to adult health problems (Bellis et al., 2015; Hughes et al., 2014). ACE also evidences a negative impact on educational and employment rates. A study in England and Wales demonstrated that respondents are significantly more likely to have no formal education, higher unemployment, disability, and long-term sickness when they have an ACE score of four or more events (Hardcastle et al., 2018).

There is a growing body of research examining the expansion of ACE measures and its usefulness in identifying risk (Cronholm et al., 2015; Finkelhor et al., 2015). Finkelhor et al. (2013) linked additional factors such as peer rejection and victimisation outside of the home as having more of an impact on mental health symptoms than conventional ACEs with all results measured against the outcomes of perceived stress and smoking (Mersky et al., 2017). Of the 17 ACE categories included in the study all but one, parent/sibling death, were associated with at least one of the two outcomes.

Although the ACE questionnaire can identify which children have higher ACE scores it could be argued that it is not an appropriate tool for police to use when identifying the highest harm children, at least not during the initial contact between police and child. The interaction between the police and a child needs to be managed carefully to facilitate the gathering of evidence, and most importantly, the building of trust to enable decisions to be made effectively (Cossar et al., 2016; Beckett et al., 2015).

For this reason, the completion of a questionnaire could stem the natural flow of the initial contact between the child victim and police and potentially lead to the questionnaire simply being considered as a form that needs to be completed rather than a useful tool to measure harm. If used to measure harm, then the accuracy of the information gained needs to be assured.

A large UK police force attempted to use the ACE score to identify children suitable for early intervention (Chandan et al., 2020). As well as finding that many of the children identified as high risk were already well known to local officers and social workers, the study also highlighted the complexities of understanding, identifying, and measuring harm in children. This issue will be discussed next.

Measuring Harm in Children

Measuring harm is not simply a case of counting crimes, defining the extent of physical harm or categorising abuse, especially with children (Gillingham and Humphreys, 2010). Often children do not recognise or accept their victimisation and partner agencies do not agree about the level or categorisation of harm. A study by McGee et al. (1995) found that although judgements by social workers were highly consistent with each other, this consistency was the strongest with cases of sexual abuse and weakest for neglect cases. These are just some examples of the nuances with child abuse and neglect that mean there is a need to exercise caution when trying to predict or measure harm in these cases.

Where studies have attempted to explore the use of predictive tools within the child abuse field, they have found instruments with weighted scores have more potential than broader consensus-based assessments (Baird and Wagner, 2000; Taylor et al., 2008). Most studies to predict harm in children have focussed on the ability of health or social workers to identify harm (Milner, 1994; Peters and Barlow, 2003), however, police are often the first to attend an incident. The principal purpose of policing is to establish if a crime has been committed. Although police guidance recognises wider context for child harm, there is no legal definition of 'harm' or 'significant harm' in law, making it difficult for police to determine the threshold for decision making (Home Office, 2008). Similarly, no legal definition exists for child abuse, thus making it difficult for partners to agree on prioritisation and risk. The lack of precision in categorisation or description of child abuse or neglect not only leads to the inconsistent and unreliable identification of harm (Besharov, 1981; Mcgee et al., 1995), but also potentially inconsistent outcomes for families involved in criminal and social systems.

In policing practice, which is underpinned by the definitions of crime, there are conflicting views on child abuse and harm. There is a lack of agreement between Home Office, local strategic priorities and guidance from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), who specifically define child abuse crime types (Appendix B). For example, HMICFRS do not include assaults on children as a reportable measure for child abuse cases, even when the perpetrator is a family member. In all cases crimes are allocated and measured through category and volume. Hampshire Constabulary allocates offences against children via the MASH through a grading process, with the highest risk (Grade A)

being allocated to specialist child abuse investigators and the lowest (Grade D) for a single agency response. This grading relies on crime category to determine the severity and risk.

There have been several studies exploring the ability to predict harm in children. A systematic review by Peters and Barlow (2003) identified 220 studies where screening tools were used to try and predict child maltreatment. This review concluded that there was low confidence in the ability of these risk assessment tools' capacity to identify which families should be prioritised for intervention. The range of tools used to record and assess risk are still vulnerable to the two main errors that occur in decision making, that is, the over or underestimation of the probability of risk to a child (Gambrill and Schlonsky, 2000).

To prevent future harm, it is necessary to identify those at the highest risk, but as already discussed, with hidden harm thresholds that rely on subjective opinion and children who do not consider themselves a victim, there is complexity in child abuse and neglect that makes the simple identification of harm seem unattainable. Sherman (2007) posed the idea that there was merit in focussing on harm relating to people or places. His study identified that a small number of offenders cause the highest harm, and conversely, a small number of victims suffer the highest harm. This small concentration of offenders or victims are described by Sherman as the ‘power few’ (PF). It seems that child victims are no different, with a small number of children experiencing multiple periods on CPP (Devany, 2009).

To identify these PF, it is first necessary to rank them in order of the highest harm to lowest. This ranking has been calculated in different ways, for example, crime count or calls for service (Mitchell, 2019). Sherman et al. (2016) recognised that where crime harm indexes had been created, they were based on differing evaluations of what society viewed as harm, including sentencing gravity scores (Ratcliffe, 2015), crime victim survey (Ignatans and Pease, 2015) and an assessment of harm framework (Greenfield and Paoli, 2013). There are currently two distinct methods of ranking crime harm or severity in the UK (Ashby, 2018), and these will be discussed next.

Crime Harm Indices: CCHI and CSS

Both the Cambridge Crime Harm Index (CCHI) (Sherman et al., 2016) and Crime Severity Score (CSS) (Office of National Statistics (ONS), (2017) rely on weighting crime counts based on sentencing. The first of these, the CCHI, was developed on the basis that the three tests of being democratic, reliable, and cost effective were met (Ratcliffe and Kikuchi, 2019). It uses the crime type to calculate the number of days in prison using the starting point for sentencing as defined by the sentencing guidelines for England and Wales (Sherman et al., 2016). The second measure, the CSS, also uses the number of days in prison but averages it out over the last five years for any given offence (ONS, 2017). A key difference between the two indexes is that the CCHI uses the starting point of the sentence guidelines to calculates the score. This assumes that every offender had no convictions and that there was no aggravating or mitigating factors. Conversely, because the CSS calculates averages against actual sentences, the scores include the peculiarities of each case (Ashby,

2018). Neither method scores anything other than recorded crimes to measure harm against people or places.

When considering the complexities of children lives and the difficulties of identifying those most at risk, research clearly recognises the importance of incidents where the child is not identified as either the victim or offender (Meltzer et al., 2009; Bjorkenstama et al., 2017; Hughes et al., 2017). These include when a child is present while officers attend a domestic violence incident, when children are witnesses, or when they are missing. Despite earlier research highlighting the need to widen the measure from simply incorporating crime to the broader concept of social harm (Hillyard and Tombs, 2007; Pemberton, 2007), this theory does not seem to have gained traction in practice. Consequently, neither of the harm indexes used in the UK to measure harm consider this point. Furthermore, measuring harm against the average across a whole population, means that a crime value is the same regardless of the age or vulnerability of a victim unless the crime itself has an age or vulnerability factor. For example, the offence of common assault will be given the same value whether it is against an adult male or a baby boy, even though a baby is clearly more vulnerable, unable to defend itself, and the danger of the impact from a blow is vastly greater.

Both CCHI and CSS require accurate crime recording to ensure reliability in measure. The issue of Crime Data Integrity (CDI) is ever present in policing, with HMICFRS undertaking regular inspections to measure compliance in this area. However, as discussed earlier, there remains a disconnect between HMICFRS

definition of child abuse and that of partner agencies. The subjective decisions being made when identifying child abuse and neglect means it is not always obvious that a crime as occurred.

Summary of Literature

This review has examined a wide range of available literature which highlights the complex nature of child abuse and neglect. There is a plethora of literature emphasising the difficulties in simply defining what child abuse and neglect is amongst partner agencies.

The MASH, first introduced in 2011, has been subject to several reviews, most of which focus on the experience of the practitioner not the service user (Jeyasingham, 2017). Although there is literature that discusses the decision making within the MASH, evidence of any research specifically examining what information is known by police or other parties and not shared is limited.

A key element of this research is the impact of and information available with the CPP. There is extensive national and international research that examines CPP procedures and decision making but that research appears to conclude at the point the child is made subject to a CP Plan. Research that examines the context of the plan, interventions, or the role of police in delivering any safeguarding or policing response has not been explored.

The impact of ACE and its use as a risk assessment measure have been widely explored within health. Although there is growing interest in the identification and use of ACE measures within policing this has not been widely evaluated (Chandan et al., 2020).

Finally, the literature confirms that there are two key harm indices currently in use in the UK, CCHI and CSS. Although widely accepted as methods of ranking harm, there is no evidence base for the suitability of either of these methods in identifying the most vulnerable children, or the usefulness of these indexes in predicting those children who will suffer future harm.

Chapter 3 - Methodology

Research Question

The primary research question asks:

Children on Child Protection Plans (CP Plans): Are the police missing opportunities to intervene earlier and failing to prevent future harm?

To answer the above, all Child Protection Procedure (CPP) records for a nine-year period (01/01/11 – 31/12/19) were examined and the five sub questions below addressed:

1. Does the number of prior incidents where the child is present during ACE events predict post CPP victimisation and offending?
2. Is it possible to predict whether a child will suffer an increase in harm after they are subject to a CPP?
3. When examining the highest harm children, is there a difference between the CSS and the AHI when ranking children at the point of CPP?
4. Does the Crime Severity Score (CSS) at the point the child is subject to a CPP predict the future harm that the child will suffer?

4a. Which harm index predicts future harm post CPP better?

5. What opportunities were missed for the 260 children aged 10, 11, 12 with the greatest harm difference?

This chapter considers each of these questions in turn. The methodology begins by defining the role of police in CPP, which is not always clearly understood (Jeyasingham, 2017; Shorrock et al., 2020). The research design and data sources are then explained, followed by a description of the narrowing of what was a huge data set, to a more homogeneous group for analysis. There follows an explanation of the use of the CSS and data limitations of this research. The chapter concludes by reviewing the analytical techniques used to answer each question.

Defining Police Role

This research relies upon data captured from children who are subject to CPP as outlined in chapter 2 of *Working Together to Safeguard Children 2018* (HM Government, 2020). This document is well known to all agencies who are involved in child protection matters and those operating in this domain. It clearly outlines the roles and responsibilities of all statutory partner agencies including the police.

This research does not seek to test the adherence of the police to the guidance but does use three key processes as the basis of the research data. These are, the information shared at an Initial Child Protection Conference (ICPC), the Child Protection Plan (CP Plan) interventions and finally, the information shared at the final Review Child Protection Conference (RCPC).

Section 47 (s47) Enquiry

S47 of the Children Act 1989 places a duty on the local authority, in whose area a child lives or is found, where these is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm. A s47 enquiry is led by a local authority social worker. The s47 assessment sets out to make necessary enquiries to decide what, if any, actions need to be taken to safeguard or promote the child's welfare. With the support of other organisations, partners and agencies, these enquiries should be undertaken where there are any concerns about all forms of abuse and neglect. A key partner during any s47 enquiry is the police.

As outlined in *Working Together to Safeguard Children* (HM Government, 2020, p.46) the police have four key responsibilities during a Section 47 enquiry:

- Help other organisations and agencies understand the reasons for concerns about the child's safety and welfare
- Decide whether police investigations reveal grounds for instigating criminal proceedings
- Make available to other practitioners any evidence gathered to inform discussions about the child's welfare
- Follow the guidance set out in 'Achieving Best Evidence in Criminal Proceedings: Guidance' on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of the criminal investigations. This interview can be as simple as the first joint visit to the child or as complex as a full vulnerable witness interview.

As part of the police responsibility under the National Crime Recording Standards (NCRS) there is also a duty to ensure that any incident where on the balance of probability the circumstances amount to a crime, with no credible evidence to the contrary, must be recorded as a crime (HMICFRS, 2017).

Research Design

This study uses descriptive analysis to target children who are likely to suffer the highest harm through child abuse. These children were identified from the data available in Hampshire Constabularies (HC) Record Management System (RMS) for a nine-year period (2011-2019). From this, a five-year censored window of data post CPP was used and only children between 10 and 12 years old at the point of CPP included. This data was then used to investigate repeat victimisation and child harm post CPP as the main outcome.

Data Sources

This research uses data from CPP records for the whole of HC. HC operates across the four-local authority of Hampshire, Isle of Wight, Portsmouth, and Southampton (HIPS). All CPP records pertaining to children across HIPS are stored within the RMS as a uniquely identifiable incident, linked to the Unique Reference Number (URN) of the child.

HC uses analytical software, Business Objects, to extract raw data and information from RMS. Business Objects results can easily be exported into Microsoft Excel,

thus enabling further analysis to be completed. In this research the individual child, identified through the records of CPP by their URN, is the unit of analysis.

This research focusses on harm caused to children through abuse and neglect. The relevant children were identified by being linked to an administration record as either 'Child Protection Procedure' (pre-November 2011) or 'Z Child Protection Procedure' (post-November 2011). All children were linked at least once between 2011 and 2019. This nine-year period was selected as 2011 heralded a change in recording methods for CPP and an increased focus on crime recording matters for HC, therefore ensuring information consistency. These administration records are used to record all the information pertaining to a CPP including the ICPC, CP Plan or RCPC.

In narrowing the criteria to only children linked to CPP it eliminates those who are recorded on the police database as victims for offences not related to those described as child abuse or neglect, for example, offences such as theft or serious assaults, committed by unknown offenders, that could not be influenced by better safeguarding or police interventions. Clearly, not all children who are victims of crime are victims of child abuse. Conversely, there may have been children who were subjected to child abuse and neglect between January 2011 and December 2019 who were not included in this research as they were never subject to a CPP during the relevant period.

The initial search of RMS required that children be identified as ‘aggrieved’. The resulting data set (n=15945) was then searched to identify those children linked as ‘other’ or ‘witness’. A further search of the initial data set sought to identify those children who were linked as ‘offender’ or ‘suspect’ to crimes or incidents. Because the child is the unit of analysis, all variables were linked through their URN, enabling the removal of any duplicate records.

HC has an advantage over some other police forces in that all records pertaining to crimes, incidents, custody records and intelligence are stored in one system. The extensive linking of individuals to crimes and intelligence in RMS affords a simple way to mine the rich data available. The initial data set was extracted using some simple variables that identified the first 15945 children, as follows:

- Date of Birth
- Date of the first CPP
- Age of child at the point of the first CPP being implemented
- Gender
- The CSS value for each crime linked to the child
- The crime type and the home office classification code for each crime type
- The date of each recorded crime or incident linked to the child
- The total victim CSS for each child
- The total offender CSS for each child aged 10 or over

Narrowing the data set

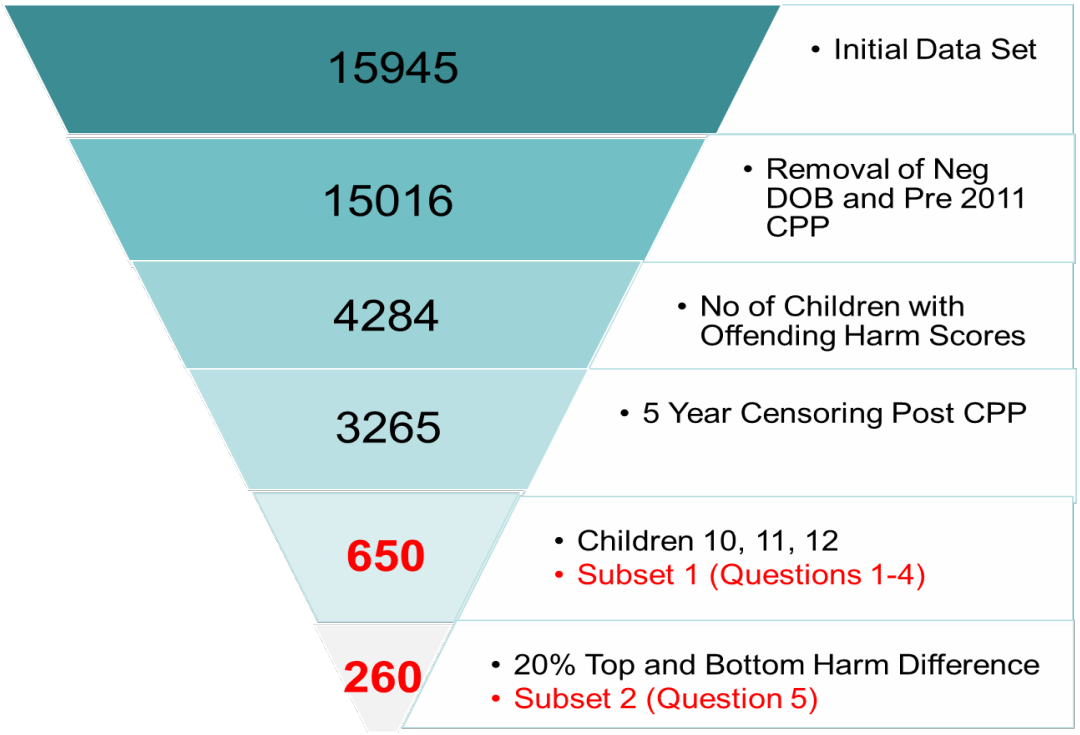

Figure 1: Decision Making Funnel for Data Selection between 1 January 2011 and 31 December 2019

The means by which the data set was narrowed is represented in Figure 1. The initial data set of 15945 was analysed to understand the heterogeneity of the children. This revealed some data inputting errors where children had previously been subject to a CPP and other children were found with a negative birth age as they were added to already existing plans after birth. These children were removed leaving a data set of 15016. To ensure comparison of harm, the decision was made to further reduce the data to children aged between 10 and 12 years old. This age range was chosen because 10 is the age of criminal responsibility, so the offending harm score would be valid, and 12 is the maximum age where the defence in law for consent does not apply. The careful steps taken to ensure narrowing of this data to the 650 homogenous group are precisely outlined in Appendix C.

