

**MEETING**

**SAFER COMMUNITIES PARTNERSHIP BOARD**

**DATE AND TIME**

**FRIDAY 26TH JULY, 2019**

**AT 10.00 AM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ**

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

Chairman: Cllr Roberto Weeden-Sanz

Vice Chairman: Chief Superintendent Sara Leach, Metropolitan Police

London Fire Brigade

Metropolitan Police

National Probation Service

Community Rehabilitation Company

Barnet Clinical Commissioning Group

Victim Support

Department for Work and Pensions

Community Safety Team, LB Barnet

MOPAC

Re

Barnet Homes

Family Services, LB Barnet

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

**Andrew Charlwood – Head of Governance**

Governance Services contact: Tracy Scollin 020 8359 2315 [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk)

Media Relations Contact: Gareth Greene 020 8359 7039

**ASSURANCE GROUP**

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## ORDER OF BUSINESS

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1.	Welcome and Introductions	
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3.	Minutes of Previous Meeting	5 - 8
4.	Matters Arising	
5.	<p>Knife Crime and Serious Violence Reduction Plan</p> <ul style="list-style-type: none"> <li>• Multi-agency action plan update</li> <li>• Public Health approach to reducing knife crime</li> </ul> <p>Relevant to Priority 4 of the Community Safety Strategy)</p> <p>Tamara Djuretic – Director of Public Health, LBB Peter Clifton – Community Safety Manager, LBB</p>	9 - 48
6.	<p>London CRC and NPS - Probation Reform</p> <ul style="list-style-type: none"> <li>• Update on the Probation reforms and their implications for the Safer Communities Partners and the community</li> </ul> <p>(Relevant to Priority 5 of the Community Safety Strategy)</p> <p>Kauser Mukhtar – Contracts and Partnerships Lead, North Area London CRC Clare Ansdell – Head of Service for Barnet, Brent and Enfield NPS</p>	49 - 56
7.	<p>Annual update on the Violence Against Women and Girls 2015-2020 Strategy</p> <p>(Relevant to Priority 3 of the Community Safety Strategy)</p> <p>Kiran Vagarwal – Strategic Lead, Safer Communities LBB</p>	57 - 72
8.	<p>Family Services</p> <ul style="list-style-type: none"> <li>• Youth Justice Board update</li> <li>• Troubled Families</li> <li>• Cohorts where there are links to the Safer Communities Partnership Strategy – including Domestic Violence and VAWG, Crime and ASB and demand pressures</li> </ul> <p>(Relevant to Priority 4 of the Community Safety Strategy)</p> <p>Tina McElligot, Assistant Director of Family Services, LBB</p>	
9.	<p>Substance Misuse Needs Assessment</p> <p>(Relevant to all priority areas of the Community Safety Strategy)</p>	73 - 90

	Linda Somerville, Public Health Strategist	
10.	Report on Progress of delivering the Prevent Strategy (Relevant to Priority 7 of the Community Safety Strategy)  Sam Rosengard – Prevent Coordinator, LBB	91 - 114
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## Safer Communities Partnership Board

Minutes of meeting held on 12 April 2019  
Hendon Town Hall, The Burroughs, London NW4 4BQ

Minutes

AGENDA ITEM 3

### Board Members Present:

Cllr David Longstaff (Chairman)	London Borough of Barnet
Matt Leng	Community Safety Team, LBB
Sepia Golding	Community Safety Team, LBB
Steve Leader	London Fire Brigade
Inspector Adrian Needley	Metropolitan Police, Barnet
Laura Featley	Department for Work and Pensions
Clare Ansdell	National Probation Service
Dr Tamara Djuretic	Director of Public Health, LBB
Stuart Coleman	Barnet Homes
Tina McElligott	Family Services

### 1. WELCOME AND INTRODUCTIONS

The Chairman of the Safer Communities Partnership Board, Councillor David Longstaff welcomed all attendees and opened the meeting. Board Members and Officers in attendance introduced themselves and their respective organisations.

### 2. MINUTES OF PREVIOUS MEETING

It was **RESOLVED** that the minutes of the previous meeting held on 25<sup>th</sup> January 2019 be approved as a correct record.

