

MEETING

SAFER COMMUNITIES PARTNERSHIP BOARD

DATE AND TIME

FRIDAY 24TH NOVEMBER, 2023

AT 10.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

You are requested to attend the above meeting for which an agenda is attached.

TO: MEMBERS OF SAFER COMMUNITIES PARTNERSHIP BOARD (Quorum 3)

Chair: Councillor Sara Conway

Vice Chair: Representative of the Metropolitan Police

Partners:

Community Safety Manager London Borough of Barnet (LBB)

Barnet Homes

Barnet Reducing Offending Partnership Coordinator

Chair, Barnet Safeguarding Adults Board

Assistant Director, Counter Fraud

Head of Community Safety, Enforcement, CCTV & Intelligence

Director of Children's Social Care LBB

Director of Public Health LBB

Executive Director of Assurance Inclusion Barnet

Barnet Safer Neighbourhood Board

London Fire Brigade

Metropolitan Police

National Probation Service

North Central London CCG

North West London Magistrates Court

Victim Support

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Wednesday 22 November 2023 at 10AM. Requests must be submitted to Scarlett Ryan Scarlett.ryan@barnet.gov.uk

**Governance Services contact: Scarlett Ryan Scarlett.ryan@barnet.gov.uk
02083594173**

**Media Relations Contact: Tristan Garrick 020 8359 2454
Tristan.Garrick@Barnet.gov.uk**

ASSURANCE GROUP

ORDER OF BUSINESS

| Item No | Title of Report | Pages |
|---------|---|-----------|
| 1. | Introductions and Apologies | |
| 2. | Apologies for Absence | |
| 3. | Minutes of Previous Meeting | 5 - 10 |
| 4. | Declaration of Members' Disclosable Pecuniary Interests and Other Interests | |
| 5. | Public Questions and Comments (if any) | |
| 6. | Matters Arising | |
| 7. | Quarterly Performance Updates | 11 - 28 |
| 8. | North West BCU Police Update to the Safer Communities Partnership Board | |
| 9. | Family Services 6 Monthly Update | 29 - 70 |
| 10. | Assurance Community Safety 6 Monthly Update | 71 - 92 |
| 11. | Combating Drugs Partnership Update | 93 - 204 |
| 12. | Serious Violence Duty - Strategic Needs Assessment | 205 - 250 |
| 13. | Forward Work Programme | 251 - 256 |
| 14. | Any Other Business | |
| 15. | Date of Next Meeting | |

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on 020 8203 8942. All of our Committee Rooms also have induction loops.

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Safer Communities Partnership Board

Minutes of meeting held on 19 July 2023
Hendon Town Hall, The Burroughs, London NW4 4BQ

AGENDA ITEM 3

| | |
|------------------------|---|
| Councillor Sara Conway | Chair |
| Marc Cash | Metropolitan Police |
| Rob Gibbs | Metropolitan Police |
| Clair Green | Executive Director of Assurance |
| Tina McElligott | Director of Children's Social Care |
| Declan Khan | Assistant Director, Counter Fraud, Community Safety & Protection, LBB |
| Maggie Higton Brown | Head of CCTV & Community Safety |
| Louisa Songer | Public Health Strategist |
| Lucy Naden | Integrated Care Board |
| Altaf Patel | Community Safety, CCTV & Intelligence Manager |
| Perryn Jasper | Prevent Coordinator, Barnet Council |
| Reshma Hirani | Hate Crime reporting Coordinator, Barnet Mencap |
| Koreen Logie | Head of Service, National Probation Service |
| Greg Terefenko | Head of Housing, Barnet Homes |
| Christopher Lewinson | Business Support Officer |
| Diasmer Bloe | Strategy & Insight Advisor |

1. WELCOME AND INTRODUCTIONS

The Chair welcomed all to the meeting and all members of the board introduced themselves.

2. MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting held on 28 April 2023 be agreed as a correct record.

3. APOLOGIES FOR ABSENCE

Apologies received from Latoya Rich - Victim Support, Fiona Bateman - Independent Chair, Barnet Safeguarding Adults Board and Tamara Djuretic – Director Of Public Health and Prevention substituted by Luke Kwamya, Head of Public Health.

4. MATTERS ARISING

None.

5. PERFORMANCE DASHBOARD UP TO AND INCLUDING MAY 2023

The Metropolitan police gave an overview on performance up until May 2023 which included highlights:

- In the 3 months of March 2023 to May 2023 (incl.) there were 480 cases of Residential Burglary in Barnet
- In the 3 months of March 2023 to May 2023 there were 165 cases of Non-Residential Burglary in Barnet
- In the 3 months of March 2023 to May 2023 there were 180 cases of Robbery of Personal Property in Barnet
- In the 3 months of March 2023 to May 2023, there were 587 cases of Violence with Injury in Barnet
- There were 2310 cases of Violence with Injury in Barnet in the 12 months up to May 2023. In the 12 months prior there were 2302. This is an increase of 0.3%
- In the 3 months of March 2023 to May 2023, 2023, there were 23 cases of Knife Crime with Injury in Barnet
- In the 3 months of March 2023 to May 2023 there were 3 cases of Gun Crime Lethal Barrelled Discharged in Barnet
- In the 3 months of March 2023 to May 2023 there were 199 cases of Domestic Abuse VWI in Barnet
- In the 3 months of March 2023 to May 2023 there were 191 incidents captured by CCTV in Barnet
- There were 15 Prevent referrals in Barnet over Q4. In the same quarter in the previous year, there were 25. This is a decrease of 32%

In response to questions asked, the Police confirmed that the clear-up rates of domestic burglaries had improved as had the number of burglaries solved. It was noted that with regards to Personal Robbery, Barnet were the 9th safest Borough in London. There were a number of prolific perpetrators of knife crime in specific areas, but these were not necessarily residents of Barnet. The Police had made targeted attempts to disrupt criminal activities in specific areas of the Borough; Operation Dakota had seen 38 arrests in its first week which subsequently increased to 67 arrests. There was a link with regards to the geographical locations of gun crime and knife crime which were most prevalent in two specific areas of Barnet. Extensive amounts of Police resources had been allocated to the area and efforts would be made to ensure that a 'vacuum' would not be created whereby perpetrators have been imprisoned, leave an open market.

Matt Leng, Community Safety Manager, outlined that Anti-social behaviour cases issues warnings and CPNs have been successful.

Altaf Patel, Community Safety CCTV and Intelligence Manager, provided the board with an update on CCTV:

- 191 incidents were captured on CCTV.
- 13% of those captured incidents were in Edgware and related to public disorder.
- 11% of those captured incidents were in Finchley and Church end and related to welfare concern.
- 10% of those captured incidents were in Burnt Oak and were related to welfare concern.
- Most CCTV incidents were reactive and required police presence.

The Board noted the contents of the report and presentation.

6. NORTH WEST BCU POLICE UPDATE TO THE SAFER COMMUNITIES PARTNERSHIP BOARD

Rob Gibbs and Marc Cash gave a verbal update to the board which included some personnel changes within the police service such as the new police superintendent. Wider operational work includes three extra pathways – safer neighbourhood team or response. It was reported to the board that nearly all wards have 2 PCs; Colindale North have 3 PCs. Much of the update was covered in Item 5. It was noted there will be a seasonal violence plan for autumn nights.

The Chair thanked them for the update.

7. LONDON FIRE BRIGADE UPDATE

It was noted that the update was included in the reports pack (pages 31-33).

8. SERIOUS VIOLENCE DUTY - STRATEGIC NEEDS ASSESSMENT

Diasmer Bloe presented the Serious Violence Needs Assessment and explained that it compiled to analysis on the causes and context of serious violence.

The report highlighted the at-Risk Population for Violence Predictors, which included the following:

- Adverse childhood experiences
- Experience educational difficulty / truancy
- Children of young mothers
- Children of unemployed mothers
- Come from disadvantaged households (experienced poverty, have family struggles low supervision, substance abuse, etc.)
- Live in high crime areas
- Live in disadvantaged neighbourhoods
- Have positive perception of violence
- Have previously committed violent crime (2+)

It was explained that the research had been completed in London and the United States and had been based on predictive factors. In response to questions asked it was noted that Hate Crime figures were not included in the needs assessment; the representative from Barnet Group explained that as Housing Providers and Registered Social Landlords, they were obliged to report incidents of Hate Crime. The representative from Barnet Mencap stated she would provide updated Hate Crime Figures to be included in the data.

The Chair thanked the officer for their contribution and urged other Board Members to submit any relevant data. The Board noted the contents of the report.

9. SAFER COMMUNITIES PARTNERSHIP BOARD ANNUAL REPORT 2022-2023

Maggie Higon Brown, Head of Community Safety, Enforcement, CCTV & Intelligence, provided the board with an overview of the report outlining that it links to the work of the

Safer Communities Partnership Board (SCPB) and the Barnet Safer Communities Partnership Community Safety Strategy 2022 – 2027.

The recommendations of the report were:

1. That the Safer Communities Partnership Board agree to the progress being made against the five priorities set out in the Community Safety Strategy 2022-2023.
2. That the Safer Communities Partnership Board agree that the Annual Report for 2022-2023 is an accurate record of the outcomes and work programme for that year.

The reasons for the recommendations of the report were:

1. The Annual Report describes the work of the Safer Communities Partnership Board for 2022- 2023 and the outcomes and work undertaken for that year towards the priorities set out in the Community Safety Strategy 2022 – 2027.
2. It is a constitutional requirement for the Safer Communities Partnership Board to produce an annual report of its programme of work each year.

Section 2 of the report outlines the 5 priorities:

1. Tackling and reducing anti-social behaviour.
2. Early intervention and prevention of domestic abuse and violence against women and girls.
3. Reducing offending including violence, vulnerability and exploitation, with a focus on acquisitive crime.
4. Safeguard and support those vulnerable to radicalisation.
5. Access to justice for those affected by hate crime.

Section 4 of the report (4.1) outlined the outcomes of the priorities:

1. Ensure victims understand how to report the different types of ASB to the right service to get the best possible response to their complaint.
2. Ensure victims are aware of the Community Trigger and how to initiate it.
3. Provide a more visible Police and council officer 'on street' presence.
4. Maintain the multi-agency response to ASB using the Community Safety Multi-Agency Risk Assessment Conference (CS MARAC) process.
5. Increase the use of the ASB tools and powers related to the partnership activity to tackle ASB.
6. Tackle environmental crime in all its forms.

Tina McElligott, Director Early Help & Children's Social Care, reported to the board that the Family Services Domestic Abuse and Violence Against Women & Girls (VAWG) Annual Report had previously been presented to the board. It was reported that there was continuous work happening to deliver the Barnet Domestic Abuse and Violence Against Women and Girls Strategy 2022- 25. It was further noted that the upcoming year would focus on safe spaces for women and children as well as delivering a pilot scheme to address domestic abuse in a cultural context.

The Chair thanked all those for their hard work and noted the report.

10. FORWARD WORK PROGRAMME

The Board discussed the Forward Plan programme and were urged to notify the relevant officer of any items they wished to be included on the Forward Plan.

11. ANY OTHER BUSINESS

It was agreed by the Chair that item 11 is moved up to item 5.

The Overview and Scrutiny Manager provided the board with an overview of the updated Governance arrangements. It was explained that responsible authorities would be invited to attend to Overview and Scrutiny Committee on 7th November for Crime and Disorder Overview and Scrutiny. The Committee would review and scrutinise decisions made by the board. The Safer Communities Partnership Board (SCPB) Annual Report 2022/23 and the Performance Review Dashboard 2022/23 would also be reviewed. The Overview and Scrutiny Committee Members would have the opportunity to question responsible authorities and/or relevant board members on the 2022/23 performance as well as priority areas for 2023/23 and beyond.

The verbal update was noted.

The new proposed dates for the SCPB 2023/24 were noted and agreed apart for the proposed date of the 31st of May 2024 which is instead 7th June 2024.

12. DATE OF NEXT MEETING

24th November 2023 10am

The meeting finished at 11:28am

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*Performance Dashboard
4 months from June up to and including September 2023*



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Data Collection



The data from this report is collected from the following sources:

Crime Data:

<https://data.london.gov.uk/dataset/mps-monthly-crime-dahboard-data>

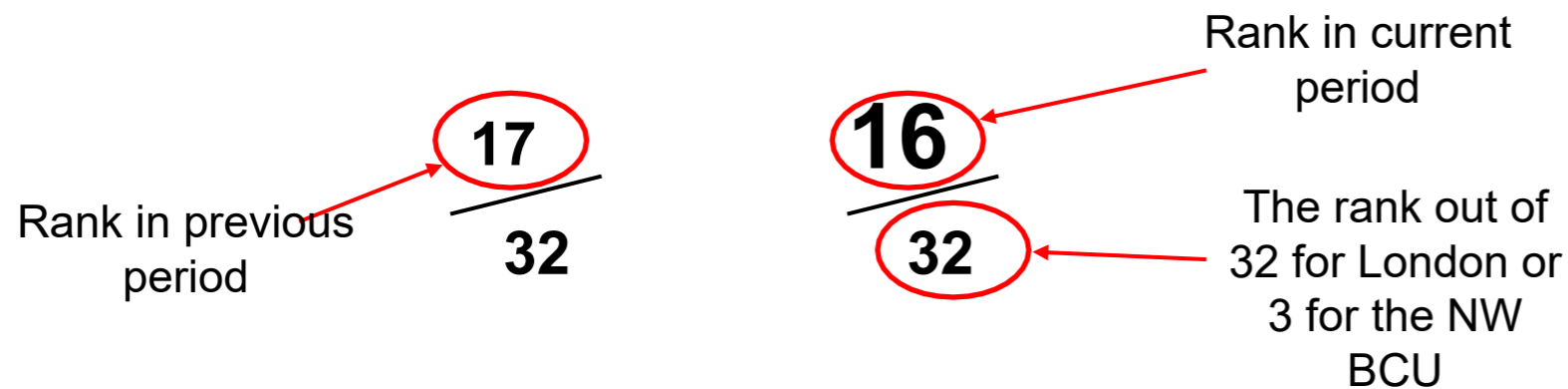
ASB, CCTV and Prevent Data: Barnet Community Safety Team

Slides 4-10 are formed from the above sources and will be presented by MPS NW BCU

Slides 11-18 are formed from LBB data (ECINS/CCTV) and will be presented by LBB

Notes Before We Start

- The lower the ranking the better Barnet is doing when compared with other boroughs across London on in the North West Borough Command Unit (NW BCU).



- Knife crime has previously been reported on as under 25s and non-DV only, this report will note all knife crime with injury which will give a higher number than previous.
- In the London comparison 1/32 is the best, 32/32 is the worst. Change is indicated by the Red Amber Green circle.
- In the NW BCS comparison 1/3 is the best, 3/3 is the worst. Change is indicated by the Red Amber Green arrow.

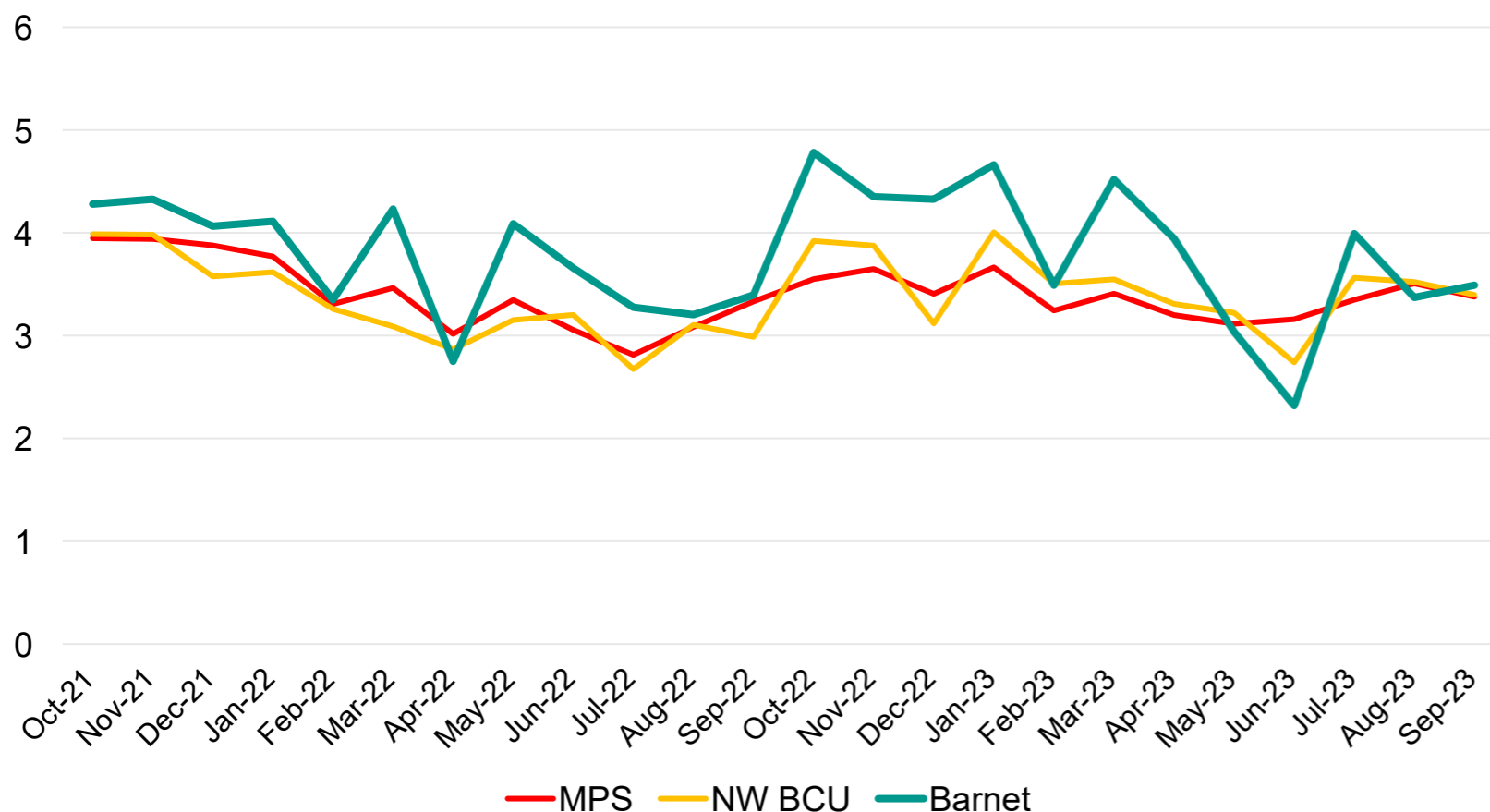
Domestic Burglary



In the 4 months of June 2023 to September 2023 there were 551 cases of Residential Burglary in Barnet

Trend

Residential Burglary per 10,000 Population

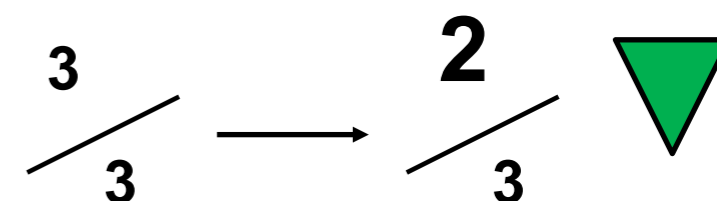


4 Month Performance

MPS Comparison (4 Month Period) change from same period last year.



NW BCU Comparison (4 Month Period) change from same period last year.



There were 551 cases of Residential Burglary in the 4 months of June 2023 to September 2023. In the same period 12 months prior there were 566. This is a decrease of 2.7%

There were 1936 cases of Residential Burglary in Barnet in the 12 months up to September 2023. In the 12 months prior there were 1871. This is an increase of 3.5%

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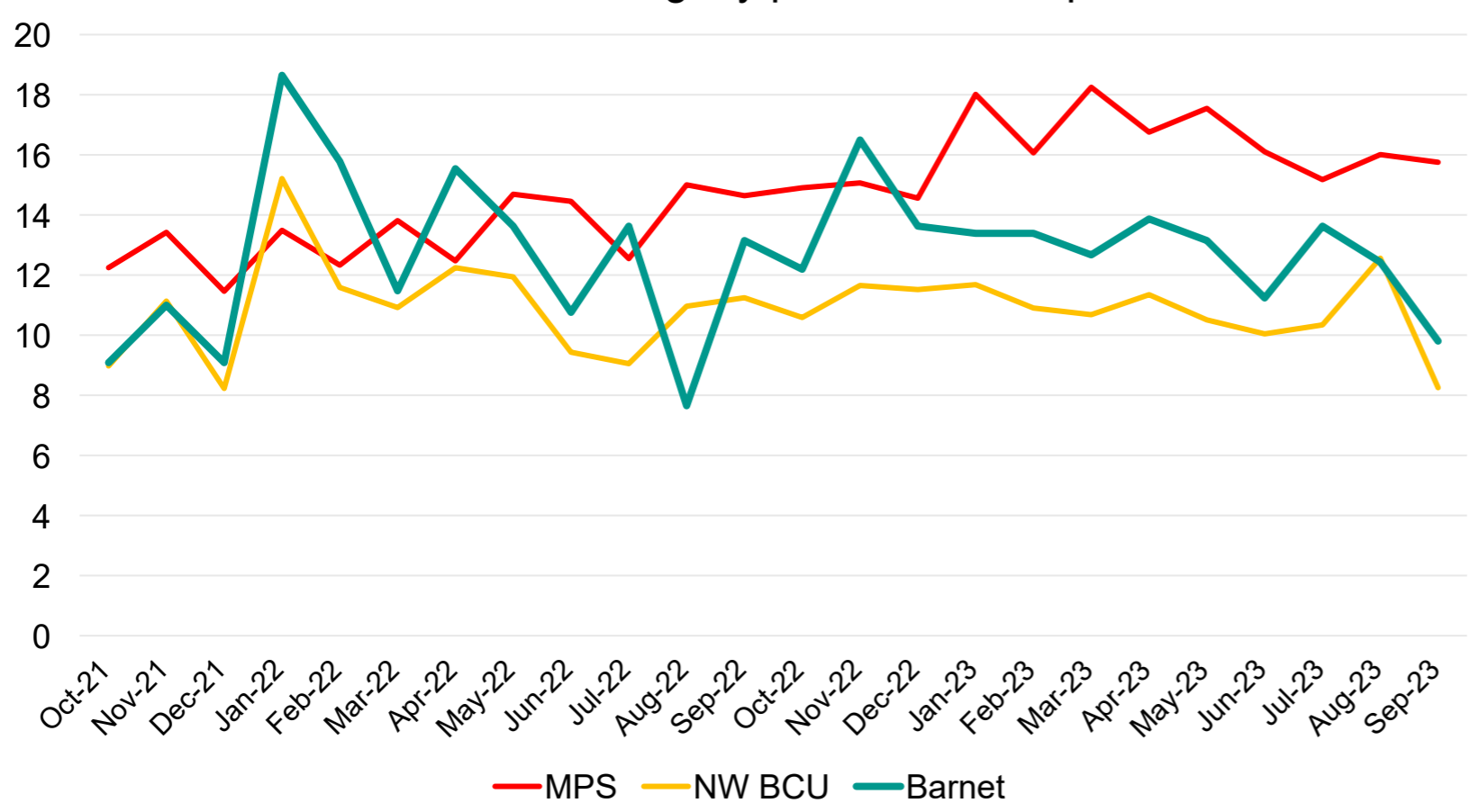
Burglary Business and Community



In the 4 months of June 2023 to September 2023 there were 197 cases of Non-Residential Burglary in Barnet

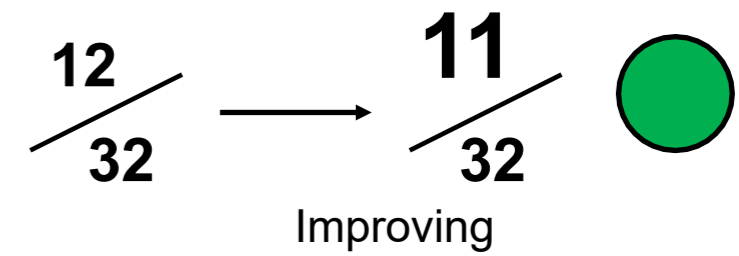
Trend

Non-Residential Burglary per 100,000 Population

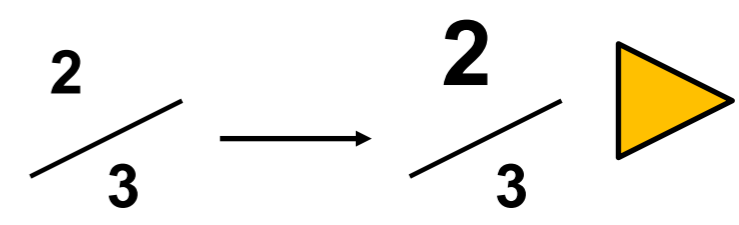


4 Month Performance

MPS Comparison (4 Month Period) change from same period last year.



NW BCU Comparison (4 Month Period) change from same period last year.



There were 197 cases of Non-Residential Burglary in the 4 months of June 2023 to September 2023. In the same period 12 months prior there were 189. This is an increase of 4.2%

There were 652 cases of Non-Residential Burglary in Barnet in the 12 months up to September 2023. In the 12 months prior there were 625. This is an increase of 4.3%

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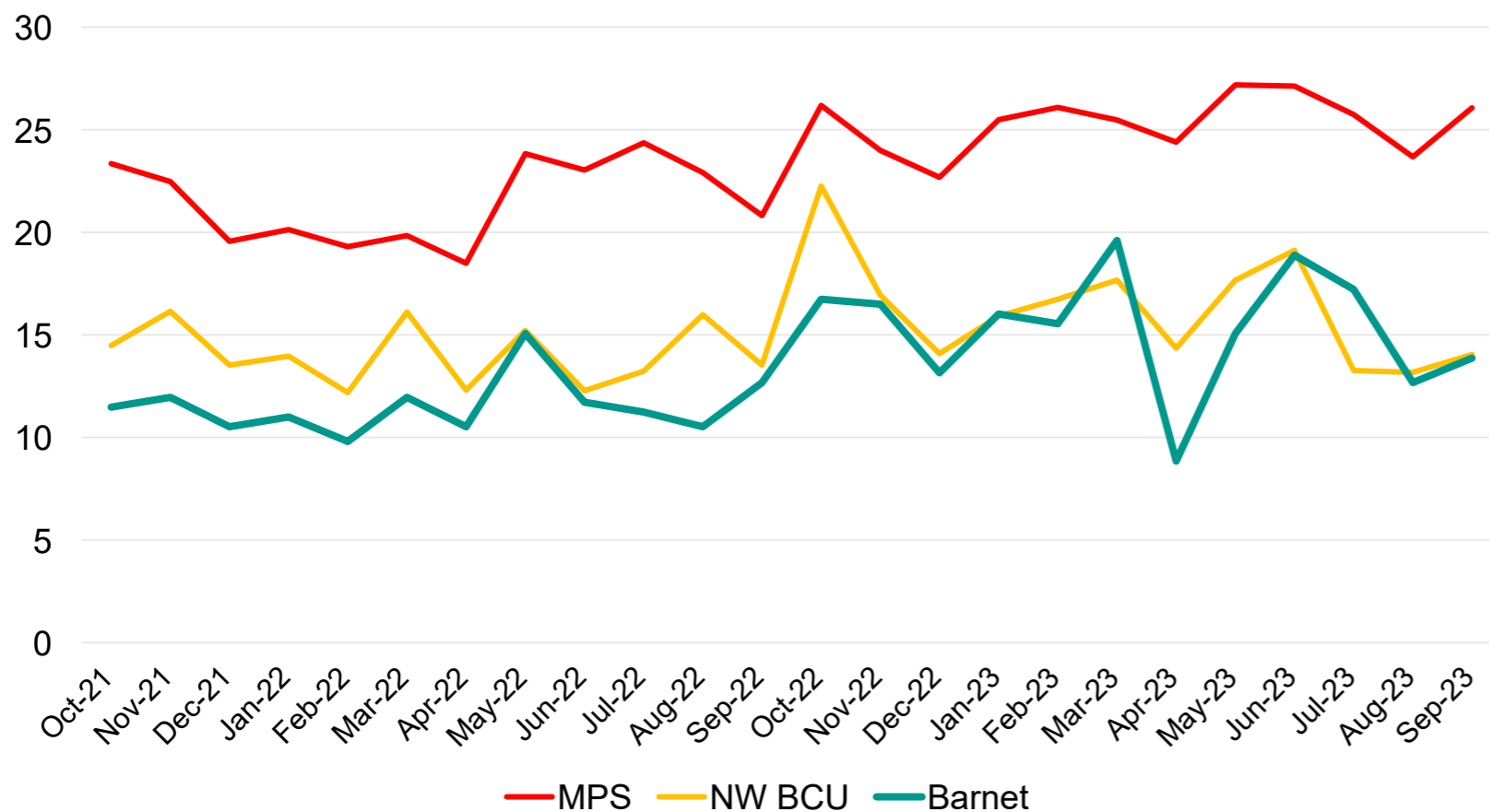
Robbery of Personal Property



In the 4 months of June 2023 to September 2023 there were 262 cases of Robbery of Personal Property in Barnet

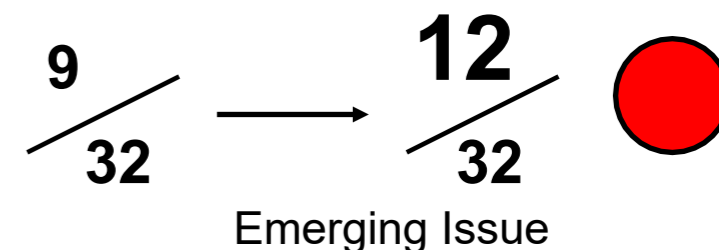
Trend

Robbery of Personal Property per 100,000 Population

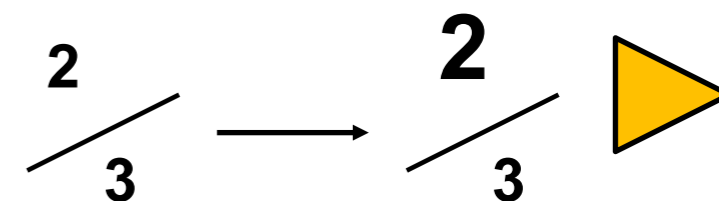


4 Month Performance

MPS Comparison (4 Month Period) change from same period last year.



NW BCU Comparison (4 Month Period) change from same period last year.



There were 262 cases of Robbery of Personal Property in the 4 months of June 2023 to September 2023. In the same period 12 months prior there were 193. This is an increase of 35.8%

There were 770 cases of Robbery of Personal Property in Barnet in the 12 months up to September 2023. In the 12 months prior there were 579. This is an increase of 33%

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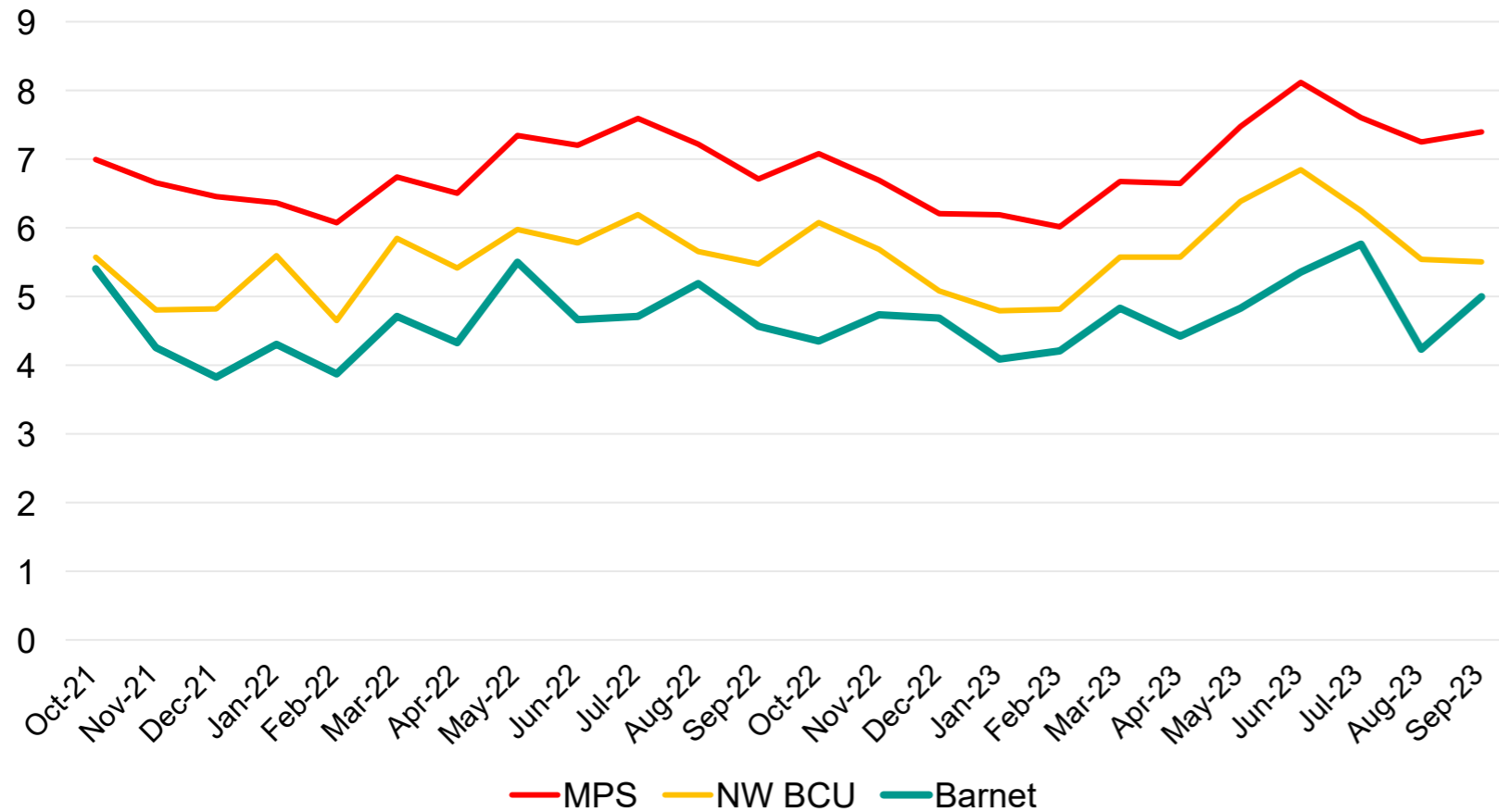
Violence with Injury



In the 4 months of June 2023 to September 2023 there were 851 cases of Violence with Injury in Barnet

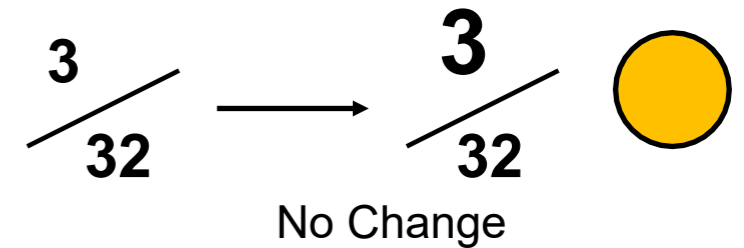
Trend

Violence with Injury per 10,000 Population

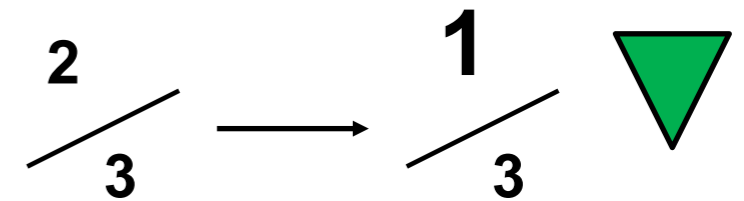


4 Month Performance

MPS Comparison (4 Month Period) change from same period last year.



NW BCU Comparison (4 Month Period) change from same period last year.



There were 851 cases of Violence with Injury in the 4 months of June 2023 to September 2023. In the same period 12 months prior there were 800. This is an increase of 6.4%

There were 2363 cases of Violence with Injury in Barnet in the 12 months up to September 2023. In the 12 months prior there were 2314. This is an increase of 2.1%

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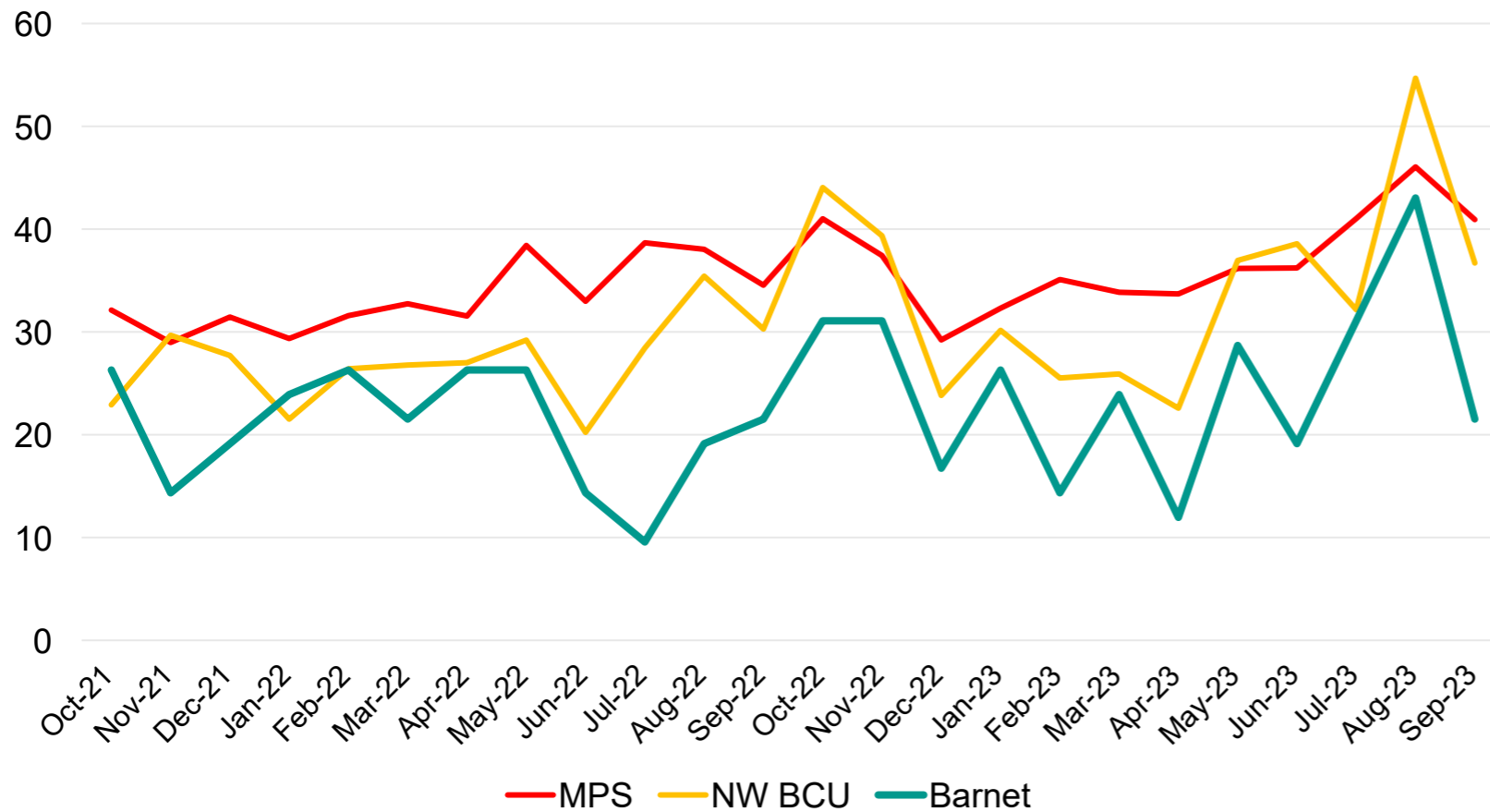
Knife Crime With Injury



In the 4 months of June 2023 to September 2023 there were 41 cases of Knife Crime With Injury in Barnet

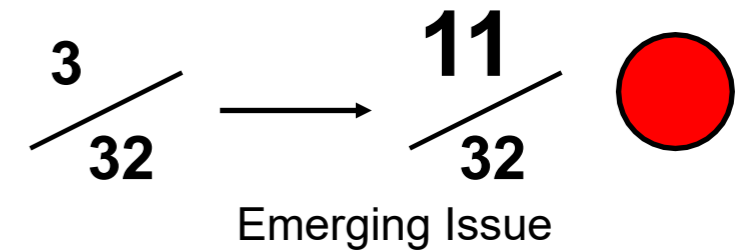
Trend

Knife Crime With Injury per 1,000,000 Population

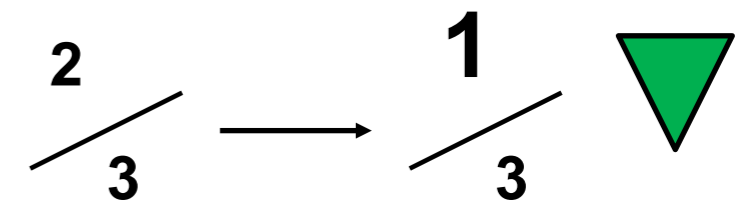


4 Month Performance

MPS Comparison (4 Month Period) change from same period last year.



NW BCU Comparison (4 Month Period) change from same period last year.



There were 41 cases of Knife Crime With Injury in the 4 months of June 2023 to September 2023. In the same period 12 months prior there were 25. This is an increase of 64%

There were 108 cases of Knife Crime With Injury in Barnet in the 12 months up to September 2023. In the 12 months prior there were 83. This is an increase of 30.1%

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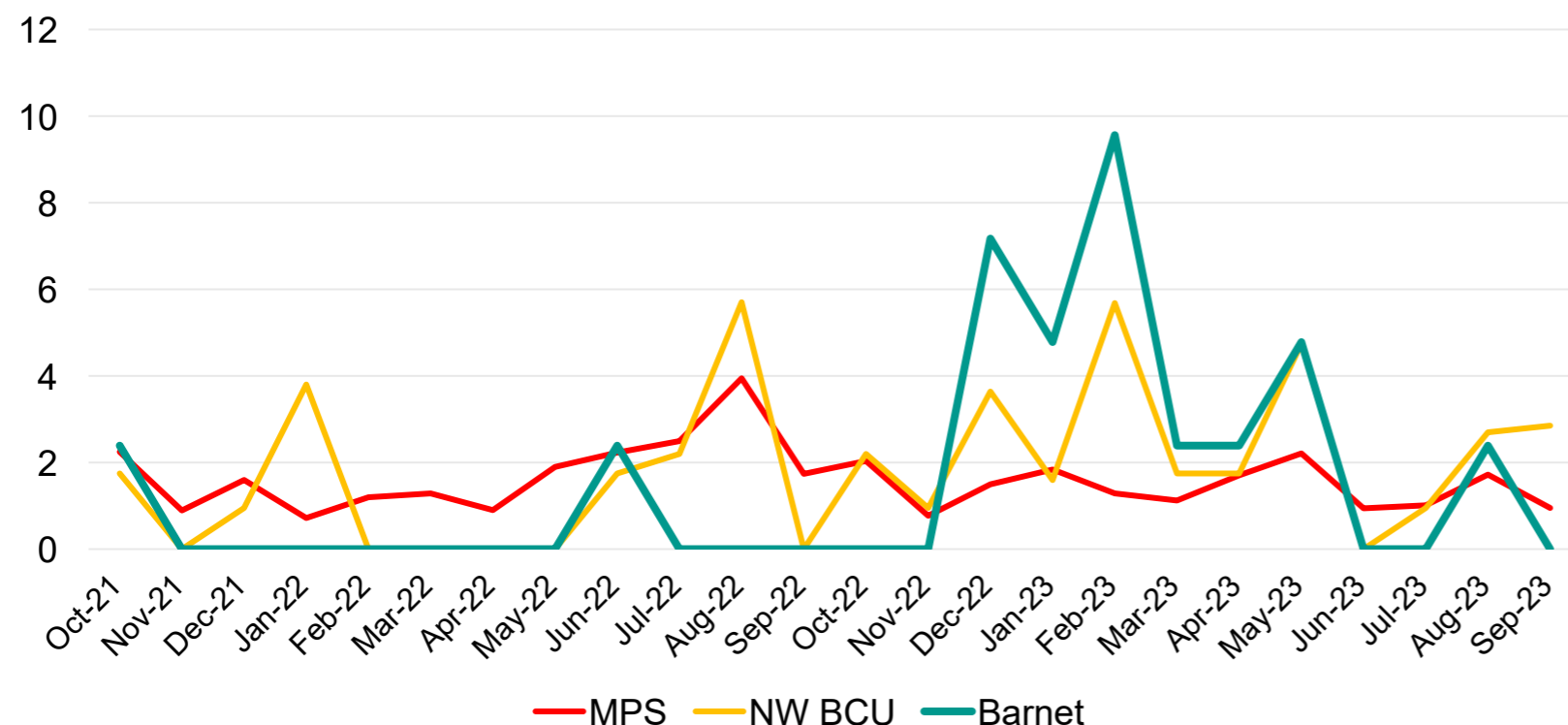
Gun Crime Lethal Barrelled Discharged



In the 4 months of June 2023 to September 2023 there were 1 cases of Gun Crime Lethal Barrelled Discharged in Barnet

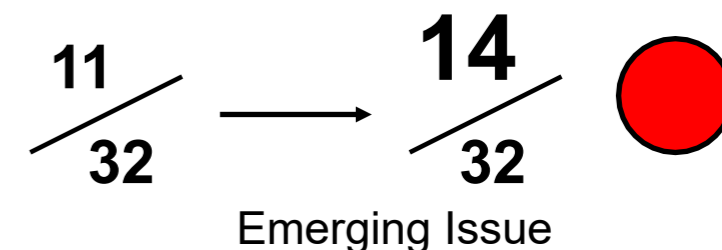
Trend

Gun Crime Lethal Barrelled Discharged per 1,000,000 Population

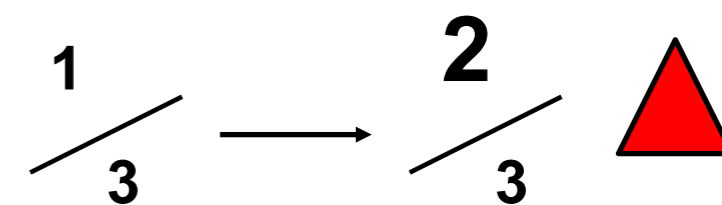


4 Month Performance

MPS Comparison (4 Month Period) change from same period last year.



NW BCU Comparison (4 Month Period) change from same period last year.



There were 1 cases of Gun Crime Lethal Barreled Discharged in the 4 months of June 2023 to September 2023. In the same period 12 months prior there were 1. This is a decrease of 0%

There were 14 cases of Gun Crime Lethal Barrelled Discharged in Barnet in the 12 months up to September 2023. In the 12 months prior there were 2. This is an increase of 600%

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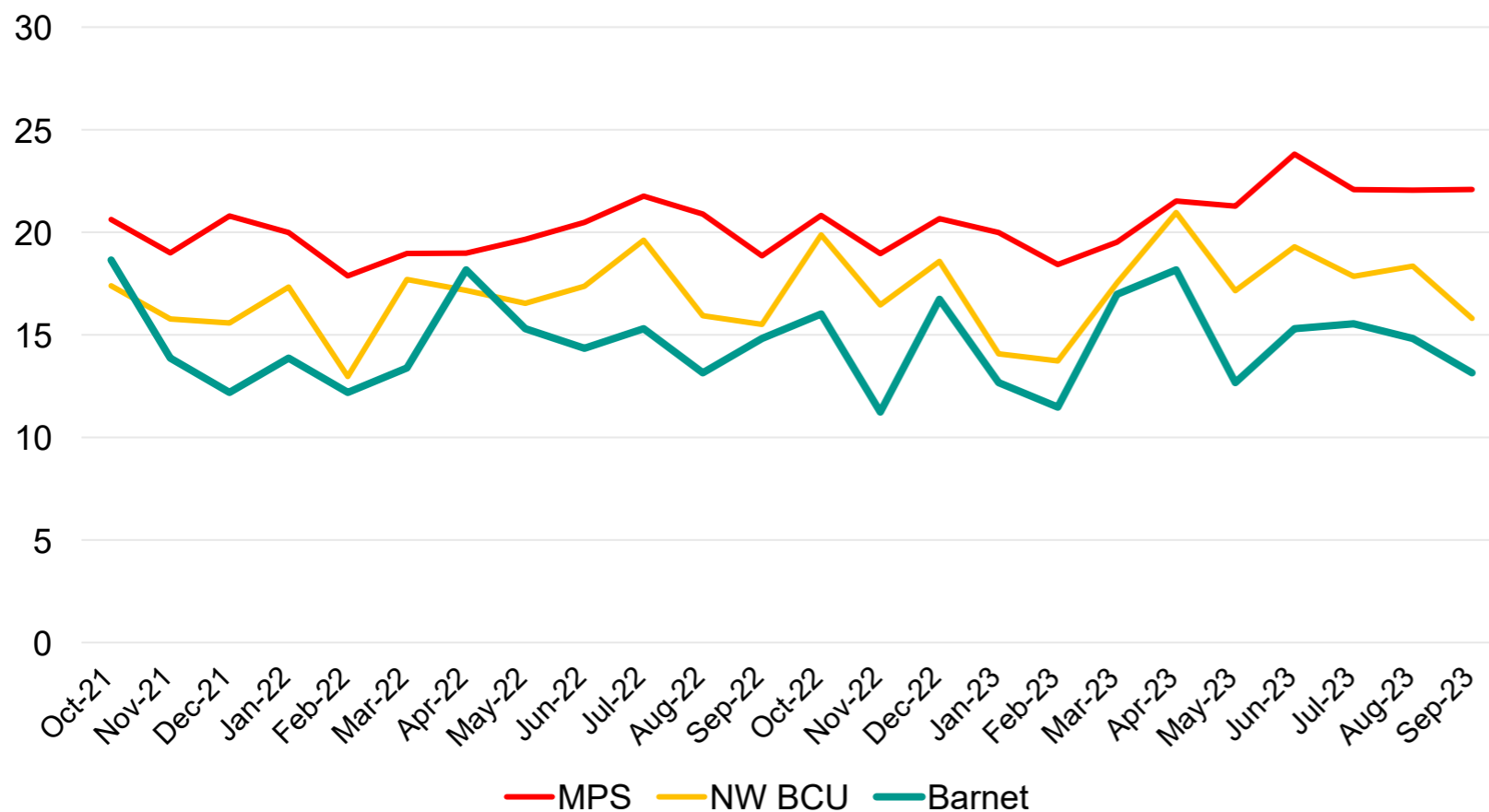
Domestic Abuse VWI



In the 4 months of June 2023 to September 2023 there were 246 cases of Domestic Abuse VWI in Barnet

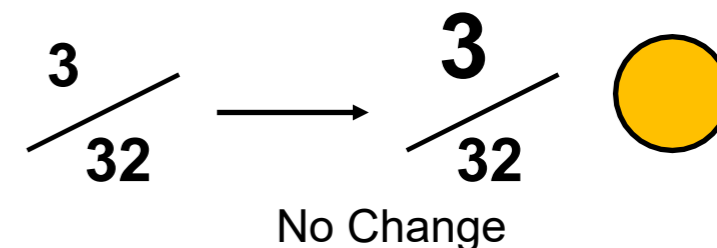
Trend

Domestic Abuse VWI per 100,000 Population

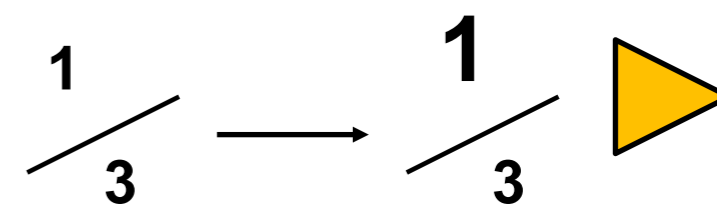


4 Month Performance

MPS Comparison (4 Month Period) change from same period last year.



NW BCU Comparison (4 Month Period) change from same period last year.



There were 246 cases of Domestic Abuse VWI in the 4 months of June 2023 to September 2023. In the same period 12 months prior there were 241. This is an increase of 2.1%

There were 731 cases of Domestic Abuse VWI in Barnet in the 12 months up to September 2023. In the 12 months prior there were 733. This is a decrease of 0.3%

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Anti-Social Behaviour – Cases

Data is the 4 months of June 2023 – September 2023 (incl.)

ASB Tools and Powers Outcomes:

| Month | Injunction | CBO | CPN Written Warning | CPN | CPN Breached | PSPO | PCO |
|----------------|------------|-----|---------------------|-----|--------------|------|-----|
| June 2023 | 0 | 0 | 20 | 1 | 0 | 20 | 1 |
| July 2023 | 0 | 0 | 9 | 1 | 0 | 20 | 0 |
| August 2023 | 0 | 0 | 13 | 0 | 0 | 29 | 0 |
| September 2023 | 0 | 0 | 6 | 2 | 0 | 14 | 0 |

Key

CBO - Criminal Behaviour Order – available on conviction of a criminal offence, used for the most serious and persistent offenders.

CPN Written Warning - Community Protection Notice Written Warning – precursor to CPN

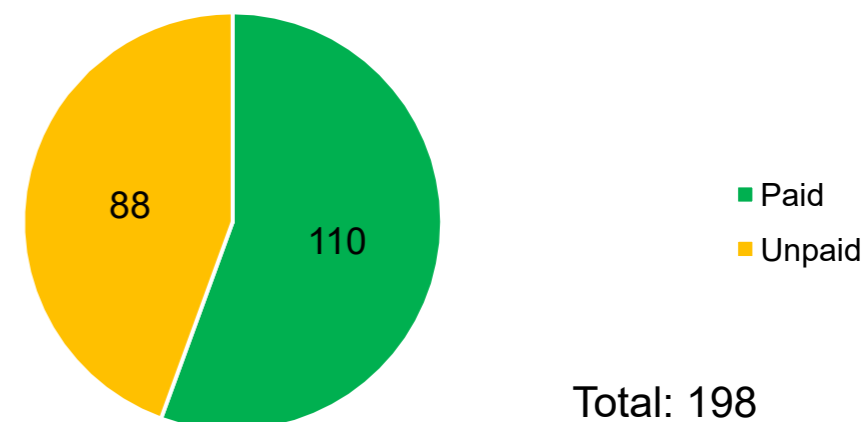
CPN - Community Protection Notice – used to stop a person/bus./org. committing ASB which spoils the community's quality of life

PCO - Premises Closure Order – used to protect victims and communities by closing premises that are causing nuisance or disorder

PSPO – Public Space Protection Order - enforced from December 2022

Fixed Penalty Notices: 4 Months to September 2023

FPN: 4 Months to September 2023



Community Trigger*: 4 Months to September 2023

There were **4** Community Trigger applications received during the 4 months to September 2023.

*Community Triggers give victims and communities the right to request a review of their case (where the local threshold is met), to bring agencies together to take a joined up, problem solving approach for the victim.

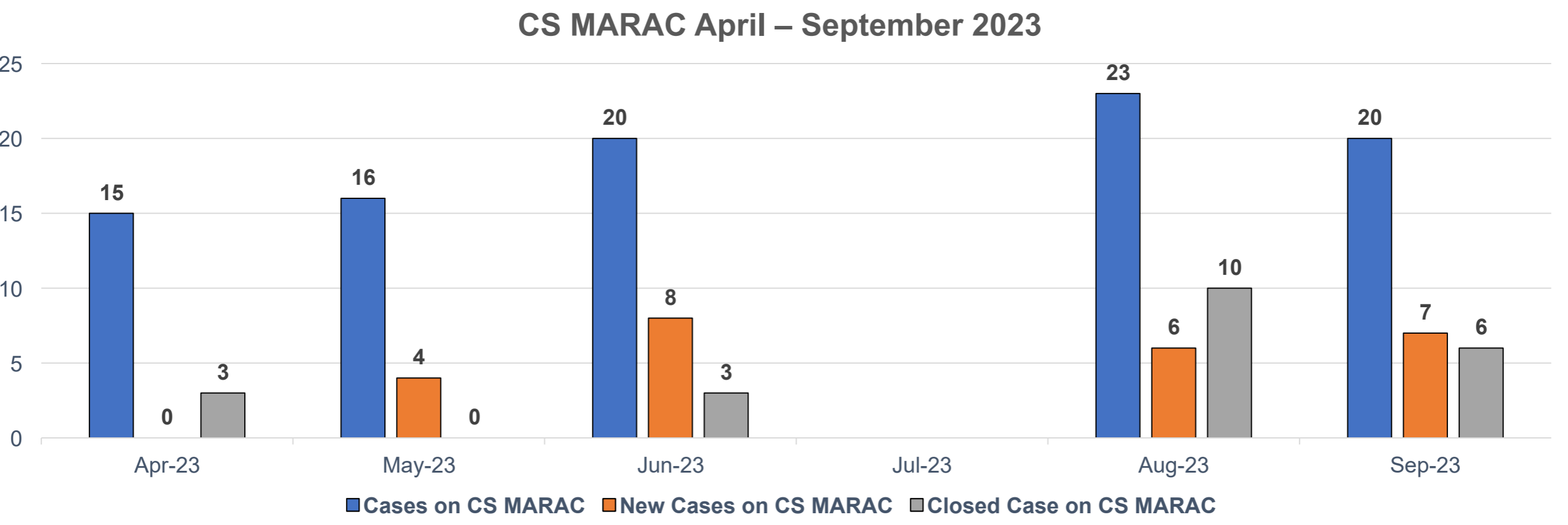
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Anti-Social Behaviour - Community Safety MARAC (Multi-Agency Risk Assessment Conference) Cases



Data is from April 2023 - September 2023 incl.

Community Safety MARAC Cases (April 2023 – September 2023)



Between April 2023 - September 2023:

- Total CS MARAC cases average approx. 19 per month (ongoing cases, subject to actions from CS MARAC panel/partners)
- New CS MARAC cases average approx. 5 per month
- Closed CS MARAC cases average approx. 4 per month
- The CS MARAC is held every 6 weeks therefore there was no CS MARAC in July 2023

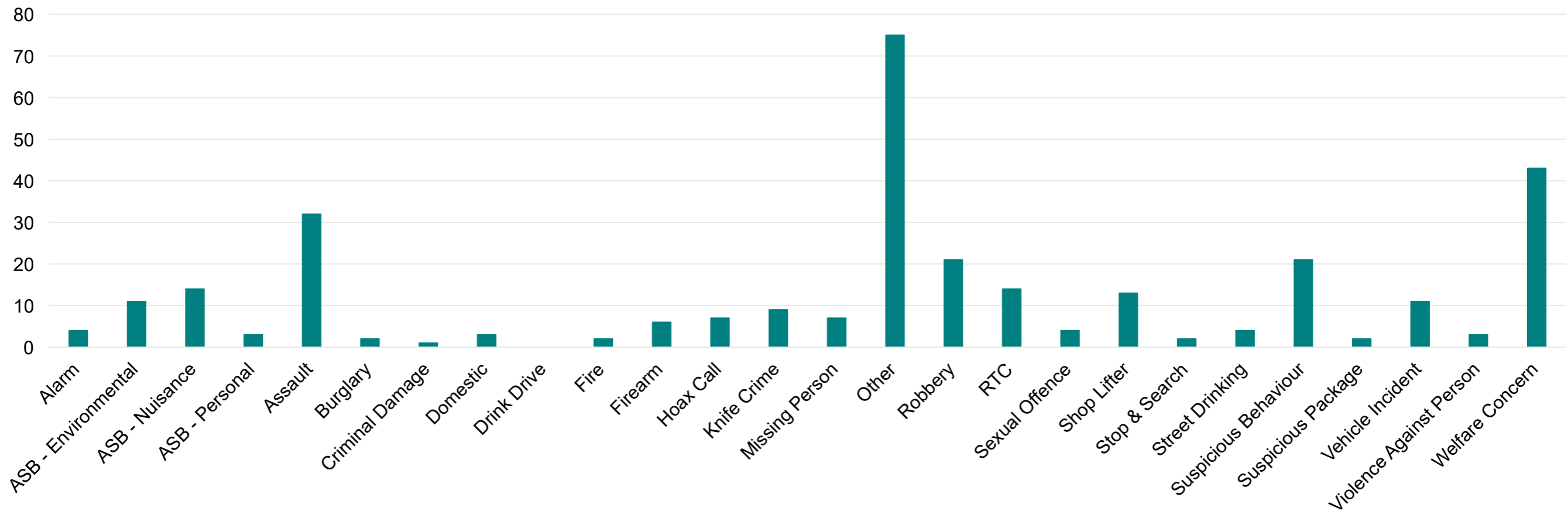
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CCTV Recorded Incidents

For the 4 months of from June 2023 - September 2023 (inc.) there were 314 incidents recorded by CCTV in Barnet

CCTV by Incident Type: 4 months of June 2023 to September 2023

Number of CCTV by Incident Type



* Other refers to incidents of mental health, distress calls, alcohol, and incidents on public transport.

In the 3 months to September 2023:

- 10% of CCTV incidents involved Assault
- 24% of CCTV incidents involved Other
- 14% of CCTV incidents involved Welfare Concern
- 4% of CTV incidents involved Shoplifting
- 9% of CCTV incidents involved Anti-social Behaviour
- 7% of CCTV incidents involved Robbery

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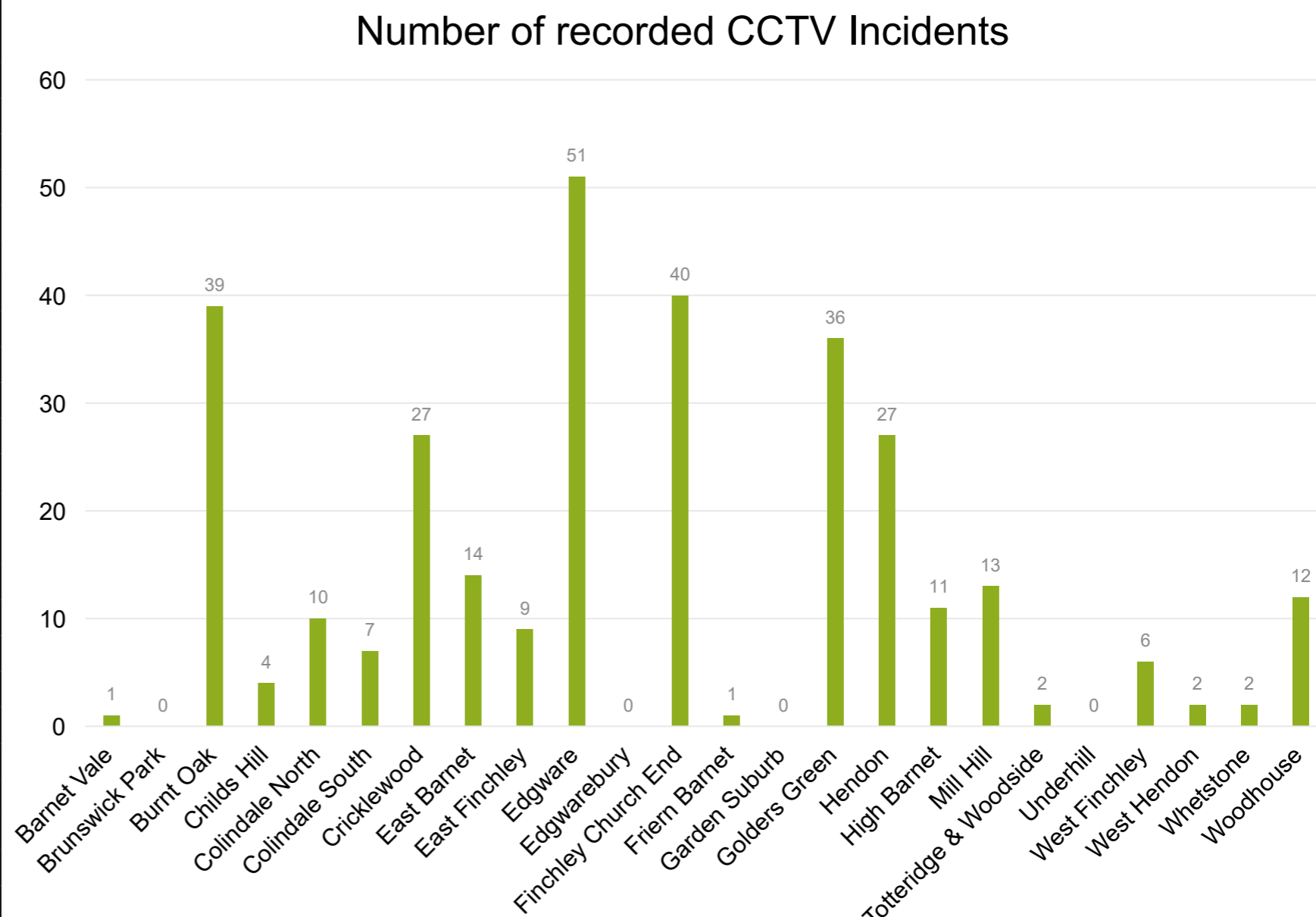
CCTV Recorded Incidents: By Ward



For the 4 months of June 2023 to September 2023 (incl.) there were 314 incidents recorded by CCTV in Barnet

CCTV Incidents by Ward: 4 months of June 2023 to Sep 2023

| Ward | Number of Incidents | % of incidents |
|-----------------------|---------------------|----------------|
| Barnet Vale | 1 | 0% |
| Brunswick Park | 0 | 0% |
| Burnt Oak | 39 | 12% |
| Childs Hill | 4 | 1% |
| Colindale North | 10 | 3% |
| Colindale South | 7 | 2% |
| Cricklewood | 27 | 9% |
| East Barnet | 14 | 4% |
| East Finchley | 9 | 3% |
| Edgware | 51 | 16% |
| Edgwarebury | 0 | 0% |
| Finchley Church End | 40 | 13% |
| Friern Barnet | 1 | 0% |
| Garden Suburb | 0 | 0% |
| Golders Green | 36 | 11% |
| Hendon | 27 | 9% |
| High Barnet | 11 | 4% |
| Mill Hill | 13 | 4% |
| Totteridge & Woodside | 2 | 1% |
| Underhill | 0 | 0% |
| West Finchley | 6 | 2% |
| West Hendon | 2 | 1% |
| Whetstone | 2 | 1% |
| Woodhouse | 12 | 4% |
| Grand Total | 314 | 100% |



The largest percentage of CCTV incidents were captured in Edgware (16%), followed by Finchley Church End (13%) and Burnt Oak (12%).

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CCTV Recorded Incidents by Ward

For the 4 months to September 2023 there were 314 incidents recorded by CCTV in Barnet



Number of CCTV Incidents by Ward: 4 months to September 2023

| | Alarm | ASB - Environmental | ASB - Nuisance | ASB - Personal | Assault | Burglary | Criminal Damage | Domestic | Drink Drive | Fire | Firearm | Hoax Call | Knife Crime | Missing Person | Other | Robbery | RTC | Sexual Offence | Shop Lifter | Stop & Search | Street Drinking | Suspicious Behaviour | Suspicious Package | Vehicle Incident | Violence Against Person | Welfare Concern | TOTAL |
|-----------------------|-------|---------------------|----------------|----------------|---------|----------|-----------------|----------|-------------|------|---------|-----------|-------------|----------------|-------|---------|-----|----------------|-------------|---------------|-----------------|----------------------|--------------------|------------------|-------------------------|-----------------|-------|
| LBB Wards | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet Vale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Burnt Oak | 0 | 4 | 4 | 1 | 3 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 6 | 1 | 3 | 0 | 2 | 0 | 0 | 1 | 0 | 4 | 0 | 7 | 39 |
| Childs Hill | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 4 |
| Colindale North | 0 | 0 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 10 |
| Colindale South | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Cricklewood | 0 | 4 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 5 | 0 | 0 | 0 | 1 | 0 | 2 | 4 | 0 | 1 | 0 | 5 | 27 |
| East Barnet | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 4 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| East Finchley | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 9 |
| Edgware | 1 | 0 | 2 | 0 | 7 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 3 | 7 | 8 | 1 | 2 | 1 | 0 | 0 | 7 | 1 | 2 | 0 | 5 | 51 |
| Finchley Church End | 0 | 1 | 2 | 0 | 4 | 1 | 0 | 2 | 0 | 0 | 2 | 1 | 1 | 0 | 19 | 1 | 2 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 40 |
| Friern Barnet | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Garden Suburb | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Golders Green | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 11 | 2 | 0 | 0 | 1 | 0 | 2 | 2 | 1 | 2 | 0 | 9 | 36 |
| Hendon | 0 | 2 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 7 | 2 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 3 | 3 | 27 |
| High Barnet | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 2 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| Mill Hill | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 3 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 13 |
| Totteridge & Woodside | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| West Finchley | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 3 | 6 |
| West Hendon | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Whetstone | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Woodhouse | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 12 |
| TOTAL | 4 | 11 | 14 | 3 | 32 | 2 | 1 | 3 | 0 | 2 | 6 | 7 | 9 | 7 | 75 | 21 | 14 | 4 | 13 | 2 | 4 | 21 | 2 | 11 | 3 | 43 | 314 |

In Edgware, the largest number of CCTV incidents captured was for Robbery.
 In Finchley Church End, it was for Other.
 In Burnt Oak, the largest number of CCTV incidents captured was for Welfare Concern and Anti-social Behaviour (Combined).

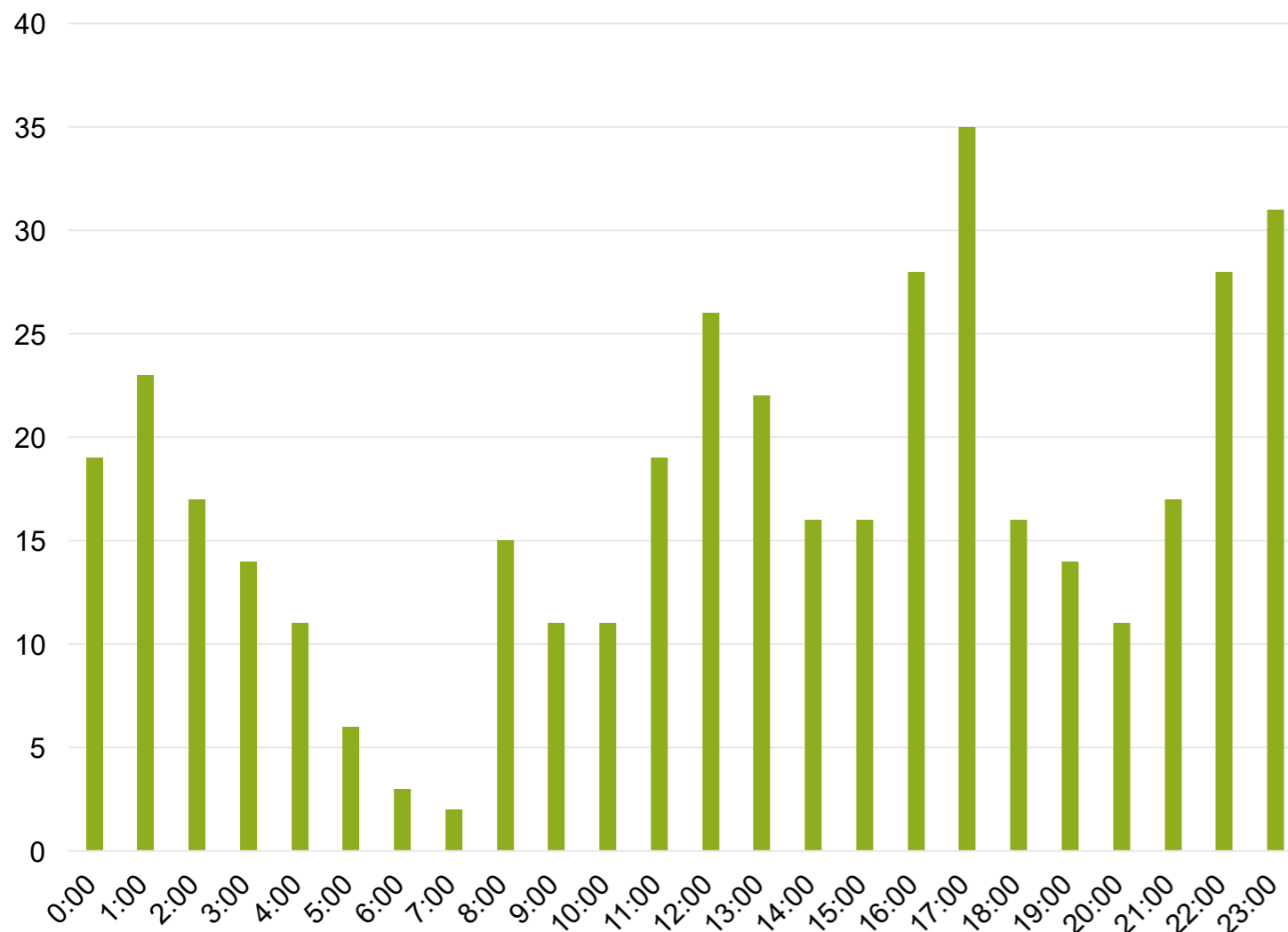
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CCTV Recorded Incidents cont.

In the 4 months of June 2023 to September 2023 (incl.) there were 314 incidents recorded by CCTV in Barnet

Time of Incidents: 4 months to September 2023

LBB CCTV Records by Time: 4 months to September 2023

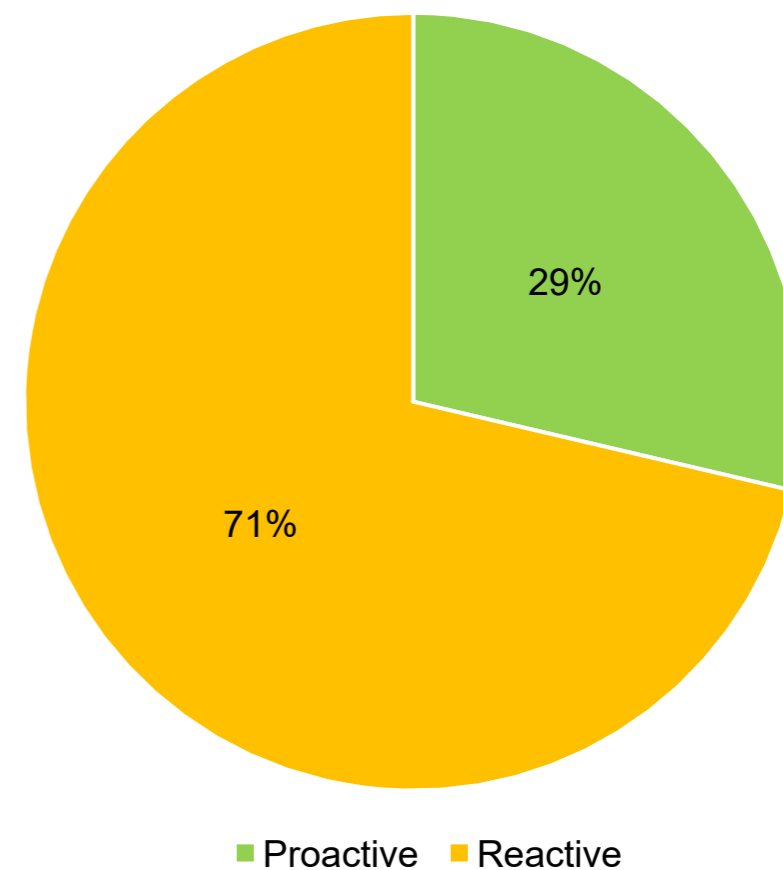


- The above chart shows the quietest periods are between 04:00am and 07:00am.

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Proactive or Reactive Incidents: 4 months to September 2023

Proportion of Proactive vs Reactive Incidents Recorded on CCTV



- The above pie chart shows the majority of CCTV incidents captured are reactive. (The police or the council have asked the control room for assistance.)

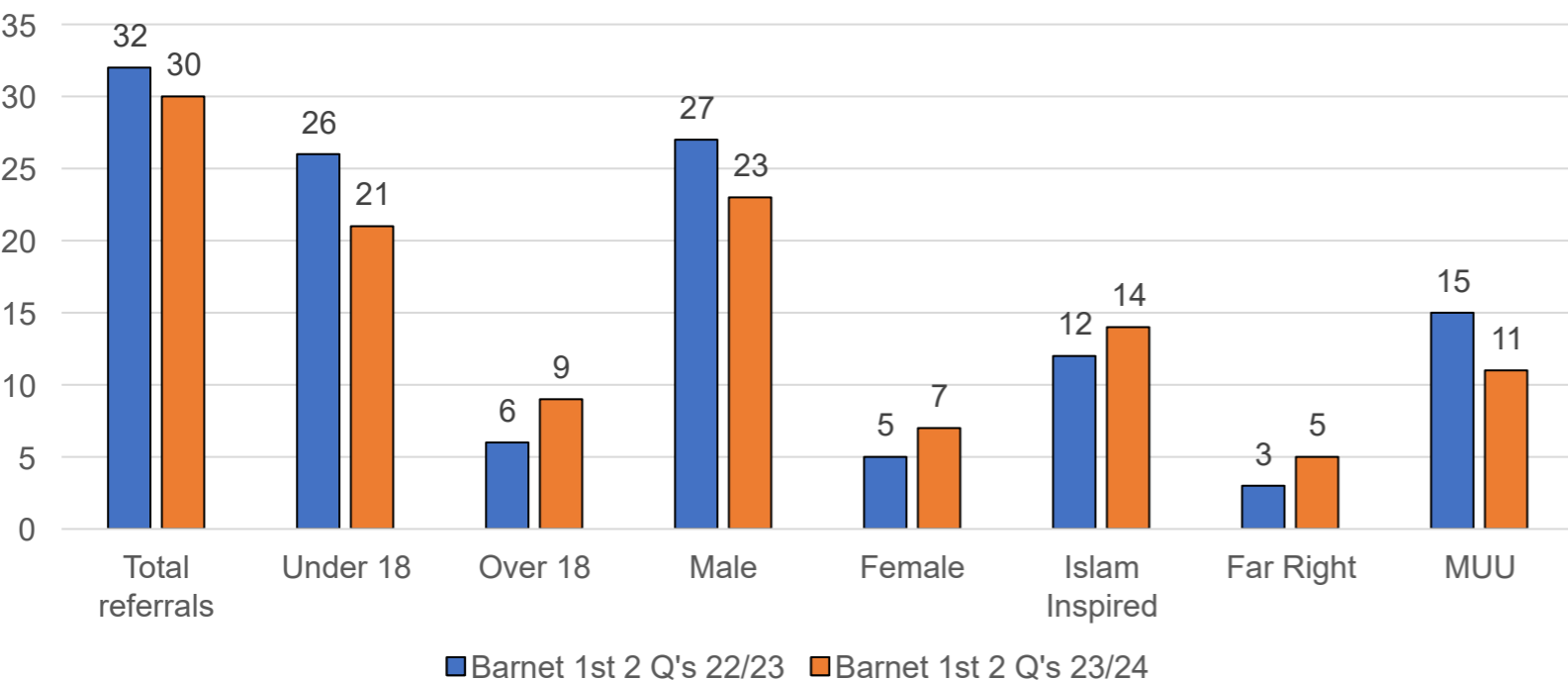
PREVENT: Number of Referrals Barnet Qtrly Comparison

1st 2 Quarters (April-September) 2022/23 and 2023/24

Trend

Quarter 1 & 2 2022/23 compared to 2023/24 (April-September)

PREVENT in Barnet: (Number of referrals) 1st 2 Quarters: April - September



| Prevent In Barnet | Q1 & Q2 2022/23 | Q1 & Q2 2023/24 | % change |
|-------------------|-----------------|-----------------|----------|
| Total referrals | 32 | 30 | -6.0% |
| Under 18 | 26 | 21 | -19.0% |
| Over 18 | 6 | 9 | 50.0% |
| Male | 27 | 23 | -14.8% |
| Female | 5 | 7 | 40.0% |
| Islam Inspired | 12 | 14 | 16.6% |
| Far Right | 3 | 5 | 66.6% |
| MUU | 15 | 11 | -26.6% |

There were 32 PREVENT referrals in Barnet over Qtr1 & Qtr2. In the previous year, there were 30.

This is a decrease of -6%

In Barnet over the two comparable quarters of 2022/23 and 2023/24, the data shows the majority of referrals involve:

- Male (77%)
- Under 18 (70%)
- MUU inspired (37%)

In quarter 1 compared to same period the previous year:

- Total referrals decreased by 6.0%
- There was a 14.8% decline in male referrals (down from 27 in 2022/23 to 23 in 2023/24)
- Referrals of under 18's have decreased by 19.0%
- Islam Inspired referrals increased by 16.6%
- Mixed, Unstable and Unclear (MUU) referrals decreased by 26.6%

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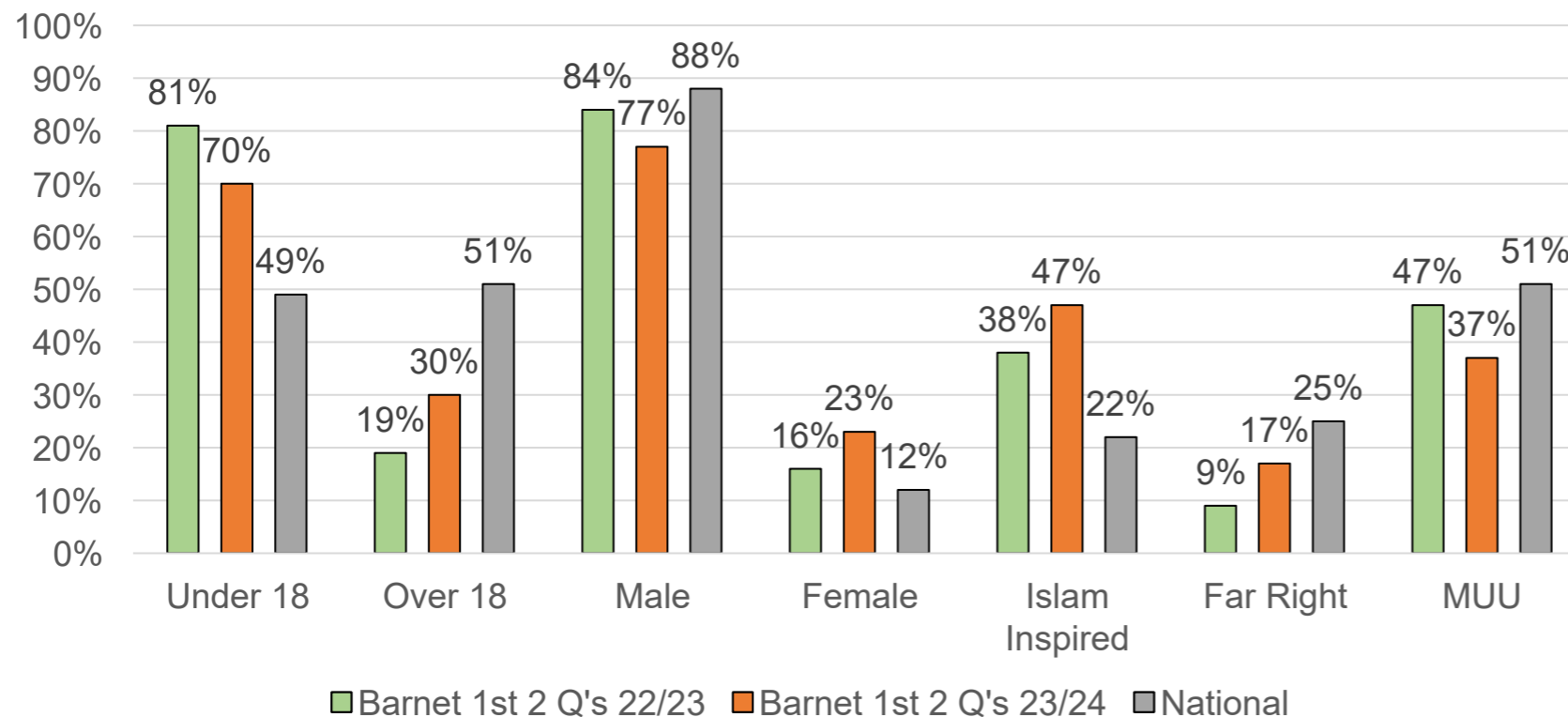
PREVENT: Percentage of Referrals - National Comparison



1st 2 Quarters (April – September) 2022/23 and 2023/24

Trend

PREVENT in Barnet: (Percentage of referrals) 1st 2 Quarters 2022/23 and 2023/24



Barnet vs National

Total Referrals Percentage Point Difference: Barnet Quarter 1 & 2 2023/24 vs National.

| Percentage point difference | 1 st 2 Qtrs 2023/24 vs National |
|-----------------------------|--|
| Under 18 | 21% |
| Over 18 | -21% |
| Male | -11% |
| Female | 11% |
| Islam Inspired | 25% |
| Far Right | -13% |
| MUU | -14% |

During quarter 1 in Barnet, compared to the National 2021/22 average there was:

- +21% point difference in under 18 referrals
- +11% difference in Female referrals
- +25% point difference in Islam inspired referrals
- -14% point difference in Mixed, Unstable and Unclear referrals (MUU)

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Safer Communities Partnership Board

28 November 2023



| | |
|--------------------------------|---|
| Title | Family Services Report on Reducing Offending and Tackling Violence Q1 & Q2 2023/24 |
| Report of | Chair of the Safer Communities Partnership Board |
| Wards | All |
| Status | Non-Key |
| Urgent | No |
| Key | No |
| Enclosures | None |
| Officer Contact Details | Tina McElligott, Director Early Help & Children’s Social Care Tina.McElligott@barnet.gov.uk |

Summary

This report provides an overview to the Safer Communities Partnership Board on three key areas of Family Services delivery that cross over into the Community Safety Strategy, these are:

- Domestic Abuse and Violence Against Women & Girls
- Violence & Exploitation
- Reducing Offending

The report sets out key progress, highlighting national initiatives, local innovation, and current/future challenges to delivery.