Of the 650 records a second subset (Subset 2) of 260 was selected so that their CPP records could be manually examined. The 260 were chosen using the Office of National Statistics (ONS) CSS to measure the victim harm of the child before the CPP, and for the five-year period after going onto the CPP. As this research looked to understand what led to an increase or a decrease in harm, a change score was calculated. This was achieved by subtracting the post-harm score from the pre-harm score, meaning that children with a decrease in harm produced a positive change score, whilst those with an increase in harm produced a negative change score. The change score variable was then ranked from the highest increase to the lowest increase (i.e., greatest decrease).

Finally, the children with the top 20% (n=130) largest increase in harm and those in the bottom 20% (n=130), who had the greatest decrease in harm, were selected to allow comparisons between these groups at the extremes of the data set. This second subset of 260 afforded the opportunity to conduct a more qualitative review of the CPP documentation, although this was not without difficulty as it required a manual examination of some key documents as outlined below.

Whilst Business Objects is a useful analytical system it cannot read documents which have been attached to RMS records. This meant that CP Plan categories were not readily available, and a key word search was needed to try to understand the nature of harm in the larger data sets. Because minutes from the ICPC, CP Plan and RCPC were attached to RMS as either Microsoft Word or PDF documents, to extract the full details of plans, records were reviewed manually. This process was

very time consuming, with some of the records more than 80 pages long. The review of the final 260 records equated to more than 280 hours.

Crime Severity Score

For the data set of 15016 children, the pivot date to determine pre- and post-harm scores is the date of the first CPP. A harm score was initially calculated using the ONS CSS. The CSS calculates the mean number of days of imprisonment imposed over the last 5 years for any given offence (ONS, 2017). There are other methods of calculating harm, such as the Cambridge Crime Harm Index, developed by Sherman et al. (2016), but for this research the CSS has been used as it is the preferred method of HMICFRS and HC analytical tools and databases are already adapted to use it.

Recognising that CSS, as used by HC, only calculates harms for victims of crimes, to understand the impact of ACE events on a child's harm, an Adapted Harm Index (AHI) was created which calculated a combined score for 'aggrieved', 'other' and 'witness' (Table 2). This enabled analysis to be conducted comparing the CSS with the new AHI. A full explanation of the approach used to the derive the AHI is provided in Appendix D.

Table 2: Example of Pre-harm and Post-harm conventional scores with newly Adapted Harm Index scores

	Agg			Other			Witness			Total		
URN	Pre	Post	Total	Pre	Post	Total	Pre	Post	Total	Pre-CPP	Post-CPP	Combined
1000087	0	0	0	465	15	480	0	0	0	465	15	480
1000444	0	0	0	0	5	5	0	0	0	0	5	5
1000734	820	885	1705	0	613	613	1123	3772	4895	1943	5270	7213
1000763	0	0	0	189	0	189	0	0	0	189	0	189

Data Issues and Limitations

The CSS uses the Home Office Notifiable Offences List (NOL) to identify the crimes to which the scores will be attached. There are 24 sexual offences relating specifically to the gender and age of a child (Home Office, 2013). These offences attract a different score for male and female, however for the purpose of this research, the mean of these scores was calculated and used to apply consistency across the whole data set. A list of the CSS values, including the adapted harm score for the 24 offences, is in Appendix F.

This study observes recorded crime and incidents, so there is potential for data quality issues and crime recording errors (Chandan et al., 2020). What became clear during the analysis of the data is that there was a gross under recording of child cruelty offences for the period of this research, with only 30% of CP Plans having an associated crime recorded. This issue will be discussed in detail within the results section. The under recording of these crimes does impact on the validity of the calculated post harm scores. Had the correct recording requirements been followed, as outlined under the NCRS (Home Office, 2013), each child subject of CPP would as a minimum have the offence of child cruelty linked, which has an associated CSS score of 139.

There was no attempt to rectify crime classification errors found during analysis. It was felt that any changes might manipulate the information available at the time that decisions were made in relation to CPP. During this research, it was also identified

that the ONS CSS does not calculate a score for non-crime recording incidents such as a missing person or a non-crime domestic incident. In the interest of having as rich a picture as possible to understand what impacts there are on a child who goes on to suffer high harm, these non-crime incidents were captured as a specific count but attracted no score. An example of this, was in relation to the number of times a child was missing pre or post CPP, which has been recorded and used in the analysis where appropriate.

Analytical Procedures

This study seeks to answer the question; are the police missing opportunities to intervene earlier, thereby failing to prevent future harm? This question is explored by asking five sub questions, as follows.

1. Does the number of prior incidents where the child is present during ACE events predict post CPP victimisation and offending?

Using the available data from subset 1 (n = 650) this question used yes/no data to test the conditional probability of the predicted variable pre CPP incidents against the outcome variable of an increased harm score for both victim and offender harm.

2. Is it possible to predict whether a child will suffer an increase in crime harm after they are subject to CPP?

To answer this question subset 1 (n = 650) was used. To understand which incidents or crimes in a child's life impact the most on future harm this analysis required that the data variable of a harm score for 'aggrieved', 'witness', 'other', 'NZ no-crime', 'missing' and 'offender' be included. In addition, this analysis included all the crime or incident counts for these six variables. All these variables were then used as predictors for a logistic regression analysis, to predict an 'increased harm: yes/no' outcome.

3. When examining the highest harm children is there a difference between the CSS and the adapted harm index when ranking the children at the point of CPP?

This question used Pearson's correlation to compare the conventional harm score with the adapted harm score. Spearman correlation was also used to compare the ranking between the two harm scores

4. Does the CSS at the point the child is subject of CPP predict the harm that the child will suffer in the future?

To determine if the predicted variable of total harm score at the time of CPP predicts the outcome variable of future harm score single regression analysis was used with subset 1 (n=650). Subset 1 had the five-year censoring post CPP to ensure that any post harm results were comparable.

4b. Which harm index predicts future harm post CPP better?

To answer this question single regression analysis was completed using the predicted variable of the adapted harm score at the time of the CPP to understand if it predicts the outcome variable of future harm score. This result will explain any variance in the data.

5. What opportunities were missed for the 260 children aged, 10, 11, 12 with the greatest harm difference?

260 CPP records were examined to extract as much information about the events leading up to and following the implementation of CPP. These 260 children were identified using an age pivot of 10, 11, 12 on the 3265 data set. The 650 children identified were then ranked in order of harm differential between pre-harm and post-harm scores. The top 20% with the highest harm and the bottom 20% with the highest harm reduction were then selected as subset 2 (260) for a manual review of the records.

Additional criteria for these 260 children were that the CPP must have been subject of an ICPC, CP Plan and at least one RCPC. In this way all the records examined were comparable. Examination of these records resulted in over 200 variables including all identification data, parental warning markers and history, sibling relationships and history and all warning markers of the individual child. A list of these variables is included in Appendix E. In addition, examination of these records provided the category of the CP Plan the child was placed on (Emotional, Physical, Sexual, Neglect or a combination of any of these), the conditions of the plan and what interventions were recommended. The greatest increase and decrease groups

were analysed using Chi-Square test and crosstabulations to understand the differences between the two.

Chapter 4 - Results

In line with the primary research question to identify what, if any, opportunities the police had missed to intervene earlier in the life of a child who was suffering harm, as an initial step the key features of the data sets will be described. These data sets were used to answer the five sub questions as outlined in Chapter 3 - Methodology. The results for the main research question will be detailed in two parts firstly, the measuring of harm and secondly, the identification of missed opportunities.

Description of Data

The Complete Data Set (N=15016)

The initial sanitised data set contained data from 15016 unique children aged between 1 day and 17 years old spanning a 9-year period between 1/01/11 – 31/12/19. Each child had a corresponding administrative record linking them to a relevant Child Protection Procedures (CPP). Basic demographic details are shown in Table 3. Like the national picture of children subject to CPP the largest number of children in this period were between 1 day and 4 years old. This group represented 40% (n=5966) of the total sample. There were 110 children who had no gender recorded within the nominal details on RMS. There were a higher number of males overall, the only group that had more females was the oldest group of 13 – 17 years.

Table 3: Age and Gender of Child at First Child Protection Procedure

Age	Female	Male	Unknown	Total Children
Under 1	1050	1231	52	2333
1 - 4 Years	1732	1866	35	3633
5 - 8 Years	1400	1656	14	3070
9 - 12 Years	1417	1584	7	3008
13 - 17 Years	1616	1354	2	2972
Total	**7215**	**7691**	**110**	**15016**

Using a key word search within the CPP summaries a record was made of how many times the four categories for being on the CPP were recorded. The data in Figure 2 shows that 61% of the CP Plans were for the category of either Neglect or Emotional abuse. Of note, 3674 (25%) of the records had no category recorded within the CPP summary.

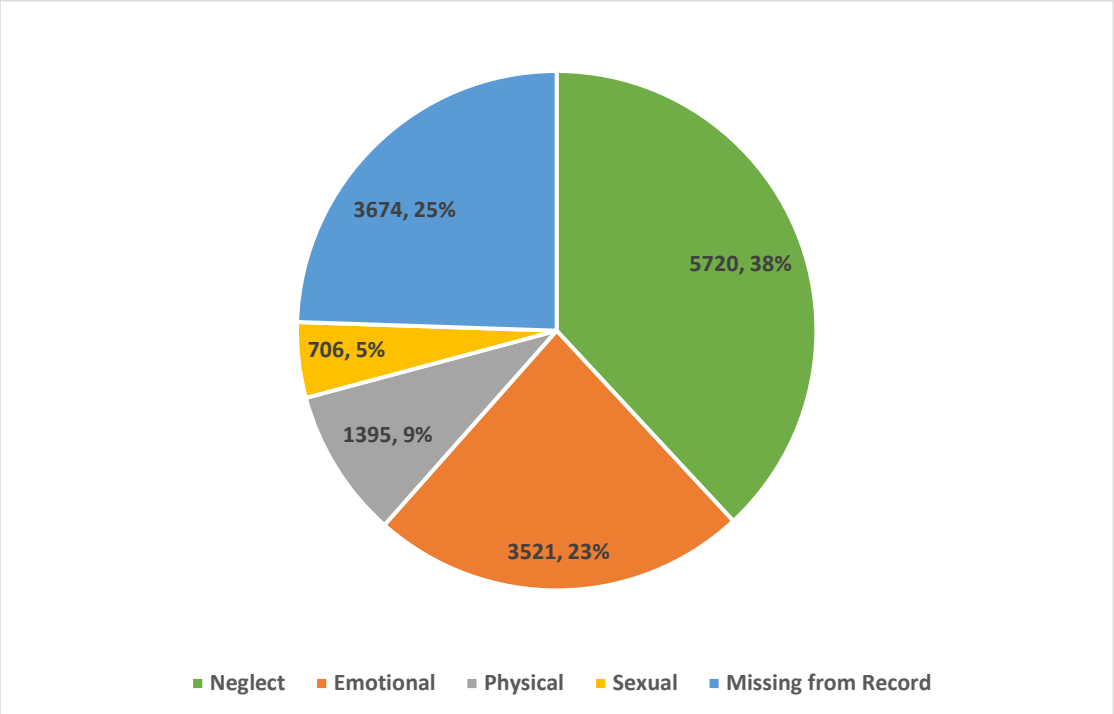

Figure 2: Category of harm mentioned at the top of the Child Protection Plan. Note: Some plans mentioned multiple categories

When measuring the harm in children prior to being made subject to a CPP, 10162 (62%) of children had not experienced any of the incidents which would be calculated with the use of CSS. Figure 3 demonstrates the large number of children who had no pre CPP harm. At age 0 93% of children had no harm recorded, this number reduces to 37% when the child is 17 years old. The percentage of children with no harm decreases as the children get older. For CSS harm the two lines of CSS harm and No CSS harm do not intersect until the children are over 12 years old. At this point more children than less have a recorded CSS harm score.

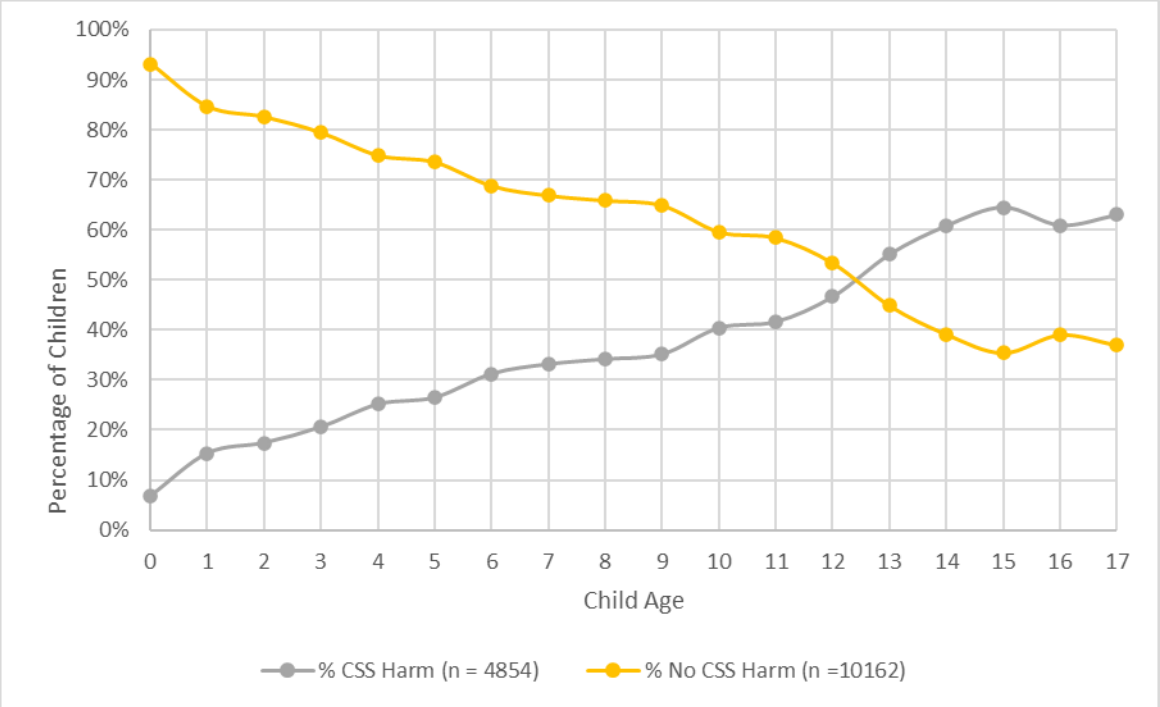

Figure 3: Age of Children with Pre-Child Protection Procedure CSS Harm Score versus No CSS Harm Score