### 3. APOLOGIES FOR ABSENCE

Apologies were received from Superintendent Sara Leach, Kiran Vagarwal, Peter Clifton, Jamie Blake, Simon Rose, Roger Kemp and Tim Harris.

### 4. MATTERS ARISING

There were none.

### 5. UPDATE ON BARNET HOMES ROLE AND ACTIVITY IN CONNECTION WITH THE DELIVERY OF THE BARNET COMMUNITY SAFETY STRATEGY

The Chairman introduced the item and invited Mr Stuart Coleman (Barnet Homes) who delivered a presentation for Board Members. Mr Coleman spoke about the key challenges and workstreams delivered by Barnet Homes in connection with Community Safety and ASB.

The Board heard about the development and re-design of the case management system to tackle ASB cases as effectively as possible. Mr Coleman spoke about the importance of regular contact and partnership working to manage ASB cases well.

Board Members noted the challenges around intervention work with rough sleepers and asked about the work taken place to improve engagement. Following allocation of funding, it was noted that more intervention work has been carried out. As a result, six rough sleepers have been supported into long term accommodation and nine have been supported into short term accommodation.

Following a comment from the Board about the importance of Prevent training, it was noted that WRAP workshops and training have been held and rolled out to all front-line staff.

The Chairman thanked Mr Coleman and the Board for the informative presentation and discussion. The Board noted the importance of continued effective partnership working, particularly towards delivering cross cutting projects.

## **6. UPDATE FROM THE REDUCING OFFENDING PARTNERSHIP DELIVERY GROUP ON THE INTEGRATED OFFENDER MANAGEMENT PROGRAMME**

The Chairman invited Mr Richard Norfolk, Reducing Reoffending Partnership Manager to join the meeting and present this item.

Mr Norfolk briefed the Board about the Integrated Offender Management (IOM) refresh project and noted the six key objectives as set out within the report.

Following a comment from the Board about training, Mr Norfolk spoke about the development of the Barnet IPM Community Payback Pilot aimed at improving Education, Training and Employment outcomes. The Board noted that so far five individuals have completed employment relates training course as part of the Community Payback ETE Pilot.

The Board welcomed the presentation and highlighted the importance of:

- further engagement work with partners around the IOM criminal justice system
- additional KPI targets around IOM which can inform the Community Safety Performance dashboard

## **7. FAMILY SERVICES**

The Operations Director, Family Services Ms Tina McElligott presented an update to the Board on the Barnet Troubled Families Programme. The Board noted that currently 3,990 families are attached to the Programme.

In response to a query from the Board about funding, it was noted that funding has been used to provide various services as part of the Troubled Families Programme. In addition, reserve funding could potentially be used to deliver services for a period of one year – however funding options need to be considered beyond this period.

The Board noted the data on Re-offending, Ms McElligott highlighted that although the repeat offending cohort is small, it has impacted on the frequency of the Re-offending data.

Ms McElligott noted that the Home Secretary announced plans for schools and other public agencies to have a 'statutory duty' to tackle gangs and serious youth violence, with £200m funding pledged.

The Board noted that the preventative programmes, Growing Against Violence and Art Against Knives, have been positively received and that the programmes are being rolled out to schools.

The Chairman thanked Officers and the Board for the informative presentation and discussion.

## **8. PERFORMANCE UPDATE**

The Chairman welcomed Sepia Golding, Senior Partnership Performance Analyst to present the Performance Dashboard to the Board.

Ms Golding provided an overview of the dashboard and summarised the statistics. It was noted that there was a 4% reduction in Burglary for the recent Quarter in comparison to the previous year's Quarter but a 4% overall increase in comparison to last year.

Following a query about the 52% increase in Burglary for the recent Quarter, it was noted that there had been a large increase since end of year Christmas period and that East Finchley had been a particular hotspot. A Police taskforce has been commissioned in order to intervene and tackle this issue.

Officers noted the decrease in ASB over the past 12 months and informed the Board that increased partnership working with Barnet Homes and Police have helped to reduce and effectively respond to repeat calls.