Officers Recommendations

The Safer Communities Partnership Board to consider the progress being made to reduce offending and tackle exploitation and violence, including violence against women & girls

1. WHY THIS REPORT IS NEEDED

- 1.1 To provide the Safer Communities Partnership Board (SCPB) with an overview of performance, service developments and progress of work being undertaken to reduce offending and tackle violence.

2. BACKGROUND CONTEXT

- 2.1 This report sets out the work of the multi-agency partnership in meeting the aims of Barnet's Corporate Plan 2023-2026 in caring for our people, places, and planet, including:

- We have an inclusive culture, based on an empathic understanding of people's life situations, and lived experiences.
- Raising awareness and increasing signposting of services or community support for our residents
- Creating a network of safe spaces for women and girls.
- Diverting people away from being drawn into anti-social behaviour and crime, including through safeguarding young people.
- Ensuring the most vulnerable are protected, safe and supported to make the best choices and to build trusted relationships.
- Working with residents, communities, and our partners to support residents to stay well and free from abuse.

3. Tackling Domestic Abuse and Violence Against Women & Girls (VAWG)

- 3.1 The London Borough of Barnet's Domestic Abuse (DA) and Violence Against Women & Girls (VAWG) Strategy 2022-25 sets out how Barnet's Safer Communities Partnership (SCP) works to prevent and respond to Domestic Abuse and underlines the partnership's commitment to working together to prevent and tackle all forms of violence against women and girls.

- 3.2 Barnet's strategy is aligned with the aims set out within the Government's 'Tackling Violence Against Women and Girls' Strategy published in July 2021, the Domestic Abuse Act (2021) and Statutory Guidance issued under section 84 of the 2021 Act for supporting victims (September 2022), the London Mayor's refreshed Violence Against Women and Girls Strategy 2022- 2025, the Government's Violence Against Women and Girls refreshed National Statement of Expectations (a Guidance on commissioning services to support victims and survivors of violence against women and girls) published in March 2022.

3.3 The Government's Supporting Male Victims Position Statement (updated August 2022) considers the challenges faced by male victims of domestic abuse in reporting abuse and accessing support. The position statement sits alongside the Government's Tackling VAWG Strategy (2021) and Domestic Abuse Action Plan (2022).

3.4 The Violence Against Women and Girls (VAWG) Partnership Delivery Group is a subgroup to the Barnet Safer Communities Partnership Board (SCPB) which brings together partner organisations in the borough to work together with the aim of preventing Domestic Abuse and VAWG and reduce the harm it causes to victims, their families, and the wider community. The VAWG Delivery Group agrees the VAWG Delivery Plan and monitors progress against the five partnership priorities within Barnet's DA & VAWG Strategy 2022-25, which are:

- 1) Early intervention and prevention of Domestic Abuse and VAWG
- 2) Support all victims and survivors to report, access help and recover.
- 3) Pursue perpetrators and engage them in behaviour change interventions to eliminate harm to victims and their families.
- 4) Strengthen the partnership response to improve multiagency working and information sharing to deliver improved outcomes.
- 5) Working together for safer streets, community, and public spaces

3.5 "Our vision is for all residents of Barnet, especially women and girls, to live free of domestic abuse and all forms of VAWG. Working with our partners, we will raise awareness and work to prevent violence and abuse in the home, places of learning and employment, and in the community. The Partnership has zero tolerance for abuse and violence, perpetrators will be held to account and victims and survivors will be able to access the support and help they need."

❖ **Delivering the DA and VAWG Strategy Q1 & Q2 2023/24**

3.6 Progress against the Domestic Abuse and Violence Against Women & Girls (DA & VAWG) Strategy is underpinned by an Action Plan that is monitored and reported to the VAWG Delivery Group and updated annually. This report provides an overview of progress made during Q1 & Q2 2023/24.

❖ **Objective 1: Early Intervention and Prevention of Domestic Abuse and VAWG**

- 3.6.1 Early intervention and prevention are key to reducing the amount of domestic abuse, domestic homicide, and suicides linked to domestic abuse and by stopping people from becoming perpetrators and victims to begin with. Domestic abuse devastates the lives of millions.
- 3.6.2 Child & Family Early Help Services continue to deliver the Reducing Parental Conflict Programme through the locality-based Child & Family Early Help Hubs, an 'Ending Gender-Based Violence Teacher Toolkit' that has been developed by the charity Tender is due to be rolled out as free CPD accredited training to secondary teachers

and school governors in the borough. MOPAC has commissioned Tender to work across London as part of the VAWG Strategy to challenge attitudes and open conversations in schools with children about gender-based violence. The project coordinator is being linked to the Designated Safeguarding Leads for schools.

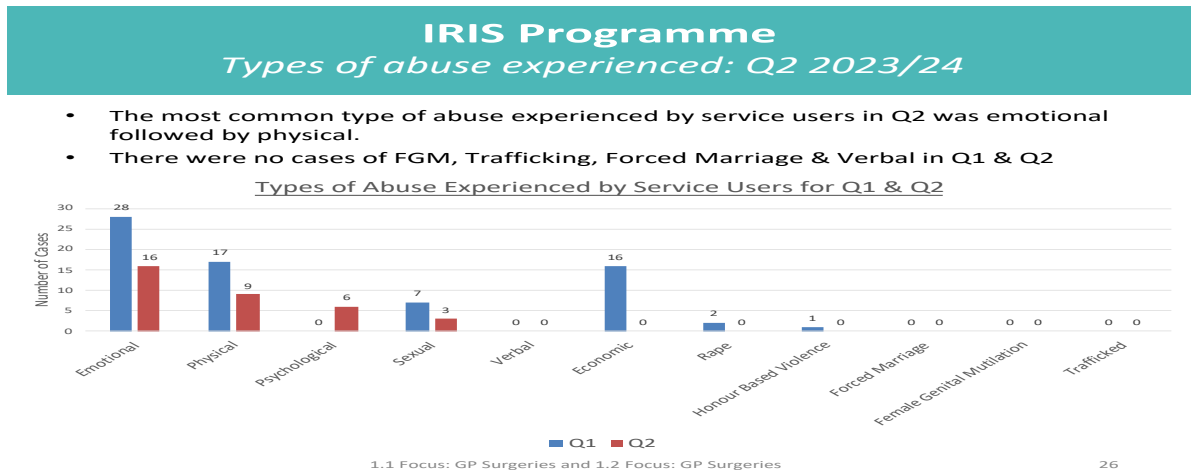
❖ **DA/VAWG Partnership Training**

- 3.6.3 Ensuring the multi-agency partnership has access to a range of good quality training that promotes prevention and enables safe and effective responses to incidents of domestic abuse is a key priority. DA/VAWG training was paused in Q1 2023/24 except for MARAC training to allow for the completion and analysis of a training needs assessment to inform training requirements across the partnership for 2023/24.
- 3.6.4 The training needs assessment identified Probation Services, Housing Needs and Family Services provide some in-house training for the workforce. There are resource implications for police, health and education professionals that require coordination of multi-agency training calendars and consideration of agency availability.

❖ **IRIS Programme in Barnet**

- 3.6.5 The IRIS programme is jointly funded by Barnet Public Health and North Central London Integrated Care Board (NCL ICB) and provides for two advocate educators to work in primary care until March 2024.
- 3.6.6 To complete the IRIS programme, clinical and administrative staff within the GP practice must complete training. There are 50 GP surgeries in Barnet, of which 28 are fully trained practices and a further 15 are partially trained, 7 GP Practices have not engaged. To improve take-up, Solace has been linked with the Barnet Primary & Community Care Training Hub as the lead for training GP surgeries.
- 3.6.7 There were 53 referrals made in Q1 & Q2. 43% of referrals received advice and information (housing, welfare) with emotional support being provided to 37% of referred patients. In Q2, 44% of patients were identified as having a mental health need, which is a reduction from 62% in Q1. Fig 1 below sets out the types of abuse reported to GP surgeries.
- 3.6.8 There were four honour-based violence and one forced marriage referral during Q1 & Q2, no other harmful practices were reported in the period, the Domestic Abuse and VAWG training programme for 2023/24 will include harmful practices developed in partnership with the Asian Women's Resource Centre.

Fig 1. IRIS Programme Q1 & Q2 2023/24



❖ **Objective 2: Support all victims and survivors to report, access help and recover.**

3.7 Support is crucial to help all victims and survivors who have escaped from domestic abuse, in particular support for their health, trauma recovery, economic, housing, and social needs. In Barnet, a range of support is available aimed at ensuring that every victim and survivor can get the support they need; the DA & VAWG team monitors delivery of services and identified needs to ensure these are reflected in in planning and delivery aims.

❖ **Commissioned Services**

- 3.7.1 Barnet Council commissions Solace Women’s Aid to deliver Advocacy and Support Services and two women’s refuges. The services are monitored quarterly through the provision of data, feedback, and case studies.
- 3.7.2 The table below (Fig 2) sets out the volume of referrals received by Solace Advocacy & Support Service (SASS) during the period Q2 2022 to Q2 2023. The data shows the volume in Q1 & Q2 2023 (n=743) is 18% higher than the same period in 2022 (n=629).
- 3.7.3 In Q1 & Q2 MARAC accounted for 203 referrals to SASS, 195 referrals were received from the One Stop Shop

Fig 2. Solace Advocacy & Support Service (SASS) Q2 2022 – Q2 2023

Solace Advocacy & Support Service (SASS)

Referrals & DA Support Programmes

| Solace Referrals | Q2 22/23 | Q3 22/23 | Q4 22/23 | Q1 23/24 | Q2 23/24 |
|---|-------------|-------------|-------------|-------------|-------------|
| Total Referrals Received | 310 | 248 | 373 | 339 | 404 |
| New Service Users | 124 | 135 | 141 | 102 | 91 |
| DASH Risk assessments & Safety advice given | 121 | 118 | 139 | 106 | 245 |
| High risk cases receiving IDVA service | 18 | 24 | 13 | 15 | 16 |
| Total Service Users Leaving the Service | 120 | 110 | 162 | 98 | 99 |

2.1 Focus: VAWG Performance Monitoring

7

- 3.7.4 62% of service users in Q1 2023/24 completed an exit survey, 38% reported an increase in self-esteem, 33% reported increased physical and emotional well-being, 25% reported feeling safer and 32% reported improved mental health.
- 3.7.5 An IDVA review is currently underway to explore insights and impact of collocated IDVA roles across the partnership with the aim of identifying good practice and challenges in delivering the Solace Advocacy and Support Service. The outcome of the review will be reported in Q4.

❖ Women's Refuges

- 3.7.6 Solace Women's Aid are commissioned by Barnet Council to provide support and manage two women's refuges in Barnet.
- 3.7.7 A third women's refuge (Minerva House) is run by Barnet Homes which has £100,000 funding from the Department of Levelling Up, Housing & Communities to support Minerva House provision until March 2024
- 3.7.8 In Q1 & Q2 2023/24, there were 29 new referrals to Barnet's three refuge accommodations, within this cohort were adults caring for a total of 21 children.

❖ Operation Encompass

- 3.7.9 Operation Encompass is led by the Metropolitan Police (MPS) in partnership with the local authority and schools. The joint-agency protocol enables the Police to share information with schools following a reported domestic abuse incident where the Police have been called out and a child has been present the following day.
- 3.7.10 Sharing information about incidents of domestic abuse to which children have been exposed ensure school staff have immediate awareness so they can practice silent observation, assess needs and/or provide appropriate support to children and young people who have experienced domestic abuse.
- 3.7.11 The protocol does not replace or supersede existing protocols for child safeguarding or welfare and is used in conjunction with current safeguarding procedures and practice guidelines. Schools will receive information when:
- 1. Police have been called out to a domestic incident
 - 2. AND the child is present at the time of the incident
 - AND the child is Under 18
- 3.7.12 Currently 18 out of 132 schools have taken up Operation Encompass, and communications have been sent to primary and secondary schools with 20 Primary Schools responding with an interest in joining. Further engagement with Designated Safeguarding Leads is underway to improve this figure further.
- 3.7.13 Since January 2023, there have been 109 reports shared with engaged schools.

4. Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC)

- 4.1.1 In the financial year 2022/23, there were 477 cases heard at Barnet DA MARAC which is 0.4% of the 118,140 cases heard nationally. In the year:
- 1.7% Victims identified as LGBT+, just above the national rate of 1.5% (SafeLives expected rate is 2.5-5.8%)
 - 22 6.7% Victims identified as having a disability, significantly above the national average of 9.1% (SafeLives expected rate is 19%+)
 - 9.2% Victims identified male, above the national average of 6.3% (SafeLives expected rate is 5-10%)
- 4.1.2 Fig 3 below details MARAC referrals in Q1 & Q2 2023/24 which totalled 229; this is 6% lower than the same period in 2022 (n=245). In the reporting period, there were 104 families caring for 153 children. Repeat referrals have remained at 20% throughout the reporting period.

Fig 3. DA MARAC

DA MARAC Service Users

| MARAC | Q2 22/23 | Q3 22/23 | Q4 22/23 | Q1 23/24 | Q2 23/24 |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Number of MARAC referrals | 123 | 122 | 145 | 113 | 116 |
| Number of children in the household | 64 | 68 | 111 | 77 | 76 |
| Number of families with children | 48 | 37 | 64 | 52 | 52 |
| Number of repeat MARAC referrals | 22 | 19 | 35 | 23 | 23 |
| Percentage of repeat MARAC referrals | 18% | 16% | 24% | 20% | 20% |

2.1 Focus: VAWG Performance Monitoring and 4.4 Focus: Trigger Trio needs

8

- 4.1.3 In the reporting period there were 11 requests for Claire’s Law Disclosure. More than 90% of victims referred to MARAC are female. The number of male victims has fallen from 17 in Q4 2022/23 to 9 in Q2 2023/24.
- 4.1.4 The number of service users with mental health issues is 49% (n=57) in Q2 2023/24 which is a 10% increase from Q1. The number of victims referred to MARAC with substance misuse needs has also increased by 7% from Q1 to 12% (n=14) in Q2 2023/24.
- 4.1.5 A Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) is a non-statutory process that brings together statutory and voluntary agencies to jointly support adult and child victims of domestic abuse who are at high risk of serious harm or homicide, and to disrupt and divert the behaviour of the perpetrator(s). The MARAC’s working assumption is that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The core MARAC agencies are police, Independent Domestic Violence Advocate (IDVA) services, housing, children’s services, the probation, primary health, mental health, substance misuse and adult social care. Agencies work together to safeguard victims, manage perpetrator behaviour, safeguard professionals and link to wider safeguarding processes through weekly meetings chaired by the Police.
- 4.1.6 A full-time DA MARAC coordinator is employed by LB Barnet and meetings are overseen by a quarterly MARAC Steering Group that coordinates bi-annual Quality Assurance Process (QAP).
- 4.1.7 Barnet MARAC discusses an average 8-10 cases each week, at times increasing to 15; this is within the SafeLives recommended limit of 15-20 per meeting.
- 4.1.8 A review, led by Domestic Abuse Consultant, Karen Lingwood, has been undertaken of local MARAC arrangements to look at how the MARAC process works and how it contributes to reducing the risks for domestic abuse victims assessed as being at high

risk of being seriously harmed or killed; and to provide recommendations for development.

- 4.1.9 The review included consultation with key stakeholders, surveys (24 responses) and dip sample of cases referred to MARAC.
- 4.1.10 A training needs analysis was undertaken in May 2023, more than 80% of respondents reported some to in-depth knowledge of harmful practices and adult familial abuse, reducing to 70% on the MARAC, risk indicator checklist, threshold for Barnet MARAC and referral pathways.
- 4.1.11 The review considered seven of the SafeLives ten principles which underpin an effective MARAC and support everyone involved to deliver the aims. At the core of each principle is the safety of the victim, which needs to be considered at all stages of the process. Ensuring that the victim is supported throughout, and their voice represented at the MARAC is crucial to managing risk, improving, and maintaining safety, and reducing repeat victimisation. A summary is provided below:

Principle 1 - Identification

- Most respondents have good knowledge of the four recommended criteria for referral, but this could be improved with case study based training and clear written standards and information on MARAC.
- Traditional harmful practices were not always referred due to those conducting risk assessments not having sufficient expertise or tools to assess risk in this area.
- There is good confidence overall in using the DASH risk indicator checklist to assess the level of visible risk to adult victims although non-specialist agencies would benefit from training on using the DASH risk assessment tool.
- Training and more detailed guidance on what constitutes professional judgment referral has been requested.
- Most risk reviews were completed within the SafeLives recommended 6-8 weeks, some services had different timescales or reviewed risk only when circumstances change.

Principle 2 - Referral to MARAC

- Most respondents felt strongly that referrals should not be screened or rejected by the MARAC coordinator especially if these cases are referred by a specialist IDVA/DA service.
- Numerous respondents raised concern about some cases being referred to MARAC when the risk level didn't appear high enough and that cases were brought for risk management that could be managed in professional meetings.
- Information in referrals is generally good but some have missing information about perpetrators, the relationship to the victim, children's details and/or context i.e., sexual orientation, whether it is safe to call/text the victim.
- SafeLives¹ defines a 'repeat' as ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC. The individual act of abuse does not need to be 'criminal', violent or threatening but should be viewed

¹ <https://safelives.org.uk/sites/default/files/resources/Repeat%20Definition%20-%20A%20Briefing%20for%20Maracs%202018.pdf>

within the context of a pattern of coercive and controlling behaviour. Knowledge about when to refer as a repeat appears to be good from the survey responses.

- For the financial year 2022/23, the national repeat cases were 33%, the Barnet rate was 18% in the same period.
- Repeats are usually when the IDVA cannot contact the victim or when the safety plan is not followed. SafeLives' best practice says that all agencies should review the previous actions ahead of the referral being heard again.

Principle 3 - Multi-Agency Engagement

- The DA Act 2021 statutory guidance states that 'Agencies should ensure that they are regularly communicating with each other between MARAC meetings – this is a crucial part of the MARAC process and ensures there is a coordinated response to domestic abuse. Communication around cases should not wait for MARAC meetings to take place'.
- There is mostly good attendance from the core agencies, although representation from mental health and adult social care was sometimes dependent on agency involvement. Probation routinely provides detailed research for meetings and attend where individuals are open to services. There is no education representative, some authorities use schools designated safeguarding lead (DSL) as MARAC leads. Health representation does not cover all agencies i.e., midwifery, GP. There is a representative for Children's Services; attendance of allocated social workers is less consistent although improving.
- RISE perpetrator and victim services are routinely present as are the Asian Women's Resource Centre.

Principle 4 - Independent Representation and Support for the Victim

- All victims who are identified as being at high risk of harm are offered the support of an IDVA; their views and needs are represented at MARAC when it is possible to gain these ahead of the meeting.
- It is not always possible to establish contact with victims ahead of MARAC meetings which means their voice can be absent from discussion, although Solace has a robust process in place for contacting victims ahead of MARAC.
- A clearer process is needed when a victim has an IDVA from an organisation other than Solace, so victims are not contacted by a new IDVA.
- Referrers need to explain to victims the MARAC process and that they will be contacted by an IDVA, explaining the role, and seeking the best way and time to do this.

Principle 5 - Information Sharing

- Most agencies share proportionate and relevant information although sometimes more clarity is needed about individual agency roles.
- Information is sometimes insufficient when an offence is committed outside of London.

Principle 6 - Action Planning

- Partner agencies are accountable and responsible and take the necessary steps to safeguard the victim.
- There were fewer actions observed aimed at disrupting the perpetrator.
- Clear owners for actions are identified.

- Monitoring of follow-up on actions has been identified as an area for development and is in progress.

Principle 9 - Operational Support

- Respondents mostly agree there was sufficient support and resources to support effective functioning of the MARAC.
- The MARAC coordinator ensures minutes and actions are timely.
- The chair has sufficient skill and experience.

Summary of Recommendations:

- Consistent representation by core agencies, including all key areas of health and education, and encourage attendance of individual case workers.
- Detailed information in research about agency involvement to be completed routinely and quality assured by the MARAC Coordinator.
- Prioritise identified training needs in an annual training plan.
- Referrers to explain to victims the MARAC process and that an IDVA will make contact, clarifying the best time and method to communicate.
- MARAC actions to be linked to identified risk and have relevant timescales for completion which are reviewed through a professionals meeting where appropriate, agencies to review their 'flag & tag' processes and QAP to monitor completion and impact of actions.
- Agencies to routinely consider actions to disrupt perpetrator behaviours.
- Vice-chair to be identified.
- Steering group to oversee implemented and then regularly review each quarter.
- MARAC training to include 'professional judgment' referrals and interactive case studies.

❖ The Leader Listens Survivor Forum.

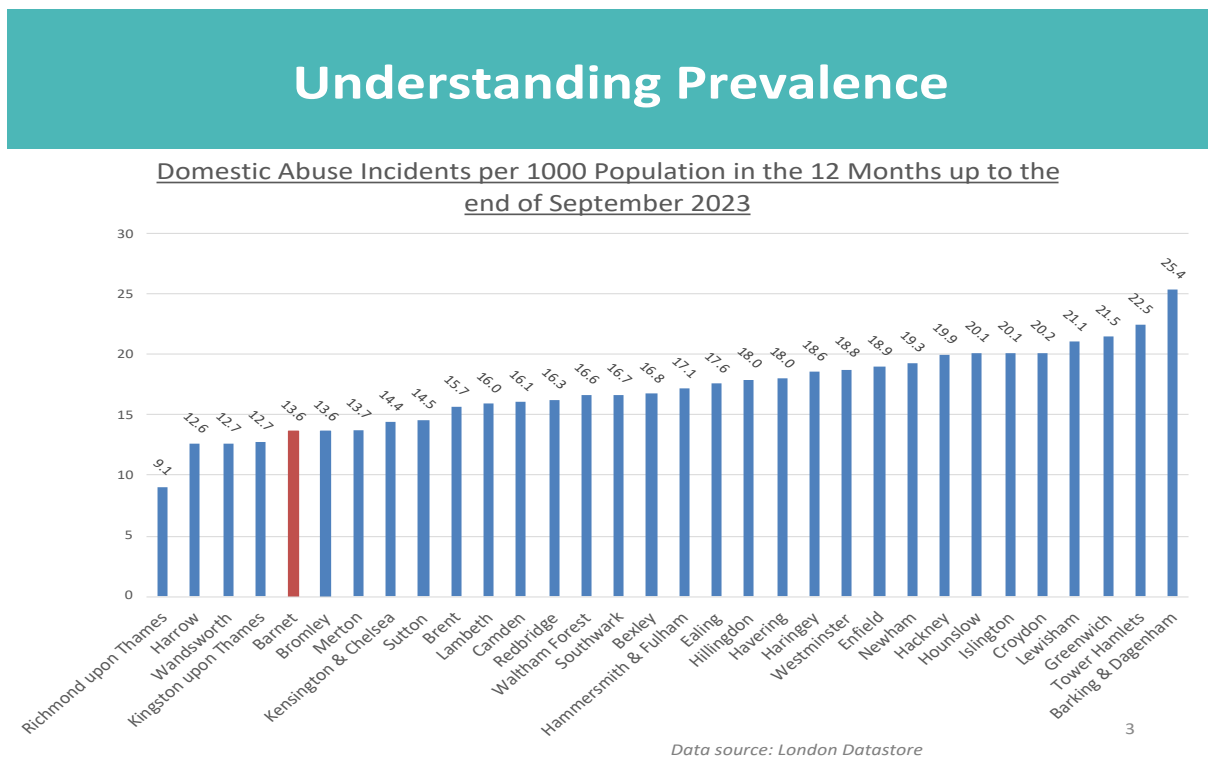
4.1.12 The Leader of the Council met with up to 25 survivors on 19 September 2023 at The Leader Listen's event held at Hendon Town Hall. The event was supported by Solace, Youth Realities, Refuges, Asian Women's Rights Centre, Romanian and the Eastern European Hub. The event provided an opportunity for survivors to share their experience about support and services delivered in the borough. The feedback included how helpful survivors have found some services and some of the challenges faced in dealing with housing, police, mental health, social care. Survivors made recommendations including, the need for trauma informed services, training for police, raising awareness of the One Stop Shop, training for designated safeguarding leads in schools and, support for young survivors of domestic abuse. The feedback is being incorporated into the VAWG Action Plan and will be reported in full in Q3 2023/24.

❖ Objective 3: Pursue Perpetrators and Engage them in behaviour change.

4.2.1 Perpetrators of domestic abuse need to change their behaviour and stop offending. The relentless pursuit of perpetrators will drive down and reduce the number of domestic violence incidents and homicides. This requires better understanding and measures to address the low number of charges, prosecutions, and convictions against perpetrators and continued investment in interventions and programmes that change behaviour in the long-term.

- 4.2.2 Barnet is delivering a range of programme aimed at addressing perpetrator behaviour and ensuring victim safety, this includes the RISE Mutual Perpetrator Programme, Culturally Integrated Family Approach, Safe and Together and the Drive Programme.
- 4.2.3 Barnet's rate of Domestic Abuse Incidents in the 12-month period to September 2023 is 13.6 per 1,000 population. This places Barnet in as 5th from the lowest rate in London (Fig 4.).
- 4.2.4 There were 731 Domestic Abuse with Injury offences recorded in the 12-month period to September 2023; the sanction and detection rate is 7.3% in the reporting period.

Fig 4 Understanding Prevalence



5 RISE Mutual CIC

- 5.2.1 The Rise Perpetrator Programme commissioned by Family Services is aimed at reducing re-offending and repeat victimisation, following a successful procurement exercise, RISE has been awarded a further 3-year contract that started January 2023. The programme uses proven evidence-based approaches for behaviour change, helps perpetrators to take positive and tangible steps to prevent re-offending and works with victim partners to aid recovery.
- 5.2.2 Fig 5 below shows there were 30 new referrals for RISE Mutual Perpetrator Programme in Q1 & Q2 2023/24 and 197 perpetrators open to MARAC in the same reporting period. 89% of perpetrators are male and 30% are the current partner of the victim; ex-partners account for 38% of perpetrators in the reporting period. 18% of perpetrators report mental health needs and 25% report substance misuse needs in the reporting period.

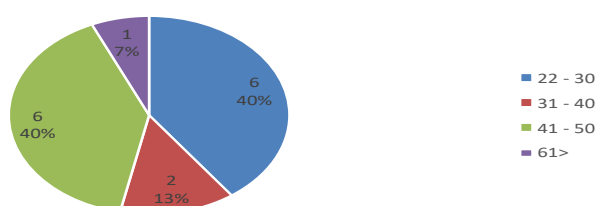
Fig 5. RISE Mutual Perpetrator Programme Q1 & Q2 2023/24

RISE Mutual Perpetrator Programme Adults Service: Q2 2023/24

| Adults Service | Q2 22/23 | Q3 22/23 | Q4 22/23 | Q1 23/24 | Q2 23/24 |
|--|----------|----------|----------|----------|----------|
| New referrals | 7 | 25 | 22 | 15 | 15 |
| Number of engaged service users in the programme at the start of the Quarter | 9 | 2 | 8 | 2 | 7 |
| New service users entering the programme | 13 | 6 | 27 | 14 | 9 |
| Number of service users leaving the service | 16 | 8 | 17 | 27 | 17 |
| Number of service users departing in an agreed and planned way | 12 | 2 | 8 | 10 | 9 |

Ages of Service Users in Q2 2023/24

- Majority of service users are aged between 22-30 & 41-50 years old.



Objective 3

12

5.2.3 Barnet is the lead borough for the RISE Culturally Integrated Family Approach (CIFA) Programme which is being delivered in Barnet and 9 other London boroughs (Brent, Harrow, Newham, Tower Hamlets, Haringey, Enfield, Hammersmith & Fulham, Royal Borough of Kensington & Chelsea, and Westminster). An implementation meeting was held in Barnet with engaged local authorities and the MOPAC Policy & Commissioning Manager on 21st September 2023.

❖ Safe & Together

5.2.4 The Safe & Together model is delivered by the Safe & Together Institute and aims to support children to remain safe and together with non-offending parent by ensuring safety and stability through partnering with the non-offending parent and intervening with perpetrators to reduce risk and harm to the child. [Multi-agency safeguarding and domestic abuse paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115427/multi-agency-safeguarding-and-domestic-abuse-paper.pdf). 'Safe and Together' training is currently being delivered to practitioners in the children's workforce.

❖ Drive Programme

5.2.5 On 1 October 2023 Barnet will be delivering the Drive Programme which is funded by MOPAC DA Perpetrator Programme. The Drive Programme works with high harm perpetrators to reduce abuse and increase victim/survivor safety. High risk, high harm perpetrators are those who have been assessed as posing a risk of serious harm or murder to people they are in intimate or family relationships with. The programme was developed in 2015 by Respect, SafeLives, and SocialFinance – The Drive Partnership and employs a whole-system approach using an intensive case management system

alongside a coordinated multi-agency response. The intervention is individually tailored and challenges perpetrators to change, the programme works alongside partner agencies i.e., police and social care services to disrupt abuse and can be composed of support work, behaviour change, and disruption actions. The referral pathway in Barnet will be through the Domestic Abuse MARAC and the Drive Programme will work with a caseload of 30 perpetrators for up to 12-months in each BCU, which will be approximately 10 in each borough (Harrow, Brent, and Barnet).

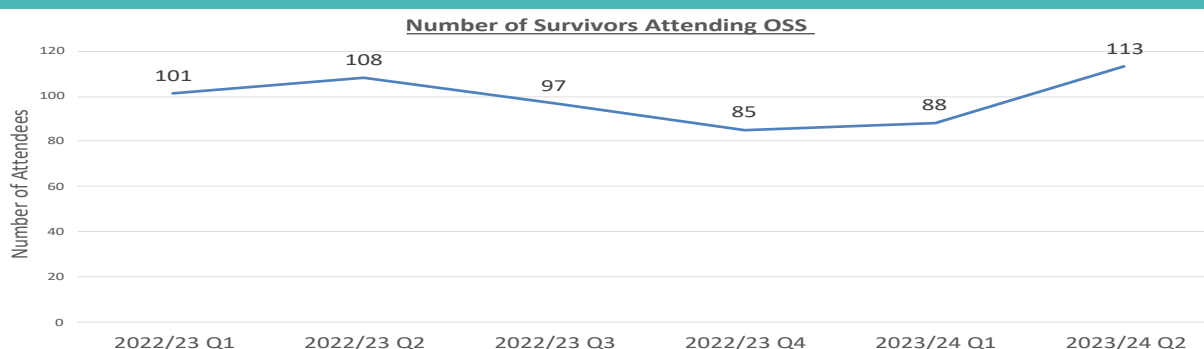
5.2.6 Reporting for the three workstreams above will be available in Q4 2023/24.

❖ **Objective 4: Strengthen the partnership response to improve multi-agency working and information sharing to deliver improved outcomes.**

- 5.3.1 The whole of society needs to work together to reduce the prevalence of domestic abuse, domestic homicide, and suicides linked to domestic abuse, and deliver the best possible outcomes for victims and survivors. Domestic abuse cases must be identified quicker and in greater numbers. In Barnet, we are working to improve collaboration and coordination between and within organisations.
- 5.3.2 The VAWG Delivery Group meet quarterly to oversee delivery against the aims of the DA & VAWG Strategy, by measuring data, analysing local performance, and identifying best practice the partnership can drive the Action Plan towards completion and identify issues early for consideration of the multi-agency partnership.
- 5.3.3 Barnet's One Stop Shop (OSS) is led by Barnet Homes in partnership with Barnet council, Solace Women's Aid, Asian Women's Resource Centre, private solicitor firms, Barnet Magistrate, and many other agencies. As detailed in Fig 6 below, there has been a steady increase in use of the OSS since the service resumed face to face delivery in Q4 2022/23. A refreshed communication campaign will be launched during the 16 Days of Activism in Q3 2023/24 will include information about the OSS and support available in the borough.

Fig 6. One Stop Shop

One Stop Shop (OSS) Number of Survivors Attending



Compared to the same quarter last year, Q2 (2023/24) has seen an increase of 5 attendees (4.6%). Q2 2022/23 was the peak last financial year.

2.3: Focus: Increased confidence in reporting (Outcome) ⁵

❖ 16 Days of Activism

- 5.3.4 16 Days of Activism against Gender-Based Violence will commence on 25 November, the International Day for the Elimination of Violence against Women, and end on 10 December, Human Rights Day, indicating that violence against women is the most pervasive breach of human rights worldwide. In 2023, the UNiTE campaign theme is 'Invest to Prevent Violence Against Women & Girls' and will focus on the importance of financing different prevention strategies to stop violence from occurring in the first place.
- 5.3.5 A calendar of multi-agency activity across the 16-day period is in development and will include on-line Bystander Training delivered by the Women's Night Safety Charter, a Domestic Abuse & VAWG Conference with a range of local, regional, and national experts and speakers to be held on 28 November 2023.
- 5.3.6 Refreshed communications to residents have been circulated in November, sharing the calendar of events open to the public and information on local services delivering support.

❖ Stop VAWG

- 5.3.7 Stop VAWG is the council's 'ending male violence against women' Steering Group which is comprised of male Ambassadors and male and female Champions who meet monthly to implement the council's 3-year Action Plan to Stop VAWG. The Stop VAWG action plan encourages men to become Stop VAWG Ambassadors and as part of this to call out other men's misogynistic attitudes and behaviours. The group have a strong link to Middlesex University which is working to support secondary schools within the borough through the development of a "Counter, Not Cancel Misogyny" toolkit.

❖ #HearMyVoice

- 5.3.8 Is a campaign initiative to address VAWG and Domestic Abuse, it is a collaboration between the council, Middlesex University and DA & VAWG partners from across the borough. Following the success of #HearMyVoice event in May 2023 the programme has continued throughout the year and both a focus on capturing the local context of the borough and in particular the narratives of individuals, groups, and organisations in the community but also on challenging misogyny.
- 5.3.9 The #HearMyVoice 2024 exhibition will showcase the work completed by students and supported by a social media campaign.

❖ Objective 5: Working together for safer streets, community, and public spaces.

- 6.1.1 This objective aims for all Barnet residents to feel safe out in the community by working together to reduce Violence against Women and Girls (VAWG) and raising awareness.

❖ Safer Spaces

- 6.1.2 The Protection from Sex-based Harassment in Public Act 2023 (Chapter 47) makes it an offence to cause intentional harassment, alarm, or distress to a person in public where the behaviour is done because of that person's sex; and for connected purposes; the offence is punishable on conviction to imprisonment for a term not exceeding 2 years or a fine or both.
- 6.1.3 In recognition of the importance of the need for a proactive approach in working to ensure women and girls feel safer in the community, the council has appointed a transformation project lead to develop a Safe Haven Network Pilot. In consultation with Barnet's Women's Network the council is launching a Safe Haven network which will support our residents when they are out in public places during the evening and nighttime economy hours. A Safe Haven will act as a space for women, girls, and individuals that identify as female to seek temporary refuge in moments of vulnerability, or if support is required to safely continue their onward journey. The Safe Haven's will provide a safe space to wait for a taxi, seek assistance in charging a phone or accessing a phone to contact family/friends or emergency services.
- 6.1.4 Safe Haven's will be premises that are open after 6pm and have a minimum of two staff working on site, with a separate safe waiting area and CCTV on the premises. Safe Haven's will display branded signage on the windows and doors of the premises. The pilot will build on the existing initiatives across the borough including Mencap Safe Spaces, Ask for Ani, and Ask for Angela
- 6.1.5 Barnet Council is a signatory to the Mayor's Women's Night Safety Charter. The resources and training available through the charter will support the development of the Safe Haven Network pilot for business operating in the evening and night-time in the borough.
- 6.1.6 Businesses that sign up to participate in the Safe Haven Network will be provided with first aid kits, bottled water, phone chargers, window stickers and on-line training that provides an overview of the importance of Safe Haven's and expectations and support for

participating businesses. The Safe Haven pilot will be promoted during the 16 Days of Activism and go live in December 2023.

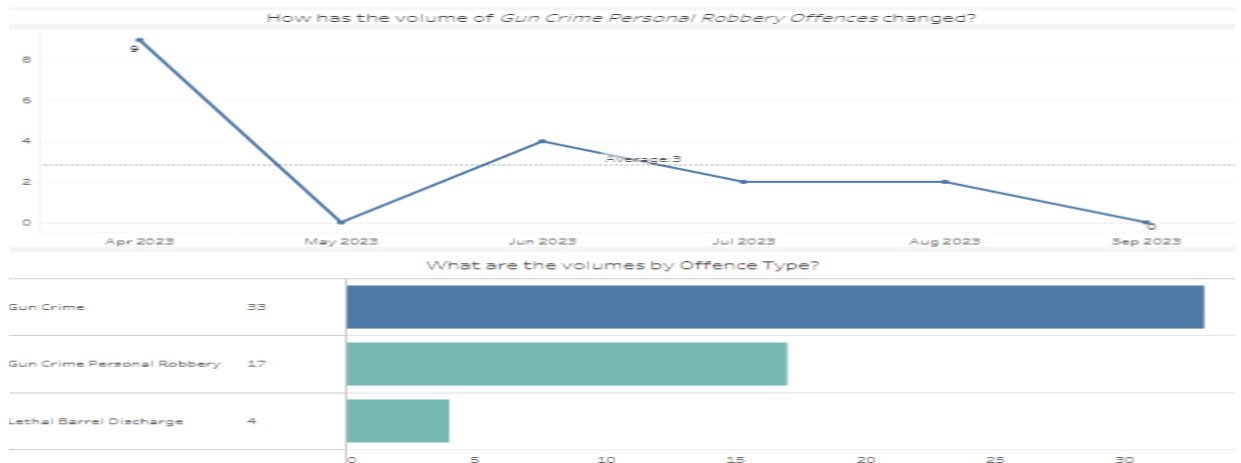
❖ Domestic Homicide Reviews

- 6.2.1 When a death occurs because of domestic abuse, there is a statutory requirement to conduct a multi-agency Domestic Homicide Review (DHR) to identify what changes can be made to reduce the risk of similar incidents happening in the future. The purpose of Domestic Homicide Reviews is not to assign blame or responsibility but to understand what lessons there are to be learned and make recommendations based on those lessons as to how we can better work together to prevent future homicides.
- 6.2.2 Between 2017 - 2019, five domestic homicides took place in Barnet resulting in 4 Domestic Homicide Reviews. The Home Office has provided feedback on two of the DHR's and the other two are with the Home Office awaiting feedback. The VAWG Delivery Group oversees the DHR Action Plan and is collating feedback from partner agencies on progress made for reporting in Q3 2023/24.

7 Tackling Violence

- 7.2.1 Priority 3 of Barnet's Community Safety Plan has the following outcomes to reduce violence, vulnerability, and exploitation (VVE):
- Sustained reductions in offending and early intervention for those identified at risk of VVE.
 - Training for frontline staff to recognise vulnerability and exploitation in order to be able to refer to appropriate risk panels and intervention pathways.
 - Provide guidance to Barnet Schools
 - Recognise and respond to the dynamic affiliations between violence, drugs, and group/gang offending in Barnet.
- 7.2.2 The Strategic Needs Assessment of Serious Violence in the Borough in response to the requirements of the Serious Violence Duty set out in the Police, Crime, Sentencing and Courts Act 2022 (PCSC Act 2022) which came into force in January 2023 has been completed, this will be presented to the Safer Communities Partnership in November 2023 and inform the development of a Serious Violence Strategy for the borough to be published in January 2024.
- 7.2.3 In Q1 & Q2 2023/24 there were 130,218 violence against the person offences committed across London, 4,261 offences were committed in Barnet accounting for 3.2% of all violence against the person offences. There were 214 knife crime offences in Barnet during Q1 & Q2 2023/24 in Barnet, a rate of 0.5 per 1,000 population, which is 5th lowest rate in London in the reporting period.
- 7.2.4 Barnet, alongside 3 other London Boroughs (Enfield, Southwark, and Hackney), had the 5th highest volume of gun crime offences in the reporting period. In Barnet there were 33 gun crime offences in Q1 & Q2 2023/24, 4 of these were categorised as lethal barrel discharges and 17 categorised as personal robbery offences. As the chart below (Fig 7) shows, there has been a significant decrease in gun crime over the reporting period.

Fig 7. Gun Crime Barnet Q1 – Q2 2023/24



❖ Adults at Risk Panel

7.2.5 Barnet Family Services coordinates a monthly panel to coordinate risk management approaches for young adults. The terms of reference were updated in Q1 2023/24, joining the High-Risk Panel for care leavers with the Serious Adult Violence Panel, forming a new Adults at Risk Panel. The multi-agency panel acts as a bridge between child and adult services enabling connections to be made in relation to adults and children who are at risk of involvement in violent offending. The Adults at Risk Panel (AARP) aims to provide a partnership approach to risk management of individuals involved in serious violence and exploitation to assist youth to adult transitions and support transitional safeguarding arrangements.

7.2.6 The AARP cohort is comprised of adults aged 18yrs+ and some young people who are transitioning from Youth Justice (resettlement and aftercare and Youth to Adult (Y2A) transitions); some are subject to statutory reporting with Probation or Police or are receiving statutory services as Care Leavers. The panel aims to support co-ordinated intelligence gathering and information sharing to support the formulation of contextual assessments and plans to reduce risk and create opportunities for positive change.

7.2.7 Referrals to AARP have doubled since the merge with high-risk Care Leavers which reflects both the vulnerability of this cohort of young people and the cross into exploitation. Since the development of the refreshed panel 16 young adults have been discussed, of these:

- 38% are Care Leavers
- 25% were referred by Probation.
- 6% were referred by Integrated Offender Management (IOM)
- 6% were referred from the Resettlement & Aftercare Panel (RAAP)
- 25% were joint referrals.
- 6% were females.
- 94% are aged between 18-25 years (6% aged 25-28 years)
- 81% were identified as being gang involved or associated.
- 19% were referred to the National Referral Mechanism

7.2.8 AARP is supporting transitional safeguarding arrangements which recognise that vulnerabilities continue beyond the age of 18, this is creating stronger links across to other

multi-agency risk and case management forums including MAPPA, Resettlement & Aftercare, Integrated Offender Management, Tackling Exploitation & Violence Panel (under 18's), Adult Liaison Group (scoping access to therapeutic services for the Adults at Risk cohort). The Panel has developed pathway links to homelessness support and mentoring services creating a holistic wraparound of services.

AARP Case Study – Joe

Concerns: Gang/Serious violence/exploitation/Domestic Abuse/ Adult & Child safeguarding

- Consultation held with two boroughs as Joe was moving across borough boundaries.
- A multi-agency meeting was held with very good attendance from across the range of services involved and provided an opportunity for professionals to meet and discuss their individual agency involvement for the first time.
- MASH referrals made in relation to the children and adults recognising intergenerational vulnerabilities.
- Referred to DA MARAC and linked across both boroughs to reduce risk of falling through services during moves.
- Referral to CS MARAC referral was completed to handle ASB concerns.
- Coordinated support is on-going.

7.2.9 The Family Services Violence, Vulnerability & Exploitation Team hold oversight for coordinated delivery of a range of services aimed at reducing youth and adult violence and supporting victims. Several programmes are delivered across Early Help, Children's Social Care and Youth Justice Services, often in partnership with wider agencies that engage young people in both prevention, diversion, and risk reduction interventions.

❖ Victim Care Hub

- 7.3.1 Barnet Family Services developed a Victim Coordinator role with London Crime Prevention Funding (LCPF) to strengthen the support for direct and indirect victims of violent offending and to plug the gap created by the cessation of the Young Persons Victim Support Service in March 2022. The service supports the aims of the [Code of Practice for Victims of Crime in England and Wales \(Victims' Code\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/103113/Code_of_Practice_for_Victims_of_Crime_in_England_and_Wales_Victims'_Code.pdf)
- 7.3.2 The Barnet Victim Care Hub (BVCH) is now established, and a new Victim Hub Coordinator has been appointed which has supported re-engagement with key stakeholders and a continuation of raising awareness of the Victims Code of Practice.
- 7.3.3 During Q1 2023/24 100% (n=18) of referred victims into the BVCH were provided with further information about the Victims Code of Practice and were informed of their rights. This reduced to 71% (n=15/21) in Q2 2023/24 as 29% of the referred victims were indirect victims i.e., a child of a victim, although the needs of these victims were considered in care planning.

- 7.3.4 The Victims Response Panel has been established with the first meeting taking place in Q2 2023/24. The panel provides a co-ordinated and multi-agency response for supporting victims that sit on the periphery of the Criminal Justice System so may not be aware of services available to them or have confidence to report incidents to the police.
- 7.3.5 BVCH has continued to promote the service, offering consultations, signposting to services and the development of support plans for victims being supported by Family Services and delivering briefings to the Barnet Safeguarding Children Partnership, Barnet Homes (including the Domestic Abuse Team), MASH, Onwards and Upwards. The Youth Justice Service Restorative Justice Coordinator has ensured all victims of youth crime have been informed of the BVCH.
- 7.3.6 In Q1 best practice forum was held on CALM Mediation which is a service commissioned to deliver up to 10 community/neighbour mediation sessions aimed at reducing the need for crisis interventions, the session was attended by 37 professionals from across the council, partner agencies and grassroots providers. The approach is voluntary and uses a third party to help resolve neighbour or community disputes by offering a safe environment to discuss the problem, improve communication and reduce tension. Further information can be found [Welcome to Calm Mediation - Calm Mediation](#)
- 7.3.7 Over the reporting period Q1 & Q2 there were 39 referrals, with 18 referrals in Q1 and 21 referrals in Q2; the volume is getting closer to the target 24 referrals per month as the service embeds. The sources of referrals are set out below (Table 1). Family Services, Youth Justice, Children’s Social Care, Early Help and Onwards & Upwards account for more than half of all referrals.

Table 1 Referral Source & Volume

Table 2 Crime Type & Volume

| Referral Source | No. | Type of crime | No. |
|--|-----|-----------------------------------|-----|
| Family Services – Children’s Social Care | 8 | Knife crime | 1 |
| Community Safety Team | 4 | Exploitation | 6 |
| Department of Work & Pensions | 4 | Other non-crime | 2 |
| YJS | 3 | ASB | 7 |
| Probation | 3 | DA | 3 |
| Barnet Mencap | 2 | Robbery | 5 |
| Family Services – Child & Family Early Help Services | 8 | Common Assault | 1 |
| Residents’ association | 1 | Rape and forced underage marriage | 1 |
| Onwards & Upwards | 4 | Threats | 2 |

| | | | | |
|--------------|-----------|--|-----------------|-----------|
| Barnet Homes | 2 | | Hate Crime | 1 |
| | | | Harassment | 3 |
| | | | GBH | 5 |
| | | | Criminal Damage | 2 |
| Total | 39 | | Total | 39 |

7.3.8 In Table 2, the crime type and volume are reported. The data around crime types shows a higher volume of referrals in anti-social behaviour, violent offending (GBH) and exploitation. The BVCH has focused on ensuring that victims have been referred into the appropriate services, are aware of local provision, carried out safety planning and provided personal and home security items to help victims cope and recover at home and feel safer.

Table 3. Number of victim incidents reported to police.

| Location of crime | Reported to police | Not known | Not reported to police | Assisting in investigation | Not assisting in investigation / not known |
|-------------------|--------------------|-----------|------------------------|----------------------------|--|
| Barnet | 23 | 12 | 4 | 8 | 10 |

7.3.9 Table 3 above indicates that all crimes in the reporting period were committed in Barnet, 23 were reported to police and in 8 cases the victim was assisting the police with the investigation, where victim contact has not been established the information is not known. The data is demonstrating that most victims are aware of how to report crime and support.

Table 4. Type of support identified.

| VCOP | Personal safety advice & security | Home safety advice & security | Emotional /trauma support | Signposting/Information provision | Onward referral |
|------|-----------------------------------|-------------------------------|---------------------------|-----------------------------------|-----------------|
| 33 | 17 | 14 | 17 | 21 | 2 |

7.3.10 A needs and risk assessment ensures all referrals are triaged and information is provided on Victim Code of Practice, and that tailored support, safety, and information plans, which include the consideration of indirect victims (i.e., children residing at the home) are completed. Table 4 above highlights the varied support provided across Q1 and Q2 2023/24.

7.3.11 The victims referred to the BVCH are largely adults, the gender split is relatively even. There is on-going development of data collection to ensure wider victim demographics are reportable so that there is a clear understanding of the individuals and communities most affected by crime and the support they need to recover.

❖ Restorative Justice

- 7.4.1 A Restorative Justice Coordinator (RJC) post was established in December 2022, it is funded with three-year London Crime Prevention Funding 2022 – 2025. The aim of the post is to provide training in conflict resolution skills to schools and community-based providers and build a network of Restorative Justice Champions that can support a sustained and embedded approach to conflict resolution across the borough.
- 7.4.2 Restorative Justice (RJ) interventions have a strong evidence base for achieving good outcomes, in a survey conducted by Remedi Restorative Solutions (2021), 94% of victims of crime reported an increase in their feelings of safety following a RJ intervention, while in the Why Me? Valuing Victims Report (2020), over half of victims reported being better able to cope with aspects of life such as health and wellbeing following an intervention.
- 7.4.3 RJ interventions can be offered to perpetrators of crime regardless of the complexity or gravity of the offence (All-Party Parliamentary Group Inquiry into Restorative Practices 2021/22). A research paper published by Remedi Restorative Services (2021) shows that 98% of offenders taking part in RJ interventions reported an increase in their personal understanding of the harm caused by their offending behaviour and furthermore, 96% of offenders stated that participation directly increased their motivation to not reoffend.
- 7.4.4 Over 2023/24 the RJC is providing bespoke training in restorative approaches to a range of school and community-based services to establish a RJ Network, led by RJ Champions with the aim of increasing capacity for schools and community-based services to facilitate restorative interventions whilst also creating opportunities for learning, collaboration, and the sharing of good practice.
- 7.4.5 The RJC will also work with partners in the criminal justice system to open referral routes and access to RJ for victims of crime, thereby meeting the requirements of the Code of Practice for Victims of Crime (2021) by explicitly informing victims of crime of their right to RJ and, where possible, delivering a suitable RJ intervention directly or by onward referral to the RJ Network.
- 7.4.6 Barnet Council has obtained Restorative Justice Council (RJC) membership which will support risk and safety planning, provide access to advice and training, good practice, and information to the wide network of restorative communities. In the long term (Year 3 of delivery) the aim is to achieve accreditation as a Registered Restorative Organisation (RRO). Organisations can review membership criteria and/or apply at [Restorative Justice Council | Promoting quality restorative practice for everyone](#)
- 7.4.7 In Q1 2023/24, 66% (n=12/18) referrals into BVCH had a Restorative Justice (RJ) follow up informing victims of their right to access RJ; all were given information about their rights under VCOP. This increased to 71% in Q2.
- 7.4.8 Restorative Approaches Training for Schools has commenced with 6 schools alongside 7 non-school training events that were held in Q1 2023/24 with voluntary sector providers, Unitas and Early Help settings; the training has reached over 150 participants. Feedback has been very positive.

7.4.9 Restorative training has been delivered to 20 staff working in Barnet’s residential children’s home settings and follow up training has been requested to explore conflict de-escalation and Restorative Justice conferencing.

7.4.10 Fifteen Metropolitan Police Officers participated in the Restorative Justice refresher training course in Q2 2023/24. The course consisted of a bespoke package of activities designed around tuning into restorative dispositions, victim and perpetrator preparation, risk assessment and formal conferencing.

Good Practice:

- Good communication between YJS and the RJ Co-ordinator led to a joint approach with MO10 Prosecutions (Met Police) which supported team attendance at a network and training event in April 2023
- This led to a request for RJ refresher training for up to 50 Met Police officers, including those from Barnet.
- Intended outcome: a rise in the number of victims being informed of their right to RJ under VCOP
- Identification of named officers responsible for raising the profile of and ensuring the effective administration of RJ interventions in their BCU’s
- Stronger mechanisms for delivery and recording RJ interventions.

7.4.11 RJ coordinator hosted a successful Network Meeting with **45** attendees including police, youth settings and schools. The next Network Meeting is scheduled for Q3 in which schools will be invited to reflect and celebrate the early successes and recognised as *Restorative Champions*; their work will support the ambition to becoming a RJC Registered Restorative Organisation

7.4.12 The RJ coordinator has completed 4 days of training at Essex Restorative and Mediation Service which is used to benchmark resources designed by the RJ coordinator and assess their suitability for submission to the Restorative Justice Council for accreditation. Accreditation is beneficial as it will raise the status of the Borough as an approved and verified RJ training provider.

7.4.13 The RJ coordinator has taken the lead for chairing an anti-bullying group which supports the wider restorative approaches in schools and the aim of Barnet council becoming a registered restorative organisation. In Q3 there are plans to develop restorative pathways for victims of VAWG and for roll out of further training on restorative approaches.

7.4.14 The Restorative Justice Project Plan is set out below in Table 5.

Table 5. Restorative Justice Project Plan 2022- 2025

| Project Area | Phase | Additional Information | Progress |
|---|--------|--|-------------|
| Raise the profile of Restorative Practice | Year 1 | Training has commenced and delivered to the first cohort of trainees – the trainee list is widening through networking, community engagement | In progress |

| | | | |
|--|------------|--|-------------|
| Membership of RJC | Year 1 | Membership acquired and active until 2026. | Completed |
| RP/J Training (Design and delivery) | Year 1 & 2 | Delivered to first cohort of 5 schools and 1 follow up session delivered. Leadership and further follow up sessions are booked | In progress |
| Quarterly Network Meetings | Year 1-3 | 3 hosted to date | In progress |
| Provide greater access to RJ for victims of crime | Year1-3 | Linked to Barnet Victim Care Hub greater access is increasing with awareness raising and development of pathways for referral | In Progress |
| Co-ordinate RJ via <i>existing</i> referral routes | Year 2 | Commenced in Q4 2022/23 with the modification of Barnet Victim Care Hub resources to explicitly offer RJ signposting and via direct contact when appropriate. | On track |
| Establish network of RJ community providers | Year 2 | In development alongside delivery of training which will create a network of trained RJ community providers | On track |
| Establishment of <i>new</i> RJ referral routes | Year 2 | Commenced in Q4 2022/24 alongside development of Barnet Victim Care Hub and RJ Coordinator role, pathways are on track for development with key agencies to access BVCH and CALM mediation | On track |
| Accreditation RJC RRO | Year 3 | Can only be achieved once organisation is operating restoratively within the 6 RJC identified parameters. | On track |

8 Reducing Offending

8.1 Barnet Integrated Offender Management

- 8.1.1 Integrated Offender Management (IOM) is a multi-agency non-statutory national framework for managing prolific, persistent & violent offenders, it features prominently in the London Mayor's Office for Policing and Crime (MOPAC) Police & Crime Plan 2021-2025, HM Government Neighbourhood Crime IOM Strategy (December 2020), HM Prison and Probation Service (HMPPS) National Operational Guidance April 2021 and HMPPS Probation London Reducing Reoffending Plan 2022-2025.
- 8.1.2 The previous London IOM model did not consider risk of violence and did not provide a reliable system for consistent decision making across London. As the number of individuals who were eligible for IOM grew >39% between 2013 and 2019; the number of individuals in IOM committing violent offences also grew >30% in the same period. This was a key driver for change in London.
- 8.1.3 In response MOPAC, Police, Probation, Ministry of Justice, and the Home Office reviewed existing IOM practices and launched an 'Updated Operating Framework - London Integrated Offender Management, Managing Persistent, Violent Offenders' published in

January 2021. The IOM model allows for focused management of persistent/violent offenders which means that individuals that do not engage are arrested or 'breached' (returned to court) more swiftly and the frequency and seriousness of offending is reduced.

8.1.4 London Integrated Offender Management (IOM): Managing Persistent, Violent Offenders – Framework (2021) summarises arrangements for IOM delivery and supports consistent approaches across London to measure multi-agency interventions and provide the basis for future innovation and developments in shared offender management. The 2021 Framework has integration embodied in three principles – police and probation working together; ensuring local priorities are met through local leadership and partnerships; and a holistic offender supervision approach.

8.1.5 In addition to Police and probation working together, there is an emphasis on working in partnership at both a strategic and operational level with wider partners including housing, drug and alcohol services and employment agencies in addition to supporting transitions from prison to the community and youth justice transitions to Probation/IOM Services

8.1.6 Barnet's Safer Communities Strategy 2022-2027 sets out in Priority 3 several outcomes that are relative to IOM; these include:

- A reduction in the MOJ (Ministry of Justice) 'Proven adult reoffending rate' offenders in the Integrated Offender Management (IOM) cohort
- An increase in the number of offenders supported by the IOM programme.
- A reduction in the numbers of offenders that are classed as High Risk/Vulnerable, that due to their complex needs and need support from other services e.g., NHS/Public Health and Mental Health Services
- Recognising and responding to the dynamic affiliations between violence, drugs, and group/gang offending in Barnet
- Maintaining a continued emphasis on transition cases and supporting statutory services to coordinate the continuation of services into adulthood.

8.1.7 Barnet's Strategic Reducing Offending Delivery Group provides the basis through which these principals are met. The Strategic Partnership meet quarterly to share local data and monitor the effectiveness of the partnership in reducing offending and reports to the Safer Community Partnership quarterly.

8.1.8 The Terms of Reference are currently in draft to ensure that the Strategic Reducing Offending Delivery Group aims are appropriately aligned to existing local multi-agency and statutory partnership workstreams for Safeguarding Children, Early Help, Youth Justice, Tackling Violence & Exploitation and Combatting Drugs, with which there is overlap.

❖ **IOM Performance Data Q1 & Q2 2023/24 (Data provided Home Office ID-IOM, London MOPAC IOM Data Store & ECINS Performance system)**

8.1.9 Data provided by the Home Office ID-IOM, London MOPAC IOM Data store & ECINS Performance system report.

8.1.10 Barnet IOM adult cohort in Q2 is 86 which is a reduction from 90 reported in Q1 and a decrease of 18% (n=105>86) from Q4 2022/23. The cohort are the highest risk, most prolific, persistent, and violent offenders.

- Statutory Offenders: (Managed on license by Probation) has reduced from 80 in Q1 2023/24 to 72 in Q2 2023/24
- Non-Statutory: (Managed by IOM Police) = *has increased from 10 in Q1 2023/24 to 14 in Q2 2023/24*

8.1.11 Risk /Vulnerability RAG Scores have seen little changes, there was an increase by 1 in Red (n=31>32), no change in Amber (n=19), no change in Green (n=??) and a decrease in Blue (in custody/remand (n=32>27)).

8.1.12 Pan London there are 1,847 IOM Offenders on the Cohort, 95% are male, 56.5% are white whilst 43.5% are from the black and other ethnic backgrounds. There is a comparative percentage of males in the Barnet IOM cohort (95%) although a slightly higher percentage of individuals who identify as white (61%)

8.1.13 76% of the cohort are aged over 25 years; this is broken down below:

- 18 - 24yrs 24.4% (n=21)
- 25 - 34yrs 25.5% (n=22)
- 35 - 44yrs 23.3% (n=20)
- 45+ yrs. 26.7% (n=23)

8.1.14 IOM Impact on Reducing Reoffending, Ministry of Justice Proven Reoffending metric.

- Adults released from custodial sentences of less than 12 months have a proven reoffending rate of 60.1%.
- Adults released from sentences of less than or equal to 6 months had a proven reoffending rate of 60.1%.

8.1.15 Through a combination of collaborative/joined up Multiagency 'One Plan' focused enforcement and supportive interventions Barnet IOM have been able to reduce the reoffending rate of this prolific/persistent & violent group of adult offenders to 24%.

❖ **Performance Management - 'Clinical Outcomes' data is for completed programs/positive outcomes as a % of all referrals made.**

- Q1 Accommodation 75%-90% Housed, increasing in Q2 to 85%-90% Housed.
- Q1 DWP- Universal Credit Application/Training/Employment – 75%-85%, no change in Q2 data.
- Q1 Drugs/Alcohol – 45%-60% (Referral levels to CGL by Probation appear low in relation to IOM offenders with known substance misuse), no change in Q2 data.
- Q1 Probation -Thinking & Behaviour – 80%, no change in Q2 data.
- Q1 Probation Education/courses – 50%, no change in Q2 data.
- Q1 Number 1 Ex Offender Mentoring Academy – 95%, no change in Q2 data.

8.1.16 Offences Charged in highest numerical order (data from Q2 2022/23)

- **Violence** 35.3% (n=24), an increase of 9% from Q1.
- **Burglary** 11.8% (n=8), a reduction of 10% from Q1.
- **Theft** 8.8% (n=6), a reduction of 4% from Q1.
- **Weapons** 7.4% (n=5), a reduction of 6% from Q1

8.1.17 Barnet's IOM program continues to contribute towards a significant reduction in crime which results in reduced costs totalling many millions to the partnership and criminal justice system, crime reduction has a positive impact on the community whilst also increasing trust and confidence of rehabilitation partners working to reduce crime within the community.

8.1.18 MOPAC LCPF Commissioned Service – Ex-Offender Mentoring/Life Experienced Educational Academy

Clinical Outcomes.

- Fitness Course in Q1 2023/24, a total of 8 out of 13 clients successfully completed 61.5%, in Q2 this reduced to *9 out of 36 clients successfully completed 25%*
- Mentoring/Key Worker – in Q1 2023/24, 100% of clients successfully completed, in Q2 this reduced to *29 out of 36 clients successfully completed 80.5%*
- Employability Skills – In Q1 2023/24, a total of 11 out of 13 clients successfully completed 84.6%, in Q2 this reduced to *26 out of 36 clients successfully completed 72.2.*
- Digital Skills – In Q1 2023/24, a total of 8 out of 13 clients successfully completed 61.5%, in Q2 this reduced to 15 out of 36 clients successfully completed 42%.

8.1.19 90-95% of individuals 'actively and 'positively engage' and successfully change and start to make positive life choices. Analysis of offending data shows that both locally and nationally in every cohort there are always a small number of individuals who are more challenging to engage with interventions for change. The cohort of under 25's, which account for just under a quarter of the total IOM cohort, are often those that services find it most difficult to 'reach'. The development of trusted relationships is key to active and positive engagement.

8.1.20 Engagement by MOPAC LCPF No1 Ex Offender Mentoring Educational Academy staff is primarily face to face, whether that be in their offices at NLBP or at the Probation Offices at Denmark House. The level of engagement is risk matched, those in the IOM Red/Amber have daily contact & those in the Green cohort have contact 2-3 times per week.

8.1.21 The service operates 7 days per week and outside of office hours, individuals working with the partnership of the IOM Rehabilitation Team only 5/36 have reoffended. There is a high level of engagement, on average 2-4 times a week either at the gym or at West Hendon probation service, the mentoring service is most used which is supporting the development of trusted relationships which supports attendance at meetings, functional activities such as shopping and help with benefit claims.

❖ Case study of engagement:

Case Study R

R initially refused to work with the IOM as he thought it was police officers who wanted to arrest him. By identifying the professionals that were working with him an introduction was arranged by his Personal Advisor in Onwards & Upwards who explained to R the benefits of having a mentor.

R was able to build some trust which has since developed into a strong working relationship, he is being supported to address his rent, council tax and electricity arrears. R was also locked out of his Barnet Homes property due to an active Gas warrant. His learning needs and mental health are factors that influence his understanding and capacity to manage.

R invited his mentor to go to his family home and meet his mother, they both expressed how glad they were to have the support. R now has daily calls about setting up payment plans and is being supported to build a budget plan. He has been supported to obtain new keys and is being supported to work with other professionals to return to his property.

R has had a mentor for 6 months now, he is seen three times a week, mostly face to face, he has not reoffended and been dropped from Red to Amber on IOM. An extension of support is being explored to continue building his confidence and help him get into education and construction.

8.2 Reducing Offending Youth Offending

8.2.1 Priority 3: Reducing offending including Violence, Vulnerability and Exploitation (VVE), with a focus on acquisitive crime has the following outcomes for youth justice services:

- Sustained reductions in offending and early intervention for those identified as at risk of VVE.
- Recognising and responding to the dynamic affiliations between violence, drugs, and group/gang offending in Barnet.
- Maintaining a continued emphasis on transition cases and supporting statutory services to coordinate the continuation of services into adulthood.

8.2.2 Barnet Youth Justice Services (YJS) work with young people aged 10 to 17 who have offended. Child & Family Early Help Services deliver prevention and diversion activities, including Out of Court Disposals on behalf of the YJS. The approach ensures children are linked to wider Early Help offer that can address some of the causal factors of childhood offending.

8.2.3 In Q2, September 2023, there were 72 children and young people receiving a total of 99 interventions in relation to offending, some children are subject to more than one Order/Intervention; these are detailed in Table 6 below:

Table 6. Youth Justice Interventions (Snapshot data September 2023)

| OOCD | No. |
|---|------------|
| Triage | 2 |
| Youth Caution | 4 |
| Youth Conditional Caution | 8 |
| Turnaround | 20 |
| Criminal Behaviour Order | 4 |
| Total | 38 |
| Community | No. |
| Referral Order | 24 |
| Community Resolution Police Facilitated | 1 |
| Community Resolution - other agency facilitated | 2 |
| Community Resolution with YOT Intervention | 13 |
| Total | 40 |
| Community | No. |
| Referral Order | 24 |
| Community Resolution Police Facilitated | 1 |
| Community Resolution - other agency facilitated | 2 |
| Community Resolution with YOT Intervention | 13 |
| Total | 40 |
| YRO's | No. |
| Youth Rehabilitation Order | 5 |
| Youth Rehabilitation Order ISS Requirement - Band 1 | 2 |
| Youth Rehabilitation Order ISS Requirement - Extended | 1 |
| Total | 8 |

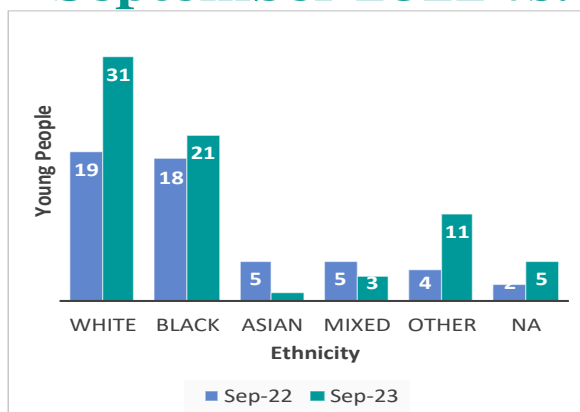
| Bail and Remand | | No. |
|------------------------------------|--|-----------|
| Bail Support Programme | | 3 |
| Remand in Custody (YDA) YOI | | 6 |
| Remand to LAA Status/Programme | | 1 |
| Total | | 10 |
| Custody | | No. |
| DTO Post Custody/Licence Programme | | 3 |
| Total | | 3 |
| Overall total | | 99 |

8.2.4 There is a higher proportion of children on remand in Q2 due to being in a group when a serious crime was committed which has impacted Barnet's usually lower than London and national average. The gravity of the original charge(s) meant that alternative to custody provision in the borough could not be used to accommodate any of the children at that time. The increase is expected to fall in Q3 as a number of these children have subsequently been released from custodial remand without charge.

8.2.5 There are 20 children open to the YJS are who are also children in care, 6 of these are in care due to their remand status in the reporting period. 8 children are subject to a Child in Need Plan and 3 children are subject to a Child Protection Plan.

Fig 9. Demographics YJS Case Load September 2022 – September 2023 Comparison

September 2022 vs. September 2023



| Ethnicity | Sep-22 | | Sep-23 | | Difference |
|--------------|-----------|-------|-----------|-------|------------|
| | Total | % | Total2 | %3 | |
| White | 19 | 35.8% | 31 | 43.1% | 7.2% |
| Black | 18 | 34.0% | 21 | 29.2% | -4.8% |
| Asian | 5 | 9.4% | 1 | 1.4% | -8.0% |
| Mixed | 5 | 9.4% | 3 | 4.2% | -5.3% |
| Other | 4 | 7.5% | 11 | 15.3% | 7.7% |
| NA | 2 | 3.8% | 5 | 6.9% | 3.2% |
| Total | 53 | | 72 | | 19 |

Looking at ethnicity proportion

- There has been a 7.2% increase of YP with white ethnicity
- YP of other ethnicity have also increased by 7.7%
- YP of black ethnicity has decreased by 4.8%

| Gender | Sep-22 | | Sep-23 | | Difference |
|--------|--------|-------|--------|-------|------------|
| | Total | % | Total2 | %3 | |
| Female | 7 | 13.2% | 13 | 18.1% | 4.8% |
| Male | 46 | 86.8% | 59 | 81.9% | -4.8% |

The proportion of males to females has change by 4.8% with females 13.2% vs. 18.1%. The total number of female has almost doubled since last September

*Turnaround interventions removed. Data represents a snapshot in September 2022 and 2023

- 8.2.6 82% of the cohort of children open to Youth Justice Services are male; the number of females in the youth justice system has risen over the past two years and has been the catalyst for the development of a girls group delivered by the Child and Family Early Help Service.
- 8.2.7 Children from Black and global majority backgrounds account for 65% of the cohort, the number of Black children has reduced by 5% over the past 12-months, although there has been a 7% increase in children from a white ethnicity.
- 8.2.8 There are 45 children aged between 16 – 18 open to the Youth Justice Service in September 2023; this age range accounts for 62% of the Youth Justice cohort. 14- and 15-year-olds account for 34% of the Youth Justice cohort, there are 3 children aged between 12 and 13 years open to the service in the reporting period.
- 8.2.9 The Youth Justice Service completed its fourth Residential Programme for children aged 14-16 years and currently subject to Youth Justice Orders in Eastbourne. This programme was established in October 2019 to divert children from offending and provide them with pro-social experiences aimed at building on their resilience and strengths and boosting their self-esteem by offering them new opportunities for personal growth and learning.
- 8.2.10 The programme enables young people to meet the requirements of their Orders, build trusted relationship with safe adults and professionals and develops youth mentors who can work alongside other children in the youth justice system. 7 children attended the 2023 Residential Programme; none have reoffended and two have become mentors having successfully completed their Youth Justice Orders.
- 8.2.11 On this residential trip children in attendance were able to speak about their experience of violence in the community which highlighted the need for trauma-informed approaches in relation to loss and grief. The children shared that they did not feel unsafe in the areas they live but avoid certain postcodes where there are rival gangs and must plan their journeys to avoid crossing into rival territory. Children carry weapons to feel 'safer' they are worried about gang rivalry and reprisal violence; their feedback has been fed into the Tackling Violence & Exploitation Strategy and broader Serious Violence Strategy both of which will be published in 2024.
- 8.2.12 Barnet Youth Justice Service have achieved SEND Quality Mark Lead Status having provided evidence to the Association of Youth Justice Managers against the SEND Ten Key Statement Framework. The Quality Lead Status is the highest rating within the Youth Justice SEND Award, the AYM also awarded a Child First Commendation in recognition of Barnet's child-first approaches.
- 8.2.13 Barnet is delivering a range of preventative and diversionary interventions. Turnaround is a Ministry of Justice (MOJ) 3-year programme providing interventions to children aged 10-17 years who are at risk of entry into the Criminal Justice System (CJS). The programme aims to build positive and trusted relationships so that children's needs can be assessed, and they can receive the support they need to achieve meaningful outcomes, this includes mental health, emotional well-being, and access to community-based projects.

- 8.2.14 The programme targets children who have been recently arrested or who have come to notice of agencies with enforcement powers (within 3 months) for repeated involvement in anti-social behaviour, involved in anti-social behaviour and have received a Community Protection Warning/Notice, Acceptable Behaviour Contract or Civil Order for ASB, have been interviewed under caution following arrest or subject to a criminal investigation attending a voluntary interview, are subject to No Further Action decision, are subject to a Community Resolution or receiving a first-time youth caution, not including conditional caution, have been released under investigation or is subject to pre-charge bail (PCB), discharged by or acquitted or fined at court. Children are ineligible if they have previously received a YJS intervention. No admission of guilt is required, and the programme is voluntary, it can last up to 12 months. Children can only be supported through the programme once.
- 8.2.15 Turnaround Engagement Workers are embedded in the Youth Justice Team and support children to feel safe in the local community, engage in education, employment, and apprenticeships, or positive activities such as sports and music. They can also help them with worries about drugs or alcohol, health and wellbeing, relationship difficulties and knowing their rights.
- 8.2.16 On 8 March 2023, the Youth Justice Board (YJB) for England and Wales and the Ministry of Justice (MoJ) published new Key Performance Indicators for Youth Justice Services (YJS) which were implemented on 1 April 2023. Youth Justice Services have been submitting data. However, the YJB has not yet published data against the additional 10 indicators and have reported that this data will not be available until December 2023.
- 8.2.17 The 10 new KPI's are in addition to 4 current KPIs (first time entrants, reoffending binary rate and frequency rate, and the number of children in custody) as they provide a helpful overview of how the youth justice system is delivering against its principle statutory aim of preventing offending by children.
- 8.2.18 The data will be used by the YJB to monitor performance of youth justice services (YJS) and by the MoJ to identify barriers to reducing reoffending.
- 8.2.19 In recognition of the important role of prevention and diversion activity, the MoJ and the YJB have determined that the data collected will include all children with whom the YJS is working, not just those with a conviction.
- 8.2.20 The 10 additional KPIs are set out below:

| KPI | Description |
|---|--|
| KPI 1 - Accommodation | The percentage of children in the community and being released from custody with suitable accommodation arrangements |
| KPI 2 - Education, training, and employment (ETE) | The percentage of children in the community and being released from custody attending a suitable ETE arrangement |

| KPI | Description |
|--|---|
| KPI 3 - Special educational needs or disability (SEND)/Additional Learning Needs (ALN) | The percentage of children who have an identified SEND need (or ALN in Wales), are in suitable ETE and have a formal learning plan in place for the current academic year |
| KPI 4 - Mental healthcare and emotional wellbeing | The percentage of children in the community and being released from custody with a screened, or, identified need for an intervention to improve mental health or emotional wellbeing; and of that the percentage of planned/offered interventions; of that percentage of children attending interventions |
| KPI 5 - Substance misuse | The percentage of children with a screened or identified need for specialist treatment intervention to address substance misuse; and of that the percentage of children with planned or offered intervention/treatment; and of that the percentage number of children attending intervention/treatment |
| KPI 6 – Out-of-court disposals | The percentage of out-of-court disposal interventions that are completed/not completed |
| KPI 7 - Management Board attendance | Monitoring senior partner representation at management boards, and monitoring if partners contribute data from their individual services that identify areas of racial and ethnic disproportionality. |
| KPI 8 - Wider services | The percentage children who are currently on either an Early Help (EH) plan; on a child protection (CP) plan or classified as Child in need (CiN) or have looked-after status. For Wales only, children who are classified as Children in Need of Care and Support |
| KPI 9 - Serious violence | The rates of children convicted for a serious violent offence on the YJS caseload. |
| KPI 10 - Victims | The percentage of victims who consent to be contacted by the YJS, and of those, the percentage of victims who are engaged with about restorative justice opportunities, asked their view prior to out-of-court disposal decision-making and planning for statutory court orders, provided information about the progress of |

| KPI | Description |
|-----|--|
| | the child's case (when requested) and provided with information on appropriate services that support victims (when requested). |

9 REASONS FOR RECOMMENDATIONS

9.1 To update the Safer Community Partnership Board regarding the progress made in relation to the delivery of the various work strands in Family Services in relation to Domestic Abuse, VAWG, Exploitation, Serious Youth Violence and Reducing Reoffending.

9.2 For the SCPB to recognise progress made against the ambitions of the council in delivering reductions in exploitation, offending and comprehensive services to tackle all forms of violence and to note the commitment of the local authority to achieving a cohesive local model of delivery that improves outcomes for all residents.

10 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

10.1 Not relevant in relation to this report.

11 POST DECISION IMPLEMENTATION

11.1 To develop, implement and monitor partnership-led and community informed local strategies to prevent and respond to violence, exploitation and offending which will inform monitoring fora and governance arrangements for this comprehensive group of services.

12 IMPLICATIONS OF DECISION

Corporate Priorities and Performance

Corporate Plan

12.1 The Barnet corporate plan puts Caring for People, our Places, and the Planet at the heart of everything we do, with a commitment to create places that are clean, safe, and welcoming.

12.2 Family Friendly is a key driver of our corporate planning with the vision of "Creating a Family Friendly Barnet, enabling opportunities for our children and young people to achieve their best".

Outcome Measures

12.3 The Youth Justice Board sets standards and publishes data against thirteen youth justice national performance indicators which are mandatory reporting requirements for youth justice

partnerships through their Youth Justice Management Boards:

- **First time entrants to the youth justice system**
Young people aged 10 to 17 years receiving a pre-court disposal or conviction. This data is published quarterly per local authority area, for a rolling 12 months and is taken from the Police National Computer (PNC). The FTE figure is compared with the same quarter of the previous rolling 12-month period.
- **The binary reoffending rate**
Frequency and binary re-offending data is published quarterly per local authority area, comparing rolling 12-month data from 2 years ago with data from 3 years ago. This is taken from PNC. The binary figure relates to the percentage of young people in the cohort who reoffend, and the frequency figure relates to the number of re-offences per young person.
- **The use of custody**
The number of young people per 1,000 of the 10 to 17 population receiving custodial sentences is compared with the number who received a custodial sentence in the same quarter of the previous year.
- **Suitable accommodation**
The type and suitability of accommodation at the start and end of the order by type of order. Additionally, for those leaving custody, it looks at how far in advance accommodation was secured. YJSs are required to record the number of children in the community and being released from custody into suitable or unsuitable accommodation arrangements.
- **Education, training, and employment (ETE)**
The number and proportion of children in ETE by suitability, ETE provision type and type of order for children of school age and children above school age and how many hours were offered and attended.
- **Special educational needs and disabilities/Additional learning needs**
The number of children with SEND for England or by type of order, whether they have a formal plan in place and whether they are in suitable ETE.
- **Mental health care and emotional wellbeing**
How many children are screened or assessed to understand their mental health and emotional wellbeing needs. For children who are already in an arrangement to support their mental health and emotional wellbeing, is the support is in place.
- **Substance misuse**
The number of children with a screened or identified need for an intervention or treatment to address substance misuse and of that, the number of planned/offered treatment and the number of children attending intervention/treatment.
- **Out of court disposals**
The number of children with interventions ending in the period, the number of children who completed the intervention programmes in the quarter and the number of children who did not complete intervention programmes in the quarter.

- **Links to wider services**

The number of children who are classified as a currently care experienced child (known in statute as a 'Looked After Child'), a 'Child in Need' or who are on a 'Child Protection Plan', an 'Early Intervention Plan' or who are referred to Early Help services.

- **Management board attendance**

The number of senior partners attending the quarterly meetings, and of those senior partners was data presented which identified areas of disproportionality.

- **Serious violence**

The number of children cautioned or convicted of Serious Violence on the YJS caseload.

- **Victims**

The number of victims resulting from offences committed by children on the YJS caseload, the number contacted, and the number engaged in restorative justice opportunities as well as those who requested and were given further information and support.

13 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

13.1 There are no current financial implications associated with the recommendations of this report.

14 Legal and Constitutional References

14.1 Under s.17 of the Crime and Disorder Act 1998, it is a duty of the Council (and other partner agencies, including Police, Fire & Rescue, Greater London Authority, Transport for London) when exercising its functions to have due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder (including anti-social behaviour), misuse of drugs, alcohol and other substances and re-offending.

14.2 The BSCP is a Community Safety Partnership set up in accordance with the requirement of the section 5 Crime and Disorder Act 1998 as amended by section 108 of the Policing and Crime Act 2009.

14.3 The Domestic Abuse Act 2021 places a duty on local authorities in England to assess the need for accommodation-based support to victims of domestic abuse, prepare and publish a strategy for the provision of such support and monitor and evaluate its effectiveness. Prior to publishing a strategy, the local authority must consult the domestic abuse local partnership board and such other persons as the local authority considers appropriate.

14.4 The Victim's Bill 2023 makes provision for victims and others affected by criminal conduct; the Bill makes e appointment and functions of individuals to act as independent public advocates for victims of major incidents; about the release of prisoners; about the membership and functions of the Parole Board; to prohibit certain prisoners from forming a marriage or civil partnership; and for connected purposes.

14.5 Section 10 of the Offender Rehabilitation Act 2014 amended the Offender Management Act 2007, placing a duty on the Secretary of State for Justice to ensure that arrangements for

supervision or rehabilitation identify specific need and so make appropriate provision for women and vulnerable groups.