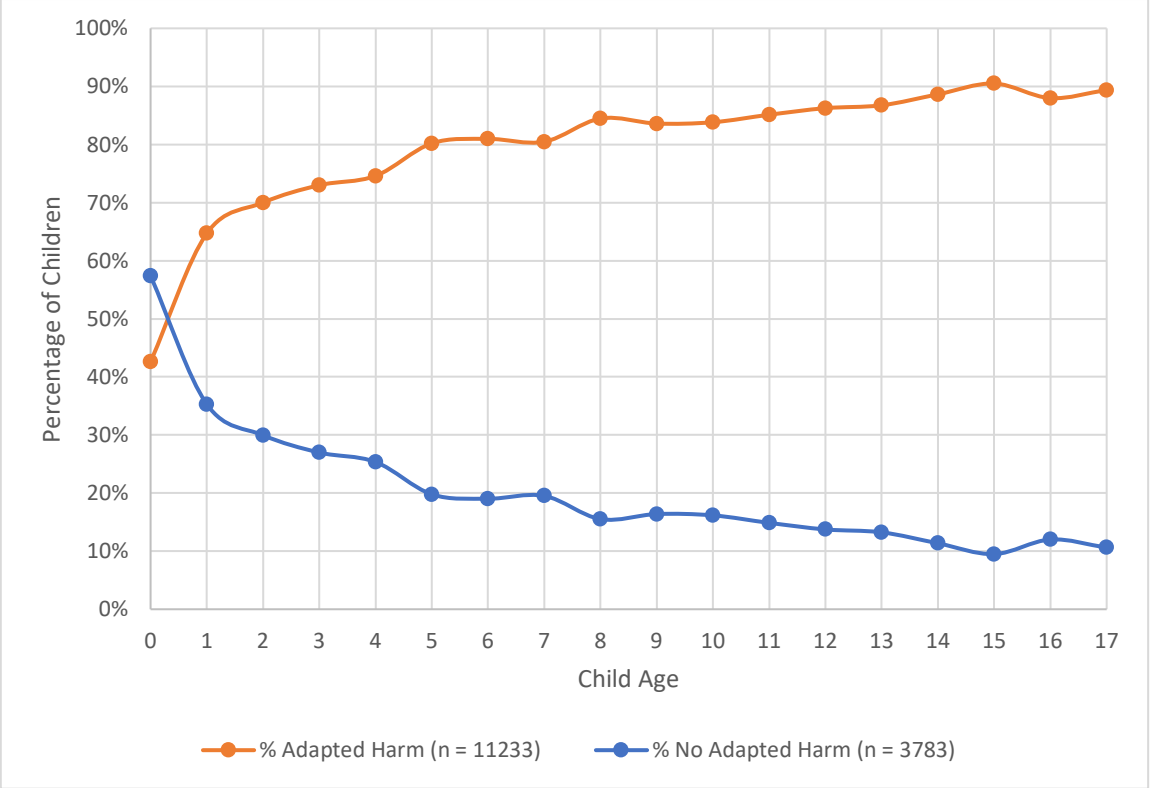

Figure 4: Age of Children with Pre-Child Protection Procedures with AHI Score versus No AHI Score

To investigate this surprising finding further, the adapted harm index (AHI) was created, which, as discussed in Chapter 3 - Methodology, combines 'aggrieved', 'other' and 'witness'. When using the AHI to measure harm only 3783 children have no harm score at the point of a CPP. Figure 4 shows that when measuring harm using the AHI the picture of harm changes enormously. For the AHI 57% of children aged 0 had no harm score. This number reduced steadily to just 11% for children aged 17 years old. For the AHI, the two lines demonstrating harm and no harm intersect before 1 year old.

Thus, the AHI analysis shows that while these children without a CSS harm, who were considered seriously impacted enough to be subject of a CPP, had not experienced crimes as aggrieved, they had in fact experienced several other

harming incidents such as witnessing a crime, going missing or being present while a crime was committed.

The 15016 records were useful in giving a broad description of children made subject to CPP. However, the 9-year period of reporting and the variance of ages of the children make direct comparisons difficult. To ensure a more homogenous sample it was necessary to reduce this data set. For the pre-harm data, this research was interested in understanding how old children were when they were first subject to CPP, so the heterogeneity was relevant, however, for the purposes of analysing post CPP harm it was necessary to have a comparative group.

This was firstly achieved by ensuring that all the children had the same opportunity of post CPP harm. To do this data censoring was applied to ensure that only children who had been in RMS for a period of at least 5 years following the CPP were included. This harm was also censored to ensure that no child had more than 5 years of harm included. This reduced the 15016 records down to 3265 but still had children with a wide age range. For that reason, this subset of 3265 children was not used to for any analysis but rather informed the decision to focus the analysis on children aged 10 to 12 years old. This reduced the data set to 650 children. This results from this smaller dataset will be presented next.

The 10-12-year-old cohort (n=650)

As detailed in the methods section this narrowing of the large data set to just 650 children aged between 10 and 12 years old offered the chance to understand what if any opportunities had been missed by the police. Figure 5 shows that within this age group there was very little difference between the number and gender of children subject to CPP.

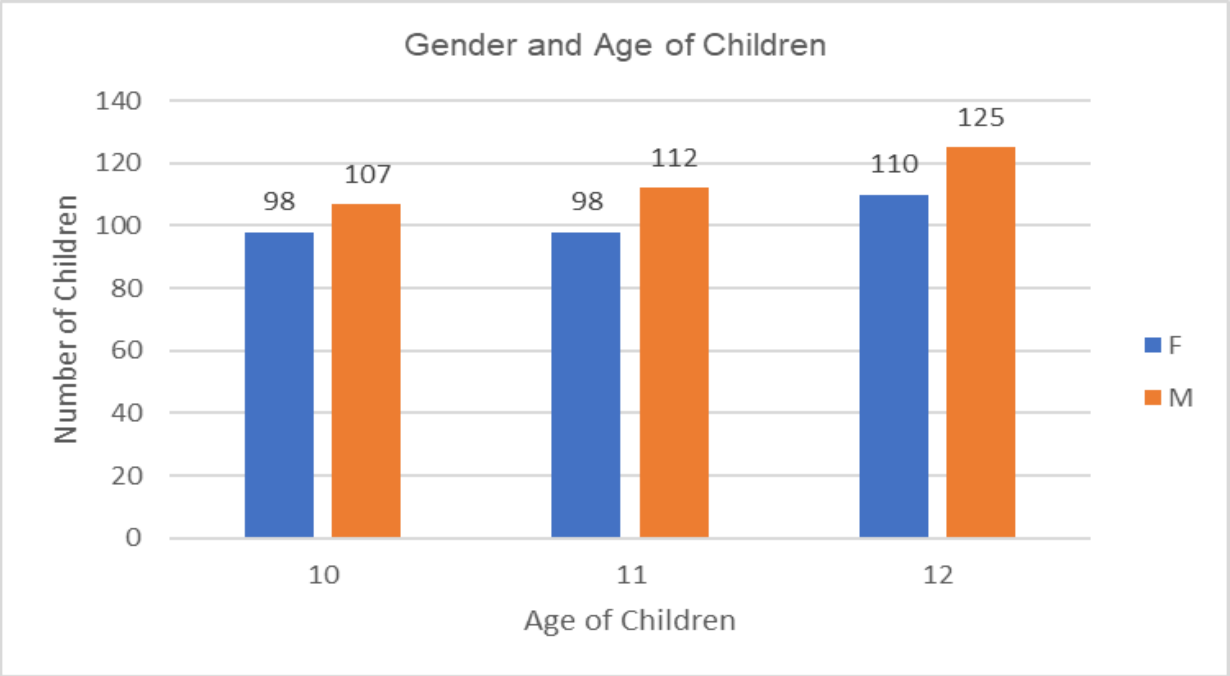

Figure 5: Age and Gender of children in Subset 1 (n=650)

Like the full data (n=15016) there was a difference between the number of crimes recorded between the CSS and AHI. Figure 6 shows the number of crimes that are used in the calculation of the CSS harm (as it is only counting crimes where the child was the aggrieved) and the number of crimes that are used to calculate the AHI (which is also counting children involvement as witness and other). It shows that

using the CSS the total recorded crimes were 243 and the maximum number of crimes recorded for a single child was 6. 407 (62%) children had no crimes recorded against them. In comparison the number of crimes that children had experienced when calculating the AHI are higher. Using the AHI there were 523 crimes across all 650 children, with the highest number of recorded crimes for an individual child being 15. 128 (19.7%) of the children had no crimes recorded against them.

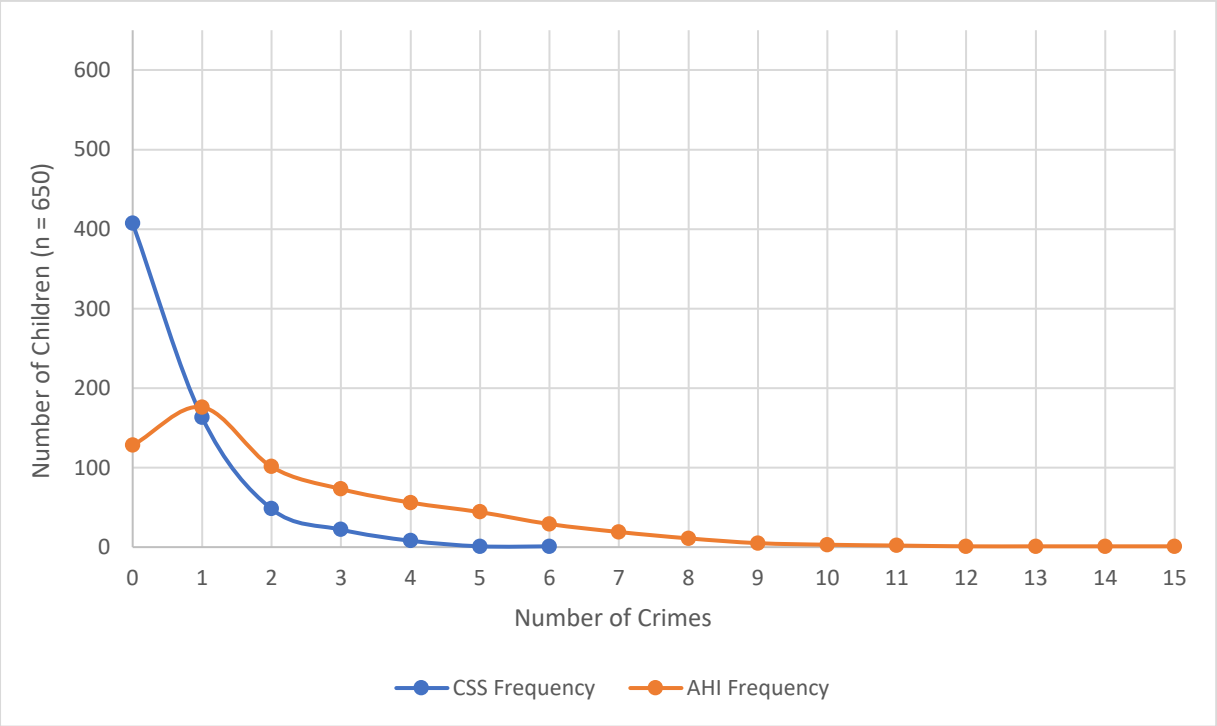

Figure 6: Frequency of Crime Counts Comparing CSS and AHI for the 10–12-year-old cohort (n=650)

There is clearly a difference between the CSS and the AHI. With the AHI more incidents and crimes are identified, and more children are shown as having suffered some form of harm when calculating the harm score. The addition of more crimes and incidents does not necessarily mean that the AHI it is more likely to identify children at the highest risk of harm than the CSS. It may be that the additional

crimes and incidents are not significant when determining future harm. Therefore, the next step is to further explore the relationship between none-crime related incidents and harm to children. This also requires an understanding of the differences between the CSS and AHI. The next section will report the results of the first four sub questions which examines these points.

Measuring Harm

1. Does the number of prior incidents where the child is present during ACE events predict post CPP Victimisation and Offending?

Using the cohort of children aged 10-12 (n=650), independent sample t-tests were conducted to understand if the number of prior incidents where the child is present during an ACE event, differed for those children victimised post CPP and those without. For this analysis ACE events are considered those where the child was either 'aggrieved', 'other' or 'witness' but is also extended to broaden out some variables that would not conventionally be considered an ACE such as missing episodes. It turned out that all children had experienced at least one victimisation after being put on a CPP. Therefore, the post CPP victimisation was determined by splitting the children into two groups, that is, those children victimised once post CPP and those victimised more than once.

The test variables were the pre-CPP aggrieved harm score (which is the CSS score) and the number of crimes in which the child was the aggrieved. In addition, the 'other', 'witness', 'missing' and 'NZ - non crime incidents' were added. Furthermore, a combined variable, the 'pre-ACE events count', combined 'aggrieved', 'other',

'witness', 'missing' and 'NZ - non crime incidents. Finally, the same test examined the significance of pre child offending by including pre offending harm by scores and count.

All children were shown as a victim at least once after they had been subject to a CPP. Therefore, the increased harm score was simply measured as, 'Group 1 victimised once' against 'Group 2 victimised more than once'. The results in Table 4 shows the 'ACE events', 'aggrieved harm score', 'aggrieved crime count', and the number of missing episodes shows a significant difference between one victimisation and more than one. However, in all these cases the effect size for all these results was very small. The Pre ACE events showed that children with just one victimisation had a mean of 5.03. incidents whereas children with more than one victimisation had a mean of 6.21 events prior to the CPP.

Table 4: Prediction of Post Incident Victimisation Comparing Victimised Once against Victimised More Than Once (Aged 10, 11, 12)

	Group 1 Victimised Once Post CP Plan		Group 2 Victimised More Than Once Post CP Plan			
Pre CP Plan Harm Score and Count	Mean Victimised Once (n=273)	Std Deviation (Victimised Once)	Mean Victimised > Once (n=377)	Std. Deviation (Victimised > Once)	T-Test	D Effect Size
Pre ACE Events Count	5.03	4.99	6.21	6.67	**t(647.28)=-2.59,p=.010****	**-0.19**
Pre Aggrieved Harm Score	91.21	354.75	184.73	667.1	**t(600.43)=-2.31,p=.021***	**-0.17**
Pre Crime Count Aggrieved	0.45	0.747	0.65	1	**t(647.38)=-2.82,p=.005****	**-0.22**
Pre Crime Count Other	1.56	1.872	1.62	1.96	t(648.00)=-0.34,p=.737	-0.03
Pre Crime Count Witness	0.23	0.521	0.28	0.64	t(639.36)=-1.24,p=.215	-0.08
Pre Missing Count	0.12	0.59	0.37	1.21	**t(579.55)=-3.44,p<.001*****	**-0.25**
Pre NZ (No Crime) Count	2.66	3.24	3.29	4.95	t(648.00)=-1.85,p=.064	-0.15
Pre Child Offender Crime Count	2.56	7.79	3.03	5.97	t(648.00)=-0.87,p=.382	-0.06
Pre Child Offender Crime Harm Score	342.77	1143.51	379.37	1073.54	t(648.00)=-0.42,p=.677	-0.03

*** Significant at the 0.05 probability level**
**** Significant at the 0.01 probability level**
***** Significant at the 0.001 probability level**

Thus, while having experienced previous ACE events is a significant predictor, it does not seem to be a good predictor of whether a child on a CPP will go on to experience future victimisation.

