

# Vulnerable children:

creating a service fit for purpose

### BARRIERS TO ACCESS

You would probably be surprised to know that over one-third of the children and young people who turn to Kids Company's street level centres for help are not registered with a GP. The barrier to access is sadly simple, but also profoundly poignant. It's the absence of a functioning carer. When your parent is out of control, your life falls apart.

As a nation, we have structured our health and social care services in such a way that there is a need for an administratively competent carer to navigate this path, who can connect the child to service providers who sit in offices adhering to appointments. If your parent is the very person who is abusing you, it is not likely you will be taken to appointments at child mental health centres. So much harm is being generated in the lives of vulnerable children by professionals, not through cruelty, but through lack of consideration. We haven't structured services from the vulnerable child's perspective, so in truth we continue to fail them.

Kids Company is a registered charity. We support some 36 000 children, young people, and vulnerable adults, 97% of whom are referred to us by other children or by themselves. In 17 years, due to this rate of self-referral, we have not received any money for social care or child mental health delivery from any local authority, even though they spot-purchase educational placements for their most disturbed pupils. A recent survey of 200 of our under-14s demonstrated that one-third of them didn't have a bed to sleep in. Those who slept in beds were often sharing them. One in four don't have any chairs or tables. Ninety-two per cent of the children are living with single parents, of whom 58% suffer from significant illnesses, such as cancer and schizophrenia (Kid's Company, unpublished data, 2013). Poverty corrosively peels away their dignity, on a daily basis.

Lack of material resources are compounded by chronic fear. The children are 13 times more sexually abused than peers in their neighbourhood. University College London found that 1 in 5 of our secondary-aged children had been shot at and/or stabbed, with 50% of the children witnessing shootings and stabbings in the last year.<sup>1</sup> Many of our kids have access to firearms, like others have access to cups of tea.

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The very agencies that are supposed to step in to protect these children mimic their traumatised states. Workers swing between despair and disassociation, as they feel overwhelmed by the scale of the problems they are facing. To protect themselves, they numb their feelings and take up a robotic stance, tick-boxing their way into personal safety against being sued or scapegoated. When the institution which is presented as a safety net ends up digging defensive trenches, the desire of the workers within it becomes not to face any more unbearable pain. When the child in need knocks on the door expecting help and receives rejection, humiliation becomes the currency of care. The worker feels humiliated because they can't be effective, the child feels abandoned, and both are betrayed.

### MALTREATMENT AND MENTAL HEALTH

So it won't come as a surprise if I tell you that persistently maltreated children are developing neuronal pathways that mimic those of war veterans with post-traumatic stress disorder.<sup>2</sup> For some of these kids, violence has become so over-familiar that their frontal lobe is no longer activating to react to it. Their limbic system is so rewired by excessive exposure to stress that the child feels as if they've swallowed a helicopter with the propeller live, spinning anxiety which is beyond their control. The slightest indication of threat can 'switch' these children into catastrophic rages, which no punishment can modify.

The bottom line is that vast numbers of children, through a toxic combination of childhood maltreatment and poverty, are having their brains damaged. Their health is set on a trajectory of disease, due to the interference of relentless distress on their endocrine and immune system.

Those of us working with the most at risk recognise the public health catastrophe brewing in our most vulnerable communities, so why do our politicians never talk about childhood maltreatment, or the fact that there are 1 in 10 children requiring psychological care? How often are we told that the biggest cause of death for young men is suicide? Or that the short-term costs of conduct and attention-deficit disorders are costing the country in excess of £1.58 billion annually, and long-term costs run to £2.35 billion a year?<sup>3</sup> When do you hear the media challenging the politicians about their lack of vision and policy for vulnerable children? In truth, collusively, childhood is perceived as a waiting room for adulthood, and the preoccupation is with making the child achieve their way into economic self-sufficiency. 'Skilling up' is what we all talk about in public, yet in private we know that the foundation of health is safety and love.

The trouble is that no one believes in the potency of love. We're lucky that brain scanning is coming to our aid. There are studies now that demonstrate, in conditions of attachment, the brain releases oxytocin which, when present, makes the

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emotionally driven parts of the brain more resilient against anxiety. If there is oxytocin, distress has less impact. So, if we know that human resilience is enhanced through attachment and care, why can’t we be brave enough to deliver services that put tenderness, compassion, and loving care as a priority? It just means that we have to adjust some of our delivery models.

#### **A CHILD-CENTRED APPROACH**

At Kids Company, we have piloted precisely this solution. We have street-level centres that are open 7 days a week, from 9 o’clock in the morning until 10 o’clock at night. On the premises are psychiatrists, nurses, social workers, teachers, allied health professionals, artists, musicians, sports and youth workers: some 100 staff speaking 52 languages. Collectively, they generate a warm, solution-focused and immediately-responsive environment: a safe haven to which any child, parent, or young person can turn to for help, as and when they need it. Just one centre caters for 6000 children at a cost of £5 million a year. Compare that to the local authorities, spending some £876.6 million between 2011 and 2012 in services for young people.<sup>4</sup>

The outcomes from our provision are good. The London School of Economics

carried out a survey which demonstrated staff satisfaction and efficacy to be at 92–97%.<sup>5</sup> Our staff are happy, because they feel they are doing a good job. Our children are hopeful, because they are guaranteed a loving welcome when they turn to us, and perseverance when they challenge us. Our outcomes, in terms of return to education and employment are consistently above 90%. We’ve had children who used to sleep on park benches graduate from university, and walk into jobs in banks and the care sector, as well as the arts. Those young people who end up developing debilitating psychiatric conditions at least know that we will remain a safe base for them.

So, it is possible to generate a service fit for purpose, designed from the vulnerable child’s perspective. But it requires courage to rethink those structures that professionals remain attached to, but children experience as unreachable.

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#### **REFERENCES**

1. Cecil C, McCrory E, Viding E. Neurocognitive correlates of abuse and neglect. London: University College London, 2013 (in press).
2. McCrory E, De Brito SA, Viding E. Research review: the neurobiology and genetics of maltreatment and adversity. *J Child Psychol Psychiatry* 2010; **51(10)**: 1079–1095.
3. Davies SC. *Chief Medical Officer’s annual report 2012. Our children deserve better: prevention pays*. London: Department of Health, 2013. <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays> [accessed 6 Nov 2013].
4. Department for Education. *Local authority and school expenditure on education, children’s services and social care for 2011–12, including school revenue balances. Statistical release*. SFR 07/2013. London: Department for Education, 2013. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/219585/sfr07-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219585/sfr07-2013.pdf) [accessed 6 Nov 2013].
5. Jovchelovitch S, Concha N. *Kids Company: a diagnosis of the organisation and its interventions. Final report*. London: London School of Economics, 2013. [http://eprints.lse.ac.uk/52856/1/Jovchelovitch\\_Kids\\_Company\\_Diagnosis\\_2013.pdf](http://eprints.lse.ac.uk/52856/1/Jovchelovitch_Kids_Company_Diagnosis_2013.pdf) [accessed 6 Nov 2013].