- 14.6 Section 40 of the Crime and Disorder Act 1998 places a duty on local authorities, after consultation with the relevant persons and bodies, to formulate and implement for each year a plan (a "youth justice plan") setting out:
- (a) how youth justice services in their area are to be provided and funded; and
 - (b) how the youth offending team or teams established by them are to be composed and funded, how they are to operate, and what functions they are to carry out.

15 Insight

n/a

16 Social Value

16.1 The cost of offending and reoffending is set out in the 2018 Home Office report on the Economic and Social Cost of Crime (2nd edition). The report followed a cohort of offenders identified in 2016 who subsequently went on to reoffend during the 12-month follow up. The total estimated economic and social cost of reoffending was £18.1 billion. In addition, there is a further personal, familial and community cost which impacts on the lives of individuals, children and families and the communities that they live in.

16.2 48% of adults that spend time in prison go on to reoffend within 12-months of release. Prison does not treat offending and does not prevent reoffending (Ministry of Justice, 2019 'Proven reoffending statistics': April – June 2017)

16.3 Reducing reoffending seeks to minimise the harm caused and create opportunities for social integration, family cohesion and community engagement. For women, particularly those who are primary carers for children, the value in supporting those women to escape cycles of abuse, victimisation and offending may also mean providing a child(ren) with improved opportunities to grow up in their own family and to enjoy healthy and reliable contact with a primary carer.

16.4 Violence preventative interventions, improve educational and health outcomes. Violence is a major cause of ill health negatively affects wellbeing; it is strongly related to inequalities. The poorest fifth of people in England have hospital admission rates for violence five times higher than those of the most affluent fifth. It affects individuals and communities and is a drain on health services, the criminal justice system and the wider economy. (Serious Violence Duty: Draft Guidance for responsible authorities, 2023)

17 Risk Management

17.1 Risk management varies according to the different initiatives. The partnership or appropriate agencies are made aware of risks and actions to mitigate the risk are agreed and put in place. There is always risk that the partnership may not achieve the targets set due to factors outside its direct control – however there is strong partnership working in place enabling agencies to identify and highlight risk and be open to addressing the risk collectively.

18 Equalities and Diversity

18.1 Decision makers should have due regard to the public sector equality duty in making their decisions. Section 149 of the Equality Act 2010 sets out the public-sector equality duty to which the authority must have due regard.

18.2 Elected Members are to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place. The equalities duties are continuing duties they are not duties to secure a particular outcome.

18.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

18.4 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- Tackle prejudice, and
- Promote understanding.

18.5 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race,
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil partnership

18.6 The commitment to the Public Sector Equality Duty is set out in the council's Equalities, Diversity and Inclusion Policy 2021-2025 which aims to actively tackle inequalities, foster good relationships across our communities and recognise the contributions that people from different backgrounds make to life in our borough. Violence and offending affect all communities and there well documented racial disproportionality in the criminal justice system for children and adults that must be addressed. The Domestic Abuse & Violence Against Women & Girls Strategy and action plans to reduce violence, recognises the intersectionality of protected characteristics, disadvantage, and discrimination. It is our aim for the borough to be a fair, inclusive and a safe place for all our communities. Where discrimination is tackled, hate crime is reported and dealt with promptly, and everyone feels safe to live their life.

19 Corporate Parenting

19.1 Many children who are cared for by the local authority have been exposed to domestic abuse prior to entry into care and young women in care and leaving care may have adverse childhood experiences that may make them more vulnerable to domestic abuse, coercion, and control in relationships. The DA and VAWG Strategy 2022 – 2025 aims to ensure that domestic abuse services are accessible to all that need them, including children. The strategy will overlap with Corporate Parenting Services and arrangements for transitional safeguarding.

19.2 Children and young people in care and care experienced young people have a higher prevalence of adverse childhood experiences that may make them susceptible to grooming and coercion as such may be at an increased risk of becoming involved with the criminal justice system. The strategic aims of working with children, young people, and adults at risk of violence, exploitation and offending will ensure cohesive overlap with Corporate Parenting Services, transitional

safeguarding and transitions and resettlement planning for young people involved with Youth Offending Services and transitioning to National Probation Services.

20 Consultation and Engagement

20.1 As a matter of public law, the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in four circumstances:

- where there is a statutory requirement in the relevant legislative framework
- where the practice has been to consult, or, where a policy document states the council will consult, then the council must comply with its own practice or policy.
- exceptionally, where the matter is so important that there is a legitimate expectation of consultation.
- Where consultation is required to complete an equalities impact assessment.

20.2 Regardless of whether the council has a duty to consult, if it chooses to consult, such consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:

- comments are genuinely invited at the formative stage.
- the consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response.
- there is adequate time given to the consultees to consider the proposals.
- there is a mechanism for feeding back the comments and those comments are considered by the decision-maker / decision-making body when making a final decision.
- the degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting.
- where relevant and appropriate, the consultation is clear on the reasons why and extent to which alternatives and discarded options have been discarded. The more intrusive the decision, the more likely it is to attract a higher level of procedural fairness.

21 BACKGROUND PAPERS

22 REASONS FOR RECOMMENDATIONS

22.1 To update the Safer Community Partnership Board regarding the progress made in relation to the delivery of the various work strands in Family Services in relation to Domestic Abuse, VAWG, Exploitation, Serious Youth Violence and Reducing Offending

22.2 For the SCPB to recognise progress made against the ambitions of the council in delivering reductions in exploitation, offending and comprehensive services to tackle all forms of violence and to note the commitment of the local authority to achieving a cohesive local model of delivery that improves outcomes for all residents.

23 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

23.1 Not relevant in relation to this report.

24 POST DECISION IMPLEMENTATION

24.1 To develop partnership-led and community informed local strategies to prevent and respond to violence, exploitation and offending which will inform monitoring fora and governance arrangements for this comprehensive group of services.

24.2 Family Services will coordinate stakeholder meetings to explore key priorities and undertake public consultation and member engagement activities to agree local strategic priorities and plans for coordinated delivery.

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CST Mid-Year Report 2023
Including Q1 & Q2 of financial year 2023/24



Caring for people, our places and the planet



Priority 1: Tackling and reducing anti-social behaviour



Anti-Social Behaviour (ASB) Case review (Formally known as Community Trigger)

If a victim/complainant has reported three reports of anti-social behaviour to the police, council, or registered provider of housing (housing association) or five individuals have reported the same issue separately in the past six months and believe no action has been taken they can apply for a review of how the various agencies have dealt with the problem. .

It gives the victim/complainant the right to call for the Barnet Community Safety Partnership (BSCP) to work together to review the problem and devise an action plan to resolve it. More information can be found by visiting our website here <https://www.barnet.gov.uk/community/community-safety/anti-social-behaviour-case-review-formerly-known-community-trigger#title-0>

Public Space Protection Order (PSPO)

A borough wide PSPO with 11 conditions has been implemented in Barnet and is in place for 3 years. A Public Space Protection Order (PSPO) is a power under the Anti-Social Behaviour, Crime and Policing Act 2014. It is intended to allow a council (and police) to deal with a particular nuisance or problem behaviour that is detrimental to the local community's quality of life in a particular area. Breach of a PSPO is a criminal offence with a maximum penalty of £1000 in court or a £100 fixed penalty notice (30% reduction if paid within 14 days). The PSPO will be enforced by authorised council officers, police officers and police community support officers. Please see link for further details <https://www.barnet.gov.uk/pspo>

The Community Safety team have a number of tools at their disposal to combat ASB such as Injunctions, Community Protection orders (CPN), Criminal Behaviour Orders (CBO) and Premises Closure orders (PCO)

Priority 1: Tackling and reducing anti-social behaviour



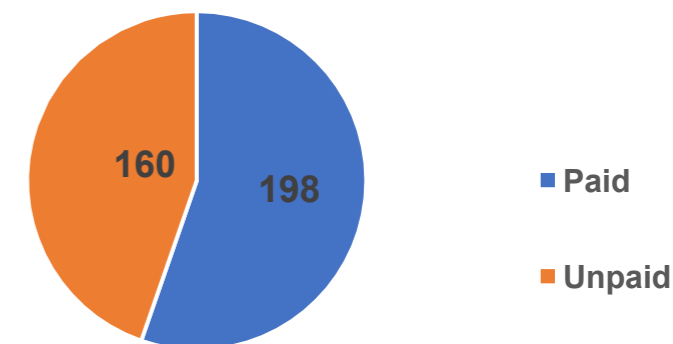
ASB Tools and Powers Outcomes:

| Month | Injunction | Criminal Behavior Order (CBO) | CPN Written Warning | Community Protection Notice (CPN) | CPN Breached | Public Space Protection Order (PSPO) | Premises Closure Order (PCO) |
|----------------|------------|-------------------------------|---------------------|-----------------------------------|--------------|--------------------------------------|------------------------------|
| April 2023 | 0 | 0 | 21 | 0 | 0 | 3 | 1 |
| May 2023 | 0 | 0 | 5 | 1 | 2 | 8 | 0 |
| June 2023 | 0 | 0 | 20 | 1 | 0 | 20 | 1 |
| July 2023 | 0 | 0 | 9 | 1 | 0 | 20 | 0 |
| August 2023 | 0 | 0 | 13 | 0 | 0 | 29 | 0 |
| September 2023 | 0 | 0 | 6 | 2 | 0 | - | 0 |

Data includes the 6 months of April 2023 – September 2023

Fixed Penalty Notices: 6 Months to September 2023

FPN: 6 Months to September 2023



Total FPN's Issued: 358

Community Trigger*: 6 Months to August 2023

There were **9** Community Trigger applications received during the 6 months to August 2023.

*Community Triggers give victims and communities the right to request a review of their case (where the local threshold is met), to bring agencies together to take a joined up, problem solving approach for the victim, this is in line with priority 1.

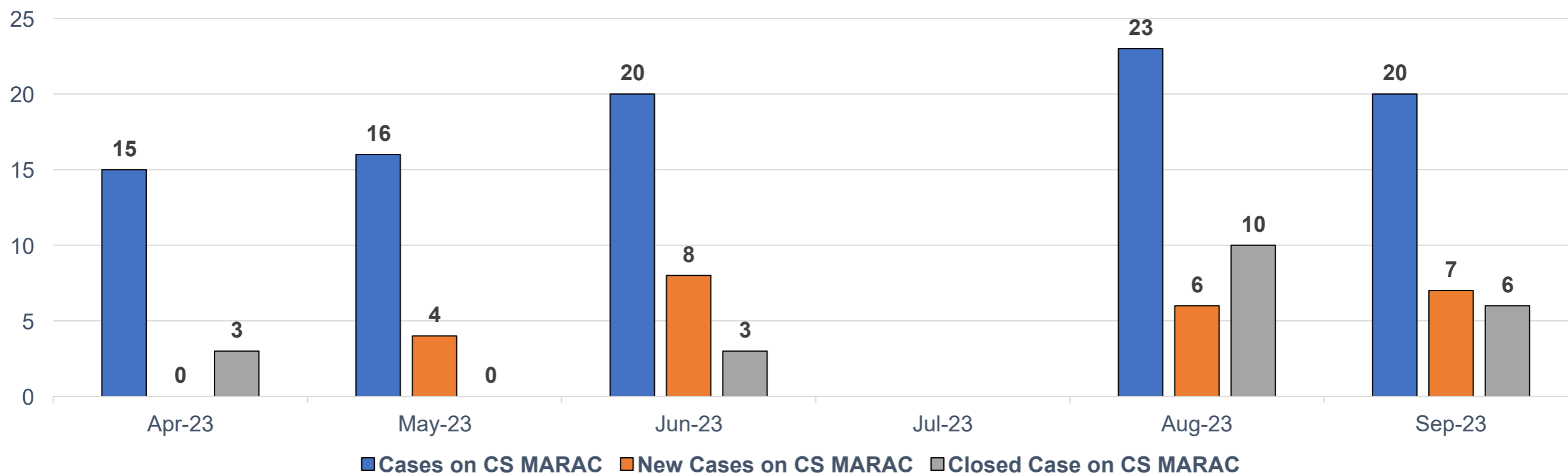
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Priority 1: Tackling and reducing anti-social behaviour

Community Safety MARAC (CS MARAC)

The Community Safety MARAC (CS MARAC) panel delivers our coordinated multi-agency response for victims of repeat and/or high risk anti-social behaviour. The panel convenes every 6 weeks and routinely has 4 new case referrals per meeting. During Apr – Sept 2023 the panel heard an average of approx. 19 cases per meeting, implementing a bespoke partnership action plan for each case.

CS MARAC April – September 2023



The CS MARAC is held every 6 weeks therefore there was no CS MARAC in July 2023

Priority 1: Tackling and reducing anti-social behaviour (CCTV)



CCTV

Over the last year there has been a strategic review of our CCTV operation across the borough.

Barnet Council's new Colindale CCTV control room was officially launched with updated new state-of-the-art technology and capabilities – alongside improved 24/7, 365 days a year monitoring,

The launch of the control room is a key milestone in Barnet's Strategic CCTV improvement programme and is part of the council's wider community safety strategy, which sees the council working closely with Police and other organisations to tackle crime, violence against women and girls, and anti-social behaviour.

The improvements will also significantly increase the number of images and coverage in the borough from 127 to 823. This will allow us to:

- Tackle Anti-Social Behaviour and environmental crime across the borough
- Increase wellbeing and perception of safety for residents
- Improved partnership working with MET police
- Identify economic development and inclusion opportunities
- Combine Public Space Surveillance cameras with those in Libraries

Between April 2023 to September 2023 inclusive there were 408 incidents recorded with many of these being to support the MET police.

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Priority 1: Tackling and reducing anti-social behaviour (CCTV)



Number of CCTV Incidents by Ward: 6 months to September 2023

| LBB Wards | Alarm | ASB - Environmental | ASB - Nuisance | ASB - Personal | Assault | Burglary | Criminal Damage | Domestic | Drink Drive | Fire | Firearm | Hoax Call | Knife Crime | Missing Person | Other | Robbery | RTC | Sexual Offence | Shop Lifter | Stop & Search | Street Drinking | Suspicious Behaviour | Suspicious Package | Vehicle Incident | Violence Against Person | Welfare Concern | TOTAL |
|-----------------------|----------|---------------------|----------------|----------------|-----------|----------|-----------------|----------|-------------|----------|----------|-----------|-------------|----------------|-----------|-----------|-----------|----------------|-------------|---------------|-----------------|----------------------|--------------------|------------------|-------------------------|-----------------|------------|
| Barnet Vale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Burnt Oak | 2 | 4 | 4 | 2 | 4 | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 6 | 1 | 3 | 0 | 2 | 0 | 0 | 1 | 0 | 4 | 1 | 7 | 45 |
| Childs Hill | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 5 |
| Colindale North | 0 | 0 | 4 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 17 |
| Colindale South | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Cricklewood | 0 | 6 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 9 | 1 | 0 | 0 | 1 | 0 | 2 | 4 | 0 | 1 | 0 | 5 | 34 |
| East Barnet | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 3 | 4 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 19 |
| East Finchley | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 1 | 0 | 5 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 16 |
| Edgware | 1 | 0 | 2 | 1 | 8 | 0 | 1 | 1 | 0 | 1 | 0 | 2 | 1 | 4 | 10 | 9 | 4 | 2 | 1 | 0 | 0 | 7 | 1 | 2 | 0 | 5 | 63 |
| Finchley Church End | 0 | 1 | 2 | 0 | 7 | 2 | 1 | 4 | 1 | 1 | 2 | 1 | 2 | 0 | 21 | 3 | 4 | 1 | 1 | 0 | 0 | 3 | 0 | 1 | 0 | 3 | 61 |
| Friern Barnet | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Garden Suburb | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Golders Green | 1 | 0 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 11 | 2 | 0 | 0 | 1 | 0 | 2 | 2 | 1 | 2 | 0 | 11 | 43 |
| Hendon | 0 | 2 | 0 | 0 | 5 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 8 | 2 | 1 | 2 | 3 | 0 | 0 | 2 | 0 | 0 | 3 | 3 | 36 |
| High Barnet | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 2 | 3 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| Mill Hill | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 3 | 1 | 2 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 16 |
| Totteridge & Woodside | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| West Finchley | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 3 | 6 |
| West Hendon | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Whetstone | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Woodhouse | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 13 |
| TOTAL | 6 | 15 | 17 | 5 | 42 | 4 | 3 | 7 | 3 | 4 | 7 | 9 | 14 | 13 | 91 | 26 | 23 | 6 | 16 | 2 | 4 | 23 | 2 | 12 | 4 | 50 | 408 |

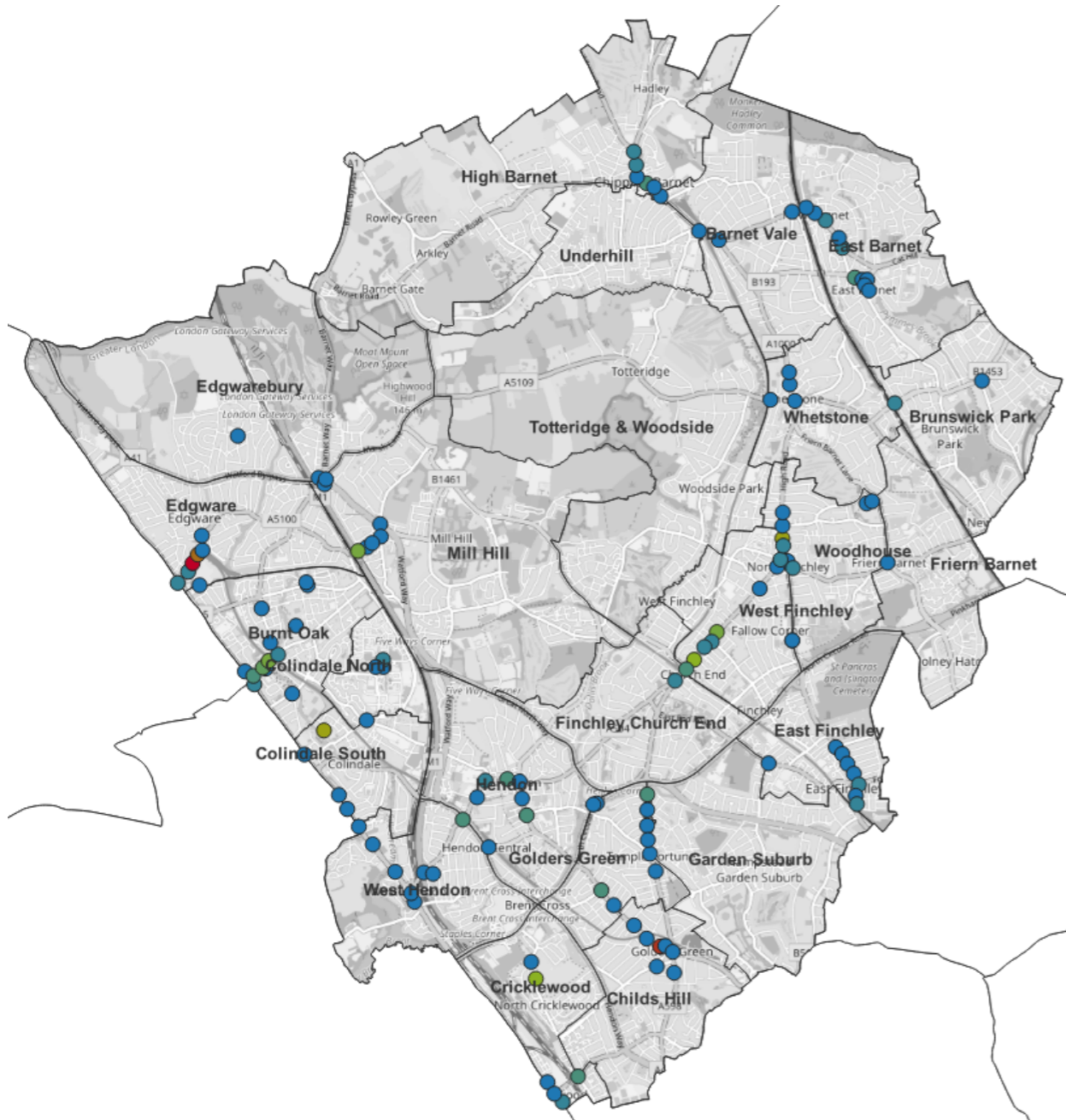
In Edgware, the largest number of CCTV incidents captured (Other than other) was for Assault and Robbery.
 In Finchley Church End, it was for Assault.
 In Burnt Oak, the largest number of CCTV incidents captured was for Welfare Concern.

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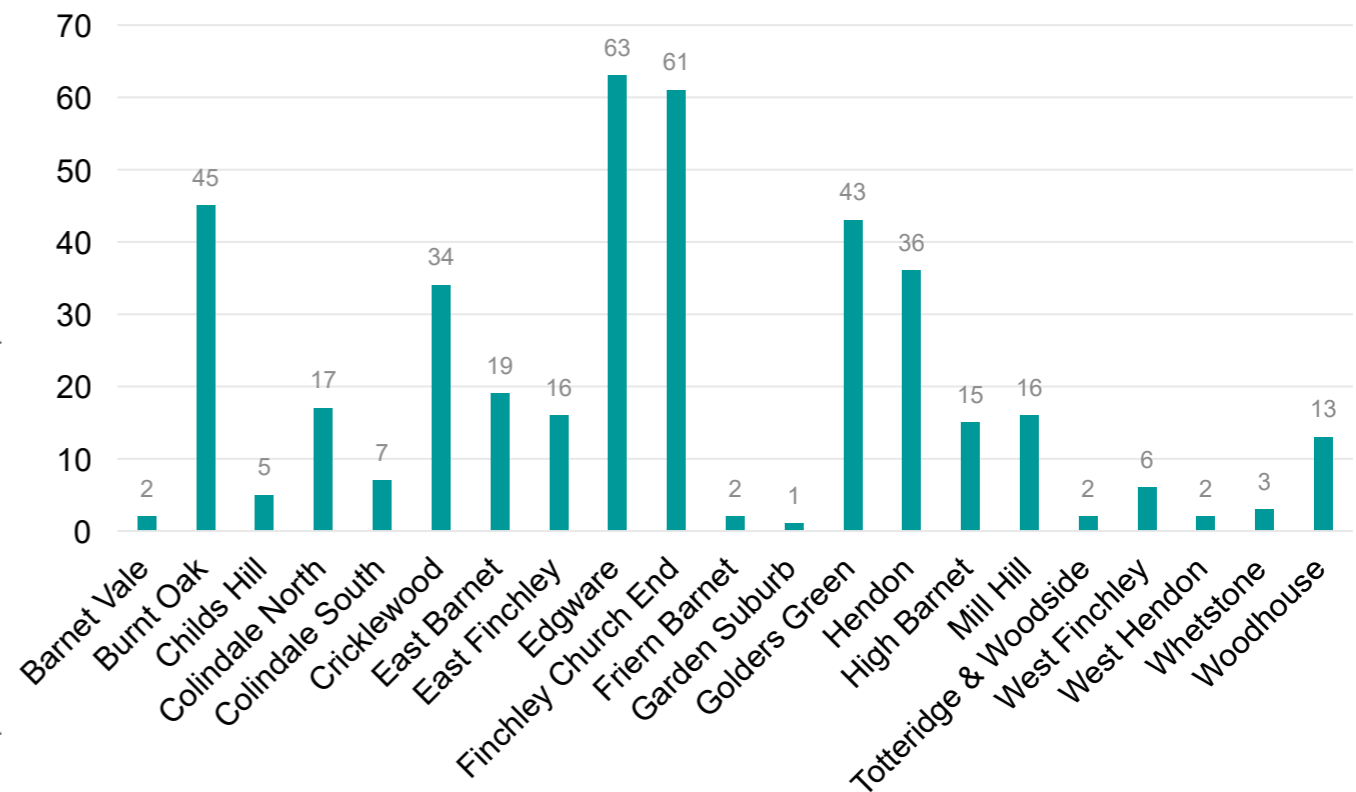
Priority 1: Tackling and reducing anti-social behaviour (CCTV)

Number of CCTV Incidents by Ward: 6 months to September 2023

The most used cameras in the borough are E15 in Edgware and GG21, being used 28 times and 25 times, respectively.



CCTV Incidents In each ward

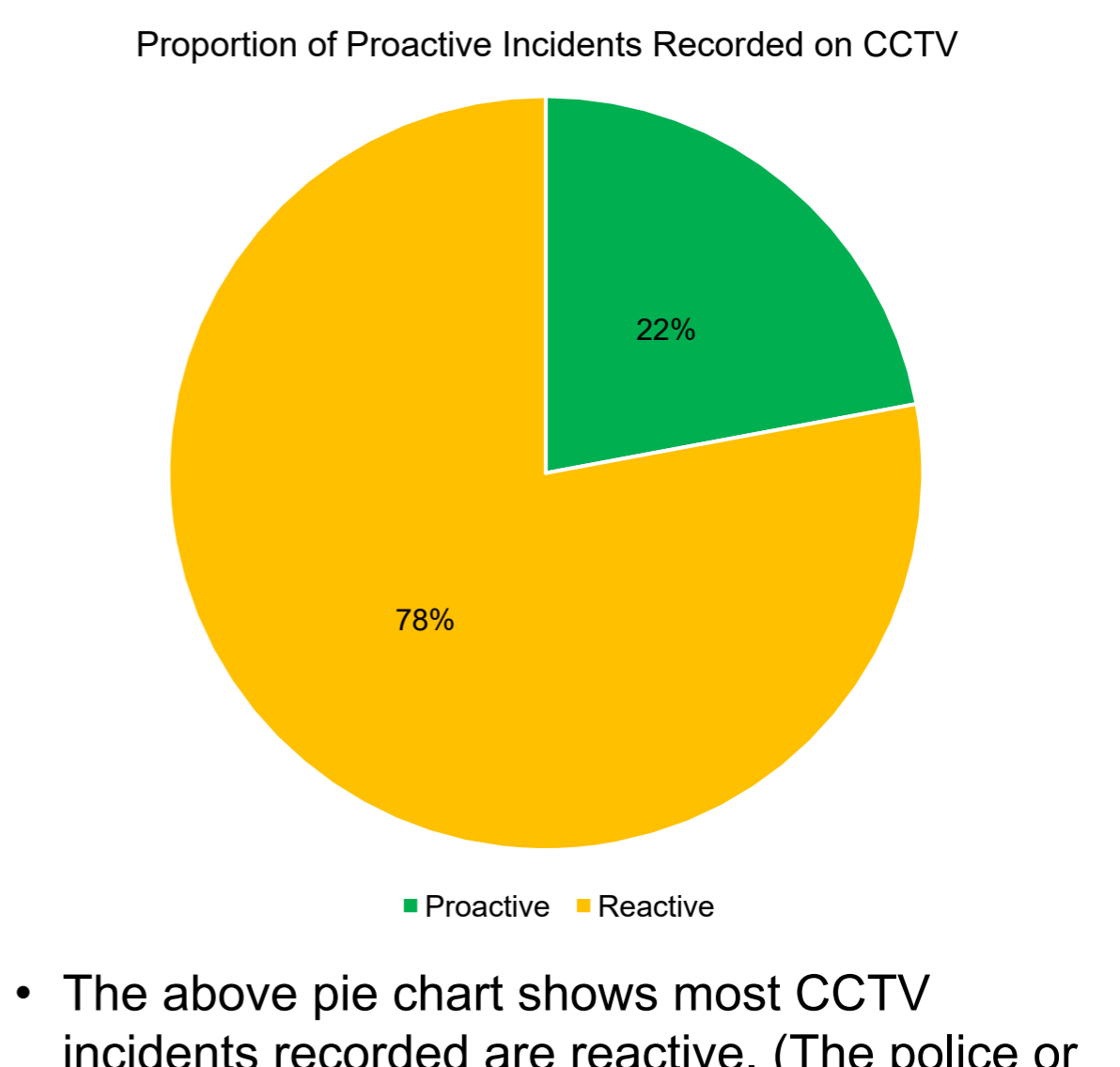
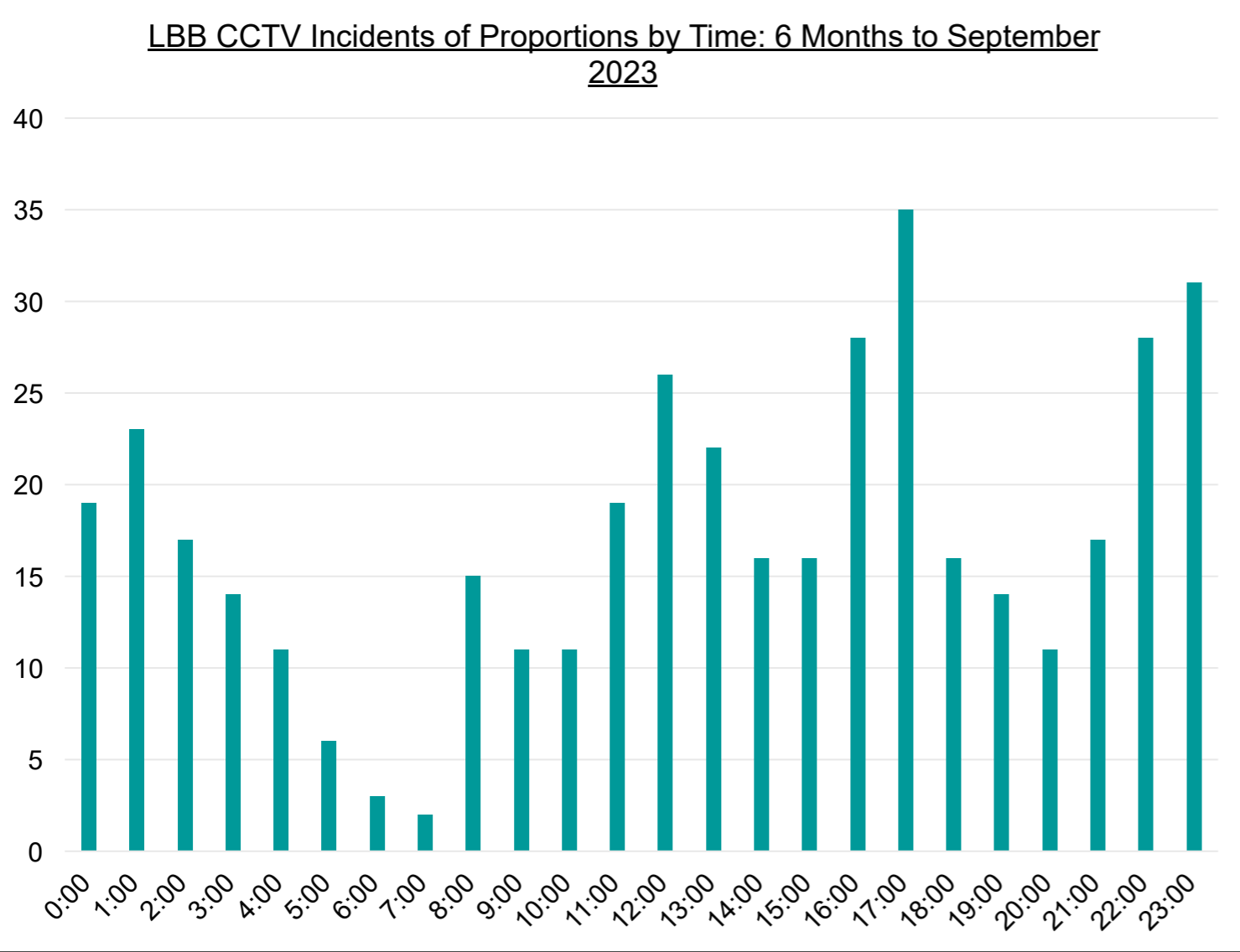


The map on the left shows cameras that get more usage with red being used more and blue being used less.

Priority 1: Tackling and reducing anti-social behaviour (CCTV)

Time of Incidents: 6 months to September 2023

Proactive or Reactive Incidents: 6 months to September 2023



- The above chart shows the quietest periods are between 04:00am and 08:00am.

- The above pie chart shows most CCTV incidents recorded are reactive. (The police or the council have asked the control room for assistance.)

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Priority 4: Safeguard and Support those Vulnerable to Radicalisation

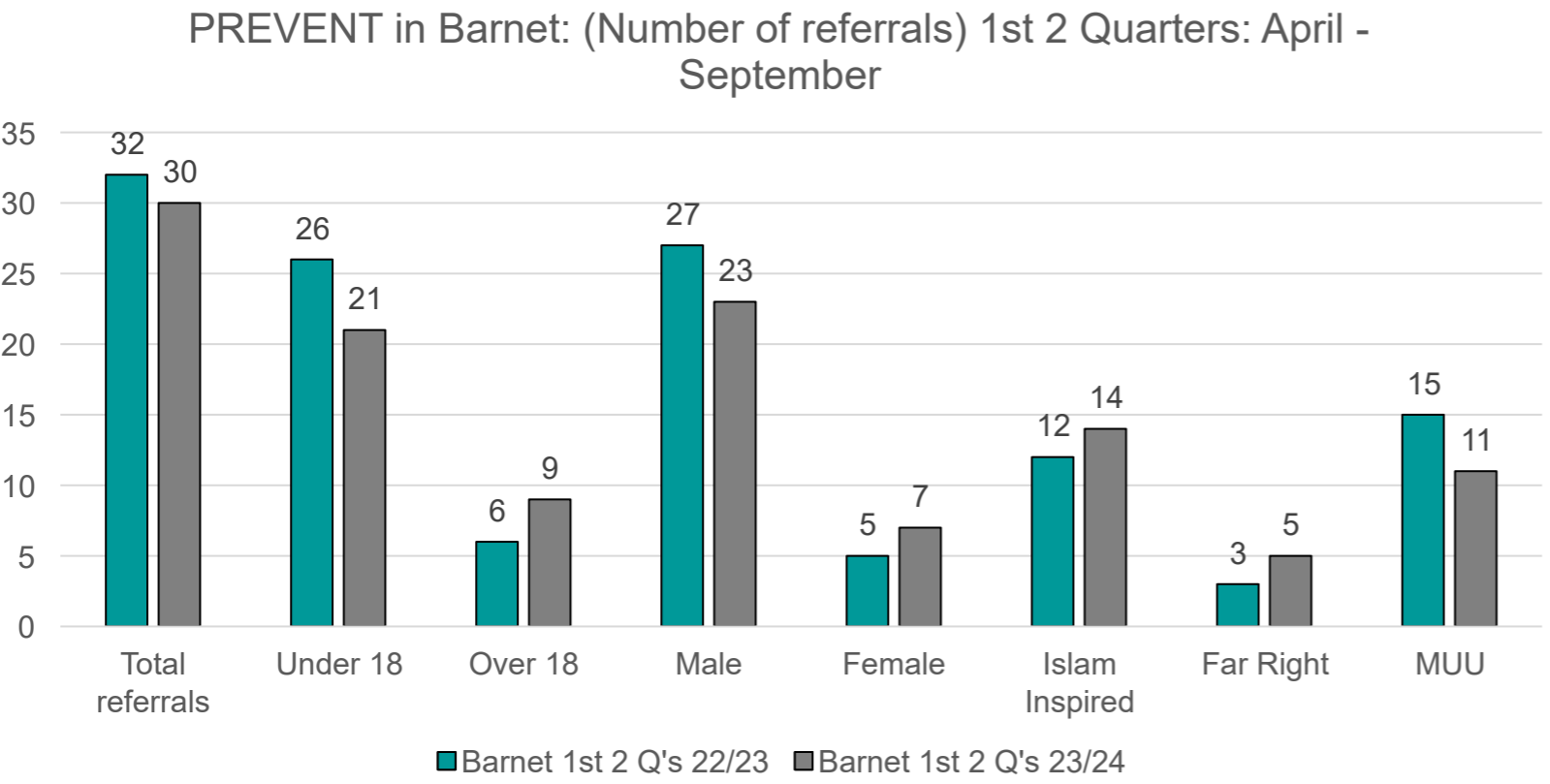
Prevent

- The Prevent Coordinator and Prevent Education Officer deliver a continuous programme of training for frontline staff to enable them to recognise, refer and respond to risks of radicalisation. In the first 2 quarters of 2023/24, 1080 education professionals, LA frontline staff and commissioned partners received updates and awareness workshops of the Prevent Duty. In addition, 80 parents attended online safety risk and threat awareness sessions. The Prevent Education Officer has delivered online critical thinking workshops to students. 2830 pupils received online safety advice that covers areas such as conspiracies, fake news, and disinformation.
- **A training plan was delivered that ensures all individuals who are working with potentially vulnerable people possess the skills required to safeguard those who may be susceptible to exploitation. This includes those working in a social care role, housing, and foster carers. 21 foster carers have attended training since April 2023**
- 69% of all enquiries to the LA of a Prevent nature were under the age or 18, 69% male. 47% were for Islamist ideology and 33% for Mixed, Unclear and Unstable mindsets (including Misogyny and obsessions of mass school shootings) an increase of 41% on last year.
- **6 Channel Panels, a multi-agency panel that discusses and considers the safeguarding of susceptible individuals, were held in the reporting period. 2 individuals were safeguarded in Channel.**
- A high proportion of accepted Channel cases across all forms of extremism appeared to suggest a subject's risk levels were driven by their engagement with extremist ideologies and influencers online. This is especially so with young people.

PREVENT: Number of Referrals Barnet Quarterly Comparisor

1st 2 Quarters (April-September) 2022/23 and 2023/24

Trend



There were 32 PREVENT referrals in Barnet over Qtr1 & Qtr2. In the previous year, there were 30.

This is a decrease of -6%

In Barnet over the two comparable quarters of 2022/23 and 2023/24, the data shows the majority of referrals involve:

- Male (77%)
- Under 18 (70%)
- MUU inspired (37%)

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Quarter 1 & 2 2022/23 compared to 2023/24 (April-September)

| Prevent In Barnet | Q1 & Q2 2022/23 | Q1 & Q2 2023/24 | % change |
|-------------------|-----------------|-----------------|----------|
| Total referrals | 32 | 30 | -6.0% |
| Under 18 | 26 | 21 | -19.0% |
| Over 18 | 6 | 9 | 50.0% |
| Male | 27 | 23 | -14.8% |
| Female | 5 | 7 | 40.0% |
| Islam Inspired | 12 | 14 | 16.6% |
| Far Right | 3 | 5 | 66.6% |
| MUU | 15 | 11 | -26.6% |

In quarter 1 compared to same period the previous year:

- Total referrals decreased by 6.0%
- There was a 14.8% decline in male referrals (down from 27 in 2022/23 to 23 in 2023/24)
- Referrals of under 18's have decreased by 19.0%
- Islam Inspired referrals increased by 16.6%
- Mixed, Unstable and Unclear (MUU) referrals decreased by 26.6%

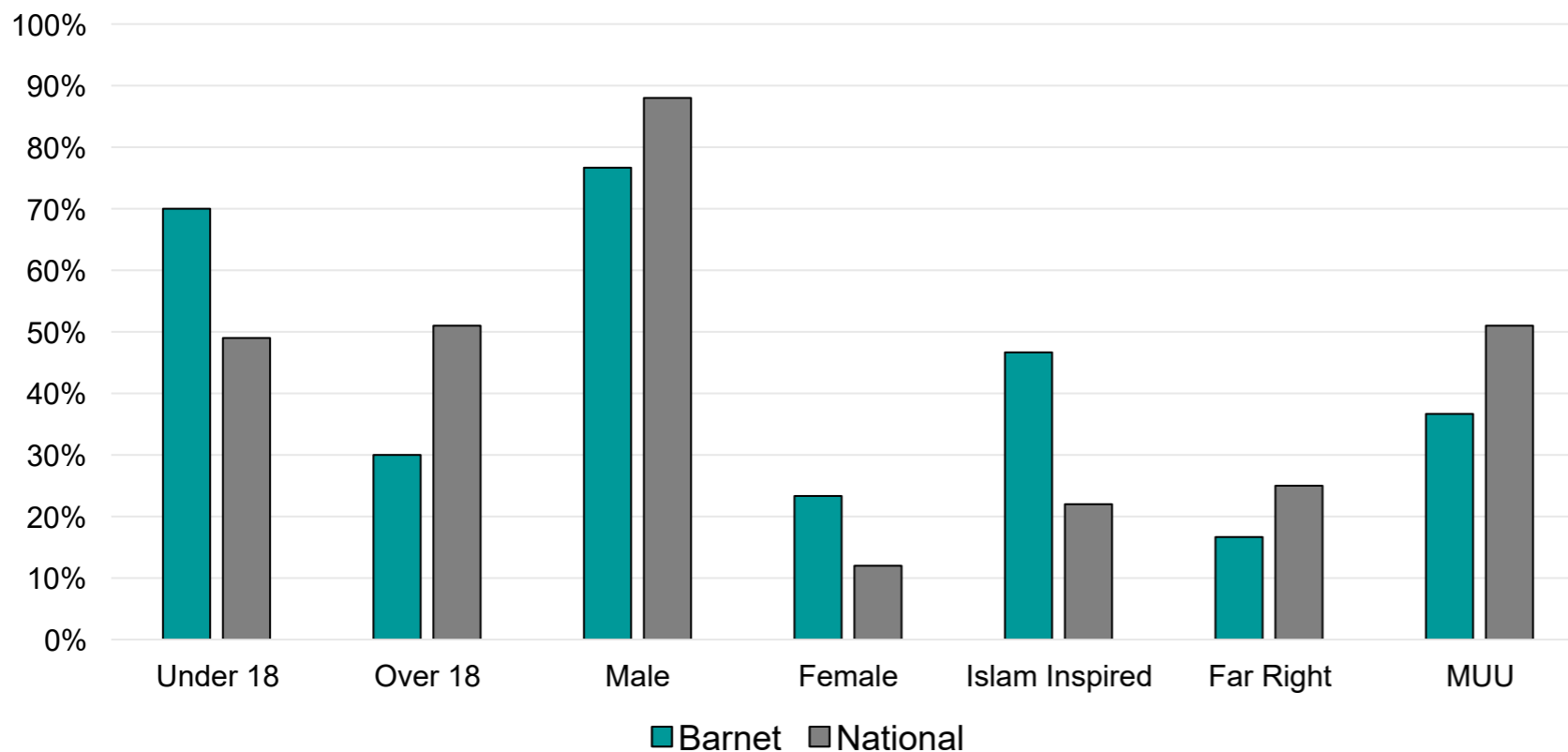
PREVENT: Percentage of Referrals - National Comparison



Q1 & Q2 (April – September) - 2023/24

Trend

PREVENT in Barnet: (Percentage of referrals) in Barnet Q1 & Q2 2023/24 compared with National



Barnet vs National

Total Referrals Percentage Point Difference: Barnet Q1 & Q2 2023/24 vs National.

| Percentage point difference | Barnet vs National |
|-----------------------------|--------------------|
| Under 18 | 21% |
| Over 18 | -21% |
| Male | -11% |
| Female | 11% |
| Islam Inspired | 25% |
| Far Right | -8% |
| MUU | -14% |

During quarter 1 in Barnet, compared to the National 2021/22 average there was:

- +21% point difference in under 18 referrals
- +11% difference in Female referrals
- +25% point difference in Islam inspired referrals
- -14% point difference in Mixed, Unstable and Unclear referrals (MUU)

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Priority 5: Access to Justice for those Affected by Hate Crime

Local Hate Crime Data

April to September 2023

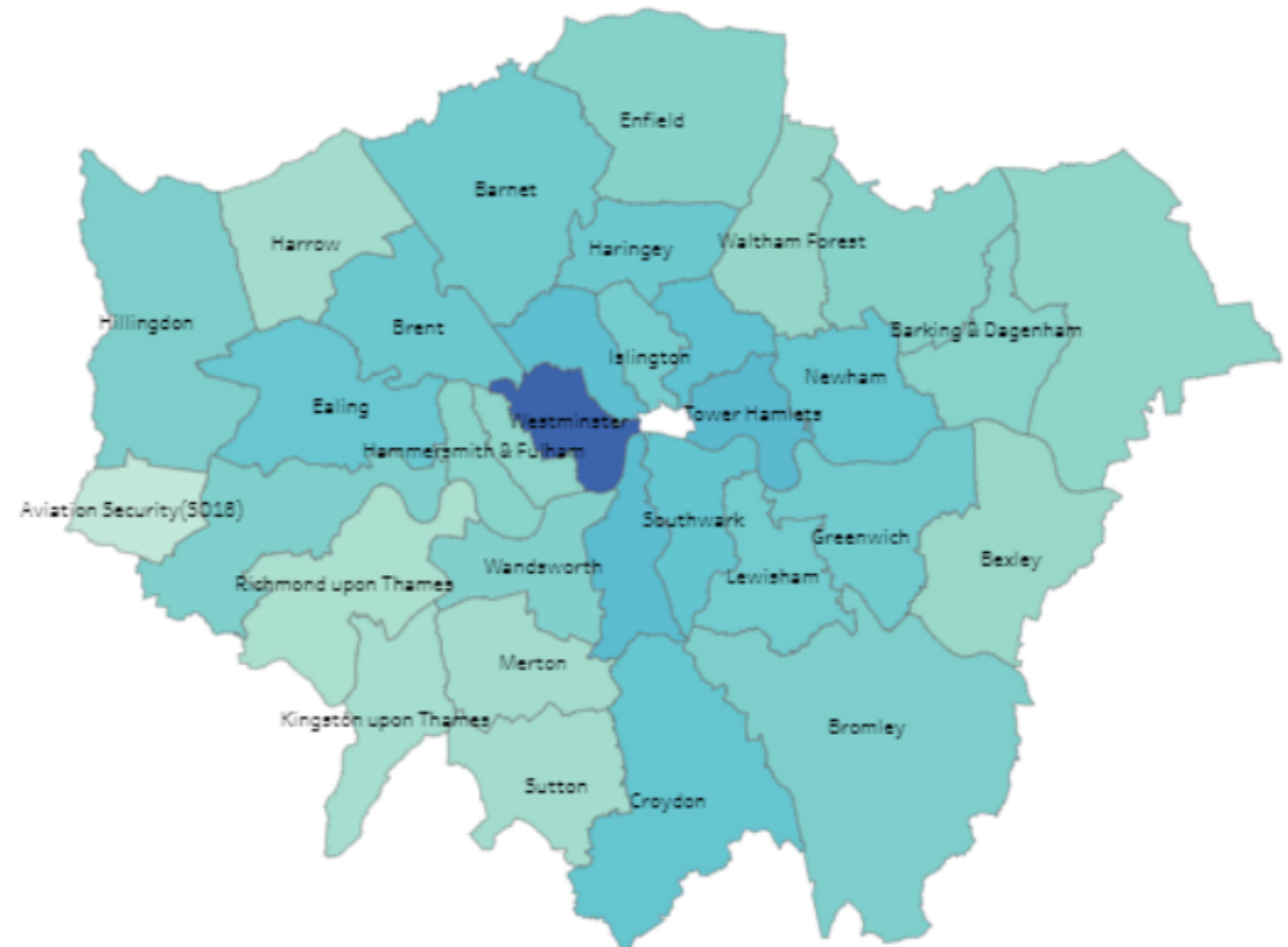
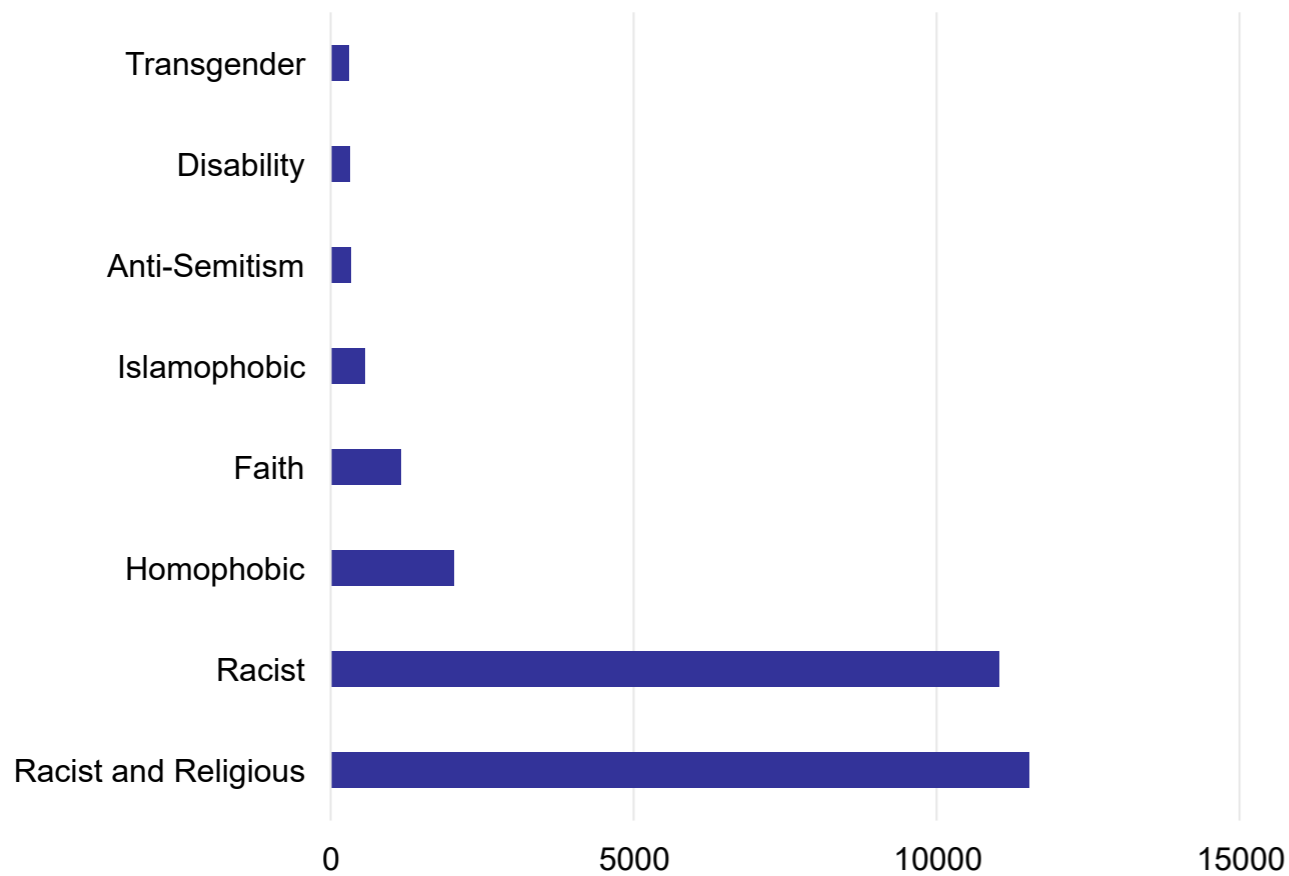
| Hate Crime | London | Barnet |
|----------------------|---------------|------------|
| Racist and Religious | 11,536 | 413 |
| • Anti-Semitic | • 335 | • 87 |
| • Islamophobic | • 566 | • 16 |
| Disability | 328 | 10 |
| Homophobic | 2,036 | 50 |
| Transgender | 304 | 14 |
| TOTAL | 13,678 | 470 |

Priority 5: Access to Justice for those Affected by Hate Crime

London Hate Crime Data

April to September 2023

London Hate Crime – 13,678



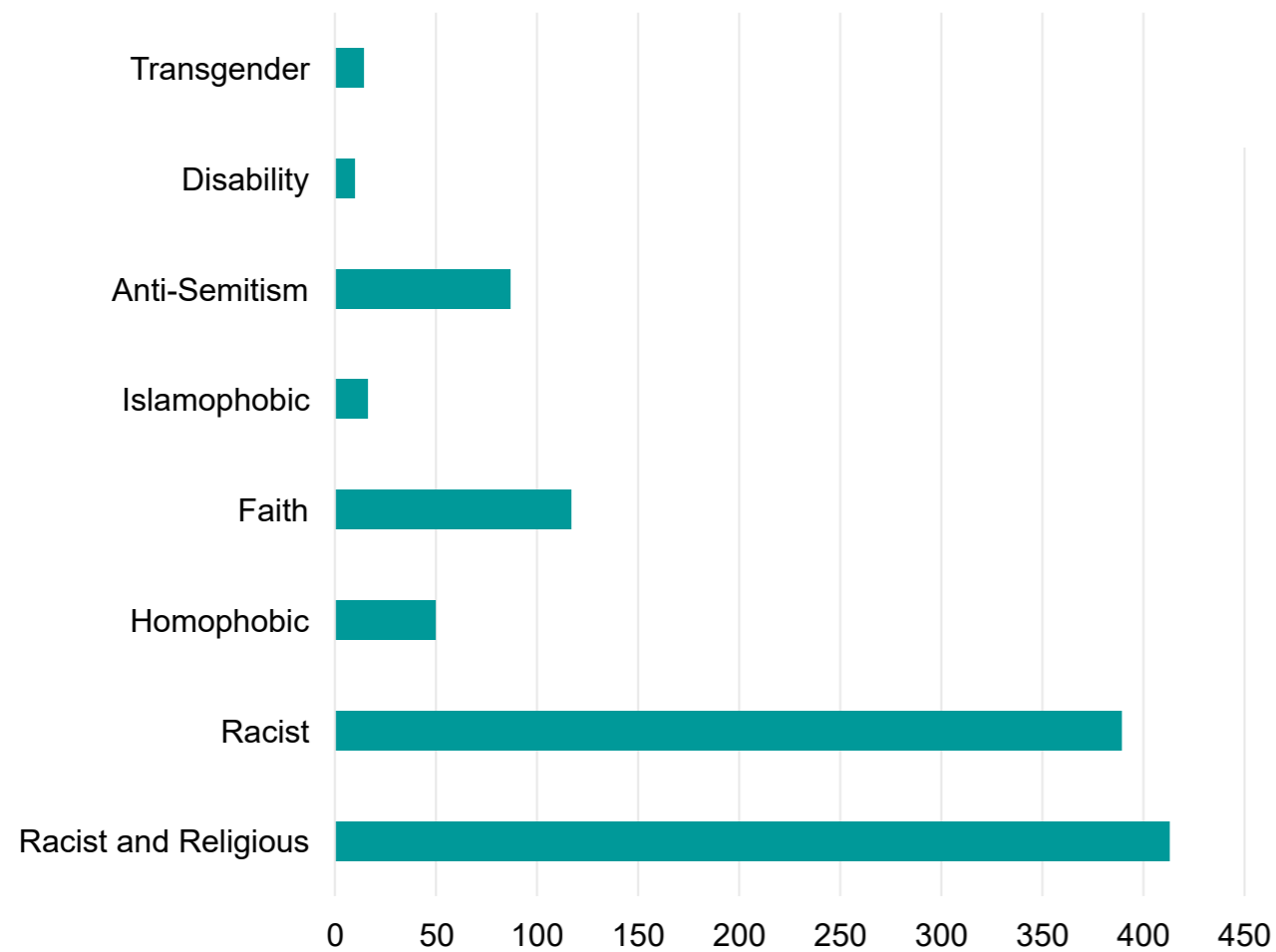
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Priority 5: Access to Justice for those Affected by Hate Crime

Barnet Hate Crime Data

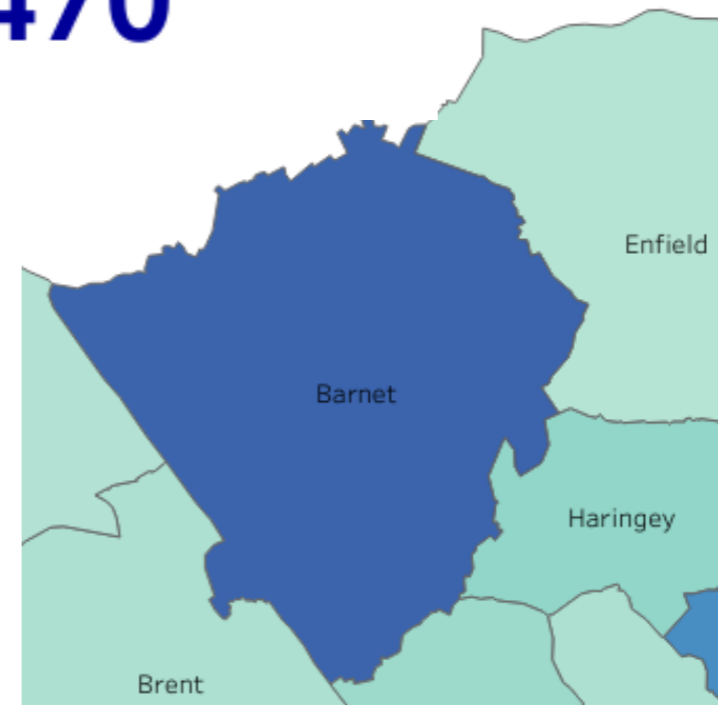
April to September 2023

Barnet Hate Crime



Hate Crime Offence Count:

470



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Priority 5: Access to Justice for those Affected by Hate Crime

Barnet Anti-Semitism Hate Crime Data

April to September 2023

Anti-Semitic Offence Count:

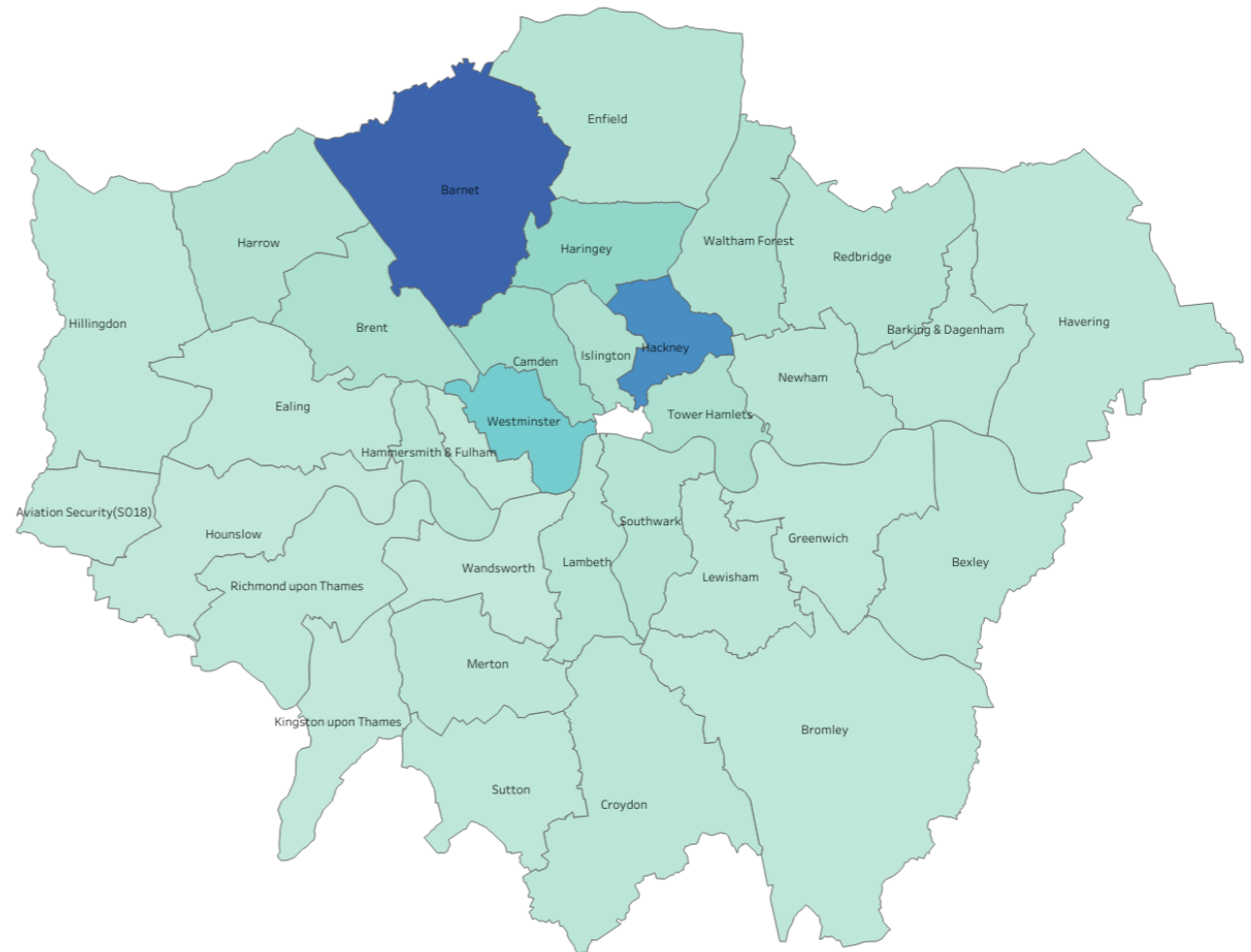
87

12 months (ending September 2023) compared to previous 12 months (ending September 2022):

▲ 27.8%

September 2023 compared to August 2023:

▲ 150.0%



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Priority 5: Access to Justice for those Affected by Hate Crime



Hate Crime

- October saw an increase in instances of hate crime as a direct result of the outbreak of conflict in the Middle east. [Middle East conflict: Information for local communities | Barnet Council](#)
- Total Hate Crime allegations of all types in NWBCU = 531
(289 of these were in Barnet = 54%)
- Total Middle East Conflict related hate crimes in the NWBCU = 282
(201 of these were in Barnet = 71%)

These incidents are broken down as follows:

- Islamophobic = 45 (20 in Barnet)
- Antisemitic = 235 (181 in Barnet)
- Faith Hate = 2 (0 in Barnet)
- A total of 13 Middle East Tensions related crimes resulted in persons being arrested, most of these were for Public Order offences (6 of these were in Barnet)

Priority 5: Access to Justice for those Affected by Hate Crime

Hate Crime

Barnet's Community Response to hate crime includes:

- Increased comms encouraging residents to stay safe and report hate crime and incidents to the Police.
- Reminding residents to use **Barnet's Hate Crime Reporting Centres** if they need support to report hate crime or signposting to local/community specialist support groups.
 - <https://www.barnet.gov.uk/directories/hate-crime-reporting-centres>
- Increased offer of **workshops for residents**, particularly for vulnerable adults.
- Continued **workshops for staff** at frontline organisations and health and social care providers to help clients/patients identify and report hate crime.
- Future plans to run a programme of **hate crime awareness events** to support community cohesion.

Hate crime can also be reported via:

[Crimestoppers](#) A national charity with a free helpline for reporting crime anonymously.

[Tell MAMA](#) A national project supporting victims of anti-Muslim hate and monitoring anti-Muslim incidents.

[Community Security Trust \(CST\)](#) A charity protecting British Jews from antisemitism and related threats.

[Galop](#) A national charity providing advice and support to members of the LGBT community.

Barnet Community Safety Hubs



Community Safety Hubs

As of February 2023, four hubs have been operational since their individual launch dates. These hubs have been delivered one day per week at each location (Fig 1) for 3 hours utilising 16 officer hours per week.

| Site | Address | Opening Times | Visitor numbers between April 2023 and September 2023 |
|------------------------|---|------------------------------|---|
| Edgware | The Meeting Room, Boardwalk Shopping Centre, Station Road, Edgware, HA8 7BD | Tuesdays 2pm to 5pm | 5 |
| West Hendon | The Community Hub, Gadwell House, Perryfield Way, Hendon, NW9 7DZ | Thursdays 2pm to 5pm | 8 |
| Chipping Barnet | Chipping Barnet Library, 3 Stapylton Road, EN5 4QT | Wednesdays 3pm to 6pm | 19 |
| North Finchley | Artsdepot, 5 Nether Street, Tally Ho Corner, North Finchley, N12 0GA | Mondays 3pm to 6pm | 18 |

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Pop-UP Community Safety Hubs



Pop-Up Community Safety Hubs

The first Pop Up Hub was launched at Lodge Lane Car Park in May 2023. It was held alongside the Community Skips programme taking place at the time. Since then, 12 more pop-up hubs have been activated across the borough between May and August 2023.

| Location | Ward | Date | Number of residents reached |
|--|-----------------|------------|--|
| Lodge Lane Car Park | Woodhouse | 03/05/2023 | 3 |
| Golders Hill Park Event | Childs Hill | 08/05/2023 | 5 |
| Middlesex Uni and Barnet VAWG, Middlesex University Hendon London | Hendon | 24/05/2023 | No issue data but engagement with community |
| Bike Marking with Metropolitan Police- Patterson Square | Colindale South | 12/06/2023 | 6 |
| West Hendon Summer Solstice- - Damsel walk | West Hendon | 21/06/2023 | 7 |
| CAMMA Event with Metropolitan police- Summer Lane | Woodhouse | 26/06/2023 | Engagement with 50 + residents |
| Alcohol Awareness Week Grahame Park Estate, The Library, The Concourse | Colindale North | 03/07/2023 | Engagement with residents with 1 reported issue raised |
| Moat Mount Pop Up Hub | Mill Hill | 09/07/2023 | Engagement with residents |
| Bike Marking 2 with Metropolitan Police- Patterson Square | Colindale South | 25/07/2023 | Engagement with Residents |
| SAHM Cricket Tournament- Mill Hill Cricket Club | Mill Hill | 30/07/2023 | Engagement with residents although event was rained off. |
| Pride in the Park LGBTQ Family Funday Event | West Finchley | 20/08/2023 | Large numbers of engagement |
| Urban Gamez GPE | Colindale North | 25/08/2023 | Large numbers of community engagement |
| Wellness and Support Event- Chipping Barnet Waitrose | High Barnet | 09/09/2023 | 3 issues raised with large numbers of engagement |

Caring for people, our places and the planet

Community Safety Ward Walks



Community Safety Ward Walks

Since the start of the Ward Walk program November 2022 all wards have at least one visit.

Between April to September 2023 there have been **17** Ward walks around Barnet. The remaining 7 wards will have ward walks arranged within the next few of months

| Ward | Number of Visits Between April to September 2023 |
|-----------------------|--|
| Burnt Oak | 2 |
| East Barnet | 2 |
| East Finchley | 2 |
| Edgware | 2 |
| Barnet Vale | 1 |
| Brunswick Park | 1 |
| Childs Hill | 1 |
| Colindale South | 1 |
| Edgwarebury | 1 |
| Finchley Church End | 1 |
| Friern Barnet | 1 |
| Hendon | 1 |
| Totteridge & Woodside | 1 |
| Underhill | 1 |
| West Finchley | 1 |
| West Hendon | 1 |
| Woodhouse | 1 |

Caring for **people**, our **places** and the **planet**

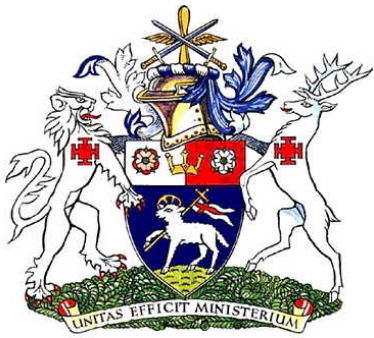
Community Safety Ward Walks

Community Safety Ward Walks

During the ward walks between April to September 2023 there were **150** Issues identified.

| Ward | Number of Issues Identified |
|-------------------------------------|-----------------------------|
| Absence of CCTV | 7 |
| Antisocial Behaviour | 22 |
| Barnet Homes | 3 |
| Blind Spots/Hidden Areas | 2 |
| Drugs/ Alcohol | 2 |
| Empty/ Derelict/ Isolated Buildings | 3 |
| Environmental Health Issue | 2 |
| External Partnership Association | 5 |
| Feeling like you are being followed | 2 |
| Fly tipping | 23 |
| Graffiti | 3 |
| Highways | 29 |
| Other | 9 |
| Overgrown bushes/ trees | 12 |
| Parking Issue | 2 |
| Poor or no streetlighting | 14 |
| Robbery/ Theft | 1 |
| Street Cleaning | 8 |
| Vehicle Crime | 1 |
| TOTAL | 150 |

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Safer Communities Partnership Board GEN BARNET 11

24th November 2023

| | |
|--------------------------------|---|
| Title | Update on Combating Drugs Partnership Board progress |
| Report of | Director of Public Health and Prevention |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | No |
| Enclosures | None |
| Officer Contact Details | Luke Kwamya, Head of Public Health Commissioning, Healthy Behaviour Commissioning; Luke.Kwamya@barnet.gov.uk |

Summary

This report provides an overview and update to the Safer Communities Partnership Board on progress and delivery of Barnet Combating Drugs Partnership (BCDP) and substance misuse services and, these are:

- Barnet Combating Drugs Partnership (BCDP) / Key Achievements.
- Funding of Substance Misuse Services.
- Substance Misuse Treatment & Recovery Services.
- Number of People Accessing Treatment and Outcomes.
- Data on Structured Treatment – Adults and Young People.
- Continuity of Care.

Officers Recommendations

1. The Safer Communities Partnership Board to consider and note the progress being made by the Barnet Combating Drugs Partnership Board (BCDPB).
2. BCDPB needs assessment and delivery plan to be noted and support to be provided in relevant areas of work

1. Why this report is needed.

- 1.1 This report provides the Safer Communities Partnership Board with a progress update on Public Health Performance and Delivery on drug and alcohol misuse services, which include update on the Barnet Combating Drugs Partnership (BCDP).

2. Reasons for recommendations

- 2.1 To update the Safer Communities Partnership Board (SCPB) regarding the progress made in relation to the implementation and progress of the Barnet Combating Drugs Partnership (BCDP).

3 Barnet Combating Drugs partnership and Substance Misuse Services Update

- 3.1 The release of the national drug strategy, 'From Harm to Hope', published in December 2021 and setting out the government's 10-year plan to tackle harm caused by illegal drug use and related crime prompted the establishment of Joint Combating Drugs Unit (JCDU) and local Combating Drugs Partnerships.

- 3.2 Barnet Combating Drugs Partnership has continued to develop and grow since its establishment in late 2022 and operates in alignment with the three strategic priorities set out in the drug strategy:

- 3.2.1 Break drug supply chains

- 3.2.2 Deliver a world-class treatment and recovery system.

- 3.2.3 Achieve a generational shift in the demand for drugs.

- 3.3 The Barnet CDPB launched in November 2022 and meets quarterly. Since the last update to the SCP in April 2023, the CDPB has met twice in July and October. The CDPB aims to address the following key outcomes:

- Reduce drug related crime.
- Reduce harm.
- Reduce supply.
- Increase treatment engagement.
- Increase long-term recovery.
- Reduce the number of people developing problematic substance misuse.

- 3.4 The Barnet CDPB has completed a local "From Harm to Hope" needs assessment which assesses Barnet's delivery of the national drug strategy's three strategic priorities. The report was presented to The Health and Wellbeing Board in July and agreed by the board. The report is attached as an Appendix I.

- 3.5 Following the completion of the needs assessment, a delivery plan was developed, focusing on the three priority areas, supporting the implementation of the actions identified in the needs assessment. The delivery plan is attached as an Appendix II.

- 3.6 The Barnet CDPB has also commenced development of localised CDPB metrics and dashboard. The metrics are divided into the key priorities and use a mixture of publicly

available and restricted data. Most metrics have been agreed, with some still being discussed with relevant partners.

3.6.1 Agreed metrics include:

- Drug trafficking and possession offences and sanction rates
- Number of prison leavers successfully transferred to community treatment within 3 weeks of release.
- Numbers in treatment for young people and adults, by drug group
- Treatment effectiveness
- Alcohol and drug deaths in treatment
- Alcohol use in GP registered population
- Number of people subject to Drug Treatment requirement (DRR) and Alcohol Treatment Requirement (ATR) orders
- Number of people on the probation caseload with an identified substance misuse need
- Number of people with a probation licence condition to engage in treatment.
- School suspensions and exclusions with substance use cited as the reason.
- Number of prevention/education sessions delivered by Change Grow Live (CGL)
- Number of parents known to children and family services identified as having a substance misuse issue.

3.7 CDPB meetings in July and October focused on sign off of the needs assessment and agreement of the delivery plan by all partners. The Board also received presentations from Rescue and Response (Pan-London County lines support service), Drinksafe (anti drink spiking organisation) and the Met Police updating on Operation Dakota. The focus on the Board has moved to implementation of the delivery plan by all partners.

3.8 Key achievements

3.8.1 Priority One (*Break drug supply chains*)

3.8.1.1 Ongoing Metropolitan Police operations across Barnet contribute to priority one aims for reducing drug related crime, reduce supply, disrupt, or roll up county lines. In the most recent CDPB the Police delivered a presentation on the impact of Operation Dakota, a targeted operation on Grahame Park which CDPB partners (Community Safety, Public Health, CGL and Barnet Homes) have worked closely with the Police on. Those partners are also supporting targeted work in other areas of the Borough including Burnt Oak. This operation achieved significant outcomes thus far, represented in a visible reduction in offences related to substance misuse including a disruption of five county lines.

3.8.1.2 CDPB partners have also contributed to the Serious Violence Duty needs assessment due to the significant intersection between the themes of CDPB and Serious Violence Duty.

3.8.2 Priority Two (*Deliver a world-class treatment and recovery system*)

3.8.2.1 A Criminal Justice and Substance Misuse Sub-group was established with membership from Public Health, CGL, Probation, HMP Wormwood Scrubs, Dependency and Recovery team (Forward Trust). The Police have also been invited to join the subgroup.

- 3.8.2.2 Key areas of work for the subgroup have been the establishment of a task and finish group focused on Willesden Magistrates Court to launch face to face drug and alcohol workers in court daily, with the aim of increasing drug and alcohol treatment orders. This involved close working with Brent and Harrow Public Health, treatment, and probation teams. Onsite staffing went live in October with all three Boroughs working with shared paperwork and information sharing agreements to provide a streamlined service for the public and court. Currently underway is programme of promotion of the new service to all court staff. Additionally, training was delivered to 40+ magistrates at the magistrates AGM in October.
- 3.8.2.3 The Criminal Justice Sub-group has worked extensively on improving the engagement of substance using offenders when transferring from prison to community. This is currently an Office of Health Inequalities and Disparities (OHID) priority area and a focus for the sub-group. A continuity of care self-assessment has been completed by the group and actions are monitored via monthly meetings. Improvement activities include increased in-reach to prisons, data quality work, increased correspondence with prison residents and pro-active engagement. This work continues to be an area of focus as Barnet still has some work to reach the stretching national OHID target of 75%, and performance data from OHID (which cannot be published as they are restricted statistics) are monitored and acted upon by the sub-group.
- 3.8.2.4 Sub-groups have additionally been established for workforce development and co-occurring conditions. The Co-occurring Conditions Sub-group has membership from LB Barnet (Public Health/ASC/Mental Health Commissioner), Barnet, Enfield, and Haringey Mental Health Trust (BEH MHT), CGL, Barnet Homes, Homelessness Action Barnet, and English as a Second Language. The Group is currently agreeing terms of reference and will be focussed on systems, pathways and ways of working relating to people with dual diagnosis and multiple and complex needs. The NCL Workforce Development Sub-group has membership from Public Health in all NCL boroughs and will focus on the development, retention, and recruitment of substance misuse treatment staff across the NCL footprint.

3.8.3 Priority Three (*Achieve a generational shift in the demand for drugs*)

- 3.8.3.1 Development has recently commenced on the young people education and prevention workstream, reviewing PHSE provision for substance misuse and other prevention or education work taking place by CGL in schools/PRU/ youth centres. CDP aims to support and improve existing work, look for gaps, increase offers of training to teachers and parents and ensure substance misuse education is linked as appropriate to sexual health and mental health support for young people.
- 3.8.3.2 Public health and Children and Family Services have been working jointly to review data available on substance use in parents and children and apply learning from this to identify actions for the delivery plan.

4. Funding

- 4.1 In recent years, publicly funded alcohol and drug treatment has largely been commissioned using funding from the annual public health grant, overseen by Directors

of Public Health within local authorities. In 2023/24, the budget for substance misuse treatment services was £2,349,399.34 for adults and £199,540.46 for young people. Both services are delivered by [Change Grow Live](#).

4.2 Following the publication of the 2021 drug strategy, a new Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) was announced. This has provided Barnet with £381,264 in 2022/23 and £390,000 for 2023/24. There is a further £41,000 available for inpatient detoxification, which is managed via a London consortium. A requirement for receipt of these grants is that public health grant investment in substance misuse is not reduced. The grant amount for 2024/25 is due to be announced in November 2023.

4.3 Additional drug strategy-related grants to support rough sleepers (RSDATG) have also been made available to selected local authorities. This has provided Barnet with £398,121 of funding to support people rough sleeping in 2022/23 and £410,889 in 2023/24.

5 Number of People Accessing Treatment and Outcomes

5.1 Identification And Brief Advice (IBA)

5.2 Barnet’s brief intervention is delivered via the [DrinkCoach](#) service. The service encourages residents to complete an Alcohol Use Disorders Identification Test (AUDIT) alcohol test and gives advice and information based on the person’s score. For those eligible, it also offers access to one-to-one virtual “coaching” sessions from a trained counsellor.

5.3 The AUDIT is a simple and effective method of screening for unhealthy alcohol use, defined as risky or hazardous use.

5.3.1 For the 6-month period of June to October 2023 there were:

- 496 visits to the Drinkcoach test
- 211 AUDITs complete

| | |
|------------------------------|-----------------------------------|
| Low Risk AUDITs Completed | Increasing Risk AUDIT’s Completed |
| 43 | 63 |
| Higher Risk AUDITs Completed | Possible Dependence AUDITs |
| 30 | 75 |

5.4 Structured Treatment – Adults and Young People

5.4.1 Please note that due to the restricted nature of the National Drug Treatment Monitoring Service (NDTMS) data, recent data cannot be shared publicly until it is formally published by NDTMS. There has been no new data published since the last report to SCPB in April 23.

5.4.2 Unpublished NDTMS data has been viewed and discussed by CDPB members in order to support the aims and implementation of the delivery plan.

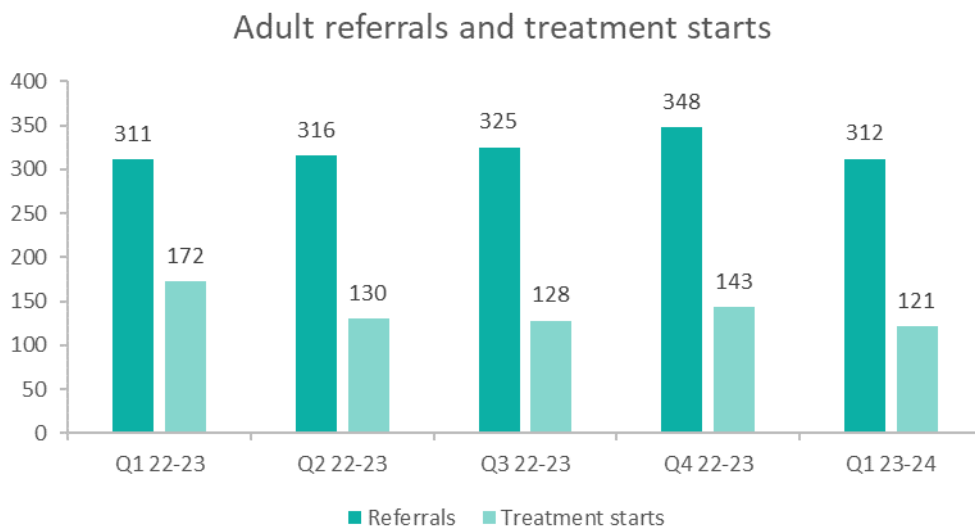
5.4.3 Currently OHID has a national focus on two key areas: Numbers in treatment and continuity of care. Performance relating to both of these areas of work is scrutinised via CDPB and contract monitoring.

5.4.4 Numbers in treatment

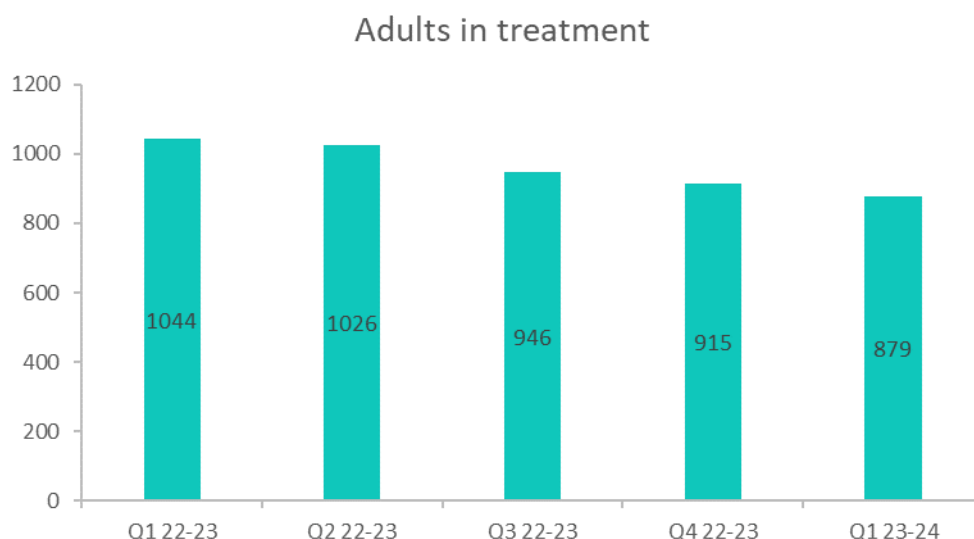
5.4.4.1 Barnet has a targeted number of individuals to engage in structured treatment which is measured over a 12-month rolling period. This was established against a baseline set in March 2022, at a time when numbers in the service were at exceptionally high levels compared to preceding years. Currently Barnet is working towards meeting the target and there is an associated action plan in place to support this.

5.4.4.2 Identifying individuals who are using substances problematically and supporting their referral and engagement into treatment services requires a whole partnership approach. New prevalence data was released in October dating back to 2019-20 for opiate and crack use, and 2018-19 for alcohol use. The data cannot be shared here due to its restricted nature, but it is informing the work of the partnership by targeting efforts to engage people with an identified substance misuse treatment need who have not yet received treatment.

5.4.4.3 Local data is available showing numbers of adult referrals and number of treatments starts (below). Referrals and treatment start numbers remain fairly consistent over the past year. There is ongoing action taking place to increase referrals and engagement into treatment.



5.4.4.4 In the below graph we can see local data indicating adult numbers in treatment. Here the gradual reduction in numbers over the previous year can be seen, illustrating the importance of the partnership work to increase referrals and engagement into treatment.



6. Continuity of Care

- 6.1 Public Health Outcomes Framework (PHOF) 2.16 measures the continuity of care for people released from prison with a substance misuse treatment need who are released from prison and are referred to, and subsequently engage with, a community treatment provider.
- 6.2 Nationally OHID have set a target of 75% engagement which is not yet being met in any London boroughs. Barnet has completed a self-assessment and is monitoring related actions via the criminal justice and substance misuse sub-group. Key partners in this area of work are Probation, Dependency and Recovery team, CGL and HMP Wormwood Scrubs which is the main feeder prison for Barnet. Barnet are making significant progress in this area of work and continue to view it as a priority area of work.

7 Alternative options considered and not recommended.

- 7.1 Not relevant in relation to this report.

8 Post decision implementation

- 8.1 Not relevant in relation to this report

9 Implications of decision

9.1 Corporate Priorities and Performance

- 9.1.1 Substance misuse service commissioned activity form part of the Council's statutory duties under the Health and Social Care Act 2012 to commission and provide appropriate public health services.