Table 5: Prediction of Post Incident Offending Comparing Children with No Offending against Children who Offended More Than Once (Aged 10, 11, 12)

	Group 1 No Offending Post CP Plan		Group 2 Offended Once or More Post CP Plan			
Pre CP Plan Harm Score and Count	**Mean No Offending (n=255)**	**Std Deviation (No Offending)**	**Mean Offending => 1 (n=395)**	**Std. Deviation (Offending => 1)**	**T-Test**	**D Effect Size**
Pre ACE Events Count	4.36	4.79	6.59	6.59	t(638.79)=-4.97,**p<.001***	**-0.37**
Pre Aggrieved Harm Score	138.83	491.1	149.73	599.64	t(648)=-0.24,p=.800	-0.19
Pre Crime Count Aggrieved	0.44	0.79	0.65	0.97	t(612.78)=-3.10,**p=.002****	**-0.23**
Pre Crime Count Other	1.42	1.89	1.71	1.94	t(648.00)=-1.90,p=.057	-0.15
Pre Crime Count Witness	0.24	0.57	0.28	0.61	t(648.)=-0.85,p=.395	-0.07
Pre Missing Count	0.04	0.22	0.42	1.25	t(432.18)=-5.92,**p<.001***	**-0.39**
Pre NZ (No Crime) Count	2.24	3.05	3.53	4.91	t(647.09)=-4.13,**p<.001***	**-0.30**
Pre Child Offender Crime Count	0	0	4.66	8.22	t(394.00)=-11.26,**p<.001***	**-0.73**
Pre Child Offender Crime Harm Score	0	0	598.98	1364.55	t,(394)=-8.72.p**<001***	**-0.56**

*** Significant at the 0.05 probability level**
**** Significant at the 0.01 probability level**
***** Significant at the 0.001 probability level**

When using the same analyses to understand the impact of ACE events on future *offending* the results were different, as shown in Table 5. There were significant differences between the group who did not offend post CPP and the group that did in the variables 'ACE events', 'aggrieved count', 'missing', 'non-crime incidents' and both the count and score for child offending. Effect sizes ranged for these variables from d = -.23 to d= - .39 and thus showed small effects. The pre offending score and pre-offending count showed effect sizes of d = -.56 and d = -.73, i.e., medium effects (Cohen, 1988). When comparing the results for both post CPP victimisation and post CPP offending outcomes, the variables 'ACE events', 'crime counts' and 'missing'

were statistically significant for both, although of less importance for prediction of victimisation than for prediction of offending.

2. Is it possible to predict whether a child will suffer an increase in harm after they are subject to a CPP?

To answer this question, several analyses were undertaken using the children aged 10-12 years old (n=650). First, a logistic regression, using 'high post CPP victimisation (Y/N) as the outcome variable and using dichotomous versions of the pre-CPP variables (pre CPP Aggrieved: Y/N; Pre CPP witness: Y/N, etc., see Table 6). To create a variable for 'high post CPP victimisation" the highest quartile of CSS scores was coded as 1 while the lowest quartile was coded as 0. A second logistic regression used the same outcome variable but used the actual counts for the same predictor variables as before (pre CPP number of crimes where aggrieved, pre CPP number of crimes where a witness, etc., see Table 7).

The first logistic regression showed that several variables predicted an increase in victimisation, see Table 6. The child having been recorded as 'other', 'missing', or 'child offending' were significant predictors for increased future harm. The three other variables of 'aggrieved', 'witness' or 'NZ no-crime' were not significant.

These six predictors' accounts for just 13.6% of the variability for increased future harm. In this case the model correctly predicted just 54.3% of cases with the highest harm and 70.4% of cases with the lowest harm. This gave an overall prediction rate of 62.3% which is an improvement of 12.3% from the overall percentage prediction rate of 50%. The best predictor was whether the child had gone missing prior to the

CPP, which made a child 3 times more likely to be victimised post CPP than a child who had not been recorded missing. Previous offending made the harm twice as likely and having been recorded as 'other' made it nearly twice as likely.

Table 6: Prediction of Post CPP Harm Score against Pre-Harm Events (Yes/No)

Pre CPP-Victimisation/Offending (Yes/No)	B	S.E.	Wald	df	Sig.	Exp(B)
Aggrieved	0.006	0.256	0.001	1	0.981	1.006
Other	0.600	0.267	5.051	1	**0.025***	1.822
Witness	-0.025	0.306	0.007	1	0.934	0.975
Missing	1.121	0.437	6.588	1	**0.010****	3.069
NZ (No Crime)	0.113	0.273	0.171	1	0.679	1.119
Child Offending	0.793	0.242	10.736	1	**0.001****	2.210
Constant	-1.610	0.464	12.047	1	**0.001****	0.200

[Model Chi-Square=34.974, model df=6 and p<.001], Nagelkerke R2=.136

*** Significant at the 0.05 probability level**
**** Significant at the 0.01 probability level**
***** Significant at the 0.001 probability level**

Table 7: Prediction of Post CPP Harm Score against Pre-Harm Events (Count)

Pre CPP Victimisation/Offending (Count)	B	S.E.	Wald	df	Sig.	Exp(B)
Aggrieved	0.071	0.144	0.242	1	0.623	1.073
Other	0.068	0.080	0.711	1	0.399	1.070
Witness	-0.124	0.224	0.305	1	0.580	0.884
Missing	0.602	0.243	6.122	1	**0.013****	1.825
NZ (No Crime)	0.022	0.042	0.280	1	0.596	1.022
Child Offending	0.019	0.022	0.719	1	0.397	1.019
Constant	-0.327	0.171	3.641	1	0.056	0.721

[Model Chi-Square=18.277, model df=6, p=.006], Nagelkerke R2 = .073

*** Significant at the 0.05 probability level**
**** Significant at the 0.01 probability level**
***** Significant at the 0.001 probability level**

The second logistic regression using crime counts (Table 7) showed that 'missing' was a significant predictor. The five other variables of 'aggrieved', 'other', 'witness', NZ no-crime' and 'child offending' were not significant. Just 7.3% of the variability for increased future harm could be accounted for by the six predictors. The overall prediction rate of 54% showed an improvement of just 4% on the overall percentage prediction rate of 50%. The incidents of missing made the child 1.8 times more likely to have a high post harm score.

The Nagelkerke R2 results show (13.6% variance explained compared to 7.3 % variance explained), that where that prediction was done against a yes/no variable for pre CPP incidents the prediction was better than using crime counts. In both cases 'missing' was a statistically significant predictor. The volume of crime does not appear to significantly predict future harm, but whether a child was or was not a victim does. These results demonstrate that it is possible to predict future harm, but for operation policing purposes the prediction is very limited.

3. When examining the highest harm children, is there a difference between the CSS and the AHI when ranking children at the point of CPP?

As described in Chapter 3 – Methodology, harm was measured using both the CSS and the AHI. This question sought to explore if the CSS and the AHI harm indexes rank children in a similar way or if children come out as high harm on one harm index but lower harm on the other. Such a difference would make the decision which harm index to pick an even more important consideration.

To examine this issue, children in the 10-12 years cohort were ranked by harm scores in order of the highest harm (1) through to the lowest harm (650) for each of the harm indexes. To compare the CSS with AHI the data was first analysed using Pearson Correlation to compare the scores and then with Spearman's Correlation to compare the rankings.

The Pearson Correlation result shows that there is a significant association between the Pre-CSS scores and the Pre-AHI scores, ($r\ (650) = .588$, $p = >001$). In figure 14 the Spearman's Rho test shows there is a significant positive linear relationship between the Pre-CSS rank and Pre-AHI rank ($r_s\ (650) = .476$, $p < .001$). Although significant for both scores and ranks there is a clear difference in the children being identified within the two harm indexes.

To understand the correlations between the two indices better a crosstabulation was used to analyse the overlap between the top 100 children in each rank. This showed that only 50% of the children were seen in both groups.

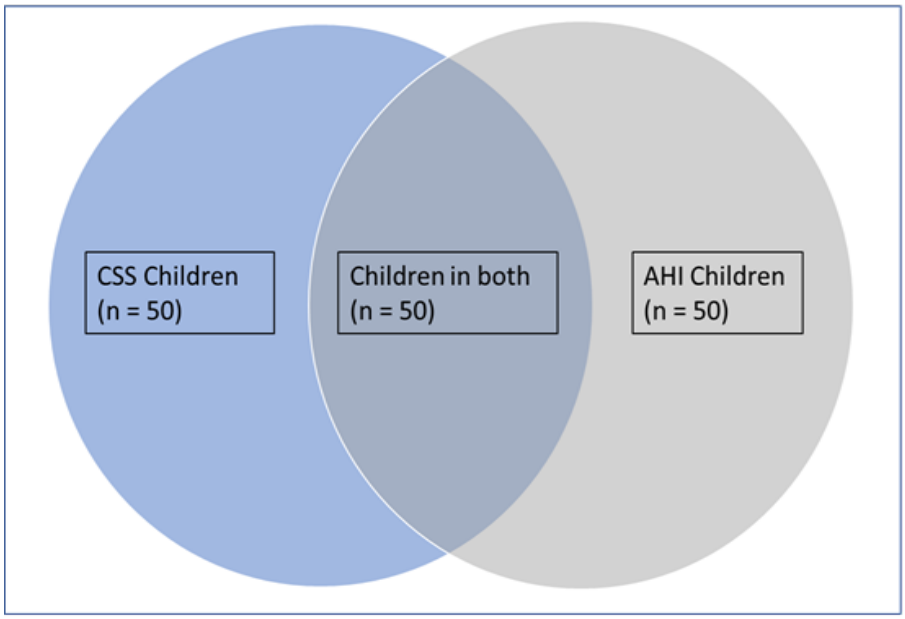

Figure 7: Venn Diagram showing the distribution of the Top 100 children with highest harm that appear in both indices

In summary, there is a statistical correlation between the CSS and the AHI, with the correlation between the two methods stronger when measuring the harm by score rather than rank. However, as Figure 7 clearly shows, these two methods are identifying different children 50% of the time. Arguably, the children that appear in both could be considered the most accurately identified as suffering the highest harm.

4. Does the Crime Severity Score (CSS) at the point the child is subject to a CPP predict the future harm that the child will suffer?

Although the CSS is commonly used by the police and indeed HMICFRS to measure harm, it does not include many of the variables that impact on a child's life, such as going missing, being a witness or the child's presence at non-crime related incidents. This question seeks to understand if nevertheless this frequently used method can

be used to predict the level of future harm. To do so, a linear regression analysis was used to explore how well this method is in predicting future harm.

Linear regression was used to determine if the predicted variable of pre CPP harm score (CSS) at the time of the CPP predicts the outcome variable of future harm score (CSS). The results of the regression suggested that the pre-CSS harm score predicts just 2% of the variance, (F (1, 648) = 14.17, p<.000), with an R^2 of 0.021. As shown in Table 8, the crime severity score does significantly predict future harm, however, this very low level of prediction is of little value in an operational policing environment.

Table 8: Prediction of Post CSS Harm Score using Pre CSS-Harm Score

Variables			Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		
Predicted	Outcome	Model	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Result
Pre CSS	Post CSS	1 (Constant)	840.262	79.473		10.573	0.000	684.207	996.317	
		Pre Aggrieved CSS	0.518	0.138	0.146	3.764	0.000	0.248	0.788	(F(1, 648) = 14.17, p <.001, R^2 = 0.021)

4a. **Which harm index predicts future harm post CPP better?**

Having established that the CSS does predict harm but not to a level that could effectively be used in operational policing it was important to understand if the AHI provided any better prediction opportunities. To explore this single linear regression analyses were used to compare the predictive power of the AHI. As the post CPP harm is also measured either by CSS or AHI, all remaining combinations of the

indexes were tested: 'Pre-AHI versus Post CSS', 'Pre-AHI versus Post-AHI' and 'Pre-CSS versus Post-AHI' (Table 9).

Table 9: Prediction of Post CPP Harm Score using Pre CPP Harm Score (3 separate linear regression analyses)

Variables			Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		
Predicted	Outcome	Model	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Result
Pre AHI	Post CSS	1 (Constant)	815.876	87.889		9.283	0.000	643.294	988.458	
		Pre Adapted Harm Index	0.187	0.078	0.094	2.396	0.017	0.034	0.341	$(F(1, 648) = 5.74, p < .001, R^2 = .009)$
Pre AHI	Post AHI	1 (Constant)	1806.317	127.835		14.130	0.000	1555.296	2057.339	
		Pre Adapted Harm Index	0.263	0.114	0.090	2.309	0.021	0.039	0.486	$(F(1, 648) = 5.33, p = .021, R^2 = .008)$
Pre CSS	Post AHI	1 (Constant)	1880.772	116.368		16.162	0.000	1652.268	2109.276	
		Pre Crime Severity Score	0.449	0.202	0.087	2.229	0.026	0.053	0.845	$(F(1, 648) = 4.97, p < .026, R^2 = .008)$

All the methods predicted future harm, with pre-CSS predicting post-CSS the best (Table 8). It would not be unexpected for related variables to predict better, for example pre-CSS predicting post-CSS, however in the case of pre-AHI predicting post-AHI, the prediction was much lower at just 0.8%. In fact, Pre-AHI, predicted Post CSS better. None of these methods, including the currently used CSS are good at predicting harm in children.

This research is demonstrating the difficulties of identifying harm in children as discussed in Chapter 2 – Literature Review. To try to understand what harm has been caused and if opportunities had been missed the final data set of 260 children were analysed in more depth. The results of this will be discussed next.

Missed Opportunity

5. What opportunities were missed for the 260 children aged 10, 11, 12 with the greatest harm difference?

To answer the main research question, it was necessary to examine in detail the key information available to police at the time of the CPP. Due to the large volume of information held within these records, and the time constraints of this research, it was necessary to reduce the 650 sample of 10 –12-year-olds further. To have a manageable subsample, the top 20% with the highest increase and decrease were identified, yielding a total of 260 cases (130 highest, 130 lowest).

For these children, the details of these records were logged onto a spreadsheet and generated more than 200 variables (Appendix E); the broad categories of these variables are shown in Table 10. Not all variables were used in the originally coded form, and some were aggregated to create a more comprehensive variable, for example, carer history was initially recorded for ‘mother’ and ‘father’ separately, and for the analyses a new variable was then created to calculate just ‘carer’ using the data from both.

Table 10: Categories of Information Retrieved from Manual Examination of CPP records

Child Characteristics	Family Structure	Education Records	Trusted Adult
Age Gender Ethnicity	Size Relationships	Attendance Behaviours Relationships	Family Other

Childs Harm	Carer History	Environment	Medical History
Victim Offender	Behaviours Markers	Hygiene Health Nutrition	Physical Mental

Parental Harm	Childs Behaviours	Risk Behaviours	Plan Details
Victim Offender	Emotional Physical	Exploitation Relationships	Length Categories Outcomes Agreements Interventions

Increased and Decreased Harm Group

All variables were analysed to understand the frequencies of events and using crosstabulations with a Chi-Square test to explore potential differences between the increased and decreased harm group. There were many statistically significant findings, which will be discussed next.

Characteristics

The ethnicity and gender of the 260 children is outlined in Table 11. Two of the children were recorded as transgender and one female child was shown with her ethnicity as unknown.

Table 11: Gender, Age and Ethnicity of (260 Children)

Ethnicity and Gender by Age							
Age	**Asian**		**Black**		**White**		
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Trans Gender**
10	1	2	2	0	26	44	0
11	0	2	0	1	30	43	1
12	3	0	3	1	41	58	1
Total	**4**	**4**	**5**	**2**	**97**	**145**	**2 ***

***1 female child with ethnicity unknown removed from table**

For ethnicity (Table 12) there was a statistically significant difference (X^2 (3, N = 260) = 9.55, p = .023). Of note, all Asian children were found in the decreased harm group and the white children most often in the increased harm group.

Table 12: Crosstabulation of highest and lowest harm for Ethnicity

Ethnicity for Increased and Decreased Harm				
Ethnicity	**Labels**	**Increased Harm Group**	**Decreased Harm Group**	**Total**
Asian	Count	0	8	8
	% within Child Ethnicity	0.0%	100.0%	100.0%
	% within Increased Decreased Group	0.0%	6.2%	3.1%
Black	Count	3	4	7
	% within Child Ethnicity	42.9%	57.1%	100.0%
	% within Increased Decreased Group	2.3%	3.1%	2.7%
Unknown	Count	0	1	1
	% within Child Ethnicity	0.0%	100.0%	100.0%
	% within Increased Decreased Group	0.0%	0.8%	0.4%
White	Count	127	117	244
	% within Child Ethnicity	52.0%	48.0%	100.0%
	% within Increased Decreased Group	97.7%	90.0%	93.8%
Total	Count	130	130	260
	% within Child Ethnicity	50.0%	50.0%	100.0%
	% within Increased Decreased Group	100.0%	100.0%	100.0%

For gender Table 13 shows the findings were also statistically significant X^2 (2, N = 260) = 15.65, p = <.001). There were more females found in the increased harm group. Both transgender children were also in the increased harm group. Males were 2.66 times more likely to be found in the decreased harm group.