The Chairman thanked the Board for the discussion.

## **9. PROPOSED ITEMS FOR NEXT SCPB: JULY 2019**

The Board noted the Forward Work Programme and the business items listed for the 26<sup>th</sup> July 2019 meeting.

## **10. ANY OTHER BUSINESS**

None.

The meeting finished at 12.00 noon

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AGENDA ITEM 5

ITEM [5]

<b>Report Name:</b>	<b>Preventing Serious Youth Violence</b>	
<b>Meeting:</b>	<b>Barnet Safer Communities Partnership Board (SCPB)</b>	
<b>Meeting Date:</b>	26 <sup>th</sup> July 2019	
<b>Enclosures:</b>	Government response on a new legal duty to the Consultation to preventing and tackling serious youth violence.	
<b>Report Author:</b>	Dr Tamara Djuretic, Director of Public Health and Prevention	
<b>Outcome Required:</b>	Information Only	<input type="checkbox"/>
<b>Restricted</b>	No	

## Preventing Serious Youth Violence – new legislative duty

### Context

The Government's Serious Violence Strategy published in 2018 (<https://www.gov.uk/government/publications/serious-violence-strategy>) is clear that tackling serious violence is not only a law enforcement issue, it needs a multi-agency approach involving a range of partners and agencies such as education, public health, health and social services, housing, youth and victim services with a focus on prevention and early intervention. Action should be guided by evidence of the problems and what works in tackling the root causes of violence. To do this, it is an imperative to bring organisations together to share information, data and intelligence and encourage all to work together rather than in isolation. This approach is a building block of the Government's public health approach to preventing and tackling serious violence.

The Government is also investing £100m extra funding in 2019/20 to support increased police activity to tackle knife crime. This includes the provisional allocation of £35m funding for the introduction of Violence Reduction Units (VRU) in the 18 force areas most affected by serious violence. London's VRU is hosted by Greater London Authority. <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/violence-reduction-unit-vru>

The proposed prevention duty will complement and assist the Violence Reduction Units in their aim of preventing and tackling serious violence, by providing a strategic platform with the right regulatory conditions to support successful delivery of this multi-agency approach, including through the extended set of partners on whom the duty will fall.

The proposed new duty that Government invited responses on suggested three options:

- Option 1: New duty on specific organisation to have due regard to the prevention and tackling of serious violence
- Option 2: New duty to legislate through Community Safety Partnership
- Option 3: A voluntary, non-legislative approach

Government has now closed consultation and published their response on 15<sup>th</sup> July (Appendix I). In summary, it is suggested to introduce primary legislation for statutory organisation and authorities to have 'duty to collaborate and plan to prevent serious youth violence' rather than to have 'due regard'.

This change will ensure that the duty is the responsibility of agencies and bodies rather than individual professionals and to provide the necessary clarity around what is expected, while still enabling those organisations the freedom to decide how to best discharge this duty in their local area. It is also suggested to leave to local areas to define a scope of serious youth violence providing that, as a minimum, definition described in the Strategy is used.

Option 2 was not seen as favourable because Community Safety Partnership Boards (CSPB) function differently across the country and quality of partnership engagement that drives joint working is variable.

It is therefore intended, instead of introducing primary duty for prevention for the CSPB, to introduce legislation to amend section 6(1) of the Crime and Disorder Act 1998 which sets out the strategies Community Safety Partnerships must formulate and implement, to explicitly include serious violence. By ensuring Community Safety Partnerships formulate and implement a serious violence strategy it would ensure that it remains a priority at a local level.

Combining this amendment to the Crime and Disorder Act, with a new duty on specific organisations or authorities, would also enable Community Safety Partnerships to raise the issues to a higher strategic level as necessary given that in some local areas there are a significant number of Community Safety Partnerships and this may make it difficult for other partners to engage with them effectively.

#### Next steps

The Government will publish guidance supporting the new legislation to assist statutory agencies to effectively deliver a multi-agency public health approach. The guidance will highlight best practice and explain how different partnership models can work in practice, including with Violence Reduction Units. In doing so, the importance of involving the voluntary, community and faith sectors will be emphasised, recognising the key contribution that they are able to make in this area, but also allowing for flexibility to ensure that appropriate organisations are working together to tackle the specific challenges faced across England and Wales.