10 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

10.1 There are no current financial implications associated with the recommendations of this report.

11 Legal and Constitutional References

11.1 There are no current legal implications associated with the recommendations of this report.

12 Social Value

12.1 Social Value was considered as part of the substance misuse services contract award criteria, to ensure maximum benefits can be achieved via the agreed and approved financial spend on commissioned services but is not relevant to this specific report.

13 Risk Management

13.1 There is in place a Performance Framework agreed to monitoring substance misuse services and set KPIs, including performance and outcome measures which we continue to monitor and reviewed through contract management on a quarterly basis.

14 Corporate Parenting

14.1 There are no direct implications for children, and the young people's drugs and alcohol services are open to young people under 25.

15 Consultation and Engagement

15.1 Not relevant in relation to this report

16 Environmental Impact

16.1 Not relevant in relation to this report

17 Background papers

17.1 None

Combating Drugs Partnership Needs Assessment

June 2023

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Glossary of Terms

| Term | Definition |
|----------------|---|
| ASB | Anti-social behaviour |
| ATR | Alcohol Treatment Requirement |
| AUDIT | Alcohol use disorders identification test |
| CDP(B) | Combating Drugs Partnership (Board) |
| CGL | Change Grow Live |
| CHAIN | A multi-agency database recording information about people sleeping rough in London |
| Cuckooing | A practice where people take over a person's home and use the property to facilitate exploitation |
| CYP | Children and Young People |
| DCMS | Department of Culture, Media and Sport |
| DfE | Department for Education |
| DHSC | Department of Health and Social Care |
| DLUHC | Department for Levelling Up, Housing and Communities |
| Dual Diagnosis | Co-occurring substance misuse and mental health problems |
| DWP | Department for Work and Pension |
| HAB | Homeless Action in Barnet |
| HBV | Hepatitis B virus |
| HCV | Hepatitis C virus |
| HO | Home Office |
| IOM | Integrated Offender Management |
| IPD | Inpatient detoxification |
| JCDU | Joint Combating Drugs Unit |
| LAPE | Local Alcohol Profiles England |
| MAPPA | Multi-agency public protection arrangements |
| MARAC | Multi-agency risk assessment conference |
| MoJ | Ministry of Justice |
| NDTMS | National Drug Treatment Monitoring System |
| OHID | Office for Health Inequalities and Disparities |

| | |
|--------|--|
| PHE | Public Health England |
| PSHE | Personal, social, health and economic education |
| PSPO | Public Space Protection Order |
| RSDATG | Rough sleeping drug and alcohol treatment grant |
| SSMTRG | Supplemental substance misuse treatment and recovery grant |
| TA | Temporary Accommodation |
| VAWG | Violence against women and girls |
| VCS | Voluntary community organisation |
| VVE | Violence, Vulnerability and Exploitation |
| WDP | Westminster Drug Project |

1. Introduction & Summary

The national drug strategy, 'From Harm to Hope', was published in December 2021. It sets out the government's 10-year plan to tackle harm caused by illegal drug use and related crime. The strategy was the government's response to two independent reports produced by Dame Carol Black in 2020 and 2021.

In keeping with prior drug strategies, From Harm to Hope sets out three strategic priorities:

1. Break drug supply chains (HO and MoJ)
2. Deliver a world-class treatment and recovery system (DHSC, MoJ, DLUHC, DWP)
3. Achieve a generational shift in the demand for drugs (HO, DfE, DHSC, MoJ, DCMS, DLUHC)

In June 2022, the Joint Combating Drugs Unit (JCDU) published guidance on setting up and operating Combating Drug Partnerships. Partnerships were tasked to come together to address all three strands of the government's drug strategy, by bringing together partners to assess needs, develop an action plan, and deliver locally relevant ambitions.

This needs assessment reflects the Barnet Combating Drugs Partnership ambition to develop a programme of work that addresses drug and alcohol misuse in Barnet by holistically assessing local needs and making key recommendations.

i. Breaking Drug Supply Chains

The 10-year UK Government plan to combat illegal drugs sets out the plan to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.

Barnet Council's new administration has made community safety a priority, and Barnet's 2022 [Community Safety Strategy](#) outlines how the council plans to work in partnership to tackle crime and anti-social behaviour (ASB).

There are numerous workstreams within Barnet Council that deliver elements of tackling crime and ASB, and in doing this also work to break drug supply chains. These come together in the London Borough of Barnet's Violence, Vulnerability and Exploitation (VVE) work.

Key messages & recommendations:

- There was a 3.5% increase in 'Violence with Injury' offences in Barnet over the 12 months to March 2022 compared to the previous year, and a 2.6% increase when compared to five years ago
- The last 5 years indicate a pattern whereby we see spikes of weapons related offences during the spring summer months and a decrease in the winter months
- The "Rescue and Response Year 4 Strategic Assessment" shows that in 2021/22 there were 21 referrals to the Rescue and Response (a county lines) project, a reduction of 3 from the previous year. London in total saw a reduction in referrals of 43%
- There were also total of 40 people in Barnet identified as having a link to County Lines, a reduction of 1 from the previous year. London in total saw a reduction of 27% in individuals identified as having a link to county lines
- Reductions in the Rescue and Response project are likely the result of COVID-19 lockdown measures which made it difficult for people to move freely in the community (data for subsequent years is not yet available to assess the impact)
- Rates of drug offences in Barnet are generally lower than London and England
- There are some areas which have particularly high rates of drug offences, higher than London and disproportionate to the rest of the borough. Colindale North is of particular note.

- Offences relating to possession are two times as many as offences relating to drug trafficking
- Drug trafficking offences also have a much lower prosecution rate than possession offenses
- The report outlines pathways from criminal justice settings, such as police custody and prison, to treatment services and indicates that there is much work to be done to improve these pathways
- Close collaboration is required between partners in the development of the serious violence duty strategic needs assessment
- Better partnership working with the Met police to successfully implement business and delivery plans
- Services should collectively work to improve pathways from criminal justice settings into treatment and recovery services

ii. Delivering a world-class treatment and recovery system

The government's drug strategy set out our ambition to significantly increase the capacity and quality of treatment and recovery services as part of the whole-system approach to tackling supply and demand. It is anticipated that this will not only reduce crime, but aims to reverse the upward trend in drug and alcohol related deaths and benefit communities.

This report details key treatment and recovery data and makes recommendations on areas of development in the local treatment service.

Key messages & recommendations:

- Access to local treatment services can be improved through better geographic spread of services and improving local pathways
- Wards with higher deprivation also tend to have a higher number of substance misuse treatment episodes than the less deprived areas
- There is substantial unmet need across Barnet, including a number of parents who are not accessing support for their substance misuse needs and a falling number of young people in treatment
- Better partnership working is required with local GP's to improve identification of people misusing alcohol and improve address physical health problems for people misusing substances
- Women and girls are under-represented in treatment services
- Older adults using substances have specific needs such as better access to physical health and social care services
- Whilst rates of alcohol related admissions in Barnet are fairly low, there is a small group of people who have multiple hospital admissions and suffer on-going alcohol specific ill health.
- Drug related deaths in Barnet are low but alcohol related deaths are increasing
- There is good naloxone distribution in Barnet and this should continue to be a priority
- Rates of smoking in people who use drugs and alcohol are significantly much higher than the general population, both in adults and young people
- Young people in treatment often have other vulnerabilities that have increased their risks of substance misuse.
- Mental health concerns in young people and adults who misuse substances are higher than the general population, and many do not have access to suitable mental health support
- Opiates (specifically heroin) and alcohol are the most reported substances used by adults in treatment
- Cannabis and alcohol are the most reported substances used by young people in treatment
- People experiencing severe and multiple deprivation are more likely to experience challenges accessing services

- There are some innovative local initiatives to respond to multiple and complex needs, however these operate in a piecemeal way.
- The incidence of substance misuse in perpetrators of domestic abuse is high
- Satellite provision across the borough should be developed, including reviewing needle exchange
- Opportunities for improving access from primary care, including establishing alcohol clinics and GP shared care scheme should be explored
- The partnership should aim to increase engagement of under-represented groups in treatment
- Develop closer working relationships with social care and substance misuse services to support older adults with complex needs
- Review dual diagnosis good practice and implement locally
- A partnership approach to addressing multiple and complex needs is required
- Addressing substance misuse issues in perpetrators of domestic abuse is essential

iii. Achieving a generational shift in the demand for drugs

The third priority of the national drug strategy is to “achieve a generational shift in the demand for drugs.”

At a national level, it is expected this will be achieved through:

- an improved understanding of what works through investing in research,
- targeting people found in possession of illegal drugs with ‘more meaningful consequences’,
- improving prevention and early interventions via schools, and providing early, targeted support including to families

This report details actions that can be taken by partners in Barnet to support earlier identification and prevention of substance misuse issues.

Key messages & recommendations:

- Good PSHE provision is in place in Barnet however more can be done to broaden the scope
- Identification and Brief Advice (IBA) is available to all Barnet residents. However current reach is small and attempts to promote should be made.
- Workplace plays an important part in the health of Barnet residents, and addressing substance misuse in the workforce should be incorporated in to other workplace health initiatives
- Alcohol related harm should be considered when reviewing local licencing applications
- Although parental substance misuse in “child in need assessments” in Barnet is lower than England, it is higher than benchmark areas.
- The number of parents in treatment is low compared to identified need
- Barnet has a good range of parenting support programmes and early help services in place; however parents accessing treatment services tend to have not used these services, indicating they are not always reaching the right families.

2. Policy Context

National Drug Strategy

The national drug strategy, ‘From Harm to Hope’, was published in December 2021. It sets out the government’s 10-year plan to tackle harm caused by illegal drug use and related crime. The strategy was the government’s response to two independent reports produced by Dame Carol Black in 2020 and 2021.

From Harm to Hope benefited from cross-government sponsorship, being signed off by the Home Secretary, the Secretary of State for Health and Social Care, and the Combating Drugs Minister. Delivery of the strategy was supported by considerable additional funding (almost £900m over three years) and the establishment of the cross-government Joint Combating Drugs Unit (JCDU).

In keeping with prior drug strategies, From Harm to Hope sets out three strategic priorities:

4. Break drug supply chains (HO and MoJ)
5. Deliver a world-class treatment and recovery system (DHSC, MoJ, DLUHC, DWP)
6. Achieve a generational shift in the demand for drugs (HO, DfE, DHSC, MoJ, DCMS, DLUHC)

The first aim, jointly owned by the Home Office and the Ministry of Justice, targets the illegal supply of drugs. It outlines actions to be taken to prevent drugs reaching the UK, target gangs which supply drugs to 'neighbourhood dealers', 'roll up' county lines, and prevent the supply of drugs into prisons.

The second aim is jointly owned by four departments, the Department of Health and Social Care, the Ministry of Justice, the Department for Levelling Up, Housing and Communities, and the Department of Work and Pensions. It sets out an ambition to improve drug treatment and recovery services, including through improving locally commissioned substance misuse treatment services, better service integration, increasing access to housing and substance misuse treatment for people sleeping rough, and improving pathways between the criminal justice system and treatment services.

The third priority is owned by the Home Office, the Department for Education, the Department of Health and Social Care, the Ministry of Justice, the Department of Culture, Media and Sport, and the Department for Levelling Up, Housing and Communities. It aims to reduce demand for drugs, particularly recreational use. The methods through which this will be achieved include supporting new research to improve the demand reduction evidence base, targeting people found in possession of illegal drugs with 'more meaningful consequences', improving prevention and early interventions via schools, and providing early, targeted support including to families.

To ensure delivery of the strategy, in addition to the JCDU, the government set out a framework of national and local accountability. This includes the setting up of Combating Drug Partnerships, with Senior Responsible Owners, and a set of national performance measures.

The strategy set out ambitions to deliver 54,500 additional treatment places (a 20% increase), prevent nearly 1,000 deaths, and close over 2,000 county lines, all by April 2025.

National Alcohol Strategy

At the time of writing (February 2023), there is no national alcohol strategy and no plans have been announced to publish such a strategy. The most recent alcohol strategy was published by the Conservative – Liberal Democrat coalition government and ran from 2012 to 2015.

Combating Drug Partnerships

In June 2022, the Joint Combating Drugs Unit (JCDU) published guidance on setting up and operating [Combating Drug Partnerships](#). The guidance strongly encourages partnerships to include alcohol misuse within their scope. The guidance outlines actions requested of local partnerships to come together to address all three strands of the drug strategy, including nominating a Senior Responsible Owner (SRO) and bringing together partners to assess needs, develop an action plan, and deliver locally relevant ambitions set out in the drug strategy. The partnership should also regularly monitor progress and compile an annual report on its work. There is no specific funding for the development and running of combating drug partnerships.

The JCDU has developed a National Combating Drugs Outcome Framework to monitor progress against the ambitions set out in the drug strategy, and suggests partnerships use this and locally developed performance metrics to understand local progress against the following key outcomes:

- Reduce drug related crime
- Reduce harm
- Reduce supply
- Increase treatment engagement
- Increase long-term recovery

Workforce

In September 2022, Health Education England published a [briefing](#), summarising its work on the Drug and Alcohol Treatment and Recovery Workforce Programme. It is acknowledged that in order to deliver the ambitions set out in From Harm to Hope, the substance misuse workforce needs to grow. A strategic approach is being taken to ensure this need can be met.

Commissioning Quality Standard

In August 2022, the Office for Health Improvement and Disparities (part of the Department of Health and Social Care), published the Commissioning Quality Standard: alcohol and drug services. The standard was created in response to a recommendation from Dame Carol Black's independent review of drugs (part two) and aims to improve the effectiveness of local commissioning processes. It aims to increase transparency and accountability, and enable evaluation and improvement of commissioning processes. An accompanying self-assessment tool was published to assist partnerships to identify strengths and opportunities to improve commissioning processes. It provides clear examples of what is needed to meet each element of the standard.

The standard includes:

- Partnership and governance, where it complements the combating drugs partnership guidance and includes the need for continuing professional development for all partners. Increased commissioning resource has been enabled in many areas by new funding,
- All aspects of commissioning cycles, including understanding needs, establishing jointly held partnership priorities, service specification and contracting, and quality and performance management.
- System approaches, working across the partnership and reducing silos. This supports Making Every Contact Count and the 'no wrong door' approach to enabling underserved people to access services.
- The provision of high-quality care for all who need it, including workforce composition, training and supervision, caseload sizes, and provision of tailored services for young people and families. A full list of NICE recommended alcohol and drug treatment and recovery interventions is provided in the standard, bringing this together in one place for commissioners.

Funding

In recent years, publicly funded alcohol and drug treatment has largely been commissioned using funding from the annual public health grant, overseen by Directors of Public Health within local authorities. In addition, the NHS provides ad hoc interventions within its broad role and budget, for example, alcohol and/or drug detoxification during a hospital inpatient stay. In 2022/23, the budget for substance misuse treatment services was £2,349,399.34 for adults and £199,540.46 for young people. Both services are delivered by [Change Grow Live](#).

In 2021/22, in addition to the existing public health grants, 'universal' drug treatment and recovery grants were provided to most local authorities in England. Consortia grants were also made to fund additional

inpatient detoxification (IPD) placements. Barnet received £285,000 universal funding and a further £41,000 inpatient detoxification funding (to be spent via the London consortium) through these grants.

Following the publication of the 2021 drug strategy, a new Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) was announced. This has provided Barnet with £381,264 in 2022/23, and the indication of further SSMTRG funding in the following two years. It is anticipated that the IPD consortia funding level will remain at the 2021/22 level until March 2025. A requirement for receipt of these grants is that public health grant investment in substance misuse is not reduced.

Additional drug strategy-related grants, to support rough sleepers and employment support, have also been made available to selected local authorities. This has provided Barnet with £398,121 of funding to support people rough sleeping in 2022/23.

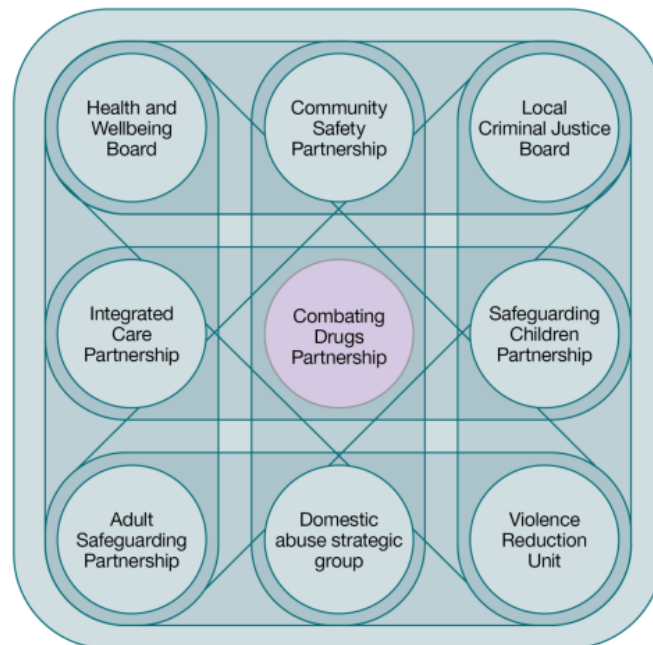
While the public health grant provides considerable flexibility to the local authority to determine local priorities, the other grants are provided to fund a group of centrally mandated interventions and outcomes. There is only limited flexibility and agreement for all grant spending must be received from central government grant managers.

Governance

This needs assessment is being conducted on behalf of the Combating Drugs Partnership Board (CDPB). Although the CDPB is primarily tasked with addressing harms related to drugs, Barnet's partnership have agreed to include harms relating to alcohol in the terms.

The CDP reports directly to Barnet Council's Health and Wellbeing Board, with a line into Barnet Council's Safer Communities Partnership Board. As such the main CDPB Plan and strategy will be agreed by the Health and Wellbeing board and delivered via co-ordination of those with delegated powers at the CDPB.

Graphic to show CDP in relation to other local partnerships



3. Aims & Objectives

Aim:

The aim of this needs assessment is to support the local Combating Drugs Partnership Board in the implementation of the government's drug strategy by identifying good practice, opportunities and recommendations.

Objectives:

- Review Barnet's fidelity to the new drug strategy across the three priority areas:
 - Explore how the newly established Combating Drugs Partnership Board can work collaboratively to tackle drug supply and associated violence
 - Review Barnet's current treatment offer and assess whether it is meeting the needs of the local community
 - Identify substance misuse prevention opportunities for development

4. Methodology & Data Sources

The number of adults who receive substance misuse treatment in Barnet is significantly larger than the number of young people, so data for adults can be published in more granular detail.

Data on the current treatment population is derived from the number of episodes of structured treatment recorded by LBB's current treatment provider Change Grow Live in the financial years 2020-21 and 2021-22. This represents the first two years of Change Grow Live's provision of substance misuse treatment for LBB. Data from the two years are combined to reduce the number of small counts (<5) which need to be suppressed so they cannot be deduced from totals. It is possible that a person may have had more than one treatment episode during the period, so these totals should not be interpreted as the number of people attending the treatment service.

Data for years prior to 2020-21 come from the National Drug Treatment Monitoring System (NDTMS), which is operated by the Office for Health Improvement & Disparities (OHID). Publicly available data from the NDTMS ViewIt tool has been used, which is rounded to the nearest 5 to prevent disclosure of small counts. The original data can be found on the [NDTMS website](#).

Additional reports from NDTMS have been used to prepare this needs assessment. These include Adult Alcohol Commissioning Support Pack: 2023-24: Key Data, Office for Health Improvement and Disparities, Adult Drug Commissioning Support Pack: 2023-24: Key Data, Office for Health Improvement and Disparities and Young Peoples Commissioning Support Pack: 2023-24: Key Data, Office for Health Improvement and Disparities.

The prevalence estimates from NDTMS are based on old data (2016-17 for opiate and crack, 2018-19 for alcohol), but are the best information available to us. These are published by the Liverpool John Moores University and the University of Sheffield, and are due to be refreshed in 2023. The prevalence estimates can be found [on the Government website](#). The methodology behind the opiate and crack estimates can be found [on the National Archives website](#).

Data on the treatment population has been compared to the 2021 Census.

Publicly available data has been used within this report. The main sources of these are [Stats and data | Metropolitan Police](#), [Public health profiles - OHID \(phe.org.uk\)](#) and [Home - NHS Digital](#).

Some data is presented within this report which is taken from internal audits and reports of local services including the substance misuse treatment service and probation service.

5. Public Engagement & Feedback

A range of local engagement mechanisms were used:

Two surveys were developed to seek feedback from residents and local partners

- 66% of residents that surveyed knew of the local treatment services
- Most residents that completed the survey had not accessed the service
- 60% of professionals surveyed had referred to local treatment services
- 80% of professionals surveyed knew how to refer
- Professionals rated the service positively, stating the service was accessible and responsive.
- Local treatment services are promoted to residents from a wide range of sources including local Councillors, health professionals and voluntary community organisations
- Most professionals completing the survey were from public or VCS organisations, with very low completion by health professionals.

Combating Drugs Partnership Board members were asked to contribute feedback through discussion

Gaps & Opportunities Identified:

- Training on substance misuse & awareness raising, including updates on new and emerging drugs for professionals
- Embedding substance misuse prevention into other council work such as school superzones
- Workforce challenges – a need for more people taking on careers in health and social care
- There is a complex police structure which challenges partnership working
- Access to services is difficult due to borough geography
- Stigma around substance misuse has made it challenging to identify satellites for the service
- There are limited services available for children of parents who misuse substances
- Parents are often unsure where to access support for themselves when their children are using substance
- There is a lack of long term, suitable accommodation for people with support needs
- Service criteria often creates barriers, including age criteria and dual diagnosis
- Increased access to psychological therapies
- Holistic, place-based approaches
- Closer working with voluntary and faith-based communities
- Limited access to inpatient and residential treatment
- A need for better support for people leaving prison

Strengths of partnership:

- ✓ Custody diversion schemes in place
- ✓ Good partnership links between many organisations, including cross organisational meetings and panels
- ✓ MOPAC funded county lines project
- ✓ Dedicated substance misuse resource in children's social care services
- ✓ Good examples of place-based work in one particular area
- ✓ Drug and alcohol awareness training and education available
- ✓ Examples of excellent multi-agency working including rough sleeping and homelessness project
- ✓ Vast skill set across the partnership that can be utilised

Focus groups with Barnet residents accessing local treatment services will be held on completion of the report to inform recommendations and next steps.

6. Breaking Drug Supply Chains

The 10-year UK Government plan to combat illegal drugs sets out the plan to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.

The key ways to do this are identified as:

1. restricting upstream flow – preventing drugs from reaching the country
2. securing the border – a ring of steel to stop drugs entering the UK
3. targeting the ‘middle market’ – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
4. going after the money – disrupting drug gang operations and seizing their cash
5. rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
6. tackling the retail market – so that the police are better able to target local drug gangs and street dealing
7. restricting the supply of drugs into prisons – technology and skills to improve security and detection

Barnet Council’s new administration has made community safety a priority, and Barnet’s 2022 [Community Safety Strategy](#) outlines how the council plans to work in partnership to tackle crime and anti-social behaviour (ASB).

There are numerous workstreams within Barnet Council that deliver elements of tackling crime and ASB, and in doing this also work to break drug supply chains. These come together in the London Borough of Barnet’s Violence, Vulnerability and Exploitation (VVE) work.

The use, sale, supply and importation of drugs causes profound harm to communities and has a direct correlation with increases in acquisitive crime and serious violence. Crime associated with drug trafficking is very often violent, with direct links to the criminal use of firearms and gang feud knife attacks. Traffickers are known to frequently exploit young and vulnerable people, and cannabis gangs in particular are notorious for the trafficking and exploitation of Vietnamese children and other vulnerable people to carry out live-in work in dangerous cannabis factories.ⁱ

The [Serious Violence Strategy](#) published in 2018 provides the governments assessment around what constitutes Serious Violence. It outlines some of the trends in behaviour seen in individuals perpetrating serious violence such as:

- Drug trafficking and drug misuse
- Weapons carrying
- Group or gang offending

Some key factsⁱⁱ about Violence, Vulnerability and Exploitation (VVE) in Barnet:

- There was a 3.5% increase in ‘Violence with Injury’ offences in Barnet over the 12 months to March 2022 compared to the previous year, and a 2.6% increase when compared to five years ago.
- ‘Possession of weapon’ offences decreased by 1.9% compared to the previous year, and there has been a 25% decrease compared to five years ago.
- Knife Crime (with injury) offences declined by 3.4% at the end of March 2022 compared to the previous year, and 21.3% compared to 5 years ago.
- The last 5 years indicate a pattern whereby we see spikes of weapons related offences during the spring summer months and a decrease in the winter months.

LB Barnet will be conducting a Serious Violence Duty Strategic Assessment ([Serious Violence Duty - Statutory Guidance](#)) in 2023, this will bring together a full analysis of serious violence and its intersections with drug use and supply.

Recommendation:

- *Partnership to contribute and support serious violence duty strategic assessment and in process continue working to understand the dynamic affiliations between Violence, drugs and group/gang offending in Barnet*

The government's 10 year plan identifies that in order to break supply chains we must deal with serious organised crime by disrupting OCG's (Organised Crime Groups). Some of the ways this can be done are by addressing county lines, gangs, and cuckooing. Much of this operational work is already delivering in Barnet via:

- Violence Vulnerability and Exploitation work (including youth justice, gangs, county lines)
- Offender Management work (IOM and Mappa)
- Risk management (Community MARAC)
- Anti-Social Behaviour work (Including borough wide PSPO)

Barnet also uses the E-CIN's system ([E-CINS in Barnet - ECINS](#) for Community Safety, Integrated Offender Management, Domestic Abuse, Domestic Violence, Community MARACS and ASB. Barnet's Youth Offending Service also use the system to manage gangs and serious youth violence and Barnet Homes are looking to introduce the system to securely share information with their partners.

A pan-London County Lines project was launched in 2018 by the Mayor's Office for Policing and Crime. Rescue and Responseⁱⁱⁱ is a pan-London County Lines support service for vulnerable CYP (Children and Young People) up to the age of 25 who are caught up in County Lines drug distribution networks and subject to criminal exploitation.

The "Rescue and Response Year 4 Strategic Assessment"^{iv} shows that in 2021/22 there were 21 referrals to the Rescue and Response project, a reduction of 3 from the previous year. London in total saw a reduction in referrals of 43%. There were also total of 40 people in Barnet identified as having a link to County Lines, a reduction of 1 from the previous year. London in total saw a reduction of 27% in individuals identified as having a link to county lines. It is important to recognise the impact that the COVID-19 lockdown possibly had on these figures. As people were less able to socialise and move around the community freely it is likely that some young people at risk of exploitation were not able to engage in such activities. Data from subsequent reports has not yet been publicly made available.

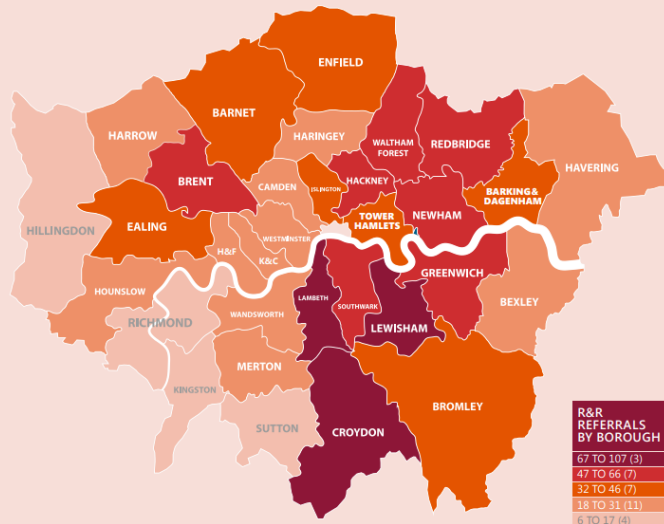
LONDON MAP SHOWING ALL INDIVIDUALS LINKED TO COUNTY LINES BY BOROUGH

2021/22

During year 4, a total of **1,301** individuals have been identified as having a link to County Lines. This is a **27% reduction** when compared to the same period last year (1,784).

All 1,301 individuals are represented by borough, based on their residence at the time of identification.

Those with a recorded link to County Lines have been collated by the NCLCC, and reflect submissions from R&R, the MPS and the county forces. The reporting practices have remained the same as 20/21 and this is not a contributing factor to overall reductions, as previously experienced.



| BOROUGH | 20/21 | 21/22 | DIFFERENCE |
|----------------------|-------|-------|------------|
| CROYDON | 138 | 107 | -31 |
| LAMBETH | 108 | 93 | -15 |
| LEWISHAM | 92 | 79 | -13 |
| BRENT | 103 | 66 | -37 |
| NEWHAM | 107 | 64 | -43 |
| GREENWICH | 84 | 63 | -21 |
| WALTHAM FOREST | 67 | 57 | -10 |
| HACKNEY | 70 | 54 | -16 |
| SOUTHWARE | 103 | 53 | -50 |
| REDBRIDGE | 65 | 52 | -13 |
| EALING | 79 | 46 | -33 |
| ENFIELD | 68 | 45 | -23 |
| ISLINGTON | 46 | 41 | -5 |
| BARNET | 41 | 40 | -1 |
| BARKING & DAGENHAM | 49 | 38 | -11 |
| BROMLEY | 31 | 37 | 6 |
| TOWER HAMLETS | 41 | 36 | -5 |
| HARROG | 58 | 31 | -27 |
| WANDSWORTH | 52 | 31 | -21 |
| CAMDEN | 35 | 29 | -6 |
| HOUNSLOW | 41 | 29 | -12 |
| HAMMERSMITH & FULHAM | 31 | 27 | -4 |
| WESTMINSTER | 22 | 27 | 5 |
| HARROW | 26 | 24 | -2 |
| HAVERING | 21 | 22 | 1 |
| KENSINGTON & CHELSEA | 34 | 22 | -12 |
| BEXLEY | 47 | 21 | -26 |
| MERTON | 31 | 21 | -10 |
| HILLINGDON | 45 | 17 | -28 |
| KINGSTON | 16 | 12 | -4 |
| SUTTON | 18 | 11 | -7 |
| RICHMOND | 7 | 6 | -1 |

Recommendation:

- *The partnership to review impact of current operational work that identifies people involved in organised crime and identify next steps.*

Drug Offences in Barnet

The graph below shows the number of drug offences in Barnet from January 2018 to January 2023. This has remained relatively consistent, averaging 82 offences, with 73 drugs offences in January 2023.

The graph shows a peak of 151 offences in May 2020 which is likely to be a result of the first COVID-19 lockdown. During lockdown as social interaction was severely restricted, crime in all categories decreased, except for anti-social behaviour, and drug offences. The first category increased vastly, as it includes offences related to breaching social distancing measures. The second is related to an increase in arrests as the lack of people moving around made it much easier for police to track down dealers (Langton, 2020). With this in mind, it is likely that the number of drug offences are just a small proportion of actual drug crime.

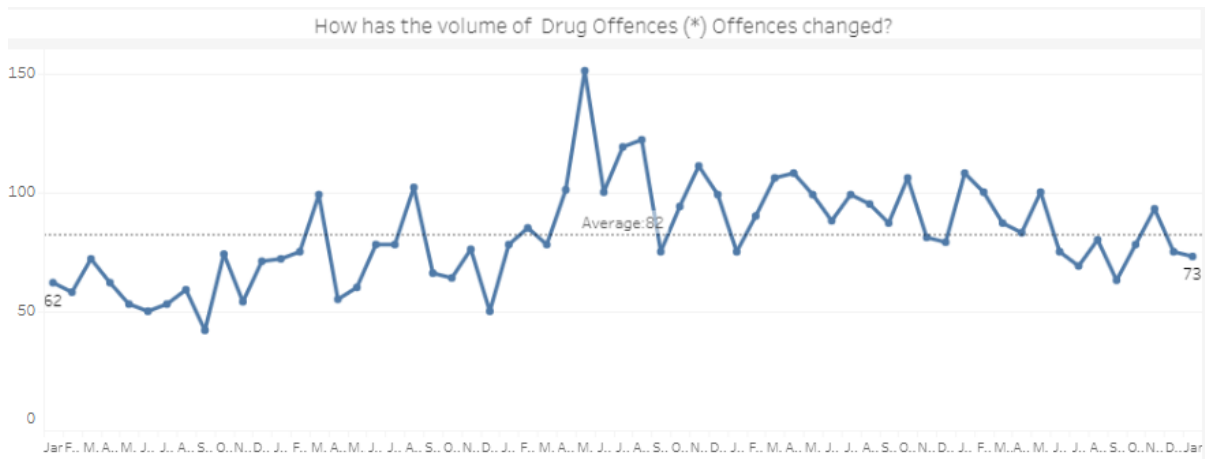


Figure 1: Drug offences – Jan 2018 to Jan 2023 – Met Police Data

| | Barnet | London |
|--|------------------|------------------|
| Drug offences per 1000 pop Feb 2022 – Jan 2023 | 2.4 per 1000 pop | 4.8 per 1000 pop |
| Number of offences 12 months to Jan 2023 compared to previous 12 months to Jan 2022 | Down 14.8% | Down 8.3% |
| January 2023 compared to December 2022 | Down 2.7% | Up 26.8% |

Figure 2: Drug offences London and Barnet

The table above shows the number of drug offences in Barnet is generally low. The London rate of offences per 1000 population in January 2023 is 4.8 however in Barnet it is 2.4. However, as can be seen in the map below, the rate differs from ward to ward, with the west of the borough generating a substantially higher number of drug crimes. Colindale North is of particular note, with a rate of 7.6 per 1000 population.

Whilst this may reflect that Colindale North may have a higher rate of drug crimes, it is important to recognise that the disproportionate rate of crimes can be a direct outcome of additional police resources that are deployed into areas such as this to address the problem.

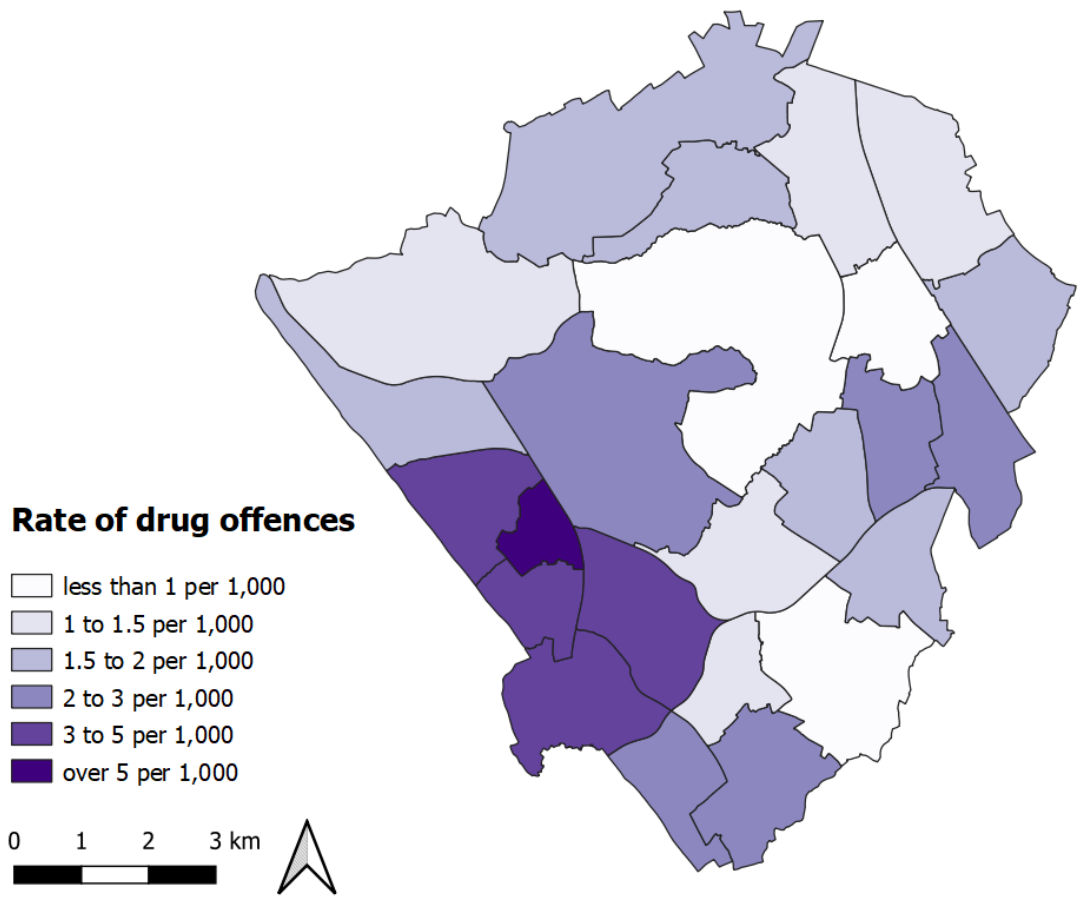


Figure 3: Heat map showing drug offences by ward

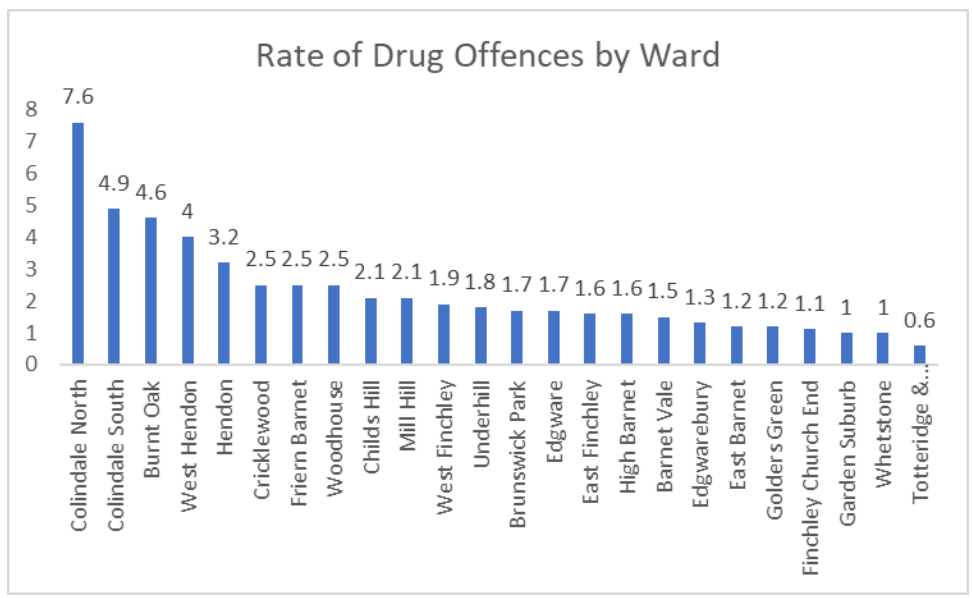


Figure 4: Drug offences by ward

The drug offence data above reflects crimes related to both possession and supply (drug trafficking). The following graph shows offences separated by possession and supply (trafficking).

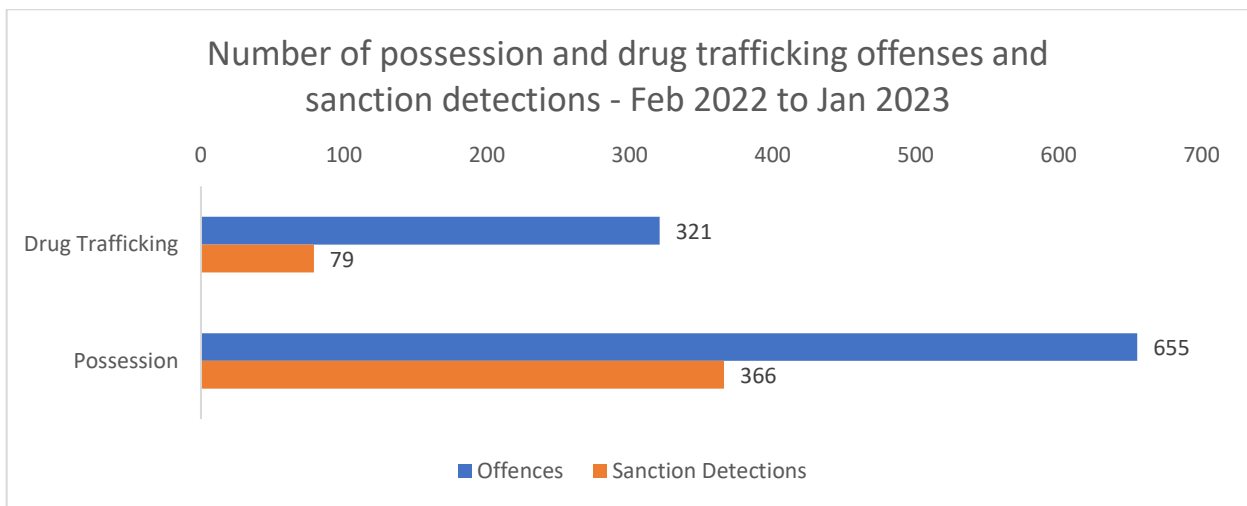


Figure 5: Number of possession and drug trafficking offences and sanction detections

When separated, looking at data from Feb 2022 – Jan 2023, 67% of drug offences relate to possession and 33% to the supply of illicit substances. Furthermore, 25% of drug trafficking offences result in a sanction detection and 56% of possession offences result in a sanction detection. This highlights the difficulties in disrupting supply chains on a meaningful scale. The data indicates that a user of illicit substances is more likely to be prosecuted than those supplying them with illicit substances. It is likely that this data also reflects the complex relationship between possession and supply. It is likely that most people convicted of supply are not the ones that control the distribution of drugs, they are more likely to be “runners”. Additionally, some people convicted of possession may in fact be runners.

(NB: Sanction detection refers to an offence that results in a charge, caution, penalty notice or other prosecution)

The [Metropolitan Police Service's Business Plan 2021-24](#) highlights its plan “Tackling Violence Together” which focuses on seven strands of activity, with prevention running through as a cross-cutting theme. One of these strands includes a focus on drugs, including a commitment to create a “drugs focus desk” in each BCU (Basic Command Unit) with a drug advisor to assist with investigations and cases of possession with intent to supply. The plan also commits to delivering handheld drugs analyser machines to BCUs to reduce lab backlogs and increase in custody charges.

The aims of the Met Police’s Business Plan are also echoed in [London's Police and Crime Plan 2022-25 | London City Hall](#).

Recommendation:

- *The partnership to consider how it can support the implementation and delivery of Met Police Business Plan*

Drugs Intervention Programme – From Custody to Community

Many London boroughs have drug intervention programmes (DIP) to tackle substance misuse offending. DIP programmes were launched in 2003 but have largely scaled back over the years. These programmes now focus on drug testing when arrested for a “trigger offence”.

Once a person tests positive, they are then referred on to the local substance misuse treatment provider for a “Required Assessment”. This aims to improve the pathway and support people with an identified drug need to engage in treatment.

Trigger offences are generally offences involving stealing, fraud or drugs, and include:

- Theft and attempted theft.
- Robbery and attempted robbery.
- Burglary and attempted burglary.
- Begging and persistent begging.
- Possession of a specified Class A controlled drug.
- Production or supply of a specified Class A controlled drug.
- Possession of a controlled drug with intent to supply where that drug is a specified Class A controlled drug.

The following table provides a 5 month snapshot of DIP Data. In Barnet, there is an average of 73 trigger offences a month, of which 63% result in a drug test. Earlier in this report we presented drug offence data that showed approximately 82 offences a month relating specifically to drug possession or supply. Considering there are on average 73 trigger offences monthly it appears there is an opportunity to increase the number of people identified for testing and moving through the DIP pathway.

Furthermore, the data below shows that although an average of 28 people a month test positive in a custody drug test, the number booked in for a required assessment and who subsequently attend a required assessment decreases dramatically. On average, although there are approx. 82 drug offences and 73 trigger offences per month (these may not be mutually exclusive), only 12 people attended a required assessment in a 5 month period.

| 5-month period | Total Trigger offences | Trigger offences Tested | Trigger offences Tested Positive | Required Assessments booked | Required Assessments Attended |
|----------------|------------------------|-------------------------|----------------------------------|-----------------------------|-------------------------------|
| Total | 361 | 274 | 141 | 70 | 12 |

Figure 6: Table showing number of people identified via DIP pathway resulting in testing and required assessments – 5 month period in 2023

In Barnet, whilst the reports received from the Met on DIP activity indicate that the reporting and communication aspects of the pathway are working successfully, the numbers attending indicate there is work to be done on operational aspects. Change Grow Live’s criminal justice team have also reported to Public Health Commissioners that arranging police clearance from criminal justice practitioners to work in police custody is taking an inordinate amount of time, preventing the team from being able to engage at point of arrest.

MOPAC have committed within the Police and Crime Plan to reviewing the effectiveness of DIP and MPS in addressing substance misuse related offending and this certainly appears to be required in Barnet.

Recommendation:

- *Partnership to support review of DIP process including police clearance*

7. Delivering a world-class treatment and recovery system

Dame Carol Black’s [Independent review of drugs by Dame Carol Black: government response - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/reviews/independent-review-of-drugs) [Independent review of drugs](https://www.gov.uk/government/reviews/independent-review-of-drugs) focuses on drug treatment, recovery and prevention, and informed the governments priority to make sure that vulnerable people with substance misuse problems get the support they need to recover and turn their lives around. Additional funding has been identified to deliver significant and tangible improvements in line with key priorities identified in the report.

At a national level, the government expects to treat addiction as a chronic health condition by breaking down stigma, saving lives and breaking the cycle of addiction. It aims to do this by:

1. Delivering world class treatment and recovery services
2. Rebuilding the professional workforce
3. Ensuring better integration of services
4. Improving access to accommodation alongside treatment
5. Improving employment opportunities
6. Increasing referrals into treatment from the criminal justice system
7. Keeping prisoners engaged after release

This chapter explores how this is being done in Barnet.

Throughout this report, tiers of treatment will be referred to. The below pyramid gives an overview of the tiers of treatment.

Tier 1 related to prevention and education. This is defined as being largely concerned with encouraging and developing ways to support and empower individuals, families and communities in the acquisition of knowledge, attitudes and skills with which to avoid or reduce the development of alcohol problems, drug misuse and alcohol and drug related harm.

Tier 2, 3 and 4 relate more specifically to the treatment of substance misuse which become more intensive and specialist as a person moves through the tiers.

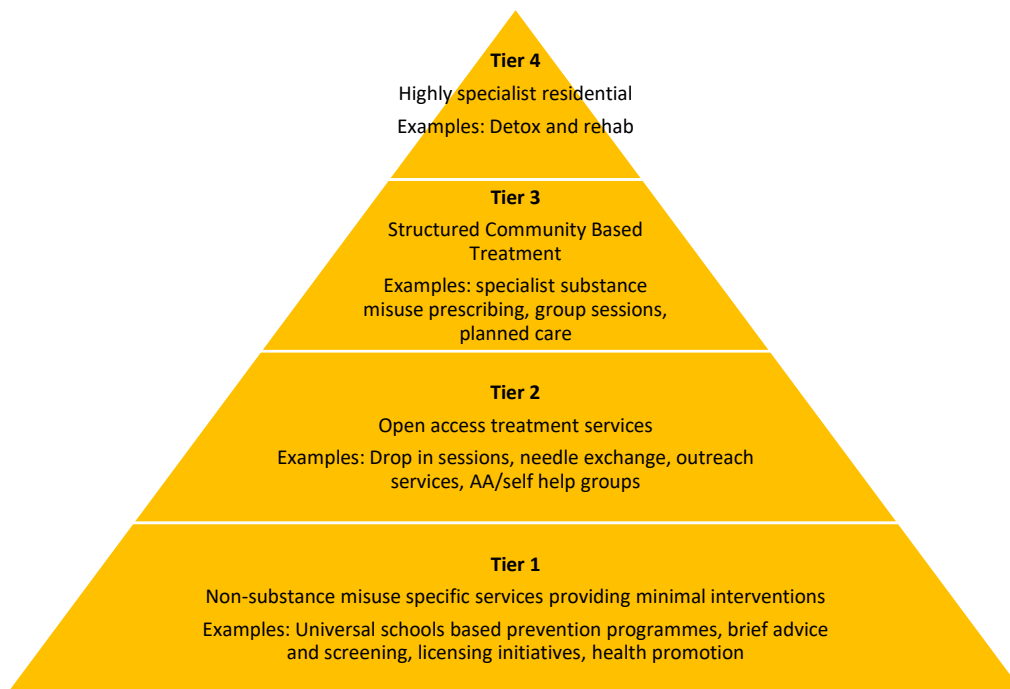


Figure 7: Pyramid of treatment tiers and interventions

Overview of local Population & IMD/Socio-economic data ([Socio-economic data | Barnet Council](#))/Inequalities

The map below shows the number of adult substance misuse treatment episodes in 2020-22 by ward, together with substance misuse service locations.

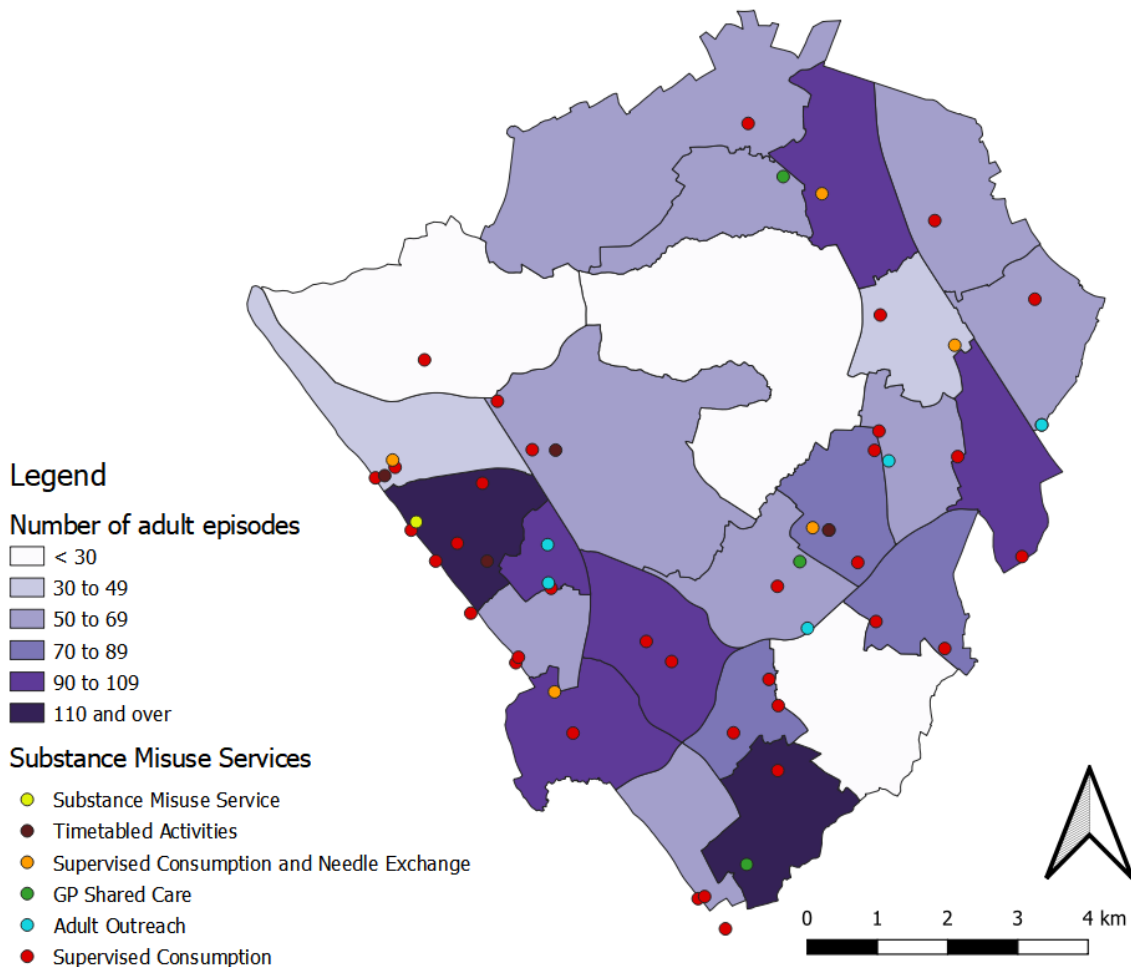


Figure 8: Heat map to show the number of adult substance misuse treatment episodes in 2020-22 by ward, together with substance misuse service locations.

The map shows that whilst Barnet’s service users are distributed fairly evenly across the borough, there are notable pockets of concentration. Burnt Oak and Child’s Hill have the highest number of treatment episodes, followed by Friern Barnet and Barnet Vale. It is relevant to note, particularly for Burnt Oak and Child’s Hill that these wards meet Barnet’s borders with Camden and Brent, presenting opportunities and challenges for cross border working, particularly given how drug markets operate.

There are two wards with very small numbers of people accessing treatment, these are Garden Suburb and Edgwarebury. Whilst this may be representative of the population, there is almost certainly some unmet need and efforts should be made to promote services and engage with residents of these wards.

Currently the adult treatment service operates from the Dennis Scott Unit at Edgware Hospital, with outreach provision across the borough. The young people's service is also based at the Dennis Scott Unit but works remotely seeing young people in a range of community settings. Being based in the Dennis Scott Unit supports the service to work closely with the mental health trust who are also based there, and also allows good access for the west of the borough, however the site is not ideal. The current site does not allow good access for residents across the rest of the borough, and being based in a hospital is not ideal for promoting recovery and supporting service users to feel part of the community. Additionally, as the site is an NHS building, there are various restrictions on how the space can be used and developed. Change Grow Live and Barnet Public Health have been working to identify new premises however this is proving challenging.

The maps also show the distribution of supervised consumption pharmacies, needle exchange provision and GP shared care. There is good coverage of supervised consumption however there are only 5 needle exchange services across the borough. The number of needle exchanges in Barnet has reduced from 12 in 2014 to 5 in 2023. It is recommended that a review of the provision of needle exchange facilities is undertaken to gain an understanding of the potential reasons for the reduction in the number of exchanges and to ensure that all opportunities to engage with people who are not known to services are explored.

Part of the provision of substance misuse services in Barnet includes the provision of a shared care scheme with Barnet General Practitioners (GPs). The shared care scheme means that substance misusing clients would begin to receive substitute medication prescribing within the treatment service as part of their treatment programme and then the prescribing element of their treatment programme would transfer to a GP.

There are currently three GPs involved in the scheme, which is a decrease from eight in 2018. The number of service users accessing the scheme has also decreased from 30 in 2018 to 9 in 2023. It is relevant to note that this is likely to be caused by the COVID-19 pandemic.

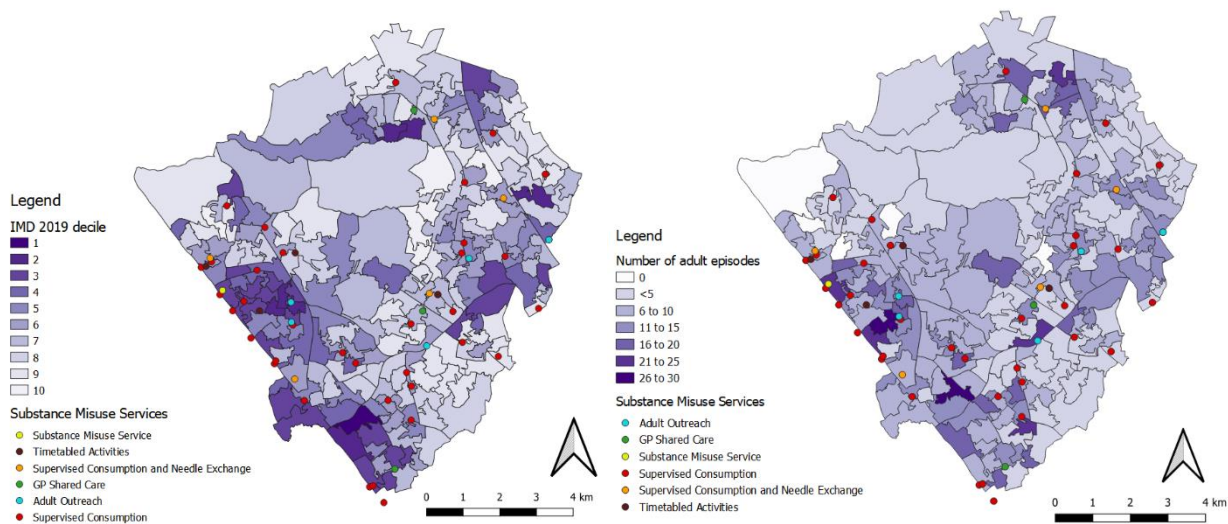


Figure 9: Heat maps to show the number of adult substance misuse treatment episodes in 2020-22 compared to Indices of Multiple Deprivation 2019

The two maps above compare Index of Multiple Deprivation 2019 (IMD 2019) deciles with the number of adult substance misuse treatment episodes by lower super output area (LSOA). Areas in lower deciles are more deprived, and those in higher deciles are less deprived. There is a moderate negative correlation between IMD 2019 deciles and the number of substance misuse treatment episodes (correlation coefficient -0.52): this means that LSOAs with lower deciles, which are more deprived, tend to have a higher number of substance misuse treatment episodes than the less deprived areas.

Recommendations:

- *It is recommended that the treatment provider and Barnet public health engage in promotions and engagement in under-served wards*
- *It is recommended that Barnet Public Health discuss cross border opportunities with Brent and Camden*
- *It is recommended that further outreach satellite services are established, particularly until more suitable premises can be identified*

- *It is recommended that a review of the provision of needle exchange facilities is undertaken to gain an understanding of the potential reasons for the reduction in the number of exchanges and to ensure that all opportunities to engage with hidden harm clients are explored.*
- *It is recommended that a review of the GP shared care scheme is undertaken with support from Barnet ICB*

Prevalence estimates & higher risk groups/disproportionality & penetration rates

NDTMS has estimated the current rates of unmet need among adults, using 2021/22 treatment data and 2016/17 prevalence estimates from the Public Health Institute at Liverpool John Moores University. In comparison to England, Barnet has higher rates of unmet need.

| Drug groups | Barnet rate of unmet need (adult) | England rate of unmet need (adult) |
|-------------------------|-----------------------------------|------------------------------------|
| Opiate and/or crack use | 61% | 54% |
| Crack | 67% | 57% |
| Opiates | 54% | 47% |

Figure 10: Rates of unmet need for drug in Barnet and England based on prevalence estimates from Liverpool John Moores University

Although these prevalence estimates are the best available at the time of writing, they have their limitations. The data used in the most recent estimate is 6 years old, so it will not reflect more recent changes to the population. The confidence intervals for this estimate are wide, with a difference of 1437 people between the upper and lower figures. This is illustrated in the graph below, which compares estimated prevalence of opiate and/or crack use with NDTMS data for adult opiate and crack users in structured treatment; the grey bars indicate where an older estimate is compared to newer data.

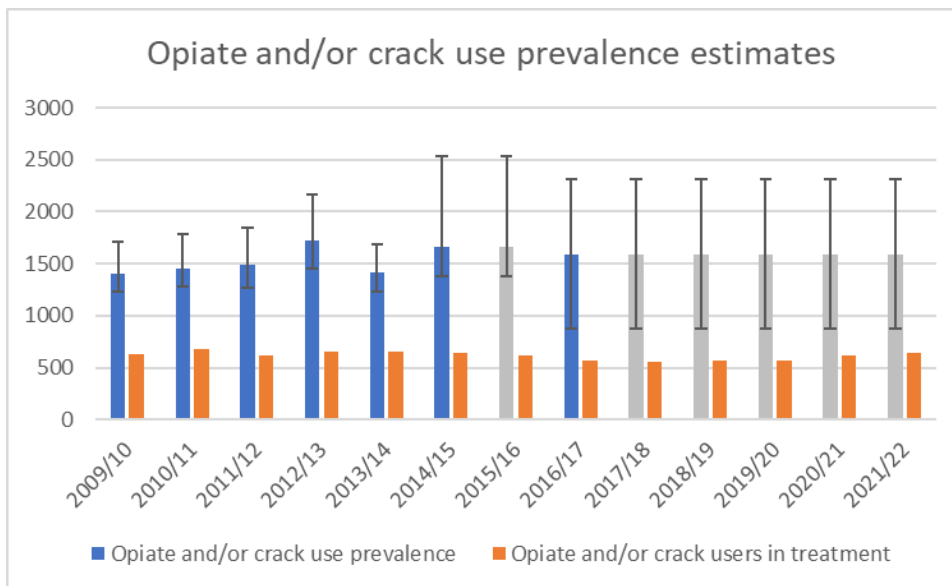


Figure 11: Graph to show comparison of estimated prevalence of opiate and/or crack use with NDTMS data for adult opiate and crack users in structured treatment, including confidence intervals.

Alcohol Prevalence estimates & Patterns of Alcohol Consumption

NDTMS has estimated the current rate of alcohol unmet need among adults, using on 2021/22 treatment data and 2018/19 prevalence estimates. Barnet has a substantial rate of unmet need for alcohol: according

to the estimate, nearly 8 out of 10 adults who are alcohol dependent are not receiving specialist treatment. There is similar rate of unmet need in Barnet and England.

| Area | Alcohol unmet need (adult) | Lower confidence interval | Upper confidence interval |
|---------|----------------------------|---------------------------|---------------------------|
| Barnet | 78% | 71% | 84% |
| England | 80% | 76% | 84% |

Figure 12: Rates of unmet need for alcohol in Barnet and England based on prevalence estimates

The prevalence estimates are the best available at the time of writing and are more recent than the opiate and crack estimates above, but they are 4 years old and will not reflect more recent population changes. The confidence intervals are also narrower than they were for opiate and crack use, so there is less uncertainty about the estimates. The graph below compares estimated prevalence of alcohol use with NDTMS data for adult alcohol and alcohol/non-opiate users in structured treatment; the grey bars indicate where an older estimate is compared to newer data.

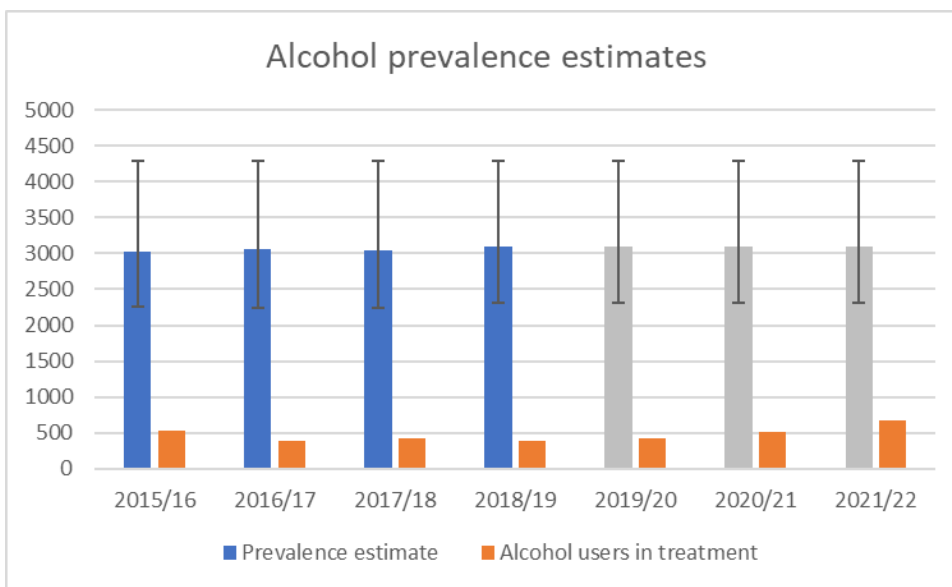


Figure 13a: Graph to show comparison of estimated prevalence of alcohol use with NDTMS data for adult alcohol users in structured treatment, including confidence intervals.

In addition to NDTMS data, local data from GP records were reviewed. The chart below shows alcohol use in the registered GP population. Most notably, 76% of patients are in the unknown category, an indication that alcohol assessment in primary care can be improved.

The data also shows that 1% (4,378 people) of the registered population have been categorised in the alcohol abuse/dependence category. Considering the high number of unknowns, this is a surprisingly high number, indicating that unmet need may be higher than estimates suggest. However the data may also show that GP recording of alcohol dependence is inaccurate and more work should be done to improve this.

Alcohol Use in GP Registered Population

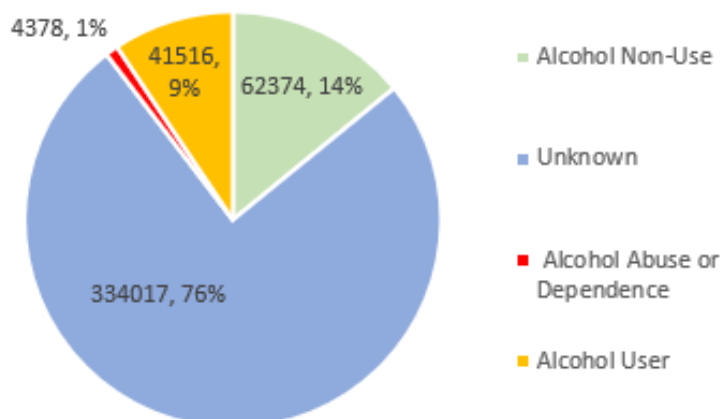


Figure 13b: Alcohol Use in GP registered Population, Source Healthintert 2023

Recommendation:

- *Barnet Public Health and ICS to review alcohol identification and pathways from GP provision*

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. In England, 22% of the population are drinking at above low risk levels so may benefit from some level of intervention. However, harm can be short-term and instantaneous, due to intoxication, or long-term, from continued exposure to the toxic effect of alcohol or from developing dependence.

The following table gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the Health Survey for England (2015-2018 combined, via LAPE, PHE).

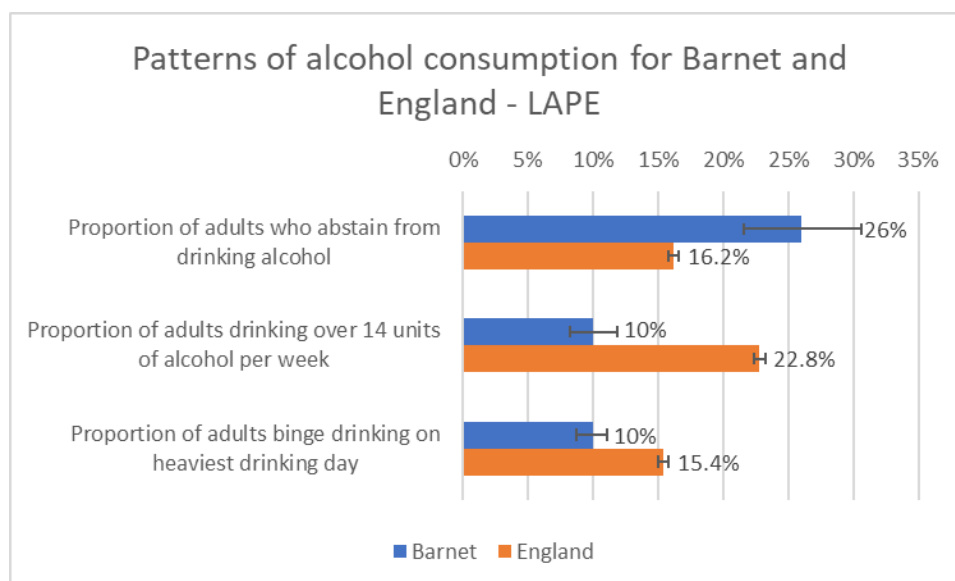


Figure 14: Patterns of alcohol consumption for Barnet and England

People commencing and exiting substance misuse treatment in Barnet

Local data from current substance misuse service provider Change Grow Live (CGL) and previous provider WDP demonstrate that the total adult treatment population has increased from 2018-19 to the present. The increase was more rapid during 2020-21, at the height of the COVID-19 pandemic: CGL kept people in treatment to ensure they had the support they needed at a stressful and difficult time.

The number of adults in substance misuse treatment has increased

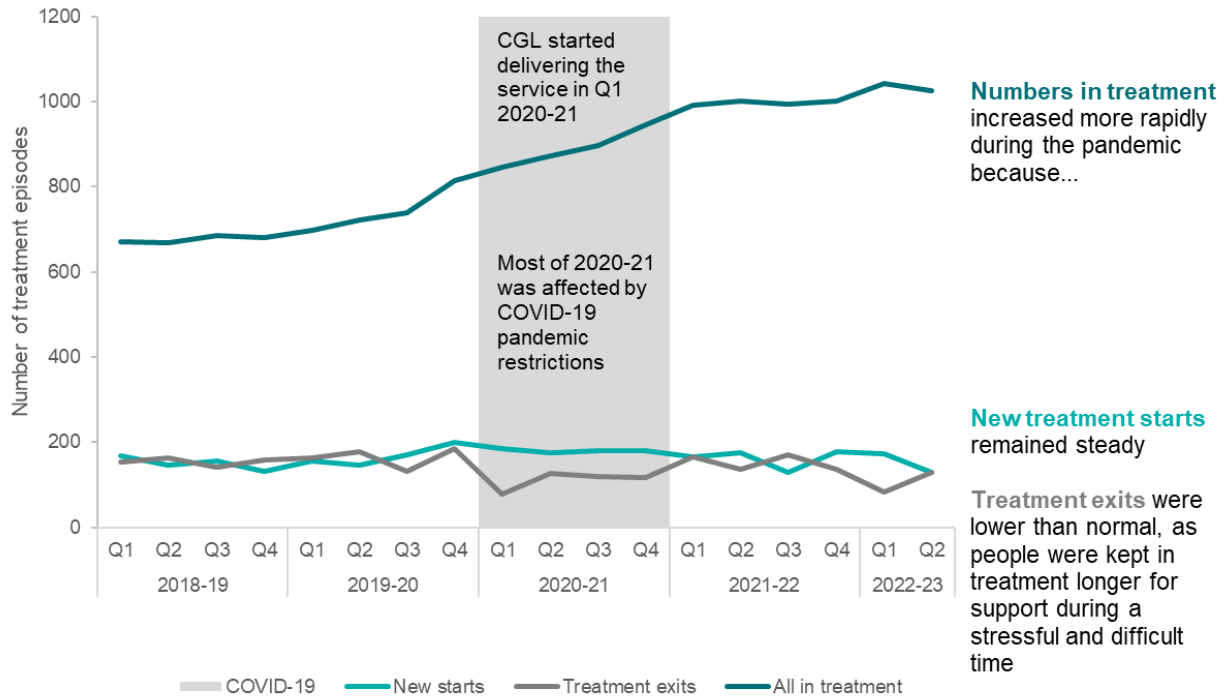


Figure 15: Number of adults accessing substance misuse treatment in Barnet 2018 - 2023

Local data for the total adult treatment population includes people who are receiving unstructured (Tier 2) and structured (Tier 3) treatment from the Barnet adult service. However, adult data from the National Drug Treatment Monitoring Service (NDTMS) has slightly different criteria: it covers anyone in Tier 3 treatment who is over 18 years old. This means it includes people over 18 who are in structured treatment with the young people’s service but excludes adults who are receiving unstructured treatment.

The number of adults over 18 in structured treatment recorded by NDTMS is similar to the local data, with an increasing trend and a more rapid increase from 2018-19 onwards. Numbers in treatment in 2021-22 were slightly higher than the previous peak in 2013-14.

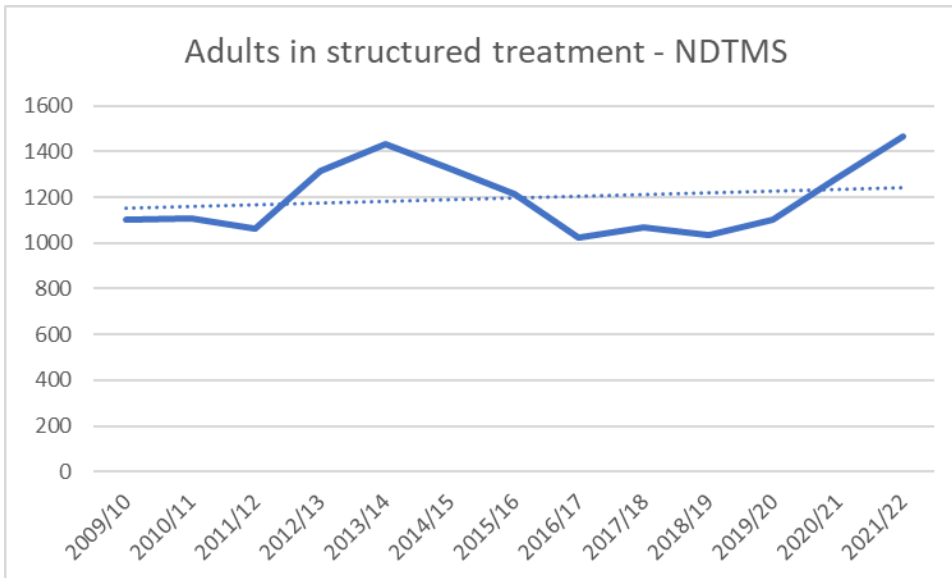


Figure 16: Number of adults accessing structured tier 3 substance misuse treatment in Barnet 2009 - 2022

Figure 17a shows that most adults in treatment are being treated for opiate use. People who are only using alcohol make up the second-largest group, which has been increasing since 2018-19.

Figure 17b shows all substances reported as used in people in treatment in 2021-22. Although alcohol is the largest group, it may be used secondary to another substance and therefore the largest treatment group remains people in treatment primarily for opiate use.

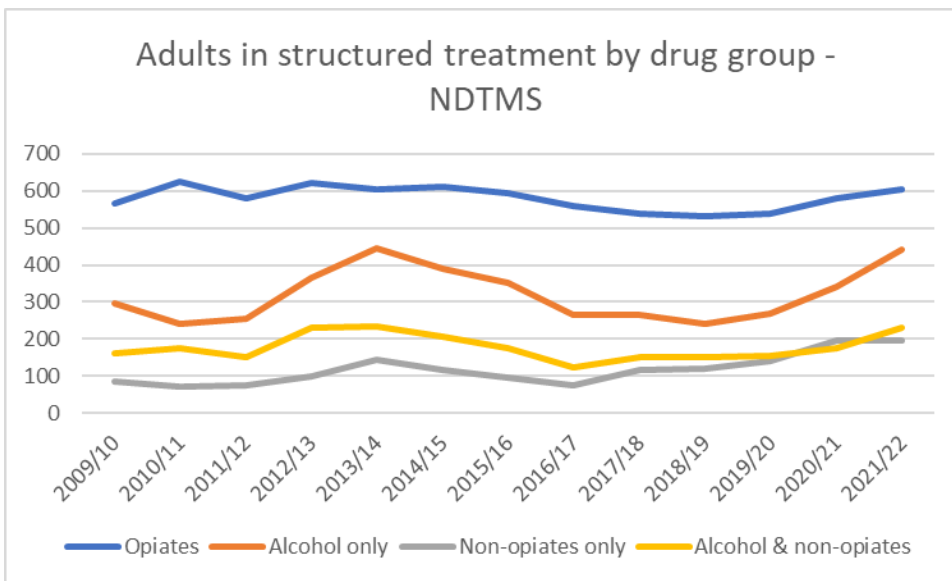


Figure 17a: Number of adults accessing structured tier 3 substance misuse treatment in Barnet 2009 – 2022, grouped by primary substance

| Substance type | Percentage of all adults in structured drug and alcohol treatment |
|---------------------------------------|---|
| Alcohol | 52% |
| Opiates | 41% |
| Crack cocaine | 24% |
| Cannabis | 23% |
| Cocaine | 13% |
| Benzodiazepines | 4% |
| Amphetamine (other than ecstasy) | 2% |
| Hallucinogens | 1% |
| Ecstasy | 0.5% |
| Any new psychoactive substances (NPS) | <0.3% |
| Total individuals | 100% |

Figure 17b: Substances used by of adults accessing structured tier 3 substance misuse treatment in Barnet 2021 – 2022

The main reason for adult treatment exits has been that people successfully completed their treatment, except in 2020-21 when more people continued their treatment to ensure they had support during COVID-19 lockdowns. The peak for ‘Transferred not in custody’ in 2015-16 reflects a transfer between service providers during a previous recommissioning of the service.

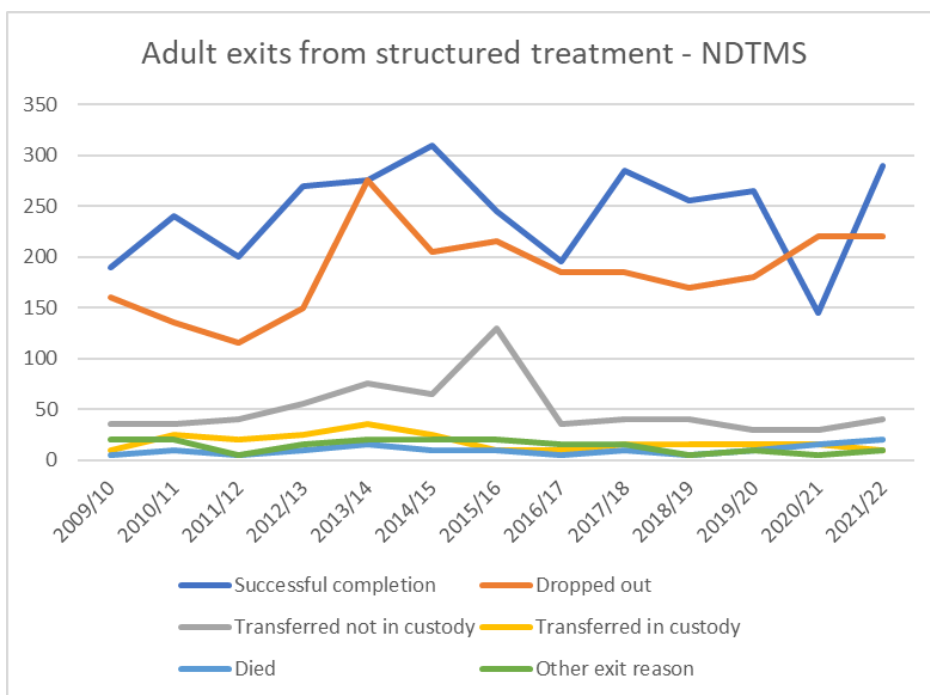


Figure 18: Number of adults exiting structured tier 3 substance misuse treatment in Barnet 2009 – 2022

National data in the [Adult substance misuse treatment statistics 2020 to 2021 report](#) shows that in 2021-22, approximately 50% of people in treatment completed successfully, with a combination of other treatment exit reasons making up the other 50%. This is a similar picture in Barnet.

The report also states that on average, people who completed treatment (nationally) successfully did so within a year of starting treatment (283 days). The average time in treatment for people with opiate problems was around 2.5 years (930 days) and around 6 months for the other substance groups (164 days for non-opiate only, 201 days for non-opiate and alcohol, and 197 days for alcohol only).

From 2009-10 to 2021-22, the majority of adults in treatment in Barnet have been in structured treatment for under 1 year.

Since 2011-12, all the adults who had been in treatment for more than 6 years were being treated for opiate use, and the size of this group has increased year by year. Over the same period, there has been a downward trend in adults who have been in opiate treatment for under 1 year, indicating that fewer new episodes of opiate treatment are starting. More than half of Barnet's opiate users in treatment have been in treatment for longer than the national average of 2.5 years.

In contrast, most adults in structured treatment for non-opiate and/or alcohol use have been in treatment for 2 years or less, with a significant proportion falling into the "more than 6 months" category, indicating that people in Barnet generally stay in treatment longer than other areas in England.

Graphs are available in Appendix 1 showing time in treatment by substance.

Demographics

By understanding the population in structured substance misuse treatment and comparing it to the population of Barnet as a whole, it is possible to identify gaps and potential inequalities in access to treatment. The data below only includes people in Tier 3 structured substance misuse treatment, as demographic data is often incomplete for people receiving support in a less structured setting.

Gender

Between April 2020 and March 2022, 68.7% of adult treatment episodes were for men. The 2021 Census reported that 48.4% of Barnet's population was male, so men were over-represented, and women were under-represented, in substance misuse treatment.

This imbalance has been a long-term trend: NDTMS data from 2009/10 to 2020/21 shows that approximately 7 out of 10 Barnet residents over 18 in Tier 3 substance misuse treatment have been male throughout the period.

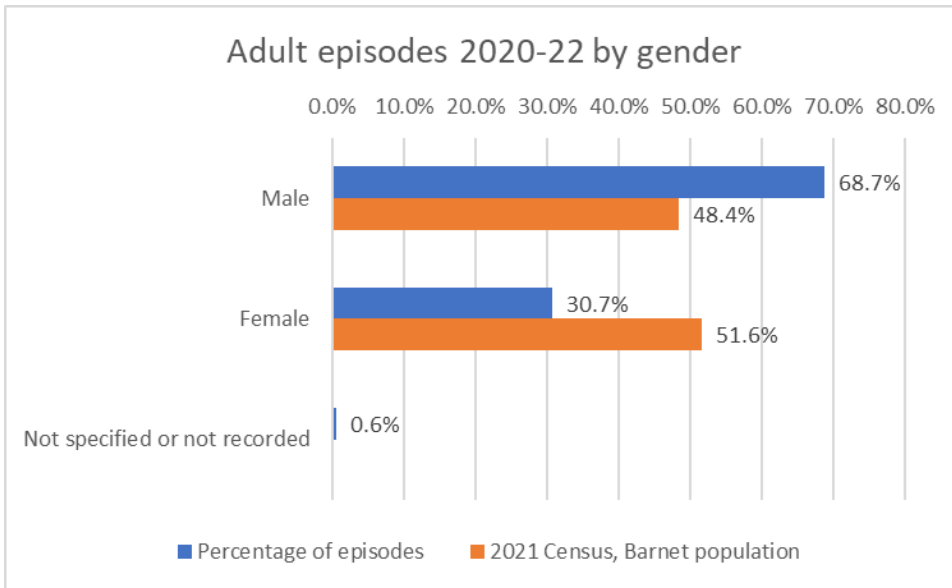


Figure 19: Adult episodes by gender and comparison with 2021 census

The over-representation of males can also be seen when young people’s treatment episodes are compared to 2021 Census data for people aged between 10 and 24 years old (the best fit to the age range of the young people’s substance misuse service). Between April 2020 and March 2022, 67.4% of young people’s treatment episodes were for boys and young men, who make up 50.5% of the population.