Table 13: Crosstabulation of highest and lowest harm for Gender

Gender for Increased and Decreased Harm				
Gender	**Labels**	**Increased Harm Group**	**Decreased Harm Group**	**Total**
Female	Count	90	62	152
	% within Gender	59.2%	40.8%	100.0%
	% within Increased Decreased Group	69.2%	47.7%	58.5%
Male	Count	38	68	106
	% within Gender	35.8%	64.2%	100.0%
	% within Increased Decreased Group	29.2%	52.3%	40.8%
Transgender	Count	2	0	2
	% within Gender	100.0%	0.0%	100.0%
	% within Increased Decreased Group	1.5%	0.0%	0.8%
Total	Count	130	130	260
	% within Gender	50.0%	50.0%	100.0%
	% within Increased Decreased Group	100.0%	100.0%	100.0%

Recorded Crime

The analysis of the 260 records included whether there was a related crime associated the CP Plan and if that differed between the two groups. In Figure 8 the upper bar shows the four categories of harm that a child was made subject to a plan against. 44% were for Neglect, 23% Emotional Abuse, 18% Physical and 8% for sexual.

The lower bar shows that police failed to record a crime for a child identified as suffering significant harm in 70% of cases. In most of these cases the appropriate crime type would have been 'Child Cruelty' as 188 of the CP Plans were for the category of neglect or emotional abuse. Yet only 16% of offences recorded were for 'Child Cruelty'. This data demonstrates that Hampshire Constabulary have an under-recording rate of 70% for children deemed as at risk of significant harm. Furthermore, where these crimes have been recorded the focus has been on the obvious crimes of assault and sexual offences.

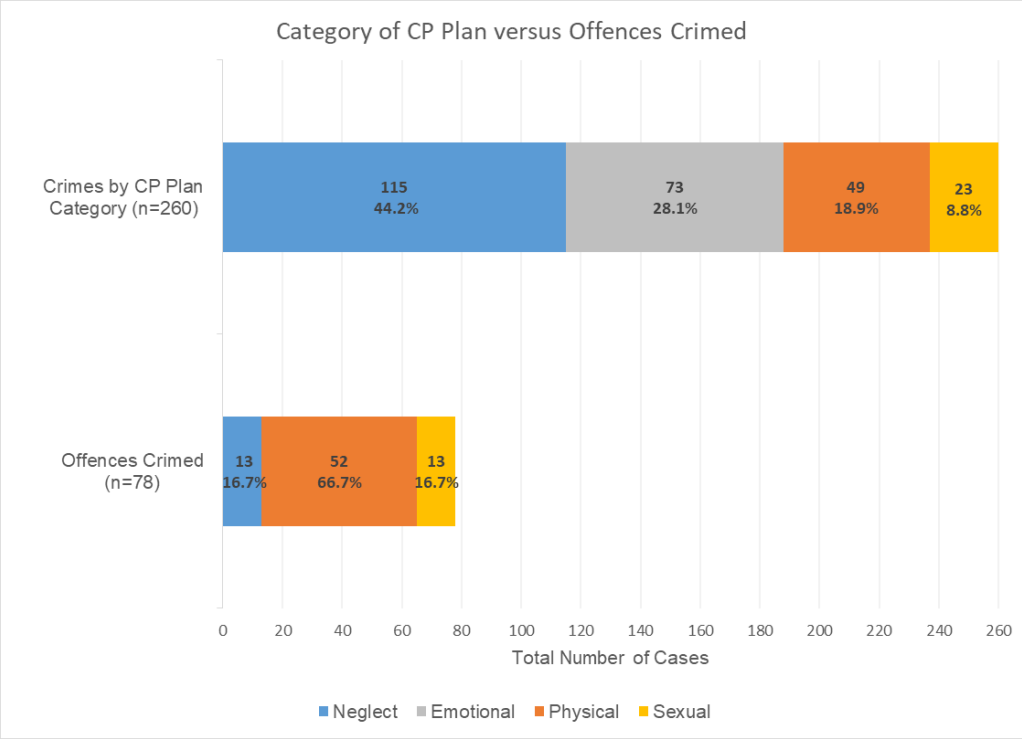

Figure 8: Details of Crimes Recorded against all 260 Child Protection Plans

When examining the recording of crimes between the two groups a there was a statistically significant difference between the increased harm group and the decreased harm group (X^2 (1, N = 260) = 4.69, p = <.030). Children had 1.81 (95%

CI 1.05 - 3.10) greater odds of being in the decreased harm group if they had an associated crime recorded against their CP Plan compared to children where it was not recorded.

Carer History

Table 14: Differences in Carer History for children with Increased and Decreased Harm

Groupings	Variable	% of Total (n= 260)	Number in Increased Group	Number in Decreased Group	x^2	P-value	Odds Ratio	95% CI for Odds Ratio
Carer History	Mental Health (Yes)	55.8%	75	70	0.39	0.532	0.85	0.52, 1.40
	Alcohol (Yes)	35.8%	48	45	0.15	0.698	1.11	0.66, 1.84
	Drugs (Yes)	31.9%	46	37	1.43	0.231	1.29	0.76, 2.19
	Angry Aggressive (Yes)	50.0%	57	73	3.94	**0.047***	1.64	1.00, 2.68
	Domestic Abuse Perpetrator (Yes)	62.7%	82	81	0.16	0.898	1.03	0.63, 1.71
	Divorced or Seperated (Yes)	75.4%	104	92	3.91	0.142	1.65	0.93, 2.93
	Parental Absence (Yes)	40.4%	49	56	0.78	0.376	1.25	0.76 - 2.05

* Significant at the 0.05 probability level
** Significant at the 0.01 probability level
*** Significant at the 0.001 probability level

In the case of carer history there was only one variable that was statistically significant between the two groups. Many of the parental behaviours that some may assume would be more prevalent in children with increased harm were also seen in the decreased harm group. Table 14 shows that there were high levels of divorce and domestic abuse present in the lives of these children but in both the increased and decreased harm there are similar numbers of incidents. The only statistically significant finding was for children who live with a carer who presents as angry or aggressive. In this case children were 1.64 times more likely to be in the decreased harm group.

Child Behaviours

Table 15: Differences in Child Behaviours with Increased and Decreased harm

Groupings	Variable	% of Total (n= 260)	Number in Increased Group	Number in Decreased Group	x^2	P-value	Odds Ratio	95% CI for Odds Ratio
Behaviours	Risk by Associate of Parents	19.2%	32	18	4.85	.028*	2.03	1.07, 3.85
	Risk of Sexual Harm	21.2%	42	13	19.39	.000***	4.29	2.18, 8.49
	Risk of Child Sex Exploitation	9.6%	21	4	12.79	.000***	6.07	2.02, 18.22
	Missing	14.6%	22	16	1.11	.292	1.45	0.76, 2.49
	Drugs	5.8%	11	4	3.46	.063	2.91	0.90, 9.39
	Child Mental Health	10.8%	19	9	4.00	.045*	2.30	0.99, 5.29
	Child Smoking	5.0%	10	3	3.96	.046*	3.52	0.94, 13.12
	Truant	45.0%	70	47	8.22	.004*	2.06	1.25, 3.39
	Sex Behavious with Others	12.7%	25	8	10.03	.002*	3.63	1.57, 8.39

* Significant at the 0.05 probability level
** Significant at the 0.01 probability level
*** Significant at the 0.001 probability level

It is clear from Table 15 that many children in the increased harm group had been displaying some significant behaviours prior to going on a plan. Despite the young age of this group, 25 of the children were shown to be at risk of Child Sexual Exploitation (CSE). These children were 6 times more likely to be found in the increased harm group. They were also 4 times more likely to be in the increased harm group if they were found to be at risk of sexual harm. This category differs from the CSE variable as they were only included if their carers had failed to protect them from individuals deemed to be a sexual risk to their child.

Environment

Table 16: Differences in Environmental Factors between Increased and Decreased Harm Group

Groupings	Variable	% of Total (n= 260)	Number in Increased Group	Number in Decreased Group	x^2	P-value	Odds Ratio	95% CI for Odds Ratio
Environment	Home Unclean (Yes)	25.4%	27	**39**	2.12	0.146	1.63	0.93, 2.88
	Home Overcrowded (Yes)	13.8%	12	**24**	4.64	**.031***	2.23	1.06, 4.67
	Lack or Worn Clothing (Yes)	19.2%	18	**32**	4.85	**.028***	2.03	1.07, 3.84
	Poor Hygiene (Yes)	23.8%	26	**36**	2.118	0.146	1.53	0.86, 2.73
	Poor Nutrition (Yes)	23.5%	25	**36**	2.59	0.107	1.61	0.90, 2.88
	Missed Medical (Yes)	19.6%	26	25	0.024	0.876	1.05	0.57, 1.94

* Significant at the 0.05 probability level
** Significant at the 0.01 probability level
*** Significant at the 0.001 probability level

Unlike the results for children's behaviours in this group, environmental factors show the decreased harm group have a higher number of incidents in every category except 'missed medical' (Table 16). In the case of both 'home overcrowded' and 'lack of worn clothing' there is a statistical significance, these two categories being more than twice as likely to be found in the decreased harm group. This leads to a question about the interventions given to children at the point of the plan. It may be that children who are displaying challenging behaviours are given different interventions to those who live in a neglectful environment. These findings will be discussed next.

Plan Details

The child protection plans were examined with details recorded onto an Excel spreadsheet for later analysis. These details were divided into working agreements

and interventions. The results were subject of analysis using Crosstabulations and Chi-Square test.

Table 17: Differences in Working Agreement Conditions between Increased and Decreased Harm Group

Groupings	Variable	% of Total (n= 260)	Number in Increased Group	Number in Decreased Group	x^2	P-value	Odds Ratio	95% CI for Odds Ratio
Working Agreements	No Chastisement	14.6%	16	**22**	1.11	0.292	1.45	0,72, 2.00
	Ensure School Attendance	39.2%	48	**54**	3.41	0.182	1.38	0.84, 2.30
	Ensure Medical Care	22.3%	25	**33**	1.42	0.233	1.42	0.79, 2.57
	Ensure Personal and Home Clean	13.1%	6	**28**	16.38	**.000*** **	5.67	2.26, 14.23
	No Exposure Domestic Abuse/Conflict	21.5%	26	**30**	3.29	0.193	1.2	0.66, 2.17
	Report Threats or Incidents	8.8%	8	**15**	3.28	0.194	1.99	.81, 4.87
	No Exposure Drugs/Alcohol	8.8%	9	**14**	1.49	0.475	1.62	0.68, 3.89

*** Significant at the 0.05 probability level**
**** Significant at the 0.01 probability level**
***** Significant at the 0.001 probability level**

Once again children in the decreased harm group were more prevalent in every group (Table 17). There is a statistically significant finding for the category of 'ensure personal and home clean'. In this case children were nearly six times more likely to be found in the decreased harm group.

Table 18: Differences in Working Agreement Conditions between Increased and Decreased Harm Group

Groupings	Variable	% of Total (n= 260)	Number in Increased Group	Number in Decreased Group	x^2	P-value	Odds Ratio	95% CI for Odds Ratio
Interventions	Social Worker Unannounced Visits	27.7%	33	**39**	0.69	0.406	1.26	0.73, 2.17
	Adult DV Course Attended	13.5%	16	**19**	1.54	0.462	1.22	0.59, 2.49
	Adult Drug Treatment Attended	12.3%	16	16	0.00	1.00	1.00	0.48, 2.10
	Adult Alcohol Treatment Attended	18.8%	20	**29**	2.04	0.153	1.58	0.84, 2.97
	DA Suport Adult Victim	25.4%	33	33	0.00	1.00	1.00	0.57, 1.75
	Adult Support GP	31.2%	38	**43**	0.48	0.503	1.19	0.71, 2.02
	Adult Parenting Group	45.8%	54	**65**	1.88	0.171	1.40	0.86, 2.30
	Adult Mental Health	30.0%	34	**44**	1.83	0.176	1.44	0.85, 2.46
	Adult Counselling	8.1%	6	**15**	4.19	0.041	2.70	1.01, 7.18
	Family Group Therapy	8.1%	**14**	7	2.54	0.111	2.12	0.83, 5.44
	Family Group Conference	10.0%	10	**16**	1.54	0.215	1.68	0.73, 3.86
	Child Mental Health Support	24.6%	**34**	30	0.33	0.565	1.18	0.67, 2.08
	Child Counselling	28.1%	27	**46**	6.88	**0.009****	2.09	1.20, 3.64
	Child School or Community Clubs	21.2%	21	**34**	3.90	**0.048***	1.84	0.99, 3.38
	Keep Safe Work	18.1%	**28**	19	2.98	0.085	1.60	0.84, 3.05
	Police Investigation	30.0%	31	**47**	4.69	**0.030***	1.81	1.05, 3.10

*** Significant at the 0.05 probability level**
**** Significant at the 0.01 probability level**
***** Significant at the 0.001 probability level**

In most cases for interventions, it was the decreased harm group that had the higher number (Table 18). For the interventions of 'family group therapy', 'child mental health support' and 'keep safe work' it was the increased harm group that saw more interventions, however none of these were statistically significant.

There were only three statistically significant interventions, all three of these saw the decreased harm group more likely to have an intervention on their plan for 'child counselling' and 'school or community groups'. The third statistically significant intervention is a police investigation. Where a child had an associated crime linked to their CP Plan, they were almost twice more likely to be in the decreased harm group.

Post Plan Outcomes

There were two statistically significant post plan outcomes found in the data as seen in Table 19. For both missing incidents and whether the child was subject to a further CP Plan were 3 times more likely to be found in the increased harm group.

Table 19: Differences Post Plan Outcomes between Increased and Decreased Harm Group

Groupings	Variable	% of Total (n= 260)	Number in Increased Group	Number in Decreased Group	x^2	P-value	Odds Ratio	95% CI for Odds Ratio
Post CP Plan Behaviour	**2nd Plan**	25.8%	48	19	16.91	**.000*** **	3.42	1.87, 6.25
	Post Missing	40.8%	70	36	18.41	**.000*** **	3.05	1.82, 5.10

*** Significant at the 0.05 probability level**
**** Significant at the 0.01 probability level**
***** Significant at the 0.001 probability level**

Having outlined the research finding there are four key areas for further discussion. These are, measuring harm in children, missed opportunities, policy implication both locally and nationally and finally, future research implications. All these points will be considered in the discussion chapter which follows.

Chapter 5 - Discussion

Using two samples of children subject to Child Protection Procedure (CPP), the purpose of this study was to understand what, if any, opportunities the police had missed to intervene earlier in the life of a child to prevent future harm. This chapter begins by briefly discussing the characteristics of the children. It then reviews each research sub question, how they were addressed, and results produced, enabling an understanding of findings in context of established theories and research in this field. Policing policy and future research opportunities are then considered. Finally, this chapter details the limitations of this study.

Children's Characteristics

This study confirms that the children in Hampshire Constabulary (HC) subject to CPP are representative of the national picture. The latest figures for children on a CP Plan show the largest group of children (39%) in 2019 are under 5 years old (NSPCC, 2021). In HC, the same age group represents 40% (n=5966). This picture does not appear to have changed significantly for over 10 years with Devaney (2007) reporting similar findings.

The literature review identified that neglect is the most frequently recorded category for children engaged with CPP (Logan-Greene and Jones, 2018). This is supported by the latest UK figures which indicates of 51,510 children on CP Plans 50.5% (n=26,010) have a plan under the main category of neglect (NSPCC, 2021). In this

study 50% (n=5720) of children are subject to a CP Plan for neglect, confirming that Hampshire follows national trends with respect to both age distribution and harm type.

Measuring Harm

The findings of this study support the view of Gillingham and Humphreys (2010), that the use of current decision-making tools often fail to target children most in need of protection. This research explored the use of harm indices to understand their effectiveness in identifying children at risk of highest harm.

In the largest data set, which contained the full cohort of children aged 1 day to 17 years, 67% (n = 10162) had no harm score at the point they were first subject to CPP. Sherman (2013) states that a fundamental practice of evidence-based policing is focus of police resources on victims, offenders, and places. The difficulty in context of children is their victimisation is often covert, with most harm resultant from their mere presence, rather than direct victimisation. Many of these instances would typically be identified as ACEs, as defined by Felitti et al. (1998).

That most children have no harm score but are subject of CPP challenged the validity of using CSS to measure harm in children. As discussed in Chapter 3 - Methodology, a new adapted harm index (AHI) was developed using the additional variables of “other” and “witness” to try and incorporate some of the harm missed with the CSS (Table 2). The identification of harm, the limitations of harm indices

and missed opportunities were the basis of the five research questions discussed next.

