

MEETING

SAFER COMMUNITIES PARTNERSHIP BOARD

DATE AND TIME

FRIDAY 31ST OCTOBER, 2014

AT 2.30 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4AX

TO: MEMBERS OF SAFER COMMUNITIES PARTNERSHIP BOARD

Chairman: Councillor David Longstaff

Councillors

Kiran Vagarwal, London
Borough of Barnet

Mathew Kendall, LBB

James Mass, LBB

Pam Wharfe, LBB

Duncan Tessier, LBB

Nicola Francis, LBB

Adrian Usher, Metropolitan
Police

Marcia Whyte, London
Probation Trust

Sam Denman, National
Probation Service

Steve Leader, London Fire
Brigade

Bridget O'Dwyer, Barnet
Clinical Commissioning
Group

Bradley Few, MOPAC

Roger Kemp, Barnet Safer
Neighbourhood Board

Dr Simon Harding,
Middlesex University

Tim Harris, North West
London Magistrates Court

Julie Pal, CommUnity
Barnet

Caroline Birkett, Victim
Support

Terry Cameron, Department
for Work and Pensions

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

Andrew Nathan – Head of Governance

Governance Services contact: Kiran Vagarwal, 020 8359 2953
Kiran.Vagarwal@Barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

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Barnet Safer Communities Partnership Board (SCPB)

AGENDA ITEM 1

Date:	Friday 31 st October 2014
Time:	2.30pm to 4.30pm
Venue:	Committee Room 2, Hendon Town Hall, The Burroughs, London NW4 4AX

Agenda

	Item	Led by
14:30-14:35 (5 minutes)	<u>Items 1 and 2:</u> Introductions Minutes and Actions from Previous meeting	Cllr Longstaff (Chair) Chairman Safer Community Partnership Board
14:35-15:00 (25 minutes)	<u>Item 3: (Forward Plan item)</u> <u>Community Safety Strategy 2015-2018</u> <ul style="list-style-type: none"> Initial results of community safety consultation Community Safety Strategy 2015-2018 – proposal on objectives and outcomes 	Kiran Vagarwal Head of Community Safety Barnet Council
15:00-15:20 (20 minutes)	<u>Item 4: Reducing Re-offending (Forward Plan item)</u> Update from Community Rehabilitation Company (CRC) and the National Probation Service (NPS) <ul style="list-style-type: none"> Pan- London and impact on Barnet IOM Developing an offender management strategy for Barnet – proposed objectives 	Marcia Whyte Assistant Chief Officer CRC Sam Denman Assistant Chief Officer NPS
15:20-15:30 (10 minutes)	<u>Item 5: Future of the Children’s Trust Board</u> <ul style="list-style-type: none"> Role of the SCPB Children and Young People Plan 	James Mass Family & Well-being Lead Commissioner
15:30-15:45 (15 minutes)	<u>Item 6: Domestic Violence Homicide Report</u> <ul style="list-style-type: none"> Recommendations and action plan for the case of Kara and Stefan (Pseudonym names) 	Jo Pymont Interim Assistant Director Children’s Social Care Chair of DV & VAWG Board
15:45-16:00 (15 minutes)	<u>Item 7: Implementing the Anti-social Behaviour 2014 legislation</u> <ul style="list-style-type: none"> Summary of new powers Proposal for Barnet’s Community Trigger Barnet Community MARAC (Multi-agency Risk Assessment Case Conference) 	Kiran Vagarwal Head of Community Safety Barnet Council Steve Leader London Fire Brigade Borough Commander for Barnet
16:00-16:05 (5 minutes)	<u>Item 8: Update from Youth matters</u> Standard agenda item	Duncan Tessier Assistant Director, Early Intervention and Prevention Family Services Delivery Unit Children’s Service Barnet Council
16:05- 16.15 (10 minutes)	<u>Item 9: Performance Dashboard</u> SCPB – to note	Kiran Vagarwal Head of Community Safety Barnet Council

	Item	Led by
16:15-16:25 (10 minutes)	<p><u>Item 10: Proposed items for next SCPB: 30 January 2015</u></p> <ul style="list-style-type: none"> • Members to sign off Barnet’s Community Safety Strategy 2015-2018 • Agree forward plan for 2015-2016 • Performance Dashboard • Draft Offender Management Strategy • Multi-agency burglary reduction plan 2015-2016 • Alcohol Strategy 	<p>Kiran Vagarwal Head of Community Safety Barnet Council</p>
16:25- 16:30 (5 minutes)	<p><u>Item 11: Any Other Business</u></p> <ul style="list-style-type: none"> • Update from the Safer Neighbourhood Board (SNB) 	<p>Roger Kemp Chairman Barnet SNB</p>
16:30	Date of the next meeting: 30 January 2015 2.30 pm Meeting Close	

Safer Communities Partnership Board

Minutes of meeting held on 25 July 2014
Hendon Town Hall, The Burroughs, London NW4 4BQ

AGENDA ITEM 2

Minutes

Board Members Present:

Cllr David Longstaff (Chairman)	London Borough of Barnet
Kiran Vagarwal	London Borough of Barnet
James Mass	London Borough of Barnet
Pam Wharfe	London Borough of Barnet
Adrian Usher	Metropolitan Police
Marcia Whyte	London Probation Trust
Sam Denman	National Probation Service
Steve Leader	London Fire Brigade
Roger Kemp	Barnet Safer Neighbourhood Board
Tim Harris	North West London Magistrates Court
Julie Pal	CommUnity Barnet
Terry Cameron	Job Centre Plus

Also Present:

Peter Clifton	London Borough of Barnet
Sarah Perrin	London Borough of Barnet
Flo Armstrong	London Borough of Barnet
Annalisa Nicora	Victim Support London
Salar Rida	London Borough of Barnet

1. INTRODUCTION AND APOLOGIES

Councillor David Longstaff, Chairman of the Safer Communities Partnership Board welcomed the members of the Board and thanked them for their attendance.

Apologies noted from Bradley Few, Bridget O'Dwyer, Nicola Francis, Mathew Kendall, Duncan Tessier and Dr Simon Harding.

2. MINUTES AND ACTIONS FROM PREVIOUS MEETING

Subject to the correction that Ms Manju Likhman (LBB) was also in attendance, the minutes of the meeting held on 25 April 2014 were agreed as a correct record. The Board noted the list of actions recorded in the previous minutes.

3. BARNET SAFER NEIGHBOURHOOD BOARD, PROGRESS UPDATE (VERBAL UPDATE)

The Chairman of the Barnet Safer Neighbourhood Board, Mr Roger Kemp provided a verbal update to the Board and informed that the next meeting of the Barnet SNB will be held on 12 August 2014.

Mr Kemp informed the Board about the statistical information gathered, which will be evaluated and considered at the next SNB meeting on 12 August.

The Board noted that speakers have been invited to the first public meeting which will be held on 16 September 2014 which will be a good opportunity for Chairs of SNBs to discuss initiatives and share information.

4. PROJECT MERCURY UPDATE AND INFORMATION (VERBAL UPDATE)

Chief Superintendent Adrian Usher (Metropolitan Police) informed of the initiatives to raise crime awareness and the measures that residents can take to increase home security. The Chief Superintendent noted that the correct name of the awareness campaign is Project Mercury.

The Board noted the importance of disseminating the message through Metropolitan Police staff to engage with residents across the Borough and for people to actively endorse and engage in the project.

The Chief Superintendent highlighted that data demonstrates the increased risk of burglary during winter months. It was noted that as properties remain in darkness for longer periods during winter, there is an increased chance of homes being targeted. Information will be disseminated to residents to take simple measures to reduce the risks of burglary and give properties a good security review. The CEO of CommUNITY Barnet Julie Pal informed that the information can be distributed by partners to reach as many residents as possible.

Action: For partners to circulate the seasonal burglary awareness campaign and crime prevention information to staff and other organisations and take part on the day

5. BURGLARY REDUCTION GROUP UPDATE (VERBAL UPDATE)

Peter Clifton, Community Safety Manager, Barnet Community Safety Team informed about the Safer Homes scheme and the measures being implemented to reduce the risk of property crime being committed, and in particular to repeat victims of burglary.

Mr Clifton informed that a number of schemes are currently being reviewed for effectiveness. As a result a pilot scheme will be launched in designated areas. Mr Clifton highlighted the importance of ensuring that partners and agencies are made of the scheme.

6. DEVELOPING OUR SAFER COMMUNITIES STRATEGY

The Head of Community Safety, Kiran Vagarwal introduced the item and the Chairman welcomed guest Sarah Perrin (London Borough of Barnet). The Board noted that the current Community Safety Strategy will continue to operate until December 2014. The Members of the Board were requested to consider the proposed timeline and action plan (Agenda p10).

Action: Feedback on the Community Consultation Plan (Agenda p10) to be forwarded to Kiran Vagarwal or Peter Clifton

The Board noted the proposals for the new Safer Communities Partnership Strategy for 2015-18. It was noted that the consultation is an opportunity for engagement with local communities on how the Board will tackle and prevent crime and disorder, substance misuse and anti-social behaviour. The Chairman noted that following the consultation,

the Safer Communities Partnership Strategy 2015-18 will be signed off by the Board on 30th January 2015.

Roger Kemp, Chairman of the Safer Neighbourhood Board asked whether a presentation could be provided at the SNB meetings on the proposals for the new Safer Communities Partnership Strategy 2015-18. (**Action:** Ms Vagarwal)

Resolved that the members of the Board consider how they can support the consultation process taking place 28th July to 3rd October 2014.

Resolved that the members of the Board provide feedback on the draft Community Safety Strategy between 10th to 24th October 2014.

7. UPDATE FROM 'YOUTH MATTERS' AND RECENT INSPECTIONS (VERBAL UPDATE)

Flo Armstrong (Divisional Manager for Youth and Connexions, London Borough of Barnet) presented the item and informed that there had been significant improvement in performance in all aspects of the work of the Youth Offending Team since the last inspection in September 2011. It was noted that the Youth Offending Team had ensured that it was supported by all relevant partners in protecting the public from the risk of serious harm. Pam Wharfe, Strategic Director Growth and Environment highlighted the importance of the areas requiring improvement:

- Staff and managers to review all plans when there are changes to the developments of children and young people under supervision and that
- all staff are effectively able to use the recording system employed by the Youth Offending Team.

8. HOME OFFICE PEER REVIEW FOR GANGS AND SERIOUS YOUTH VIOLENCE

The Head of Community Safety Kiran Vagarwal introduced the item and informed that the Home Office have chosen Barnet to undergo a Peer Review that aims to support the community safety partnership in developing the way it delivers outcomes in tackling youth violence and managing risks to young victims and offenders.

It was noted that the review will take place over four days in October 2014. Ms Vagarwal noted that the peer reviewers will meet with individuals across the partnership to gain an understanding of the work of the partnership. Ms Vagarwal informed that following the consultation with the peer reviewers, a set of recommendations will be put forward for consideration of the Board.

Action: Head of Community Safety to circulate the list of partners to work together with the peer reviewers

Action: Ms Vagarwal to include the London Fire Brigade to the list of partners

Action: For members of the partnership to put forward a representative for their respective organisation

Chief Superintendent Adrian Usher for Metropolitan Police noted the importance of a partnership and community wide approach to youth crime prevention and effective interventions to minimise risks for youth crime and anti-social behaviour. Ms Vagarwal highlighted the essential elements for an effective gang prevention strategy and the importance of strong local leadership in tackling gangs and youth violence.

Resolved that the members of the Safer Communities Partnership Board note and comment on the contents of the report.

Resolved that the members of the Board nominate officers from their organisations that can meet with peer reviewers.

Resolved that the Board highlight any particular areas they would like the peer review to focus on.

9. PERFORMANCE DASHBOARD (PRESENTATION)

Peter Clifton Community Safety Manager, presented the Performance Dashboard item. Mr Clifton informed the Board that there has been a 20% reduction in Burglary in comparison to the previous year for the period to May 2014.

Mr Clifton noted that the figures for Violent Crime show an increase of 36% in the recent quarter compared to the quarter in the previous year. Furthermore it was noted that other London boroughs have experienced a similar rise in figures for Violent Crime.

The Board was informed that as a result of a change in reporting requirements, data for violent crimes has been affected. It was noted that other boroughs have experienced a similar trend as a result of the change in the way violent crimes with injury are recorded.

Mr Clifton highlighted that Barnet is ranked second out of 32 for Violent Crime data for the twelve months to May 2014. It was further noted that the data for Reducing Re-offending is from the previous quarter and that an update can be provided

Action: Peter Clifton to include an annotation that figures for Gun crime are intermittent

Action: Peter Clifton to report on updated data for Reducing Re-offending
The Chairman commended the presentations delivered and thanked the members of the Board for the contributions.