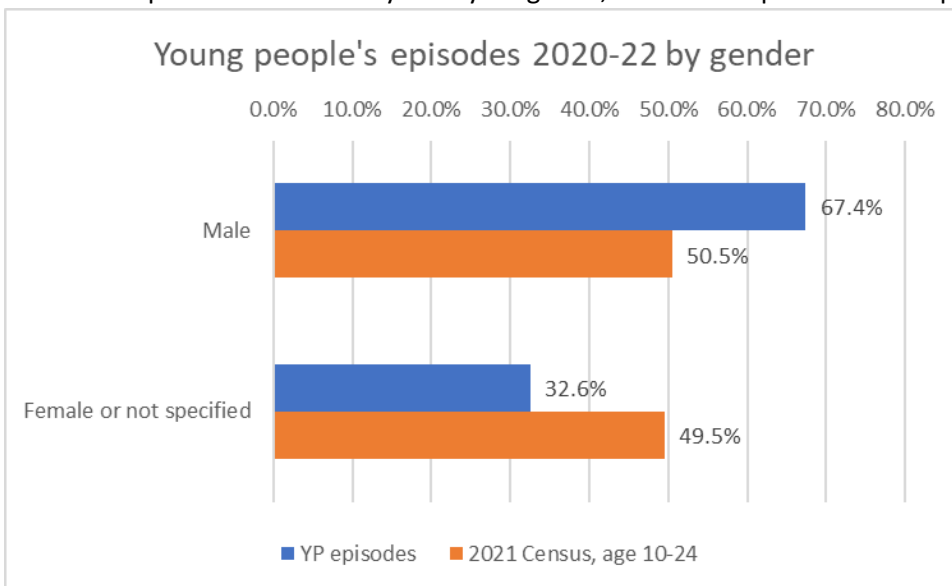


Figure 20: Young people’s episodes by gender and comparison with 2021 census

Recommendation:

- *Barnet Public Health and Change Grow Live to review opportunities for engaging women and girls in treatment and delivering bespoke interventions*

Sexual orientation

Between April 2020 and March 2022, 89.9% of adult treatment episodes were for heterosexual clients, which is similar to the 87.3% for the Barnet population in the 2021 Census. However, a smaller percentage of adult episodes had no sexual orientation recorded compared to the 2021 Census data, and the percentage of episodes for LGBT people was 5.5%, more than twice the Census population percentage of

2.4%. This suggests that people may have been more comfortable disclosing their sexual orientation to substance misuse service staff than completing the question on the Census.

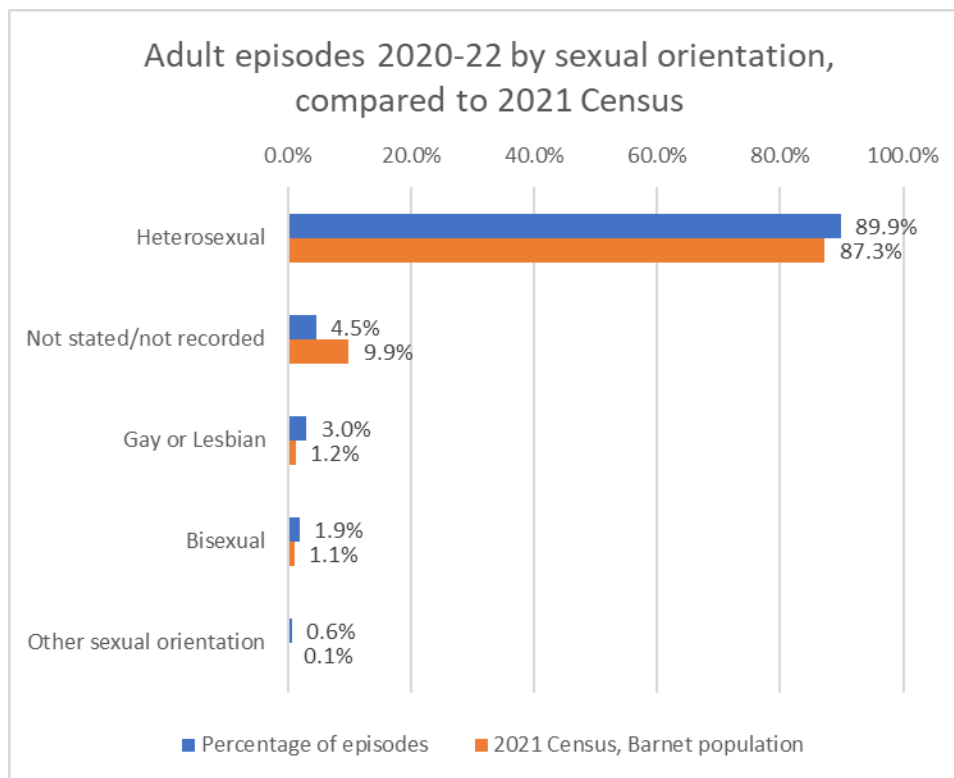


Figure 21: Adult episodes by sexuality and comparison with 2021 census

Young people’s sexual orientation is not directly comparable to the 2021 Census data, as the question was only asked for people aged 16 and over but the age range for the young people’s substance misuse service goes below 16.

In comparison to the adult episodes, there was a smaller percentage of episodes for young people who identified themselves as heterosexual (61.5%) and a larger percentage with no sexual orientation stated (29.4%). Among the 9% of episodes for young people who identified themselves as LGB+, most identified as bisexual with very small numbers describing themselves as gay/lesbian, other sexual orientations or unsure.

Among the 29.4% of episodes with sexual orientation not stated or not recorded, 17.7% were marked as “not known” to the service, indicating that the question had not been asked; 11.8% were marked as “not stated”, indicating that the question had been asked but the young person had not answered it.

The percentage of episodes with sexual orientation “not known” was high in episodes that started in 2020-21 (32.7%) but dropped to very low levels in 2021-22, indicating that a temporary data quality issue was the reason for the higher than expected figure.

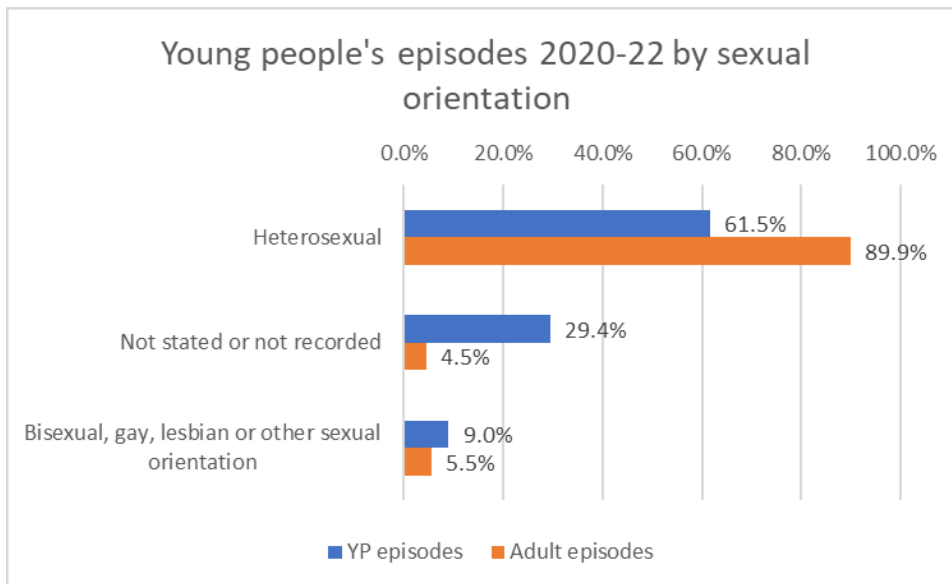


Figure 22: Young people’s episodes by sexuality and comparison with adult episodes 2020-22

Evidence^v shows that drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or age distribution. Gay men report higher overall rates of use of drugs than lesbian women, largely due to higher rates of stimulant use, particularly amyl nitrite (‘poppers’). Some types of drug use may be associated with risky sexual behaviour, including exposure to HIV infection, and ‘Recreational’ drug use is comparatively high among LGBT groups, which may lead to use of new drugs before they are widespread in the general population.

Recommendation:

- *Barnet Public Health and Change Grow Live to address the specific needs of this group by explicitly recognising LGBT needs and implementing policy recommendations – including YP work*

Ethnicity & Nationality

Between April 2020 and March 2022, 65.5% of adult episodes were for white people, which was higher than the Barnet population in the 2021 Census at 57.7%. The percentage of adult episodes for Asian/Asian British people was noticeably lower than the population (10.5% and 19.3% respectively), while the percentage of adult episodes for people of other ethnicities was slightly lower than the population (6.6% and 9.8% respectively). The percentages of black/black British and mixed ethnicity people were similar to the population.

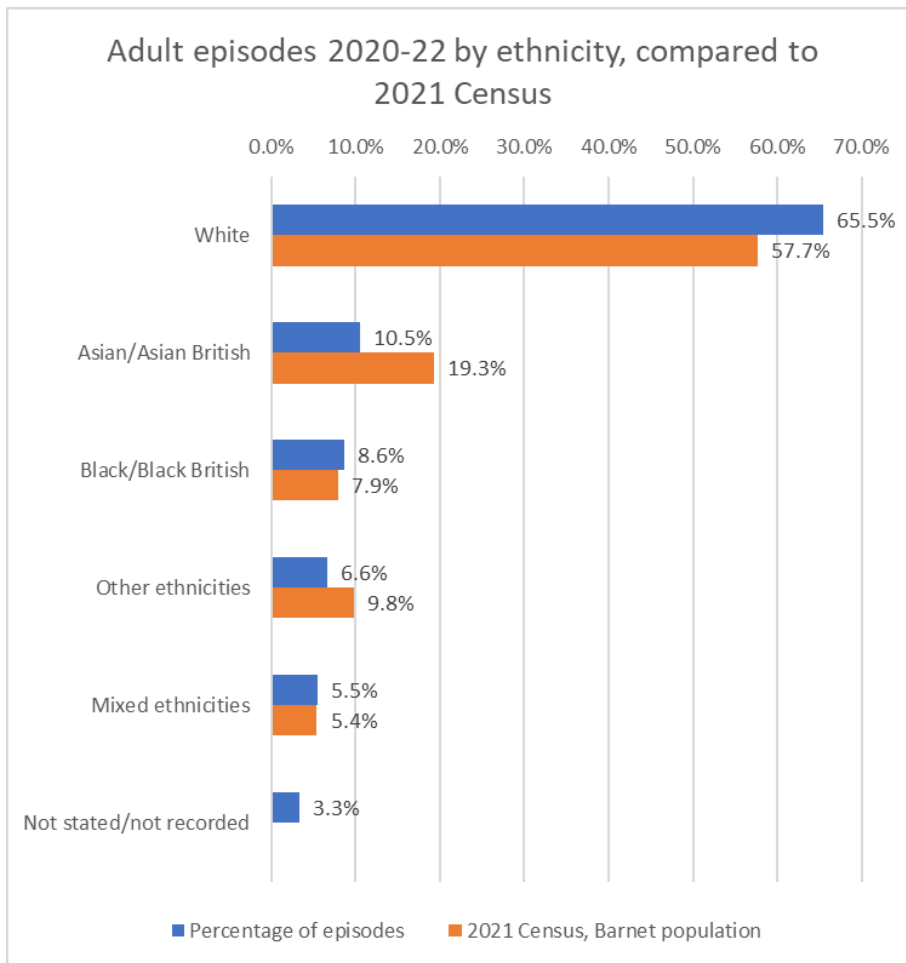


Figure 23: Adult episodes by ethnicity and comparison with 2021 census

NDTMS data shows that the percentage of white adults in treatment gradually decreased from 81% of the treatment population in 2009/10 to 69% in 2019/20, and has remained stable since then. The percentages of adults from Asian/Asian British, black/black British and other ethnicities increased over the same period (5% to 11%, 4% to 9% and 4% to 6% respectively), while the percentage of adults from mixed ethnicities has remained at a similar level (between 4% and 6%).

Compared to the adult episodes and the Barnet population as a whole, a smaller percentage of episodes for young people were for white ethnicities (46%), and there was a larger percentage of episodes for young people with black/black British and mixed ethnicities (17% and 14% respectively). The percentage of episodes for Asian/Asian British young people was similar to the percentage for adults (10%) and lower than the percentage of the Barnet population.

Between April 2020 and March 2022, 73.9% of adult episodes were for United Kingdom nationals. The main non-UK nationalities were Iran (6.3%), Poland (2.5%), Ireland (2.4%) and Romania (1.7%). Compared to the percentages of Barnet’s population with equivalent national identities in the 2021 Census, Iranians are substantially over-represented in treatment episodes, Polish and Irish are slightly over-represented and Romanian and United Kingdom nationalities are slightly under-represented. The main substances used also differed by nationality: 85.0% of episodes for Iranians were for opiate use, while alcohol use accounted for the majority of episodes for Irish (60.9%), Polish (60.4%) and Romanian people (54.5%). In addition, nearly all of the episodes for Iranian and Romanian people were for men.

Evidence^{vi} shows that overall drug use is lower among minority ethnic groups than among the white population. Lowest overall levels of drug use are reported by people from Asian backgrounds (Indian,

Pakistani or Bangladeshi). Rates of Class A drug use are higher among people from white or mixed ethnic background than among other ethnic groups and poly drug use is most common among white groups, compared with other ethnic group.

There are cultural differences which should be acknowledged, evidence has shown that among the Asian community the most common reason for accessing treatment is for problematic heroin use, and in some communities there are specific trends such as opium use.

Literature acknowledges that a more sophisticated understanding of ethnic differences in drug use that recognises the differences within broad ethnic categories is required; at present considerable variability is concealed within broad categorisation which may lead to inappropriate responses.

It is also acknowledged that the extreme social stigma associated with drug use in some ethnic groups may lead to under-estimation of problems and inhibit service provision

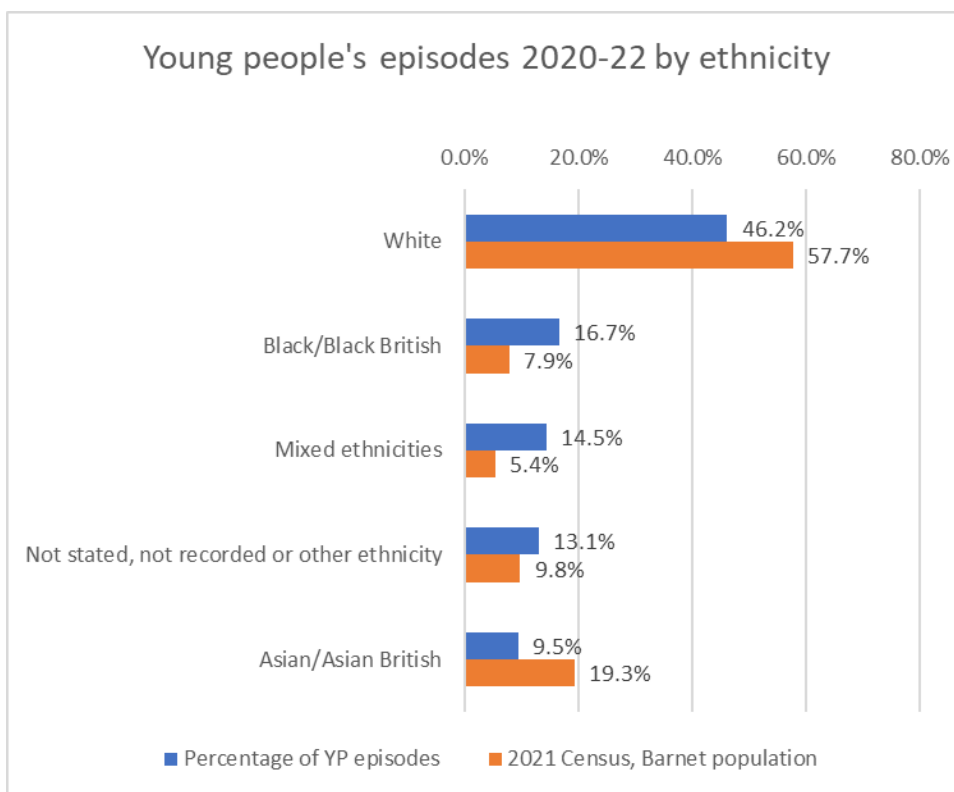


Figure 24: Young people’s episodes by ethnicity and comparison with 2021 census

Statistics^{vii} show that black children are more likely to be overrepresented throughout the criminal justice system and therefore it is unsurprising that local data shows a similar picture in the substance misuse treatment service. This fact is certainly important to explore further in order to understand how black and mixed ethnicity children and young people can be prevented from developing substance misuse problems at an earlier stage and supported to achieve successful outcomes.

Most young people’s episodes were for people born in the United Kingdom (86%), a greater percentage than adult episodes or the population of Barnet as a whole. The numbers of episodes for other countries of birth were too low for more detailed analysis.

Religion

Between April 2020 and March 2022, 38.8% of adult episodes were for people who reported having no religion, which was substantially higher than the Barnet population in the 2021 Census at 20.2%. The

percentage of adult episodes for people who indicated they belonged to another religion was also higher than expected from the 2021 Census (5.0% and 1.3% respectively).

Although Barnet has a high Jewish population compared to England as a whole (14.5% in Barnet, 0.5% in England), only 2.7% of adult episodes were for people who identified themselves as Jewish.

The percentage of episodes for Muslims and Hindus were also lower than expected from the 2021 Census, as was the percentage of episodes where religion was not stated or not recorded.

The percentages of adult episodes for Christians, Buddhists and Sikhs were similar to the Barnet population.

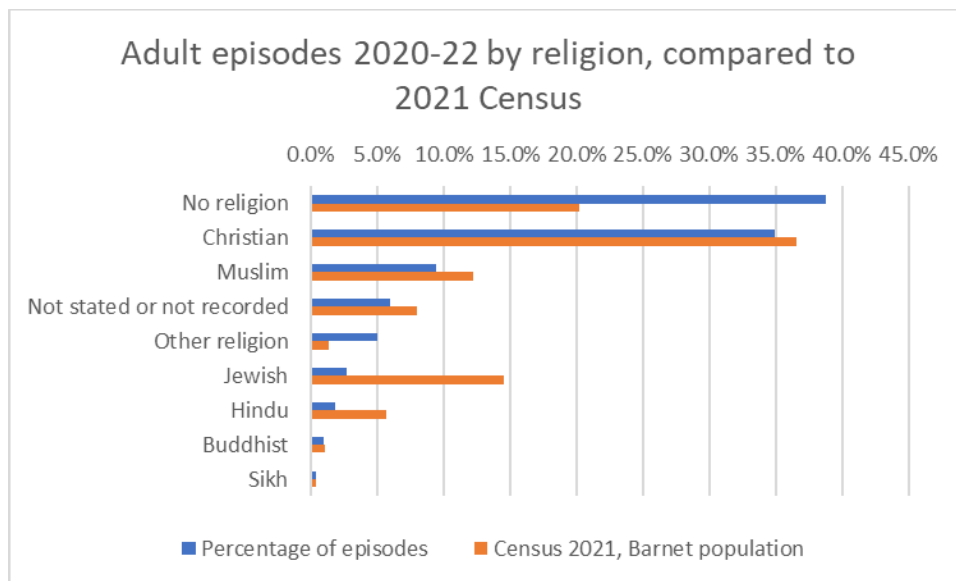


Figure 25: Adult episodes by religion and comparison with 2021 census

There are recommendations for practice that include:

- Action to reduce the stigma associated with drug use in some ethnic minority communities to make it easier for people affected to obtain help and achieve and maintain recovery.
- Evidence-based harm reduction services and messages need to be accessible to all drug users whatever their cultural and religious background.
- GPs, faith-based bodies and religious leaders could be utilized more to communicate and engage with young people and families from these groups
- Local partnerships and commissioners need to assess local needs and stimulate innovative solutions to meet the needs of a growing ethnic population, some of whom will inevitably develop substance misuse problems

Recommendations:

- *The partnership to review how they are meeting the needs of ethnic communities, considering specific evidence-based recommendations*
- *The partnership to consider specific needs of those groups that are both over and under-represented in relation to the Barnet population*

Age

Compared to the adult population of Barnet in the 2021 Census, the 35-44 and 45-54 age groups are over-represented in adult substance misuse service treatment episodes. 18-24 year-olds are under-represented in the adult service, which is partly due to the young people’s service seeing some people up to the age of

24. People aged 65 and over are very under-represented in the service. The specific needs of people over the age of 55 are explored later in this report.

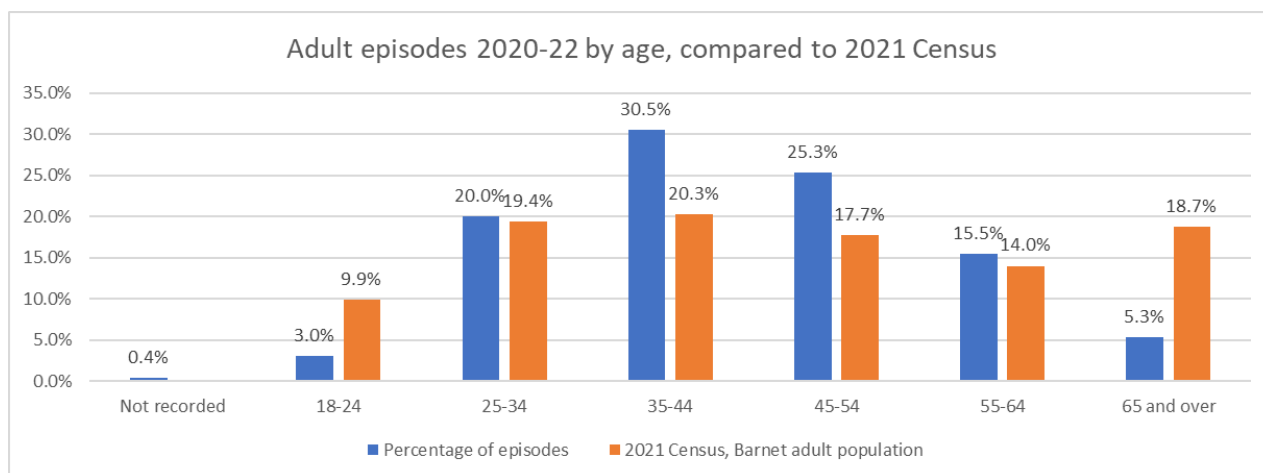


Figure 26: Adult episodes by age and comparison with 2021 census

NDTMS data demonstrates that there are differences between the age profiles of the Barnet populations being treated for different types of substance misuse.

The population being treated for opiate use is ageing, with the number of people aged 50+ steadily increasing while the number in younger age groups have fallen. This is expected as it is well documented^{viii} that nationally the cohort of drug users using opiates is aging as fewer younger people initiate opiate use.

This is reflected in the population being treated for non-opiate use only (without alcohol or opiates) has seen a sharp increase in people aged 18–29 since 2016-17, accompanied by an increase in people aged 30-49 from 2019-20, while the number of people aged 50+ has been much lower with a smaller increase.

The population being treated for alcohol use only has consistently had a smaller number of people aged 18-29, and a more variable number of people aged 30-49.

The population being treated for alcohol and non-opiate use has consistently had a low number of people aged 50+, and a higher number of people aged 30-49.

There are complexities to treating an aging opiate using population. Research suggests that older drugs users, particularly opiate/opioid users, have multiple additional risk factors resulting from their deteriorating physical and mental health, difficulty in navigating complex health and social care systems and experience of stigma.

The specific needs of older adults who are not in treatment are explored later in this report.

Recommendation:

- *Specialist community-based drug treatment services should consider whether they are adequately meeting the needs of an aging opiate using cohort – this can include addressing physical health issues and supporting people to navigate the social care system.*

The young people’s service can treat people up to the age of 24 years. Local data shows that an average of 67% of young people in treatment were under 18 and 33% were over 18.

Looking at the age groups in more detail, the highest percentage has consistently been ages 16-18. The percentage of young people aged 15 and under was low in 2020-21 but rose in early 2021-22. This is likely

to be the result of COVID-19 restrictions affecting partnerships with education. Recommendations for addressing the number of under 18 year olds in treatment are made earlier in this report. The percentage of ages 19-21 has been consistent throughout the period, with a slight downward trend, while the percentage of over 21s has shown a slight upward trend.

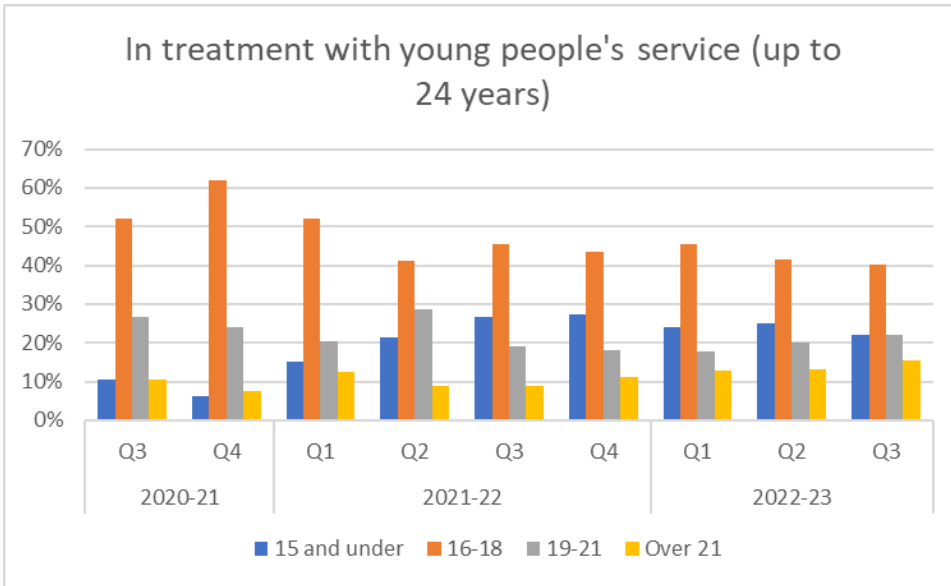


Figure 27: Young people’s episodes by age bracket

Disability

Between April 2020 and March 2022, 32.4% of adult episodes were for people who reported at least 1 disability or long-term health condition. This compares to 17.9% of the Barnet population in the 2021 Census, indicating that adults in substance misuse treatment are more likely to have a disability or long-term health condition than the population as a whole.

14% of episodes were for people who reported a primary disability in the ‘behaviour and emotional’ category, conditions where a person ‘has times when they lack control over their feelings or actions’ ([NDTMS Reference Data CDSQ](#)). 7% of episodes were for people who reported a primary disability that affected their mobility.

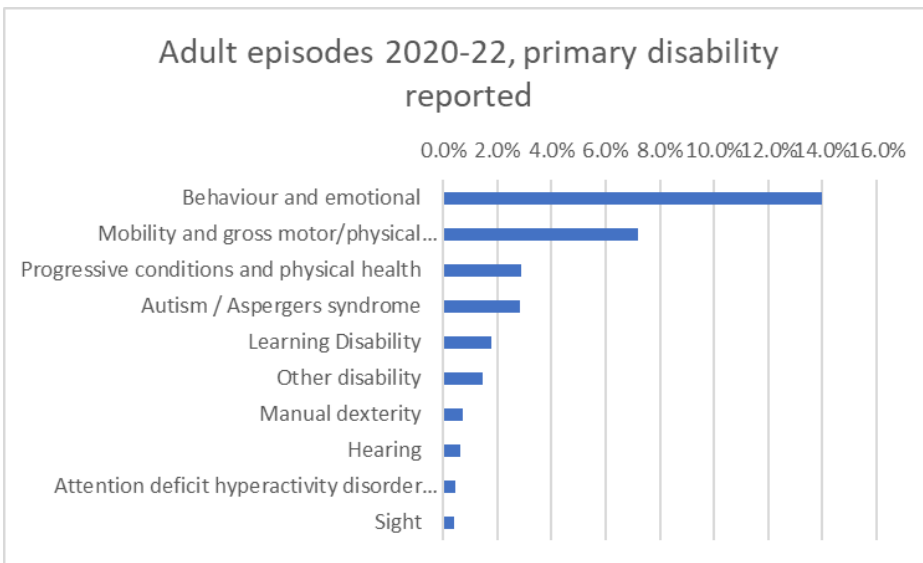


Figure 28: Primary disability reported, adult episodes 2020-22

The percentage of young people’s episodes with a recorded disability was significantly lower than the percentage of adult episodes at 8%. Most of the primary disabilities reported for young people were behaviour and emotional or learning disabilities, with a smaller percentage of physical disabilities.

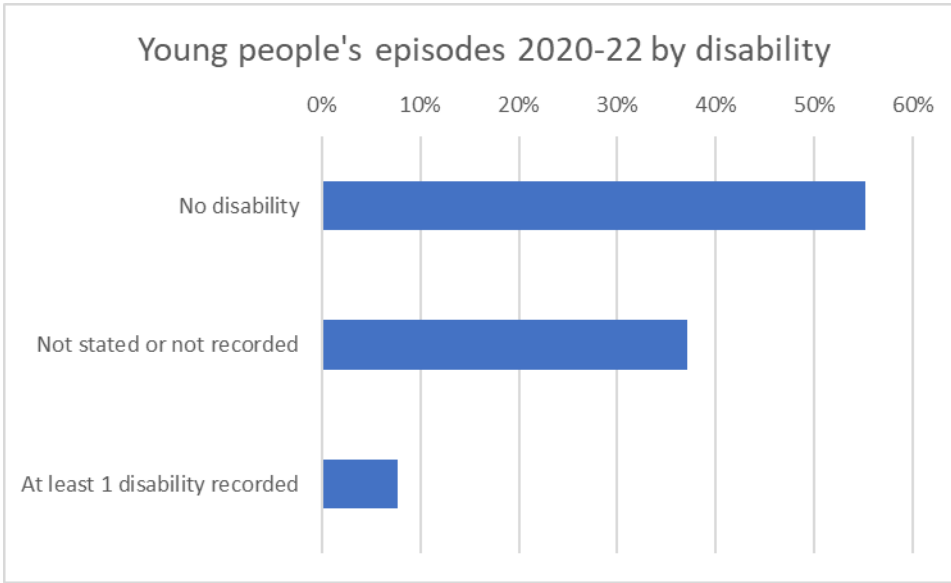


Figure 29: Primary disability reported, young people’s episodes 2020-22

Recommendation:

- Specialist community-based drug treatment service to consider partnership arrangements with adult social care and learning disabilities teams – including training on screening, identification and referral between agencies

Employment and education

Unemployed people have consistently been the largest group among adults starting a structured treatment episode; this number peaked in 2020-21, likely due to the pandemic.

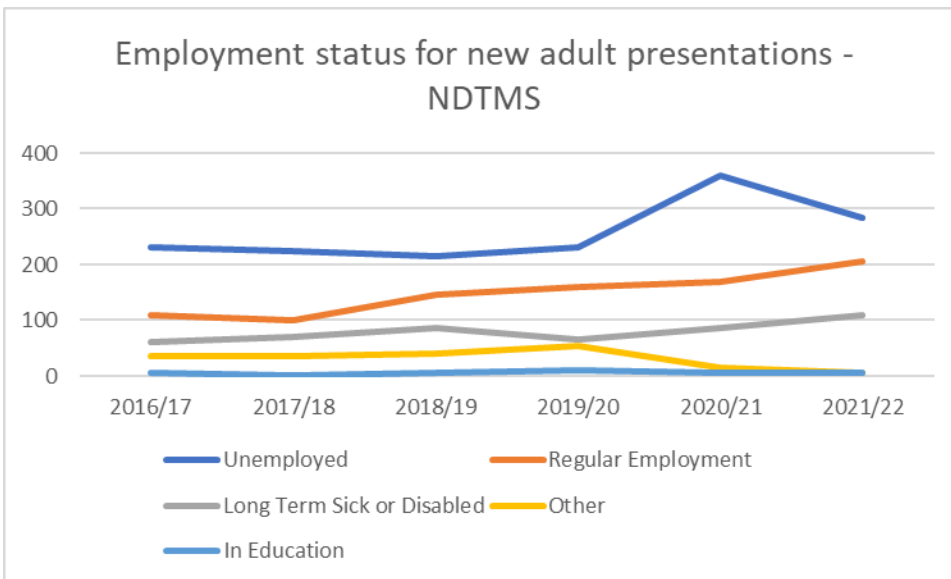


Figure 30: Employment status for new presentations - adults

Between 2009-10 and 2019-20, young people under 18 starting structured treatment were predominantly in mainstream education. However, the number in mainstream education dropped between 2019-20 and

2020-21 while the number in alternative education and not in employment or education increased. This corresponds with a drop in young people starting treatment who were referred from education settings and an increase in those referred from the Youth Offending Team.

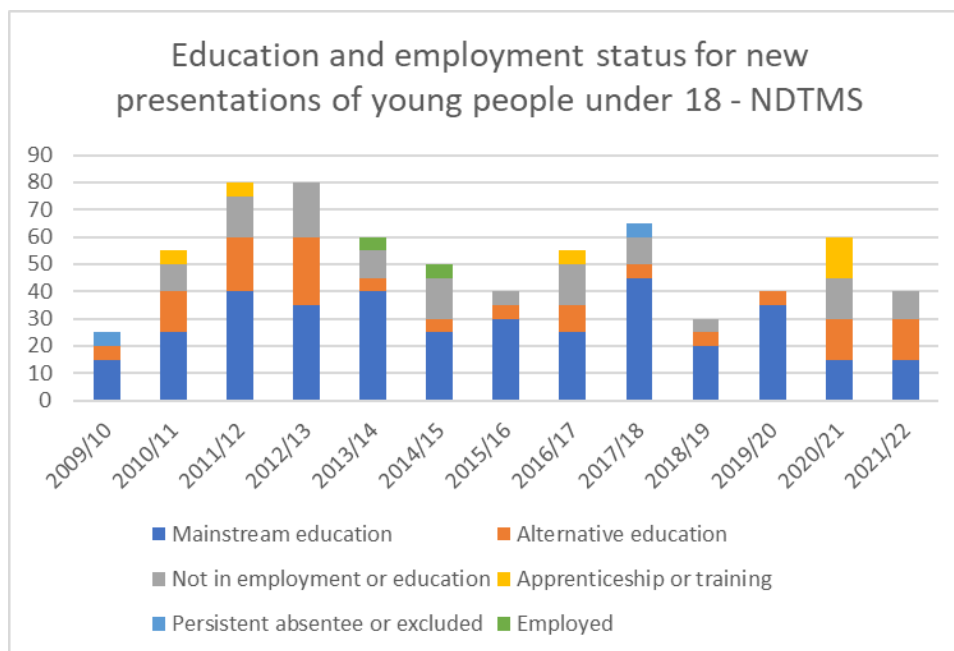


Figure 31: Employment status for new presentations – young people

Addressing issues relating to education, training and employment (ETE) are a key element of substance misuse treatment. As part of delivering holistic treatment and support, residents are supported to access a range of ETE services including help to access training and employment, and support to remain in employment.

In Barnet, the evidence based IPS (Individual Placement and Support) [Employment support service](#) is delivered by WDP. The service is commissioned across 8 boroughs. The 2019-2020 [IPS Impact Report](#) states that in a 21 month period there were 218 job starts across the 8 boroughs of which 38% were retained at 13 weeks. A more recent report detailing 2022/23 performance to date shows Barnet had 57 job starts and 31 sustainments, equating to 54%, an improvement to the previous year.

Of the 117 service users that were discharged from treatment between October 2021 and September 2022, 51 (44%) were in paid employment when completing treatment.

Referral sources

Between April 2020 and March 2022, self-referrals or referrals from family and friends were the main referral source for adult episodes of structured treatment, accounting for 47% of the total. Referrals from other substance misuse services also feature prominently (14%), partly due to the transfer of service users from WDP to Change Grow Live in April 2020.

| Referral source | Number of adult episodes | Percentage |
|---------------------------|--------------------------|------------|
| Self, family and friends | 903 | 47.2% |
| Substance misuse services | 259 | 13.5% |
| GP | 162 | 8.5% |
| Mental health services | 95 | 5.0% |
| Other | 84 | 4.4% |
| Prison | 68 | 3.6% |

| | | |
|--|-------------|------|
| Adult social care services | 63 | 3.3% |
| Hospital | 59 | 3.1% |
| Probation Services | 35 | 1.8% |
| Community Rehabilitation Company (CRC) | 35 | 1.8% |
| Children's Social Services | 27 | 1.4% |
| Housing/homelessness service | 25 | 1.3% |
| Outreach | 23 | 1.2% |
| ATR | 22 | 1.1% |
| Arrest referral | 19 | 1.0% |
| Criminal Justice - other | 15 | 0.8% |
| DRR | 11 | 0.6% |
| Domestic abuse service | 5 | 0.3% |
| Employment/education service | 5 | 0.3% |
| Grand Total | 1915 | |

Figure 32: Adult's service referral sources 2020-22

During the same period, the main referral source for young people's structured treatment episodes was the Youth Offending Team (29%), followed by self, family and friends (22%) and children and family services (16%). Alternative and universal education were also significant referral sources, accounting for 8% and 7% respectively.

| Referral source | Number of young people's episodes | Percentage |
|-----------------------------------|-----------------------------------|------------|
| Youth Offending Team | 63 | 28.5% |
| Self, family and friends | 49 | 22.2% |
| Children and family services | 36 | 16.3% |
| Alternative education | 17 | 7.7% |
| Universal education | 15 | 6.8% |
| Other | 11 | 5.0% |
| Hospital or GP | 9 | 4.1% |
| Children's mental health services | 7 | 3.2% |
| Adult mental health services | 7 | 3.2% |
| Crime prevention | 7 | 3.2% |
| Total | 221 | |

Figure 33: Young People's service referral sources 2020-22

Recommendation:

- *Specialist community-based drug treatment services to re-visit promotion of service with key partner agencies and consider tailored messages for different cohorts*

Alcohol related hospital admissions and mortality:

Alcohol consumption is a causal factor in more than 200 diseases, injuries and other health conditions. Drinking alcohol is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, and major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases.

A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicide. Fatal alcohol-related injuries tend to occur in relatively younger age groups.

Nationally, men account for the majority (65%) of alcohol-related admissions. This reflects a higher level of harmful drinking among men compared to women overall (Statistics on alcohol 2019, NHS Digital).

Two measures for alcohol-related hospital admissions have been used:

- 1) The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions. These are admissions where an alcohol-related disease, injury or condition was the primary reason for a hospital admission or an alcohol-related external cause was recorded in a secondary diagnosis field.

Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. for Barnet

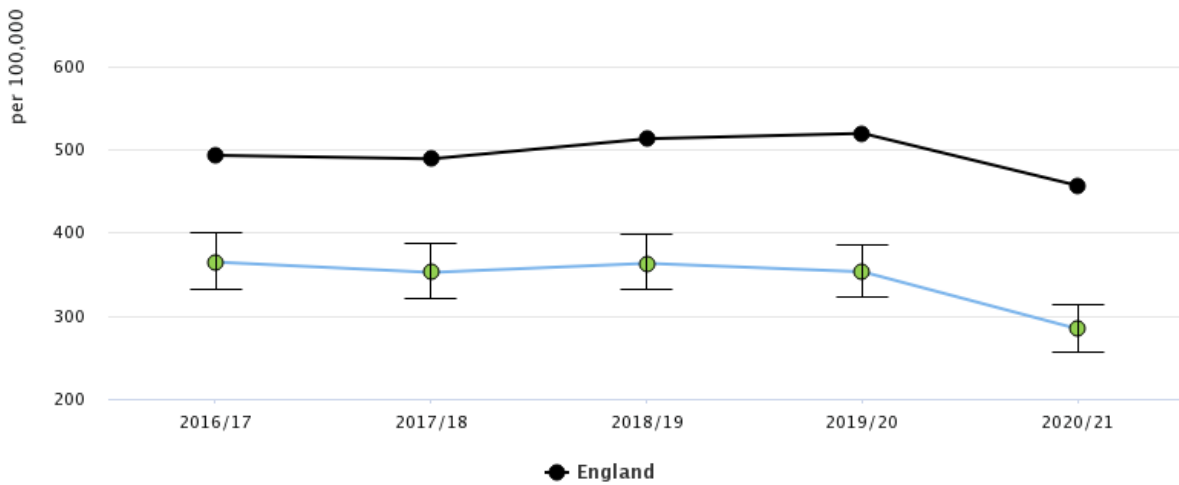


Figure 34a: Admission episodes for alcohol related conditions – Narrow

- 2) The broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS.

Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. for Barnet

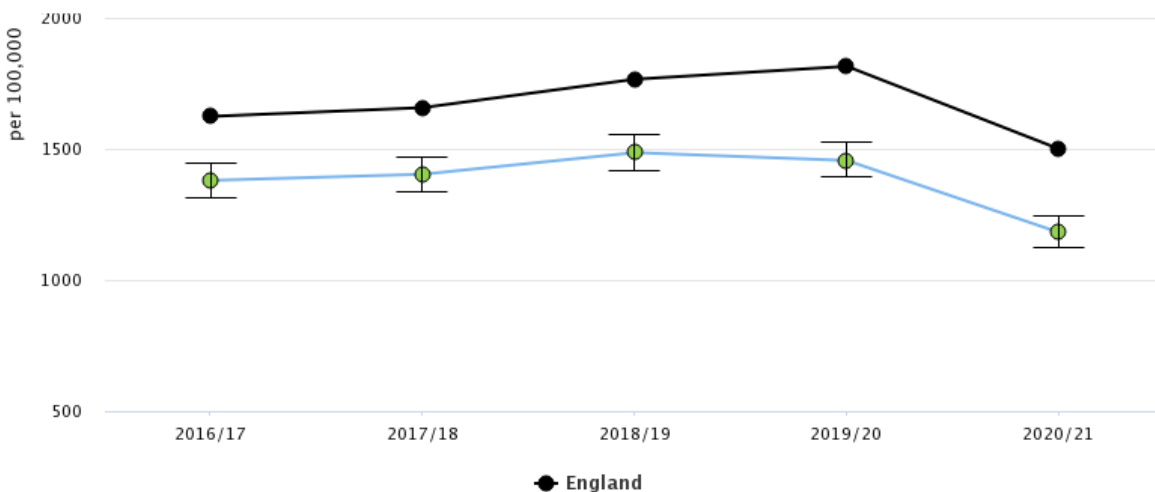


Figure 34b: Admission episodes for alcohol related conditions – Broad

Although the Barnet rates of hospital admissions for alcohol are lower than the national and London rates, the graph below shows ward level data that indicates this is not the case across the borough. Wards with higher deprivation also have higher rates of hospital admissions. Burnt Oak and Underhill are of particular note. This corresponds to the number of people accessing treatment in these areas.

Additionally, as stated prevalence data showed earlier in this report, Barnet has an unusually high proportion of adults who abstain from drinking alcohol which impacts generally on admission and death rates.

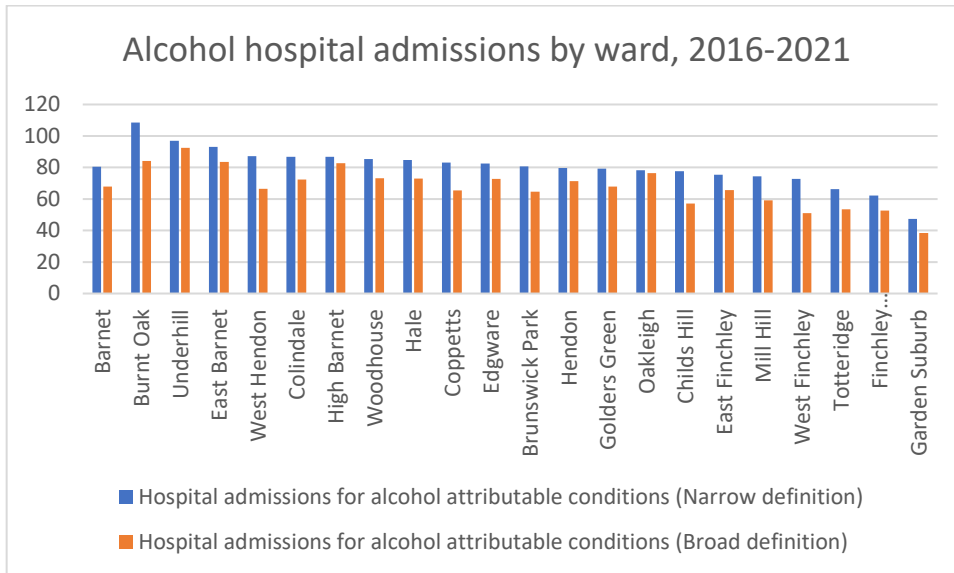


Figure 35: Admission episodes for alcohol related conditions by ward

Additionally, the picture is different for people aged under 18. Whilst the rate of alcohol specific admissions for under 18's is lower than national, it is similar to the London picture. The trend data below shows that whilst there was a significant fall in admissions pre 2012, this has largely remained steady over the last 10 years.

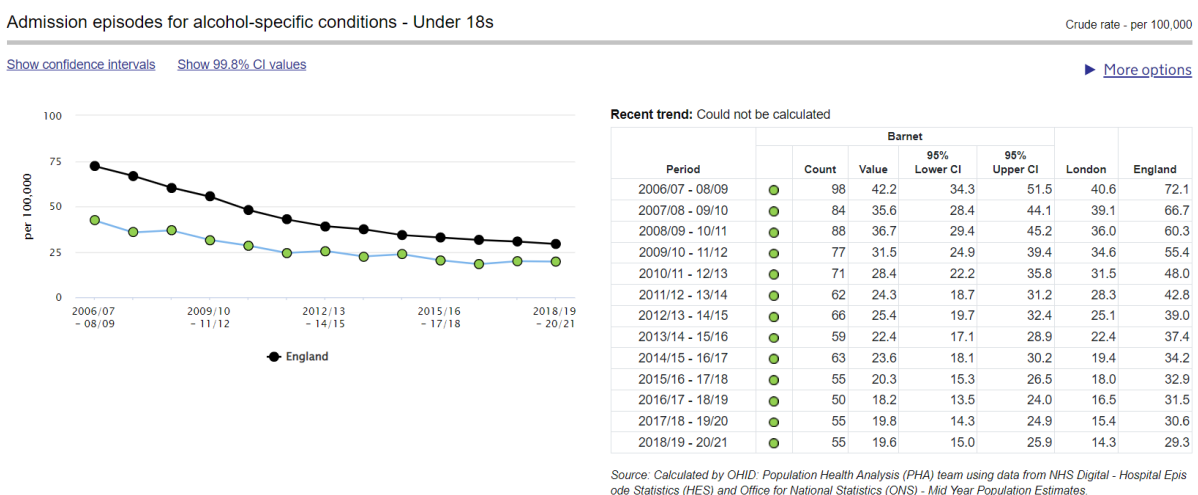


Figure 36: Admission episodes for alcohol specific conditions – Under 18's

Frequent Hospital Admissions

Data on individuals who are admitted to hospital frequently for alcohol-specific conditions has been included to give an indication of the number of drinkers who place a heavy burden on health services and, very often, on social, housing and criminal justice services.

The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, it is likely that services have not engaged with them for long enough for them to achieve sustained abstinence.

The data below shows, for those individuals who had an alcohol specific hospital admission in 2021-22, the number of previous alcohol-specific admissions they had in the preceding 24 months.

| Type | Local (n) | Local rate per 100,000 | England (n) | England rate per 100,000 |
|---------------------|-----------|------------------------|-------------|--------------------------|
| No prior admission | 425 | 142 | 110951 | 248 |
| 1 prior admission | 145 | 48 | 32572 | 73 |
| 2 prior admissions | 80 | 27 | 17106 | 38 |
| 3+ prior admissions | 145 | 48 | 41533 | 93 |

Figure 37: Number of multiple admission episodes for alcohol specific conditions – 2021/22

In order to address the harm reflected in this data systems should ensure there is: effective prevention; health improvement interventions for those at risk; treatment and recovery services for dependent drinkers; and action to reduce binge drinking and the harms associated with it. These are explored later in the report.

Recommendation:

- *Specialist community-based treatment to engage with the most frequent users of hospital services, to manage the harm from their alcohol use through establishing better joint working with local hospital*

Moving on to look at deaths related to alcohol, the following indicators are used:

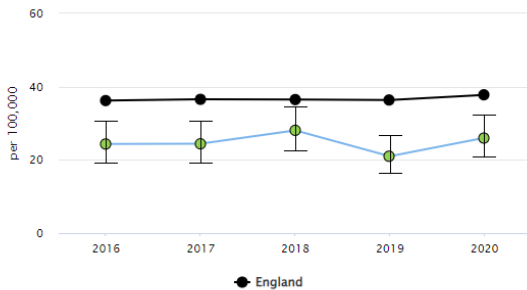
- 1) **Alcohol-specific mortality:** Deaths from conditions wholly caused by alcohol.
- 2) **Alcohol-related mortality:** Deaths from conditions which are wholly or partially caused by alcohol. For partially attributable conditions, a fraction of the deaths are included based on the latest academic evidence about the contribution alcohol makes to the condition.

Alcohol related mortality is significantly lower than England but similar to London (Source OHID Local Alcohol Profiles for England)

Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. Directly standardised rate - per 100,000

[Hide confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: No significant change

| Period | Count | Value | Barnet | | London | England |
|--------|-------|-------|--------------|--------------|--------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2016 | 76 | 24.3 | 19.1 | 30.5 | 31.8 | 36.2 |
| 2017 | 76 | 24.4 | 19.1 | 30.6 | 30.8 | 36.5 |
| 2018 | 91 | 28.1 | 22.5 | 34.6 | 31.3 | 36.5 |
| 2019 | 70 | 21.0 | 16.3 | 26.6 | 30.9 | 36.4 |
| 2020 | 87 | 26.0 | 20.8 | 32.2 | 32.2 | 37.8 |

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates.

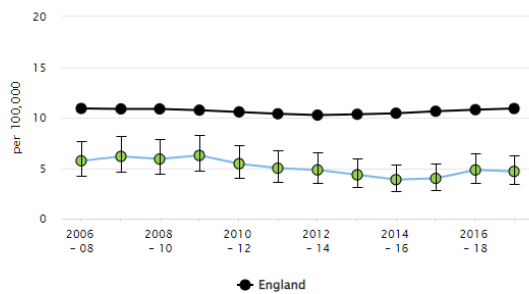
Figure 38a: Alcohol related mortality – 2016/20

Alcohol specific mortality is significantly lower than England and slightly lower than London: Source OHID Local Alcohol Profiles for England

Alcohol-specific mortality Directly standardised rate - per 100,000

[Hide confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

| Period | Count | Value | Barnet | | London | England |
|-----------|-------|-------|--------------|--------------|--------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2006 - 08 | 49 | 5.7 | 4.2 | 7.6 | 8.6 | 10.9 |
| 2007 - 09 | 52 | 6.2 | 4.6 | 8.1 | 8.2 | 10.9 |
| 2008 - 10 | 51 | 5.9 | 4.4 | 7.8 | 8.5 | 10.9 |
| 2009 - 11 | 55 | 6.3 | 4.7 | 8.2 | 8.0 | 10.7 |
| 2010 - 12 | 49 | 5.4 | 4.0 | 7.2 | 8.1 | 10.6 |
| 2011 - 13 | 45 | 5.0 | 3.6 | 6.7 | 7.6 | 10.4 |
| 2012 - 14 | 44 | 4.8 | 3.5 | 6.5 | 7.9 | 10.3 |
| 2013 - 15 | 40 | 4.3 | 3.1 | 5.9 | 7.8 | 10.3 |
| 2014 - 16 | 38 | 3.9 | 2.7 | 5.3 | 8.0 | 10.4 |
| 2015 - 17 | 40 | 4.0 | 2.8 | 5.4 | 7.9 | 10.6 |
| 2016 - 18 | 49 | 4.8 | 3.5 | 6.4 | 7.9 | 10.8 |
| 2017 - 19 | 48 | 4.7 | 3.4 | 6.2 | 7.9 | 10.9 |

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 38b: Alcohol specific mortality – 2016/20

Similarly to admission data, mortality data shows that fewer Barnet residents are dependant, high risk drinkers however it is clear that those people who are drinking at problematic levels are going on to experience significant long term health conditions, and for those dependant high risk drinkers – they are dying at similar rates to other parts of England.

Alcohol-specific deaths have risen sharply in the UK since the onset of the (COVID-19) pandemic, with alcoholic liver disease the leading cause of these deaths. This rise is likely to be the result of increased alcohol consumption during the pandemic.

The latest ONS release ([Alcohol-specific deaths in the UK - Office for National Statistics \(ons.gov.uk\)](#)) indicates that 2021 had the highest number of alcohol specific deaths registered in the UK on record, 7.4% higher than 2020 and 27.4% higher than 2019 – the last pre COVID-19 year.

Between 2012 and 2019 rates of alcohol specific deaths in the UK remained stable, a trend echoed in Barnet. The alcohol specific mortality rates for Barnet for 2020 and 2021 are not currently available, however as Barnet was previously similar to London, it is reasonable to expect the same increase for Barnet.

Alcohol-specific mortality (1 year range)

[Hide confidence intervals](#) [Show 99.8% CI values](#)

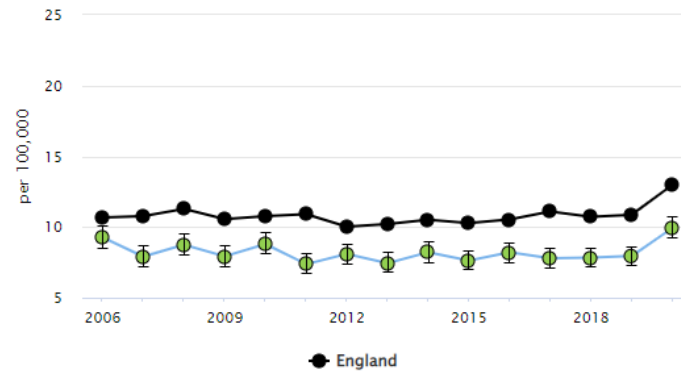


Figure 39: Alcohol specific mortality – 1 year range – England

Deaths of People in Treatment

| Indicator | Period | Barnet | | Region England | | | England | | Best |
|--|-----------------|--------------|-------|----------------|-------|-------|---------|-------|------|
| | | Recent Trend | Count | Value | Value | Value | Worst | Range | |
| Deaths in drug treatment, mortality ratio | 2018/19 - 20/21 | – | 17 | 0.49 | - | 1.00 | 1.97 | | 0.35 |
| Deaths in alcohol treatment, mortality ratio | 2018/19 - 20/21 | – | 9 | 0.93 | - | 1.00 | 2.03 | | 0.32 |

Figure 40: Deaths of people in treatment

Public data available shows deaths of people in treatment for alcohol is similar to London and national (Source OHID Public Health Profiles, Fingertips) but deaths of people in treatment for drug use is lower in Barnet.

Local service level data allows us to look at this in more detail. The number of people recorded at service level is higher as it includes people who are accessing non-structured interventions and those who have been recently discharged. Additionally, local alcohol data includes people who may be using drugs occasionally and secondary to alcohol.

Analysis of local data shows that a higher number of males than females die in treatment. This is expected as there is a higher number of men in treatment. It also shows that a higher number of people die whilst in treatment for alcohol misuse rather than drug misuse.

Local data also tells us that risk of death increases as people in treatment get older. This is certainly no surprise as the largest causes of death relate to alcohol disease and cancer. This emphasises the importance of engaging people in treatment early, but also proactively addressing physical health issues related to substance misuse and taking action such as administration of thiamine and delivery of fibroscanning to identified cohorts.

Local data is taken from service reports to Public Health following a death, as such cause of death often remains unconfirmed by the coroner until reports are finalised and closed. There are currently 9 incomplete reports for 2022-23. Additionally, small counts must be surprised to protect confidentiality.

(Age group 20-29 has been removed due to small count)

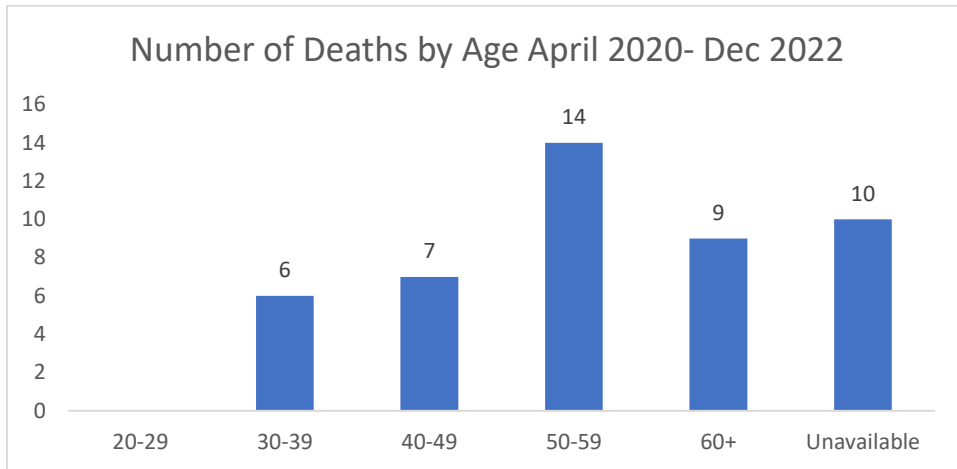


Figure 41: Deaths of people in treatment – breakdown by age

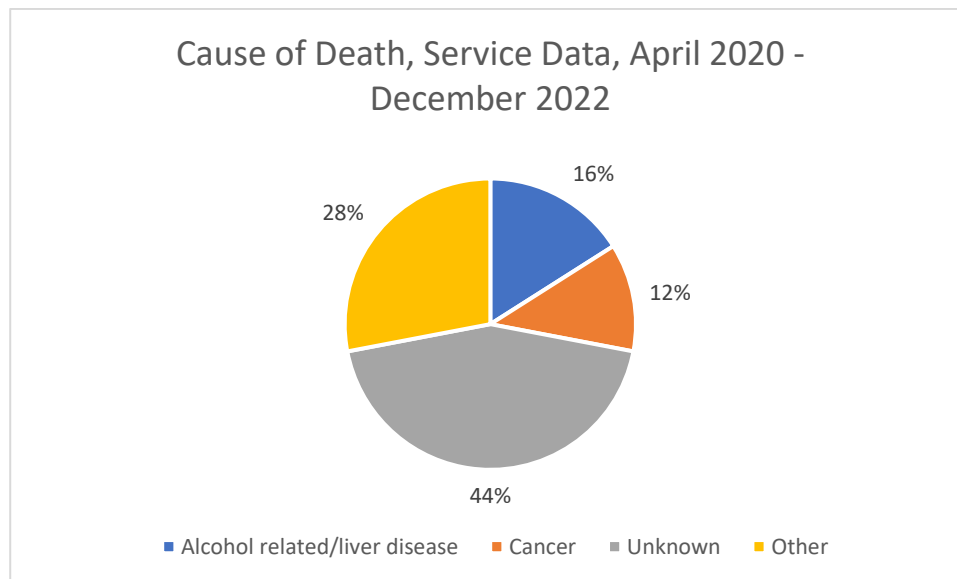


Figure 42: Deaths of people in treatment – breakdown by cause of death

The other category contains a number of deaths relating to COPD, COVID-19, head injuries, stroke, and suicide. The high number of “unknown” is where cause of death is yet to be confirmed by coroner. Coroner’s reports often take months and are not always shared.

Recommendations:

- *Establishing drug related death panel^x*
- *Improving pathways from hospital provision*
- *Develop mechanisms for intervention following non-fatal overdoses as these people are liable to go on to a fatal overdose*

- *Supporting access to broader physical health service including fibroscanning*
- *Expanding naloxone provisions*
- *Issuing public health alerts about drugs*

Needle exchange

There are currently 6 pharmacies in Barnet with a contract to provide needle exchange services. Over the last 6 quarters, an average of 128 people accessed the service each quarter, with 2-3 visits per person.

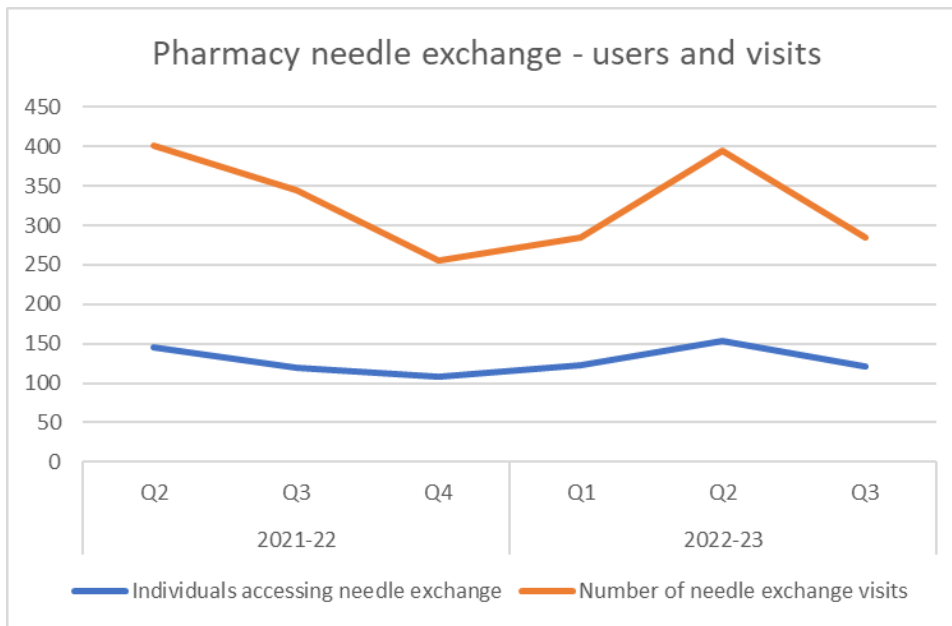


Figure 43: Pharmacy needle exchange use

The substance misuse service also provides needle exchange for its service users. Activity is significantly lower than in pharmacies, with an average of 6 visits per quarter. Specific items are dispensed as required, including needles, syringes and 1-Hit kits.

Recommendation:

- *Review current needle exchange provision with consideration for expansion and piloting of innovations such as needle exchange vending machines*

Naloxone

Naloxone is an emergency medication that can reverse the effects of an overdose of opioids like heroin or methadone. Medical professionals have been using naloxone in emergencies for many years however it is now available to anyone and services are working to ensure that anyone who needs it has it to hand and knows how to use it.

In 2021-22, naloxone was issued to 58% of adults in opiate treatment in Barnet, a larger proportion than in England. In the same year, naloxone was administered to 48 adults in opiate treatment in Barnet, 8% of the treatment population.

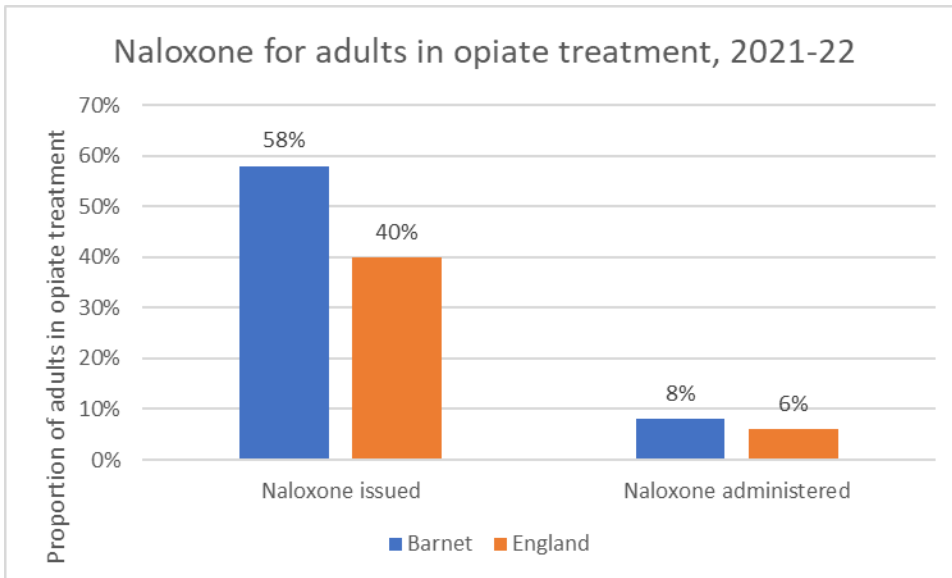


Figure 44: Naloxone issued and administered, 2021/22 – Barnet and England

Recommendation:

- *Explore expansion of naloxone distribution including options for pharmacy distributions*

Blood Borne Viruses

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are preventable diseases that can spread through sharing needles and other drug equipment. Infections can also be transmitted through risky sexual behaviours linked to drug use. There is a vaccine to prevent HBV infection and medicines to treat HCV.

The uptake of hepatitis B (HBV) vaccinations among eligible adults in Barnet is similar to the uptake in England. However, a national survey^x of people who inject drugs indicated that HBV vaccine uptake among survey participants in 2021 was “the lowest in the last decade, with a drop in uptake across all age groups”, and recommended urgent action to improve uptake, especially among people experiencing homelessness and people who had recently started injecting ([Unlinked Anonymous Monitoring \(UAM\) Survey of HIV and viral hepatitis among PWID, 2022 report \(publishing.service.gov.uk\)](#)).

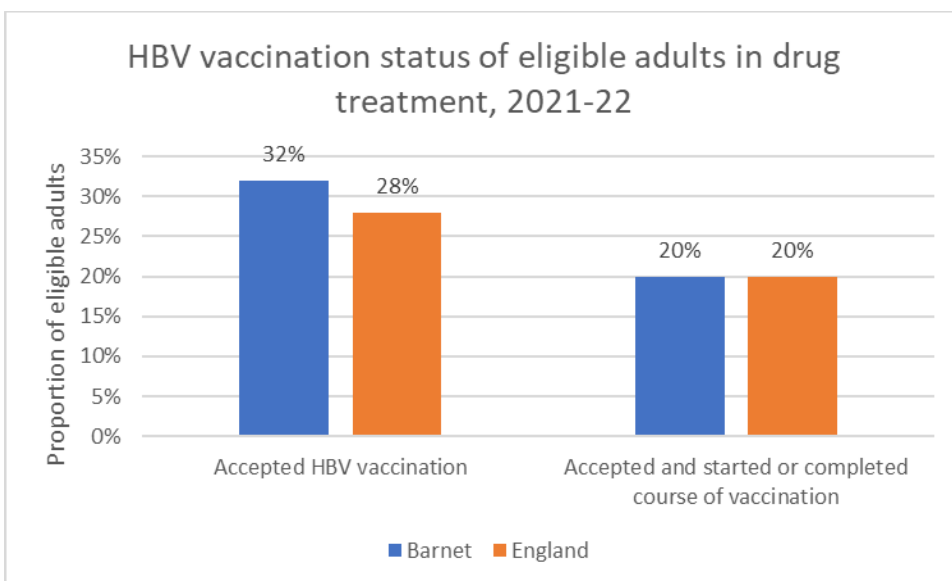


Figure 45: HBV vaccination status 2021/22 – Barnet and England

The proportion of people accepting hepatitis C (HCV) testing in Barnet is similar to England. It is difficult to compare the proportion of positive tests, as the numbers in Barnet are small (17 people had a positive HCV antibody test recorded in 2021-22, and fewer than 5 people had a positive PCR (RNA) test).

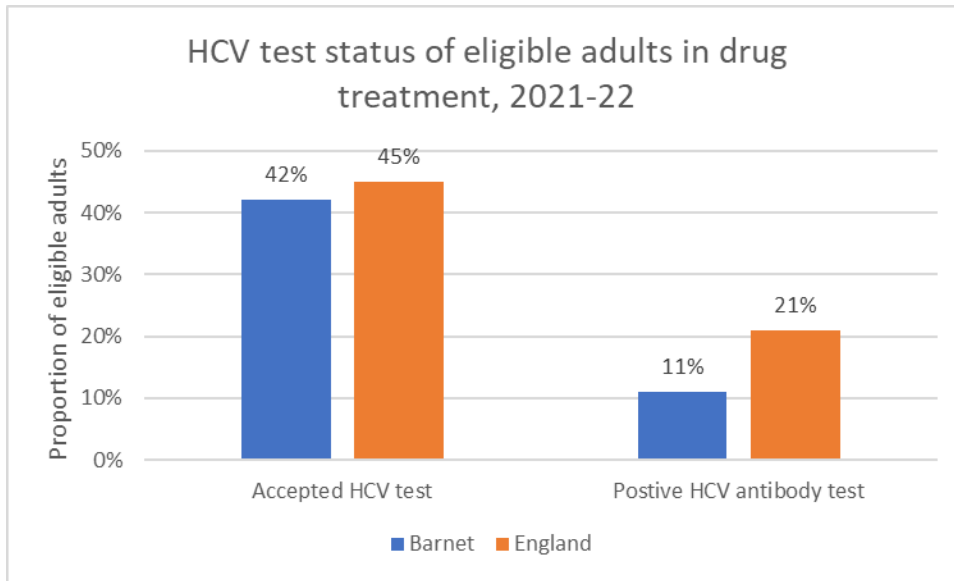


Figure 46: HCV testing and positivity, 2021/22 – Barnet and England

Recommendation:

- *Specialist community substance misuse treatment service to continue to promote and encourage BBV testing and vaccination with a focus on encouraging those eligible for HCV tests.*

Smoking

Smoking prevalence^{xi} in adults in Barnet is thought to be between 14%-16% of the population, with rates increasing to 27% for people with a long term mental health condition.

Rates of adults smoking at treatment start in 2021-22 were slightly higher in Barnet than in England as a whole. The biggest difference between local and national rates is for people in treatment for alcohol and non-opiate use (76% smoking in Barnet, compared to 62% in England).

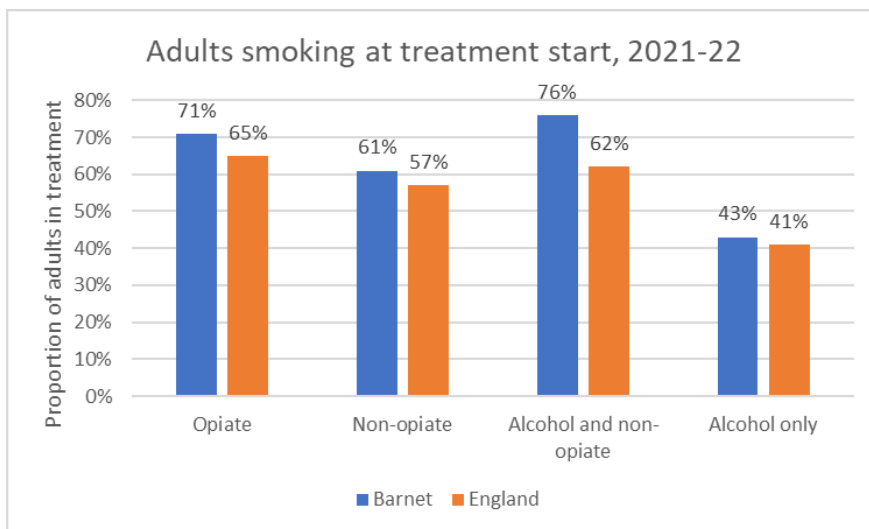


Figure 47: Smoking rates of adults in treatment, 2021-22 – Barnet and England

The rates of adults smoking at treatment start in Barnet are similar between women and men, with slightly larger rates among men in opiate and alcohol only treatment.

For most substance groups, a smaller percentage of adults in Barnet who smoked tobacco at the start of their treatment had stopped smoking at their 6 month review, compared with England. The one exception was adults in opiate treatment, who were nearly twice as likely to have stopped smoking tobacco than in England as a whole.

In comparison, the proportion of people with a smoking cessation intervention recorded at their 6 month review was significantly lower than the proportion who had stopped smoking, both for Barnet and England. It is not clear how much this reflects a lack of provision for smoking cessation interventions or how much is due to recording issues, but in 2021-22 Change Grow Live made less than 5 referrals to the Barnet Stop Smoking Service. In Quarters 1-3 2022-23, there have been slightly more referrals made, but these are still at a very low level.

For young people under 18, the proportion recorded as smoking at treatment start in 2021-22 is similar in Barnet and England (26% and 31% respectively). This is an increase from 7% in Barnet in 2020-21 which is likely to be due to better data capture. Considering that 98% of young people in treatment during the same period were using cannabis, which is frequently smoked with tobacco, it is likely that recording, whilst improved, is still inaccurate.

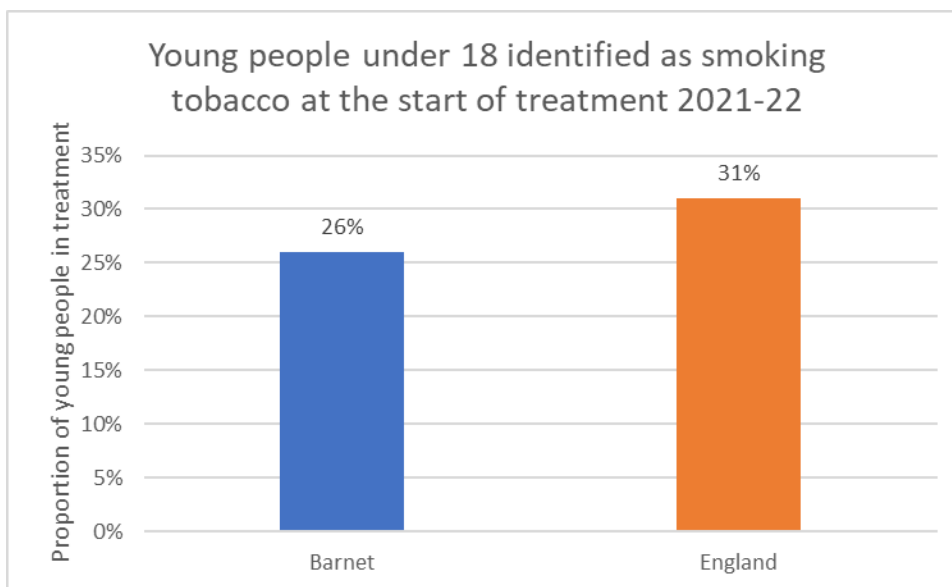


Figure 48: Smoking rates of young people in treatment, 2021-22 – Barnet and England

Evidence^{xii} indicates that in order to address smoking effectively, offering support from trained professionals, combined with access to the latest evidence-based stop smoking products (including electronic cigarettes) is essential.

Recommendation

- *Local commissioners to consider options for improving access to Stop Smoking Services for substance misuse service users*

Tier 4 Residential Treatment

In 2021-22, 14 adults in treatment for drug use (with or without alcohol use) in Barnet attended residential rehabilitation, 1% of the treatment population; this compares to 2% of the drug treatment population in

England. 12 adults in treatment for alcohol use also attended residential rehabilitation, 3% of the Barnet treatment population. This compares to 2% of the alcohol only treatment population in England.

There was a dip in residential rehabilitation admissions during 2019-20 and 2020-21. Factors which may have affected this include the transition between the outgoing service provider and CGL in April 2020, availability of rehabilitation places and the COVID-19 pandemic.

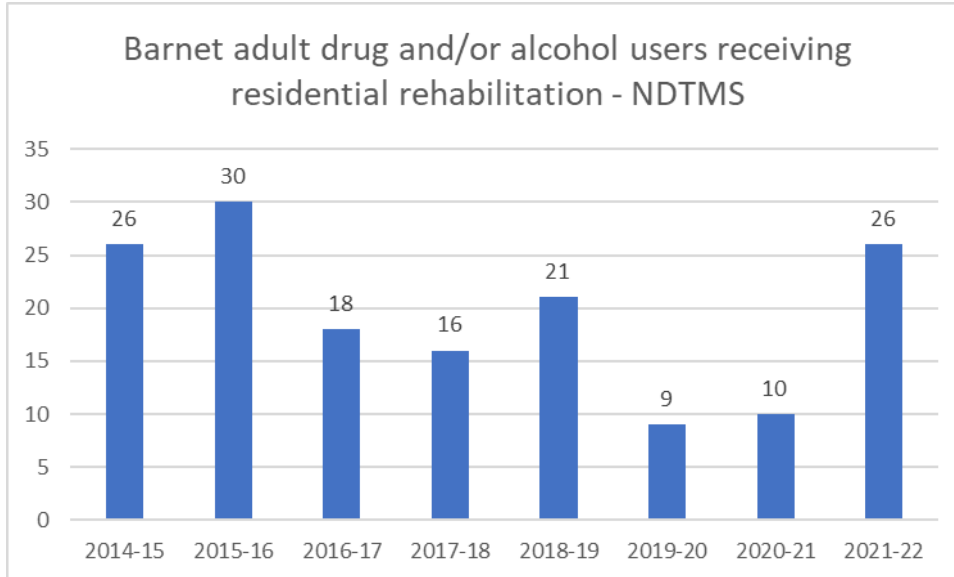


Figure 49: Barnet adults accessing residential rehabilitation, 2014-2022

A Focus on young people

National data^{xiii} on alcohol and drug use among young people gives a general view of prevalence among secondary school pupils in years 7 to 11, most pupils aged between 11 and 15 years.

In 2021, 9% of pupils said they had drunk alcohol in the last week; the percentage increased by age, from 2% of 11-12 year olds to 20% of 15 year olds.

Pupils who had drunk alcohol in the last week consumed a mean of 8.9 units; 18% were estimated to have drunk more than 15 units. Again, age was an important factor, with older pupils being more likely to have consumed more units.

10 factors were identified as having a significant association with having drunk alcohol in the last week, shown in the graphic below.

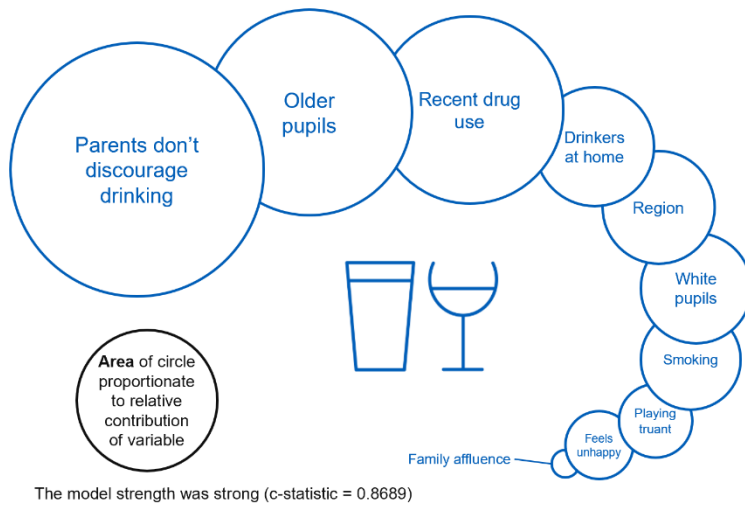


Figure 50: Factors associated with drinking in the last week

In 2021, 6% of pupils surveyed said they had taken drugs in the last month, which is a fall from 9% in 2018. The percentage increased with age, from 2% of 11 year olds to 13% of 15 year olds. 7 factors were identified as having a significant association with having taken drugs in the last month, shown in the graphic below.

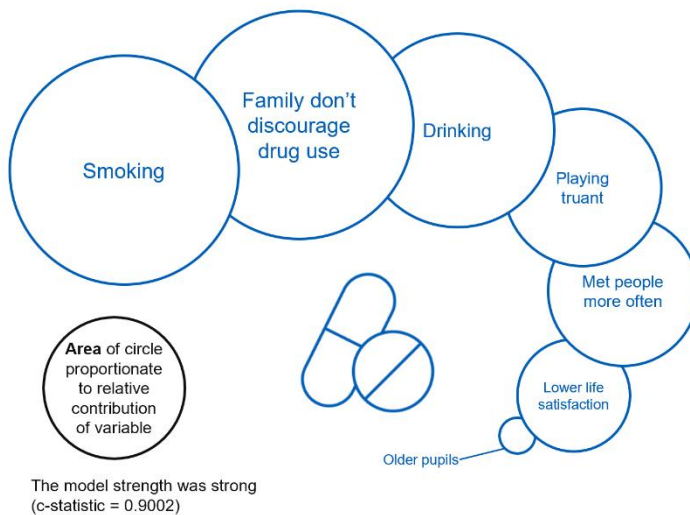


Figure 51: Factors associated with taking drugs in the last month

Experimenting with and seeking pleasurable effects from cigarettes and alcohol can be common in young people and most young people do not use drugs at all. Of those that do, most are not dependent, and most do not go on to develop addictions later in life.

However, it is well documented that trauma and adversity (particularly in childhood) can significantly increase the likelihood of an individual developing risk-taking behaviour, and is commonly a factor in the development of substance misuse dependence and other health harming behaviours

Furthermore, substance use in young people has been identified as an important factor influencing early school-leaving, while poor academic performance and early school-leaving, particularly in disadvantaged areas, are often precursors of substance misuse.

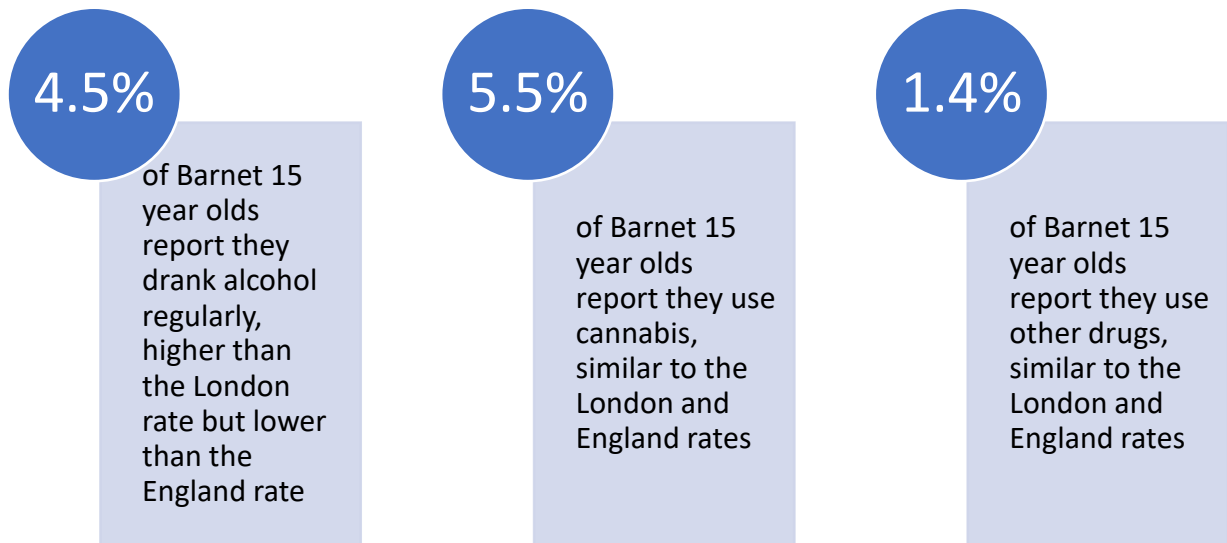


Figure 52: Alcohol, cannabis and illicit drug use in 15 year olds, 2014/15 – Barnet, London and England

Many young people receiving substance misuse treatment have vulnerabilities or risk factors, for example starting substance use early, using multiple substances, not being in education, employment or training, being in contact with the youth justice system or being affected by domestic abuse or sexual exploitation.