1. **Does the number of prior incidents where the child is present during ACE events predict post CPP victimisation and offending?**

The literature review identified extensive research on the impact of ACE events on future outcomes for children. Many studies support the use of adapted tools for measuring childhood stressors (Bellis et al., 2015; Hughes et al., 2017; Lloyd, 2018). There is a research gap in how police can effectively use ACEs to inform risk or identify children. The single study where police attempted to use ACE as a predictor for harm had limited success, with police identifying children already well known to social workers and police (Chandan et al., 2020). The considerable information available to police and its potential value in identifying harm in children has not been studied fully. The weighted value of police information that is not recorded as a crime needs to be better understood.

This question explored whether information within police records held any value in identifying children who suffer future harm. Every child in the cohort of the 10–12-year-olds (n=650) had been victimised at least once following a CPP. This may seem a shocking statistic, but this result must be seen in context of children subject to CPP and therefore already deemed as at significant risk.

An independent sample t-test compared the two groups of, ‘victimised once’ against ‘victimised more than once’. There are four variables that showed a significant

difference between the two groups, ‘ACE Events prior to CPP’, ‘aggrieved harm score prior to CPP’, ‘aggrieved crime count prior to CPP’ and ‘number of episodes where reported missing to the police’.

The same characteristics of children prior to them being subject of CPP were used to compare offending after the CPP, 255 (39%) of the 650 children had no offending post CPP. There were six variables which demonstrated a significant difference between the two groups; ‘ACE Events prior to CPP’, ‘aggrieved crime count’, ‘the number of missing episodes reported to the police’, ‘NZ no-crime count’, ‘offending count’ and ‘offending score’.

The variable of ‘NZ no-crime count’ is of particular interest as these are incidents where there has been a report to the police stating that the child is a victim, and on the balance of the information available the police have determined that a crime has not occurred. These incidents are usually overlooked for analytical or reporting purposes and are highly likely to be ignored by officers reviewing victim or offender history.

Much of this information was not easily retrievable from RMS. For anyone assessing risk in an environment such as the MASH, where there are large numbers of referrals and records to scrutinise, it would not be obvious that children have some of these markers. For example, neither the victimisation and offending scores, or nz no-crime count are currently used in harm considerations. These results demonstrate the need for better flagging methods in RMS. This would not only

enable MASH operators to make an informed decision on the risk to the child, but also provide an enhanced opportunity to understand a more complete strategic picture of child harm in HC.

2. Is it possible to predict whether a child will suffer an increase in harm after they are subject to a CPP?

This question sought to understand if information available to police could be used to predict future harm. If possible, police could intervene earlier to prevent future harm from happening.

Using pre CPP harm variables firstly as yes/no variable predictors and then as crime or incident count predictors, logistic regression analyses were used to test if the predictor variables could predict the outcome variable of an increased harm score post CPP (CSS). The results showed that while the predictor variables measured as yes/no of 'other', 'missing' and 'offending' were statistically significant, it only resulted in a modest improvement in prediction of 12.3%, with the overall prediction rate of 62.3% up from the initial overall percentage prediction of 50%.

When the counts of these variables were used, rather than their yes/no versions, only one was significant in predicting an increase in harm, that was, the number times a child went missing. For the crime counts the overall prediction rate reduced to 54% showing an improvement of only 4% on the overall percentage prediction rate of 50%.

Taken together, these analyses showed that it is indeed possible to predict an increase in harm using information known at the time of the CPP. Simply knowing if someone is involved is a better predictor than counting the number of incidents. The low prediction rate does mean that its use in this context would have little operational value. The risk of overlooking children with high harm is too great, therefore this method of predicting harm would not be recommended.

Notably in both the first and this question the variable of 'missing' has been significant for both future victimisation and offending. In neither the CCHI nor the CSS are incidents of missing given a score, yet in children, it seems to be one of the most significant variables on which police have information. Arguably, episodes of 'missing' should be considered as one of the most important indicators of harm in children, therefore any prediction tools or harm indexes should ensure that it is included as a variable.

3. When examining the highest harm children, is there a difference between the CSS and the AHI when ranking children at the point of CPP?

The results so far have shown that for children it is important to measure more than simple victimisation. There is a growing volume of research examining the suitability of ACE in identifying risk (Cronholm et al, 2015; Finkelhor et al, 2015), but this has not translated into the inclusion of the ACE factors into harm indices such as CCHI or CSS. The inclusion of at least some ACE factors does seem to have logic, particularly when you consider the statistically significant variables identified in Question One of 'ACE events' and for post offending 'NZ no crime'.

The AHI identified many more children with a harm score prior to CPP. Nevertheless, the identification of more children does not necessarily translate to identification of the correct children. Having created the AHI, it was important to understand if it had any value as a harm index or indeed could serve as an alternative to the CSS.

To test this Spearman's correlation (rankings) and then Pearson correlation (scores) were used to understand the relationship between CSS and AHI. The results show that whilst there was a moderately large statistically significant positive relationship between both methods, they differed substantially in which children they identified as having the highest harm.

This was confirmed when a crosstabulation of the top 100 children in each index showed that only in half the cases they concurred and in 50% of cases the two methods were identifying different children. This simply raised further questions about the usefulness of either index in predicting or measuring harm. This will be discussed next.

4. **Does the CSS at the point the child is subject to a CPP predict the future harm that the child will suffer?**

CSS is used by the Office of National Statistics (ONS) and HMICFRS to understand the national picture for harm. In Hampshire Constabulary it is the favoured method of applying weighted harm score. Although Peters and Barlow (2003) identified

many studies exploring the ability to predict harm in children there is a gap in the literature in relation to use of CSS for this purpose.

Having established that it is possible to predict harm albeit with limited success, this question sought to understand if CSS could be used for this purpose. Single regression analysis found when comparing pre CPP harm (CSS) against the outcome variable of future harm (CSS) it predicts just 2% of the variance. This result led to the sub question below.

4a. Which harm index predicts future harm post CPP better?

With the positive but low prediction outcome of the CSS, it naturally raises the question of the comparative predictability of the AHI. Table 9 shows that both the CSS and the AHI do predict future harm. The CSS is the better predictor; however, the low prediction rate of the variance means that it is insufficient to be used meaningfully in policing. Indeed, this research demonstrates that neither the CSS nor AHI would be recommended as a method of prediction.

5. What opportunities were missed for the 260 children aged 10, 11, 12 with the greatest harm difference?

There are many studies that have examined the characteristics of children on CPP (Farmer and Owen, 1995; Howarth and Calder, 1998), however, none have examined CPP to the extent of this study from a purely policing perspective.

This question sought to understand what information was known to police. Jeyasingham (2017) showed that some police believed that it was not always necessary to know the full child history. This study presented an opportunity to identify which information from CPP may be helpful in identifying future harm and what information, if any, missed. To fully understand the significance of the many variables recorded, all findings were reported using a crosstabulation between the highest increase and decrease harm group. These are discussed next.

Crime Counts and Frequency

There are some counterintuitive results found within this group. For example, when examining the number of crimes pre CPP there was a statistically significant difference between the two groups. The decreased harm group had more crimes recorded against them prior to a CPP. It would seem logical to presume that children who go on to have more recorded crime before a plan would go on to be the same group who suffer the greatest increase in harm following the plan.

The significance of this finding becomes more apparent when examining the number of crimes recorded at the point of CPP. As shown in Figure 8 in 70% of cases the police failed to record a relevant crime for a child subject to CPP. When comparing the 260 CP Plan by categories, the most frequent category was neglect (44%), yet police only recorded 13 (5%) crimes under this category.

This result supports the literature, suggesting neglect is often overlooked and seen as less severe than sexual and physical abuse (Wolock and Horowitz, 1984). Police representatives at CPP have failed to recognise the seriousness of neglect and furthermore failed to recognise it is a crime. This becomes more relevant when considered against the outcome in Table 18 which shows children are almost twice as likely to be found in the decreased harm group if a crime had been recorded against them.

Differences in Increased and Decreased Harm Group

The carer history contained many of the markers identified as ACE in Table 1. Although children in the increased harm group had higher incidents in all but two of the categories (Table 14) there was only one statistically significant result, namely that children were 1.64 times more likely to be in the decreased harm group if they were living with carers who were angry or aggressive.

Much of the literature on ACES postulates that children living with adults who are engaged with drugs, alcohol, mental health, and domestic abuse will have worse outcomes (Felitti et al., 1998; Bellis et al., 2014; Hughes et al., 2014). Most of the underlying research examines poor outcomes either in health, educational attainment, or employment. There is limited evidence of ACE outcomes being measured against victimisation and offending. The results in Table 14 lead to a hypothesis that carer history is not the main driver for future victimisation or offending in children. However, the situation is markedly different when examining

child behaviours, where results show that there is a clear distinction in outcomes for children displaying harmful behaviours and children with elevated levels of environmental stressors.

For harmful behaviours Table 15 shows that of the eight variables measured, the increased harm group have higher numbers of incidents in all instances. Six of the eight are statistically significant with 'risk of sexual exploitation' and 'risk of sexual harm' both significant to $p<.001$. These children are often not recorded as 'aggrieved' in HC systems, but are certainly coming to the notice of police before they are subject of a CPP. This same group are three times more likely to have a second plan or go missing after a CPP, both statistically significant findings. Positively, these behaviours do present opportunities for police to engage earlier with children, however, it is first necessary for frontline officers to understand which behaviours are potential indicators to future harm. In addition, significant behaviours should have easily accessible markers available on RMS to inform decision making.

Examination of environmental factors show that children living in poor environments were more likely to be in the decreased harm group, with two categories, 'overcrowding' and 'lacking or worn clothing' being statistically significant. In both cases children were twice as likely to be in the decreased harm group.

These results show clear differences between the increased and decreased harm group. There is minor difference in the group when considering ACE events. Children displaying risky behaviours are more likely to be found in the increased

harm group and children with higher levels of environmental factors found in the decreased harm group. In this research it was important to understand what interventions had been included into the CP Plans to establish if these may have contributed to any outcomes for these children.

The CP Plans were divided into two categories, firstly Working Agreements (WA) and secondly interventions. Children in the decreased harm group have higher numbers recorded for all seven WA variables, with only 'ensure personal and home clean' being statistically significant. Children were almost six times more likely to be found in the decreased harm group where this was included on the CP Plan (Table 17).

Finally, the research shows the decreased harm group had the higher number of interventions, three being statistically significant. The variables 'child counselling', 'after school or community clubs' and 'police investigation' were all twice as likely to be found in the decreased harm group.

In summary, children displaying harmful behaviours, but with lower recorded crime prior to CPP, were most likely to be found in the increased harm group. Those children were also twice as likely to have a second plan and go missing following a CPP. Children with higher levels of recorded crime, poor environmental settings, but with higher levels of interventions and police investigations, were more likely to be found in the decreased harm group. These findings are statistically significant and

should be used to inform future policy. The policy implications and recommendations will be discussed next.

Policy Implications and Recommendations

This study supports research which highlights the identification of harm in children as complex (Gillingham and Humphreys, 2010). The use of CSS has limited value in measuring harm in children and certainly has no value as a predictive tool in its current form. For these reasons, its use to inform strategic risk in child abuse and vulnerability should be approached with caution.

This research found that having a holistic picture of a child's history would provide better opportunities to better assess current and future risk. Many variables not included in the current measure of harm, or indeed considered when evaluating risk, have a significant relationship with future harm. These should be given thoughtful consideration in risk assessments and future policy. A review of how vulnerabilities and non-crime incidents are flagged within RMS is required.

Evidence that police are failing to record crimes in 70% of CPP cases is stark. This has policy and reputational risk implications at both a local and national level. The process of recording CPP as an administration record within RMS is not limited to HC but is widespread practice throughout the UK. Administration records are not routinely audited either internally or through HMICFRS inspections, therefore, it is

reasonable to assume that the picture of crime recording in HC is reflective nationally. The findings from this study have highlighted several key recommendations outlined in Table 20.

Table 20: Recommendations from Research Findings

Recommendation	Reason
Thematic audit of CPP records by Crime Standards department	To understand the current level of crime data integrity issues within these records and ensure an appropriate recovery plan can be implemented
Share findings of thematic audit to National Lead for Child Abuse	The findings are likely to be replicated at a national level
Share findings of thematic audit to HMICFRS	The findings are likely to be replicated. HMICFRS do not review administration records but may reconsider their methodology as a result of this research
Brief safeguarding partners on findings of this study	CPP is a multi-agency responsibility, partners are key to influencing policy and procedure
Review use of vulnerability markers in RMS against finding of this research	To improve identification of harm in children
Brief OPCC on findings of study	Opportunity to influence strategic priorities and future funding streams

Future Research

As outlined in the literature review many studies have examined children subject to CPP. Most of these have focussed on risk, outcomes, and interventions from the perspective of health or social care (Milner, 1986; Peters and Barlow, 2003). This

study highlights the rich multi-agency information available to police. Not only do the police have access to extensive victim and offender history, but statutory responsibilities also mean they now have access to an extensive social history within their systems.

The literature review found no examples of police examining their records to the extent of this study. This work has maintained fidelity to the main research questions, although the volume and richness of data and findings have given rise to further questions. These questions have been captured throughout the study and are outlined in Table 21 for future consideration

Table 21: Recommendations for Further Research

Suggestion	Reason
Full examination of the CPP records for the 650 children	This will provide an opportunity to compare increase and decrease harm against the full group
Test the effectiveness of better crime recording against future outcomes	To establish if better crime recording and police investigations have a positive outcome of future harm
Using the same methedology with a younger cohort of children examine CPP records	To establish if the behaviours found in this age group are replicated and at what age they are most prevalent
Test the inclusion of additional warning markers on RMS as identified in this research	To establish if they can be used to better identify high harm children
Explore the use of a more holistic crime harm index that includes non-crime incidents	To establish if a harm index can be designed that encompasses complexity of child harm

Research Limitations

There was a huge quantity of data available in this research. The limitations of RMS meant that to understand missed opportunities the richest information could only be obtained through time consuming visual examination of key documents. Consequently, it was necessary to limit the key research questions to a small group of children (10 – 12 years old). Whilst the rationale for choosing that group is outlined in Chapter 3 - Methodology, it is accepted that the research findings may differ for younger or older children.

Chapter 6 – Conclusion

There is evidence to support the widely held view that identification of risk in children is complex. This study attempted to understand if police had missed opportunities to intervene earlier in the life of children who were suffering harm. Despite using children subject to CPP and therefore theoretically already identified as high harm, identifying which children had the highest harm was the first challenge.

There is currently no measure available in Hampshire Constabulary (HC) to identify harm in children which does not rely on a subjective test. Indeed, much of the information required to identify risk and inform decision making is not readily available. Many of the variables identified as having a statistically significant relationship to the harm suffered are not apparent without extensive searching of RMS. This is problematic for a MASH which receives more than 50,000 referrals a year (Hampshire Constabulary, 2019).

Some of the variables used in this research have a significance not only for future victimisation, but also for offending. The victimisation and offending scores, NZ no-crime incidents and episodes of missing were all found to be statistically significant in the group with increased future harm, yet most are normally viewed in isolation despite presenting an opportunity for police to identify high harm children.

This study has shown that the use of CSS or indeed AHI has limited value when used to rank or identify the highest harm children. The wide range of incidents that are not captured as a recorded crime mean most high harm children would not feature when using CSS, despite many having a considerable number of relevant events in their history. These limitations must be recognised if the CSS continues to be used to present a strategic picture of child harm. This study also demonstrates that neither CSS nor AHI is suitable for predicting harm in children in its current form.

The results from the two groups, increased and decreased harm, provide two areas where police and partnership policy could better influence practice. Children with obvious risk behaviours were more often found in the increased harm group. This contrasts with the decreased harm group, where children were found to have higher numbers of interventions and investigations. The level of this study means that a correlation cannot be drawn from these findings, but the relationships between the outcomes should be explored further.

HC has the ability to flag children deemed as high risk. Consideration should also be given to focussing resources on children who present with some of the key behaviours found in this research at an earlier stage. These are the behaviours in children that police may see as another agency's responsibility, for example, episodes of truanting, smoking and mental health, have all be identified as being significant in the increased harm group of children in this study. This may present an opportunity for local police to take a more proactive role in early identification and

sharing of information about children that they know, but often do not recognise as those who will potentially go on to be victims and offenders.