10. ANY OTHER BUSINESS

Sam Denman (National Probation Service) informed the Board of the excellent participation and attendance at the Integrated Offender Management Away Day. Kiran Vagarwal, the Head of Community Safety informed that members are urged to consider putting forward items for discussion at future meetings of the Safer Communities Partnership Board.

11. DATE OF NEXT MEETING: 31 OCTOBER 2014 2.30PM

Action Log of meeting held on 25 July 2014
Hendon Town Hall, The Burroughs, NW4 4BG

Action Log

Date of Meeting	Action	Officer/Member
25.07.2014	For partners to circulate burglary awareness campaign and crime prevention information to staff and other organisations	All partners
25.07.2014	Feedback on the Community Consultation Plan (Agenda p10) to be forwarded to Kiran Vagarwal or Peter Clifton	Partners/ Kiran Vagarwal/ Peter Clifton
25.07.2014	Roger Kemp, Chairman of the Safer Neighbourhood Board asked whether a presentation could be provided at the SNB meetings on the proposals for the new Safer Communities Partnership Strategy 2015-18.	Kiran Vagarwal
25.07.2014	Action: Head of Community Safety to circulate the list of partners to work together with the peer reviewers	Kiran Vagarwal
25.07.2014	Action: Head of Community Safety to include the London Fire Brigade to the list of partners	Kiran Vagarwal
25.07.2014	Action: For members of the partnership to put forward a representative for their respective organisation	All partners
25.07.2014	Action: Peter Clifton to include an annotation that figures for Gun crime are intermittent	Peter Clifton
25.07.2014	Action: Peter Clifton to report on updated data for Reducing Re-offending	Peter Clifton

The meeting finished at 3.30 pm

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Report Name:	Community Safety Strategy 2015-2018 <ul style="list-style-type: none"> • Initial analysis of the 2014 Community Safety Consultation • Proposed Objectives and Outcomes 	
Meeting:	Barnet Safer Communities Partnership Board	
Meeting Date:	31 October 2014	
Report Author:	Kiran Vagarwal, Head of Community Safety	
Responsible Officer:	Kiran Vagarwal	
Outcome Required:	Information Only: Decision Required: Feedback/comments required: X	
Restricted	No	

1. Paper Summary

- 1.1 The Barnet Safer Communities Partnership Board (SCPB), oversees the development, delivery and monitoring of Barnet’s Community Safety Strategy.
- 1.2 Consultation on the Community Safety Strategy took place between July to October 2014. A provisional update on the outcome of this consultation is attached as appendix 1. The 2014 strategic crime needs assessment and the public consultation has informed the development of the 2015-2018 Community Safety Strategy.
- 1.3 The strategic objectives proposed are:
 - i. To provide a victim centred approach to victims of crime and anti-social behaviour.
 - ii. To maintain reductions in Crime and Anti-social behaviour.
 - iii. To improve the perception of Barnet being a safe place to live, work and visit.
- 1.4 The Community Safety Strategy is a partnership document and will be presented at the next Safer Communities Partnership Board on 20 January 2015 for sign-off by partners.

2. Decision(s)/ Action Required

- 2.1 That the SCPB provides comments on the proposed three year objectives and 2015-16 outcomes.
- 2.2 That the SCPB endorses the objectives and outcomes.
- 2.3 That SCPB note that members will be emailed the first draft of the strategy by 5th November 2014 and are requested to provide feedback by 15th December 2014.

3. Developing a new Community Safety Strategy for Barnet.

- 3.1 This report provides the Safer Communities Partnership Board with an update on the development of Barnet's 2015-2018 Community Safety Strategy.
- 3.2 Between July and October 2014, residents were consulted about what should be in the Community Safety strategy. The consultation included:
- Two public meetings.
 - An online survey – over 260 surveys were completed.
 - A stall at the Communities Together Network.
 - Presentation at the Safer Neighbourhood Board, Physical and Sensory Impairment Partnership Board, Learning Disabilities Partnership Board, Barnet Seniors Assembly, and Middlesex University.
 - Community engagement as part of Project Mercury on 25th September 2014.
 - Engagement with partners.
- 3.3 The analysis of the consultation response showed the top three concerns as:
- Volume Crime e.g. burglary (56%).
 - Reducing anti-social behaviour (48%).
 - Reducing problems associated with alcohol and drugs (40%).
- 3.4 The 2014 resident's perception survey results showed that the top three concerns around anti-social behaviour were:
- Rubbish or litter lying around (40%).
 - Teenagers hanging around (27%).
 - Vandalism, graffiti, and other deliberate damage to property or vehicle (26%).
- 3.5 Further analysis of the consultation can be found in appendix one of this report.
- 3.6 The objectives proposed in Barnet's Community Safety Strategy have been informed by the feedback from the consultation and the findings of the strategic crime needs assessment. The three year objectives proposed are:

Objective 1

To provide a victim centred approach to victims of crime and anti-social behaviour.

Objective 2

To maintain reductions in crime and anti-social behaviour.

Objective 3

To improve the perception of Barnet being a safe place to live, work and visit.

3.7 The Safer Communities Partnership outcomes proposed for 2015-16 are:

2015-16 Outcomes

- 1 Residents and businesses feel confident that the police and council respond to crime and ASB in their area.
 - 2 Residents and businesses are engaged and informed about community safety and the action we have taken in their area.
 - 3 Victims of domestic violence, and hate crime are confident in reporting incidents and the partnership intervenes to prevent repeat victimisation.
 - 4 The partnership will work to reduce serious youth violence with a focus on young people as victims and offenders.
 - 5 Sustained reductions in re-offending.
 - 6 Sustained reductions in burglary and other high volume crime types such as violence with injury, robbery, theft of motor vehicle, theft from motor vehicle, theft from the person and criminal damage.
-

3.8 For each of these outcomes, the strategy will set out progress to date, how the outcome will be achieved and how success will be measured.

3.9 The Council's Community Leadership Committee (CLC), chaired by Cllr Longstaff, will also consider the objectives and outcomes proposed in the strategy (1.4 and 1.5 of this report) at their meeting on 10 November 2014 to consider the council contribution in delivering the strategy.

3.10 Engagement with partners will take place between 1 November 2014 and 15 December 2014 on the draft Community Safety Strategy. The Safer Communities Partnership Board will sign off the final strategy on the 30 January 2015.

4. Legal requirements

4.1 In formulating the strategy, the partner authorities must have regard to the police and crime plan for the area.

4.2 Under Regulations, the partner authorities must set up a strategy group who are collectively responsible for preparing strategic assessments and preparing and implementing the partnership plan. The partnership plan shall set out the following:

- (a) a strategy for the reduction of re-offending, crime and disorder and for combating substance misuse in the area;
- (b) the priorities identified in the strategic assessment prepared during the previous year;
- (c) the steps considered necessary for the responsible authorities to take to implement the strategy and meet those priorities;
- (d) how the strategy group considers the responsible authorities should allocate and deploy their resources to implement that strategy and meet those priorities;
- (e) the steps each responsible authority shall take to measure its success in implementing the strategy and meeting those priorities;

(f) the steps the strategy group proposes to take during the year to comply with its obligations in respect of community engagement, considering the extent that people in the area can assist in reducing re-offending, crime and disorder and substance misuse, and publicising that partnership plan.

4.3 The Safer Communities Partnership has a statutory responsibility to consult with residents on their Crime and Anti-social behaviour priorities and share the findings of the annual strategic crime needs assessment. This has been completed as set out in section 3 of this report.

5. Delivery and governance structure of the SCPB

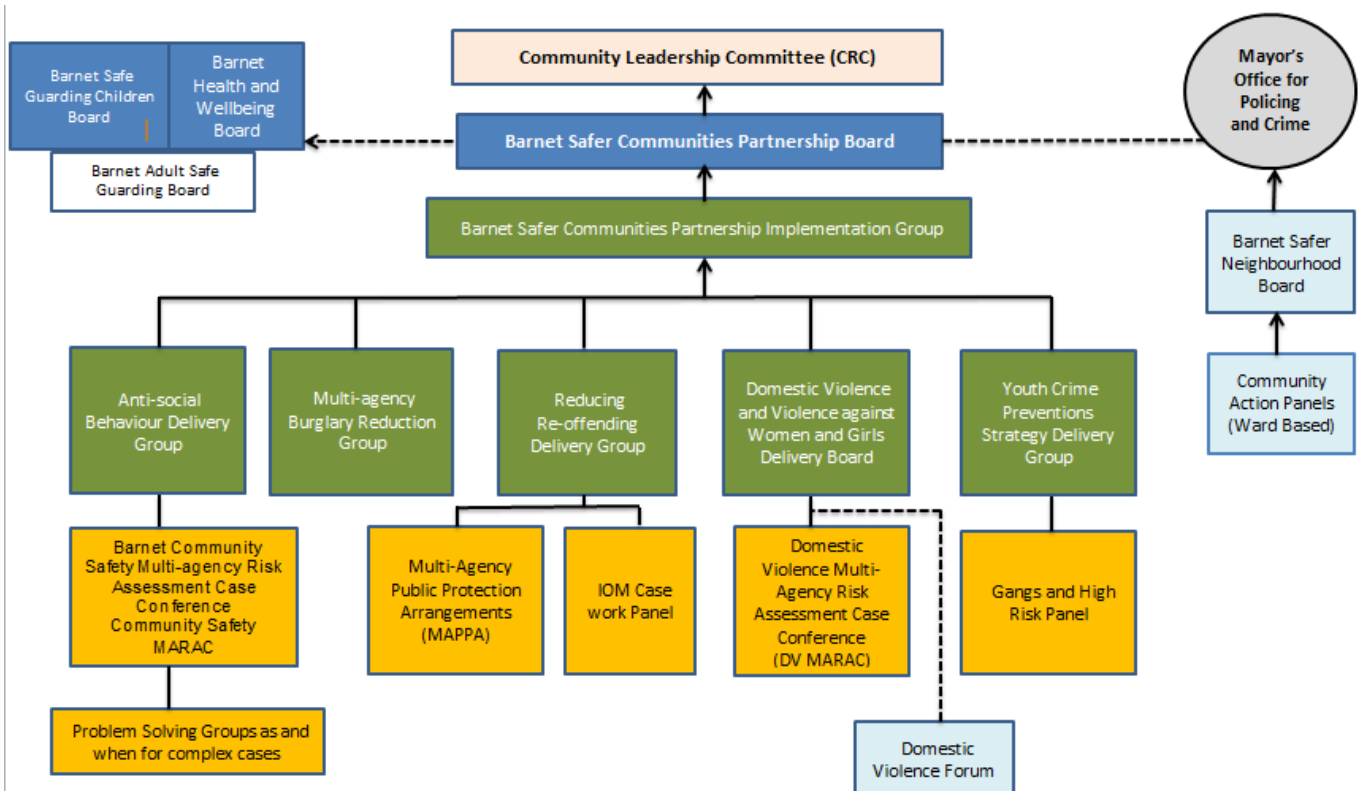
5.1 Progress against the 2015-2018 strategy will be reported to the SCPB quarterly and annually to the:

- Safeguarding Children’s Board
- Safeguarding Adults Board
- Community Leadership Committee

The Partnership will conduct an annual strategic crime needs assessment to track performance of the strategy and community safety consultation to understand the crime and ASB trends in Barnet. The analysis and consultation findings will inform the annual refresh of this strategy.

This plan will be delivered through subgroups of the SCPB set out in diagram 1.

Diagram 1:



Key

Barnet Council - Members Committee Meetings	
Statutory Partnership Board	Multi-agency Case Panels
Strategy Delivery Groups	Community Engagement Groups

Appendix 1: Agenda Item 2

Barnet Community Safety Strategy Consultation (2014)

Initial analysis of results

Rodney Rodericks and Peter Clifton

Barnet Community Safety Team

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**Caution: This analysis of the 2014 Community Safety Consultation is provisional
and subject to a more detailed analytical assessment.**

Consultations on Community Safety

Consultation with residents plays a key part in the development and annual review of Barnet's Community Safety Strategy. We consult to ensure that:

- The council works together with its partners and residents to sustain the low levels of crime and anti-social behaviour in the borough
- We understand the views and concerns of Barnet residents and provide an opportunity for residents to have their say about how we tackle and prevent crime and disorder, substance misuse and anti-social behaviour
- The annual review of Barnet's Community Safety Strategy takes into account the concerns residents have around crime and anti-social behaviour.

During the last two years the Safer Communities Partnership has received over 5000 responses from Barnet residents taking part in consultation surveys that have either been focused specifically on crime and community safety or else contained a significant section on that subject. Of these around 3300 of these responses were received during the last 18 months.

Consultations pre the 2014 Community Safety Strategy Consultation

Two of the main surveys undertaken were the Residents Perception Survey (RPS) and Public Attitude Survey (PAS). These have been carried out by separate independent market research companies. In addition to these two surveys there have been a number of either, smaller, or one off consultations, that are also highly relevant to community safety issues (CCTV consultation, Police Open Day survey and the 2011 Barnet Crime and Community Safety Survey).