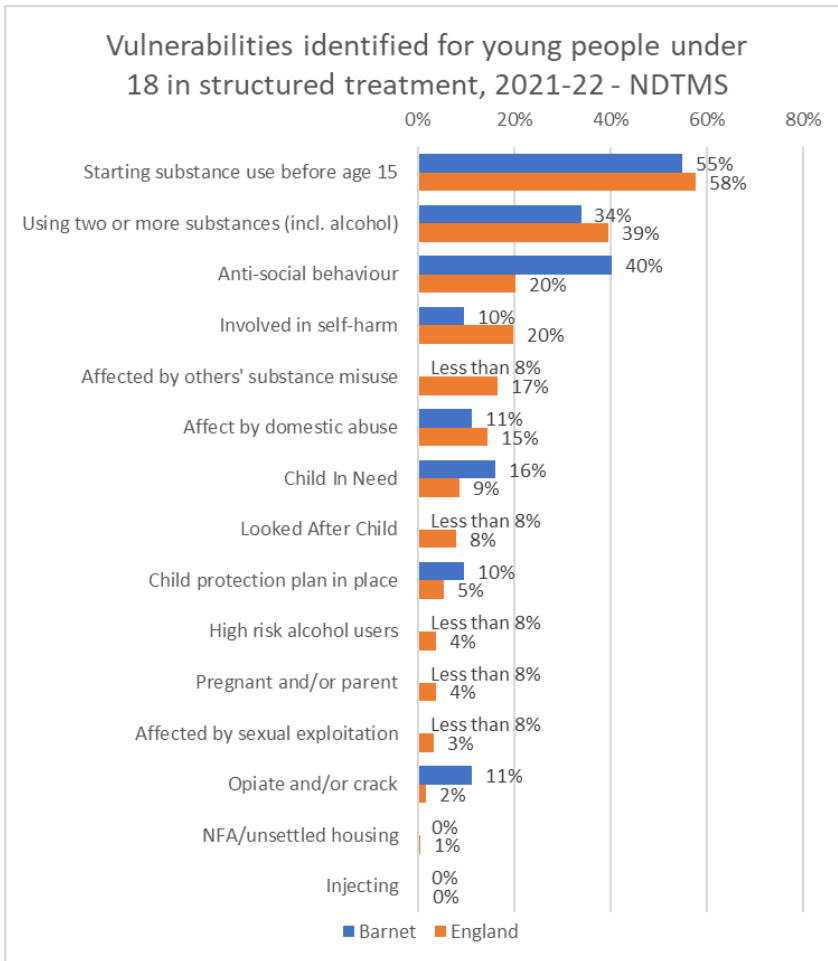


Figure 53: Vulnerabilities for young people (under 18) in treatment, 2021/22

Comparing data for under 18s in structured treatment in Barnet and England shows that Barnet had higher percentages of young people who engaged in anti-social behaviour, or identified as a Child in Need or with a child protection plan in place, or using opiates and/or crack. Barnet had lower percentages of young people involved in self-harm or affected by others’ substance misuse. Some of the vulnerabilities affected fewer than 5 (less than 8%) of young people, so could not be included in the published comparison.

The above data should however be interpreted with consideration of the small numbers they represent. For example, whilst 11% of the Barnet young people use opiates or crack, is actually only represents 8 people using opiates people. There are no young people in treatment using Crack, however “opiates and/or crack” is the coding used by NDTMS.

Barnet young people’s service reports that opiate use is likely to relate to codeine use which reflects trends such as the use of Lean. Lean is a drug used by young people which is made by mixing codeine-based cough syrups with other substances and a soft drink.

Additionally, the Barnet young people’s service reports that ASB is often noted alongside mental health and neurodiversity. The higher than UK rates for ASB could also be reflective of good referral pathways with criminal justice agencies.

Between 2018/19 and 2020/21, there were 55 hospital admissions of under-18 year olds for alcohol-specific conditions. This is above the regional rate but below the national rate. This is the most recent borough level data available.

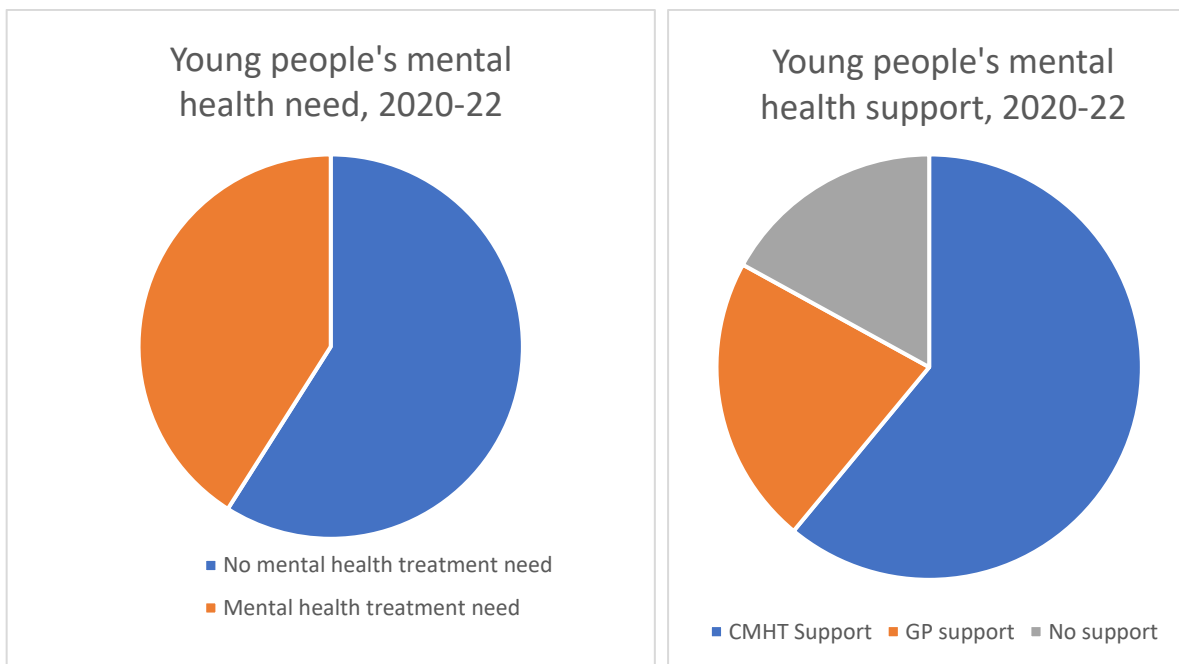
The rate of hospital admission due to substance misuse for 15–24 year olds in Barnet was 36.7/100,000 between 2018/19 and 2020/21 (45 admissions). This was lower than both the regional and national rates.

| | Barnet | London | England |
|--|------------------|-------------------|------------------|
| Hospital admissions for under-18's – alcohol specific conditions | 19.6 per 100,000 | 14.3 per 100,1000 | 29.3 per 100,000 |
| Hospital admission for 15-24 year olds – substance misuse | 36.7 per 100,000 | 56.5 per 100,000 | 81.2 per 100,000 |

Figure 54: Hospital admissions for alcohol and other substance misuse in young people, 2018/19 – Barnet, London and England

Considering trauma and childhood adversity can significantly increase the likelihood of an individual developing risk-taking behaviour, it is expected that there will also be an over representation of mental health issues in the treatment population.

41% of young people’s episodes had a mental health treatment need recorded at the start of their episode. Out of the young people’s episodes with a mental health treatment need recorded, 83% were already receiving mental health treatment; most were engaged with the community mental health team, 22% were receiving mental health support from another source (including GPs) and 17% were not receiving treatment (including those who had declined treatment).



Figures 55a & 55b: Mental Health treatment need and sources of support, young people in treatment – 2020/22

Young People in Substance Misuse Treatment

The total number of young people in treatment between 2018-19 and the present has been steady with a slight upward trend. The smaller number of young people in treatment compared to adults means that the graphs appear more variable: an individual starting or exiting treatment makes a bigger percentage change. The COVID-19 pandemic had less of an effect on the young people’s service compared to adults. There was a dip in activity in Quarter 1 2020-21, when the service transfer and first pandemic lockdown occurred, but performance soon recovered. It is important to note that the young people service supports people to age 24.

The number of young people in substance misuse treatment has remained steady

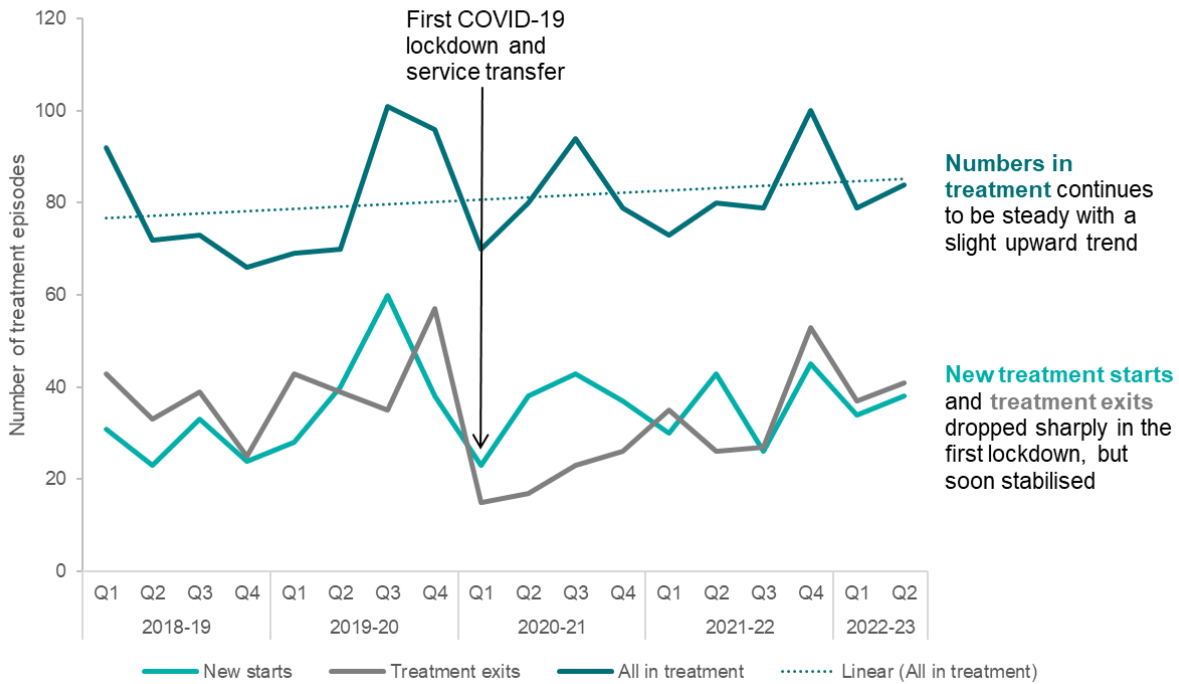


Figure 56: Young people treatment starts and exits – 20218/23

The local figures above include all people in substance misuse treatment with the Barnet services, those in structured treatment (Tier 3) as well as those receiving less structured interventions (Tier 2). The figures for the young people’s service include people up to the age of 24 who are being supported by the service. This is different from the national data collected by NDTMS, which only collects data on people in structured treatment and counts anybody over 18 as an adult, even if they are attending a young people’s service. The NDTMS data below shows that the number of young people under 18 in structured treatment has declined since 2012-13, this is a trend reflected in national data.

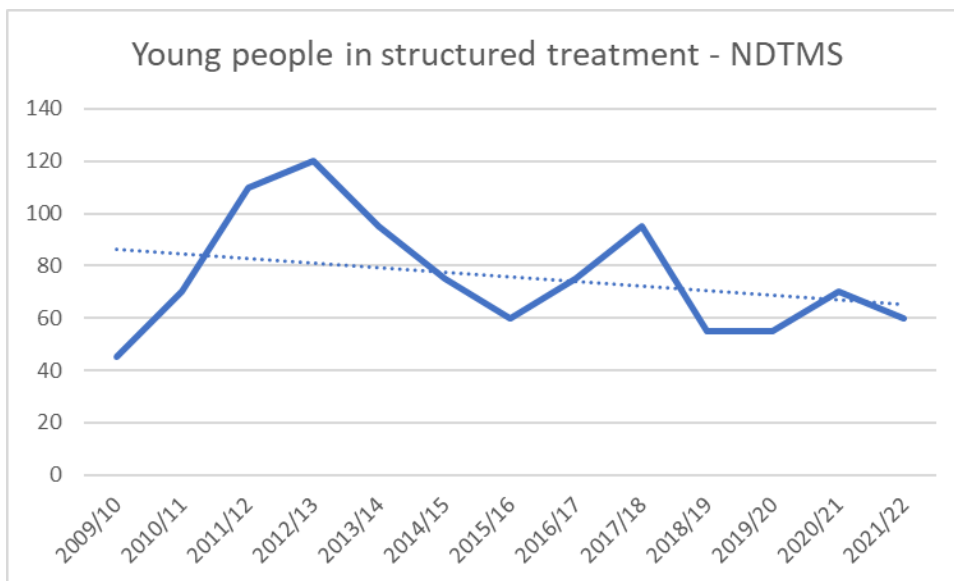


Figure 57: People aged under 18 accessing treatment – 2009/22

The number of 18-24 year olds in structured treatment with the young people’s service in Barnet increased rapidly between 2015-16 and 2021-22. Over the same period, there was a downward trend in the number of 16-17 year olds, while numbers of young people aged 15 and under remained similar.

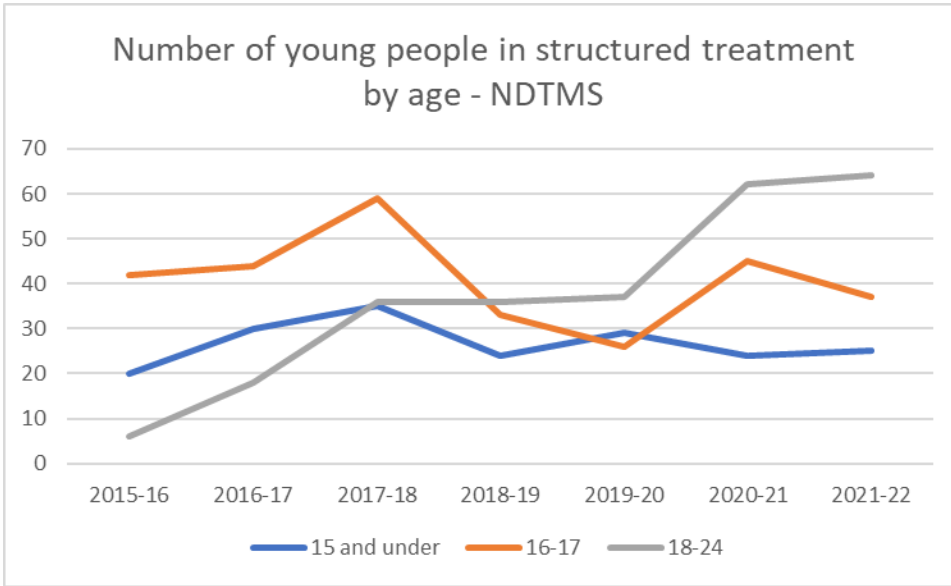


Figure 58: Number in treatment by age group – 2015/22

Figures 59 and 60 show the main substances reported by young people are cannabis and alcohol, this is also reflected nationally and has been a long-term trend. The graph below shows the substances reported to NDTMS for young people under 18 in structured treatment; up to 3 substances can be reported for each young person.

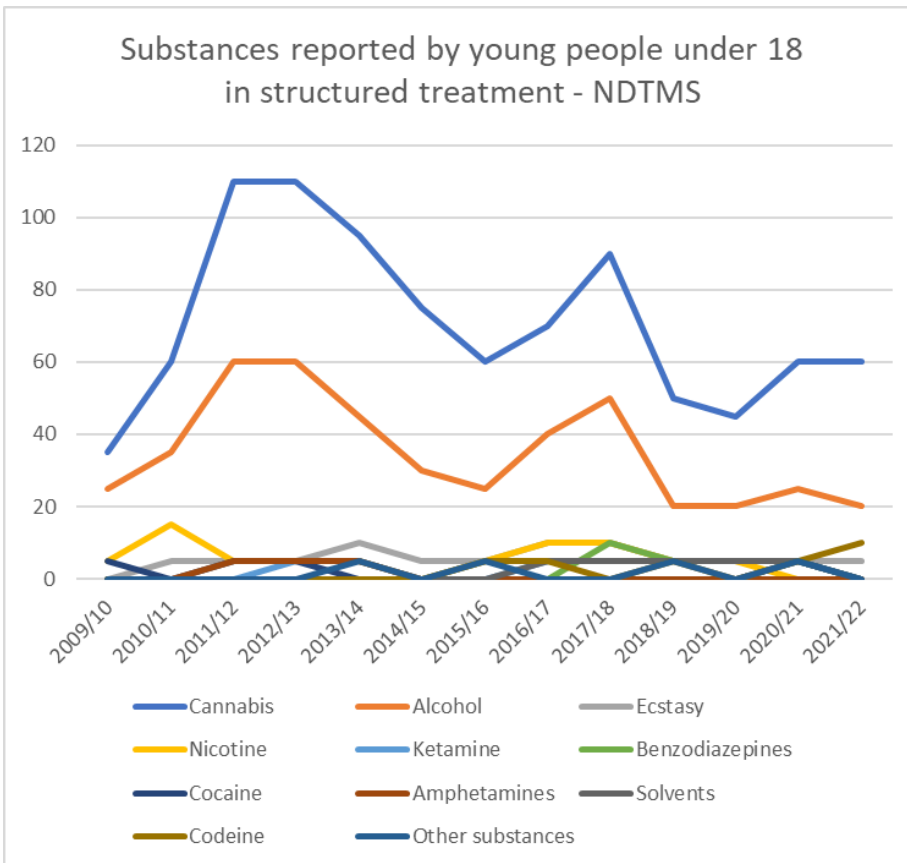


Figure 59: Substances reported by under 18’s in treatment – 2009/2022

| Substance type | Under 18s in structured treatment | Percentage of under 18s in structured treatment | 18-24 in structured treatment | Percentage of 18-24 in structured treatment |
|---------------------------------------|-----------------------------------|---|-------------------------------|---|
| Cannabis | 61 | 98% | 58 | 91% |
| Alcohol | 22 | 35% | 33 | 52% |
| Cocaine | <5 | <8% | <5 | <8% |
| Nicotine | <5 | <8% | 8 | 13% |
| Ecstasy | <5 | <8% | <5 | <8% |
| Ketamine | <5 | <8% | <5 | <8% |
| Benzodiazepines | <5 | <8% | <5 | <8% |
| Other drugs | <5 | <8% | <5 | <8% |
| Solvents | <5 | <8% | <5 | <8% |
| Other opiates (including codeine) | 8 | 13% | 5 | 8% |
| Crack | 0 | 0% | <5 | <8% |
| Amphetamines | 0 | 0% | <5 | <8% |
| Heroin | 0 | 0% | <5 | <8% |
| Any new psychoactive substances (NPS) | 0 | 0% | 0 | 0% |
| Total individuals | 62 | 100% | 64 | 100% |

Figure 60: Substances reported by under 18's in treatment – 2021/22

Most young people under 18 complete their treatment, with smaller numbers dropping out, declining treatment or being referred on.

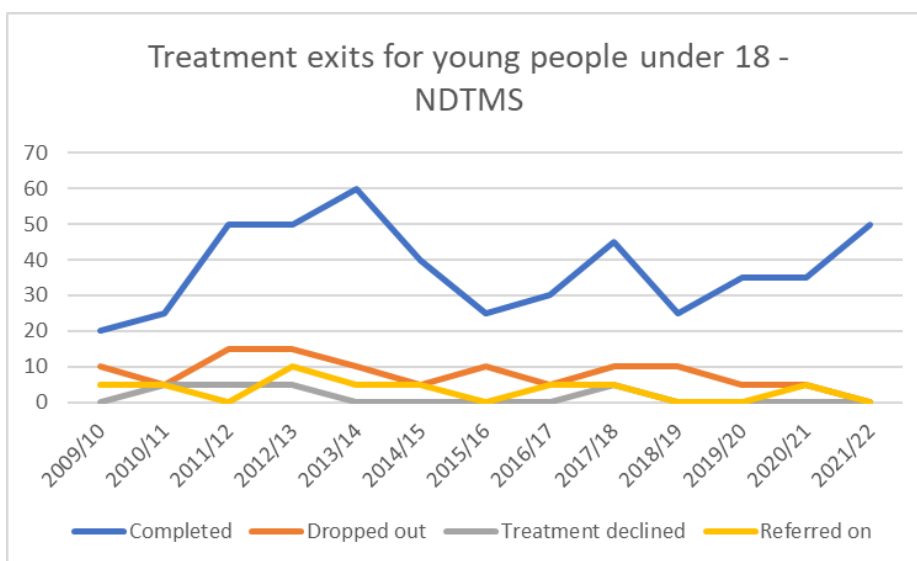


Figure 61: Treatment exits (under 18) in treatment, 2009/22

Young people tend to spend less time in treatment than adults, although those with complex needs may require support for longer. Barnet young people under 18 who left structured treatment in 2021-22 were relatively evenly divided between those who had been in treatment for 12 weeks and under, 13-26 weeks and 27-52 weeks, while very few were in treatment for more than a year.

In comparison, the figures for England showed a higher percentage young people in treatment for 12 weeks and under or more than a year, but a smaller percentage for 27-52 weeks. Conclusions should be drawn with caution, as the Barnet data relates to approximately 50 young people, but a lower percentage of people in treatment for 12 weeks or less could indicate either a lower drop-out rate or more young people requiring more complex treatment.

Recommendations:

- *Treatment provider to review inclusion to YP service criteria for transitional age group (18-24's)*
- *Treatment provider to explore reasons for falling numbers of under 18's in treatment*
- *Partners to consider opportunities for engaging young people with multiple vulnerabilities*

A focus on older adults

Across England and Wales, the population is aging. Recent census data (ONS, 2022), shows the median age in England was 40 years in March 2021, and over 11 million people were at least 65 years old (18.6% of the population). There are large regional differences, with London having the lowest median aged (35 years). In Barnet, the median age was 37 years and 14.4% of the population at least 65 years old.

In the context of substance misuse, people aged 50 years or older are often considered to be older adults. This age group represented 31.9% of Barnet's population in March 2021, equivalent to 123,756 residents (ONS, 2022). Those aged 65-74 have been identified in literature as the largest growing cohort with problematic substance misuse issues but are underrepresented in treatment services

Nationally, there is a continuing trend for an increasing proportion of people receiving substance misuse treatment being over 40 years (2021/22 58%, 2020/21 56%, 2016/17 51%)^{xiv}, and it has been noted that 'baby boomers' are the generation with the fastest growing rates of substance misuse. Of the 39,968 people in treatment who were at least 55 years old, 79% reported their only problematic substance was alcohol. It is believed that around a third of older people who misuse alcohol only begin to do so in later life, something thought to particularly impact women^{xv}.

Alcohol misuse is linked to a wide range of negative outcomes, some of which are particularly relevant to older populations. The Royal College of Psychiatrist report list some of the potential impacts as strokes, various cancers, malnutrition, falls, and accidents. The same publication notes that that aging makes people more sensitive to the effects of alcohol, so these impacts may be experienced with lower levels of alcohol consumption than for younger people.

Across England, over a third of deaths resulting from liver disease are alcohol-related, and alcohol is the most common cause of liver disease^{xvi}.

In the 2018 publication 'Our Invisible Addicts', the Royal College of Psychiatrists makes a strong case for the need to consider the specific needs of older alcohol and drug misusers. The issue of rising rates of hospital admissions for alcohol-related brain damage, including dementia, is noted. The report states that for people aged 50-69, in 2013 alcohol was the fifth highest risk factor for years of life lost to disability, having risen from 16th in 1990.

Effective interventions to support older people can be provided. In addition to structured substance misuse treatment, these include identification and brief advice (IBA), and thiamine supplementation to prevent or

reduce the impact of some cases of alcohol-related brain damage. The implementation of effective screening is needed to determine identify people who would benefit from these interventions.

Recommendation:

- *The partnership may wish to consider how it could respond locally to the recommendations made in 'Our Invisible Addicts'.*

As stated earlier in the report, nationally calculated estimates suggest across all age groups there are 3,091 alcohol-dependent people in Barnet, of whom 78% are not yet in treatment. There are also estimated to be around 1,583 opiate and/or crack users, of whom 61% are not yet in treatment. There are no specific estimates for older people, therefore it is difficult to extrapolate from this data to estimate the number of older people who would benefit from treatment but are not yet receiving it.

In 2021/22, 174 people aged 50 years or over received alcohol misuse treatment in Barnet, representing 40% of the overall alcohol-only treatment population. This is in line with the England average (39%). During the same period, people aged 50 or over made up 27% of adults in drug treatment (n=280). This is above the national average of 20%. A further breakdown of substances used by people 50 or older is shown in figure 59.

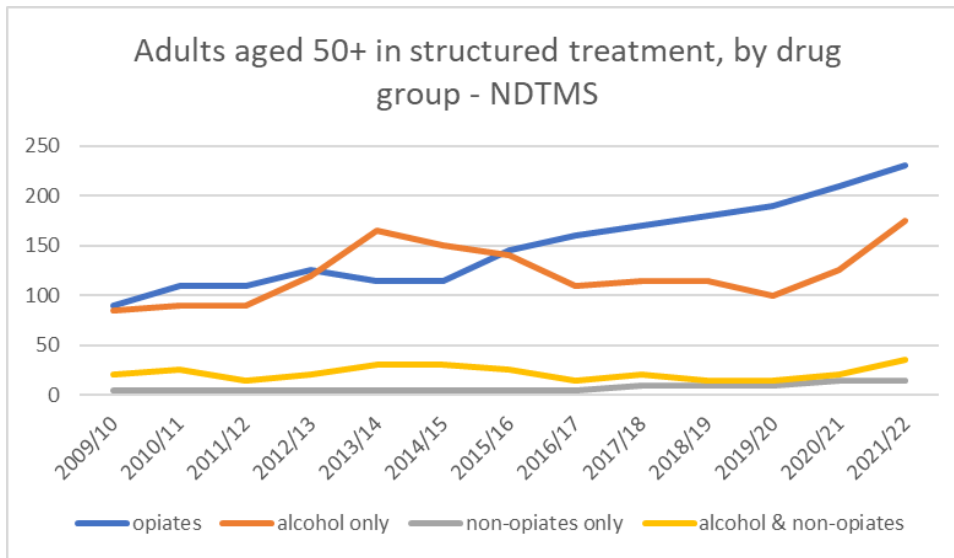


Figure 62: Adults aged 50 or over in treatment by substance(s) misused.

Local treatment service data suggests there is a possible underrepresentation of people aged 65 and over in substance misuse treatment compared to the general adult population.

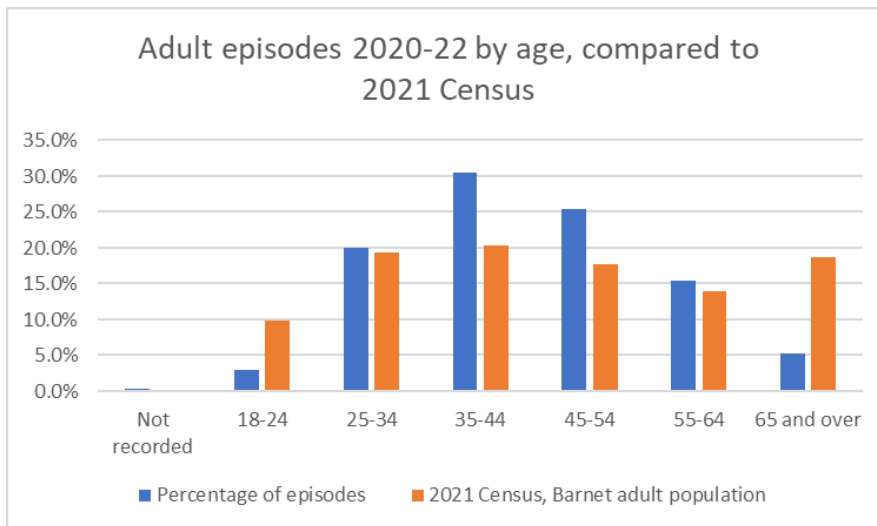


Figure 63: Adult treatment episodes 2020-2022 by age compared to 2021 census data.

Recommendation:

- *The partnership may wish to review current screening mechanisms, IBA provision, and referral pathways for older people to determine whether opportunities for improvement exist.*

8. People with Severe Multiple Disadvantage (SMD)

Severe Multiple Disadvantage (SMD) refers to people with two or more of the following issues: mental health issues, homelessness, offending and substance misuse. SMD can include other sources of disadvantage, for instance poor physical health, and for women, domestic and sexual abuse - and for Black, Asian and Minority Ethnic (BAME) people, community isolation.

It is understood that SMD mainly originates in adverse childhood experiences, approximately 85% of people facing SMD have experienced childhood trauma. This affects mental health which can lead to issues such as homelessness, substance misuse and offending. Services working with people facing SMD struggle to meet needs, because they are mainly set up to deal with single issues. The consequence for people facing SMD is their other issues prevent them successfully engaging with single issue treatment or support. For example substance misuse may lead to exclusion from a mental health service. Instead they tend to end up at “blue light services”: e.g. A&E, Ambulance calls outs, arrests and custody. The economic cost of this “siloed” and unconnected approach is high - one source estimates across England it is £10.1 billion a year.

The [Metropolitan Police Service - Business Plan 2021-24](#) identifies mental health, drug and alcohol dependency and suicide prevention as a key focus, aiming to improve the experiences and outcomes of service users experiencing SMD.

Lankelly Chase’s report^{xvii} aims to quantify the profile and extent of SMD in England and ascertain the characteristics of those that experience it.

Overlap of SMD disadvantage domains, England, 2010/11

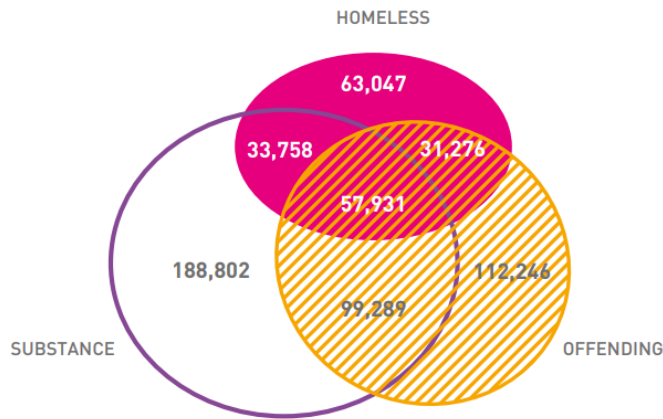


Figure 64: Overlap of SMD domains, England, 2010/11 – Lankelly Chase report

The report concludes that there is considerable overlap between the three populations and that SMD is a result of structural, systemic, personal and family factors. People that face SMD are often single, but that doesn't mean they do not have contact with children. Evidence has shown that better coordinated interventions from statutory and voluntary agencies can improve people's lives and reduce the use and cost of crisis services. Many local areas are now making progress on better support for people facing multiple disadvantage and the long-term sustainable changes to local systems that make this possible, but this is not yet happening systematically locally.

As part of the North Central London "Inclusion Health Needs Assessment 2022", a Venn diagram showing Camden's SMD profile was produced. A similar diagram for Barnet can be produced with more detailed data from the partnership.

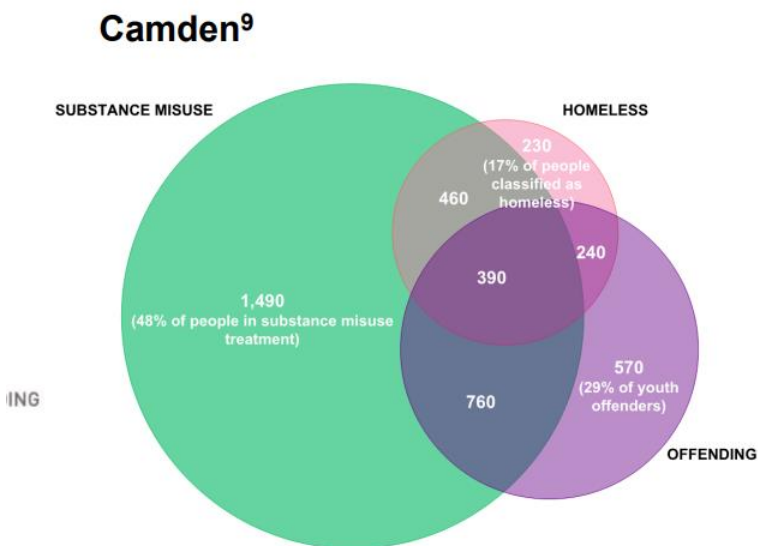


Figure 65: Overlap of three SMD domains, Camden – NCL Inclusion Health Needs Assessment, 2022

Homelessness

The graph below shows the housing situation for adult service users who started structured treatment each year.

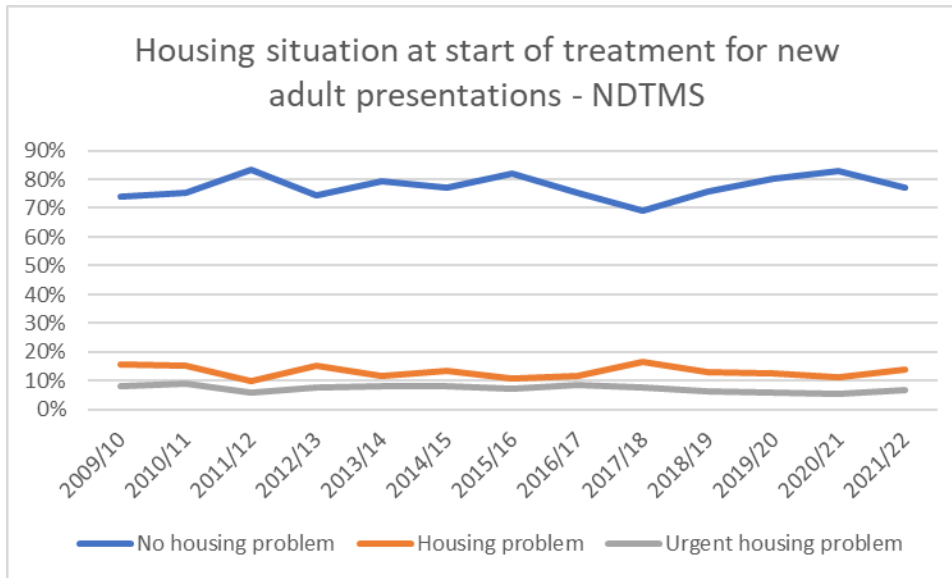


Figure 66: Housing situation at start of treatment, 2009/22

In 2021-22, 21% of adults starting treatment reported a housing problem of any kind: 14% reported housing problems like staying with friends/family as a short-term guest, being in short-term accommodation (e.g. short-stay hostel, bed and breakfast, hotel, local authority temporary accommodation) or squatting, while 7% reported an urgent housing problem like rough sleeping, using a night shelter or emergency hostel, or sofa surfing (sleeping at a different friend's home each night). The rate of housing problems reported has been consistent over time: both figures were close to the average for 2009-10 to 2021-22.

Barnet received OHID rough sleeping drug and alcohol grant funding in 2021 to deliver a project to support people who are rough sleeping or at risk of rough sleeping who have substance misuse issues. RSDATG is an acronym which stands for Rough Sleeping Drug and Alcohol Treatment Grant project. The grant was given to fund specialist support for individuals to access and engage with drug and alcohol treatment and move towards longer-term accommodation, supporting the work of wider homelessness and rough sleeping funding. The grant is managed and coordinated by Office for Health Improvement and Disparities (OHID).

The grant funding was targeted at 43 priority Taskforce local authorities identified by Ministry of Housing Communities and Local Government (MHCLG) as having had the highest numbers of people sleeping rough who have been moved into emergency accommodation during the Covid-19 pandemic. Barnet was one of those areas.

The caseworkers in the team work in partnership with Barnet Homes and Homeless Action in Barnet (HAB) to deliver multifactorial interventions with people with at least two domains of severe multiple disadvantage.

The Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) is delivered against several key objectives including:

- Improve substance misuse outcomes for people experiencing or at risk of rough sleeping.
- Reduce numbers of people sleeping rough because of substance misuse.

- Reduce numbers of deaths of people sleeping rough or experiencing homelessness from drug and alcohol poisoning.

The RSDATG project was launched in January 2021 and has been running successfully, however the project experienced some challenges with recruitments and engagement of homeless people. There is a management plan in place to improve service delivery. Actions include:

- Increasing coverage of HAB service
- Improving links to people in unstable TA who are at risk of homelessness.
- Exploring new recruitment styles to help with recruitment challenge.
- Developing new bespoke GP service to cater for the health and wellbeing issues

The graph below shows numbers engaged in the RSDATG project since it's launch in 2021. The numbers continue to grow at a steady rate as the team becomes more established in the community. The conversion in to accessing structured treatment is also increasing.

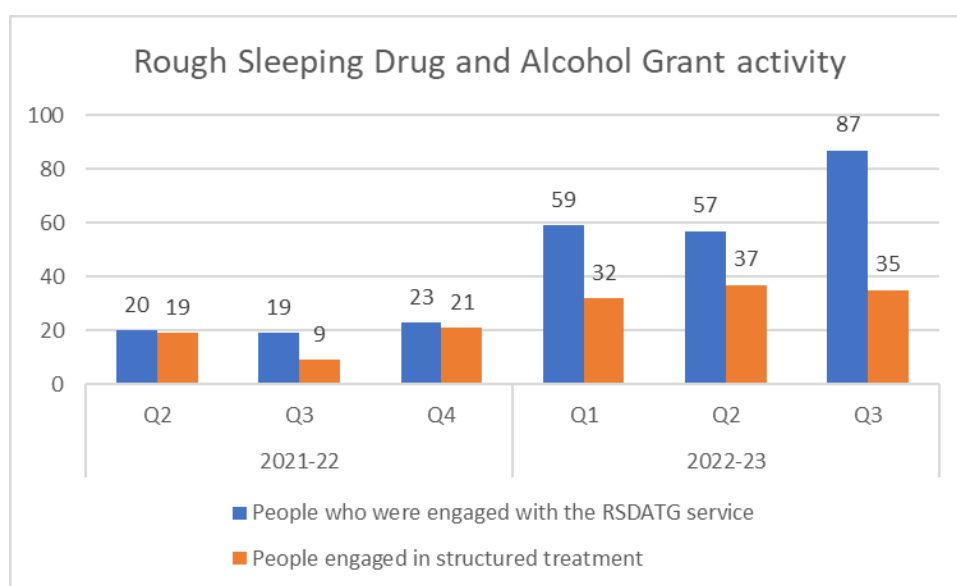


Figure 67: RSDATG project activity since project launch, Q2 2021 - Q3 2022.

Last year the Advisory Council on the Misuse of Drugs published a report^{xviii} into homelessness and drug misuse. The report reviewed evidence relating to prevalence rates and concluded that due to different methodologies, it is difficult to assess accurately the extent of drug use among homeless populations. There is however evidence of an association between being homeless and an increased risk of problematic drug use. The report highlighted that there is likely to be differences in substance misuse between rough sleepers and those in temporary accommodation, with more than one study finding that half of rough sleepers were alcohol dependent and 29% misused drugs. The type of drug use does however vary from area to area. Homeless Link reported^{xix} that 27% of people that participated in their Health Audit had alcohol problems and 41% had previous or current drug dependency issues.

An audit of Homeless Action in Barnet's caseload in 2020 for the [Barnet rough sleeper Health Needs Assessment](#) identified approximately 25% had a drug or alcohol need. This is lower than expected and therefore could indicate an under-reporting due to identification and disclosure.

In order to address this hidden population, the Rough Sleeping Drug & Alcohol team are now working to take a more proactive approach to engage those people eligible for the service who have not presented in an opportunistic way. People with a history of rough sleeping are often hidden and therefore the number locally is difficult to identify. In the Barnet Health Needs Assessment, a cohort of 83 people were identified

to audit however CHAIN records show 282 rough sleepers in Barnet in 2020/21. ([CHAIN](#) is a multi-agency database recording information about people sleeping rough in London)

There are various other initiatives in progress to address SMD in Barnet, these include:

A joint initiative between probation and Barnet Homes to support ex-offenders who are homeless

- A joint initiative between Barnet Homes and Barnet, Enfield, Haringey Mental Health Trust to address housing issues in people receiving mental health treatment
- A joint initiative between Change Grow Live and Barnet Enfield Haringey Mental Health Trust to recruit a part time psychologist to support the Rough Sleeping Drug and Alcohol Project.
- A joint initiative between Barnet Homes and Barnet Hospital to support discharge planning
- Co-location between Change Grow Live and Probation service
- Rough Sleeping Drug and Alcohol team will also be enhancing their “through the gate” support to people leaving prison with an identified substance misuse and homelessness problem (this is alongside the standard prison link service delivered)
- Homeless Health multi-agency [Homelessness Health Needs Workplan](#) which includes scoping a “Housing First” model, development of primary services and improving service pathways.

Dual-Diagnosis

There is also data available^{xx} that shows concurrent mental health service and substance misuse service usage. The data is taken from the substance misuse service records.

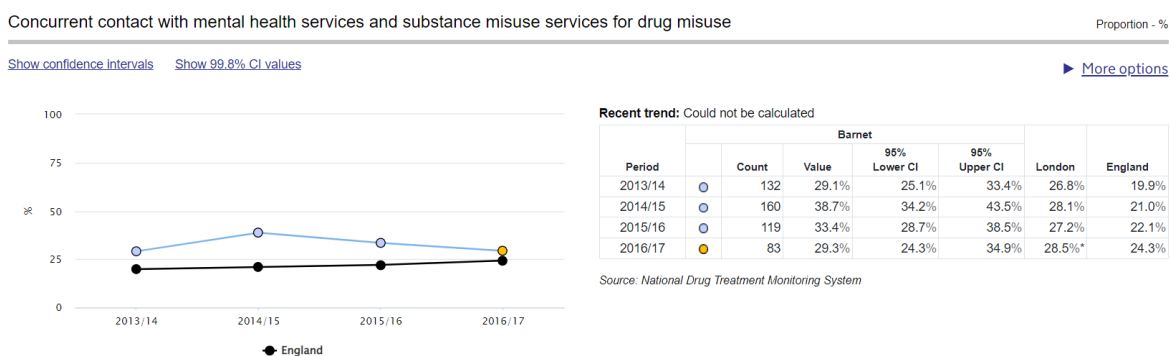


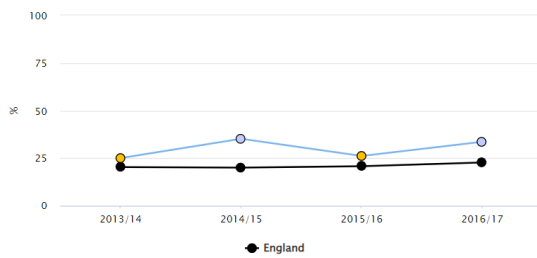
Figure 68: Concurrent contact with mental health services and substance misuse services (drugs)

The graph above shows that the percentage of people in treatment for drug misuse who are in contact with mental health services remains consistent, averaging around 30%. This is similar to London and higher than England. The smaller count is reflective of a shrinking treatment population.

Similarly, the graph below shows that the percentage of people in treatment for alcohol misuse who are in contact with mental health services. This also remains consistent, averaging around 30%. This is similar to London and higher than England. Again, the smaller count is reflective of a shrinking treatment population.

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



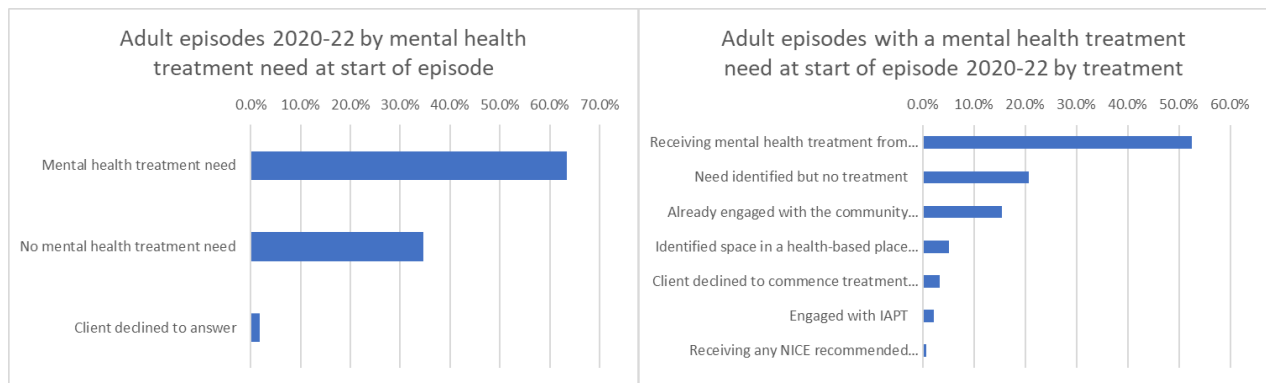
Recent trend: Could not be calculated

| Period | Count | Value | Barnet | | London | England |
|---------|-------|-------|--------------|--------------|--------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2013/14 | 68 | 25.0% | 20.2% | 30.5% | 26.9% | 20.3% |
| 2014/15 | 84 | 35.1% | 29.4% | 41.4% | 25.7% | 20.0% |
| 2015/16 | 52 | 26.1% | 20.5% | 32.6% | 26.7% | 20.8% |
| 2016/17 | 53 | 33.5% | 26.7% | 41.2% | 28.1%* | 22.7% |

Source: National Drug Treatment Monitoring System

Figure 69: Concurrent contact with mental health services and substance misuse services (alcohol)

Looking at local data, between April 2020 and March 2022, 63% of episodes were for people who reported at the start of their episode that they had a mental health treatment need. Out of the episodes where a mental health treatment need was recorded, 76.% were already receiving treatment at the start of their episode; 53% were receiving mental health treatment from their GP. 21% had a mental health treatment need identified but were not receiving treatment at the start of their episode, while 3% had declined to commence treatment for their mental health



Figures 70 and 71: Mental Health treatment need and sources of support, adults in treatment – 2020/22

As SMD is primarily a consequence of trauma, a mental health response is central to meeting needs however people facing SMD often cannot get access to the mental health services they need especially psychological intervention. Although some work has been done to address this gap through grant funding and small projects, much of the work around mental health and people who are homeless, have substance misuse and/or a history of offending is piecemeal and there is a need for a more robust and strategic approach to co-ordinating and commissioning provision for people with severe multiple disadvantage.

Dame Carol Black’s ["Review of drugs part two"](#) emphasises the need for additional investment in high quality mental health services for this group, and for additional training for the workforce in both sectors to be trained to better respond to co-existing mental health and substance misuse problems.

Lastly, as prevention and “achieving a generational shift in the demand for drugs” is a key priority of the government’s new drug strategy, tackling SMD must be at the heart of any programmes that support young people and families most at risk of substance misuse.

People with a history of offending

Individuals with a history of imprisonment have markedly worse health than the general population during their imprisonment, including much higher mortality rates, with drug related deaths and suicide rates being especially high.^{xxixxii}

- 33-51% suffer from depression (9-13% in the general population)
- 64% of imprisoned men were diagnosed with personality disorder
- 7% of imprisoned men had experienced a psychotic disorder within the past year (compared to 0.7% in the general population)
- 37% of persistent offenders have substantial substance misuse problems
- 15% of young offenders have substantial substance misuse problems
- Women in the criminal justice system have especially high rates of mental illness, with 46% having had attempted suicide at some point in their life.

Barnet probation^{xxiii} (source Barnet Probation CDP needs assessment data report) have identified that 41% (n=386) of the current probation caseload have identified drugs as a need. 9% (n=33) are female and 92% (n=353) are male. Records detailing what substances are used are incomplete, however the data available indicates that cannabis (n=154) is the most commonly used substance, followed by crack cocaine (n=41) and then heroin (n=26). This is likely to be an under-representation.

There is no information available presenting the number with an alcohol problem.

Of the probation caseload, 94 people have been identified as having all three domains of SMD, homelessness, history of offending and current substance misuse. 73 people are identified as having current mental health issues, history of offending and current substance misuse. It is not known if any of these individuals are also homeless, thus increasing potential risk and complexity.

Community Orders were introduced as a sentencing option in April 2005 as one of the provisions of the Criminal Justice Act 2003. They replaced the earlier community sentence for adult offenders. The Act provides for twelve possible requirements to be made as a condition of a community order, two of the orders relate to addressing substance misuse as part of a community order or a suspended sentence order. These are:

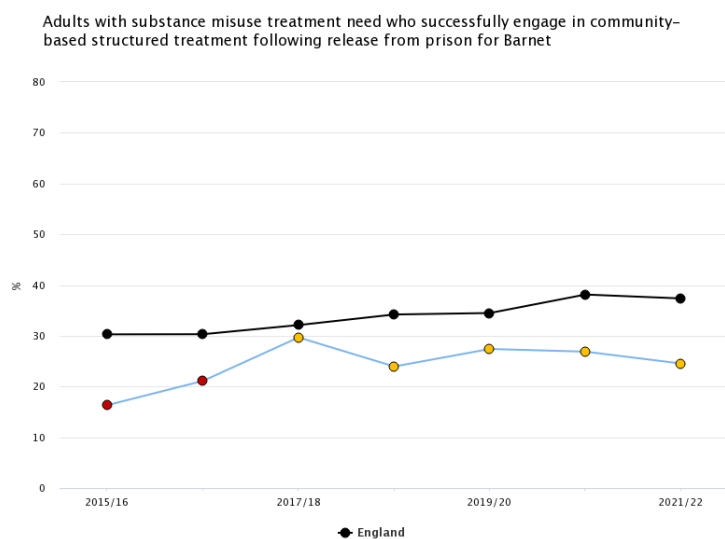
- Drug Rehabilitation Requirement (DRR) and
- Alcohol Treatment Requirement (ATR)

In Barnet, the number of DRR and ATR orders is low. Data is available for an 11 month period from March 2022 to January 2023 that shows:

- Total 24 orders granted = 13 ATR and 11 DRR
- Average ATR/DRR caseload in treatment = 18
- Discharges over period = 5

As discharges are low, an assumption is that once people have engaged they tend to remain in treatment for some time and are therefore more likely to achieve a positive outcome. Therefore, DRR and ATR's are a useful mechanism for supporting offenders into treatment and should be offered as an option more frequently.

Moving on to look at the prison population, the Public Health Outcomes Framework (PHOF) C20 is a national indicator that measures continuity of care for people with a substance misuse treatment need who are released from prison, are referred to, and subsequently engage with a community-based structured treatment provider. There are generally low pick-up rates in London from custody to community. Barnet has a similar pick-up rate to London which is lower than the national rate. Currently this is a focus for public health teams and treatment providers in Barnet and across London. There are various actions which can be taken to address this, including data processes and improved prison link working.



| Period | Count | Value |
|---------|-------|-------|
| 2015/16 | 24 | 16% |
| 2016/17 | 23 | 21% |
| 2017/18 | 27 | 30% |
| 2018/19 | 17 | 24% |
| 2019/20 | 20 | 27% |
| 2020/21 | 18 | 27% |
| 2021/22 | 13 | 25% |

Figure 72: Adults with substance misuse treatment need who successfully engage following release from prison – 2015/22

Recommendations:

- *The current engagement of rough sleepers by the rough sleeping drug and alcohol team is currently opportunistic. To maximise the service potential it is essential to adopt a more systematic and targeted approach to engage with people with potential substance misuse issues*
- *Whilst there are some innovative initiatives in place to respond to multiple and complex needs, these are currently piecemeal. A CDPB sub-group should be established to review the current SMD provision and draft a report detailing how the system can work more effectively as one.*
- *The SMD sub-group to scope the SMD population and present options for possibly developing a jointly commissioned specific SMD Service or approach such as MEAM*
- *The SMD sub-group to include police representation and a consideration for demand reduction for “blue-light” services.*
- *Further analysis of probation caseload to identify people with problem alcohol use*
- *Monitor prison-link pick up rate from custody and identify actions to remedy*
- *Complete “continuity of care self assessment and audit”xxiv*
- *CGL to work with probation to increase numbers accessing DRR and ATR orders – possible cross border action*

9. Domestic Abuse & Substance Use

Not every domestic abuse victim or perpetrator will experience problematic substance use, and not all problematic substance users will experience domestic abuse victimisation or perpetration. Yet, evidence shows there is a strong association between the two. A case analysis of domestic homicide reviews found that substance use was a common feature of both intimate partner and adult family murders (Sharps-Jeff & Kelly, 2016), and findings by Gilchrist et al (2017) have also shown that domestic abuse perpetration is common among men attending treatment for substance use in England. Both locally and nationally, mental health, substance misuse and a history of domestic violence are often common features in DHR’s. Since

2013, there have been four DHR's published in Barnet, of these, three contained evidence of substance misuse in either the perpetrator, victim or both.

Standing Together conducted a review of DHR's^{xxv}. They noted that Mental Health was recorded as the second most common health-related theme in the DHR reports (15 of 24 reports), and that mental health problems may increase vulnerability to intimate partner violence or develop as a consequence of it. Nearly two thirds (15/24) of victims had support needs related to their mental health and the same number of perpetrators also had a history of mental health problems. Depression was the most common mental health issue for both victim and perpetrator and they noted that mental health services will likely come into contact with both victims and perpetrators.

Alcohol and mental health emerged as areas of concern for both victim and perpetrator and should be recognised as an alert for domestic abuse.

Additionally, the report shows how adult family violence is typically perpetrated by the son toward the mother. In these cases, mental health issues and substance misuse are common features of the perpetrator, alongside previous criminality – including threatening behaviour towards women and other forms of violence against women.

In 2021-22, there were a total of 1,378 referrals to Barnet's Independent Domestic Abuse service, Solace. Of these, 7 were referred from the local substance misuse service. No data has been supplied demonstrating the incidence of substance misuse in the wider Solace cohort. A report^{xxvi} by Barnet Public Health showed that in 2017/18, less than 5 people were referred to the Solace service from the local substance misuse provider, whilst the number of people identified in the wider Solace cohort in Barnet with co-existing substance misuse issues for the same period was 70 people.

In 2021-22, there were a total of 501 referrals to Barnet's domestic abuse MARAC. (MARAC is a multiagency risk assessment meeting to discuss people at high risk of serious harm from domestic abuse). Barnet data shows that locally 30% of victims suffer from mental health issues, 3% with drug misuse and 5% with drug and alcohol issues. The data also shows that 23% of perpetrators have difficulties with mental health, 14% with drugs, 15% with alcohol and 10% with alcohol and drugs.

| | Mental Health | Drugs | Alcohol | Drugs and Alcohol |
|---|------------------|-----------------|-----------------|-------------------|
| MARAC – Victims of Domestic Abuse | 30% (n = 150) | 3% (n = 15) | Not supplied | 5% (n = 25) |
| MARAC – Perpetrators of Domestic Abuse | 23% (n = 115) | 14% (n = 70) | 15% (n = 75) | 10% (n = 50) |

Figure 73: Incidence of mental health and substance use in victims and perpetrators of domestic abuse, Barnet MARAC, 2021-22

The Barnet RISE Mutual Perpetrator Programme engaged with 29 people (almost exclusively male) in 2022/23. Unfortunately there is no data available on co-existing substance misuse issues in this cohort.

This data tells us a number of things. Firstly, it is apparent that people (particularly females) experiencing domestic abuse who have co-occurring substance misuse issues are either not accessing treatment services effectively, or that domestic abuse is not being identified successfully in treatment services.

Furthermore, the proportion of people (almost exclusively female) identified in MARAC with substance misuse is much higher than the Solace service. This indicates that as risk escalates, as does the likelihood

that a victim will also be misusing substances, demonstrating the importance of identifying victims of domestic abuse with co-occurring substance misuse at a much earlier time.

Finally, the incidence of substance misuse in perpetrators of domestic abuse is high. It is not known whether these individuals are accessing substance misuse treatment services and it is often difficult to proactively engage them in treatment. Risk assessment often focuses on the safety of the survivor of domestic abuse and there is often little engagement with the perpetrator.

Recommendations:

- *The partnership to consider mechanisms for assessing whether a perpetrator of domestic abuse has co-occurring substance misuse issues and pathways into suitable support.*
- *The partnership to consider whether there is suitable access to “healthy relationship” programmes for people misusing substances – these should address intimate partner and familial abuse.*
- *Local Substance Misuse provider to consider whether domestic abuse is routinely and proactively explored*

10. Achieving a generational shift in the demand for drugs

The third priority of the national drug strategy is to “achieve a generational shift in the demand for drugs.” At a national level, it is expected this will be achieved through:

- an improved understanding of what works through investing in research,
- targeting people found in possession of illegal drugs with ‘more meaningful consequences’,
- improving prevention and early interventions via schools, and
- providing early, targeted support including to families.

Work is planned or underway in each of these areas.

In July 2022, the government published the white paper ‘[Swift, Certain, Tough: New Consequences for Drug Possession](#).’ This set out some of the government’s proposals to sanction people found in possession of illegal drugs but who were not considered to need to access treatment services i.e. ‘recreational’ users. Children are out of scope of the proposed legislation. The consultation on these proposals closed in October 2022, and at the time of writing (February 2023) the consultation findings and government response have yet to be published.

Nationally, it is expected that outcomes will be measured using a range of metrics including:

- Proportion of individuals using drugs in the last year
- Acceptability of drug use
- Impact of drugs on children and families
- Families and safeguarding

The United Nations Office on Drugs and Crime, alongside the World Health Organisation, published the [International Standards on Drug Use Prevention](#) (UNODC, 2018, second edition), a summary of a large-scale international review of evidence on prevention of substance misuse. The Standards provide guidance on the characteristics of evidence-based interventions. The first edition of the Standards, published in 2013, was summarised by [Public Health England](#) in 2015 with a view to highlighting sections with most

relevance and evidence of implementation in England. This remains a relevant reference document for partnerships in England.

The following interventions are highlighted as having good evidence of effectiveness when implemented in line with the relevant guidance:

- Parenting skills programmes
- Early childhood education
- Personal and social skills education
- Classroom management
- Prevention education
- Alcohol (and tobacco) policies
- Brief intervention
- Workplace prevention
- Multi-component programmes involving parenting interventions and support for individuals and families

School-based prevention programmes

PSHE (Personal, Social, Health and Economic education) is a school curriculum subject which helps pupils develop the knowledge, skills and attributes to stay healthy and safe, now and in preparation for their adult life. PSHE is also the curriculum subject through which statutory Relationship Education (primary) and Relationships Sex Education (RSE - Secondary) and statutory Health Education (Primary and Secondary) content is delivered in most schools. Effective delivery of PSHE/RSE education helps pupils to achieve their health potential through providing a broad and balanced life-skills learning programme.

The aim of teaching children and young people about alcohol and other drugs is to support them in delaying first substance use, reduce harm, and prevent the development of harmful patterns of substance use in adulthood. This also aims to reduce the impact of health (physical and mental) and social consequences that can impact upon an individual's quality of life and future aspirations, and to promote positive health and wellbeing^{xxvii}. Effective teaching about alcohol and other drugs through PSHE education should be implemented as one aspect of a wider whole-school approach.

The joint guidance from UNESCO, UNODC and WHO identifies the following practices as beneficial in supporting preventative education^{xxviii}:

- School environments that promote healthy and positive friendships between children and young people, a positive relationship with the school, and that create links between the school and the local community, contribute to protective factors that reduce substance use.
- Substance-free school premises with a supporting policy that prohibits the possession, use and distribution of substances by all members of the school community, including staff, as their positions as role-models within the school can influence pupils perceived norms.
- Universal teaching of age-appropriate knowledge regarding substance use, alongside development of personal and social skills and attitudes relating to substance use that help to protect children and young people from harm.
- Selective pastoral intervention for pupils at higher risk of, or already involved in, substance use, following key guidance such as the NICE guidance on targeted interventions^{xxix}.

- A substance policy outlining sanctions in response to substance-related incidents that keep pupils in school, such as in-school suspensions or withdrawal of privileges. This is in contrast to measures that increase pupil contact with the criminal justice system and include out-of-school exclusions, as these can increase antisocial behaviour and interrupt the supportive link between pupil and school.
- Balanced approaches to substance-related incidents in which sanctions keep the pupil in school, whilst focussing upon health-promotion in which internal or external sources of support, such as young people’s drug services, health and social services and/or counselling, are signposted.

Risk taking behaviours like taking drugs, drinking alcohol, smoking and truancy tend to ‘cluster’ together, and the reasons for this are complex. Risk factors such as living in poverty, family difficulties and bullying can lead to disengagement from school, which in turn increases the likelihood of disruptive behaviour, drug smoking, drinking and drug use. The whole school community therefore has a key role in preventing or delaying harmful use of drugs in children, young people. ([PHSE Association – Drug and alcohol education](#))

Most of PSHE education became statutory for all schools from September 2020 under the Children and Social Work Act 2017^{xxx}. This includes Relationships Education at key stages 1 and 2, Relationships and Sex Education (RSE) at key stages 3 and 4, and Health Education in both primary and secondary phases. The Department for Education published Statutory Guidance^{xxxi} for RSE and Health Education in June 2019 and it sets out requirements in relation to teaching about tobacco, alcohol, prescription medicines and illicit drugs. While this guidance sets out what schools must cover from September 2020 the DfE explains that schools should not just ‘teach to the guidance’ but see it as the basic requirement which forms part of broader PSHE education. The statutory guidance outlines what schools *must* cover – though not everything that schools *should* cover.

All schools have a statutory obligation to deliver the drugs, alcohol and tobacco education (DATE) elements of the RSE and Health Education guidance as well as DATE content which falls under the National Science Curriculum for KS1 to 4- see appendix.

The Department for Education (DfE) statutory guidance for Health Education states, in the secondary content, that pupils must know; “the physical and psychological consequences of addiction, including alcohol dependency”.

- Primary: -The facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use, and drug taking
- Secondary: - The facts about legal substances and illegal substances, including drug-taking, and the associated risks, including the link to serious mental health conditions.
 -The law relating to the supply and possession of illegal substances.
 -Awareness of the dangers of drugs that are prescribed but still present serious health risks.

Source: [Relationships Education, Relationships and Sex Education and Health Education guidance](#)

Schools do not have to have a policy for Health Education, or for broader PSHE education, but it is recommended as good practice and to make the links to the RSE policy which is required under the Children and Social Work Act 2017 - [PSHE Assoc. guidance on creating a PSHE education policy for your school](#).

Summary of the Barnet Public Health support for PSHE

The main responsibility for PSHE delivery firmly sits with each school. However, Barnet Public Health Start and Grow Well Team help schools through supporting delivery of the health and wellbeing components and other wider topics of the curriculum. Working closely with Barnet Education Learning Services (BELS),

School Nurses and other partners, Barnet Public Health facilitate, directly and through commissioning, health education and improvement specialists to help support schools in their delivery of topics such as healthy eating, physical activity, mental wellbeing, sexual health, tobacco and substance misuse and can sign post to key resources and sources of support. Public Health also contribute to health impacts of wider topics such as safeguarding, economics and environment.

Barnet Start and Grow Well Team commission Health Education Partnership to deliver the PSHE support to both primary and secondary schools. This support includes:

- PSHE leads network with termly meetings and involving sharing good practice and learning/training as relevant. (Has included in the last year, partner presentations from Change Grow Live – promoting the drugs services available to schools, parents and young people)
- Annual programme of workforce development sessions to build skills and confidence (including the training – Good Practice in Drugs, Alcohol and Tobacco education)
- School leadership information and support- providing updates to head teachers and school governors
- Parent engagement supporting schools to effectively engage with parents
- Resource signposting through newsletters topic focus papers
- PSHE resource lists (Primary/Secondary) which list, mainly free, resources to support the teaching of PSHE organized by topic from the statutory guidance,
- Schools have access to the HEP PSHE and Wellbeing framework which maps out suggested planning for PSHE which covers both the statutory elements of the DfE Guidance and the non-statutory elements of an effective PSHE Curriculum (including a skills map of DATE)

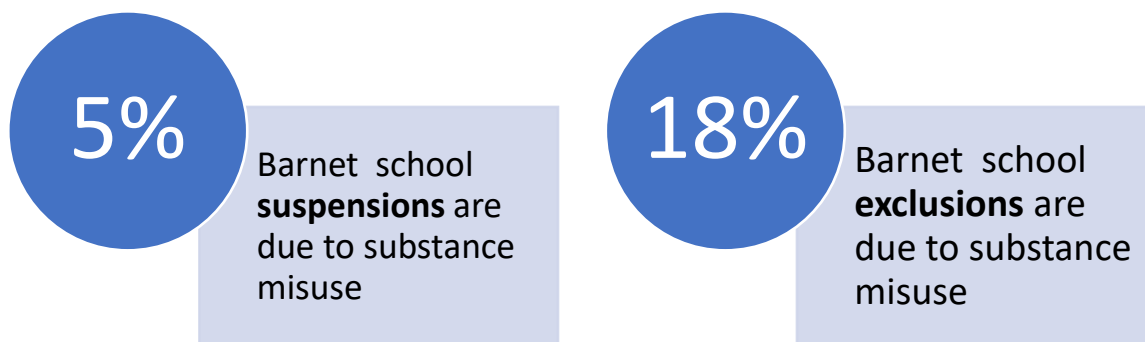
Barnet Start and Grow Well Team also commission Brook to deliver support on the RSE components as part of the Sexual Health Education contract. [Relationships and Sexual Health education](#) This support involves:

- Annual programme of workforce training supporting staff skills and confidence
- Direct support to schools where relevant to help plan RSE delivery
- Community based workforce development
- C Card training and scheme support
- My Life 1:1 support of young people
- Health promotion campaigns including digital platforms (Netreach)

See Appendix 2 for further information on the breadth of PHSE provision in Barnet.

Schools are an important part of any young people's drug strategy, for building resilience, for early prevention, to identify substance misuse and refer into specialist substance misuse services. Being excluded and or suspended from school can have a negative effect on young people and increase their vulnerability to problematic substance misuse.

Exclusion and suspension data^{xxxii} for Barnet was reviewed. The suspension and exclusion rates in Barnet are similar to England. When looking specifically at suspension and exclusions relating specifically to drug or alcohol use, in Barnet 5% of school suspensions relate to drug and alcohol use, similar to 3% in England. However, 18% of exclusions relate to drug and alcohol use, higher than the England rate at 8%. As it is likely that substance misuse is identified as a precursor to exclusion in previous suspensions, this indicates that more can be done to address substance misuse in school settings.



Recommendations:

- *Identify what support is required from schools to develop and implement policies for health education, including elements of UNESCO, UNODC and WHO guidance noted above.*
- *Audit current schools coverage and identify priority schools for engagement*
- *Education settings to review school referral pathways to treatment services, particularly where substance misuse has been identified as a reason for suspension.*

Identification and Brief Advice (IBA) - Drinkcoach

Evidence shows that brief interventions consisting of one-to-one counselling sessions that can include follow up sessions or additional information to take home are a highly effective prevention interventions. These can be delivered by a variety of trained health and social workers to people who might be at risk because of their substance abuse, but who are not necessarily aware of their risk nor are seeking treatment. The sessions are structured, and last typically from 5 to 15 minutes and can be delivered in primary health care or in emergency rooms, but it can also be part of school/workplace-based programs and delivered online.

Currently Barnet’s brief intervention is delivered via the [DrinkCoach](#) service. The service encourages residents to complete an (AUDIT) alcohol test and gives advice and information based on the person’s score. For those eligible, it also offers access to one-to-one virtual “coaching” sessions from a trained counsellor.

The AUDIT (Alcohol Use Disorders Identification Test) is a simple and effective method of screening for unhealthy alcohol use, defined as risky or hazardous use.

For the 12 month period of January 2022 to December 2022 there were:

- 5,348 visits to the Drinkcoach test
- 1,647 AUDIT’s complete
- An estimated £22,032 cost saving. Savings for the period are based on the PHE estimate of £27,000 savings to the health and care economy for every 1,000 increasing risk/higher risk drinkers who receive identification and brief advice (IBA)

Residents are directed to the Drinkcoach website from a variety of sources, but the main driver is social media promotion, account for 75% of traffic to the website. A small number of residents are directed from other local organisations including the local treatment provider, health professionals and workplace events.

The breakdown of age and gender is interesting as unlike the treatment population, there is an almost equal number of completions for females and males. This may emphasise that females experience more

barriers to accessing face to face treatment services. Also, the age breakdown for completion of audit is noteworthy as there is a particularly high number of completions in those aged over 55 and under 24, unlike the main treatment service. This may indicate that the Drinkcoach service is reaching a different demographic. This age group is also working age and therefore could suggest the usefulness of Drinkcoach in workplace interventions.

| Gender Breakdown | |
|------------------|----------|
| 45% Female | 55% male |

Figure 74: Audit completion by gender, January- December 2022

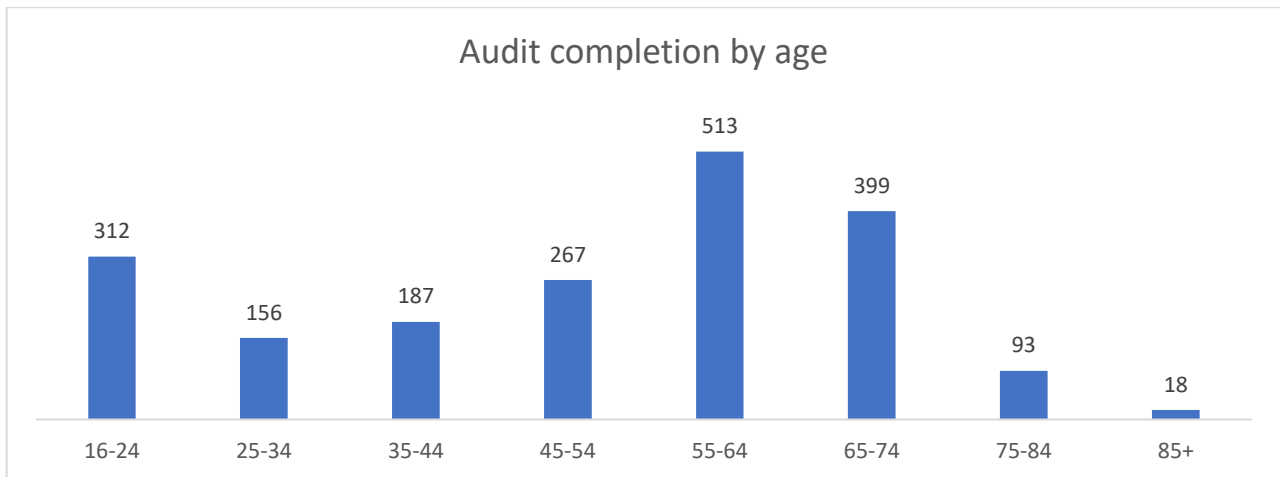


Figure 75: Audit completion by age, January- December 2022

It is also possible to view Audit completion by ward. This however is not a mandatory category and is only available for 37% of respondents. It is interesting to note the high numbers in the east of the borough in wards such as Brunswick Park and East Barnet, this may be reflective of the difficulties accessing the main treatment services for this part of the borough.

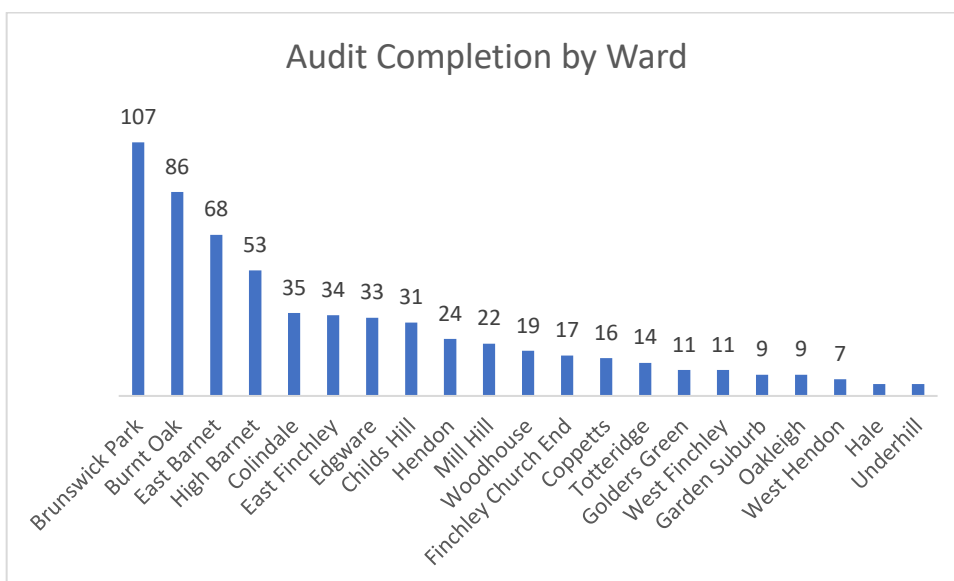


Figure 76: Audit completion by ward, January- December 2022

Moving on to look at a breakdown of scores, the highest number of completions are in the increasing risk category, highlighting the effectiveness of this tool as an early intervention mechanism. Furthermore, those identified as possibly dependant is surprisingly high, a total of 388 people. These individuals should be presenting to treatment services.

| Low Risk Audit's Completed | | Increasing Risk AUDIT's Completed | |
|-------------------------------|-----|-----------------------------------|-----|
| 480 | 29% | 623 | 38% |
| Higher Risk Audit's Completed | | Possible Dependence Audit's | |
| 193 | 12% | 388 | 24% |

Figure 77: Audit completion by risk score, January- December 2022

Following completion of the Drinkcoach AUDIT test, users are directed to engage in a follow up activity based on their risk categories. For the 12 month period, the following outcomes were achieved.

| Drinkcoach Outcomes (Number of service users 1,647) |
|---|
| 10 people downloaded the Drinkcoach app for further support |
| 43 people accessed online coaching |
| 65 people used the "find support near you" tool |
| 90 people accessed further information |

Figure 78: Audit outcomes, January- December 2022

The Drinkcoach service us a useful prevention/early intervention service which is reaching a different cohort of residents to the local treatment service. It is important to consider how this reach can be further maximised and explore opportunities for improving uptake of ongoing interventions.

Recommendations:

- *Consider options for expanding Drinkcoach reach, exploring options for a workplace offer and work with provider to increase uptake of follow up interventions.*
- *Consider other options for brief interventions, including delivery of Alcohol: applying All Our Health to health and care professionals*

Workplace

Alcohol, drug and tobacco use are both contributors and causes of short and long term for a considerable proportion of people of working age. In England in 2015 there were an estimated 301,000 potential years of life lost due to alcohol and 360,000 due to tobacco in people aged under 75.

Employers can take various actions to address [Workplace wellbeing](#) and the [Business in the Community toolkit](#) identifies some specific actions relating to substance use.

Recommendations:

- *The partnership to consider actions to address substance misuse in the workplace.*

Alcohol Licensing

[Alcohol licensing guidance for public health teams](#) was produced in 2017. The guidance helps public health teams understand their role as a responsible authority and provides a step-by-step guide to making representations to a licensing authority. It also brings together nationally available data and materials to support local authorities in accessing and using a range of databases and tools for mapping data and evidence for licensing. Barnet Public Health have recently re-established a closer working relationship with Barnet Licensing teams and are developing mechanisms for reviewing applications.

There are also a variety^{xxxiii} of resources available to support partnerships to reduce alcohol related crime, disorder and anti social behaviour in licensed premises.

Recommendations:

- *Barnet Public health to review their role in as a responsible authority and establish a process for reviewing applications and applying public health data*

Recommendations:

- *The partnership to consider options for further developing interventions for addressing crime and ASB in licensed premises*

Parental Substance Misuse

Evidence Summary^{xxxv}

Problematic alcohol or drug use by an adult is a risk factor for children with whom the adult shares a home. Across England, in 2019/20, around one in six completed child in need assessments found alcohol and/or drug misuse by an adult member of the household to be a risk factor. Additionally, between 2014 and 2017, parental problem alcohol and/or drug use was recorded in over a third of serious case reviews¹ in England.

Harm caused by parental substance misuse can be both direct (e.g. physical impacts of alcohol or drug use during pregnancy) and indirect (e.g. increased risk of gang membership and offending) and may continue through the life course. Services which are called upon to respond include social care, housing, child and adolescent mental health services, GPs, health visitors, and the criminal justice system, as well as substance misuse treatment services.

Research shows that children of parents who misuse alcohol and drugs are at increased risk of themselves developing substance misuse problems. This risk is increased if both parents misuse substances. This intergenerational cycle of substance misuse and its associated impacts, both to individuals, families and wider society, provides a strong case for the provision of early, evidence-based interventions with parents and their children.

The presence of protective factors can prevent harm to children living in these households. Such factors include one parent not having a substance misuse problem, the adult(s) engaging with substance misuse treatment, and the social skills and personal resilience of the child (e.g. emotional regulation, self-reflection, ability to express emotions). The provision of evidence-based services to adults and children can prevent or reduce the negative impacts of parental substance misuse.

An additional protective factor is having a close positive relationship with an adult in a caring role. For some children, this may be within a kinship carer situation. It is estimated that 46% of kinship carers are looking after children as a result of parental drug misuse, and 32% as a result of parental alcohol misuse.

¹ These reviews were completed when a child had died or suffered serious harm.

This has wider economic and personal impacts, for example over half of kinship carers give up paid work to look after children.

Recommendations:

- *The partnership may wish to consider whether evidence-based parenting skills programmes are provided and accessed by parents in contact with, or who would benefit from, substance misuse treatment services.*
- *The partnership may wish to consider whether evidence-based personal and social skills education and interventions are provided and accessed by children and young people affected by an adult’s substance misuse.*

Summary of Barnet Data

Child in Need Assessments

In 2019/20, child in need assessments found 308 instances of parental or other adult’s alcohol misuse being a risk factor, and 291 instances of drug misuse as a risk factor. This represents slightly lower rates than the national average, but higher than benchmark area² averages (see figure 74).

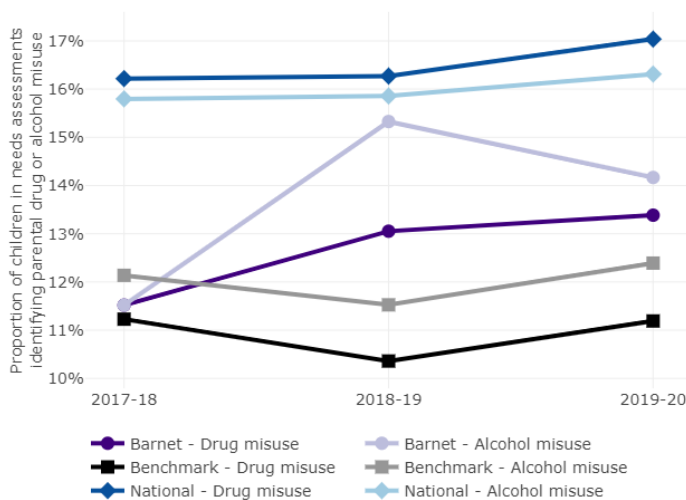


Figure 79: Proportion of child in need assessments identifying drug or alcohol misuse by a parent or other adult living with the child as an issue^{xxxvi}

Recommendation:

- *The partnership may wish to consider whether information sharing and referral pathways from child in need assessment to substance misuse treatment services are effective.*

Estimates from the Children’s Commissioner^{xxxvii} found that in Barnet, around 6,100 children live in households where a parent suffers domestic abuse, and around 3,200 live in a household where a parent suffers from drug or alcohol dependency. It is not possible to determine the co-occurrence of these issues to determine how many children live in households with both issues present.

² Barnet’s benchmark areas are Redbridge, Bexley, Brent, Bromley, Croydon, Ealing, Enfield, Kingston upon Thames, Merton, Richmond upon Thames, Sutton, Wandsworth, Harrow, Hillingdon, and Hounslow

People in Substance Misuse Treatment

As shown in figures 75 and 76, most adults presenting to drug or alcohol treatment in 2021/22 were not parents and had no contact with children. These rates were higher in Barnet than the national averages. Of those presenting to drug treatment, 66 (16%) were parents living with children, the corresponding figure for alcohol treatment was 58 parents (24%). In both groups, the rates of parents not living with children were substantially below national averages.

Recommendation:

- *The partnership may wish to consider whether opportunities exist to improve referral pathways into substance misuse treatment for parents who do not live with their children.*

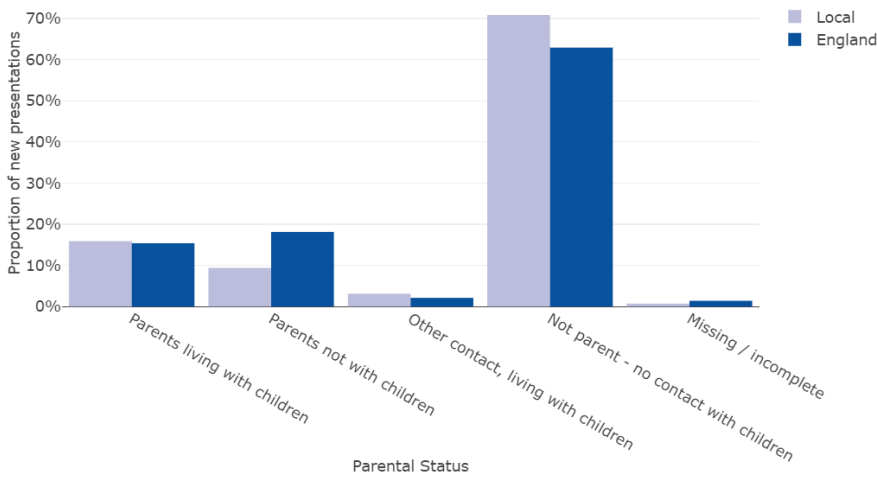


Figure 80: Proportion of adults presenting to drug treatment by parental status, Barnet and England, 2021-2022

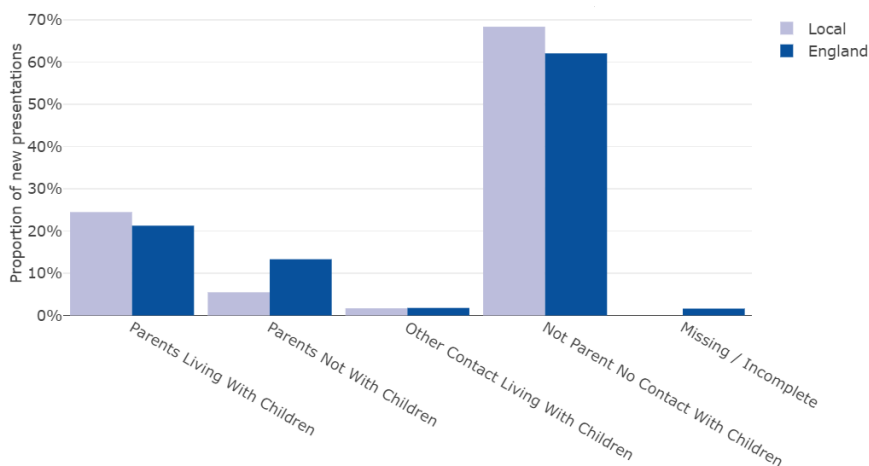


Figure 81: Proportion of adults presenting to alcohol treatment by parental status, Barnet and England.

Referrals routes from children and family services or social services to substance misuse treatment appeared to be functioning relatively well for parents and other adults living with children, with referral rates ten percentage points above the benchmark average (19% versus 9%). However, there appears to be a gap in the provision of early help / child social care support to these people, with 59% who entered treatment in 2019/20 reporting they received no such support. This may be a missed opportunity for early

intervention with families. Similarly, of parents not living with their children, 68% reporting they were receiving no early help or child social care support.

A total of 127 children were reported to be living with drug users who entered treatment, and 112 children lived with alcohol users who entered treatment in 2021/22. Of these children, like the adults entering treatment in 2019/20, most were reported to be receiving no early help or contact with children’s social care (see figures 77 and 78).