This research has the potential to influence partnership engagement strategies. Hood et al. (2020) identifies that cuts to universal services, youth clubs and community workers may be responsible for difficulties in identifying children at risk. This research has shown where children received support to attend youth clubs and counselling, they were more likely to be in the decreased harm group. This is certainly an area where HC can work in partnership with other agencies to better consider intervention opportunities.

For police, any measure of risk relies on accurate and effective crime recording. Both the CSS and CCHI (Sherman et al., 2016) calculate the harm score by recorded crimes. When there are errors in crime recording the picture of harm may be inaccurately assessed and potentially cause resources to be misdirected. You cannot measure what you do not know. It is therefore most concerning that this research has found a 70% error in crime recording.

These crime recording errors were dominant in the categories of neglect and emotional abuse. This finding suggests these missed crimes are not simply an administration oversight, rather they were not understood to be crimes by the police. This unequivocally supports research that suggests police may see neglect as a problem for other agencies (McSherry, 2007; Chandan et al, 2020).

The role of the police in child protection procedures is clearly defined. The police have a responsibility to share information, investigate, gather evidence, and where appropriate interview victims and witnesses (HM Government, 2020). They also have a responsibility to record crime where on the balance of probability a crime has occurred (Home Office, 2013). If the police are failing to recognise that crimes have occurred, then they are also failing to investigate them. Moreover, this research would suggest that in many cases police consider their role in child protection as being limited to an information sharing responsibility. This lack of investigation is particularly concerning when viewed in context of the results of this study, which show that children were twice as likely to be in the decreased harm group when a crime had been recorded which related to their reason for CPP. A criminal investigation provides the opportunity to hold a suspect to account, inform a child that they are a victim and that their harm is being taken seriously. In 70% of cases this opportunity has been missed by police.

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Statutes

Children and Young Persons Act 1933 s1(1).

Children Act 2004 s58.

Children Act 1989 s47(11)

Appendices

Appendix A Glossary of Terms

TERM	MEANING
Initial Child Protection Conference (ICPC)	Following the instigation of a Section 47 enquiry, the ICPC brings together all professionals involved with the family, family members and if appropriate the children. The purpose of the ICPC is to make informed decision having considered all the information and with all views considered. These decisions are designed to prioritise the child's future safety, health, and development (HM Government, 2020)
Child Protection Plan (CP Plan)	Where a Section 47 enquiry finds that a child is is likely to be at risk of or suffering significant harm the child is placed on a CP Plan. This plan details all actions and interventions required to ensure the child's safety, health, and development. These actions and interventions should be specific and identify who is responsible for completing the action. The ownership of actions can include partner agencies, the family, or the child (HM Government, 2020)
Review Child Protection Conference (RCPC)	Within 3 months of the ICPC there is a requirement to review if the child is continuing to suffer or is still likely to suffer significant harm. The RCPC follows the same process and has the same principals as the ICPC. This review seeks to determine the progress of the child's development and progress against the CP Plan. During this review conference, a decision will be made as to whether the plan should change or even continue (HM Government, 2020)
Child Cruelty – Children and Young Person Act 1933 (1)	This offence is made out if a person 16 years or over has responsibility for any child under 16 years and they wilfully assault, ill-treat (physically or otherwise), neglects, abandons, or exposes him to such in a manner likely to cause him unnecessary suffering or injury to health. The key element of this offence is that the suffering or injury can be physical or psychological.
Harm	Harm or Significant harm means ill-treatment or the impairment of health or development including, impairment suffered from seeing or hearing the ill-treatment of another as defined under section 31(9) of the Children Act 1989 (HM Government, 1989).
Significant Harm	Significant Harm is not legally defined but, in this research, will be taken as described in section 31(10) of the Children Act 1989 which states, "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development will be compared with that which could reasonably be expected of a similar child" (HM Government, 1989).

Appendix B Child Abuse Crime Categories and Groupings

HMICFRS list (Guidance received from HMICFRS Value for Money Profile 2017)

Rape	**Rape**	**19D**	**C019D**	**Rape of a female child under 16**
		19E	**C019E**	**Rape of a female child under 13**
		19G	**C019G**	**Rape of a male child under 16**
		19H	**C019H**	**Rape of a male child under 13**
Sexual offences / abuse	**Sexual Assault**	**17B**	**C017B**	**Sexual assault on a male child under 13**
		20B	**C020B**	**Sexual assault on a female child under 13**
		21	**C021**	**Sexual activity involving a child under 13**
		22B	**C022B**	**Sexual activity involving child under 16**
	Sexual Exploitation	**71**	**C071**	**Abuse of children through sexual exploitation**
	Position of Trust	**73**	**C073**	**Abuse of position of trust of a sexual nature**
	Grooming	**88A**	**C088A**	**Sexual grooming**

Cruelty / other	Cruelty & Neglect	11	C011	Cruelty to and neglect of children (outcomes only)
		11A	C011A	11A Cruelty to children/young persons
	Other Cruelty	4.3	C004.3	Intentional destruction of a viable unborn child
		4.7	C004.7	Causing or allowing death of child or vulnerable person
		12	C012	Abandoning child under two years (outcomes only)
		13	C013	Child abduction
		15	C015	Concealing an infant death close to birth
Other offences against children	Other Offences	23	C023	Incest or familial sexual offences
		86	C086	Obscene publications etc.
		99	C099	Other notifiable offences

Appendix C Narrowing the Data Set to 650 (Full Details)

A search of the analytical tool Business Objects identified 10520 CPP recorded between 1 January 2011 and 31 December 2019. These 10520 records relate to unique children linked to a CPP record as 'Subject'. The term 'Subject' is one of the identifiers used in RMS to link an individual to an incident or crime where they are not considered the victim, offender, or a witness. A child protection incident is linked as an administration record and therefore all persons involved are linked as 'Subject'. An age filter was applied to Business Objects to identify any subject who was under 18 at the time of the first CPP record. This filter produced 15945 unique children.

The disparity in number between the 10520 CPP records and the number of 15945 unique children is explained by those records that have multiple children linked to them. There are also several children who have had been subject to multiple CPP over the 9-year period of this data.

For this research, a child has been defined as anyone from 1 day old to 17 years. During the initial analysis of the data, it became clear that some children had been added to pre-existing plans when they were born. Any child identified as a negative age because the plan had been in existence prior to their birth has been removed from the data. This removed 106 children from the data set leaving 15839.

The number 15839 was further reduced by 823 to 15016 when it became clear that some children had been subject to a CPP prior to January 2011. This research uses the first CPP date as a pivot for pre-harm and post-harm scores, therefore only children who had become subject to a CPP from 1 January 2011 onward were included. Although RMS records only begin in 2005, a system of legacy records are in place on RMS which records any pre 2005 child protection issues, therefore there is some confidence in the first recorded date. However, it is possible that some of the 15016 children had been subject to a CPP previously, but this has not been captured in the data, either because the child had been living in a previous Local Authority area or the police records have not captured the history sufficiently as the legacy data was manually transferred.

The 9-year period of this research meant that some children had been in the system for as little as 9 year if born in Dec 2011 or 26 years if aged 17 in 2011. Data censoring is a good way to ensure that data is comparable (Ariel, 2020). For this reason, a subset of children was identified by applying a 5-year censor to any data post the first CPP record. This censor eliminated any child that had been in the system for less than 5 years after the initial CPP and limited post data to within 5 years of that CPP. This meant that all children had equal opportunity to suffer the same harm following the implementation of a CP Plan. This censoring significantly reduced the number of children to 3265.

To truly identify missed opportunities, it is important to understand as many of the variables as possible which could impact the outcome for that child in the future. For

the purposes of this research the future harm is measured by both victim harm and offending harm. The decision was made to review CPP for those children aged 10, 11 and 12.

In limiting the data to these ages, it is hoped there will be a richer data set available, particularly for pre- and post-harm variables that will go some way in helping to identify what if any earlier opportunities to intervene were available. This age filter produced a cohort of 650 children.

Appendix D Design of Adapted Harm Index

Early efforts to calculate the score were completed using the conventional method used in Hampshire Constabulary of calculating the harm scores for any child recorded as an 'aggrieved'. In doing that it was possible to rank each child in order of harm from the highest (1) to the lowest (15016). Early review of that data identified that this conventional method of calculating victim harm failed to identify many of the reasons that the child had been identified as being at sufficient risk to warrant a CPP. In 67.7% (10162) of the cases the child had no victim harm score prior to being subject of a CPP. A simple dip sample of these children showed that often the catalyst to the CPP came from risk present within the household or incidents where the child was present during crimes or incidents but not the victim. An example of this is child who was 11 years old at the first CPP and had no pre-harm score. This child had been present on 3 occasions when a crime had been reported to police but the calculated harm that those incidents were attributed to the adult victim or offender. There was no measurable recognition of the impact that those incidents had on the child when using the conventional method of attributing harm scores to either a victim or offender.

Recognising that the incidents where the child is present but not the aggrieved are likely to be those indicative of ACE (Bjorkenstama et al., 2017; Felitti et al., 1998; Lloyd, 2018; Mersky et al., 2017), the pre- and post-harm scores were also calculated for the category of 'witness', and 'other'. The fundamental difference between these two categories is that 'witness', is used where the person observes the event whereas the use of 'other' is much broader in that and can indicate non-

direct involvement of the individual, including a common example, where a child was present in the home but may have been upstairs in bed whilst the incident was happening.

To assist in understanding what impact this made the harm scores were calculated in a way that separated out ‘aggrieved’, ’other’ and ’witness’. This enabled analysis to be done comparing the conventional harm score with the newly adapted harm score

All these scores were calculated using the crime linked to the child, for example, a child who is present during an assault occasioning actual bodily harm will be attributed the CSS score for that offence. The harm was then ranked in two ways for both pre-harm and post-harm, firstly the child was ranked using only the ‘aggrieved’ score but then also ranked for the total harm including ‘other’ and ‘witness’.

Appendix E Coding Sheet for Analysis

Number	Grouping	Question	Variable Code
1	Child Characteristics	Child URN	Unique Number
2		Child Age at age of First CPP	Number 1 to 17
3		Child Gender	Male Female Transgender
4		Child Ethnicity	White Black Asian Unknown
5	Crime Scores and Counts	Mother URN	Unique Number
6		Mother Pre CPP Offending Score	CSS Score
7		Mother Post CPP Offending Score	CSS Score
8		Mother Pre CPP Victim Score	CSS Score
9		Mother Post CPP Victim Score	CSS Score
10		Father URN	Unique Number
11		Father Pre CPP Offending Score	CSS Score
12		Father Post CPP Offending Score	CSS Score
13		Father Pre CPP Victim Score	CSS Score
14		Father Post CPP Victim Score	CSS Score
15		Child Pre CPP Harm Score	CSS Score
16		Child Post CPP Harm Score	CSS Score
17		Child Pre and Post CPP Harm Difference	CSS Score
18		Top or Bottom Harm Increase	Top (1) Bottom (2)
19		Child Offender Pre CPP Score	CSS Score
20		Child Offender Post CPP Score	CSS Score
21		Child Offender Pre CPP Crime Count	Number
22		Child Offender Post CPP Crime Count	Number
23		Child Aggrieved Pre CPP Crime Count	Number
24		Child Aggrieved Post CPP Crime Count	Number
25		Child Pre CPP Other Crime Count	Number
26		Child Post CPP Other Crime Count	Number
27		Child Pre CPP Witness Crime Count	Number
28		Child Post CPP Witness Crime Count	Number
29		Child Pre CPP Missing Incident Count	Number
30		Child Post CPP Missing Incident Count	Number
31		Child Pre CPP NZ non-crime Count	Number
32		Child Post CPP NZ non-crime Count	Number
33		Pre CPP Total Score	CSS Score
34		Post CPP Total Score	CSS Score
35	Plan Details	CPP Category	Neglect Physical Emotional Sexual Multiple
36		Plan Start	Date
37		Plan Outcome	Date
38		Plan Months	Number
39		Plan Associated with a Crime	Y(1) N(0)
40		Recorded Crime Offence	Rape ABH Child Cruelty Common Assault Sexual Assault
41		Outcome of Investigation	Charge NFA Outcome 20
42		LAC Care	Y(1) N(0)
43		s20 LAC	Y(1) N(0)
44		s20 Relative	Y(1) N(0)
45		Previous CIN	Y(1) N(0)
46		Childs View Given	Y(1) N(0)

Number	Grouping	Question	Variable Code
47	Family Size	Number of Siblings in Home	Number
48		Number of Siblings Living Elsewhere	Number
49		Number of Siblings on Plan	Number
50		Position of Child from Older to Youngest	Oldest is 1
51		Number of Children in Total	Number
52	Carer Behaviours	Mother Mental Health	Y(1) N(0)
53		Father Mental Health	Y(1) N(0)
54		Carer Mental Health	Y(1) N(0)
55		Partner Mental Health	Y(1) N(0)
56		Mother Learning Disability	Y(1) N(0)
57		Father Learning Disability	Y(1) N(0)
58		Mother Alcoholic	Y(1) N(0)
59		Father Alcoholic	Y(1) N(0)
60		Partner Alcoholic	Y(1) N(0)
61		Carer Alcoholic	Y(1) N(0)
62		Mother Drugs	Y(1) N(0)
63		Father Drugs	Y(1) N(0)
64		Partner Drugs	Y(1) N(0)
65		Incarceration Mother	Y(1) N(0)
66		Incarceration Father	Y(1) N(0)
67		Incarceration Partner of Mother	Y(1) N(0)
68		Smoker Mother	Y(1) N(0)
69		Smoker Father	Y(1) N(0)
70		Death Mother	Y(1) N(0)
71		Death Father	Y(1) N(0)
72		Homeless Risk/Arrears	Y(1) N(0)
73		Chronic Illness Mother	Y(1) N(0)
74		Chronic Illness Father	Y(1) N(0)
75		Disability Mother	Y(1) N(0)
76		Disability Father	Y(1) N(0)
77		Debt Carer	Y(1) N(0)
78		Debt Mother	Y(1) N(0)
79		Debt Partner	Y(1) N(0)
80		Debt Father	Y(1) N(0)
81		Employed Mother	Y(1) N(0)
82		Employed Father	Y(1) N(0)
83		Benefits Mother	Y(1) N(0)
84		Benefits Father	Y(1) N(0)
85		Attempted or Threatened Suicide Mother	Y(1) N(0)
86		Attempted or Threatened Suicide Father	Y(1) N(0)
87		Attempted or Threatened Suicide Partner	Y(1) N(0)
88		Self Harm Mother	Y(1) N(0)
89		Self Harm Father	Y(1) N(0)
90		Self Harm Partner	Y(1) N(0)
91		Coercive Controlling Behaviour by Father	Y(1) N(0)
92		Mother living with a different Partner	Y(1) N(0)
93		Coercive Controlling Behaviour by Mother	Y(1) N(0)
94		Father living with a different Partner	Y(1) N(0)
95		Coercive Controlling Behaviour by Partner	Y(1) N(0)
96		Angry or Aggressive Mother	Y(1) N(0)
97		Angry or Aggressive Father	Y(1) N(0)
98		Angry or Aggressive Partner	Y(1) N(0)
99		Suspected of Causing Domestic Abuse Partner	Y(1) N(0)
100		Suspected of Causing Domestic Abuse Mother	Y(1) N(0)
101		Suspected of Causing Domestic Abuse Father	Y(1) N(0)
102		Suspected of Causing Domestic Abuse Carer	Y(1) N(0)
103		Engagement of Mother with CPP at ICPC	Y(1) N(0)
104		Engagement of Father with CPP at ICPC	Y(1) N(0)