In Barnet, the focus on preventing Serious Youth Violence has been overseen by Barnet Safeguarding Partnership <https://thebarnetscp.org.uk/bscp/professionals/adolescent-risk> through a Vulnerable Adolescent Strategy and a range of initiative including REACH.

Our local work should build on these successes. Insight and Intelligence network has been tasked by the Council Management Team to summarise the evidence locally, scope and map current activities across the borough

and highlight potential gaps where prevention interventions and partnership working could be strengthened.

DRAFT



Home Office

# Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence

## Government response



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# Outline and contact details

This document is the post-consultation report for the consultation paper, “Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence”.

It will cover:

- introduction: Government approach
- the background to the consultation
- a summary of the consultation responses
- the next steps following this consultation
- a detailed response to the specific questions raised in the consultation

Further copies of this report and the consultation paper can be obtained by contacting the Serious Violence Unit at the address below:

**Serious Violence Unit**  
**Home Office**  
**5th Floor, Fry Building**  
**2 Marsham Street**  
**London**  
**SW1P 4DF**

**Telephone:** 0207 035 8303

**Email:** [SVLegalDutyConsultation@homeoffice.gov.uk](mailto:SVLegalDutyConsultation@homeoffice.gov.uk)

This report is also available at <https://www.gov.uk/government/consultations/serious-violence-new-legal-duty-to-support-multi-agency-action>

Alternative format versions of this publication can be requested from [SVLegalDutyConsultation@homeoffice.gov.uk](mailto:SVLegalDutyConsultation@homeoffice.gov.uk).

## Complaints or comments

If you have any complaints or comments about the consultation process you should contact the Home Office at the above address.

## Introduction: Government Approach

1. The Government's Serious Violence Strategy is clear that tackling serious violence is not only a law enforcement issue, it needs a multi-agency approach involving a range of partners and agencies such as education, health, social services, housing, youth and victim services with a focus on prevention and early intervention. Action should be guided by evidence of the problems and what works in tackling the root causes of violence. To do this, we must bring organisations together to share information, data and intelligence and encourage them to work in concert rather than in isolation.
2. The proposed new duty is a key building block of the Government's public health approach to preventing and tackling serious violence. We are also investing £100m extra funding in 2019/20 to support increased police activity to tackle knife crime. This includes the provisional allocation of £35m funding for the introduction of Violence Reduction Units in the 18 force areas most affected by serious violence. The proposed duty will complement and assist the Violence Reduction Units in their aim of preventing and tackling serious violence, by providing a strategic platform with the right regulatory conditions to support successful delivery of this multi-agency approach, including through the extended set of partners on whom the duty will fall.
3. Other building blocks to the approach include the £200m investment over ten years for the Youth Endowment Fund, which will focus on targeted early intervention with those children and young people most vulnerable to involvement in serious violence; and the establishment of the cross party, cross sector, Serious Violence Taskforce which is chaired by the Home Secretary, to provide additional oversight and external challenge of this critical work.
4. This all builds on the Government's Serious Violence Strategy which was published in April 2018. In particular, it builds on the analysis of the drivers and risk factors for serious violence set out in the Strategy, as well as the Strategy's commitments such as the investment of £22m in the Early Intervention Youth Fund which is supporting 40 projects in England and Wales; and the introduction of the National County Lines Coordination Centre which has already co-ordinated three separate weeks of intensive law enforcement action resulting in more than 1600 arrests, over 2100 individuals engaged for safeguarding, and significant seizures of weapons and drugs.
5. Noting the opportunities and challenges that have been described in response to the options in the consultation, the Government intends to bring forward primary legislation, when parliamentary time allows, to create a new duty on relevant agencies and organisations to collaborate, where possible through existing partnership structures, to prevent and reduce serious violence. In doing so, the Government will create the conditions for flexibility in local areas to allow agencies and bodies to determine how best to work together to address local need. The Government also recognises the important role of Community Safety Partnerships in this context, so we

will amend the Crime and Disorder Act 1998 to ensure that serious violence is an explicit priority for Community Safety Partnerships.