The 2014 Barnet Community Safety Strategy Consultation

The most recent community safety consultation took place between July and October 2014.

This Consultation set out to understand the views and concerns of Barnet residents and provided an opportunity for residents to have their say about Barnet's 2015-2018 Community Safety Strategy.

The results of this consultation will support the Partnership create, develop and launch a community safety strategy for the borough for 2015 to 2018.

What we consulted on:

- Perceptions of crime and anti-social behaviour

Caution: This analysis of the 2014 Community Safety Consultation is provisional and subject to a more detailed analytical assessment.

- Views about how well the Safer Communities Partnership is tackling crime and anti-social behaviour
- What priorities should the future Community Safety Strategy focus on

This consultation included:

- An online survey (over 270 responses received).
- Two public meetings held at Hendon Town Hall in September 2014.
- Presentations and workshops at Partnership Boards (e.g. Physical and Sensory Impairment Board, Learning Disabilities Partnership Board).
- Community safety stalls at various events to engage with residents and community groups (for example at the Communities Together Network, Safer Neighbours Board meeting, and at various locations in streets across the borough).
- A mass public engagement event in September 2014, Project Mercury, involving over 500 staff from the Police, Council, Safer Communities partners; all meeting and engaging with people across Barnet Borough about Community Safety.

The consultation was promoted through various means including:

- Barnet First advertisement to households across Barnet.
- Social Media – Twitter, Facebook.
- Barnet Borough Website.
- Promotion through partner agencies.
- Emails to voluntary organisations and partner organisations who interim promoted the consultation to their members.
- Posters/ advertising within Barnet.

Key Findings from the Previous Consultation Exercises:

- Overall community confidence in the police and local authority in Barnet is strong and most indicators show this improving over the last year.
- Confidence in policing is above the London average.
- Confidence that the police understand community concerns and can be relied upon to be there when you need them is above the London average.

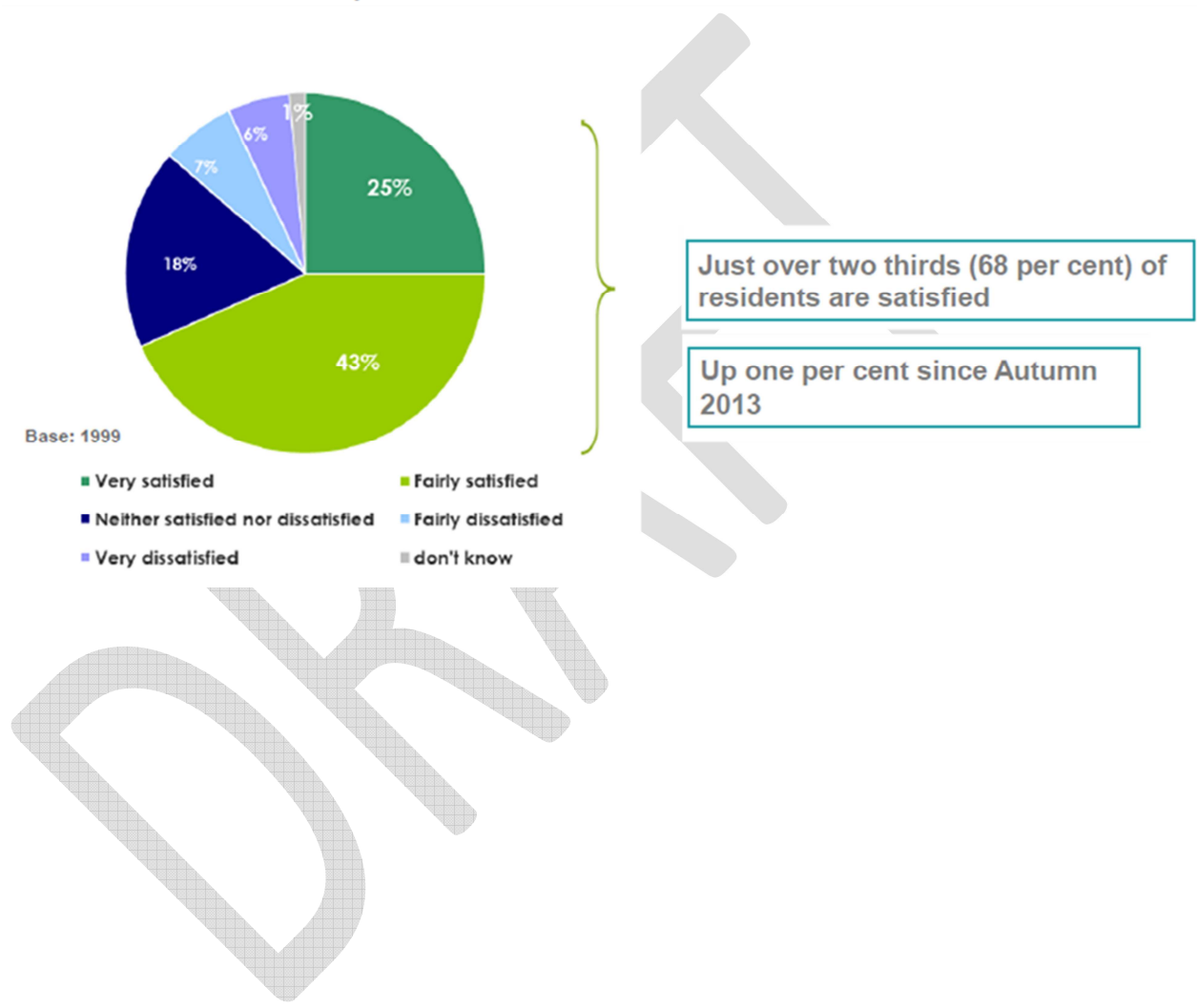
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Caution: This analysis of the 2014 Community Safety Consultation is provisional and subject to a more detailed analytical assessment.

- Community cohesion remains strong.
- Litter and rubbish left around is a top ASB concern.

The Residents Perception Survey 2014-Confidence in the Police and Barnet Council:

Q How satisfied are you that Barnet Police and Barnet Council are dealing with antisocial behaviour and crime in your local area?



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Community Safety Strategy Consultation 2014: Common Themes

Common themes which have emerged from the Community Safety Public consultation (July – October 2014):

- **Anti-social behaviour** - is a common area of concern – especially where the issue involves a victim being targeted or intimidated over a long period of time. In comparison to acquisitive crimes (for example theft) victims of ASB face a greater degree of uncertainty about who to report the problem to, who to turn to if the issue is not resolved.
- **Under-reporting of Crime and ASB** - concerns about under-reporting of ASB and Hate Crime were themes which emerged from the feedback at the Physical Sensory Impairment Partnership Board and Learning Disabilities Partnership Board – particularly in cases where the victim may have communication difficulties which can present an additional barrier to the victims concerns being understood and responded to appropriately.
- **The need for clear channels of communication** - Who to report issues to? Where to go to if my problem is not being resolved?
- **More feedback about what is being done** - Barnet residents want more feedback about what is being done to tackle local crime and ASB concerns.
- **Litter and rubbish left** around is a top ASB concern.

Learning from the Consultation

The common themes which emerged from the Community Safety Public consultation highlight the importance of making sure that the strategy addresses the following points:

- **Supporting repeat victims** of crime and anti-social behaviour, problem solving on-going ASB issues and providing clear updates about what action has been taken or will be taken.
- **Focusing on hotspots and repeat locations** of crime and anti-social behaviour.
- **Tacking concerns about rubbish and litter.**
- **Communicating and engaging effectively** - this means providing clear information and pathways so people know exactly who they can report their

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Caution: This analysis of the 2014 Community Safety Consultation is provisional and subject to a more detailed analytical assessment.

issues to; listening to and acting on concerns in a coordinated way; feeding back to the community about what action will be taken to address concerns.

- **Focusing on repeat victims, offenders and locations.**
- **Reducing (and understanding) under-reporting** of Hate Crime and hidden harm issues such as DV, VAWG, Race Hate Crime, and Disability Hate Crime.
- **Preventing burglary.**
- **Youth Crime Prevention**– Young people have told us, through the consultations we have carried out, that safety is one of their top priorities. Our survey results showed that compared to the population average, people aged 19 year or under: were over 55% more likely to feel ‘very worried’ about the risk of being physically assaulted.

More detailed analysis of the findings of the 2014 Community Safety Consultation

Results from this survey show very similar findings in comparison to the previous survey undertaken in 2011. Therefore, we can be assured that this survey is giving us a truthful indication of the perceptions of the community about the work the BSCP is conducting and about the views on crime and ASB on the borough.

ASB – Findings from the survey were comparable to the survey of 2011. In addition, both public meetings provided feedback from residents that ASB was a concern for them especially where ASB issues were on-going and persistent.

It is noteworthy that the findings of the 2014 survey reveal that there was a 12% increase compared to the 2011 survey of residents who felt it was the Council’s responsibility to tackle ASB.

Motor Vehicle Crime - Further analysis shows there has been a decline in motor vehicle crime in the borough in the past several years. However, fall in reported crime does not appear to be fully reflected in peoples’ perceptions.

Hate crime - Reflecting the increased police reporting figures for hate crime there was an increase in the proportion of respondents who indicated that they have been a victim or repeat victim of a hate crime.

Litter and Rubbish - During both public meetings residents discussed this ASB issue as a worry, which they feel leads to further ASB issues. The current survey outcomes indicate that in the region of 40% of those surveyed felt that litter and rubbish was a

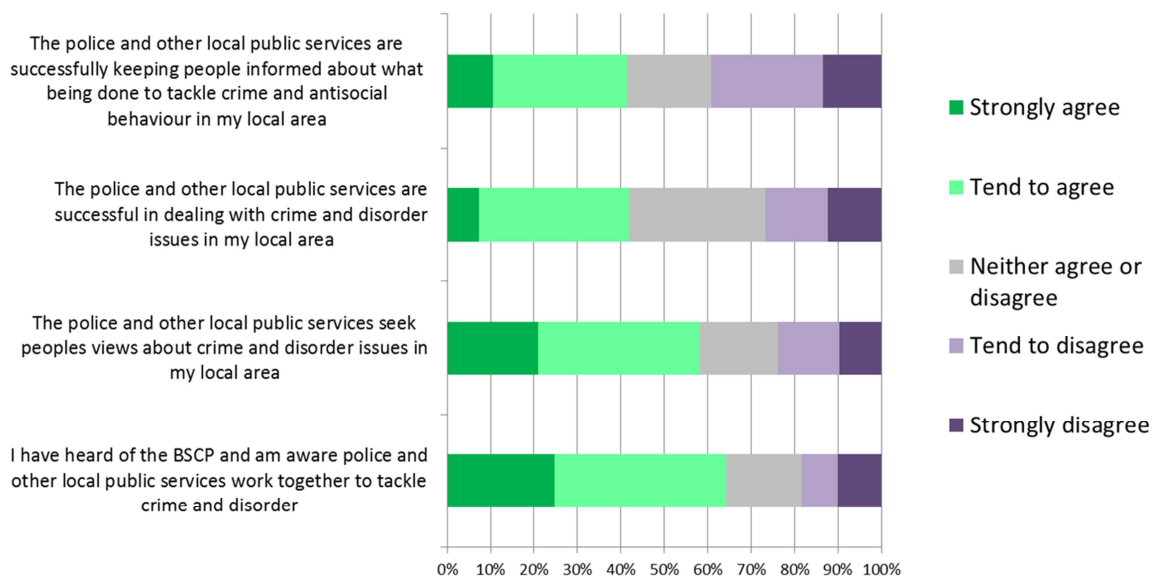
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Caution: This analysis of the 2014 Community Safety Consultation is provisional and subject to a more detailed analytical assessment.

fairly big issue in their local area and in Barnet. It should be noted that the survey results showed that people perceived this rubbish and litter to be a London wide and national issue. In the residents perception survey rubbish and litter is the main ASB concern and the level of concern is increasing over time.

Overall perceptions of crime (BCSP) - Perception of being a victim of crime has remained similar when comparing the 2011 and 2014 surveys (in both there is a tendency for people to tend to feel crime is going up). However, within the past year there has been an overall 11% decline in reported crime and it seems this has not been fully reflected in changes in people’s perceptions.

Overall perceptions of the BCSP:



Response to: What do you think local priorities should be to improve safety within Barnet?