Number	Grouping	Question	Variable Code
105	Childs Behaviours	Attempted or Threatened Suicide Child	Y(1) N(0)
106		Uses Drugs	Y(1) N(0)
107		Drinks Alcohol	Y(1) N(0)
108		Smoking	Y(1) N(0)
109		Stealing	Y(1) N(0)
110		Aggressive	Y(1) N(0)
111		Angry	Y(1) N(0)
112		Is a Bully	Y(1) N(0)
113		Has Poor Social Skills	Y(1) N(0)
114		Attention Seeking	Y(1) N(0)
115		Emotional (Crying/Upset)	Y(1) N(0)
116		Low Self Esteem	Y(1) N(0)
117		Lying	Y(1) N(0)
118		Soiling or Wetting themselves or Bed	Y(1) N(0)
119	Education	In School	Y(1) N(0)
120		Home School	Y(1) N(0)
121		Truant/Absent	Y(1) N(0)
122		Tardiness	Y(1) N(0)
123		Child Engaged at School	Y(1) N(0)
124		Ever Excluded	Y(1) N(0)
125		Child Achieving at Expected Level	Y(1) N(0)
126		Child has Friends at School	Y(1) N(0)
127		Child Bullied	Y(1) N(0)
128		Engaged in Extra Curricular Activities	Y(1) N(0)
129	Environmental	Young Carer to Sibling	Y(1) N(0)
130		Young Carer to Adult	Y(1) N(0)
131		Subject of Sibling Violence	Y(1) N(0)
132		Witness to Sibling on Sibling Violence	Y(1) N(0)
133		Causing Sibling Violence	Y(1) N(0)
134		Witnessed to Adult Violence not DA	Y(1) N(0)
135		Obesity	Y(1) N(0)
136		Poor Hygience	Y(1) N(0)
137		Nutrition Poor	Y(1) N(0)
138		Missed Medical Appointments	Y(1) N(0)
139		Home Unclean or Damaged	Y(1) N(0)
140		Lack of or Worn Clothing	Y(1) N(0)
141		Frequent House Move	Y(1) N(0)
142		Over Crowding	Y(1) N(0)
143	Risk Factors	Risk of Harm by Associates Parents	Y(1) N(0)
144		Risk of Criminal Exploitation	Y(1) N(0)
145		Risk of CSE	Y(1) N(0)
146		Risk of Sexual Harm	Y(1) N(0)
147		Subject to Sexualised Behaviour from Sibling	Y(1) N(0)
148		Undertaking Sexualised Behaviour within Family	Y(1) N(0)
149		Undertaking Sexualised Behaviour with Others	Y(1) N(0)
150	Protective Factors	Trusted Adult Sibling	Y(1) N(0)
151		Trusted Adult Other	Y(1) N(0)

Number	Grouping	Question	Variable Code
152	Health	Chronic Illness	Y(1) N(0)
153		Physical Disability	Y(1) N(0)
154		Asthma	Y(1) N(0)
155		Learning Disability	Y(1) N(0)
156		Autism	Y(1) N(0)
157		ADHD	Y(1) N(0)
158		Dyslexia	Y(1) N(0)
159		Speech	Y(1) N(0)
160		ODD	Y(1) N(0)
161		OCD	Y(1) N(0)
162		SEN	Y(1) N(0)
163		MH	Y(1) N(0)
164		Self Harm	Y(1) N(0)
165	Working Agreement	No Chastisement	Y(1) N(0)
166		Ensure School Attendance Education	Y(1) N(0)
167		Ensure Attendance Medical and Health	Y(1) N(0)
168		Ensure Home and Personal Cleanliness	Y(1) N(0)
169		Restrict Visitor or Contact	Y(1) N(0)
170		Ensure Appropriate Supervision and Curfew of Child	Y(1) N(0)
171		Ensure No Exposure to DA or Conflict	Y(1) N(0)
172		Report Child Missing	Y(1) N(0)
173		Ensure Child is Not Left Alone	Y(1) N(0)
174		Any DA to be Reported	Y(1) N(0)
175		Threats or Incidents to be Reported	Y(1) N(0)
176		No Exposure of Child to Drugs or Alcohol	Y(1) N(0)
177	Intervention	Assist with Contact Visits	Y(1) N(0)
178		Housing Support	Y(1) N(0)
179		Service of ISS	Y(1) N(0)
180		Benefit Agency Supp	Y(1) N(0)
181		Financial Management	Y(1) N(0)
182		Relationship Coun or Mediation	Y(1) N(0)
183		Social Worker Visits or Meetings (Planned)	Y(1) N(0)
184		Social Worker Visit (Unannounced)	Y(1) N(0)
185		Domestic Violence Course (Offender)	Y(1) N(0)
186		Adult Drug Treatment	Y(1) N(0)
187		Adult Alcohol Treatment	Y(1) N(0)
188		DA Support (Victim)	Y(1) N(0)
189		Adult GP Support	Y(1) N(0)
190		Adult Language Course	Y(1) N(0)
191		Parenting Group	Y(1) N(0)
192		Adult Mental Health Support	Y(1) N(0)
193		Adult Anger Management and Behaviours Course	Y(1) N(0)
194		Adult Counselling Therapy	Y(1) N(0)
195		Family Group Therapy	Y(1) N(0)
196		Family Group Conference	Y(1) N(0)
197		Child Young Carer Input	Y(1) N(0)
198		Child GP Support	Y(1) N(0)
199		Child CAMHS	Y(1) N(0)
200		Child Drug Substance Course	Y(1) N(0)
201		Child DA input Support	Y(1) N(0)
202		Child Counselling Support	Y(1) N(0)
203		Child Holiday Respite Sessions	Y(1) N(0)
204		Child School Nurse	Y(1) N(0)
205		Child Transport to School	Y(1) N(0)
206		Child Anger Management	Y(1) N(0)
207		Child Behaviour Support Team	Y(1) N(0)
208		Child ELSA	Y(1) N(0)
209		School or Community Clubs	Y(1) N(0)
210		Child Diet Input	Y(1) N(0)
211		Child Sexual Health Clinic	Y(1) N(0)
212		Child Keep Safe Work	Y(1) N(0)
213		Child Youth Crime Prevention	Y(1) N(0)
214		Child Young Offender Team	Y(1) N(0)
215	Outcomes	2nd CPP	Y(1) N(0)

Appendix F Home Office Codes for Harm Score

Group	Reported Home Office Classification Code	Reported Home Office Class Description	Harm Score	24 Child Offences with Mean Score Adjusted
VICTIM BASED CRIME - VIOLENCE	1, 4.1/2/10	Homicide	7,973	
	4.4	Causing death or serious injury by dangerous driving	1,023	
	4.6	Causing death by careless driving when under the influence of drink or drugs	1,512	
	4.8	Causing death by careless or inconsiderate driving	111	
	4.4/6/8	Causing death by dangerous or careless driving	691	
	4.9	Causing death by driving: unlicensed or disqualified or uninsured drivers	180	
	37.1	Causing death by aggravated vehicle taking	532	
	2	Attempted murder	4,654	
	4.3	Intentional destruction of viable unborn child	3,776	
	5	More serious wounding or other act endangering life	1,995	
	5A	Wounding	2,035	
	5B	Use of substance or object to endanger life	1,622	
	5C	Possession of items to endanger life	3,007	
	5D	Assault with intent to cause serious harm	2,035	
	5E	Endangering life	1,447	
	6	Endangering railway passengers	54	
	7	Endangering life at sea	38	
	8F	Inflicting grievous bodily harm (GBH) without intent	334	
	8H	Racially or religiously aggravated inflicting GBH without intent	481	
	4.7	Causing or allowing death or serious physical harm of child or vulnerable person	1,005	
	8A	Other wounding	189	
	8G	Actual bodily harm (ABH) and other injury	131	
	8D	Racially or religiously aggravated other wounding	313	
	8J	Racially or religiously aggravated ABH or other injury	281	
	8K	Poisoning or female genital mutilation	50	
	8N	Assault with injury	189	
	8P	Racially or religiously aggravated assault with injury	313	
	8S	Assault with injury on a constable	401	
	3	Threat or conspiracy to murder	368	
	3A	Conspiracy to murder	2,024	
	3B	Threats to kill	275	
	11	Cruelty to and neglect of children	139	
	11A	Cruelty to children/young persons	139	
	12	Abandoning a child under the age of two years	77	
	13	Child abduction	290	
	14	Procuring illegal abortion	1,056	
	36	Kidnapping	1,217	
	104	Assault without injury on a constable	8	
	105A	Assault without Injury	14	
	105B	Racially or religiously aggravated assault without injury	31	
	106	Modern Slavery	1,069	
	8L	Harassment	36	
	8M	Racially or religiously aggravated harassment	38	
	8Q	Stalking	56	
	8R	Malicious communications	15	

Group	Reported Home Office Classification Code	Reported Home Office Class Description	Harm Score	24 Child Offences with Mean Score Adjusted
		Rape (grouped sex and age)	3,254	
	19A	Rape of a female	3,279	
	19C	Rape of a female aged 16 or over	2,953	3,072
	19D	Rape of a female child under 16	3,883	3,889
	19E	Rape of a female child under 13	3,225	2,811
	19B	Rape of a male	2,975	
	19F	Rape of a male aged 16 or over	3,192	3,072
	19G	Rape of a male child under 16	3,895	3,889
	19H	Rape of a male child under 13	2,397	2,811
	19J	Rape of a female - multiple undefined offenders	3,279	
	19K	Rape of a male - multiple undefined offenders	2,975	
	19/16F	Rape of a female child under 13 by a male - multiple undefined offenders	3,225	2,811
	19/17M	Rape of a male child under 13 by a male - mutliple undefined offenders	2,397	2,811
	19/8F	Rape of female over 16 years - multiple undefined offenders	2,953	3,072
	19/10M	Rape of a male over 16 years - multiple undefined offenders	3,192	3,072
	19/7F	Rape of female under 16 years - multiple undefined offenders	3,883	3,889
	19/9M	Rape of male under 16 years - multiple undefined offenders	3,895	3,889
	19/11F	Attempted Rape of a female under 16 years - multiple undefined offenders	3,883	3,889
	19/13M	Attempted Rape of a male under 16 years - multiple undefined offenders	3,895	3,889
	19/12F	Attempted Rape of a female 16 years or over - multiple undefined offenders	2,953	3,072
	19/14M	Attempted Rape of a male 16 years or over - multiple undefined offenders	3,192	3,072
	19/18	Attempted Rape of a female child under 13 by a male	3,225	2,811
	19/19	Attempted Rape of a male child under 13 by a male	2,397	2,811
		Indecent assault (grouped sex)	609	
	17	Indecent assault on a male	788	688
VICTIM BASED CRIME - SEXUAL OFFENCES	20	Indecent assault on a female	588	688
		Sexual assault (grouped sex and age)	609	
	17A	Sexual assault on a male aged 13 and over	767	613
	17B	Sexual assault on a male child under 13	862	1,037
	20A	Sexual assault on a female aged 13 and over	459	613
	20B	Sexual assault on a female child under 13	1,212	1,037
		Unlawful sexual intercourse with a girl (grouped age)	749	
	21	Unlawful sexual intercourse with a girl under 13	824	
	22	Unlawful sexual intercourse with a girl under 16	726	
		Sexual activity involving a child (grouped age)	749	
	21	Sexual activity involving a child under 13	824	
	22B	Sexual activity involving a child under 16	726	
	16	Buggery	3,413	
	18	Gross indecency between males	503	
	22A	Causing sexual activity without consent	1,055	
	23	Incest or familial sexual offences	1,122	
	25	Abduction of female	305	
	70	Sexual activity with a person with a mental disorder	1,445	
	71	Abuse of children through sexual exploitation	939	
	72	Trafficking for sexual exploitation	1,671	
	73	Abuse of position of trust of a sexual nature	241	
	74	Gross indecency with a child	729	
	88A	Sexual grooming	463	
	88B	Other miscellaneous sexual offences	69	
	88C	Other miscellaneous sexual offences	1,027	
	88D	Unnatural sexual offences	52	
	88E	Exposure and voyeurism	40	

Group	Reported Home Office Classification Code	Reported Home Office Class Description	Harm Score	24 Child Offences with Mean Score Adjusted
VICTIM BASED CRIME - ROBBERY	34A	Robbery of business property	800	
	34B	Robbery of personal property	800	
VICTIM BASED CRIME - THEFT OFFENCES	28, 28A	Burglary in a dwelling	465	
	28B	Attempted burglary in a dwelling	465	
	28C	Distraction burglary in a dwelling	465	
	28D	Attempted distraction burglary in a dwelling	465	
	28E	Burglary - residential	465	
	28F	Attempted burglary - residential	465	
	28G	Distraction burglary - residential	465	
	28H	Attempted distraction burglary - residential	465	
	29	Aggravated burglary in a dwelling	2,289	
	29A	Aggravated burglary - residential	2,289	
	30, 30A	Burglary in a building other than a dwelling	123	
	30B	Attempted burglary in a building other than a dwelling	123	
	30C	Burglary - business and community	123	
	30D	Attempted burglary - business and community	123	
	31	Aggravated burglary in a building other than a dwelling	1,850	
	31A	Aggravated burglary - business and community	1,850	
	37.2	Aggravated vehicle taking	53	
	45	Theft from a vehicle	33	
	48	Theft or unauthorised taking of a motor vehicle	128	
	126	Vehicle interference	9	
	39	Theft from the person	80	
	44	Theft or unauthorised taking of a pedal cycle	15	
	46	Shoplifting	12	
	35	Blackmail	786	
	40	Theft in a dwelling other than from an automatic machine or meter	51	
	41	Theft by an employee	49	
	42	Theft of mail	85	
	43	Dishonest use of electricity	5	
	47	Theft from automatic machine or meter	111	
	49	Other theft	37	
	49A	Making off without payment	7	
VICTIM BASED CRIME - CRIMINAL DAMAGE AND ARSON	56	Arson	442	
	56A	Arson endangering life	826	
	56B	Arson not endangering life	187	
	58A	Criminal damage to a dwelling	5	
	58B	Criminal damage to a building other than a dwelling	5	
	58C	Criminal damage to a vehicle	5	
	58D	Other criminal damage	5	
	58E	Racially or religiously aggravated criminal damage to a dwelling	14	
	58F	Racially or religiously aggravated criminal damage to a building other than a dwelli	14	
	58G	Racially or religiously aggravated criminal damage to a vehicle	14	
	58H	Racially or religiously aggravated other criminal damage	14	
	58J	Racially or religiously aggravated criminal damage	14	

Group	Reported Home Office Classification Code	Reported Home Office Class Description	Harm Score	24 Child Offences with Mean Score Adjusted
OTHER CRIMES AGAINST SOCIETY - DRUG OFFENCES	92A	Trafficking in controlled drugs	513	
	92B	Possession of controlled drugs	4	
	92C	Other drug offences	9	
	92D	Possession of controlled drugs (excluding cannabis)	8	
	92E	Possession of cannabis	2	
OTHER CRIMES AGAINST SOCIETY - POSSESSION OF WEAPONS	8B	Possession of weapons	71	
	10A	Possession of firearms with intent	617	
	10B	Possession of firearms offences	412	
	10C	Possession of other weapons	52	
	10D	Possession of article with blade or point	53	
	81	Other firearms offences	1,288	
	90	Other knives offences	250	
OTHER CRIMES AGAINST SOCIETY - PUBLIC ORDER OFFENCES	9A	Public fear, alarm or distress	7	
	9B	Racially or religiously aggravated public fear, alarm or distress	13	
	62	Treason	363	
	62A	Violent disorder	363	
	63	Treason felony	363	
	64	Riot	1,900	
	65	Violent disorder	348	
	66	Other offences against the State or public order	73	
OTHER CRIMES AGAINST SOCIETY - MISCELLANEOUS CRIMES AGAINST SOCIETY	15	Concealing an infant death close to birth	201	
	24	Exploitation of prostitution	366	
	26	Bigamy	201	
	27	Soliciting for prostitution	4	
	33	Going equipped for stealing, etc.	31	
	33A	Making, supplying or possessing articles for use in fraud	135	
	38	Profiting from or concealing proceeds of crime	248	
	53H	Making or supplying articles for use in fraud	135	
	53J	Possession of articles for use in fraud	135	
	54	Handling stolen goods	55	
	59	Threat etc. to commit criminal damage	61	
	60	Forgery or use of drug prescription	32	
	61	Other forgery	146	
	61A	Possession of false documents	194	
	67	Perjury	98	
	68	Libel	125	
	69	Offender Management Act offences	207	
	75	Betting, gaming and lotteries	30	
	76	Aiding suicide	817	
	78	Immigration offences	517	
	79	Perverting the course of justice	169	
	80	Absconding from lawful custody	192	
	82	Customs and Revenue offences	177	
	83	Bail offences	3	
	84	Trade descriptions, etc	38	
	85	Health and Safety offences	516	
	86	Obscene publications, etc and protected sexual material	137	
	87	Protection from eviction	15	
	89	Adulteration of food	18	
	91	Public health offences	11	
	94	Planning laws	33	
	95	Disclosure, obstruction, false or misleading statements etc	13	
	96	Wildlife crime	248	
	99	Other indictable or triable-either-way offences	179	
	802	Dangerous driving	120	
	814	Fraud, forgery associated with vehicle driver records	7	