6. The geographical scope of the proposed new duty is England and Wales, mirroring that of the Serious Violence Strategy. The Welsh Government supports this approach which recognises the importance of creating flexibility for local areas and the intention to complement the existing mechanisms that are already in place to tackle serious violence, and the different legislative and partnership landscape in Wales.

## Background

7. The consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence was published on 1 April 2019. It invited comments on three options for achieving an effective multi-agency approach to preventing and tackling serious violence.
8. The three proposals set out in the consultation document were:
  - Option one: a new duty on specific organisations to have due regard to the prevention and tackling of serious violence. This was the Government's preferred option and would be achieved by introducing primary legislation to place a new duty on specific organisations to have due regard to the prevention and tackling of serious violence. The list of specific organisations would include local authorities, senior figures in criminal justice institutions, education, child care institutions, health and social care bodies and the police. It would not necessitate a specific multi-agency setting but would act to encourage and improve partnership working and information sharing.
  - Option two: a new duty through legislation to revise Community Safety Partnerships. This could be achieved through legislating to amend Community Safety Partnerships to ensure they have a strategy for preventing and tackling serious violence. This option would directly commit organisations to become members of a partnership (in this case, the Community Safety Partnership) rather than requiring organisations to have "due regard" to preventing and tackling serious violence.
  - Option three: a voluntary non-legislative approach. This approach would encourage areas to adopt voluntary measures to engage in a multi-agency approach instead of, or to complement, introducing a new statutory duty. This would mean a range of organisations would recognise they have an important role to play in preventing and tackling serious violence. The Government would support communities and local partnerships by facilitating the sharing of best practice across geographical boundaries and providing guidance where appropriate.
9. The consultation closed on 28 May 2019 and this report summarises the responses, including how the consultation process influenced the development of the policy consulted upon.

## Summary and next steps

10. We have reviewed all responses received to the consultation, through the online questionnaire, postal and email submissions, a breakdown of the results, and findings from these have been set out in this consultation response document at Annex A. The responses indicated that there is clear support for the Government's description of an effective multi-agency 'public health' approach to preventing and tackling serious violence, however there was no clear consensus about which of the three options listed in the paper would best achieve this approach.
11. As set out in the introduction, the Government intends to bring forward primary legislation to create a new duty on organisations to collaborate, where possible through existing partnership structures, to prevent and reduce serious violence, and in recognition of the important role of Community Safety Partnerships in this context, we also intend to amend the Crime and Disorder Act 1998 to ensure that serious violence is an explicit priority for Community Safety Partnerships.

### **Option One: New duty on specific organisations to have due regard to the prevention and tackling of serious violence**

12. 37% of responses supported option one<sup>1</sup>. Of respondents who provided information about their professional sector and favoured one of the three options, option one was the preferred option for the criminal justice sector, police and crime commissioners and the research sector. The police sector and members of the public supported equally options one and two.
13. Although some partnerships work well in tackling serious violence, in others there are gaps in performance in terms of competing priorities, strength of partnership, and/or a lack or absence of important elements such as data sharing and intelligence. Successfully dealing with this issue means ensuring that all relevant agencies are focussed on and accountable for preventing and reducing serious violence and a new duty is an important means of achieving this. This option has the advantage in that it places a new duty on specific organisations or authorities but leaves it to them to decide how best to comply. It therefore provides flexibility, but the logic of such a duty should mean that the relevant organisations will engage and work together in the most effective local partnership in that area.
14. We are clear that there is a need for a multi-agency approach involving partners and agencies. Primary legislation will place a statutory duty on specific organisations or authorities to ensure they are focussed on and accountable for preventing and

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<sup>1</sup> This includes only online responses from those that did not respond "Yes" to any of the two alternative options, it also excludes any other responses other than "Yes" and "No", "such as "maybe" and "possibly".

reducing serious violence. We want to galvanise the partnerships that are not as effective at preventing and reducing serious violence currently by encouraging them to share data, intelligence and knowledge to generate evidence-based analysis of the problem and solutions.