The top three responses to date are:

- Volume crime (e.g. Burglary) (56%)
- Reducing ASB (48%)
- Reducing problems associated with alcohol and drugs (40%)

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Appendix A: What existing consultations told us? (Below is a breakdown of the findings from the previous consultations about various community safety themes)

What the consultations tell us about the various community safety themes	
Residential Burglary	<p><u>2011 Community Safety Survey :</u></p> <ul style="list-style-type: none"> Residential burglary was the crime type most residents were concerned about when asked how worried they were about becoming a victim of various crime types, with 70% of residents saying they were very or fairly worried about becoming a victim of burglary. Approximately one in three said they were very worried about becoming a victim of burglary. 43% of residents said 'Reducing levels of core crime crimes (e.g. burglary, motor vehicle crime, theft)' would be in their ideal top three priorities for community safety <p><u>Colindale Police Station Open Day Survey 2013:</u> Residential burglary was the top crime / community safety problem of concern (accounting for around 42% of the responses from the residents taking part in the survey)</p>
Re-offending	<p>When asked in the Community Safety Survey 2011 Imagine you could set local priorities to improve safety in this area, 40% of residents said "Improving the work between police, courts and other agencies to manage offenders and break their offending behaviour" would be in their top three priorities</p>
Youth Crime	<p>While the levels of satisfaction re the majority of local services in Barnet were high (and increased in 2013 vs. 2012¹) the area where there was least satisfaction was 'activities for teenagers and young people' - 39% rated the provision poor or extremely poor (vs. 16% rating the provision excellent or good). Note this is a 3% improvement from the result in the 2012 RPS but is still 2% below the London average²</p> <p>2011 Community Safety survey showed perception of increasing levels of ASB was particularly high amongst younger residents In both the PAS (2013) and RPS (2013), when asked about various ASB related issues: the second highest rated concern of residents</p>

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	<p>was, “Teenagers hanging around on the streets.” It is important to note not only is this concern reflected in both the separate surveys (PAS and RPS) but also that this result is consistent in both surveys over the last few years. Perhaps most tellingly where the data is available it indicates that it is the younger residents who tend to be the most concerned about “teenagers hanging around”, compared to the older residents.</p> <p>When asked in the Community Safety Survey 2011 Imagine you could set local priorities to improve safety in this area, 41% of residents said, “Enhancing the work with young people to stop them offending in the first place”</p>
<p>Domestic Violence & against woman & girls</p>	<p>Violent crime and verbal hate crime were the two crime types that are most under-reported according to the residents who took part in the anonymous Community Safety Survey 2011 (52% of those who said they had been a victim of a violent crime said that they had not reported it to police; 84% of those who said they had been a victim of a verbal hate crime said that they had not reported to police.</p> <p>According to the responses from the Community Safety Survey 2011 out of all the crime types asked about the highest levels of repeat victimisation were found to be for Verbal Abuse – Hate Crime, followed by Violent Crime (both appearing to have significantly higher repeat victimisation rates than the volume crime (burglary / robbery etc.)</p> <p>When asked in the Community Safety Survey 2011 Imagine you could set local priorities to improve safety in this area, 37% of residents said, “Reducing violent crime” would be in their top three priorities</p>
<p>Antisocial behaviour</p>	<p>70% very or fairly satisfied that police and council are dealing with crime and ASB in their local area which is up 2% from 2012 RPS, but down from a 75% in 2010</p> <p>The top ASB concern is rubbish or litter lying around, and this increased in the 2013RPS vs. 2012 RPS.</p> <p>People being drunk or rowdy in public places has also seen an increase level of concern in most recent RPS (2013).</p> <p>2011 Community Safety survey showed perception of increasing levels of ASB was particularly high among younger residents</p> <p>When asked in the Community Safety Survey 2011 Imagine you</p>

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	<p>could set local priorities to improve safety in this area, the top response was reducing levels of ASB and disorder (50% of residents said this would be in their top three priorities)</p>
<p>Community confidence / engagement</p>	<p>Crime remains the top community concern – In the 2013 RPS Crime was rated as the top overall concern (equal with road conditions) out of 17 issues. Crime was also the top concern in the 2012 RPS</p> <p>Barnet residents want to be informed - Out of a number of aspects the one residents rated the Safer Communities Partnership the least highly on (in the Community Safety Survey 2011) was, “successfully keeping people informed about what is being done to tackle crime and ASB”. Also the latest 12 months PAS results show that 61% of residents would like to receive more information from the police, an increase from the previous year and above the London average of 50% (Note in comparison to the 61% who would like more information, 36% said they would like the same amount, and just 3% would like less)</p> <p>Barnet residents on the whole are confident that the police understand the issues that affect the local community (more so than the London average, and improving over the last two years.</p> <p>Community engagement is a key part of tackling underreporting of violent crime, hate crime and violence against women and girls – in the 2011 Community Safety Survey violent crime and verbal abuse (Hate crime) were identified as the crime types most underreported by residents; amongst those residents who said they did not report such an offence the top reasons they gave for not reporting were:</p> <ul style="list-style-type: none"> a) police would not have been interested b) police could have done nothing

Appendix B – endnotes

1 Twelve up vs. Four down

2 Note this is specifically relates to activities for teenagers and young people to participate in rather than overall service provision for young people (i.e. as primary and secondary education, parks and playgrounds and social services for children and adults all rated strongly in the same survey - and above the London average)

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AGENDA ITEM: 5		AGENDA ITEM 5
Report Name:	Future of the Children’s Trust Board	
Meeting:	Barnet Safer Communities Partnership Board	
Meeting Date:	31 October 2014	
Report Author:	James Mass, Family & Community Well-being Lead Commissioner james.mass@barnet.gov.uk Val White, Schools, Skills and Education Lead Commissioner val.white@barnet.gov.uk	
Enclosures:	Appendix A – Children’s Trust Board options paper Appendix B – Children and Young People’s Plan	

Summary

The Children’s Trust Board has been established since 2007 and has had an important role in developing the Children and Young People’s Plan and ensuring partners work together to improve outcomes across a number of priority areas.

Recently, all partners agreed that the Board could be more effective and so a short review was undertaken and it was agreed to develop an alternative governance approach to achieve the partnership’s objectives.

The Safer Communities Partnership Board are asked to oversee the aspects of the Children and Young People’s Plan that relate to community safety as set out in this report and to take partnership decisions for these areas.

Recommendations

1. That the Safer Communities Partnership Board agrees to oversee the aspects of the Children and Young People’s Plan that relate to community safety and to take partnership decisions for these areas.
2. That the priorities outlined in paragraph 2.5 are incorporated into the Safer Communities Strategy when it is refreshed in early 2015.

1. WHY THIS REPORT IS NEEDED

- 1.1 Barnet’s Children’s Trust Board (CTB) was established in 2007 and is chaired by the Lead Member for Children’s Services, who is now also the Chairmen of the Children, Education, Libraries and Safeguarding Committee.
- 1.2 A number of shared membership arrangements exist between the Health and Well-Being Board, Children’s Trust Board and Safer Communities Board. At the April meeting of the CTB it was agreed that some thought needed to be given as to how best to proceed with the CTB and its Executive Management Group (EMG).

- 1.3 At the July meeting of the Children's Trust Board, decision was taken by the Board to proceed with transferring responsibilities for oversight of the Children and Young People's Plan to the Health and Well-Being Board and Safer Communities Board, subject to agreement by both Boards. The Health and Well-Being Board agreed to this on 18 September 2014.

2. REASONS FOR RECOMMENDATIONS

- 2.1 A survey of members of both CTB and EMG has recently been undertaken. Views as to the effectiveness and necessity of the CTB and EMG were mixed, but some of the stronger messages are summarised below:
- The majority of respondents agreed that the business of the CTB could effectively be subsumed into the Health and Well-being Board and the Safer Communities Partnership Board.
 - Just over half of respondents felt that CTB meetings were valuable.
 - The CTB would benefit from more regular senior attendance from all member agencies.
 - Only a third of respondents found the EMG meetings to be valuable.
 - 90% of respondents felt that Barnet does still need a Children and Young People's Plan (CYPP)
- 2.2 Based on the feedback received above, it was agreed to develop an alternative governance approach to achieve the partnership's objectives. Under this option, the quarterly CTB and EMG meetings will cease.
- 2.3 The Children's Trust Board will meet for one or two half day conference sessions per year to review progress on the CYPP and to refresh priorities and targets for subsequent years. These will be attended by senior officers from all statutory organisations together with representatives from Youth Board; CommUNITY Barnet and parent representatives. These will include sessions involving children and young people.
- 2.4 An annual report setting out achievements in improving outcomes for children as set out in the CYPP will be produced, published and reported to the a smaller group at the end of these sessions. The Board will have no programme of work to transact but may make recommendations for action to partner organisations or other partnership boards.
- 2.5 The Safeguarding Children Board, Health and Well-being Board and the Safer Communities Partnership Board are being asked to ensure that the priorities of the CYPP are effectively integrated into their respective work plans. The following priorities have been identified for the Safer Communities Partnership Board to oversee:

Theme	Priority
Early intervention and prevention (<i>alongside Health and Well-being Board</i>)	<ol style="list-style-type: none"> 1. Take a whole family approach to improving outcomes for children and young people. 2. Strengthen early identification and intervene early to improve life chances for those living in the most difficult situations. 3. Reduce the involvement of children and young people in crime and anti-social behaviour.
Targeting resources to narrow the gap (<i>alongside Safeguarding Boards</i>)	<ol style="list-style-type: none"> 1. Address unhealthy relationships based on exploitation and build aspirations for the future. 2. Educate children and young people on how to stay safe and provide support for those who are victims of crime. Taking action to prevent the impact of gang involvement developing in Barnet. 3. Protect children at risk of harm and support them to achieve their potential

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Two main options were reviewed and included in the Children’s Trust Board paper. The preferred option is to develop an alternative governance approach to achieve the partnership’s objectives (set out in Section 2.5 to 2.9 of this report).
- 3.2 The alternative option considered but not taken forward was to continue with the current governance approach but with a number of changes. These changes would include:
- A challenge session at each Board on a priority area from the Children and Young People’s plan
 - Agenda setting alternating between the various represented at the CTB
 - Re-focusing the EMG on delivery issues, with a reduced membership
 - No substitution for members to be permitted to ensure consistency of attendees

4. POST DECISION IMPLEMENTATION

- 4.1 The decision will be implemented immediately and officers will amend the forward plan of the Safer Communities Partnership Board accordingly.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Positive outcomes for children and young people are a key part of the new Corporate Plan and priorities for 2013 – 16 include:
- To create better life chances for children and young people across the borough.
 - To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.
 - To promote family and community well-being and encourage engaged, cohesive and safe communities.

5.1.2 The measures in the Children and Young People Plan are consistent with the Corporate Plan, which provides a statement of the Council's contribution towards the partnership's outcomes.

5.1.3 The Council is a major provider and commissioner of services for children and young people but also has a more significant local leadership role. Through chairing the Children's Trust Board the Council exerts strategic leadership, provides accountability to other agencies working in Barnet and is the driving agent of development in the system.

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

5.2.1 There is no budget set aside for the Children's Trust Board. There are no material resource implications of either of the options outlined in the Children's Trust Board paper.

5.3 **Legal and Constitutional References**

5.3.1 Section 10 of the Children Act 2004 requires local authorities to make arrangements to co-operate with relevant partners and individuals and bodies who exercise functions or engage in activities with children in their area in order to improve the well-being of children. Section 12A requires local authorities to establish a children's trust board with representation from the local authority and relevant partners. Section 12B confirms that the function of the Board is to prepare and publish a children and young people's plan and monitor the extent to which relevant persons and bodies are acting in accordance with the plan. The Board must publish an annual report about the extent to which those persons and bodies have acted in accordance with the plan.

5.4 **Risk Management**

5.4.1 There is a risk that key initiatives within the Children and Young People's Plan will not be carried out, which could adversely impact on the council's reputation. In order to mitigate this risk, any new arrangements will need to ensure a continued focus on achieving the priority outcomes that it sets out.

5.5 **Equalities and Diversity**

5.5.1 There is a risk that with the change in governance arrangements the focus on issues affecting children and young people could be diminished, leading to adverse impact for this group. In order to mitigate this risk, any new arrangements will need to ensure a continued focus on achieving the priority outcomes set out in the Children and Young People's Plan.

5.5.2 The Health and Wellbeing Strategy already outlines a clear set of objectives to improve children and young people's health and wellbeing, so the risk that children's priorities will be neglected if responsibility for overseeing them transfers to the Health and Wellbeing Board are slim.

5.6 **Consultation and Engagement**

5.6.1 A survey of all members of the Children's Trust Board and its Executive Management Group was undertaken to inform the options set out.

6. BACKGROUND PAPERS

6.1 Children's Trust Board decision - 24 July 2014

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=456&MId=7948&Ver=4>

6.2 Children, Education, Libraries and Safeguarding Committee decision – 29 July 2014

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=697&MId=7924&Ver=4>

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Barnet Children and Young People's Plan – 2013 - 2016

February 2013

Foreword

“My most important duty is to get things right for Barnet’s children and young people and to champion their interests. But helping them to achieve their best, and supporting children and families when they need extra help, can only be done by working in partnership, across organisations. Barnet’s Children and Young People Plan 2013/14 – 2015/16 is a real partnership plan, with a strong shared agenda, shaped by people from across our borough who know and work with children and young people, and also by the children and young people themselves.