Recommendation:

- *The partnership may wish to consider whether opportunities exist for collaborative assessment and improved referral pathways for families which may benefit from early help or child social care support.*

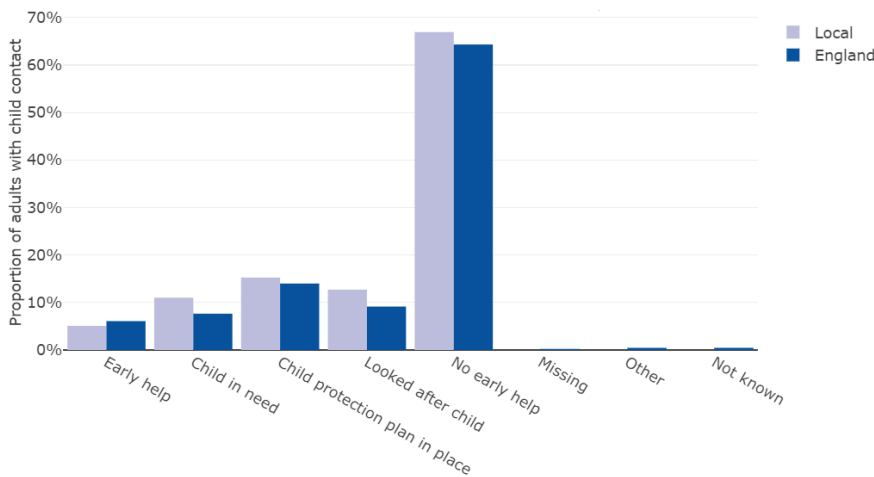


Figure 82: Proportion of drug misuse client’s children receiving early help or in contact with children’s social care, Barnet and England.

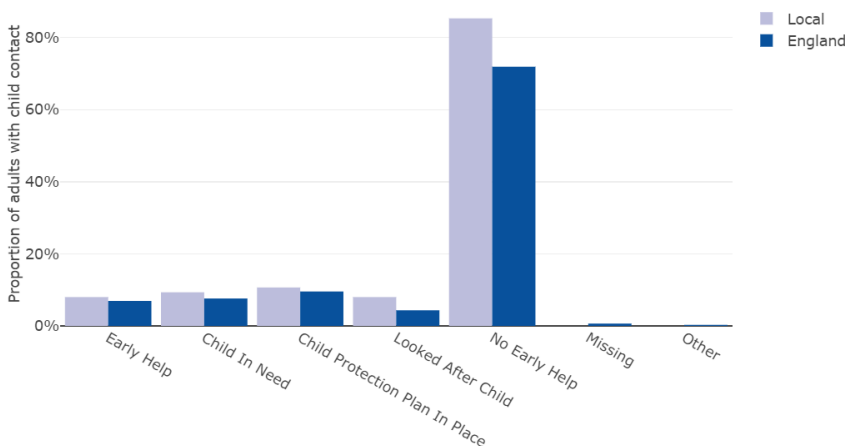


Figure 83: Proportion of alcohol misuse client’s children receiving early help and children’s social care, Barnet and England.

4% of new female presentations to drug treatment were pregnant (national average 5%). No women presented to alcohol treatment while pregnant (national average 1%).

At 5%, the reported rate of current injecting was relatively high among parents and other adults living with children (benchmark average 2%). This is also a higher rate than for any other group (parents not living

with children, not parents and not living with children). The potential presence of injecting equipment in the home presents additional risks to children.

Recommendation:

- *The partnership may wish to consider whether there are any opportunities to further support people who inject substances to minimise risks to children with whom they live.*

Parents Not Yet in Substance Misuse Treatment

Based on 2018/19 estimates, in Barnet in 2019/20 there were 485 alcohol dependent adults living with around 917 children, who were not receiving treatment. The rate of unmet need is 86% (see figure 79), substantially higher than the benchmark areas rate of 75%.

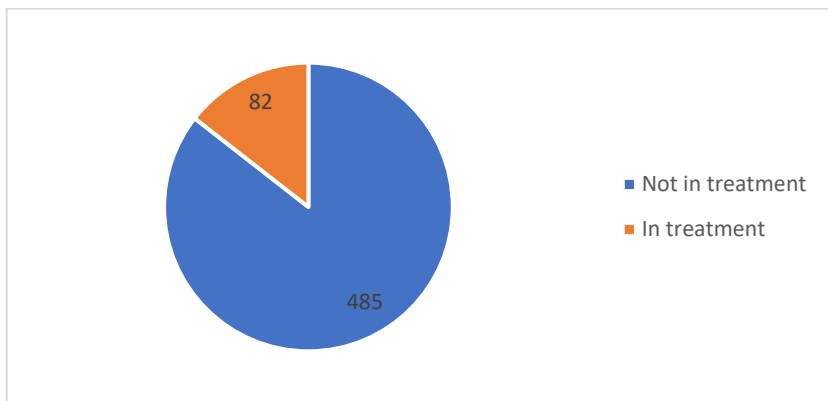


Figure 84: Estimated number of alcohol-dependent adults living with children, in treatment and not in treatment.

Based on 2014/15 estimates, in 2019/20 there were 291 opiate-dependent adults were living with children and not receiving treatment. An estimate of the number of children living with these adults is not currently available. This rate of unmet need is 83%, substantially higher than the benchmark areas rate of 70%. This presents a significant opportunity to intervene at an early stage to have a positive impact on the lives of both adults and children.

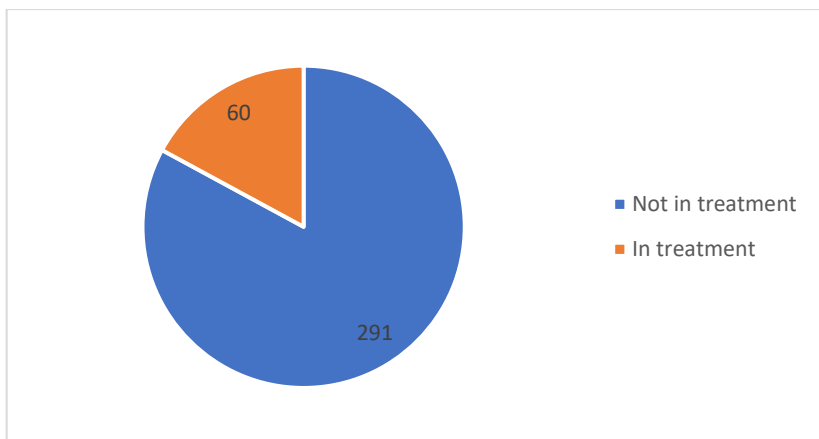


Figure 85: Estimated number of opiate-dependent adults living with children, in treatment and not in treatment.

Recommendation:

- *The partnership may wish to consider what opportunities exist to provide substance misuse interventions to parents and other adults not currently in treatment.*

Looked After Children (LAC) in Treatment

The 2022/23³ 'young people substance misuse commissioning support pack' (OHID, 2022) contains information on the needs of young people (under 18 years) in Barnet, including substance misuse treatment service data and information from the Department for Education.

Within Barnet in 2020/21, there were 217 'children looked after' for at least 12 months. None of these children were identified as having a substance misuse problem, compared with an England average of 3%. Given this finding, it is unsurprising that there were no referrals which translated into children entering substance misuse treatment from children looked after (LAC) services in Barnet, though there were 12 referrals from other social services.

Recommendation:

- *The partnership may wish to consider whether the current assessment process for looked after children effectively considers substance misuse issues.*

Young Carers in Treatment

In 2020/21, there were no young people in treatment who reported either being a parent or living with young people in a parental-style relationship. Additionally, no young people in treatment reported being pregnant at the start of treatment. Across the 69 young people in treatment in 2020/21, it was reported there were a total of 55 other children living in their household (some may have been living with more than one other child, so this does not necessarily represent 55 separate households).

Most young people in treatment in Barnet reported receiving no early help or children's social care support (67%). No young people received early help (national average 10%). There was a substantial difference in social care support received by gender, with 39% of males receiving some support (child in need designation or having a child protection plan in place), but only 20% of females receiving similar support (all with child in need designation). Nationally, 42% of females receive some form of early help or social care support.

Young people who entered substance misuse treatment in Barnet in 2020/21 reported a range of wider vulnerabilities, some of which appear to be related to household situations. These included:

- 10% young people affected by domestic abuse
- 10% young people affected by other's substance misuse
- 13% young people considered to be a child in need
- 13% children with a child protection plan
- 3% looked after children

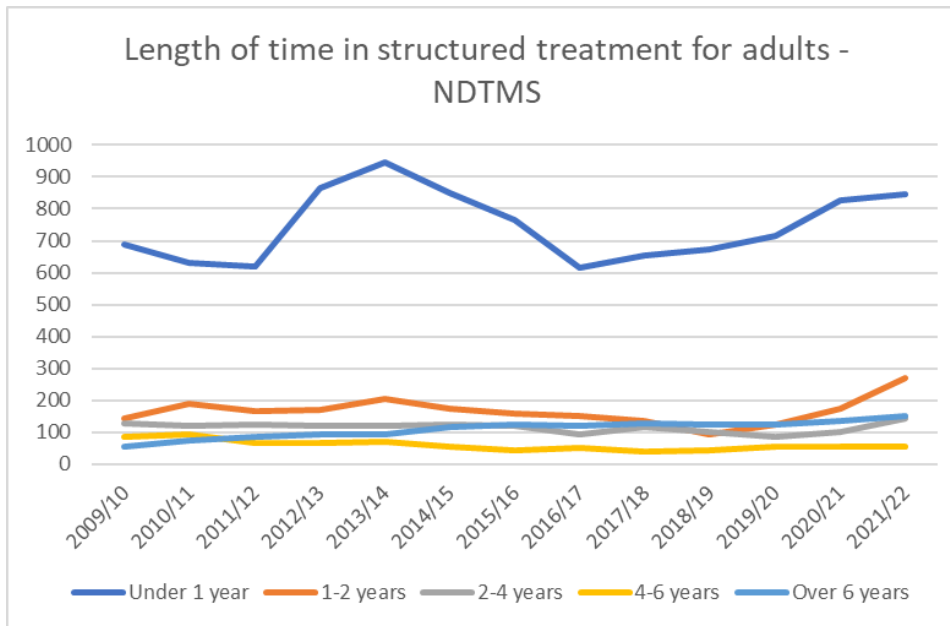
Recommendations:

- *The partnership may wish to consider whether there are opportunities to improve the provision of early help or children's social care support to children in treatment and other children in their households.*
- *The partnership may wish to consider whether there are substance misuse training needs in the social work workforce*

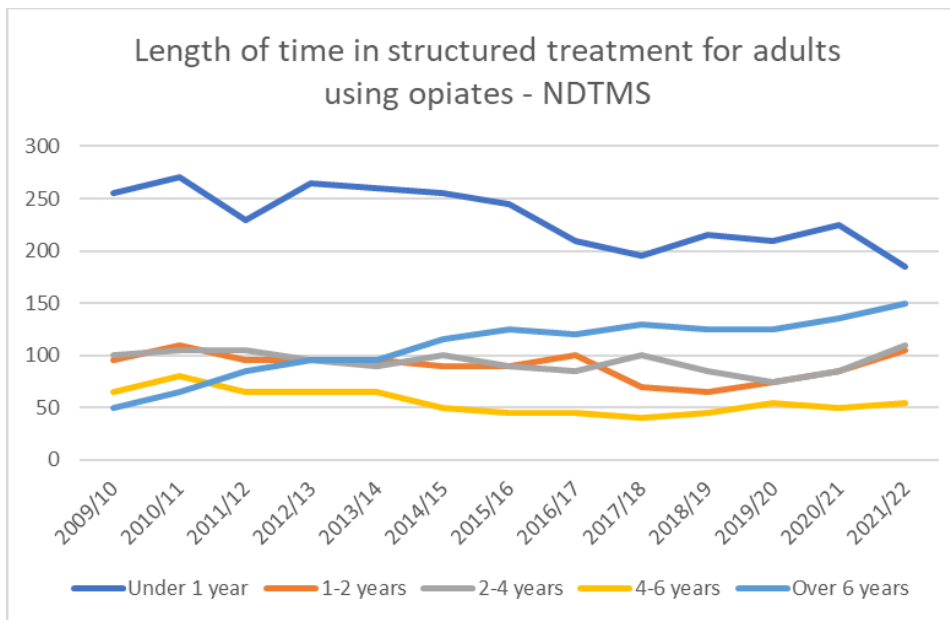
³ At the time of writing (February 2023) the 2023/24 version had not been published.

11. Appendix 1 – Time in treatment data

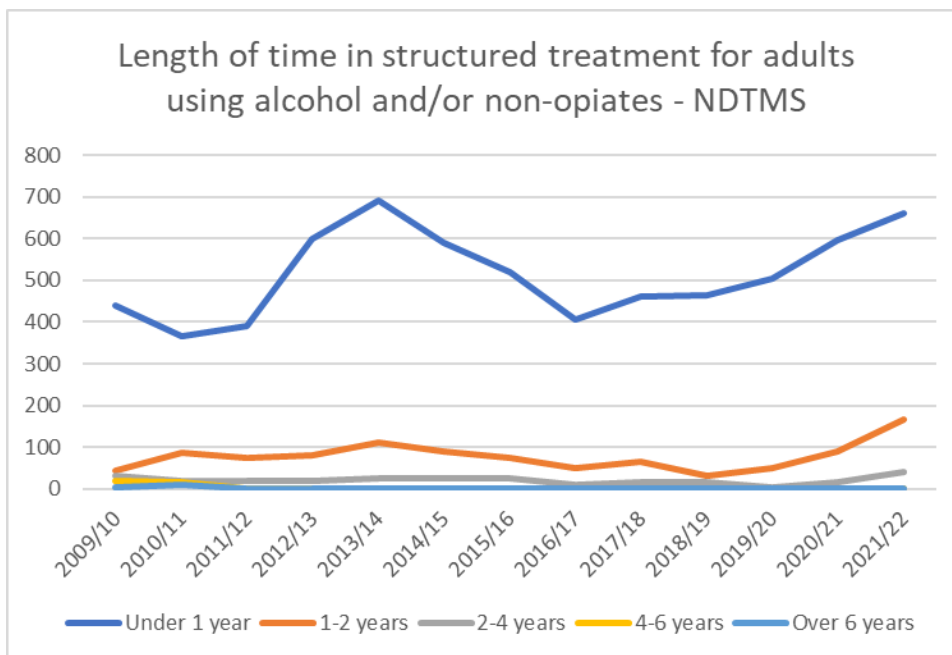
From 2009-10 to 2021-22, the majority of adults have been in structured treatment for under 1 year.



Since 2011-12, all the adults who had been in treatment for more than 6 years were being treated for opiate use, and the size of this group has increased year by year. Over the same period, there has been a downward trend in adults who have been in opiate treatment for under 1 year, indicating that fewer new episodes of opiate treatment are starting.



In contrast, most adults in structured treatment for non-opiate and/or alcohol use have been in treatment for 2 years or less.



12. Appendix 2 – Barnet PSHE Provision

Barnet Partners in PSHE Provision

The breadth of the PSHE curriculum can lend itself to opportunities for developing local educational partnerships and bring into schools' new perspectives and contributions from local and other professionals, services and voluntary organisations including:

| | |
|--|--|
| <p>BELS: Barnet Education and Learning Service (BELS) provides traded services to schools and settings in Barnet and Greater London, equipping them with the latest tools, trainings, and programmes to improve school standards and pupil outcomes. Also manages safeguarding incidents through the dedicated safeguarding leads and local protocols. BELS offer services such as BPSI and Connect</p> | <p>Barnet Partnership School Improvement (BPSI): BPSI aims to support schools by delivering a high-quality training programme and consultancy support, as well as facilitating the sharing of good practice between schools and settings. This is a traded service under BELS</p> |
| <p>Health Education Partnership: in Barnet, HEP have been commissioned to support Healthy Schools London and PSHE delivery within primary and secondary schools. HEP can offer schools access to free resources library, Primary and Secondary PSHE framework documents, Secondary School PSHE leads network and a wealth of expertise in health education and improvement. The HEP resource library can provide an initial list of potential providers</p> | <p>Brook: Brook services are commissioned by Barnet Public Health to offer RSE workshops, workforce training and 1:1 support.</p> |
| <p>School Nurses – each school will set up a School Partnership Agreement (SPA) which typically lasts for 2 years and sets out the support that can be expected from the School</p> | <p>Other Council Services:</p> <ul style="list-style-type: none"> ○ Prevent programme ○ Vulnerable adolescent services ○ Early Help Hubs |

| | |
|--|---|
| <p>Nurse service in relation to PSHE as well as other school nurse services. School Nurse service in Barnet is provided through Solutions 4 Health.</p> | <ul style="list-style-type: none"> ○ Barnet Integrated Care Services ○ GLL assemblies and other physical activity support ○ Safeguarding |
| <p>NHS and other partners: A range of services such as Oral health; Healthy Weight Nurses, School Safe Team (metropolitan police), Barnet partnership for School sports</p> | <p>Voluntary Organisations: there is a wide range of voluntary organisations who can support often specific topic based PSHE provision. As an umbrella organization- Young Barnet Foundation- Barnet Together</p> <p>Young Barnet has a school's membership which can support schools with developing links with local VCFS groups – YBF School Partnership</p> <p>Specific VCFS organisations may directly or indirectly support drugs prevention education. OUR MEMBERS youngbarnet (youngbarnetfoundation.org.uk)</p> <ul style="list-style-type: none"> • Hestia • Addiction helper • Frank • Adfam • Causus • Change Grow Life • Drugwise • Keep your head – Substance misuse • Rise Above Drinking, Smoking, Drugs Articles • Talk to Frank • The Mix Essential Support for Under25s • youngminds.org Parents Guide to support Drugs and Alcohol |

References








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- ⁱⁱ Community Safety Strategic Assessment 2021-2022 – Barnet Community Safety Team
- ⁱⁱⁱ [Rescue and Response pan London County Lines service | London City Hall](#)
- ^{iv} Rescue and Response County Lines Project: Year 4 Strategic Assessment 2022, Mayor Of London Office for Policing and Crime
- ^v [Policy report - Drugs and diversity LGBT groups \(policy briefing\).pdf \(ukdpc.org.uk\)](#)
- ^{vi} [Policy report - Drugs and diversity ethnic minority groups \(policy briefing\).pdf \(ukdpc.org.uk\)](#)
- ^{vii} [Annual statistics: a youth justice system failing Black children - GOV.UK \(www.gov.uk\)](#)
- ^{viii} [Ageing cohort of drug users.pdf \(publishing.service.gov.uk\)](#)
- ^{ix} [22.3 Drug related deaths v8.pdf \(local.gov.uk\)](#)
- ^x [Unlinked Anonymous Monitoring \(UAM\) Survey of HIV and viral hepatitis among PWID, 2022 report \(publishing.service.gov.uk\)](#)
- ^{xi} [Public Health Outcomes Framework - OHID \(phe.org.uk\)](#)
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- ^{xiii} [Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS \(digital.nhs.uk\)](#)

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- xiv Adult substance misuse treatment statistics 2021 to 2022: report, OHID
- xv [Our Invisible Addicts \(2nd edition, CR211 Mar 2018\) \(rcpsych.ac.uk\)](#)
- xvi Liver disease profile, OHID
- xvii [Hard-Edges-Mapping-SMD-2015.pdf \(lankellychase.org.uk\)](#)
- xviii Report into homelessness and drug misuse, ACMD, 2019: [Report into homelessness and drug misuse published - GOV.UK \(www.gov.uk\)](#)
- xix Health Needs Audit, Homeless Link: [Health Needs Audit - explore the data | Homeless Link](#)
- xx [Public health profiles - OHID \(phe.org.uk\)](#)
- xxi Strategic Direction for Health Services in the Justice System 2016-2020; NHS England
- xxii London Assembly Offender Mental Health Strategy 2017
- xxiii Barnet Probation CDP needs assessment data report
- xxiv [Continuity of care for prisoners who need substance misuse treatment - GOV.UK \(www.gov.uk\)](#)
- xxv http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf
- xxvi Trigger Trio SCB Report – September 2018 – available on request
- xxvii Advisory Council on the Misuse of Drugs, 2015. Prevention of drug and alcohol dependence: Briefing by the Recovery Committee
- xxviii United Nations Educational, Scientific and Cultural Organization, United Nations Office on Drugs and Crime & World Health Organization, 2017. Education sector responses to the use of alcohol, tobacco and drugs (Vol. 10).
- xxix National Institute for Health and Care Excellence, 2018. Drug misuse prevention: targeted interventions
- xxx [Personal, social, health and economic \(PSHE\) education - GOV.UK \(www.gov.uk\)](#)
- xxxi [Changes to personal, social, health and economic \(PSHE\) and relationships and sex education \(RSE\). - GOV.UK \(www.gov.uk\)](#)
- xxxii [Permanent exclusions and suspensions in England, Spring term 2021/22 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)
- xxxiii [Welfare and Vulnerability Engagement \(WAVE\) Resources \(nbcc.police.uk\)](#)
- xxxiv [Home - Best Bar None](#)
- xxxv Source: *Problem parental alcohol and drug use: Evidence pack*. Public Health England.
- xxxvi Taken from Parents with problem alcohol and drug use: Data for England and Barnet, 2019 to 2020. Public Health England.
- xxxvii CHLDRN – Local and national data on childhood vulnerability

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National Drug Strategy: Break Drug Supply Chains

| | |
|----------------------------|---|
| Commenced and on track |  |
| Commenced and minor delays |  |
| Commenced and not on track |  |
| Completed |  |
| Not yet commenced |  |

| Drug Strategy Objective | Action number | Action | Action Owner(s) | Linked local plan or strategy | Update | Start date | Target finish date | Progress |
|---|---------------|--|---|-------------------------------|--|------------|--------------------|---|
| Targeting the 'middle market' –breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers | 1.01 | Partnership to contribute and support serious violence duty strategic assessment and in process continue working to understand the dynamic affiliations between Violence, drugs and group/gang offending in Barnet | Safer Communities Partnership Board CDPB | | | | Oct-23 |  |
| | | Partnership to consider how can support the implementation and delivery of Met Police Business Plan | | | | | | |
| Targeting the 'middle market' –breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers | 1.02 | To include proactively target middle market suppliers of Class A drugs in conjunction with Specialist Crime – Op Fagin Covert police deployment with view to securing best evidence and leading to meaningful custodial sentences at court | Safer Communities Partnership Board CDPB Met Police | | Operation Dakota underway - update at CDPB 19/10/23 | | |  |
| Targeting the 'middle market' –breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers | 1.03 | Partnership to consider how it can support disruption of county lines/serious organised crime, by reviewing impact of current operational work that identifies people involved in organised crime, then identify next steps to take forward. | Barnet Safer Communities Partnership Board (SVD work) | | | | |  |
| Targeting the 'middle market' –breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers | 1.04 | Ensuring police representation at CDPB is co-ordinated and communicates with 5 policing strands | Met Police | | | | Aug-23 |  |
| Going after the money – disrupting drug gang operations and seizing their cash | 1.05 | Police to update regularly on activity and outcomes on relevant police operations. To include: NW Proactive alongside OP Fagin and Specialist Crime actively targeting middle and upper market dealers. Utilisation of policy and procedure to secure tangible assets both financial and property | Met Police | | Operation Dakota underway - update at CDPB 19/10/23 | | Jul-23 |  |
| Rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide | 1.06 | Police to update regularly on activity and outcomes on relevant police operations. To include: NW Proactive working alongside Op Orochi to identify active live drug lines and apprehend those responsible Safeguard those of concern in relation CSE and signpost to LA for intervention measures | Met Police | | Operation Dakota underway - update at CDPB 19/10/23 Increased nos of RA appts to reduce waiting time. | | Jul-23 |  |
| Tackling the retail market – improving targeting of local drug gangs and street dealing | 1.07 | Partnership to support review of DIP process including police clearance | Met Police CGL | | Oct 23- unable to have CGL staff in custody -police decision | | Oct-23 |  |
| Tackling the retail market – improving targeting of local drug gangs and street dealing | 1.08 | Proactive patrols by NW Proactive, NPT and VSU to reduce street dealing and associated ASB within the community | Met Police | | | | | |

National Drug Strategy: Break Drug Supply Chains

| Drug Strategy Objective | Action number | Action | Action Owner(s) | Linked local plan or strategy | Update | Start date | Target finish date | Progress |
|--|---------------|---|-------------------------------------|-------------------------------|--|------------|--------------------|----------------------------|
| Delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes | 2.01 | Quality of access to support for domestic abuse victims and perpetrators to be reviewed. To include pathways for perpetrators, specialist 'healthy relationship' support in SMU services, identification skills in workforce. | CGL Public Health VAWG | | | | Mar-24 | Not yet commenced |
| | 2.02 | Review capacity levels for Tier 4 treatment provision against need | Public Health CGL | | Review in progress | 01-Jul-23 | Aug-23 | Commenced and minor delays |
| | 2.03 | Improve and encourage access to substance misuse support for under-represented groups by identifying barriers to engagement and treatment. Review workforce skills and interventions on offer as part of this. To include: LGBTQI+, faith groups, Women, ethnic minority groups and older adults. | Public Health | | CGL work to engage Jewish community is ongoing. | 01-Jul | Mar-24 | Commenced and on track |
| | 2.04 | Increase awareness of and access to the specialist community substance misuse service. To include targeted promotional work tailored to underserved wards or specific groups, review physical access opportunities. Identify cross border opportunities in this area of work. | Public Health | | CGL - Marketing plan in place. Recently posters with GPs | | Mar-24 | Commenced and on track |
| | 2.05 | Refresh and relaunch locally commissioned services for pharmacy needle exchange and GP shared care. | Public Health, ICB CGL LPC | | | | Nov-23 | Not yet commenced |

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|---|------|--|----------------------|---|--------|--------|--|
| Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy | 2.06 | Build and strengthen system wide skills and knowledge to improve screening, identification and referral between agencies. To include adult social care, learning disability teams. | CGL CDPB | CGL have launched training on identification, screening and referral re drugs and alcohol. Training to be rolled out across the partnership. | Sep-23 | Jul-24 | |
| Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy | 2.07 | Review opportunities for system wide delivery of interventions to maximise opportunities for change. To include 'Alcohol: applying All Our Health' | Public Health | | | Dec-23 | |
| Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy | 2.08 | Investigate how the MECC programme can support CDPB aims | Public Health | LK met MO MECC lead 5/10/23. Agreed MECC aims align well with CDPB. MO to present on MECC at Jan CDPB. LK to support promotion of MECC online training across partnership | | Sep-23 | |
| Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy | 2.09 | Development of an LBB specific workforce development plan. To include specialist substance misuse services and wider workforce. | Public Health | NCL workforce development subgroup established and first meeting in Oct 23. | | Dec-23 | |
| Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy | 2.10 | Development of local learning opportunities. To include education and secondment opportunities. | Public Health | | | Dec-23 | |
| Ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery | 2.11 | Explore opportunities for joint working and/or joint commissioning across health and social care services in order to improve physical/mental health outcomes. To include substance misuse, sexual health, hepatology, hospitals, stopping smoking, GPs, adult/childrens social care, pharmacies, HMPPS, Wellbeing service, MH services. | Public Health LBB | | | Mar-24 | |
| Ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery | 2.12 | Review LBB harm reduction offer and expand opportunities for access and innovative work. To include naloxone, needle exchange (inc vending machine), BBV testing and vaccinations, post non-fatal OD interventions, issuing of PH drug alerts. | Public Health CGL | | | Mar-23 | |

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|---|------|--|--------------------------------------|---|--------|
| Ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery | 2.13 | Develop joined up learning systems and ‘critical friends’ to identify system wide areas for change and embed learning outcomes. To include a drug and alcohol related death panel | Public Health | Oct 23- DRD - Engagement with other areas re development of DRD TOR/paper work. Meeting with coroner 13/9/23, Plans to approach boroughs in coroners footprint for joint working. | Nov-23 |
| Ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery | 2.14 | Set up Serious and Multiple Disadvantage (SMD) subgroup to review the current SMD provision | Public Health CDPB | Subgroup for Co-occurring conditions established. TOR being established - October 23. | Aug-23 |
| Ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery | 2.15 | Ensure systematic and targeted approaches are in place to engage with people who are rough sleeping with potential substance misuse issues. To include a review of this by specialist RSDAT. | Public Health | | Aug-23 |
| Ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery | 2.16 | Develop pathways for offering more systematic substance misuse support within supported accommodation pathways | Barnet Homes CGL HAB | | Oct-23 |
| Ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery | 2.17 | Addressing gaps in housing provision – including access to long term stable accommodation, pathway from tier 4 treatment and dry provision | Barnet Homes CGL Public Health | | Mar-24 |
| Improving employment opportunities – linking employment support and peer support to Jobcentre Plus services | 2.18 | Review ETE provision beyond IPS | Public Health | | Oct-23 |

| | | | | | | | |
|---|------|---|-------------------------------|---|--------|--------|-----------|
| Improving employment opportunities – linking employment support and peer support to Jobcentre Plus services | 2.19 | Engagement with JCP to identify opportunities for improving employment outcomes for substance users. | CGL JCP Public Health | CGL/PH/JCP meeting 6.9.23 - agreed mutual training between CGL/JCP, co-location to be explored @Barnet JCP, attendance at team meetings, MECC training shared with JCP. CGL training for workcoaches taking place in October. From Nov CGL satellites based in Barnet, Hendon and NL Business park Job centres. | Sep-23 | Oct-23 | |
| Increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment | 2.20 | Setting up of partnership subgroup to drive criminal justice areas of work | HMPPS CGL Public Health | Subgroup meeting monthly | | Jul-23 | Completed |
| Increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment | 2.21 | Identify barriers to referrals into treatment from criminal justice agencies. To include statutory opportunities eg DRR/ATR/DIP RAs and voluntary opportunities. | HMPPS CGL Police | work taking place in Mag ct to improve ATR/DRR nos and offer voluntary referrals. Unable to access Police custody. New probation CGL lead developing pathways. Prison CoC work going well. | Jun-23 | Sep-23 | |
| Increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment | 2.22 | Examine opportunities for cross border work to improve referrals. To include magistrates courts. | HMPPS CGL Public Health | Oct 23 - Joint working Willesden Mag ct with Barnet and Harrow has led to 5 days a week staffing from early October. Cross border work re coroners court and DRD panel being looked into. NCL wide workforce development group established. | Jun-23 | Oct-23 | |
| Increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment | 2.23 | Review opportunities to increase knowledge and workforce skills across criminal justice agencies regarding substance misuse in order to improve identification and referrals and reduce harm. | HMPPS CGL | Training to Magistrates on 10/10/23. Training offered to probation - development underway. | Sep-23 | Dec-23 | |
| Keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community | 2.24 | Monitor prison link pick up rate and identify actions to remedy | CGL Public Health | Ongoing work. Action plan from CoC self audit. Improvements being seen Oct 23. | | Jul-23 | |
| Keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community | 2.25 | Complete “continuity of care self assessment and audit” Continuity of care for prisoners who need substance misuse treatment - GOV.UK (www.gov.uk) | CGL Public Health | Continuity of Care assessment completed 10/10/23 by PH/Probation/ CGL/ HMP WWS. Submitted to OHID. Action plan established to be monitored by CJ/SMU subgroup. | Oct-23 | Oct-23 | Completed |

Keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community

2.26 Consider usefulness of resettlement panels

HMPPS
Barnet Homes, CGL

Oct-23

Improving access to and uptake of treatment by people misusing alcohol

2.27 Improving pathways from hospital provision

CGL
RFL

Initial discussion with some hospital staff. Plans to pick up this workstream Q3

Sep-23

Improving access to and uptake of treatment by people misusing alcohol

2.28 Development of improved joint working between hospital and community-based SMU treatment. To include a focus on managing harm of most frequent alcohol hospital users

CGL
RFL

Initial discussion with some hospital staff. Plans to pick up this workstream Q3

Sep-23

Improving access to and uptake of treatment by people misusing alcohol

2.29 Supporting access to broader physical health services for alcohol users

CGL
Public Health
ICB

Jan-24

Improving access to and uptake of treatment by people misusing alcohol

2.30 Barnet Public Health and ICS to review alcohol identification and pathways from GP provision

Public Health
ICS

Sep-23

Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy

2.31 Establish subgroup for workforce development

Public Health

Subgroup established for workforce development with NCL partners. Initial meeting 5/10/23. Work will feed into OHID workforce devpt group.

Oct-23

Jul-24

National Drug Strategy: Break Drug Supply Chains

| Drug Strategy Objective | Action number | Action | Action Owner(s) | Linked local plan or strategy | Update | Start date | Target finish date | Progress |
|--|---------------|--|----------------------------|-------------------------------|--------|------------|--------------------|-------------------|
| Applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug- and alcohol-related harm | 3.01 | Consider whether a partnership approach to SMD should be adopted by scoping options and analysing cohort – including police demand reduction. Complete via SMD sub group. | Public Health CDPB | | | | Oct-23 | Completed |
| Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs | 3.02 | Explore opportunities with School Super zones – potentially a pilot | Public Health Education | | | | Dec-23 | Not yet commenced |
| Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs | 3.03 | Identify what support is required from schools and PRU to develop and implement policies for health education, including elements of UNESCO, UNODC and WHO guidance noted above. | Public Health Education | | | | Dec-23 | Not yet commenced |
| Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs | 3.04 | Audit current schools and PRU coverage and identify priority schools for engagement – including overlap with other programmes including Healthy Schools, resilient schools etc | Public Health Education | | | | Dec-23 | Not yet commenced |
| Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs | 3.05 | Education settings to review school referral pathways to treatment services, particularly where substance misuse has been identified as a reason for suspension. | Public Health Education | | | | Dec-23 | Not yet commenced |

Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs

3.06

Consider opportunities for expanding current provision of workshops for parents – consider overlap with county lines work etc

Public Health
CGL

Dec-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.07

The partnership may wish to consider whether evidence-based parenting skills programmes are provided and accessed by parents in contact with, or who would benefit from, substance misuse treatment services.

LBB Children
Services
CDPB

Apr-24

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.08

The partnership may wish to consider whether evidence-based personal and social skills education and interventions are provided and accessed by children and young people affected by an adult's substance misuse.

LBB Children
Services
CDPB

Apr-24

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.09

The partnership may wish to consider whether information sharing and referral pathways from child in need assessment to substance misuse treatment services are effective.

LBB Children
Services
CGL

Oct 23- examination of CYP data to determine levels of need underway.

Apr-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.1

The partnership may wish to consider whether opportunities exist to improve referral pathways into substance misuse treatment for parents who do not live with their children.

LBB Children
Services
CGL

Apr-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.11

The partnership may wish to consider whether opportunities exist for collaborative assessment and improved referral pathways for families which may benefit from early help or child social care support.

LBB Children's services

Oct 23- examination of CYP data to determine levels of need underway.

Apr-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.12

The partnership may wish to consider whether there are any opportunities to further support people who inject substances to minimise risks to children with whom they live

CGL

Oct 23- examination of CYP data to determine levels of need underway.

Apr-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.13

The partnership may wish to consider what opportunities exist to provide substance misuse interventions to parents and other adults not currently in treatment.

LBB Children Services CDPB

Oct 23- examination of CYP data to determine levels of need underway.

Apr-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.14

The partnership may wish to consider whether the current assessment process for looked after children effectively considers substance misuse issues.

LBB Children Services CDPB

Apr-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.15

The partnership may wish to consider whether there are opportunities to improve the provision of early help or children's social care support to children in treatment and other children in their households.

LBB Children Services CDPB

Apr-23

Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3.16

Partners to consider opportunities for engaging young people with multiple vulnerabilities

CDPB

Apr-23

Reducing alcohol-related harm through increasing access to early intervention services

3.17

Consider options for expanding Drinkcoach reach, exploring options for a workplace offer and work with provider to increase uptake of follow up interventions.

Public Health

Jan-24

Reducing alcohol-related harm through increasing access to early intervention services

3.18

Review current screening mechanisms, IBA provision, and referral pathways for older people to determine whether opportunities for improvement exist.

Public Health

Jan-24

Reducing alcohol-related harm through increasing access to early intervention services

3.19

The partnership to consider actions to address substance misuse in the workplace.

Public Health
CDPB

Oct-24

Reducing alcohol-related harm through increasing access to early intervention services

3.2

The partnership may wish to consider how it could respond locally to the recommendations made in 'Our Invisible Addicts'

Public Health
CDPB

Oct-24

Reducing alcohol-related harms through promotion of the four statutory licensing objectives

3.21

Barnet Public health to review their role in as a responsible authority and establish a process for reviewing applications and applying public health data

Public Health

Oct 23 - initial discussion held to make PH licensing lead aware of CDPB interest.

Feb-24

Reducing alcohol-related harms through promotion of the four statutory licensing objectives

3.22

The partnership to consider options for further developing interventions for addressing crime and ASB in licensed premises

CDPB

Feb-24

| action number | action | owner | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | |
|---------------|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| 1.01 | Partnership to contribute and support serious violence duty strategic assessment and in process continue working to understand the dynamic affiliations between Violence, drugs and group/gang offending in Barnet | Safer Communities Partnership Board CDPB | | | | | | | | | | | | | | | | | | | |
| 1.02 | Partnership to consider how can support the implementation and delivery of Met Police Business Plan To include proactively target middle market suppliers of Class A drugs in conjunction with Specialist Crime – Op Fagin Covert police deployment with view to securing best evidence and leading to meaningful custodial sentences at court | Safer Communities Partnership Board CDPB Met Police | | | | | | | | | | | | | | | | | | | |
| 1.03 | Partnership to consider how it can support disruption of county lines/serious organised crime, by reviewing impact of current operational work that identifies people involved in organised crime, then identify next steps to take forward. | Barnet Safer Communities Partnership Board (SVD work) | | | | | | | | | | | | | | | | | | | |
| 1.04 | Ensuring police representation at CDPB is co-ordinated and communicates with 5 policing strands | Met Police | | | | | | | | | | | | | | | | | | | |
| 1.05 | Police to update regularly on activity and outcomes on relevant police operations. To include: NW Proactive alongside OP Fagin and Specialist Crime actively targeting middle and upper market dealers. Utilisation of policy and procedure to secure tangible assets both financial and property | Met Police | | | | | | | | | | | | | | | | | | | |
| 1.06 | Police to update regularly on activity and outcomes on relevant police operations. To include: NW Proactive working alongside Op Orochi to identify active live drug lines and apprehend those responsible Safeguard those of concern in relation CSE and signpost to LA for intervention measures | Met Police | | | | | | | | | | | | | | | | | | | |
| 1.07 | Partnership to support review of DIP process including police clearance | Met Police CGL | | | | | | | | | | | | | | | | | | | |
| 1.08 | Proactive patrols by NW Proactive, NPT and VSU to reduce street dealing and associated ASB within the community | Met Police | | | | | | | | | | | | | | | | | | | |
| 2.01 | Quality of access to support for domestic abuse victims and perpetrators to be reviewed. To include pathways for perpetrators, specialist 'healthy relationship' support in SMU services, identification skills in workforce. | CGL Public Health VAWG | | | | | | | | | | | | | | | | | | | |

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|------|--|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2.02 | Review capacity levels for Tier 4 treatment provision against need | Public Health CGL | | | | | | | | | | | | | | | | | |
| 2.03 | Improve and encourage access to substance misuse support for under-represented groups by identifying barriers to engagement and treatment. Review workforce skills and interventions on offer as part of this. To include: LGBTQI+, faith groups, Women, ethnic minority groups and older adults. | Public Health | | | | | | | | | | | | | | | | | |
| 2.04 | Increase awareness of and access to the specialist community substance misuse service. To include targeted promotional work tailored to underserved wards or specific groups, review physical access opportunities. Identify cross border opportunities in this area of work. | Public Health | | | | | | | | | | | | | | | | | |
| 2.06 | Build and strengthen system wide skills and knowledge to improve screening, identification and referral between agencies. To include adult social care, learning disability teams. | CGL CDPB | | | | | | | | | | | | | | | | | |
| 2.07 | Review opportunities for system wide delivery of interventions to maximise opportunities for change. To include 'Alcohol: applying All Our Health' | Public Health | | | | | | | | | | | | | | | | | |
| 2.08 | Investigate how the MECC programme can support CDPB aims | Public Health | | | | | | | | | | | | | | | | | |
| 2.09 | Development of an LBB specific workforce development plan. To include specialist substance misuse services and wider workforce. | Public Health | | | | | | | | | | | | | | | | | |
| 2.10 | Development of local learning opportunities. To include education and secondment opportunities. | Public Health | | | | | | | | | | | | | | | | | |
| 2.11 | Explore opportunities for joint working and/or joint commissioning across health and social care services in order to improve physical/mental health outcomes. To include substance misuse, sexual health, hepatology, hospitals, stopping smoking, GPs, adult/childrens social care, pharmacies, HMPPS, Wellbeing service, MH services. | Public Health LBB | | | | | | | | | | | | | | | | | |
| 2.12 | Review LBB harm reduction offer and expand opportunities for access and innovative work. To include naloxone, needle exchange (inc vending machine), BBV testing and vaccinations, post non-fatal OD interventions, issuing of PH drug alerts. | Public Health CGL | | | | | | | | | | | | | | | | | |
| 2.13 | Develop joined up learning systems and 'critical friends' to identify system wide areas for change and embed learning outcomes. To include a drug and alcohol related death panel | Public Health | | | | | | | | | | | | | | | | | |
| 2.14 | Set up Serious and Multiple Disadvantage (SMD) subgroup to review the current SMD provision | Public Health CDPB | | | | | | | | | | | | | | | | | |

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|------|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2.15 | Ensure systematic and targeted approaches are in place to engage with people who are rough sleeping with potential substance misuse issues. To include a review of this by specialist RSDAT. | Public Health | | | | | | | | | | | | | | | | | | |
| 2.16 | Develop pathways for offering more systematic substance misuse support within supported accommodation pathways | Barnet Homes CGL HAB | | | | | | | | | | | | | | | | | | |
| 2.17 | Addressing gaps in housing provision – including access to long term stable accommodation, pathway from tier 4 treatment and dry provision | Barnet Homes CGL Public Health | | | | | | | | | | | | | | | | | | |
| 2.18 | Review ETE provision beyond IPS | Public Health | | | | | | | | | | | | | | | | | | |
| 2.19 | Engagement with JCP to identify opportunities for improving employment outcomes for substance users. | CGL JCP Public Health | | | | | | | | | | | | | | | | | | |
| 2.20 | Setting up of partnership subgroup to drive criminal justice areas of work | HMPPS CGL Public Health | | | | | | | | | | | | | | | | | | |
| 2.21 | Identify barriers to referrals into treatment from criminal justice agencies. To include statutory opportunities eg DRR/ATR/DIP RAs and voluntary opportunities. | HMPPS CGL Police | | | | | | | | | | | | | | | | | | |
| 2.22 | Examine opportunities for cross border work to improve referrals. To include magistrates courts. | HMPPS CGL Public Health | | | | | | | | | | | | | | | | | | |
| 2.24 | Monitor prison link pick up rate and identify actions to remedy | CGL Public Health | | | | | | | | | | | | | | | | | | |
| 2.25 | Complete “continuity of care self assessment and audit” Continuity of care for prisoners who need substance misuse treatment - GOV.UK (www.gov.uk) | CGL Public Health | | | | | | | | | | | | | | | | | | |
| 2.26 | Consider usefulness of resettlement panels | HMPPS Barnet Homes, CGL | | | | | | | | | | | | | | | | | | |
| 2.27 | Improving pathways from hospital provision | CGL RFL | | | | | | | | | | | | | | | | | | |
| 2.28 | Development of improved joint working between hospital and community-based SMU treatment. To include a focus on managing harm of most frequent alcohol hospital users | CGL RFL | | | | | | | | | | | | | | | | | | |
| 2.29 | Supporting access to broader physical health services for alcohol users | CGL Public Health ICB | | | | | | | | | | | | | | | | | | |
| 2.30 | Barnet Public Health and ICS to review alcohol identification and pathways from GP provision | Public Health ICS | | | | | | | | | | | | | | | | | | |
| 3.01 | Consider whether a partnership approach to SMD should be adopted by scoping options and analysing cohort – including police demand reduction. Complete via SMD sub group. | Public Health CDPB | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|------|--|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 3.02 | Explore opportunities with School Super zones – potentially a pilot | Public Health Education | | | | | | | | | | | | | | | | | |
| 3.03 | Identify what support is required from schools and PRU to develop and implement policies for health education, including elements of UNESCO, UNODC and WHO guidance noted above. | Public Health Education | | | | | | | | | | | | | | | | | |
| 3.04 | Audit current schools and PRU coverage and identify priority schools for engagement – including overlap with other programmes including Healthy Schools, resilient schools etc | Public Health Education | | | | | | | | | | | | | | | | | |
| 3.05 | Education settings to review school referral pathways to treatment services, particularly where substance misuse has been identified as a reason for suspension. | Public Health Education | | | | | | | | | | | | | | | | | |
| 3.06 | Consider opportunities for expanding current provision of workshops for parents – consider overlap with county lines work etc | Public Health CGL | | | | | | | | | | | | | | | | | |
| 3.07 | The partnership may wish to consider whether evidence-based parenting skills programmes are provided and accessed by parents in contact with, or who would benefit from, substance misuse treatment services. | LBB Children Services CDPB | | | | | | | | | | | | | | | | | |
| 3.08 | The partnership may wish to consider whether evidence-based personal and social skills education and interventions are provided and accessed by children and young people affected by an adult's substance misuse. | LBB Children Services CDPB | | | | | | | | | | | | | | | | | |
| 3.09 | The partnership may wish to consider whether information sharing and referral pathways from child in need assessment to substance misuse treatment services are effective. | LBB Children Services CGL | | | | | | | | | | | | | | | | | |
| 3.1 | The partnership may wish to consider whether opportunities exist to improve referral pathways into substance misuse treatment for parents who do not live with their children. | LBB Children Services CGL | | | | | | | | | | | | | | | | | |
| 3.12 | The partnership may wish to consider whether there are any opportunities to further support people who inject substances to minimise risks to children with whom they live | CGL | | | | | | | | | | | | | | | | | |
| 3.13 | The partnership may wish to consider what opportunities exist to provide substance misuse interventions to parents and other adults not currently in treatment. | LBB Children Services CDPB | | | | | | | | | | | | | | | | | |
| 3.14 | The partnership may wish to consider whether the current assessment process for looked after children effectively considers substance misuse issues. | LBB Children Services CDPB | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|------|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 3.15 | The partnership may wish to consider whether there are opportunities to improve the provision of early help or children's social care support to children in treatment and other children in their households. | LBB Children Services CDPB | | | | | | | | | | | | | | | | | | |
| 3.16 | Partners to consider opportunities for engaging young people with multiple vulnerabilities | CDPB | | | | | | | | | | | | | | | | | | |
| 3.17 | Consider options for expanding Drinkcoach reach, exploring options for a workplace offer and work with provider to increase uptake of follow up interventions. | Public Health | | | | | | | | | | | | | | | | | | |
| 3.18 | Review current screening mechanisms, IBA provision, and referral pathways for older people to determine whether opportunities for improvement exist. | Public Health | | | | | | | | | | | | | | | | | | |
| 3.19 | The partnership to consider actions to address substance misuse in the workplace. | Public Health CDPB | | | | | | | | | | | | | | | | | | |
| 3.2 | The partnership may wish to consider how it could respond locally to the recommendations made in 'Our Invisible Addicts' | Public Health CDPB | | | | | | | | | | | | | | | | | | |
| 3.21 | Barnet Public health to review their role in as a responsible authority and establish a process for reviewing applications and applying public health data | Public Health | | | | | | | | | | | | | | | | | | |
| 3.22 | The partnership to consider options for further developing interventions for addressing crime and ASB in licensed premises | CDPB | | | | | | | | | | | | | | | | | | |

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Serious Violence Strategic Needs Assessment

November 2023

Barnet Safer Communities Partnership

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DRAFT

1 Introduction and Summary

Under the statutory guidance issued by the Secretary of State within Chapter 1, Part 2 of the Police, Crime, Sentencing and Courts Act 2022 (the PCSC Act). This Strategic Needs Assessment (SNA) has been produced on behalf of Barnet's Community Safety Partnership to support organisations and authorities exercising functions in relation to the Serious Violence Duty 2023, to formulate a Serious Violence Strategy.

The SNA provides a comprehensive evidence-based analysis of the local profile, causes and contributing factors of serious violence. It is informed by information and feedback collated from specified authorities, local communities and organisations providing support in Barnet and, provides the basis from which solutions to reduce serious violence can be built.

Serious Violence is defined by the Mayor's Office for Policing and Crime (MOPAC) as: *'Any violence and exploitation affecting young people under the age of 25, domestic abuse, and sexual violence. Within the context of these types of violence, it encompasses homicide, grievous bodily harm, actual bodily harm, rape, assault by penetration, sexual assault, personal robbery, threats to kill and violence against property caused during the commission of one of these offences. Domestic abuse is as defined in the Domestic Abuse Act 2021'*.

1.1 Key findings:

- Males under the age of 25 are most affected by and involved in incidents of serious violence.
- Barnet's crime profile reports violence against the person, burglary, theft and robbery as the highest crime types in the borough; a similar profile is reported for 10 to 18-year-olds in the borough.
- Youth Justice Service (YJS) data shows a 63% increase in the number of 10 to 18-year-olds found in possession of a weapon in 2023 compared to reported data in 2022. The increase is relative to an increase in robbery offences.
- While YJS data indicates that drug-related offending among 10 to 18-year-olds is relatively low, the offending data from the Metropolitan Police reveals an 18% increase in drug-related offences.
- In 2023, there has been a 40% reduction in serious violence incidences in the community against a rise of violent incidents at public transport hubs and restaurants in the borough.
- In 2023, there has been a 43% reduction in the number of young people residing in Barnet being identified as suspects in incidents of violence in the community.
- Sexual assaults have increased by 89% since 2021; there is a correlation between deprivation and rates of violent crime and sexual offences; Barnet's overall figure for economic activity is 64.57%.
- There are very low rates of children and adults of Asian ethnicity in serious violence, child exploitation and missing data. A recent 9% increase in reported crime from those identifying as Asian may indicate an increase in awareness and trust.
- The number of young people excluded from school due to involvement in a serious violent crime has risen from 65 to 24, of which 69% were male and 12% have Special Education Needs (SEN) and/or have an Education, Health, Care Plan (EHCP).

1.2 Key recommendations:

1. Strengthen partnership working for a coordinated whole system approach to preventing and tackling violent offending in the borough.
2. Learn from and build on the successes of existing local projects and services that are targeted at preventing and reducing crime, violence, and exploitation.
3. Build on the early success of the “Clear Hold Build” approach to improve community safety and reduce crime and anti-social behaviours in areas with higher levels of violent offending.
4. Support the development of universal and standardised support that is place-based in local schools and communities, with a focus on:
 - Empowering parents and carers
 - Preventative education approaches
 - Pro-active and evidenced-informed support for 10 to 25-year-olds at the greatest risk of exploitation, offending and violence.
5. Development of targeted support aimed at reducing exploitation and offending in vulnerable groups including those aged 10-24 years with SEN and needs arising from neurodiverse conditions.
6. Pro-actively monitor and tackle disproportionately of over-represented groups who are affected by violence and build data into key performance indicators and evaluation of all services.
7. Effectively engage and coproduce solutions to local problems with local people
8. Support the development of victim support services for males as a high-risk group.
9. Monitor and proactively intervene to reduce the risk of exclusion from education (including children subject to ‘managed moves’), employment and training.
10. Develop a public awareness campaign aimed at reducing knife-enabled offending.
11. Align strategic priorities of the Combatting Drugs Partnership, Community Safety Strategy, Reducing Offending Partnership, Youth Justice Partnership, Health and Wellbeing Board, Domestic Abuse and Violence Against Women and Girls, Tackling Violence & Exploitation Strategy with the Serious Violence Strategy

2 Governance, Description of Place & Population

2.1 Governance

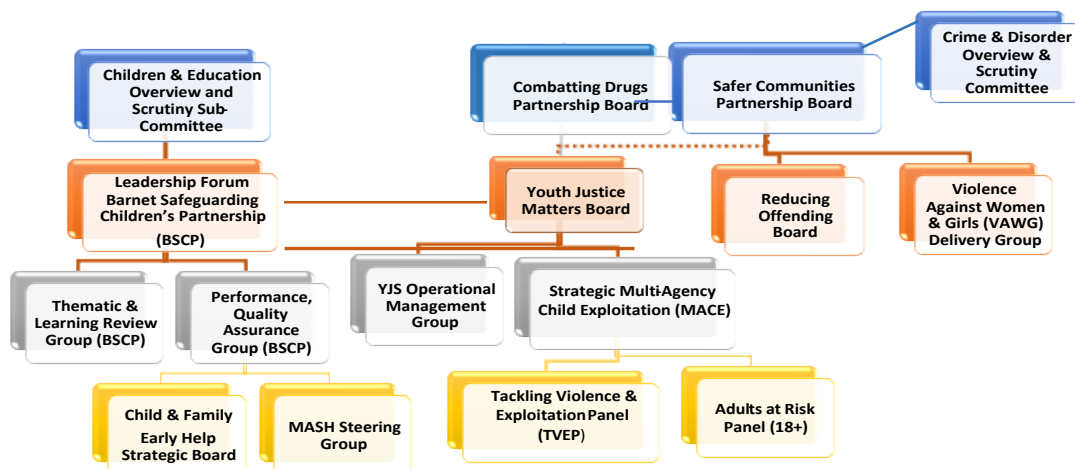
Under the newly elected Labour Administration in May 2022, Barnet developed a new corporate plan, the Corporate Plan 2023 commits the Council to be an organisation that “Cares for People, Our Places, and the Planet”¹



The Administration has introduced a cabinet system with overview and scrutiny committees these include Children and Education Overview and Scrutiny Committee and a Crime & Disorder Overview and Scrutiny Committee.

Fig 1. Governance & Board Interface Framework

Governance & Board Interface Framework



¹ [Barnet Corporate Plan 2023-26.pdf](#)

The serious violence strategy will straddle both committees and is intersectional with a number of other local strategies and plans, including Barnet's:

- Community Safety Strategy 2022 – 2027²
- Children and Young People's Plan 2023 – 2027³
- Youth Justice Plan 2023 – 2025⁴
- Child & Family Early Help Strategy 2023 – 2027⁵
- Domestic Abuse & Violence Against Women and Girls Strategy 2022 - 2025⁶
- SEND Strategy 2021 -2025⁷
- Combatting Drugs Partnership Delivery Plan⁸

2.2 Barnet's Population

Barnet is the second largest borough by population in London, home to over 389,000 people, 26,000 businesses, and 1,000 charities. Demographic data presented in Table 1 shows that 122,680 residents are aged under 25 years, accounting for 31% of the total population and this is expected to grow further into the next decade. Over 90 languages are spoken with 44% of residents born in another country. Barnet is home to London's largest Jewish community with 14.5% of residents self-identifying as Jewish, and 88% of residents say their local area is a place where people from different backgrounds get on well together. Currently, 43% of the population is not White and this diversity is also expected to continue to grow. Whilst seen as a relatively prosperous borough, there are pockets of deprivation, particularly concentrated in the west and south of the borough. Open source data is available here [JSNA – Borough Summary | Barnet Open Data](#)

2.2.1 Demographics

| Indicator | 2011 | 2021 | % Change |
|------------------|-----------------|-----------------|----------|
| Total Population | 356,386 | 389,300 | +9.2% |
| Gender | | | |
| Female | 183,710 (51.5%) | 183,710 (51.5%) | |
| Male | 172,676 (48.5%) | 188,400 (48.4%) | |
| Age | | | |
| 0-19 | 90,464 (25.4%) | 96,600 (24.8%) | +6.8% |
| 20-24 | 20,670 (5.8%) | 26,080 (6.7%) | +26.2% |
| 25-74 | 221,542 (62.2%) | 240,320 (61.7%) | |

² [Powerpoint Template \(moderngov.co.uk\)](#)

³ <https://www.barnet.gov.uk/node/760>

⁴ [023750 BC3900 Youth Justice Plan 2023 Interactive HG5 -Final versionn for Web.pdf \(barnet.gov.uk\)](#)

⁵ [023478 - BC3611 - BARNET - New Child and Family Early Help Strategy - WEB 12.4.2023 0.pdf](#)

⁶ <https://www.barnet.gov.uk/children-and-families/domestic-abuse/domestic-abuse-and-violence-against-women-and-girls-strategy>

⁷ https://www.barnet.gov.uk/sites/default/files/send_strategy_2021-2024_.pdf

⁸ [Appendix 3 Barnet CDPB Delivery Plan 2023.pdf \(moderngov.co.uk\)](#)

| | | |
|------------------|-----------------|-----------------|
| 75+ | 23,709 (6.7%) | 26,300 (6.8%) |
| Ethnicity | | |
| White | 228,553 (64.1%) | 224,762 (57.7%) |
| Asian | 65,918 (18.5%) | 74,972 (19.3%) |
| Black | 27,431 (7.7%) | 30,651 (7.9%) |
| Multi | 17,169 (4.8%) | 20,889 (5.4%) |
| Other | 17,315 (4.9%) | 38,070 (9.8%) |

Table 1. Barnet Demographic Data Census 2011 and 2021

2.2.2 Education

All schools in Barnet are good or outstanding. Progress of pupils between Key Stage 1 and Key Stage 2 (KS2) in all subjects is significantly better than the national average (top 10% in Reading and Maths in 2022), and attainment and progress of Children on a Child Protection Plan at KS2 was strong comparatively and in the top 20% of Local Authorities, 10% in some areas. Barnet's Progress 8 ranked Barnet the 7th best Local Authority in the country in 2 (out of 152 Local Authorities), and Barnet was in the top 10% nationally in both Progress 8 (7th) and Attainment 8 (9th) for disadvantaged pupils. The progression rate gap between Free School Meals (FSM) and non-FSM in Barnet is smaller than national. 98.5% of 16–17-year-olds in Barnet are in learning, and the progression rate of FSM students in Barnet post-16 is higher than non-FSM students nationally. Table 2 summarises the overall level of qualifications of residents of Barnet, with increases in take-up of apprenticeships and level 3 and level 4+ between 2011 and 2021.

| Indicator | 2011 | 2021 | Change |
|-------------------|-----------------------|-----------------------|-------------|
| No qualifications | 43,883 (15.5%) | 47,762 (15.4%) | - |
| Level 1 | 27,240 (9.7%) | 21,302 (6.9%) | - |
| Level 2 | 34,028 (12.1%) | 30,687 (9.9%) | - |
| Apprenticeship | 3,778 (1.3%) | 9,630 (3.1%) | +154.9% |
| Level 3 | 28,742 (10.2%) | 38,541 (12.5%) | +34.1% |
| Level 4+ | 113,815 (40.3%) | 151,642 (49%) | +33.2% |
| Other | 30,716 (10.9%) | 9,790 (3.2%) | - |
| Total | 282,152 (100%) | 309,354 (100%) | 9.6% |

Table 2. Barnet residents' education levels Census 2011 and 2021

Attendance in Barnet schools is 1% above national with the persistent absence rate below national and the severe persistent absence rate 0.7% below national. Children with a Child Protection Plan had good attendance and were ranked 6th nationally for overall attendance, 16th for unauthorised absence, 7th for authorised absence, and 6th for persistent absence. The fixed term exclusion rate in Barnet schools is 2.3% below national, and no Looked After Children, Children on Child Protection plans or Children in Need were permanently excluded in 2021/22. The suspension rate is comparatively low for Looked After Children (ranked 10th) and children on Child Protection Plans (ranked 15th).

2.2.3 Employment

Economic activity data shows an increase in economic inactivity overall due to an increase in the proportion of retirees in the overall population. Chart 1 shows the employment rates for residents compared to London and national averages and shows there are slightly higher rates of unemployment in Barnet (5.7%) than for the average across London (4.6%) and Great Britain (3.8%) and lower rates of economic activity and employment. A greater proportion of males than females are economically active, with males more likely than females to be self-employed and females with higher rates of employment (70.8%) than males (67.6%).

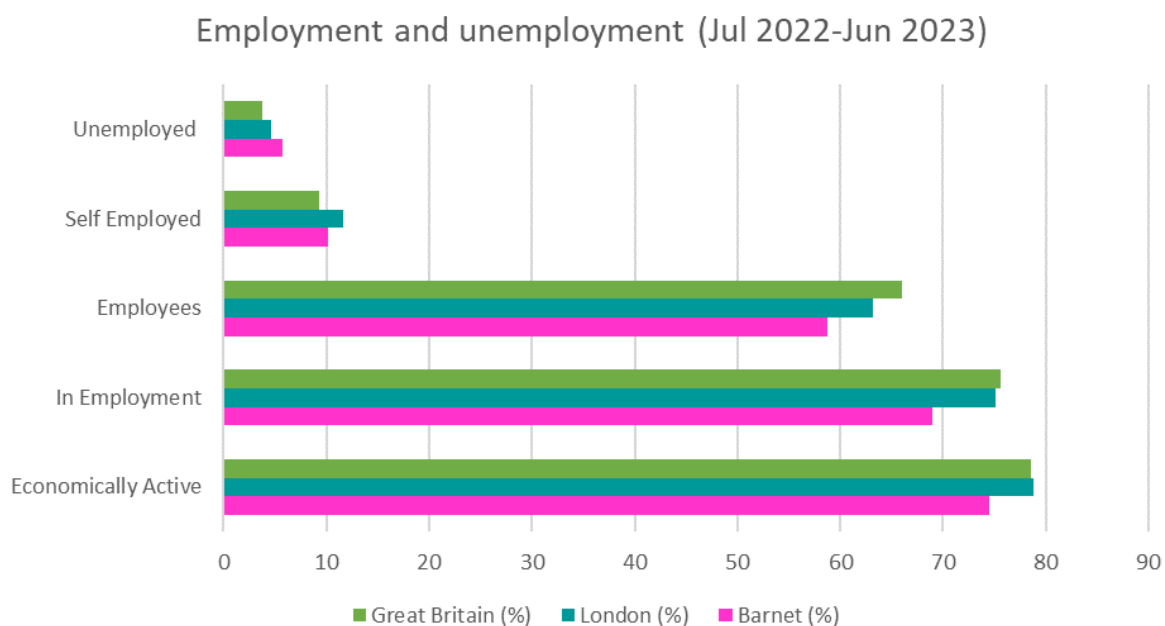


Chart 1. Barnet residents' employment comparative data ONS

2.2.4 Deprivation

The Office of National Statistics (ONS) figures show that in Barnet, 11.1% of the population was income-deprived in 2019. Of the 316 local authorities in England (excluding the Isles of Scilly), Barnet is ranked 149th most income deprived. In the least deprived neighbourhood in Barnet, 1.3% of people are estimated to be income deprived. In the most deprived neighbourhood, 33.2% of people are estimated to be income deprived. The gap between these

two is 31.9 percentage points in Barnet. Data in Table 3 shows that almost 14% of children aged 0-15 in Barnet are living in poverty, with 10.76% and 10.3% living in low-income families. Data from the 2021 census shows there is no link between economic inactivity and deprivation, with the Barnet overall figure for economic activity at 64.57%, 63.78% of the most deprived are economically active and 63.72% of the least deprived are economically active.

| | Children aged 0-15 in absolute low-income families | Children aged 0-15 in relative low-income families | Children aged 0-15 in poverty | Households in Fuel Poverty | Overcrowded housing (Census 2021) |
|----------------|--|--|-------------------------------|----------------------------|-----------------------------------|
| Barnet | 10.76 | 10.30 | 13.95 | 10.37 | 14.29 |
| Most Deprived | 18.86 | 18.67 | 24.12 | 14.68 | 21.68 |
| Above Average | 11.27 | 10.40 | 15.38 | 12.01 | 18.75 |
| Average | 9.48 | 8.88 | 12.47 | 9.10 | 13.74 |
| Below Average | 7.66 | 7.46 | 7.95 | 8.21 | 9.47 |
| Least Deprived | 5.29 | 4.78 | 4.95 | 7.68 | 5.46 |

Table 3. Barnet residents' deprivation comparative data ONS

Chart 2 shows that there may, however, be a correlation between deprivation and rates of violent crime and sexual offences in the Borough.

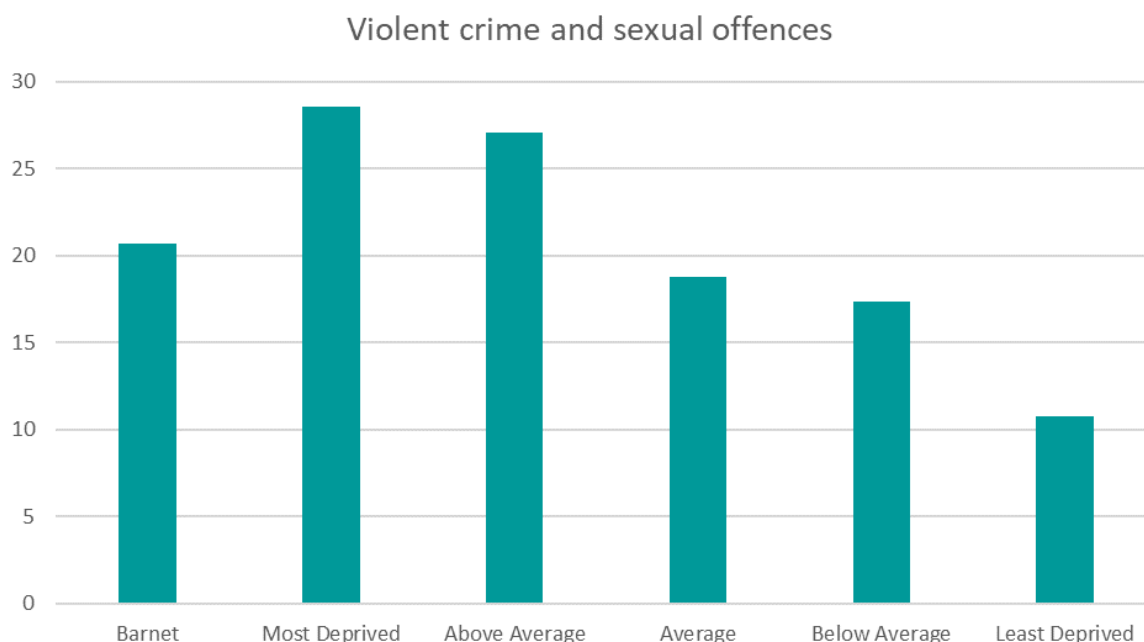


Chart 2. Barnet rates of violent crime and sexual offences by level of deprivation data ONS

3 Barnet's Violence Profile

Barnet's crime profile provides insights into violent offending including frequency, perpetrators and victims. This allows for the development of targeted strategies to create an even safer borough and environment for residents.

3.1 Serious Violence Crimes Overview

Table 4 displays the recorded offences by the Metropolitan Police in Barnet between January 2022 and July 2023. In Table 5, these figures are further segmented by quarters over the respective years. The increased numbers in Q1 and Q1 of 2022 are attributed to the easing of the COVID-19 lockdown restrictions, the volume has continued to rise since 2022.

| Year | Total No. of Offences |
|---------------------|-----------------------|
| 2022 | 15,454 |
| 2023 (YE July 2023) | 17,272 |

Table 4. Number of recorded offences between January 2022 and July 2023, London Metropolitan Police Safestats.

| Recorded offences between January 2022 to July 2023 | | | | |
|---|-----------------|---------------|------------------------|--------------------|
| Year | Jan – Mar Q1 | Apr-Jun Q2 | Jul-Sep Q3 | Oct-Dec Q4 |
| 2022 | 219 | 407 | 7349 | 7479 |
| 2023 | 7532 | 7441 | 2479 (up to July 2023) | Data not available |

Table 5. Number of recorded offences between January 2022 and July 2023 across each quarter, London Metropolitan Police Safestats.

| Offence Group | Barnet (Obtained via Met Data, Safestats) | London | England |
|-------------------------------|---|------------------|-------------------|
| Violence against the person | Data not available | 244,954 | 1,974,664 |
| Homicide | 2 | 114 | 573 |
| Violence with injury | 1,235 | 78,384 | 540,855 |
| Violence without injury | 3,023 | 104,833 | 778,233 |
| Sexual offences | 34 | 24,853 | 181,252 |
| Robbery | 496 | 31,157 | 74,702 |
| Theft offences* | 5,680 | 1,963,174 | 7,585,439 |
| Burglary * | 1,054 | 109,892 | 525,082 |
| Vehicle offences | 2,144 | 107,445 | 388,055 |
| Criminal damage & and arson | 1,123 | 54,679 | 485,340 |
| Drug offences | 616 | 41,429 | 168,839 |
| Possession of weapon offences | 74 | 6,183 | 55,772 |
| Total | 15,481 | 2,522,143 | 10,784,142 |

*Theft and burglary offences are inclusive of bicycle/other theft, shoplifting, burglary, and residential and non-residential burglary.

Table 6. Number of recorded offences between January 2022 and year end June 2023, ONS.

Table 7 shows an increase in the number of incidents. Barnet, like several other boroughs witnessed an increase in violent crimes as the restrictions of the COVID-19 pandemic were lifted, which are likely contributed to by an increase in financial hardship, lack of access to key

services during the pandemic, an increase in drug and alcohol use, mental health needs and domestic abuse incidents. Further, some disruption to organised criminal groups activities creating new opportunities for territorial and business (sale and supply of illicit drugs) conflict.

| Violent Crime Groups | No. of incidents in YE July 2023 | No. of incidents in YE July 2022 |
|---|----------------------------------|----------------------------------|
| Burglary/Robbery/Theft | 7699 | 1195 |
| Violence without injury | 3023 | 416 |
| Violence with injury | 1253 | 226 |
| Criminal Damage | 1014 | 166 |
| Arson | 35 | 12 |
| Sexual Assault/Rape | 34 | 18 |
| Possession of a firearm with offences | 28 | 3 |
| Possessions of an article with a blade or point | 25 | 4 |
| Possession of other weapon | 17 | 4 |
| Possession of firearm with intent | 4 | 1 |
| Homicide | 2 | 0 |
| Violent Disorder | 2 | 0 |

Table 7. Overview of recorded violent crime offences between January 2022 and July 2023, London Metropolitan Police Safestats.

3.1.1 Drug Offences

Chart 3 illustrates a rise in the number of drug-related offences in April 2022, with a significant peak in June 2022. The increase can be attributed to the relaxation of the COVID-19 lockdown restrictions.

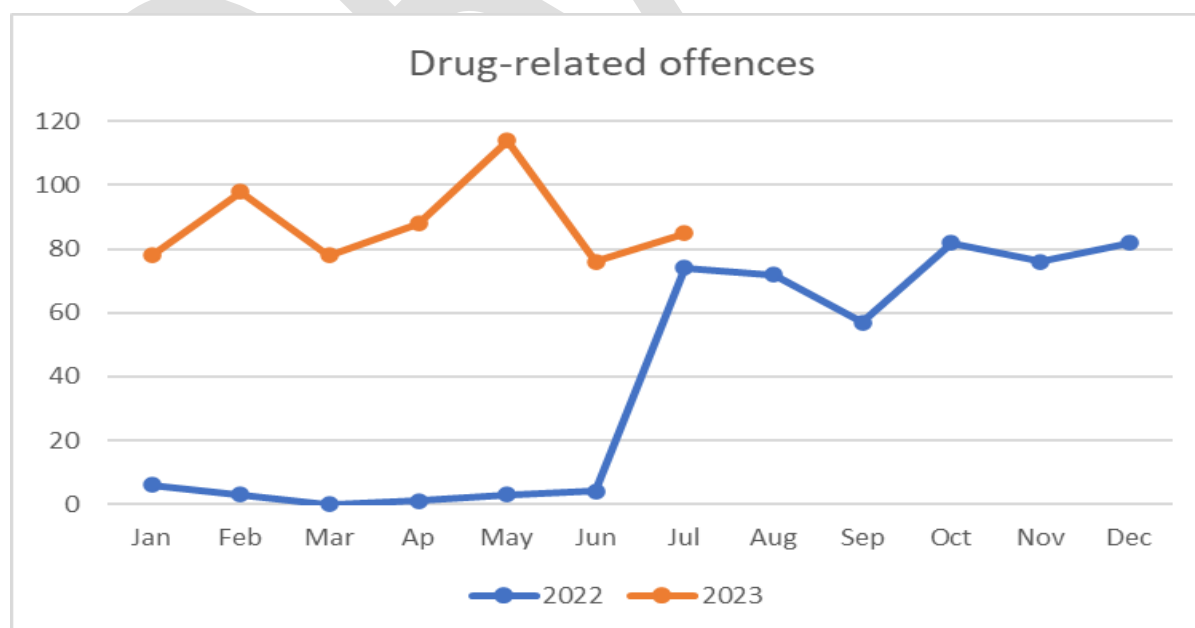


Chart 3. Total number of drug-related recorded offences, London Metropolitan Police Safestats 2023

Table 8 shows the number of drug offences in Barnet is generally lower than the London rate of offences per 1000 population in January 2023 the London rate is 4.8, in Barnet it is 2.4. As illustrated in the map below, the incidence varies across wards, with the west of the borough showing a higher volume of drug offences. The disproportionate crime rate can be directly affected by pro-active policing in high crime areas.

| | Barnet | London |
|--|--------------|------------------|
| Drug offences per 1000 pop Feb 2022 – Jan 2023 | 2.4 1000 pop | 4.8 per 1000 pop |
| Number of offences 12 months to Jan 2023 compared to previous 12 months to Jan 2022 | Down 14.8% | Down 8.3% |
| January 2023 compared to December 2022 | Down 2.7% | Up 26.8% |

Table 8. Drug offences in London and Barnet, London Borough of Barnet Combatting Drugs Partnership Needs Assessment, 2023.

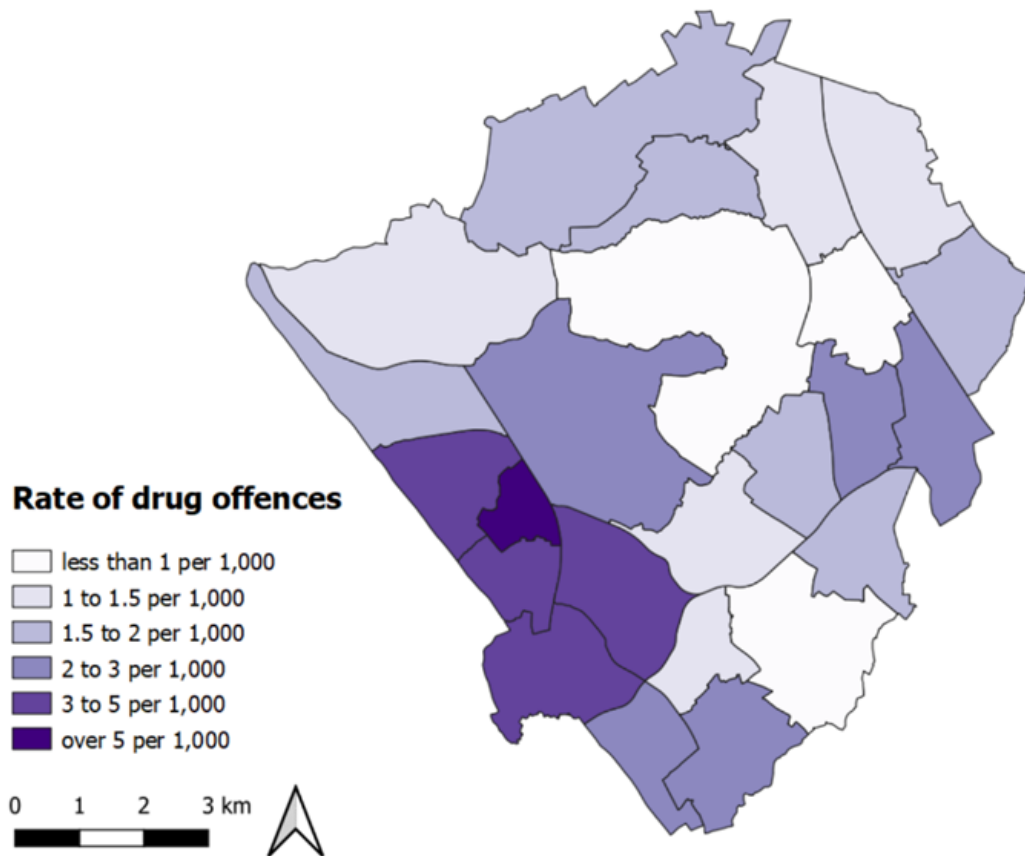


Figure 1. Heat map showing drug offences by ward, Combatting Drugs Partnership Needs Assessment 2023.

3.2 Serious Violence (Under 25s)

3.2.1 Offending Data

Table 9 indicates a greater occurrence of serious violence crimes among individuals under 25; nevertheless, it is important to note the presence of undisclosed data that cannot be accounted for.

| Crime Group | YEAR | | | | | | | | | |
|-----------------------------------|------------|-------------|------------|------------|-------------|-------------|-------------|------------|-------------|-------------|
| | 2022 | | | | | 2023 | | | | |
| | 1-17 yrs | 18-24 yrs | 25-29 yrs | 30-34 yrs | N/A | 1-17 yrs | 18-24 yrs | 25-29 yrs | 30-34 yrs | N/A |
| Arson and Criminal Damage | 107 | 57 | 50 | 45 | 180 | 112 | 73 | 40 | 67 | 210 |
| Burglary, Theft & Robbery Related | 322 | 395 | 235 | 341 | 1826 | 406 | 437 | 318 | 420 | 2150 |
| Violence Related | 419 | 420 | 327 | 241 | 696 | 438 | 523 | 359 | 461 | 811 |
| Possession of weapon | 9 | 15 | 8 | 6 | 15 | 18 | 21 | 3 | 4 | 22 |
| Drugs Related | 30 | 139 | 60 | 50 | 120 | 38 | 162 | 88 | 56 | 235 |
| TOTAL | 887 | 1026 | 680 | 683 | 2837 | 1012 | 1216 | 808 | 1008 | 3428 |

Table 9. Breakdown of 0–34-year-olds serious violent crime offences from January 2022 and July 2023 London Metropolitan Police recorded suspect data, Safestats

There is a higher rate of serious violence offences amongst those under 25 years which can be attributed to a combination of factors i.e. higher prevalence of involvement in street gangs/group offending and/or exploitation/organised criminal groups.

Other contributing factors to offending are exposure to domestic abuse, adverse life experiences, mental health, socioeconomic disparities and access to education and employment.

3.2.2 Youth Justice Services

Youth Justice Services (YJS) works with children and young people who have committed an offence for which they have been charged. The service works with children aged between 10 and 17 years. YJS support children to make changes in their lives, so they do not reoffend or cause further harm to the community. This includes promoting restorative justice and working with victims.

Prevention, Diversion and Out-of-Court Disposals

When a child or young person commits an offence in some cases, it may be most appropriate to divert or triage them away from the criminal justice system and work with the individual, their family and victim through more informal ways to address their needs and prevent further offending.

In Barnet there are a range of preventative, diversionary and Out of Court Disposal interventions. The Engage programme provides a youth work intervention to children whilst in police detention enabling early diversion to positive activities. The Turnaround Programme, also offers a diversionary route from the criminal justice system through targeted youth support.

Out-of-court disposals (OCCD) can be used for children and young people who have admitted to an offence, but it is not in the public interest to prosecute as it is not always appropriate for children/young people who commit a crime to be sent to court. It may be appropriate for the Police and Youth Justice Service to consider an Out of Court disposal (OCCD).

OCCD options include:

- No further action
- Triage or Community Resolution: (Triage or Community Resolution is an informal process that means a child or young person will not be prosecuted, given a community resolution or Triage. The child can be asked to go to Youth Justice Team appointments. Children or young people who get in trouble for the first time or less serious offences can be dealt with informally by the police. If a child or young person is interviewed and admits to doing something wrong, the police should always consider out-of-court disposals)
- Youth Caution: (Youth Cautions aim to provide a proportionate and effective resolution to offending and support the principle statutory aim of the youth justice system of preventing offending by children and young people)
- Youth Conditional Caution: (Youth Conditional Cautions are cautions conditions attached. If a child or young person does not keep to the conditions they could be prosecuted for the original offence)

In Barnet, OCCDs are proven to be effective in providing holistic intervention and diversion for children in preventing entry into the criminal justice system. In 2022/23, 78 children received an OCCD. A breakdown of intervention provided is outlined in the table below. This cohort is predominantly male 82%, which reflects a similar gender breakdown to probation. The peak age group of these individuals is 17 years old, with 16 years old being the next most represented group.

| OOCD | Total |
|---------------------------|-----------|
| Triage | 2 |
| Youth Caution | 4 |
| Youth Conditional Caution | 8 |
| Turnaround | 20 |
| Criminal Behaviour Order | 4 |
| Total | 38 |

| Community | Total |
|---|-----------|
| Referral Order | 24 |
| Community Resolution Police Facilitated | 1 |
| Community Resolution - other agencies facilitated | 2 |
| Community Resolution with YOT Intervention | 13 |
| Total | 40 |

Young people engaged in an OOCD receive a holistic approach that supports a wide range of needs and includes underlying causal factors to the incident taking place, as well as educative approaches that promote pro-social behaviour and positive activities.

YJS Offenders Demographics:

The data from YJS indicates that from 2021 to 2023 (ending in March), the majority of serious violence crimes were perpetrated by males (84%) with 51% aged 10-14; a detailed breakdown of the ethnicity data is also provided below.



Table 10 indicates an elevated percentage of robbery incidents within the 10–18-year group, aligning with the substantial burglary, theft and robbery offences presented in Table 7.

| Serious Violence Offence | 2020-2021 | | | | 2021-2022 | | | | 2022-2023 | | | |
|------------------------------------|------------|-----------|-----------|------------|-----------|------------|-----------|-----------|------------|-----------|------------|------------|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Drugs | 0% | 0% | 0% | 0% | 13% | 0% | 0% | 0% | 0% | 4% | 0% | 0% |
| Robbery | 100 | 92 | 90 | 100 | 88 | 100 | 95 | 93 | 100 | 9 | 100 | 100 |
| | % | % | % | % | % | % | % | % | % | 6% | % | % |
| Violence against the person | 0% | 8% | 10% | 0% | 0% | 0% | 5% | 7% | 0% | 0% | 0% | 0% |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| | % | % | % | % | % | % | % | % | % | % | % | % |

Table 10. The proportional make-up of serious violence offences by offence group for 10–18-year-olds. London Borough of Barnet, Youth Justice Services, 2023.

The Metropolitan Police Safestats data, shows an increased prevalence of blades and knives used during serious violent crimes such as burglary, theft, and robberies. A higher rate of offenders employ blades/knives for threats rather than causing actual injuries. Understanding the perspective of young people regarding knife crimes indicates that, in many instances, the intent behind carrying a knife is not for usage but rather for protection. Nevertheless, in certain situations, incidents can unexpectedly escalate, leading to injuries and in some cases, fatalities.

Chart 5 illustrates a rising trend in the number of blades or knives carried by 10–18-year-olds in Barnet.