15. Such a duty would create the conditions for relevant agencies and partners to collaborate and communicate regularly, to use existing partnerships and to share information and take effective coordinated action in their local areas. Ultimately, we want to reduce serious violence across England and Wales, ensuring that everyone can expect an effective collaboration and prioritisation wherever they live.
16. Along with increasing the consistency in terms of the prioritisation and accountability in organisations for preventing and reducing serious violence, respondents to the consultation also highlighted that option one would allow for local flexibility in deciding how to implement.
17. However, as with options two and three, option one did not have a majority of support from respondents to the consultation and we have considered the reasons given for this. As set out in Annex A, the majority were around the belief that existing duties and legislation are sufficient or suggesting funding and time pressures, however, the marked rise we have seen in serious violence since 2014 suggests that more needs to be done.
18. There were also respondents to the consultation who raised concerns that any duty would be placed on individual professionals. The intention has always been to introduce primary legislation that would place a duty on specific organisations, rather than on individual professionals to have due regard to the prevention and tackling of serious violence. However, we do understand the concerns raised where respondents to the consultation have understood option one to be similar to activities under the “Prevent duty”, set out in the Counter-Terrorism and Security Act 2015, which includes guidance detailing a range of activity for staff such as to undertake training to identify children at risk of being drawn into terrorism, and to challenge extremist ideas. In addition, some respondents raised concerns around the language proposed in option one, specifically having “due regard” being too vague or lacking clarity.
19. In considering these responses, we have re-visited how this new primary legislation will be framed and we have decided not to introduce legislation to “have due regard”, instead we will legislate to ensure that specific organisations or authorities have a duty to collaborate and plan to prevent and reduce serious violence. This change will ensure that the duty is the responsibility of agencies and bodies rather than individual professionals and to provide the necessary clarity around what is expected, while still enabling those organisations the freedom to decide how to best discharge this duty in their local area.
20. We have heard through the consultation responses that the duty should be flexible enough to take account of the problem profile in local areas. Therefore, we propose

that it will be open to the local area to set its own reasonable definition of serious violence for the purpose of defining the scope of its activities. We expect that this definition should encompass serious violence as defined for the purposes of the Government's Serious Violence Strategy and include a focus on issues such as public space violent crime at its core.

21. The consultation asked if the list of specified agencies set out in Schedule 6 of the Counter-Terrorism and Security Act 2015 are the right organisations to work to tackle and prevent serious violence, with 62% of online respondents agreeing<sup>2</sup>. However, 107 respondents made suggestions for potential additional partners. The most commonly raised suggestions for additional partners to those already included in Schedule 6 were for the voluntary, community and faith sector, clinical commissioning groups and the fire and rescue service to be included.
22. While we have considered these suggestions, we do not feel that it is appropriate to extend the duty to the voluntary sector, instead we intend to provide guidance and support to local areas to ensure that the voluntary, community and faith sectors are engaged in activity effectively, to allow for flexibility at a local level to include the most relevant organisations to tackle and prevent serious violence.
23. The Government will give further consideration to the representations made during the consultation about suitable organisations and authorities who should be subject to the new duty. We will work across government and carry out further informal targeted consultation with relevant organisations and bodies following the Government response, to finalise the list of specific organisations or authorities.

### **Option Two: New duty through legislating to revise Community Safety Partnerships**

24. 40% of online respondents supported option two<sup>3</sup>. Of respondents who provided information about their professional sector and favoured one of the three options, option two was favoured by fire and rescue services, health and social care, local government, housing and construction sectors and multi-agency boards. The police sector and members of the public supported equally options one and two.
25. This option differs from option one as it directly commits organisations to become members of a Community Safety Partnership rather than placing a duty on specified organisations to preventing and tackling serious violence. This has the benefit of the clarity of legislating for Community Safety Partnerships becoming the lead partnership in fulfilling this key mission against serious violence.

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<sup>2</sup> 117 respondents answered "yes" to this question and 72 responded "no".

<sup>3</sup> This includes only online responses from those that did not respond "Yes" to any of the two alternative options, it also excludes any other responses other than "Yes" and "No", "such as "maybe" and "possibly".