Partners on Barnet’s Children’s Trust Board provide excellent opportunities and services to children and young people, and our aim is to continually improve our provision, by making services personal to each child’s needs. Particularly in this challenging time, when increasing pressures are being faced by all services, and resources are tight, it is vital to be clear about our common purpose. This plan sets out our aims to support the whole journey of children in Barnet, underpinned by our three key priorities of intervening early, narrowing the gap and keeping children and young people safe. It has children and young people at its heart and prioritises their participation across our services.

Together, we can make life even better for Barnet’s children and young people and make sure they have the opportunities they all deserve.”

Cllr Andrew Harper
Chairman of Barnet Children’s Trust Board
Cabinet Member for Education, Children and Families

Vision

‘All children and young people in Barnet should achieve the best possible outcomes, to enable them to become successful adults, especially our most vulnerable children. They should be supported by high quality, integrated and inclusive services that identify additional support needs early, are accessible, responsive and affordable for the individual child and their family.’

Compared with the rest of the country and statistical neighbours, Barnet’s children do well at school, have good health, benefit from low crime rates and access to high quality open spaces. The Children’s Partnership has the highest expectations for children in Barnet and we are committed to help them have happy and successful lives on their journey through childhood.

To achieve our vision will be challenging, especially given the increasingly tough environment in which children and young people live, trying to find work, accommodation and support. However, we remain committed to close partnership working between organisations, with a focus on early intervention and prevention, targeting resources to narrow the gap in achievement between those most at risk of not achieving their potential and those with greater advantages, and keeping children and young people safe.

Partners in Barnet are committed to working with children and young people to analyse need, design services and review how effectively we are performing.

About this plan

This plan explains what the organisations represented on Barnet's Children's Trust will do to support children, young people and their families to lead happy and successful lives. It is structured around the journey of the child and our cross-cutting priorities:

- Early Years
- Primary
- Secondary
- Preparation for Adulthood
- Early Intervention and Prevention
- Targeting Resources to Narrow the Gap
- Keeping Children and Young People Safe.

We have worked hard to make sure that this partnership plan truly reflects the breadth of work with children and young people in Barnet as well as being responsive to the wishes and needs of families themselves. Children and young people were engaged in the process through focus groups held by the Barnet Youth Board, and an online survey distributed via schools and youth networks.

This plan outlines the Children's Partnership's priorities for the period 2013-16. An annual action plan will sit beneath this plan and will detail how services are delivering the plan against their targets. In addition, the plan will sit alongside the Health and Wellbeing Strategy and Safer Communities Strategy. Several sub-strategies support the Children and Young People Plan, detailing work in specific areas, these will cover:

- Education
- Inclusion
- Early Years
- Child Anti-Poverty
- Early Intervention and Prevention.

Understanding Barnet's Children and Young People

Children and young people make up around a quarter of Barnet's total population and the borough's population of 90,464 children and young people is the second largest in London. Males account for a slightly higher proportion of the younger population than females. Since 2004 there has been a 23.4% increase in births in Barnet, compared with a 16.9% increase in London and a 19.2% increase in England.

Barnet's younger population is more diverse than Barnet's population overall; while the majority are White there are high proportions of children in many minority ethnic groups.

Despite the tough economic climate, households in Barnet remain relatively prosperous, with average household income 5.4 per cent above the London average. However, there are variations in different parts of the borough and household incomes have been increasing at a slower rate than the rest of London. There are pockets of deprivation, notably around the western boundary's 'A5 corridor' and in some of our local housing estates.

Some groups of children and young people in Barnet are more vulnerable than others: The Department for Education estimates that around 7% of children have a disability as defined by the Disability Discrimination Act (DDA). In Barnet, this would equate to around 4,400 – 6,100 children and young people between the ages of 0 and 19. The council is also responsible for maintaining a list of children in the area who are at risk of continuing significant harm, and for whom there is a child protection plan. At 31 March 2012 there were 211 children subject to a child protection plan in Barnet.

You can find more information about the demography of children and young people living in Barnet in the [Profile of Children and Young People in Barnet](#).

Performance management and governance

Barnet's Children's Trust brings together all services for children and young people in the borough, to focus on improving outcomes for all children and young people. Key members of the trust are:

- Barnet Council
- North Central London NHS, GPs, and health providers
- Barnet Borough Police
- CommUnity Barnet, representing the voluntary sector
- Primary, Secondary and Special Schools in Barnet
- Barnet and Southgate College
- Focus Groups of Children and Young people, representing specific issues.

Representatives from all these organisations make up the Barnet Children's Trust Board which will keep a strategic oversight of the plan. Each organisation has agreed to be responsible for implementing the Children and Young People's Plan and the Executive Management Group of the Trust will monitor this.

The Children's Trust Board will monitor the this plan against a combination of the success measures detailed in each section of the plan and progress reports submitted to the Board.

Ways of working

Barnet Children's Trust Board and the Children's Partnership is committed to working in the following ways to achieve the strategic outcomes in this plan:

Working in partnership

We will work together to make sure that activity and resources are joined up and target those who most need them. We will collaborate with other service providers as required to meet the diverse needs of children and young people.

Involving children and young people in our work

We will consistently engage actively with children, young people and their families in developing and implementing solutions to meet their needs.

Keep safeguarding at the forefront of all we do

We will constantly keep the safeguarding of children in our thinking and working practices. We have a duty of care to all our residents, especially the vulnerable, to keep them safe.

Improving the customer experience

We will take steps to improve the way in which parents, carers and professionals can navigate and engage with the system on behalf of children and young people.

Delivering better services with less money

We will seek to ensure the best value for money so that children and young people get the maximum benefit.

Early years

Every child in Barnet has a great start in life, with the security and safety to grow in a nurturing environment.

The number of children aged between 0 and 5 years old in Barnet is growing every year and it is expected that by 2016 there will be 28,300 children in this age group. This represents an increase of 8% over the period of this plan. This presents the Children's Partnership with a significant challenge, especially as resources diminish.

Priority	What does this mean?	How will we judge success?
<p>1) Engage families early to ensure children have happy lives at home</p>	<p>Recognising that families have the greatest influence over young children, we will engage with families pre-birth and in the early years of a child's life. We will work with those families on the cusp of need to help set positive habits for life and ensure that children are ready for school by the age of 5. <i>This could include parenting classes or ensuring the sufficiency of childcare places.</i></p>	<ul style="list-style-type: none"> ▪ an improvement in attainment of children against Early Years targets ▪ growth in the prevalence of breastfeeding at 6 – 8 weeks from birth ▪ an increase in the numbers of resident children immunised by their second birthday (MMR) ▪ a decrease in the proportion of babies born under 2.5kg (5.5lbs) per 100 live births ▪ an increase in the early identification of children with special educational needs ▪ a declining number of children who are obese upon entering Reception.
<p>2) Provide high quality health services for mothers and young children</p>	<p>A growing body of evidence shows that good health for mothers and young children makes the biggest difference to life chances. This includes birth weight, development at age 2 and the mother's early relationship with the child. In order to give children the best possible start in life, the health of mother and child should be regularly monitored and maintained. <i>This could include health visitors who support and promote breastfeeding and immunisations and Family Nurse Partnerships.</i></p>	
<p>3) Ensure children in need of support are identified early and appropriately supported in their early years</p>	<p>We will identify children with additional needs – whatever the cause – and work with families to reduce the impact of disadvantage later on. <i>This could include early years development checks across education, health and social care or the putting in place of a child protection plan.</i></p>	

Primary

Childhood in Barnet is safe and fun, with lots of opportunities to grow and develop through education, leisure and play.

There are currently over 28,000 children living in Barnet who are between the age of 5 and 11, and 25,700 children being educated in Barnet's primary schools. Children of this age group achieve well over all, with at least two thirds achieving at expected academic levels by the time they leave primary school. We recognise that there is more to childhood than school; children at primary level should be enjoying life, be safe in their environments and be making healthy lifestyle choices.

Priority	What does this mean?	How will we judge our success?
<p>1) Provide exciting and supportive learning experiences in welcoming schools</p>	<p>Barnet's primary schools do provide these learning experiences - the vast majority of are rated good or outstanding and standards are above the national average. A good range of choice is available to parents, and schools generally cater well for a spectrum of abilities and needs. The main challenge facing the partnership is maintaining these high standards and ensuring Barnet's schools keep up with emerging national requirements. <i>This could include schools supporting each other to improve standards through exchange of expertise or sharing good practice.</i></p>	<ul style="list-style-type: none"> ▪ a decline in the numbers of children judged to be obese in Year 6 ▪ a growth in the number of schools who feel confident in identifying additional needs among their pupils and referring on for support. ▪ an increase in the number of children achieving above the floor targets in Year 6
<p>2) Work with schools and families to join up education, health and safety services</p>	<p>Teachers in Barnet schools have the greatest amount of professional contact with Barnet's children and as such, are able to identify issues early and make contact with partners when additional support needs to be put in place. We will work to make services more joined up and easy to access, with service users at their heart. <i>This could include better communications to improve awareness of services available and making better use of school nurses.</i></p>	<ul style="list-style-type: none"> ▪ a decrease in the number of children who are persistently absent from school ▪ increase the percentage of children making 2 levels of progress in English between Key Stages 1 and 2.
<p>3) Encourage healthy lifestyles and choices to combat obesity in children and young people</p>	<p>In 2009/10, 12.7% of Barnet Reception children surveyed were found to be overweight and 10.6 were obese. By Year 6 15.1% of children were found to be overweight and 17.5% obese –above the national average. We will work with children and families to ensure they foster good habits early to stay healthy into adulthood. <i>This could include parenting programmes or health providing resources to schools to help promote healthy eating.</i></p>	

Secondary

Children and young people feel supported to achieve and engage, while developing their identities and resilience.

There are 24,550 children between the ages of 11 and 16 in Barnet, and around 21,800 children educated in Barnet secondary schools. The January school census 2011 recorded that 143 different languages apart from English were spoken by pupils in Barnet schools. By the time young people in Barnet reach the Secondary stage of their journey, they have a wide range of experiences and are forging their own individual identities.

Priority	What does this mean?	How will we judge our success?
<p>1) Offer opportunities for engagement and support, recognising the needs of the individual and supporting them to achieve</p>	<p>In the survey of children and young people in Barnet 90% of respondents were taking part in activities outside of school, within the borough. A range of activities is currently on offer across the borough, and we need to take action to mitigate the impact of the current economic climate on the equality, targeting, and longevity of these opportunities. <i>This could include ensuring the sustainability of mainstream youth services through some charging.</i></p>	<ul style="list-style-type: none"> ▪ a declining number of children who are persistently absent from school or are excluded ▪ improve school attendance among children identified as having 15% or more unauthorised absence or 3 fixed term exclusions ▪ an increase in the number of children achieving 5 A* - C grades including English and Maths at GCSE ▪ an increase in professionals who feel supported by their local network.
<p>2) Work in partnership with schools to address the root causes of exclusion and poor attendance</p>	<p>Exclusion has a major impact on the young person's learning as well as contributing to issues of isolation, criminal activity and health. <i>This could include behaviour training or making better use of data to ensure that support can be provided early on.</i></p>	
<p>3) Build peer support networks among professionals to enable healthy mutual support and challenge that improves for young people</p>	<p>Many professionals in Barnet feel supported by numerous and diverse networks in which they can share best practice, resources and challenge one another. We want to help facilitate the development of these networks to ensure that all professionals feel supported. This should raise awareness of services available to young people, helping to join them up and drive improvement for children and young people. <i>This could include working with primary schools to identify the most appropriate model of working together or expanding network meetings to be more inclusive.</i></p>	

Preparation for Adulthood

Young people are ambitious for their futures and contribute positively to society.

There are around 12,000 17 -19 year olds in Barnet, and a growing number of young people continuing to receive services between the ages of 19 and 25. We want young people to feel ambitious about their futures and begin to prepare for independence, particularly economic independence.