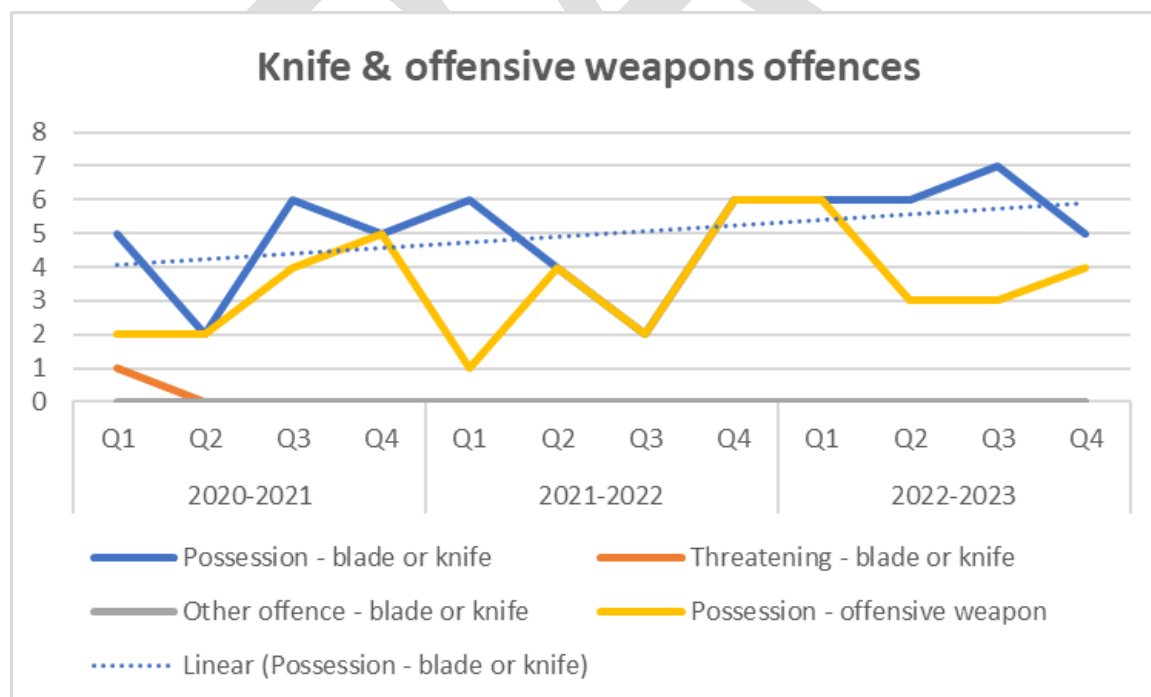


Chart 5. The number of knife and offensive weapon offences for 10–18-year-olds. London Borough of Barnet, Youth Justice Services, 2023.

3.2.3 Serious Incident Response Meetings

In Barnet we have made significant steps in understanding that to effectively safeguard and support young people we must consider the young person in context to their environment, surroundings, and local community. When serious incidents occur it not only impacts directly on the young person and their family but also on the local community and grassroots, youth provisions and community groups that the family are part of. A Serious Incident Response Meeting (SIRM) is arranged within 24 hours for all incidents of serious violence where the victim or suspect is under 25 years and is.

- A resident in Barnet
- Notification that the young person or adult has received an OSMAN notice from the police, even if violence has not occurred.
- The incident is linked to wider criminal or gang activity.
- The victim or suspect is known to Children’s Social Care Services including Onwards & Upwards), Child & Family Early Help Services or Youth Justice Services

A SIRM will be held for all incidents of serious violence where children are living in the victim or suspect household regardless of age.

If the victim and/or suspect is aged 19+ and does not meet any of the above criteria a SIRM will not be held, and the MASH will notify the chair of the Adults at Risk Panel

- SIRMs will be undertaken for all children who reside in Barnet up to the ages of 19 and up to 25 if they have care leaver status, open to the 0-25 service or if there are children under the age of 18 residing in the household.
- If the young person subject to the SIRM is open to children's social care the respective assistant head of service will be responsible for chairing the SIRM.
- Key contact list and invitees have been updated.

The SIRM data in Chart 6 shows spikes of violence occurring during May and August 2023, we believe that these incidents are more related to localised tensions rivals and disagreements between individuals and groups. Other factors which are more connected to incidents of violence include the nighttime economy and high-footfall areas including transport hubs.

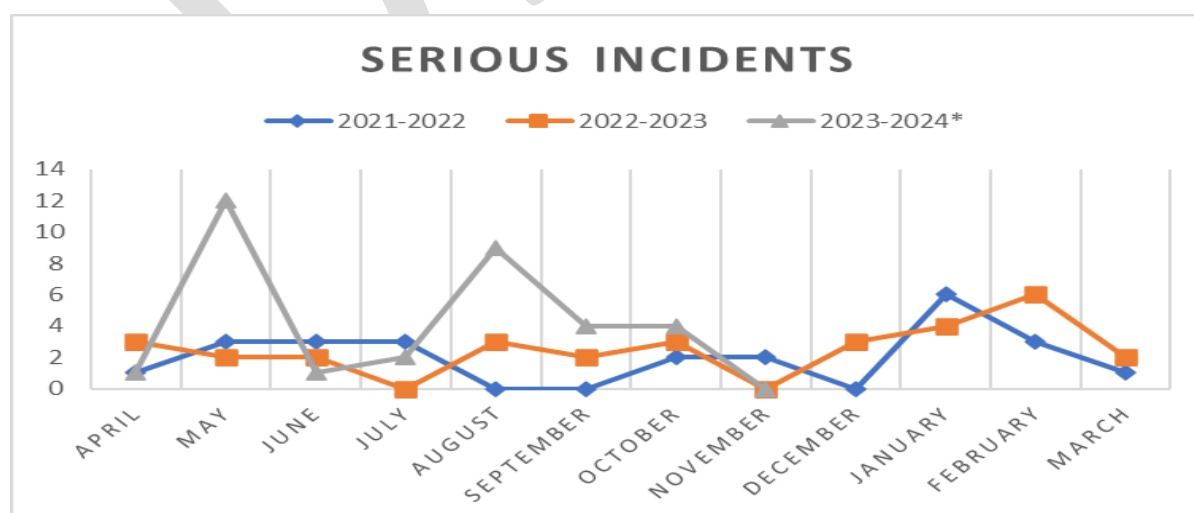


Chart 6. Number of serious incidents involving under 25s, London Borough of Barnet Serious Incident Reporting Meeting (SIRM) data, 2023.

Clear Hold Build:

“Clear Hold Build” is a localised targeted response to reduce crime and violence. The staged approach initially seeks to provide intense Policing in a specific area and to use a mixture of intelligence and high-visibility Police to “Clear” or arrest suspects of crime and violence.

The “Hold” phase seeks to develop partnership and community resources to maintain the local areas following the period of Policing and the Build Phase” is to ensure that all partners and the community have plans and are sustaining their local area.

The initial stage of this operation was undertaken from July to September 2023 and resulted in over 200 arrests, with just 20 of these being young people. Most arrests were not Barnet residents but adults and young people who reside in other London boroughs and counties. This has resulted in anecdotal information suggesting residents feel safer, and in addition, localised crime across various types has decreased.

This staged approach is leading to the development of localised partnership and community plan to maintain positive changes. These plans which include the local community, drug and alcohol services, Health, Social care and Community Safety are currently being developed.

Table 11, shows in the past 2.5 years, stabbings consistently emerged as the predominant form of violence, with knife crime statistics surging by 62% since 2021. The results align with the increasing pattern of knife and weapon offences documents by YJS, as indicated in chart 5.

| Serious Violence Crimes | Number of Incidents | | |
|-------------------------|---------------------|-----------|---------------------------|
| | 2021-2022 | 2022-2023 | 2023-2024 (Apr-Oct 23) |
| Shooting | 3 | 2 | 2 |
| Firearm Discharge | 0 | 4 | 2 |
| Attempted Stabbing | 0 | 1 | 0 |
| Stabbing | 13 | 16 | 21 |
| Assault | 8 | 5 | 6 |
| Assault with Vehicle | 1 | 1 | 0 |
| Kidnapping | 1 | 2 | 2 |
| Aggravated Burglary | 2 | 1 | 0 |
| Torture | 0 | 1 | 0 |
| Murder | 3 | 1 | 2 |
| Threats to Life | 0 | 1 | 3 |

Table 11. Breakdown of the types of serious incidents involving under 25s, London Borough of Barnet’s Serious Incident Reporting Meeting (SIRM) data, 2023.

Since 2021, chart 7 shows a 40% reduction in serious incidents on public streets, contrasting with an increase in incidents occurring in parks and public open spaces during the same period.

These parks are situated in areas where authorities are already aware of drug dealing tensions and gang activity. Figure 2 displays the parks and greenspaces in Barnet where there has been an increase in the occurrences of these incidents.

In 2023, there is a greater diversity in the types of locations where incidents are happening such as public transport hubs and parks within Barnet.

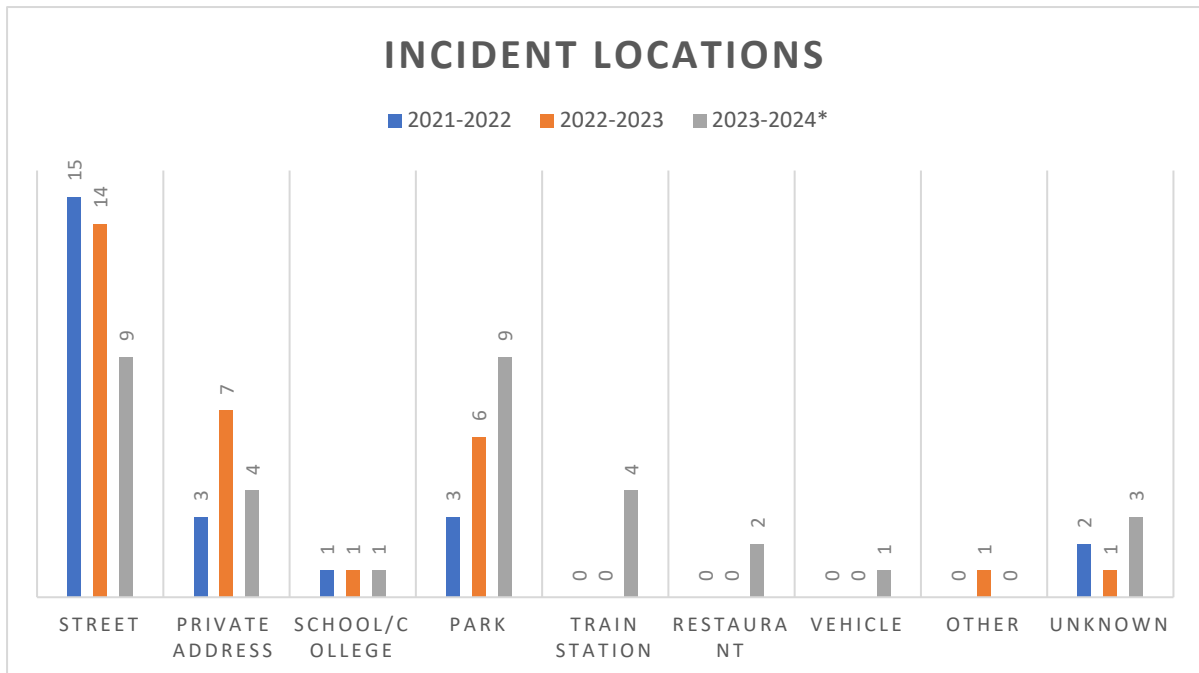


Chart 7. Serious violent crime locations. London Borough of Barnet Serious Incident Reporting Meeting (SIRMS) data.

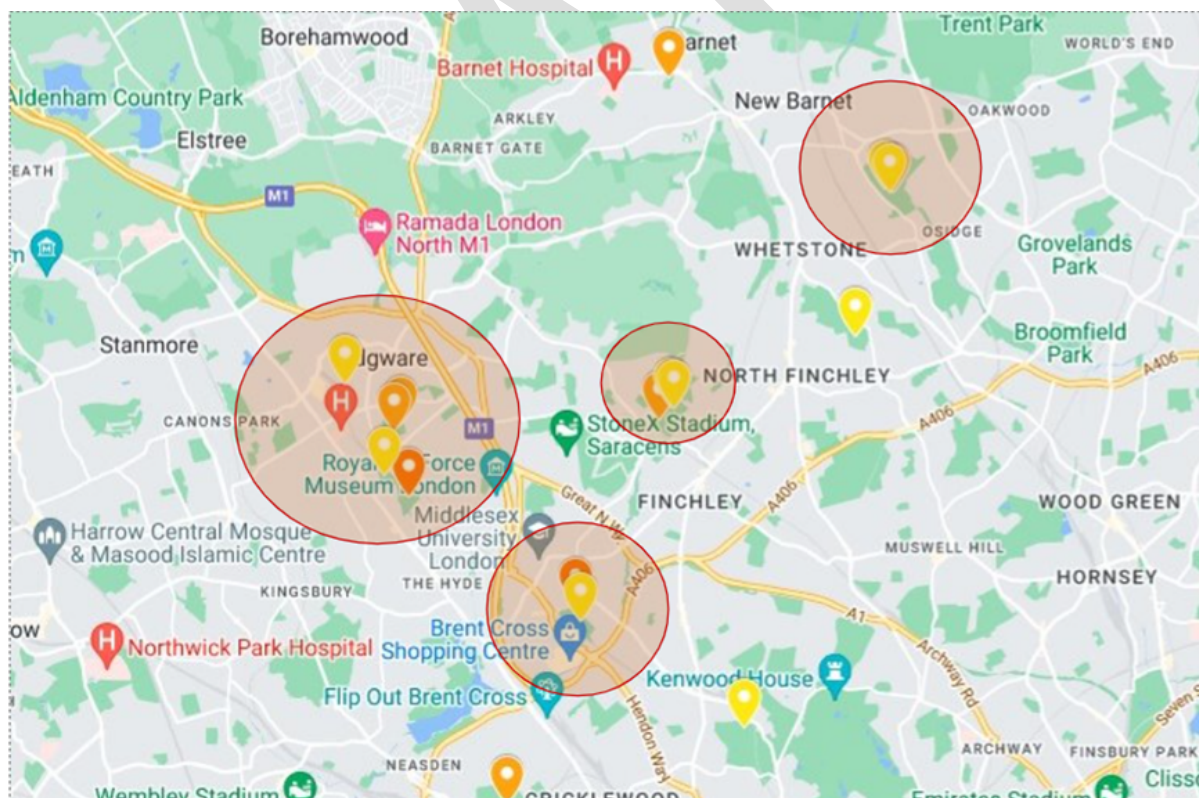


Figure 2. Barnet parks and greenspaces were identified as hotspots for serious violent crimes.

Young people are more likely to be a victim of serious violence offence than a suspect or perpetrator. Chart 8 shows a 43% reduction in the number of young people in Barnet being identified as suspects from 2021 to 2023.

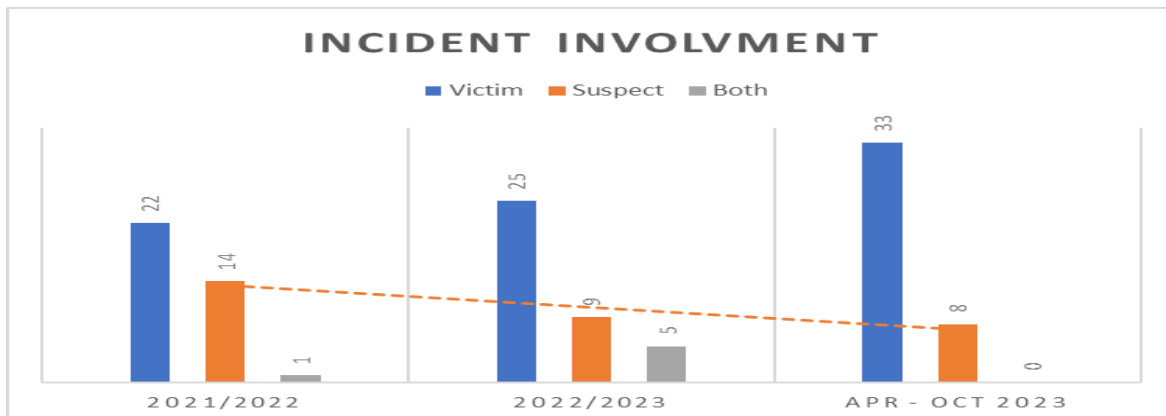


Chart 8. Breakdown of the number of young people by involvement in serious violent crimes. London Borough of Barnet Serious Incident Reporting Meeting (SIRMS) data.

The diagram in Figure 1 illustrates significant findings regarding serious violent crimes, considering gender, age, and ethnicity among under 25s.

Gender

- From 2021 to 2023, females involved in serious violence incidents has increased from 8% to 15%.
- Many of these violent incidents are associated with various forms of criminal exploitation, and this reflects work around gender bias and recognising that females face similar risks of exploitation and physical harm as males.
- Throughout the period 2021 to 2023, only males are documented as being involved in multiple serious violence incidents within a 12 month period, suggesting a higher likelihood of repeat targeting and victimisation.
- Data indicates that males who were initially victims of incidents often end up being arrested for violent offences themselves.

Age

- In 2021 and 2022 the majority of the SIRM cohort were individuals over 18. 2023 marks the only period where those aged 18 and above no longer constitute the largest percentage of the SIRM cohort.
- This indicates the start of a potential trend towards a decrease in the overall average age of those involved in serious violent crimes in the borough.

Ethnicity

- Between 2021 and 2023 there has been a 24% decrease in the overall representation of young people identifying as black involved in serious incidents.
- Concurrently, the cohort identifying as white has seen a 16% increase over the same timeframe.
- Asian ethnicities consistently represent the smallest proportion of the cohort, a trend observed across Family Services where Asians are underrepresented in exploitation issues or as reported missing individuals. More recent, there has been a 9% increase in crimes reported which could indicate a growing trust of professionals from within the Asian community.

Figure 1. Summary of key demographic findings between 2021 to 2023, London Borough of Barnet, Serious Incident Reporting Meeting (SIRMS) data.

3.3 London Ambulance Service

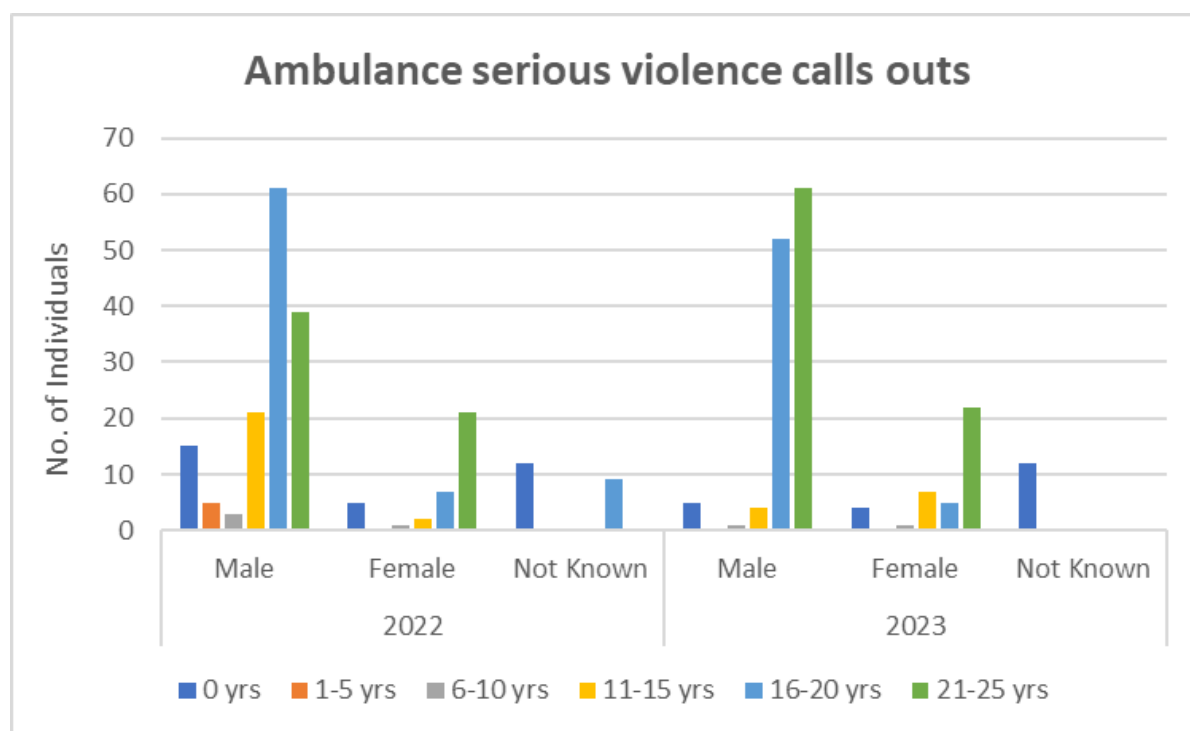


Chart 9. Number of serious violent crimes London Ambulance Services recorded call-outs based on gender, January 2022 to July 2023, Safestats

3.4 Education

In Barnet there are 130 schools, these are comprised the following, which also include faith, fee-paying, and independent schools.

| Type of school | Number of schools |
|---------------------|-------------------|
| Nursery schools | 4 |
| Primary schools | 90 |
| Secondary schools | 25 |
| All-through schools | 3 |
| Special schools | 6 |
| Pupil Referral Unit | 2 |

Each school provides their educative approaches and programmes to support pupils; pro-social behaviour and decision-making, healthy relationships and awareness of exploitation

and violence. If a school is particularly concerned about a young person they will refer them to Child and Family Early Help Services.

3.4.1 School Exclusions

The school exclusions data over the past two years shows that in the 2022-2023 academic year, **65** young individuals faced school exclusions, compared to **24** in 2021-2022. This rise is believed to be linked to the disruptions caused by the preceding COVID-19 pandemic, impacting the education of young people significantly and changes in reporting accuracy.

Key highlights from this cohort include:

| 2021-22 Academic Year | 2022 – 23 Academic Year |
|--|---|
| N/A | 22 exclusions for Assault, ABH, GBH or threats |
| 7 Young People caught with a weapon (knife) | 7 Young People caught with a weapon (knife) |
| N/A | 10 young people were excluded for persistent disruptive behaviour |
| 2 young people were excluded for dealing drugs/or drinking alcohol | 1 young person was excluded for dealing drugs |
| 15 were male 8 were Female | 45 were Male 20 were Female |
| 11 has a recorded EHCP or SEN | 7 had a recorded EHCP, or SEN |
| Peak numbers of exclusions are in year 9 followed by year 8 | Peak numbers of Exclusions are in Year 10 followed by Year 9 |
| 12 excluded young people received pupil premium | 24 excluded young people received pupil premium |

Exclusion of a child from school is often deemed as a last option. Schools in Barnet will have a range of approaches and pastoral support to avoid exclusion. However, there is often a 'zero tolerance' approach to both violence and weapons/drug possession. Although a child found involved in violence or weapons carrying will be reported to the Police, the exclusion process will fall outside of the Out of Court Disposal or Youth Justice Services, which seeks to provide a holistic approach to reducing the risk of further offending and to also support the child's additional needs.

For some children, exclusion represents a significant and critical moment, in which they can be exposed to increased extra-familial risk and harm that can lead to involvement in further violence.

For many young people who are at risk of exclusion, schools can arrange "managed moves" to other schools to break cycles of disruptive behaviour, currently, these are arrangements which are outside of the local authority and between individuals' schools and the young person's parents/carers.

Although there have been recent changes made to ensure that Barnet Education and Learning Services (BELS) are notified of young people who are at risk of exclusion, there are currently no universal or standardised approaches to support young people and schools at this stage to prevent exclusions.

Across both Barnet and London, knife crime and knife-related violence continue to be a leading issue reflected in both localised and national data from the Police.

Government statistics from 2020 indicate an increase in young people with identified learning needs or disabilities. Locally in Barnet, the number of primary school children who receive special educational needs support is almost 1000 more than children currently in secondary education. It has already been identified that there is a gap in a universal offer of educative support around violence and exploitation awareness.

Children with Special Educational Needs (SEN) and learning needs are a particularly vulnerable group who can be disproportionately involved in exploitation and violence. Over the next few years, secondary schools and the wider partnership in Barnet will face a greater number of children with SEN. This may present an increased challenge and complexity for all partners to provide preventative, protective, and impactful services to this vulnerable group.

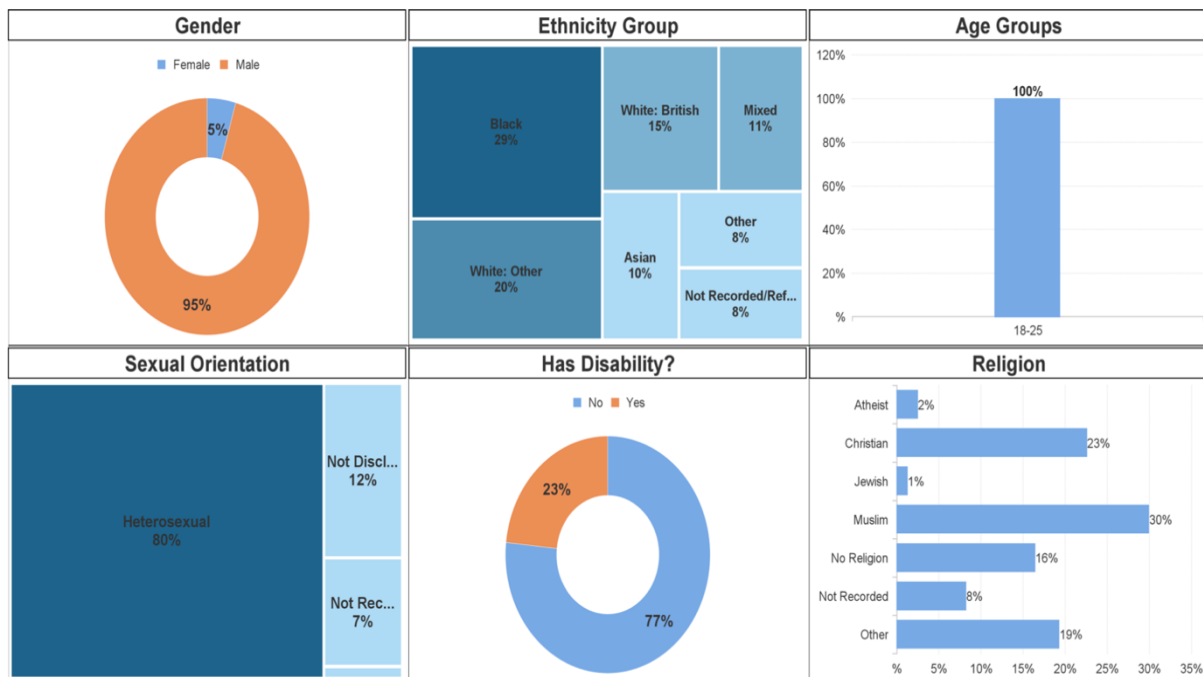
3.5 Probation

Probation services target convicted offenders who are no longer in prison and/or are doing a community sentence to reduce reoffending.

| Crime Related to Serious Violence | Percentage of People on Probation |
|-----------------------------------|-----------------------------------|
| Sexual (adult) | 2.46% |
| Robbery | 6.56% |
| Drug import/export/production | 11.07% |
| Drug Possession/Supply | 20.90% |
| Violence | 29.92% |

At present in Barnet probation, 187 individuals are 18-25 years of age, of which 95% are male.

3.5.1 Probation Demographics



Services for serious violent offenders have seen a noticeable increase in the number of non-compliant individuals, with most incidents being gang-related. This includes an increase in knife and firearm offences and exploitation and exploitation. Anecdotal evidence suggests that as older gang members are incarcerated, younger individuals, who can be more reckless, are stepping into leadership roles, with conflicts becoming more relationship-based, unpredictable, and counterintuitive – internal, fluid, leading to frequent infighting and rapidly changing allegiances and no spatial trends.

Many of the cohorts have been exploited in the past and their serious violence journey has been a build-up from arrests for serious violence that do not lead to a conviction (they are convicted on lesser offences). There is also a distorted perception of violence among young people. This cohort appears to have a diminished understanding of the gravity of their actions, which may stem from desensitization brought about by previous or frequent exposure to violence in lived experience or social media platforms. This normalization of violence, combined with issues of emotional regulation and an inability to effectively communicate, often results in situations escalating rapidly.

A significant portion of these young individuals are care experienced. They often carry a range of complex issues, including trauma from adverse childhood experiences. Transitioning from youth to adult services poses a considerable challenge. The care package that they have become accustomed to in youth provision is no longer. Adult services have fewer provisions and are not suited for guiding 18–25-year-olds. For example, mental health services only deal with acute cases. To navigate successfully, one must be driven and proactive towards their rehabilitation. Especially considering the amount of multifaceted mental and emotional struggles this cohort faces, many are unprepared and/or daunted. This challenge is exacerbated when considering the rise in neurodiversity and learning disabilities, with many youth exhibiting disorders like autism spectrum disorders and attention deficit and hyperactive disorders.

Research has shown that criminogenic needs that are directly related to recidivism are: slow self-control, anti-social personality, anti-social values, criminal peers, substance abuse, and dysfunctional family. These fall under attitude, drug (use), relationship(s), and thinking and behaviour. When people on probation for violent, sexual, robbery, and/or drug-related crimes are examined for their criminogenic needs, attitude, education, training, employment, and lifestyle stand out as needs that, if met, may reduce recidivism.

| Criminogenic Need | Violence | Sexual (adult) | Robbery | Drug import export production | Drug possession supply |
|----------------------|----------|----------------|---------|-------------------------------|------------------------|
| Attitude | 63% | 67% | 56% | 59% | 69% |
| Accommodation | 14% | 33% | 19% | 26% | 20% |
| Drug | 32% | 17% | 44% | 11% | 35% |
| <i>ETE</i> | 41% | - | 56% | 56% | 63% |
| Finance | 21% | - | 50% | 52% | 47% |
| <i>Lifestyle</i> | 49% | 50% | 56% | 56% | 51% |
| Relationship | 23% | 50% | 25% | 15% | 20% |
| Thinking & Behaviour | 23% | 50% | 25% | 15% | 20% |

Services and support that are offered to young adults on probation are determined by the presenting criminogenic needs and assessments that are undertaken by their probation workers. Many of the programs that are focused on supporting the reduction of youth/adult, domestic, or sexual violence are regionally provided and will form part of the order and expected engagement and compliance.

An area that has been identified that requires strengthening in terms of service delivery is to widen the breadth, offer, approaches and programmes to 18–25-year-olds, including a range of mentoring, educative and pro-social approaches. In the last two years, No1 Fitness Academy has provided mentoring and fitness qualifications to young adults who are under the Integrate Offender Management cohort. The building of trusted supportive relationships that contribute to building meaningful skills, and qualifications has proven successful and could be extended further, to focus on other presenting needs.

4 Community Voice

Members of the local community including young people, partners and professionals, and residents and local businesses were asked about their views on:

- Perceptions of violence and exploitation.
- Factors that contribute towards feelings of safety and risk.
- Priorities for the partnership and the council to deliver as a response to violence and exploitation.

Over 170 professionals working in Barnet participated in feedback sessions, and residents were invited to complete an online survey following ward walkarounds, resident ward meetings and an open day at the RAF. The results of the consultations show that the community feels that the top three factors that cause violence are the sale of illicit drugs, lack of youth provisions and the cost-of-living crisis and associated outcomes of deprivation. The most identified

influences for young people becoming involved in exploitation and serious violence were adverse childhood experiences, coming from disadvantaged households and neighbourhoods including high crime areas, and experiencing educational difficulties.

Approximately 50 young people participated in focus groups which were facilitated by trusted professionals across the partnership including statutory services and the voluntary sector. Young people agreed that the drug trade is the biggest contributing factor influencing violence alongside a lack of support services and social media. Coming from disadvantaged households and living in high-crime areas were the two main factors that young people saw influencing participation in serious violence, alongside adverse childhood experiences and educational difficulties. Differently from the adults, young people felt that having a positive perception of violence was also a significant contributing factor. Occupying spaces with people, being in a group and carrying a mobile phone were things that young people do to make themselves feel safe, and they reported that park patrols and CCTV added to their feelings of safety.

The consultation provided the opportunity for participants to suggest what they think should be done locally to tackle violence:

Policing & Security

- Increased police presence and patrols.
- More CCTV in key areas.
- Harsher sentencing for those who commit crime and carry weapons.
- Stop and search practices.
- Responding to reports of incidents promptly.
- Tackling crime hotspots.

Planning & Infrastructure

- Better lighting in areas to increase safety.
- Minimizing areas treated as assembly points by gangs and drug dealers.
- Planning hostels, children's homes, etc., evenly across areas and ensuring they are monitored.

Education

- Promote and adhere learning to evidence-based education practices.
- Adopt trauma-informed approach to discipline.
- Offer support within schools for struggling students.

Community Engagement

- Supporting residents and listening to their reports.
- Inclusion of community in decision-making.
- Education for community to spot signs of exploitation.
- Council sharing implemented actions and their outcomes.

Youth Support Services

- More activities for young people, including training, employment, education, and vocational opportunities.
- Addressing root causes like adverse or deprived settings.
- Mental health and SEN support for struggling kids and families.
- Youth workforce development.
- Empowerment and education for families to understand youth activities and risks.

There are some key challenges when it comes to delivering and managing services to reduce and prevent child exploitation and serious violence. Feedback suggested that we need to improve multi-agency collaboration so that the process of understanding, identifying, and tackling exploitation is strengthened. Respondents felt there needed to be a broader awareness in schools about exploitation risks and a more proactive rather than reactive approach and noted that limited capacity and delayed responses across the professional partnership inhibit timely interventions on mental health and socio-emotional support needs. In addition, accommodation for victims remains scarce. Finally, trust with young people can be built more effectively by professionals by thinking about the language that they use to communicate with young people and how this can improve their engagement with services.

5 Mapping Existing Services

In Barnet, there is a range of targeted and universal services that families and young people can access. These services provide both preventative and reactive approaches to violence. These are delivered by both Statutory and the Voluntary sector. At the time of analysis, we had identified 53 services, programmes, or projects that either worked within the field of youth or adult violence, domestic abuse or were services that target causal factors that could lead to incidents of violence occurring. The VCS sector is more transient in terms of provided interventions, due to inherent challenges with funding and capacity. Therefore, this service mapping must be understood to be time-sensitive in nature. The Service Mapping/directory can be found in Appendix 1.

5.1 Summary of Findings

Public Health and the Centres for Disease Control and Prevention (CDC) outline that an effective system to tackle localised violence and exploitation should contain a proportionate mixture of both preventative and reactive services, the balance of which should be agile and can change dependent on the presenting needs of its child and adult population. In Barnet, 66% of all services or programmes represent a preventative focus, and 64% of all services provide a focus on reactive response at the point of an incident or threshold being met. 36% of services, programmes or projects that operate in Barnet provide both a range of preventative and reactive services.

The Combatting Drugs Partnership is intrinsically interlinked by its focus on both drug addiction and drug-related offending, including 'County Lines' which is a key driver for serious violence. The Combatting Drugs Action Plan will need to overlay with the Serious Violence Strategy to ensure victims of cuckooing, exploitation and violent offending are protected whilst organised criminal groups and those perpetrating intimidation, violence and harm in communities are brought to justice.

Barnet's Community Safety Strategy 2022 – 2027, has three key priorities that underpin the development of a Serious Violence Strategy, these are:

- Priority 1: Tackling and Reducing Anti-social Behaviour
- Priority 2: Early Intervention and Prevention of Domestic Abuse and Violence Against Women and Girls

Priority 3: Reducing Offending, including Violence, Vulnerability and Exploitation (VVE), with a focus on acquisitive crime.

Barnet's Youth Justice Plan 2023-25 has seven strategic priorities that will cross into the Serious Violence Strategy, these are:

- Priority 1. Strategic & Operational Multi-Agency Leadership
- Priority 2. Education
- Priority 3. Over-representation of Black and Global Majority Ethnic background children
- Priority 4. Prevention & Diversion
- Priority 5. Serious violence and exploitation
- Priority 6. Resettlement & Transitional Safeguarding
- Priority 7. Restorative Justice (RJ) and Victims

Barnet's Domestic Abuse and Violence Against Women & Girls Strategy has five strategic partnership objectives that will cross into the Serious Violence Strategy, these are:

- Partnership Objective 1: Early Intervention and Prevention of Domestic Abuse and Violence Against Women and Girls
- Partnership Objective 2: Support all victims and survivors to report, access help and recover
- Partnership Objective 3: Pursue perpetrators and engage them in behaviour change interventions to eliminate harm to victims and their families
- Partnership Objective 4: Strengthen the partnership response to improve multiagency working and information sharing to deliver improved outcomes
- Partnership Objective 5: Working together for safer streets, community and public spaces

The existing strategies, plans and workstreams will need to cohesively join with the partnership plan for tackling serious violence. Local delivery is rich with a mix of internally funded and externally grant-funded programmes and wide range of community based and single agency provision. There are currently 30 statutory funded (including project-funded) or delivered services operating in the borough, 83% of these are focused on a reactive response, 50% of services and projects contain a preventative focus, and 36% of the total projects deliver both preventative and reactive focus.

It was found through the mapping the mechanism and model of intervention for many organisations will contain a mixed approach of mentoring, educative programmes, and psychologically informed conversations as a catalyst for reflection and behavioural change. Of the 53 identified services and programmes, 56% offer youth or young adult mentoring, 43% offer mental or emotional health support, and 43% provide a focus on information and educative approaches for either young persons, professionals, parents, or carers.

A Public Health approach suggests that incidents of violence can be avoided, and individuals can be diverted by adopting approaches that support changes in four domains:

| | |
|------------------------------|---|
| Individual | Building skills that support social nonviolent safe behaviours |
| Relationships support | Parents and carers with skills to talk with young people, set boundaries, solve problems, and monitor their activities and relationships. |
| Community | <p>To use data to select, evaluate and commission effective approaches for prevention.</p> <p>Partner with groups, organisations, and services in prevention efforts.</p> <p>Improve and sustain safe environments and create spaces that strengthen social connections within communities.</p> |
| Societal | To challenge and change norms about the acceptance of violence, and to ensure effective intervention when it does occur. |

The Centre for Disease Control and Prevention (CDC), outlines the importance that although risk factors are characteristics linked with violence, they are not direct causes of youth violence, and it is the combination of individual, relationship, community, and societal factors that contribute to the overall risk of youth violence occurring.

Further to this, The CDC highlights that there are a range of strategic and operational approaches that if utilised collectively can be effective in supporting the reduction of violence.

5.2 CDC Approaches that Support Preventing Youth Violence (CDC)

- Promoting Family Environments that support healthy development.
- Statutory Social Care and Early Help Services provide a range of group-based and individually tailored approaches that support parenting skills, and family relationships. Much of this work is underpinned by our Barnet Integrated Clinical Service and programme of systemic family therapy training that all operational staff can attend.

5.2.1 Parent champions

Funded by the Violence Reduction Unit, the Parent Champions seeks to build a network of parents who can raise awareness and provide peer education to other parents experiencing a range of challenges, such as accessing services, play, parenting skills, supporting positive relationships, and dealing with adolescents and the range of challenges that they may experience. The Project is very much supporting areas that the CDC suggests can reduce violence by ensuring varied parenting skills and family relationship programs. The Parenting Champions currently have 29 Parents who building their capacity to provide peer support and training to other parents. The current cohort is 40% located in the West of the borough and 60% in the East/Central locality.

5.2.2 Provide quality education in early life

Early Years services are well established in the Borough of Barnet and occupy easily accessible spaces throughout the borough, which are close to areas of increased local need and in easy reach of key transport links. Offering a varied range of universal support for young children and families, each Early Year hub works to engage and understand local needs and to provide a range of tailored support, groups, and positive activities.

In Barnet, there are 442 childcare providers which have a combined capacity of being able to provide care and early education to 11,296 children through a range of childminder, private, voluntary, and independent nurseries, with the majority receiving a good or outstanding Ofsted Grading for quality of care and education.

Early Years provision continues to focus on work that supports some of our most vulnerable children in their early years. The recognition of early intervention provided through children's centres, engagement of those on a Child in Need (CIN) or Child Protection (CP) plan and those accessing the free early years entitlement for two-year-olds (FEE2) and wider Early Years funding. The impact is measured utilising EHM Data, local Children's Centre Data, uptake of the Free Early Years Education for 2-year-olds, feedback from service users and case studies.

5.2.3 Connect youth to caring adults and activities

Service mapping identified seven universally accessible spaces that operate in Barnet as "youth drop-ins" which offer positive activities. In many of these spaces, professionals and volunteers can support young people with; pro-social behaviour, psychologically informed discussions, support around emotional and mental health needs, relationships and lived experiences, and internal resources to manage conflict. These are generally run by VCS organisations, although children and young people accessing these services can also be known to statutory services.

Many youth drop-ins are open to access by all young people despite where they may live, anecdotally we are aware that for some young people, crossing across wards and areas affects their sense of personal safety and can present a barrier to accessing the provision. Many of these provisions are primarily concentrated in the West of the borough and occupy spaces, where there is higher crime, deprivation, and localised need. This can present a challenge to accessibility.

REACH & Your Choice Programme REACH was established in 2017 as a wrap-around social work team that integrates Social Workers with Family Support Practitioners, Speech & Language Therapists, Educational Psychologists and Family Therapists. The team works with children at a high risk of gangs and exploitation using whole family approaches to reduce risk.

Since, 2021, Barnet has been participating in the Your Choice programme, a pan-London £10m 3-year pro-social Violence Reduction Programme. The phase 1 programme was launched and funded by the Home Office in December 2021, followed by a Youth Endowment Fund Pilot phase, 'The Young People Study' between April 2022 and January 2023. The programme has entered its third phase starting in February 2023 'Youth Endowment Fund Efficacy Trial' which will end in July 2024. The Programme is subject to a randomised control trial evaluation developed by the Anna Freud Centre and the Institute of Fiscal Studies. Barnet has participated in all three phases of the Your Choice Programme which has been delivered

through the REACH (Adolescents at Risk) Social Work Team and the Youth Justice Services. Practitioners have been trained in CBT approaches to engage young people, the training is overseen and delivered by the Youth Justice Clinical Manager, a clinical psychologist. In the pilot phase, 5 young people were selected for the programme; in the efficacy phase Barnet will identify up to 70 young people to participate in the study until 2024.

The Your Choice-trained practitioners work with young Londoners aged between 11 & 17 years at a medium/high risk of contextual harm, using psychologically informed, Cognitive Behavioural Therapy (CBT) tools and techniques. The programme aims to empower young people by taking a public health approach to help break the cycle of violence and harm by providing tools and techniques which practitioners can employ to help a child keep themselves safe. The programme is testing whether making CBT techniques available to children most affected by violence, through enhancing the skills of practitioners who build therapeutic relationships with them, can lead to increased safety for these children.

5.2.4 MOPAC Project

In 2019 MOPAC started funding a diversionary intervention project in Barnet that operates from Canada Villa in East Central of the Borough. The project offers young people from the ages of 10-17 a 12-week programme of positive activities, to; engage, divert, and through developing trusted relationships model pro-social behaviours and healthy relationships. The project supports groups of young people whose situations and vulnerabilities could escalate into trajectories of youth violence.

Young people eligible for the program are required to meet any of the following criteria:

- Risk of school exclusion
- Risk of criminal exploitation
- Risk of child sexual exploitation

In the last year, **66** young people were referred to the scheme, with 75% of referrals being male.

5.2.5 Positive Activities Programmes

During both school holiday periods and during term time, the Council coordinated the Positive Activities Program, which seeks to provide safe spaces where young people can engage in a range of structured activities across the borough. The program coordinates a range of VCS, and community organisations as well as in-house staff and freelancers to deliver the programmes. During 2022, 2,471 young people accessed positive activities, of which 62.6% were males, and 37.4% were females. We saw an age breakdown of the following that accessed the service:

Part of the success around positive activities is the number of locations that deliver the program across the borough. 21 locations delivered sessions last year of those, 10 were in the west of the borough, eight in east central, and three in the south. We can see from violence incidents, School exclusions and needs mapping show that this is geographically proportionate to localised needs.

5.2.6 Targeted Services

Barnet benefits from a wealth of experience, expertise and community-led providers who are working closely with children, young people and adults affected by violence and crime in the

community. These organisations are place-based and have strong connections with local communities, as such are well placed to represent their views and needs. Young Barnet Foundation, Inclusion Barnet and a host of independent and faith providers are key to developing a local network of provision to underpin the strategic aims of the Safer Communities Partnership.

Of the 53 current services provided, five are targeted towards either a particular cohort or demographic characteristics such as gender, sexuality, ethnicity, or religion. All the targeted services are VCS run, and set out to support the following:

- LGBTQ+ preventative sexual health services that provide mentoring and emotional and mental support.
- LGBTQ+ youth centre: providing holistic support focusing on experiences of domestic violence.
- Learning and physical disability preventative and reactive support for young people with learning difficulties around physical abuse, modern-day slavery and supporting living skills.
- Jewish girls providing holistic counselling and emotional and therapeutic support.
- Somali young people and parents holistic support but also focused on school exclusions, advocacy and interpreting services and young people and families affected by serious youth violence.

5.2.7 Females and Criminal Exploitation

Across the UK and within London, there is an increasing trend of young females being criminally exploited, carrying, and dealing drugs, and weapons and becoming involved in incidents of violence. The percentage and number of young females involved in Serious Incidents of Violence rose from 8% (2021) to 15% of the total cohort in 2023. Females represent a growing concern due to increases in offending, including violent offending. There are a small number of organisations in the borough, mainly VCFSE providers, working with girls in relation to relationships, exploitation but this requires development to include support to exit from criminal exploitation and violent offending.

5.3 Create Protective Community Environments

The Detached Engagement Project

Based on “out of office hours” Workers have been mobilised to meet young people and adults in their community spaces and to offer support to children and young people up to the age of 25 years who are ‘hard to reach’, vulnerable, or at risk in targeted areas. The aim is to identify risk factors relating to serious violence at an earlier stage to prevent and ensure appropriate and targeted responses via local interventions and provisions. Visible youth workers work in locations at peak times during the evenings including the weekends to encourage children and young people to access positive diversionary activities and to feedback on the lived experiences and general needs of young people to the council, which helps shape future services. Through this engagement, young people will be offered information and guidance in a range of subjects including employment skills, drugs and alcohol awareness, sexual health, healthy relationships, emotional wellbeing, and mental health.

Supporting Community Capacity

Through VRU Funding our Community Capacity Project was introduced and focuses on;

- Building stronger trust and collaboration between the local communities and agencies.
- Increased sustainability of community networks,
- Stronger community networks that have shared commitment to, understanding of, and vision for reducing violence,
- More inclusive decision-making between local stakeholders, statutory agencies, and communities, who are connected and are collectively leading programmes that are reducing violence,
- Greater capacity within community-led networks.

The Community Capacity Coordinator has delivered 12 interactive awareness-raising workshops and training sessions on exploitation, incidents of serious violence and understanding the challenges and barriers to CYP, parents/carers and professionals from both stat and non-statutory organisations reaching a total of 310 individuals. Community and partnership engagement has been conducted through several activities such as Ward Walks, Ward Panel meetings, Problem-solving Groups (with particular focus on high locations of concern Burnt Oak and Grahame Park Estate), Urban Gamez, Cuppa with a Copper, The Network, Inspiration ALL awards, A New MET for London, Early Help Advisory Board, Graham Park Children and Families Group, Barnet Together Conference, Charing Community Impact meetings, Pop Up Hub support for Victims and facilitated conversations about Community Conferencing.

The Community Capacity Coordinator has established strong relationships with local faith-based organisations which have opened opportunities for restorative sessions to take place between young people at a local school to address low-level ASB concerns. There has been positive engagement with young people which has opened discussions for future co-production and collaboration activities. The residents' associations are receptive to restorative conversations between local policing teams and residents to discuss criminal activities that are causing concerns.

Raising awareness and improving communication with local communities and agencies. Community Capacity Coordinator has attended over 15 community meetings, panels and advisory boards to raise the profile of the new role, aims and objectives. Providing resources and signposting to the Restorative Practice Co-Ordinator, Victims Hub, Early Help, Housing, and Community Safety Team and introducing the offer of Community conferences.

Joining three ward walks within the key areas highlighted within the proposal - Burnt Oak, Colindale, Hendon, Friern Barnet, and Edgware, connecting with residents, local business, SNT, CST, Councillors, building on the trusted relationships. The Tackling Violence Exploitation Strategy Engagement this quarter is evidence of the positive impact connecting with local communities has made. Our data on outputs has proved building community relationships has resulted in successful engagement. In addition, the Police support awareness raising through 'Operation Makesafe' which is targeted in key areas in Barnet to support businesses that could have exposure to exploitation and violence, which often remains hidden.

Victims Right Coordinator

The decommissioning of the Youth Victim Support Service in March 2022 led to a significant gap in victim services for children and young people. The development of a Victim Hub Coordinator role with London Crime Prevention Funding 2022 – 2025, ensures Barnet is ready to respond to the Victims Bill (2023) and will improve the experience of children who are victims of crime. through the (College of Policing 2016, indicates that children who are victims of violent offences often go on to become perpetrators of violent crime, this often starts with carrying a knife to protect themselves from further victimization. The Victims Hub Coordinator project is underpinned by three key objectives.

- To improve victim satisfaction and feelings of safety across the borough
- Victims receive better support from the Police and CJS including in online interaction.
- Increase the use of the Victims Code of Practice revised 2021

Since the Victims Hub commenced delivery in December 2022, it has triaged 127 referrals to Sep 2023. Leading to supporting the CDC-recommended approach of ‘treatment to lessen the harms of violence.’

Of the 127 referrals, 95% have been informed about their rights around the Victims Code of Practice and 89% have been supported with safety items for themselves or their homes. 65% of the victims that were referred to the hub were assisting with investigations, ensuring victims have support through the Criminal Justice Service; 67% of victims have been signposted to trauma services.

The Victims Hub has commissioned Calm Mediation for 1-year to work with up to 10 cases that require and meet the threshold for community/neighbour mediation and/or inter-familial conflict.

In the last year, the Victim Hub has established communication with 26 partner services, improving and increasing routes to referral routes and enabling tailored victim care pathways, Briefings and presentations have been delivered to a range of partner agencies on the Victims Code of Practice (VCOP) and to raise awareness of the service.

5.3.1 Intervene to lessen harms and prevent future risk

The London Crime Prevention Fund 2022-2025 has enabled a Restorative Justice Coordinator role to be created to support the development of restorative approaches. The role is delivering training to schools, partner agencies and community groups to build local capacity for restorative practice and restorative conferencing. Restorative approaches are evidenced to support the reduction of serious violence, UNICEF.

The project has the following key outcomes.

- Raise awareness of restorative approaches through training and networking.
- Establish referral routes for victims of crime.
- Collaborate with police and internal/external partners to improve awareness of victim rights (VCOP), facilitation of RJ Conferences and recording of interventions.

The RJ Coordinator has met with a range of key stakeholders and groups delivering services in Barnet. In the last year, there have been seven internal/external training events which is increasing awareness and interest in restorative approaches. Stakeholders have included police, Early Help, Preventing Exclusion Mentors; Residential Care Homes; Youth and VCFSE

organisations. The sessions have focused on raising awareness of Restorative Justice Conference Facilitation, conflict de-escalation and community building. Over 150 individuals attended in the reporting period.

Six schools have benefitted from training which has been individually tailored around their phase, context, and levels of prior experience with restorative approaches.

A restorative culture builds, nurtures and strengthens relationships so that they become resilient and resistant to challenge. In an education context, the investment in creating a culture where pro-social behaviour is explicitly recognised and rewarded, helps children and young people develop appropriate habits and virtues that enable them to make a positive contribution to society.

The development of the Community Impact focus of SIRM meetings has led to the first Restorative Community Engagement Meeting taking place in which approximately 40 residents, schools, ward councillors, police and community partners came together to share their experience following an incident of serious violence. The process allows for the impact of violence to be understood and actions to be congruent with expressed needs. The project has taken 8 referrals since starting in January 2023 which has led to residents receiving direct support through the Restorative Approaches coordinator and/or being informed of their rights under the Code of Practice for Victims of Crime.

5.4 Transitional and services 18-25

The rising trend in serious offences among the youth underscores the importance of this intervention, and timely action is imperative as when they enter adulthood, the availability of social support care needs, independent living skills, and behavioural and mental health services to aid their ability to cope, especially if they have been in care.

Over the last 18 months, there has been a significant move to strengthen transitional arrangements and support for young adults in the age groups 18-25. This is in congruence with best practice and research that highlights that vulnerability to both exploitation and incidents of violence does not stop at 18. Over half 56% of the total programs and projects which are provided or funded by statutory organisations work with young people up to the age of 25 and or adults (focused on Domestic Violence and Abuse, Victims' Rights).

To ensure that this work is coordinated Barnet Family Services assumed responsibility in 2021 for serious violence and integrated offender management which had previously been held by the Community Safety Team; this included the operational responsibility for the Adults at Risk Panel (ARP).

The community safety partnership's Violence Vulnerability and Exploitation Reduction Plan 2022-24 and the Youth Justice Plan has developed some early planning to strengthen Transitional Safeguarding arrangements although this requires further whole system partnership working to achieve an effective and cohesive model of delivery. Coercion and control of exploited young people does not stop when they reach 18 years of age, and most victims of serious violence are in the 16-25 age range.

| Referal | Referrals | | | | Identify as | | Age | | | | Vulnerabilities | | | |
|---------|-----------|--------------|------|-----|-------------|--------|-------|-----|----------|---------|-----------------|-----------------------|-----------------|-----|
| | NPS | Leaving care | RAAP | TOM | Male | Female | 18-25 | 26+ | Youngest | Eldes t | Gang flagged | Form of vulnerability | Experiencing DA | NRM |
| 16 | 25% | 38% | 6% | 6% | 94% | 6% | 94% | 6% | 18 | 28 | 81% | 94% | 10% | 19% |

The Tackling Adult Violence and Exploitation Coordinator regularly leads partnership awareness-raising events and workshops to share learning arising from themes discussed at ARP.

5.5 Integrated Offender Management

Statistics highlight the need for interventions that lessen reoffending, especially when the social support systems are inadequate, which is frequent for this demographic. To support the tailored, structured approach to helping these youths navigate their trauma and mental health issues into adulthood. The Integrated Offender Management (IOM) framework stands out as a localised, holistic intervention. Embracing the principle of local solutions to local problems, IOM's approach ensures that local partners collaboratively decide on offender groups to target and prioritise.

Intensive mentoring support has proven to be effective in supporting the IOM cohort, this model needs to be considered for a wider cohort of 18-25 year olds who are not subject to IOM interventions.

6 Risk & Protective Factors for Serious Violence

In developing interventions for young people, it is crucial to consider the diverse influences and exposure to risk factors that contribute to shaping their behaviour. The impact of each risk factor varies based on the developmental stage and diverse social conditions of the young person. Offending rates show a strong correlation with various indicators of deprivation and poverty, particularly in areas where accessing food is challenging. Additionally, high absence rates from schools and low employment rates emerge as significant predictors of serious violent crimes. Social and economic disparities heighten frustration among disadvantaged youth, fostering an environment where violence becomes a common outlet. Implementing effective prevention measures requires addressing the fundamental social and economic inequalities contributing to serious youth violence.

6.1 Risk Factors

SERIOUS YOUTH VIOLENCE

Factors associated with rates of victimisation and offending in London boroughs



Figure 3. Analytics on risk factors conducted by GLA City Intelligence and MOPAC. Understanding serious violence among young people in London 2021, London Datastore.

Risk Factors for Perpetration

Individual

- History of violent victimization
- Attention deficits, hyperactivity, or learning disorders
- History of early aggressive behavior
- Involvement with drugs, alcohol, or tobacco
- Low IQ
- Poor behavioral control
- Deficits in social cognitive or information-processing abilities
- High emotional distress
- History of treatment for emotional problems
- Antisocial beliefs and attitudes
- Exposure to violence and conflict in the family

Family

- Authoritarian childrearing attitudes
- Harsh, lax, or inconsistent disciplinary practices
- Low parental involvement
- Low emotional attachment to parents or caregivers
- Low parental education and income
- Parental substance abuse or criminality
- Poor family functioning
- Poor monitoring and supervision of children

Peer and Social

- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure

Community

- Diminished economic opportunities
- High concentrations of poor residents
- High level of transiency
- High level of family disruption
- Low levels of community participation
- Socially disorganized neighborhoods

Figure 4. Risk factors associated with serious violence crimes, Centre for Disease Control and Prevention.2020.

6.2 Protective Factors

Protective Factors for Perpetration

Protective factors may lessen the likelihood of youth violence victimization or perpetration. Identifying and understanding protective factors are equally as important as researching risk factors.

Individual

- Intolerant attitude toward deviance
- High IQ
- High grade point average (as an indicator of high academic achievement)
- High educational aspirations
- Positive social orientation
- Popularity acknowledged by peers
- Highly developed social skills/competencies
- Highly developed skills for realistic planning
- Religious beliefs

Family

- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, or when going to bed
- Involvement in social activities
- Parental/family use of constructive strategies for coping with problems (provision of models of constructive coping)

Peer and Social

- Possession of affective relationships with those at school that are strong, close, and prosocially oriented
- Commitment to school (an investment in school and in doing well at school)
- Close relationships with non-deviant peers
- Membership in peer groups that do not condone antisocial behavior
- Involvement in prosocial activities
- Exposure to school climates with the following characteristics:
 - Intensive supervision
 - Clear behavior rules
 - Firm disciplinary methods
 - Engagement of parents and teachers

Figure 5. Protective factors associated with serious violence crimes, Centre for Disease Control and Prevention, 2020.

Summary of activity and potential areas for development

| Areas | Factors |
|------------|---|
| Individual | <ul style="list-style-type: none"> • There is a range of universal drop-in and youth clubs which operate in Barnet. They are generally located in the West and East Central of the Borough, although these are located in areas of identified high need and vulnerability, this can present a challenge for those young people who are unable to access these areas through a range of reasons including familial economic inactivity, feelings of personal safety. Further, development around to ensure maximal accessibility may need to be considered. |

Family

- The positive activities program is well engaged with throughout both term and school holidays. It is a strength that the program is accessed by many young people in a range of locations across the borough, these groups and programs can change year to year. It can be seen that the primary ages of PA, are generally younger cohorts than those receiving OOC.
- There are disproportionately higher numbers of males who are flagged for concerns around the risk of being involved in violence and exploitation. Young males also represent a higher group for school exclusions, YJS, OOC and Probation. This is disproportionate to the gender breakdown of Barnet demographics. There is work being undertaken strategically and operationally across the partnership around tackling disproportionality, this group needs to continue to be monitored to ensure that services are effective in reducing the representation of young males.
- We can see that a greater proportion of males are engaged in a range of positive activities. However, they represent a lower cohort for receiving Victims' Rights Services than that of females.
- Probation provides fixed programmes to those convicted of violent offences. However universal and preventative programs to divert adults at risk of becoming involved in violence, which include a range of mentoring and development of skills employment and qualification (Such as No1 Fitness academy) could be further developed.
- There are increasing numbers of children identified with SEN this may further impact a variety of factors that will increase local needs including; economic inactivity of families, deprivation, and vulnerability of young people being involved in violence.
- We can see a general increase in economic inactivity of families in Barnet, (from 'fingertips' government statistics,) families eligible for free school meals have also increased in the last year. Deprivation is connected to increasing incidents of crime, exploitation, and violence.
- Although developing through the parent champions, universal and standardised education and support for parents around issues that adolescents can experience including violence and weapons are currently being developed.
- Many information sources as to how to access services are electronic, which presents a range of barriers such as language, and access to the internet, increasing economic activity may also increase the number of families not knowing how to access support.

School

- According to local data, school exclusions were higher in the last academic year than in previous years, there appears to be a trend of increasing exclusion based on weapons, and incidents of violence occurring in schools. Exclusions represent a significant risk factor for a young person to become involved in Violence or Exploitation. There is a range of programs including “Turnaround”, Positive activities, and MOPAC, which are designed to support diversion.
- Further analysis is required to ensure that young people at risk of exclusion are receiving the above intervention at the very earliest stages.
- Restorative approaches and training in school are still developing and further work around a coordinated response to supporting young people who are at risk of exclusion needs to be further developed.
- There is currently a lack of universal standardised support to schools around preventative education to raise awareness of violence among young people in both primary and secondary school.
- The number of young people being identified with Special Educational Needs is increasing from previous years and the population in primary school is almost 1000 young people higher than currently in secondary school. This will present further complexity that may require not only a standardised educative response to all schools but also some increased targeted support for this vulnerable cohort.

Community

- According to 2021 census, in Barnet, the population of children and young people aged 0-17 is around 89,300. With the breakdown of age groups outlined below, it can be seen; that the 10-14 years age is currently larger in population than the current 15–19-year-olds. This means that local services will need to reflect the potential increase in demand for services to support adolescents for the next 10 years.
- The engagement of community capacity building is still developing, and to be embedded. This year saw a significant increase in consultation with resident groups and local people on emerging strategy development.
- 70% of statutory delivered services and projects tackling violence are funded through either internal or external, time-limited temporary funding streams, with most of the funding ending in 2025.
- Police crime statistics indicate an increasing number of violent offences occurring in Barnet in all age groups in 2022-2023 to the

| | |
|------------|--|
| | <p>previous year, with the biggest increase in the 18-24 age group. This places greater importance on coordinated preventative measures for young people under the age of 18.</p> <ul style="list-style-type: none"> • Police crime data shows higher rates of weapon offences for 0-17 and 18-24 age groups in 22/23 than the previous year. Indicating feelings of lack of safety in the Borough. However, this may also support better detection rates, and it is suggested that this includes those found with a weapon. • Drug offences over the last year have also increased in line with weapon offences, although it must be noted that drug offences are lower in Barnet compared to London. |
| Peer Group | <ul style="list-style-type: none"> • Many services are working with individual young people and adults. Group work activity tends to be more focused in the VCS sector. However, we understand the contextual relationships that young people have with one another, and coordinated information from the partnership is effectively shared. |

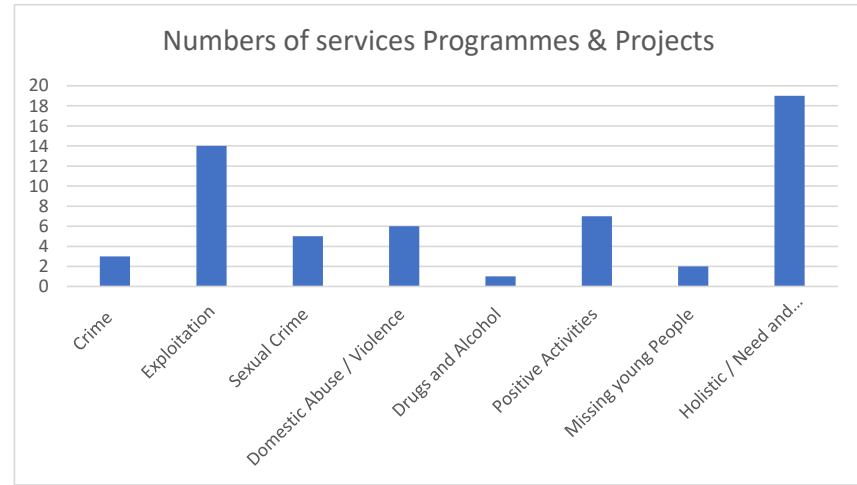
Figure 4. Protective factors associated with serious violence crimes, Centre for Disease Control and Prevention.2020.

| Organisation | What they can do | Aimed at | Location | Comissioned (funded) , Statutory, VCS | In or Outside of Borough | Prevention | Reactive (Critical Moment) Response | Area that is addressed | Youth Mentoring | Counselling Mental Health | Information Services |
|--|---|-------------------------|------------------------|---------------------------------------|--------------------------|------------|-------------------------------------|------------------------|-----------------|---------------------------|----------------------|
| The Lighthouse | Provide an immediate holistic response to Sexual abuse, including Therapy, Examinations, ABE and wider work with the family | Young People and Adults | Borough wide | Comission (funded ext) | Outside | | | Sexual Assault | | | |
| North London Rape Crisis/ Survivors Network / Solace Women's Aid | Offers counselling to survivors of sexual abuse aged 13 and over | Young People and Adults | Borough wide | Comission (funded Int) | Inside | | | Sexual Assault | | | |
| Rescue and Response (Safer London, Abianda and St Giles Trust) | Rescue and Response is a pan-London County Lines support service for children and young people up to the age of 25 who are caught up in County Lines drug distribution networks and subject to criminal exploitation. They provide individual casework support through one of the three service providers (Safer London, Abianda and St Giles Trust) and our team of Partnership Coordinators and Analysts will bring together the professional network so we can help safeguard those referred. | 0-25 | Borough wide | Comission (funded ext) | Outside | | | Criminal Exploitation | | | |
| Advocacy - Action for Children | Action for Children protects and supports children and young people, providing practical and emotional care and support, ensuring their voices are heard, and campaigning to bring lasting improvements to their lives. | Young people up to 18 | Borough wide | VCS | Inside | | | Holistic | | | |
| Appropriate Adults | Provide advocacy and support for young people that have been arrested and do not have an appropriate adult within their family for interview. | 0-18 | Borough wide | Comission (funded Int) | Inside | | | Criminal Exploitation | | | |
| Redthread | Our Youth Violence Intervention Programme operates in hospital emergency departments. Our innovative service reduces serious youth violence, and has revolutionised the support available to young victims of violence. Our Young Women's Service is embedded within our Youth Violence Intervention Programme and provides tailored support for young women affected by Child Sexual Exploitation, emotional or physical harm. | 0-25 | Borough wide | Statutory | Inside and Outside | | | Violence - Crime | | | |
| Victim Support | Support service for Barnet residents who are affected by or witness to crime. | Young Person and adults | Borough wide | Comission (funded Ext) | Inside | | | Holistic | | | |
| Engage | To engage with young people during the teachable, reachable moment – when they are held in police custody. The support offered beyond custody will focus on what is important to the young person, including developing positive improvements in key emotional, physical and vulnerable behaviours. This will aim to support a sustainable move away from serious violence and exploitation. | 0-17 | Colindale | Comission (funded Int) | Inside | | | Violence - Crime | | | |
| No Knives Better Lives | A weapons awareness programme designed to reduce knife crime amongst young people across the country. | 0-18 | Central Criminal Court | Comission (funded ext) | Outside | | | Violence | | | |
| MOPAC | Provides early intervention for young people who are at risk of exploitation via 1-1 work at home and in schools | 0-18 | Borough wide | Comission (funded Ext) | inside | | | Exploitation | | | |
| The Drive Project | Drive works with high harm high risk perpetrators of domestic violence and abuse. The intervention incorporates intensive 1:1 work and case management alongside a co-ordinated police-led multi-agency response that disrupts opportunities for abuse to be carried out and reduces risk. | Young People and adults | Borough wide | Comission (funded Int) | Inside | | | Violence DV-DA | | | |
| REACH | Provide a wrap around service with psychologists, social workers and family practitioners for families and young people who are experiencing exploitation | 0-18 | Borough wide | Statutory | Inside | | | Holistic | | | |
| MPS Exploitation Team | Direct work with young people who are experiencing exploitation. MPS aim to divert young people and reduce reoffending and further harm | 0-18 | Borough wide | Statutory | Inside | | | Exploitation | | | |
| Youth Realities | Youth-led organisation tackling teenage relationship abuse by addressing the root causes, creatively and compassionately. We offer bespoke prevention, intervention focused workshops and survivor-focused core community programmes for young people aged between 11 - 25, supporting those with experiences of trauma related to teenage relationship abuse, exploitation, mental ill-health, bullying, social isolation and violence. Our community programmes are for young women and we have mixed-gender bespoke programmes available on request that focus on healthy relationships and sexual health. | Young person | Borough wide | VCS | Inside | | | Exploitation | | | |
| Young Person's Sexual Health Clinic | Sexual health and contraceptive services | 0-18 | Borough wide | Statutory | Inside and Outside | | | Sexual Health | | | |
| Children's Society | Provides information and research regarding effective professional responses to missing children. | Professionals | Borough wide | VCS | Outside | | | Exploitation | | | |
| Barnardos | Guidance for professionals and parents, suggestions of how to intervene and work with missing young people. | Professionals | Borough wide | VCS | Outside | | | Exploitation | | | |
| St Christopher's Fellowship | Provide all out of borough Return home interviews. 1-1 mentoring. | 0-25 | Borough wide | Comission (funded) | Inside | | | Missing | | | |
| Family Action | Works with a range of CYP through a specific attachment and resilience based model of mentoring community Conferences | Young People and adults | Borough wide | Comission (funded) | Inside | | | Holistic | | | |

| | | | | | | | | | | | |
|--------------------------------------|---|---------------------------------------|--|--------------------|--------------------|--|--|------------------------------|--|--|--|
| Centre Point | CenterPoint, help vulnerable young people by giving them the practical and emotional support they need to find a job and live independently. | Young People | Cricklewood | VCS | Inside | | | Holistic | | | |
| Troubled Families Programme | Providing early help support to children & young people before problems escalate | 0-25 | Borough wide | Statutory | Inside | | | Holistic | | | |
| Spurgeons | Hundreds of thousands of vulnerable children in the UK need care and protection to ensure that they can live safe and happy lives, free from neglect, abuse and exploitation | Children and Young people | Borough wide | VCS | Outside | | | Holistic | | | |
| Forward 4 Families | High quality Family Group Conferences, Mediation and Assessment Services | All ages | Borough wide | VCS | Outside | | | Holistic | | | |
| LGBT Foundation | Provide a range of services to help support young people and adults in terms of sexual orientation. Can provide befriending, counselling, and advice regarding sexual health. | Young Person (targetted) | Borough wide | VCS | Inside | | | Sexual Health | | | |
| Early Help Hub | Offer 1-1 case work and groups that focus on safety within the community. Early Help also complete YJS triages, Community Resolutions and Youth Conditional Cautions. | 0-19 | West- Colindale, East Central- East Finchley, South- Golders Green | Statutory | Inside | | | Holistic | | | |
| Barnet's Detached Outreach Project | Detached Outreach Workers engage and offer support to children and young people up to the age of 25 years who are 'hard to reach', vulnerable or at risk in targeted areas. The aim is to identify risk factors relating to serious violence at an earlier stage to prevent and ensure appropriate and targeted responses via local interventions and provisions. | 0-25 | Borough wide | Comission (funded) | Inside | | | Holistic | | | |
| Community Capacity | Looking at a public health approach to violence reduction in Barnet. The project's aim is to improve local resilience in communities and co-produce plans with them and young people to support the diversion of young people and adults from involvement in incidents of serious violence. | All ages | Borough wide | Comission (funded) | Inside | | | Violence | | | |
| Hestia / Phoenix Project | Provide support around domestic abuse, modern slavery, mental health and complex needs, support those with physical or learning disabilities to live independently in the community. They have support offenders re-integrate into the community and drug and alcohol support | All ages (Targetted) | Borough wide | VCS | Inside | | | Exploitation | | | |
| Noa Girls | Noa Girls provides individual emotional, practical and therapeutic support to vulnerable adolescent girls in the Orthodox Jewish community aged 12-24 through key workers, mentoring and therapy. Noa Girls provides girls with the care and skills necessary for them to regain their self-worth and create the possibility of a healthier and more productive future. Girls can join by being referred by their friends, family, school, or other external service. They can also refer themselves. | young people (Targetted) | Borough wide | VCS | Inside | | | Holistic | | | |
| NSPCC | Offer range of information resources and purchasable services | Young Person | Borough wide | VCS | Outside | | | Holistic | | | |
| Mosaic Youth | Is a youth centre to support young LGBT people, it provides groups advice and support to young people around issues such as; bullying, Domestic Violence, Housing and mental health. | Young Person (Targetted) | Borough wide | VCS | Inside | | | Holistic | | | |
| Centre of Excellence | Provide both 1-1 and group mentoring work particularly for young males from ethnic minority backgrounds who are disproportionately affected by youth violence | Young person and families (Targetted) | Colindale | VCS | Inside | | | Holistic - Positive Activity | | | |
| CSE Protocols | Both the Pan London CSE protocols and local adolescents at risk protocols can be found here. | Professionals | Borough wide | | | | | Exploitation | | | |
| Art Against Knives | Using Music Studio, a team of creative, highly skilled professionals provide skills training, mentoring and specialist support. | Young Person | Hubs in North Finchley, East Finchley, Dollis Valley & Colindale | VCS | Inside | | | Holistic - Positive Activity | | | |
| Growing Against Violence | Offers 1:1 Space to enable a safe space to discuss relationships concerns worries and experiences. | Young Person - Schools Targetted | Borough wide | VCS | Outside | | | Exploitation - Violence | | | |
| The 4front Project | Youth-Led Social Enterprise, Empowering Communities to Live free from Violence | Young Person | Grahame Park | VCS | Inside | | | Holistic - Positive Activity | | | |
| NWG - Network | Is a national Charity which provides research and networking services for professionals working with child sexual exploitation. | Professionals | Borough wide | | | | | Sexual Exploitation | | | |
| CGL including Young People's Service | CGL works with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse, and antisocial behaviour. Our projects, delivered in communities and prisons, encourage and empower people to take control of their lives and motivate them to find solutions to their problems. There are various volunteering opportunities. | All ages | Borough wide | Comission (funded) | Inside and Outside | | | Drugs and Alcohol Services | | | |
| Barnet Advocacy - Solace Women's Aid | Solace Advocacy & Support Service provides support to survivors of domestic abuse in Barnet. With an allocated Advocate, they will provide practical and emotional support, information, advocacy and specialist services to increase safety and meet a range of needs - these can include ongoing safety concerns, emotional or housing support, legal options, reporting to the police, help around child contact, benefits and financial advice. | All ages | Borough wide | Comission (funded) | Inside | | | Domestic Violence & Abuse | | | |

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|---|--|---|---------------|--------------------|--------------------|--|--|-------------------------------|--|--|--|
| Jewish Womens Aid | Offers advice and information for Jewish women regarding issue of domestic abuse, and support | Adults | Borough wide | VCS | Inside | | | Domestic Violence & Abuse | | | |
| Rise Mutual CIC (Domestic Abuse Services For Perpetrators And Victims) | Provide support to perpetrators of abuse | All ages | Borough wide | Comission (funded) | Inside | | | Domestic Violence & Abuse | | | |
| Refuge | Support for women, children experiencing domestic violence coercion and control | Women all ages, children and young people | Borough wide | VCS | Inside and Outside | | | Domestic Violence & Abuse | | | |
| IRIS - Solace | Programme to train GP surgeries on Domestic Abuse and to refer survivors/victims to the Advocacy and Support Service. | Professionals | Borough wide | Comission (funded) | Inside | | | Domestic Violence & Abuse | | | |
| Groups Canada Villa | Youth club providing activities and occasional holidays for local young people | 0-19 | Mill Hill | Statutory | Inside | | | Holistic -- Positive Activity | | | |
| Young Barnet Foundation | Support children & young people in Barnet - a membership movement to grow local activities and opportunities | Young Person | East Barnet | | | | | Holistic | | | |
| The DJ and MC Academy | Since we began our journey in 2008 we've had the pleasure of working with over 60,000 young people and adults across 20 London Boroughs, engaging, developing and influencing through the medium of music. The academy was set up to address a clear shortfall in outreach programmes available for young people living in urban London. What makes us unique is our ability to reach young people in their own social environment through our fully customised DJ vans. These mobile music facilities enable us to take music to the streets, providing a positive gateway for young people in need of inspiration. | Young people and adults | Colindale | VCS | Inside | | | Holistic - Positive Activity | | | |
| Unitas - Barnet Youth Zone | Unitas delivers open access universal youth provision for children and young people aged 8 upwards and to age 25 for those with additional needs. Utilising our world-class facility in Montrose Park, we will provide up to 20 activities every day including sports, art, music, media, boxing, climbing and much more. All for just 50p per visit and £5 per year membership. We have over 40 members of dedicated and trained staff, sessional workers and over 100 volunteers committed to transforming the lives of children and young people. | Young person | Edgware | VCS | Inside | | | Holistic - Positive Activity | | | |
| Fuse Youth Project | Youth club for young people living on the Grahame Park, West Hendon and Stonegrove estates in Barnet. | All ages | Grahame Park | VCS | Inside | | | Holistic - Positive Activity | | | |
| Barnet Integrated Clinical Services (BICS) | The Youth Justice Liaison and Diversion worker offers mental health screening to all young people under the age of 18 who are detained in custody. They also offer consultation and training to YJS staff. | 0-19 | Borough wide | Statutory | Inside | | | Holistic | | | |
| No 1 Fitness / Mentoring Academy | The project aims to mitigate and reduce the risk of offending and through targeted mentoring to support offenders to make positive life choices & to stop violent and persistent offending. | 17 - 25 years | Borough wide | Comission (funded) | Inside | | | Crime | | | |
| Restorative Justice | As a form of diversionary support, the power of Restorative Practice / Justice is to equip children and young people with the skills to de-escalate, resolve and develop empathy skills around conflict. | all ages | Borough wide | Comission (funded) | Inside | | | Holistic | | | |
| Community Souls Mentoring Programme | Community Souls mentoring programme is designed to improve the well-being and intellect of a young person. Through 1:1 and group sessions, we aim to develop their social, personal and educational abilities. Our mentor's role within the programme is to work with the young person to set personal goals and support them in achieving them. They work as a team to record and monitor the progression and achievements. | Young person | N20 & EN5 | VCS | Inside | | | Holistic | | | |
| Catch 22 | Catch22 designs and delivers services that build resilience and aspiration in people of all ages. | All ages | Borough wide | VCS | Inside and Outside | | | Holistic | | | |
| Air Network | Offer 1-1 meetings with young people to engage them through sports and exercise. | 0-18 | Borough wide | Comission (funded) | Inside | | | Holistic | | | |
| Local Accomodation Pathfinder - St Christopher's Fellowship | LAP is a high needs, 24 hours supported placement in Barnet. It is a new regional (pan London) project as a positive alternative to custody focusing on young black boys who are represented disproportionately in the criminal justice system. | 0-25 | Friern Barnet | Comission (funded) | Inside | | | Crime | | | |
| YJS | Manage statutory court orders and out of court disposals. YJS give recommendations to court in the hope of reducing reoffending. | 0-18 | Borough wide | Statutory | Inside | | | Crime | | | |

| Primary Focus of Services | Numbers of services Programmes & Projects |
|----------------------------------|---|
| Crime | 3 |
| Exploitation | 14 |
| Sexual Crime | 5 |
| Domestic Abuse / Violence | 6 |
| Drugs and Alcohol | 1 |
| Positive Activities | 7 |
| Missing young People | 2 |
| Holistic / Need and Intervention | 19 |



**Safer Communities Partnership Board
Forward Plan
July 2023-July 2024**

Contact: Scarlett Ryan | Tel 020 8359 4173 | Scarlett.Ryan@Barnet.gov.uk

Safer Communities Partnership Board – Forward Plan

| 21 st July 2023 | | | |
|---|---|--|-----------------------------------|
| Title of Report | Overview of theme/decision | Report of (officer) | Issue Type (Non-Key, Key, Urgent) |
| Performance Update (Q4 2021/22 & Q1 2022/23) | Relevant to all priority areas of the Community Safety Strategy | Matt Leng, Community Safety Team, LBB | Non-Key |
| Family Services Update (Q4) | Relevant to Priority 4 of the Community Safety Strategy | Tina McElligott Director Children's Social Care, LBB | Non-Key |
| North West BCU Police Update to the Safer Communities Partnership Board | Relevant to all areas of the Community Safety Strategy | Metropolitan Police | Non-Key Non-key |
| London Fire Brigade Annual Update | Relevant to all priority areas of the Community Safety Strategy | Borough Commander, Barnet, London Fire Brigade | Non-Key |
| Safer Communities Partnership Board Annual Report | Relevant to all areas of the Community Safety Strategy | Maggie Highton Brown, Head of Community Safety, Enforcement, CCTV & Intelligence | Non-Key |
| Serious Violence Duty - Strategic Needs Assessment | | Diasmer Bloe, Strategy & Insight | |

Safer Communities Partnership Board – Forward Plan

| 24th November 2023 | | | |
|---|---|--|--|
| Title of Report | Overview of theme/decision | Report of (officer) | Issue Type (Non-Key, Key, Urgent) |
| Performance Updates | Relevant to all priority areas of the Community Safety Strategy | Matt Leng, Community Safety Team, LBB | |
| North West BCU Police Update to the Safer Communities Partnership Board | Relevant to all areas of the Community Safety Strategy | Metropolitan Police | |
| Family Services Updates | Relevant to Priority 4 of the Community Safety Strategy | Tina McElligott Director Children's Social Care, LBB | |
| Assurance Community Safety 6 Monthly Update | | | |
| Combating Drugs Partnership Update | | Tamara Djurectic Director of Public Health | |
| Serious Violence Duty - Strategic Needs Assessment | | Diasmer Bloe, Strategy & Insight | |
| 1st March 2024 | | | |
| Title of Report | Overview of theme/decision | Report of (officer) | Issue Type |
| Performance Update | | | |
| North West BCU Police Update to the Safer Communities Partnership Board | | | |
| Family Services Update | | | |

Safer Communities Partnership Board – Forward Plan

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|---|--|---|-------------------|
| Barnet Homes Update to the Safer Communities Partnership Board | | | |
| Victim Support Annual Update | | | |
| Serious Violence Duty - Strategic Needs Assessment | | | |
| London Fire Brigade – Annual Update | | | |
| Probation Service – Annual Report | | | |
| Health Partners – Annual Update | | | |
| Barnet Safeguarding Adults Board | | Fiona Bateman Independent Chairman, Adults Safeguarding Board | |
| 7th June 2024 | | | |
| Title of Report | Overview of theme/decision | Report of (officer) | Issue Type |
| Performance Update | | | |
| North West BCU Police Update to the Safer Communities Partnership Board | Relevant to all areas of the Community Safety Strategy | Metropolitan Police | |
| Combined Community Safety Partnership Annual report - include Assurance and Family last 6 months update | | | |
| Family Services Update | | Tina McEligott Director Children's Social Care, LBB | |

Safer Communities Partnership Board – Forward Plan

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|---|---|--|-------------------|
| Serious Violence Duty - Strategic Needs Assessment | | | |
| 6th September 2024 | | | |
| Title of Report | Overview of theme/decision | Report of (officer) | Issue Type |
| Performance Update | Relevant to all priority areas of the Community Safety Strategy | Matt Leng Community Safety Team, LBB | Non-Key |
| Family Services Update | Relevant to Priority 4 of the Community Safety Strategy | Tina McElligott Director Children's Social Care, LBB | Non-Key |
| North West BCU Police Update to the Safer Communities Partnership Board | Relevant to all areas of the Community Safety Strategy | Metropolitan Police | Non-Key |
| Update on Antisocial Behaviour (including refresh to all members of the tools and powers) | Relevant to priorities 1 and 2 of the Community Safety Strategy | Matt Leng Community Safety Manager | Non-key |
| Serious Violence Duty - Strategic Needs Assessment | | | |
| To be allocated | | | |
| Barnet Safer Neighbourhood Board | | Chairman SNB | |
| Department for Work and Pensions | | Senior National Account Manager, DWP | |

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