Priority	What does this mean?	How will we judge our success?
<p>1) Enable young people to foster ambitious and realistic aspirations</p>	<p>We will support young people to have confidence in their abilities, be ambitious about their futures, set realistic goals and achieve these ambitions. Job Centre Plus reports a general lack of understanding and awareness of the jobs market and some young people are ill-prepared for the world of work. We need to work together to improve this situation. <i>This could include effective use of the pupil premium or providing personalised and relevant advice in schools to enable young people to make well-informed choices about their futures.</i></p>	<ul style="list-style-type: none"> ▪ an increase in the proportion of children with a statement of special educational needs moving towards independent living ▪ a growth in the number of children achieving a level 2 qualification by the age of 19 ▪ a rise in the percentage of care leavers in employment, education or training ▪ an increase in the percentage of young offenders engaged in suitable education, employment or training ▪ a decline in the percentage of 16 to 19 year olds who are not in education employment or training.
<p>2) Ensure services are integrated to support young people as they transition to adulthood</p>	<p>We want children and young people who are in care or have special educational needs to have a positive transition into adulthood. We will put the appropriate support in place to help them to achieve their potential and live lives that are as independent and fulfilling as possible. If young people need to transition to Adult Social Care in their journey to adulthood, we will make this as seamless and positive as possible. <i>This could include a multi-agency programme for young people leaving care or better joint planning with young people with high levels of disability and complex needs.</i></p>	
<p>3) Offer relevant and tailored learning and employment opportunities</p>	<p>We want all young people to be prepared for the world of work and will ensure there is a broad range of educational & training opportunities (incl. apprenticeships) that meet the needs of all Barnet residents. We know that the right skills and early experiences of training and employment help to foster economic independence for the rest of a young person's life but that more can be done to make sure some young people are able to participate and achieve. <i>This could include building a residential unit as a step to supported living for young people with learning difficulties and / or disabilities or the creation of a studio school to provide a more business orientated learning experience.</i></p>	

Early intervention and prevention

Intervening early improves outcomes for children, young people and families, enabling them to thrive

A whole family approach to early intervention and prevention that joins up support from all partners not only gives children and young people the best life chances but is vital to our financial sustainability. Early identification, targeting and planning of interventions, working in partnership and sharing information at the appropriate level are at the heart of our approach.

Priority	What does this mean?	How will we judge our success?
<p>1) Take a whole family approach to improving outcomes for children and young people</p>	<p>The partnership is committed to supporting communication, emotional, physical and social development in families and addressing risk factors early on. We will help parents to maximise their skills as we aim to give their children the best start, including supporting families affected by domestic abuse. <i>This could include supporting families with employment or housing issues.</i></p>	<ul style="list-style-type: none"> ▪ decrease the number of households with children living in temporary accommodation ▪ decrease the number of children in care per 10,000 of the under 18 population ▪ reduce the number of 17 and 19 year olds who are not in education, employment or training ▪ reduce the number of young people offending.
<p>2) Strengthen early identification and intervene early to improve life chances for those living in the most difficult situations</p>	<p>Children and young people who have chaotic lives at home need early support to help minimise the impact of these difficulties on their development and later lives. Identifying and addressing needs at an early stage can help to prevent the difficulties that they can experience from arising. We aim to ensure that children and young people receive the right support at the right time, so that problems are addressed well before reaching 'crisis point'. <i>This could include intensive support from a family focus worker, improving the identification of neglect or targeted youth and play opportunities.</i></p>	
<p>3) Reduce the involvement of children and young people in crime and anti-social behaviour</p>	<p>Crime rates in Barnet are relatively low amongst children and young people, and we are committed to reducing them further, particularly through partnership working between the police and youth justice system as well as working intensively with families to alleviate the drivers of criminal and anti-social behaviour. <i>This could include supporting young people to cope with peer pressure or Kickz football schemes to engage young people in positive activities.</i></p>	

Keeping Children and Young People Safe

Children and young people are safe in their homes, schools and around the borough, with an ability to develop healthy relationships with others. The partnership will work together to protect children from harm to ensure their safety and welfare, in particular through the work of the Barnet Safeguarding Children Board. The Children's Partnership has recognised a need to develop its quality assurance to help keep our children and young people safe.

Priority	What does this mean?	How will we judge our success?
<p>1) Address unhealthy relationships based on exploitation and build aspirations for the future</p>	<p>We will work to broaden awareness and support around bullying and vulnerability to exploitation to identify and support vulnerable children and young people. We want to identify exploitation early, ensure children and young people are safe and then reduce the impact of exploitation on their aspirations and plans for the future. <i>This could include a multi-agency approach to domestic violence and raising awareness of sexual exploitation and developing services for young people most at risk .</i></p>	<ul style="list-style-type: none"> ▪ average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days) ▪ proportion of children and young people who have been victim of exploitation who feel ambitious for their futures and prepared to reach their ambitions ▪ reduce the number of young people admitted to hospital with alcohol specific conditions ▪ percentage of children at the virtual school meeting the targets in their Personal Education Plans ▪ children subject to a child protection plan, where neglect is the main characteristic ▪ reduction in number of individuals identified through the gang matrix approach ▪ reduced level of offending risk for those on the gang matrix list.
<p>2) Educate children and young people on how to stay safe and provide support for those who are victims of crime. Taking action to prevent the impact of gang involvement developing in Barnet</p>	<p>There is often significant peer pressure affecting children and young people, to enter into activities that may not keep them safe, in particular to use drugs and alcohol. We will educate young people on the effects and outcomes of these activities, and provide access to a range of services to get advice, socialise together, and keep themselves positively engaged. We will work as a partnership to ensure early intervention with individuals identified as being at risk of progression towards prolific / violent offending as part of a group or gang and focus on an anti-drugs and anti-gangs message within primary and secondary education in Barnet. <i>This could include working with youth forums to gain a better understanding of the impact of bullying in Barnet and how the partnership could work to combat this, better use of intelligence products combining multi agency data sets, and the establishment of a Multi Agency Gang meeting.</i></p>	
<p>3) Protect children at risk of harm and support them to achieve their potential</p>	<p>In cases where children are found to be at risk of significant harm as defined in the Children's Act 1989, the Local Authority has a clear legal duty to take steps to protect them, taking children into Local Authority care or professionals supporting the family to keep the child at home. <i>This could include implementing the Munro Review model of child protection, to contribute to a new model of social work delivery and quality assurance.</i></p>	

Targeting Resources to Narrow the Gap

Targeted, personalised support for those most at risk of not achieving their potential, helping to reduce inequalities. Narrowing the gap means improving the rate of progress and outcomes for children who are at risk of underachievement. They are those children and young people whose educational achievement may be affected by factors relating to their ethnicity, gender or their social, cognitive and linguistic development.

Priority	What does this mean?	How will we judge our success?
<p>1) Ensure that the families of children and young people at risk of underachievement, support their learning at home</p>	<p>A significant body of research now points towards the importance of the home learning environment, from an early age and throughout the child's journey, to the life chances of children and young people. It will be important to work in partnership to ensure that children's lives outside their education, support their participation, learning and on-going development. <i>This could include outreach from children's centres or schools running homework sessions for the whole family.</i></p>	<ul style="list-style-type: none"> ▪ reduce the achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stage 2 (Level 4+ in both English & maths) ▪ increase the percentage of children with Special Education Needs (SEN) achieving 5 or more A*-C GCSE including English and Maths at Key Stage 4 ▪ increase the percentage looked after children making the expected level of progress in English and Maths between Key Stages 2 and 4 ▪ ensure waiting times for CAMHS services are as low as possible.
<p>2) Continue to support children and young people's mental health and emotional wellbeing</p>	<p>We must ensure that we address health, including mental health, both as a cause and consequence of poverty. We will work to join up resources to support the commissioning of integrated services for children and young people with emotional and mental health difficulties. Poor emotional wellbeing can prevent children and young people from achieving and may mean that they disengage entirely, having a major impact on their educational and personal development. <i>This could include provision of therapies in schools.</i></p>	
<p>3) Enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential</p>	<p>Over the past five years there has been a general improvement in the attainment of pupils with SEN and those eligible for free school meals (FSM) at both Key Stage 2 and Key Stage 4. The attainment gap between pupils eligible for FSM and those not eligible is narrower at KS2 than at KS4 and at KS4 the gap is narrowing. Changes to the local authority capacity to support schools may impact on the pace of change. <i>This could include travel training or special schools providing additional support within mainstream schools.</i></p>	

AGENDA ITEM: 6	
Report Name:	Recommendation and actions in response to the: Domestic Homicide Review (DHR) into the death of Kara and Stefan (pseudonym names).
Meeting:	Barnet Safer Communities Partnership Board 9 (SCPB)
Meeting Date:	31 October 2014
Report Author:	Manju Lukhman – Domestic Violence Co-ordinator
Responsible Officer:	Jo Pymont Interim Assistant Director Children’s Social Care
Outcome Required:	Information Only: Decision Required: Feedback/comments required: X
Restricted	No

1. Report Summary

- 1.1 Report on the Domestic Homicide Review (DHR) into the death of Kara and Stefan (pseudonym names).
- 1.2 This Domestic Homicide Review (DHR) examined the circumstances leading up to the death of Kara (victim) and Stefan at their home.
- 1.3 The review considered all contact/involvement of the agencies with them prior to their death. Family and friends were also involved. Barnet’s Safeguarding Adults Board decided that there was no need to run a parallel serious case review.

2. Role of the SCPB

- 2.1 The DHR has been cleared from the Home Office Quality Assurance Group. The recommendations from the review have been incorporated into an action plan which will be monitored by the Domestic Violence and Violence against Women and Girls Delivery Board on behalf of the SCPB.
- 2.2 Once this report has been approved at the SCPB meeting on 31st October 2014, the executive summary of the DVHR report will be publicised on SCPB web page.
- 2.3 There are a number of recommendations contained within the report that the Safer Communities Partnership Board (SCPB) have a duty to ensure are responded to. A list of the recommendations and the actions agreed are attached as appendix 1 of this report.
- 2.4 The Domestic Violence and Violence Against Women and Girls (DV & VAWG) Delivery Board (a subgroup of the SCPB) is responsible for ensuring that the recommendations are implemented and updating the SCPB on progress.

- 2.5 There are no statutory obligations on the timings relating to the publication of the report. However partners are keen to expedite this swiftly.
3. **Recommendations of the DVHR and Updates**
- 3.1 Within the current DHR review partners have found it challenging in obtaining GP Independent Management Reviews (IMRs) / reports.
- 3.2 Section 7 of the 'Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews' states that where agencies have had contact with a victim and/or alleged perpetrator they are required to carry out an IMR. Section 7 (60) instructs that "Those conducting IMRs should not have been involved with the victim, the perpetrator, or either of their families and should not have been the immediate line manager of any staff involved in the IMR".
- 3.3 Although the guidance is less directive in terms of IMRs from GPs and dentists who are considered outside the IMR process, Section 7(59) states that they should contribute reports. It follows that the same principles should apply to these reports i.e. the authorship should be independent.
- 3.4 Prior to the restructuring of Public Health GPs provided reports following the IMR template supplied in the statutory guidance; this gives a suitable structure to the report. The reports were written by an independent author who was usually a senior health professional within the local Primary Care Trust Safeguarding Department. Since the restructure and formation of Clinical Commissioning Groups in April 2013 the process for obtaining GP reports for a Domestic Homicide Review has become difficult, with different approaches being pursued by different areas; for example some areas have a funding pot from Public Health for the reports to be commissioned from independent authors. In the London Boroughs there are varying processes.
- 3.5 We have experienced difficulties in obtaining GP practice IMR/reports they are either unavailable or are limited in meeting the terms of reference of the DHR. The issues causing the problems are:
- i. In the current DHR The GP practice has been unable to provide a report (they did provide a chronology). It is a small two person GP practice. Both have seen the alleged perpetrator and are therefore inappropriate as authors for a review of the practice and their actions. The GPs in this practice say they cannot afford the fee of an independent author.
 - ii. NHS England insists the GP's should provide a report as part of their contractual arrangements. The Independent Chair of the DHR and Manju Lukhman – the DV Coordinator have both approached the Home Office for advice and we understand they

are liaising with NHS England, but to date we have not received any advice to resolve the difficulties.

8. In the recent Barnet cases the GP practices had the greatest involvement of any agencies in the case, therefore it is vital to achieve a thorough, independent, and knowledgeable review of their actions and practice to gain detailed knowledge to support learning from the Review. An author of a GP report needs to be independent of the practice and have knowledge of what good practice is in general practice; have knowledge of safeguarding policies and best practice, and be knowledgeable about all aspects of domestic abuse and best practice as it relates to community health and GPs.

4. Recommendation for the SCPB

- 4.1 It would be most helpful if the Safer Communities Board could consider if there is any support they can offer the DV and VAWG delivery Board to raise this with Public Health and obtain a response and way forward.
- 4.2 Suggestions from the agencies involved in the DHR's has included (a) find a resolution in this current case if possible, and (b) consider a Pan London approach for obtaining GP reports for DHRs, perhaps with a central unit or cohort of suitably knowledgeable independent authors to call upon to write them
- 4.3 In relation to the DHR of Kara and Stefan, we seek an agreement from the SCPB to ensure that the DHR into this case is noted, implemented and the recommendations are followed through. We are seeking commitment from SCPB members to ensure operational support is in place to deliver recommendations specifically addressed to them.
- 4.4 To agree that all the involved agencies learn from this case and consider the matters and recommendations highlighted in the report and support implementation.
- 4.5 It has been proposed that the Safer Communities Partnership Board (SCPB) consider how access to domestic violence service for older people can be addressed for example awareness raising campaigns – (Barnet has the 2nd highest population of over 65's in London).

5. Kara and Stefan – Case Summary

- 5.1 Kara was 80 years old at the time of her homicide by her husband, Stefan, who was aged 69. Kara and Stefan had been married for 35 years and had been living separately within the family home for five years after dividing the house into two flats. Kara has one daughter from a previous marriage, who lives with her husband in the North of England and had regular and consistent contact with her mother. Both

Kara and Stefan are Greek Cypriot and lived in London for most of their lives

- 5.2 Kara and Stefan married thirty five years ago. There are reports of Stefan's aggressive, abusive and violent behaviour towards his wife throughout their relationship, with incidents reported to the report author by family and friends and first recorded on 9th April 1987 in the medical record of the General Practice Kara was attending at this time.
- 5.3 From 1987 for a period of ten years Kara and Stefan moved to Greece to run their own bar and rented out the family home in Barnet, returning to London in 1997. There are reports from family that Kara continued to be subject to violence from Stefan while they lived in Greece. There are reports from friends that they would argue over Stefan having affairs and Stefan would sometimes unexpectedly leave without informing Kara, or without her knowing when he would return.
- 5.4 Kara's daughter reported to the author that in her view Stefan's behaviour and mental health deteriorated from 2006. In 2008/9 Kara wanted to live separately from Stefan stating to friends that she had had enough of his behaviour towards her. In 2008 Stefan took steps to change the ownership of the family home so that they were tenants in common. In 2009 the house they shared was divided so that they had separate flats with two door bells, and lived separately.
- 5.5 Friends and family noticed that Stefan's behaviour seemed strange to them after Stefan changed his will preventing Kara or her daughter inheriting half of the family home. The daughter and family friends reported that he had become "obsessed" with the house. When asked why he had changed his will he said on a number of occasions, to different people, that his wife, her brother and daughter were going to murder him and that he had overheard them saying that "they were going to pay a black man £10,000 to kill him".
- 5.6 The daughter of Kara reported her concerns about Stefan's mental state and behaviour to the family GP (GP1) in January 2011.
- 5.7 GP1 followed up on these concerns with an appointment with Kara where she disclosed experiencing physical abuse from Stefan and that he was having thoughts that she was planning to have him killed.
- 5.8 Stefan had been experiencing pain in his hip for some time and reported this to the GP practice in November 2012. X-rays carried out in December 2012 and January 2013 showed a destructive lesion and the strong possibility that this was an indication of cancer.
- 5.9 Stefan did not speak English very well and throughout his relationship with Kara, she had interpreted for him, sometimes for medical appointments. The family and friends state that Kara was asked by GP1 if she could accompany Stefan to the surgery to discuss the

results of the X-ray and at this appointment the seriousness of the result was explained to Stefan. He was informed that further tests would be needed.

- 5.10 On the day after this GP appointment Stefan purchased two petrol cans and petrol.
- 5.11 On the day of the homicide, the Police and Fire Service were called by neighbours to the homes of Kara and Stefan because of a fire. Upon entry to the house the body of Kara was found in the downstairs. She had been covered with a petrol soaked blanket and towel. The smoke alarms had been disabled and the gas connections turned on. Petrol had been poured around the upstairs flat and a fire started. The badly burned body of Stefan was found in the upstairs flat.
- 5.12 Stefan had left a number of items outside the house and a note inside the house and while these are not very coherent they reveal that he believed he had cancer and the doctors would kill him. In one of these notes Stefan writes that he had mentioned his concern that there was a plot to kill him to his solicitor in November 2008.

6. The key local issues that arose from the review included:

- i. The risk to Kara was not identified by any of the professionals contributing to this review.
- ii. Kara had disclosed domestic violence and abuse issues to her GP (and previous GP).
- iii. The need to address DV disclosures to non DV specialist services and how they respond and manage this disclosure and recognise risks.
- iv. The need to understand that DV is not just about physical abuse, but follows this definition:

7. Domestic violence and abuse - definition

- 7.1 “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: Psychological, physical, sexual, financial, and emotional.”
- 7.2 “Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance, and escape and regulating their everyday behaviour.

- 7.3 “Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”
- 7.4 Given this broad definition and the likelihood of multiple agencies engaging with a potential victim of domestic violence, it is important that agencies ensure, through training, that their workforce is able to identify, support and advise victims, address any potential safeguarding issues and challenge attitudes and beliefs that underpin domestic violence and violence against women and girls.
- 7.5 A number of issues were raised specifically related to older victims of domestic violence for example access to services, agencies response to disclosures of DV from older people and not minimising the disclosure, clarity around certain injuries or emotional issues associated to their age or frailty verses injuries and emotional issues as a result of domestic violence.
- 7.6 There were also primarily two main national issues that included:
- Guidance needed for health professionals around the use of interpreters and not using family members to act the interpreter.
 - The vital role that GPs play when issues are shared by patients, such as depression, stress, suspicious injuries etc. and to explore the root cause of this that could possibly be as a result of experiencing DV.
 - A recommendation was presented to health partners via the Health and Well Being Board in September 2014 around a project called IRIS project. . IRIS is a service that supports local areas to address issues such as the need for improved training and awareness on domestic violence and abuse for GPs and healthcare professionals, who do not always know what to do with a disclosure of domestic violence or abuse.

AGENDA ITEM 6 – APPENDIX 1

Safer Community Partnership Board (SCPB)
31st October 2014

Domestic Homicide Review Report - Kara and Stefan (Pseudonym names)


Recommendations and Action Plan Progress Report

Agency	Recommendations	Progress
London Fire Brigade (LFB)	<p>The partnership work between LFB and Barnet Social Services whereby vulnerable adults and families are referred to the LFB for a Home Fire Safety Check to continue. This recommendation was also put forwarded by the IMR writer.</p> <ul style="list-style-type: none"> The current safeguarding training to remain programmed into the borough training plan, so that all watch members receive training on safeguarding procedures annually. This recommendation was also put forwarded by the IMR writer. 	<p>Both of these points continue to progress on a rolling basis. LFB continue to talk to all committees responsible for vulnerable people including social services to promote our HFSV service. Safeguarding training continues to be carried out by all watches and forms an integral part of our borough training plan. It has also been highlighted at a number of borough communication sessions given to all personnel in the borough over the last three months</p>
Barnet Adults	Occupational therapists have a	Adults and Communities have confirmed and accepted the

<p>and Communities</p> <p>– Occupational Therapy</p>	<p>unique role in supporting the independence of older members of the community as they visit older people in their homes to assess their support needs. Therefore, occupational therapists have first-hand experience of older people's living arrangements and are well placed to identify abuse. In support of this function the panel recommends:</p> <ul style="list-style-type: none"> • When an occupational therapist undertakes an enablement assessment where a patient states that they are separated from their partner, this must prompt questions as to the background to the separation, current contact and domestic violence risks. This is especially pertinent if they remain in the same house, even if living separately. 	<p>recommendations of the DHR.</p> <p>We have given both verbal and written briefings to all Occupational Therapists outlining the recommendation. In addition we have reviewed our assessment processes to ensure where a patient states that they are separated from their partner questions are asked about the separation, current contact and any domestic violence risks especially where they remain the same house, even if living separately.</p>
<p>Capita - Social Care Direct</p>	<p>Social Care Direct staff are required to explore issues of abuse during their rapid</p>	<p>Capita agreed to ensure that our staff attended the domestic violence training and would be asked to be aware of key “trigger words” that should prompt them to make a referral to the woman's aid group you previously</p>

	<p>assessment process. Barnet Adults and Communities should review the training needs for staff undertaking this role and ensure that they are adequately equipped to explore these issues.</p> <ul style="list-style-type: none"> • When undertaking an assessment of someone who states that they are separated from their partner this must prompt questions as to the background to the separation, current contact and domestic violence risks. • The structure of the rapid assessment form used by Social Care Direct to be amended to include specific prompt questions to explore domestic violence. <p>Social Care Direct to liaise with Solace Women's Aid to progress this.</p>	<p>advised us of.</p> <p>The social Care Direct staff should also by now have had training by ACSH based on a plan that we agreed with Sarah and her team, so I would hope that this would also have covered the identification of vulnerable people in this situation.</p>
<p>Housing 21</p>	<p>To strongly consider introducing a more secure system for the recording of carer notes. The current paper system is prone to loss, as in this case. Improvements in technology,</p>	<p>Housing & Care 21 is currently considering introducing the use of mobile devices to (among other things) update central service user records, I unfortunately cannot say when a firm decision on this will be made. In the meantime however, a system has been introduced in our Barnet service for a named individual to collect paper notes following a service user's period of enablement support. This ensures that these notes are collected within 7</p>

	<p>particularly the ability to use mobile devices to access and update central records, should be considered in a review of the current system.</p> <ul style="list-style-type: none"> To ensure that staff providing care have training on domestic violence that covers risk indicators and specifically that separation may not indicate a reduction in risk 	<p>days of a service user's enablement support ending.</p> <p>We do not currently provide training in domestic violence for Housing & Care 21 staff. However we are happy to consider this if there is a council training resource you are able to put us in contact with.</p>
<p>Barnet and Chase Farm Hospital (BCFH) (NHS Trust)</p>	<p>To review its policy and procedures in relation to domestic violence to ensure that these include routine enquiry for domestic violence where patients present with injuries that are consistent with an assault</p> <ul style="list-style-type: none"> To review its policy and procedure on domestic violence and ensure that this covers concerns about injuries to older people and their barriers to disclosure The Trust should develop a good working partnership with Solace Women's Aid to support the training of staff and to ensure 	<p>Update – coming soon</p>

	<p>that BCFH staff know how to refer to local domestic violence specialists when appropriate.</p> <ul style="list-style-type: none"> • The training provided to BCFH staff to be reviewed to ensure that it adequately equips staff with the knowledge and skills to enquire sensitively about domestic violence, including with older patients. This recommendation was also put forwarded by the IMR writer. 	
<p>Central London Community Health Care (CLCH) – Walk in Centre (WIC)</p>	<p>That the Adastra electronic records used in the WIC and elsewhere has a flagging system that covers vulnerable adults.</p> <ul style="list-style-type: none"> • That the links between CLCH and partner domestic violence agencies be improved by the attendance at MARAC of the CLCH Safeguarding Adults leads • That there is specific training on domestic violence for Adult Services staff that covers recognition, routine enquiry and signposting to appropriate services. All the above 	 <p>CLCH Updated DHR Action Plan (august20:</p>

	<p>recommendations were also put forward by the IMR writer.</p>	
<p>Family General Practice</p>	<p>To develop a policy on the use of interpreters given the current gap in national guidance and to consider under what circumstances it is appropriate to use friends or family members as interpreters. <i>CCG to confirm.</i></p> <ul style="list-style-type: none"> To develop a policy on domestic violence that includes a requirement that all staff have training on domestic violence in line with their responsibilities. This should equip staff to be able to recognise when someone may be experiencing domestic violence, to enquire sensitively, recognise risk and refer where appropriate. <i>CCG and NHS England to discuss this.</i> The General Practice to incorporate the Royal College of General Practitioners' (RCGP) guidance on responding to domestic violence into their own policy. <i>CCG and NHS England to discuss this.</i> 	<p>Incorporating the RCGP guidance into the practice policy the practice would need to ensure that the practice have:</p> <p>Understood the role of the practice management in Domestic Violence</p> <p>Established a pathway for practice staff to follow</p> <p>Made resources available to practice staff in terms of the pathway and key contacts.</p> <p>The guidance is available at the following link: http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Clinical%20Priorities/Domestic%20Violence/RCGP-Responding%20to%20abuse%20in%20domestic%20violence-January-2013.ashx</p> <p>Commissioning of IRIS mentioned in this guidance would not be at the level of individual practices.</p>

	<ul style="list-style-type: none"> To ensure that information about domestic violence and sources of help for both victims and perpetrators is visible to patients and available to take away from the practice. CCG and NHS England to discuss this. 	
<p>Barnet Clinical Commissioning Group and NHS England.</p>	<p>These recommendations are directed towards both NHS England and Barnet Clinical Commissioning Group. At the time of writing it was unclear which body would have responsibility for taking them forward.</p> <ul style="list-style-type: none"> To be assured that primary care are adopting the RCGP guidance on domestic violence across all settings. <ul style="list-style-type: none"> To commission the IRIS model to improve the early identification of domestic violence in primary health care. <ul style="list-style-type: none"> In conjunction with the Barnet Safeguarding Adults Board and the Barnet Public Health lead, ensure that materials 	<p>In terms of the RCGP guidance this covers not only the practice team (including clinical and non-clinical team members) but also wider commissioning initiatives including IRIS which are out of scope for an individual practice.</p> <p>I agree that the elements relating to the practice can be incorporated including:</p> <ul style="list-style-type: none"> Engagement with local domestic violence coordinator Staff training Identification of designated person within the practice for domestic violence Information about external organisations Clear and accurate recording of information and advice given to patients <p>For further information this link may be helpful http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Clinical%20Priorities/Domestic%20Violence/RCGP-Responding%20to%20abuse%20in%20domestic%20violence-January-2013.ashx</p> <p>There is also on line learning available.</p>

	<p>are available in all primary care settings promoting services for domestic violence victims and perpetrators.</p> <ul style="list-style-type: none"> To ensure that there is adequate guidance available for health care staff on the use of interpreters and specifically when it is not appropriate for a family member to act as an interpreter during medical consultations. Consider a “tag and flag” system for medical records of those at risk of domestic violence. Where such notes are archived, to ensure that such tag and flag notifications are transferred along with the notes. 	
<p>Barnet Safer Communities Partnership Board</p>	<p>Barnet has the second highest number of over 65 year olds in London, over 47,000 at the last census. This needs to be reflected in the Barnet DV and VAWG Action Plan so that the particular needs of this section of the community are recognised.</p> <ul style="list-style-type: none"> To consider how best to increase awareness that 	<p>LBB have engaged in a public campaign with the police and Adults for Project Mercury on 25th September 2014. There will be a stall in Finchley providing information cards and leaflets for the public. There will be changes to the commissioned DV training programme to include this within its module content. To work alongside the Silver Project (that specialises in working with older victims of DV) to develop referral pathways in Barnet.</p>

	<p>domestic violence occurs across the age spectrum through the use of public education materials.</p> <ul style="list-style-type: none"> • Ensure that the needs of older victims of domestic violence are acknowledged and represented in domestic violence training provided across the borough. • To take account of the help-seeking pathways that are frequently utilised by older citizens, and those from minority communities, when commissioning domestic violence services. • Ensure that domestic violence training equips professionals with the skills to recognise when someone may be at risk of experiencing or perpetrating domestic violence, in order to respond and enquire sensitively, recognise risk and refer if appropriate. 	
<p>Solace Women's Aid and AB</p>	<p>Solace Women's Aid and AB Women's Association with the support from the Barnet Domestic</p>	<p>The most experienced IDSVA based at Solace's Islington Support and Advocacy Service delivered Domestic Violence Awareness Training to staff at AB Women's Association on February 28th.</p>

<p>Women's Association</p>	<p>Violence Co-ordinator to explore a closer working relationship to ensure that women using AB Women's Association have access, when needed, to the domestic violence expertise of Solace.</p> <ul style="list-style-type: none"> • Solace Women's Aid to utilise the expertise of AB Women's Association to ensure that their services are accessible and appropriate to Greek Cypriot women. • To explore how to make the above process as seamless as possible for service users 	<p>The Team Leader of our Islington SASS Team (Pauline Walker) is the named contact for staff at AB Women's Association. Pauline has assisted AB Women's Association with a review of their domestic abuse related policies and procedures. Solace has the details of AB Women's Association and we contact them for advice as appropriate.</p>
<p>National Institute for Clinical Excellence</p>	<p>To consider guidance for health care staff on the use of interpreters and specifically under what circumstances a family member should and should not be acting as an interpreter.</p>	<p>NICE has not yet been asked to produce guidance specifically on the topic of interpreters within a health care setting. Topics for the NICE work programme tend to be health condition specific and are referred to NICE by the Department of Health in line with the national priorities that they have established. You can read more about how new topics are selected via the "get involved" section of our website.</p> <p>However, much of our guidance does recommend that interpreters should be used where a barrier to communication exists. So, taking our public health guidance on Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (PH50) as an example, recommendation 9 states:</p>

		<p>'Ensure interpreting services are confidential (often a concern in small communities where a minority language is spoken). Ensure professional interpreters are used. Do not use family members or friends. In some areas this will mean using a national interpreting service or one based in another locality.'</p> <p>In addition, we have also produced a clinical guideline on Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (CG138).</p> <p>Again, recommendation 1.5.4 states 'Establish the most effective way of communicating with each patient and explore ways to improve communication. Examples include using pictures, symbols, large print, Braille, different languages, sign language or communications aids, or involving an interpreter, a patient advocate or family members.'</p> <p>With regards to specific guidance on this topic, interpreter guidelines are available on the UK Screening Portal. There is also some useful information on the Public Health England site – Migrant Health Guide: http://www.hpa.org.uk/MigrantHealthGuide/AssessingMigrantPatients/LanguageInterpretation/</p> <p>This states that General Medical Council guidance on Good Medical Practice states that you must make sure, wherever practical, that arrangements are made to meet patients' language and communication needs.</p>
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Safer Communities Partnership Board

31st Oct 2014

Performance Dashboard

Barnet Community Safety Team

Author: Rodney Rodericks and Peter Clifton

Crime figures in this report are provisional - to indicate trends and performance

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Overview dashboard - Summary dashboard A


RAG	Positive / Negative factors	Recent Quarter		Recent 12 months performance ^{*1} (to Aug 2014)			Peer comparison (12 months to Aug 14)		Monthly exceptions (unusually high or low volume)		
		Volume (Sep 13 - Aug 14)	Change vs. previous yr.	Volume	Change vs. previous yr.	Change vs. 11/12 baseline	Similar group rank	London rank	Aug-14	Jul-14	Jun-14
	<ul style="list-style-type: none"> •Reduction vs. 2011 baseline •Reduction rolling 12 months •Recent exceptions: Low volume •Last quarter decrease 	783	-8%	3788	-16% Target reduction -6.0%	-23%	See below	See below	●	●	
	<ul style="list-style-type: none"> •Reduction vs. 2011 baseline •Reduction rolling 12 months •Recent exceptions: Low volume •Last quarter increase 	563	2%	2702	-14% Target reduction -6.0%	-20%	15/15	30/32	●	●	
	<ul style="list-style-type: none"> •Reduction vs. 2011 baseline •Reduction rolling 12 months •Reduction exceeds target •Last quarter decrease •Recent exceptions: Low volume 	220	-26%	1086	-22% Target reduction -6.0%	-25%	7/15	16/32	●		●
	<ul style="list-style-type: none"> •Reduction vs. 2011 baseline •Reduction rolling 12 months •Reduction exceeds target •Last quarter decrease •Reduction vs. 2011 baseline 	114	-38%	622	-32% Target reduction -5%	-48%	9/15	11/32	●		●
	<ul style="list-style-type: none"> •Lowest rate of all 15 MSG Boroughs •2nd lowest of all 32 London Boroughs •Following similar trend to London •Increase rolling 12 months •Last quarter increase •Increase vs. 2011 baseline 	509	30%	1796	22% Target reduction -5%	16%	1/15	2/32			


Violent crime dashboard

		Recent Quarter		Performance year to date (Starts April 2014)		Peer Comparison Performance year to date		Monthly exceptions (unusually high or low volume)		
RAG	Positive / Negative factors	Volume (Jul-Sep)	Change vs. previous year	Volume	Change vs. previous year	Date period covered	Aug-14	Jul-14	Jun-14	
●	<ul style="list-style-type: none"> •Reduction financial year to date •Last quarter decrease •Decrease in last quarter 	27 (Jul14 - Sep14)	-20%	83	-8%	Apr14 to Sep14	●	●	●	
●	<ul style="list-style-type: none"> •Reduction financial year to date •Last quarter decrease 	51 (Jul14 - Sep14)	-47%	119	-28%	Apr14 to Sep14	▲	●	●	
●	<ul style="list-style-type: none"> •Reduction financial year to date •Last quarter decrease •Decrease in last quarter 	7 (Jul14 - Sep14)	-65%	29	-15%	Apr14 to Sep14	▲	▲	▲	
Domestic Violence		Recent Quarter		Recent 12 months performance		Repeats		Monthly exceptions (unusually high or low volume)		
RAG	Positive / Negative factors	Barnet SD Rate (12 months to 26Sep14)	London SD Rate (12 months to 26Sep14)	Barnet SD Rate (one year ago)	Volume (12 months to 26Sep14)	Change vs. previous year	Marac Repeats Percentage (Q1 14/15)	Aug-14	Jul-14	Jun-14
●	<ul style="list-style-type: none"> •Increase in reported DV •SD rate higher than London average 	53.20%	+49%	54.70%	633	16.1% increase	3.5%	●	●	●


*1 Peer comparison: based on rates per 1000 population. Rank 1 = best (i.e. lowest rate)

ASB, Re-offending, YOS - Dashboard

ASB		Latest Quarter		Repeats - Rolling 12 months (to 26Sep14)	
RAG	Positive / Negative factors	Change vs. previous quarter	Number of Repeat ASB calls	Change vs. previous year period	(Total ASB calls in period)
ASB	<ul style="list-style-type: none"> Reduction in repeat ASB calls (R12 months) Reduction in total ASB calls Slight decrease in ASB concern in recent survey 	PAS: To what extend are you worried about ASB? Barnet: 25% (R12 to Jun2014)	281	-13.8%	10327 (down 19.7% from 12868)

Reducing Re-offending		Proven re-offending rate	
RAG	Positive / Negative factors	Proven re-offending rate (Jan 2012 - Mar 2012)	Change in points vs one year ago
Probation Re-offending	<ul style="list-style-type: none"> Re-offending rate is lower than the same period in the previous year 	24.20%	5.9 percentage points reduction

Note re re-offending data: The Local Assault Re-offending measure we previously used has been phased out and replaced with the 'Proven re-offending measure'.

Youth Offending		Re-Offending rate after 12 months Apr 11 - Mar 12		First Time Entrants (FTE) Rate Comparison			
RAG	Positive / Negative factors	Re-Offending rate after 12 months (Oct11-Sep12)	Change vs. previous period (Oct10 - Sep11)	Barnet's rate vs. other areas	% of young people in ETE (Q1,Q2,Q3,Q4 combined) 2013/14		
YOT	<ul style="list-style-type: none"> FTE (rolling 12 months) has fallen Re-offending Rate and FTE rates lower than London, National, Statistical Neighbours Re-offending rate (rolling 12 months) has fallen vs. previous period 	0.74	-10%	London: -30% Stat. Neighbours: -28% National: -28%	286	Change vs. previous period (Apr12-Mar13) -25.4% London: -33% Stat. Neighbours: -30% National: -30%	76%

Glossary

Term	Explanation
RAG	A red, amber, green flag based on the below criteria: Green – All performance indicators positive Amber – Mixed positive and negative performance indicators Red – All or nearly all performance indicators negative In the report the performance indicators upon which the RAG rating is based on are displayed next to the rating.
Latest Quarter	The most recent three months – Oct to Dec (unless stated otherwise – i.e. if data limitations necessitated a different time period)
Rolling 12 Months Performance	The rolling 12 months is the most recent 12 months (usually up to December 2013 unless stated otherwise). Rolling 12 months performance is the percentage change in the most recent 12 months compared to preceding 12 months (e.g. Jan 2013-Dec 2013 vs. Jan 2012-Dec 2012)
Peer comparison	Ranks Barnet in comparison with other boroughs based on rate of crimes per 1000 population (or in case of residential burglary per 1000 households). For the purposes of this comparison a rank of 1 is the best (i.e. the area with the lowest crime rate).
Similar Group Rank	A peer comparison (see above) comparing Barnet to similar boroughs / areas that have been selected due to demographic similarities (1 is best 15 th worst). * ¹ See at bottom of page for list of the peer areas.
London Rank	A peer comparison (as above) comparing Barnet's rate of crime to the other boroughs in London (1 is best, 32 worst).
ASB	Antisocial behaviour
PAS	Public Attitude Survey – a London wide survey of Londoners opinions carried out on behalf of the Met police, which breaks down results to borough level. Looks at numerous issues including crime, ASB and public confidence
FTE	First Time Entrant rate – rate of first time entrants into the criminal justice system per 1000 young people for a give area

*1, Barnet's 'Most Similar Group' of boroughs (used for peer comparison stats): Metropolitan Police – **Barnet**; Metropolitan Police – **Wandsworth**; Metropolitan Police – **Bromley**; Metropolitan Police – **Harrow** ; Metropolitan Police – **Croydon**; Dorset – **Bournemouth**; Metropolitan Police – **Ealing**; Sussex - **Brighton & Hove**; Metropolitan Police – **Sutton**; Metropolitan Police – **Brent**; Essex - **Southend-on-Sea**; Gloucestershire – **Cheltenham**; Sussex – **Eastbourne**; Metropolitan Police – **Enfield**; Metropolitan Police - **Waltham Forest**