26. We recognise that Community Safety Partnerships are stronger in some areas than others, and this variation may initially impact on the effectiveness of some Community Safety Partnerships in tackling violent crime, with a number of respondents raising this concern. In addition, the geographical reach of Community Safety Partnerships might mean they are not the optimum partnership model in all areas. However, a number of respondents<sup>4</sup> did raise the positive work underway within their area.

“The Community Safety Partnerships are well established with extensive cross-fertilised networks and embedded working practices across the field of community safety, criminal justice, health, safeguarding and the third sector. There has been around 20 years accumulated knowledge, skills, expertise, policy and practice developments across its broad portfolio, that can act as a solid foundation for the introduction of an additional duty and a reinvigoration of the Community Safety Partnership status.”

*Blaenau Gwent County Borough Council*

27. We believe that wherever possible, existing partnerships and structures should be used to bring relevant organisations together to prevent and tackle serious violence. While Community Safety Partnerships are not the only partnership to have responsibility for drawing together relevant partners, as an established multi-agency partnership they have a vital role to play in tackling and preventing serious violence.
28. That is why we intend to introduce legislation to amend section 6(1) of the Crime and Disorder Act 1998 which sets out the strategies Community Safety Partnerships must formulate and implement, to explicitly include serious violence. By ensuring Community Safety Partnerships formulate and implement a serious violence strategy it would ensure that it remains a priority at a local level. Combining this amendment to the Crime and Disorder Act, with a new duty on specific organisations or authorities, would also enable Community Safety Partnerships to raise the issues to a higher strategic level as necessary given that in some local areas there are a significant number of Community Safety Partnerships and this may make it difficult for other partners to engage with them effectively.

### **Option Three: A voluntary non-legislative approach**

29. 23% of online respondents supported option three<sup>5</sup>. Of the respondents who provided information about their professional sector and favoured one of the three options, option three was favoured by the voluntary and community sector and the education and childcare sector.

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<sup>4</sup> 38

<sup>5</sup> This includes only online responses from those that did not respond "Yes" to any of the two alternative options, it also excludes any other responses other than "Yes" and "No", "such as "maybe" and "possibly".

30. A voluntary non-legislative approach was the option in the consultation document that the fewest respondents felt would be the best approach to tackle and prevent serious violence. Some (25) respondents used the consultation to provide detail about voluntary approaches being taken in their areas, and while there are some voluntary arrangements which work well, a high number of respondents (87) highlighted concerns that without legislation the partnerships in some areas would be weaker than in others.
31. On 18 June 2019, the Home Secretary announced the provisional allocation of £35 million to Police and Crime Commissioners in 18 areas to set up Violence Reduction Units. These will bring together community leaders and other key partners with police, local government, health and education professionals to identify the drivers of serious violence and develop a response to them. Violence Reduction Units will ensure there is effective planning and collaboration to support a longer-term approach to preventing violence. The proposed duty will complement and assist the Violence Reduction Units in their aim of preventing and tackling serious violence, by providing a strategic platform with the right regulatory conditions to support successful delivery of this multi-agency approach, including through the extended set of partners on whom the duty will fall.
32. We have been working closely with other Government departments and partner agencies, including the police and existing Violence Reduction Units, to develop the core set of requirements that those in receipt of Violence Reduction Unit funding will need to deliver. This has allowed us to provide a clear steer to local areas on how we expect Violence Reduction Unit funding to be applied.

### **Additional considerations**

#### Inspection, accountability and enforcement

33. It is clear from the majority of online responses to the consultation that responsible authorities subject to the duty would best be held to account through inspections, either joint thematic inspections or by individual inspectorates through their existing inspection powers. We will undertake an informal consultation with inspectorates to scope options for an inspection regime. For example, through joint thematic inspections.
34. There will also be an expectation on relevant agencies, including for any public authorities for which there is no existing inspection body, to publish details of how they carry out their responsibilities under the duty, for example through existing monitoring arrangements or through local multi-agency plans. Finally, the Government will continue to consider what enforcement action for non-compliance might be required.

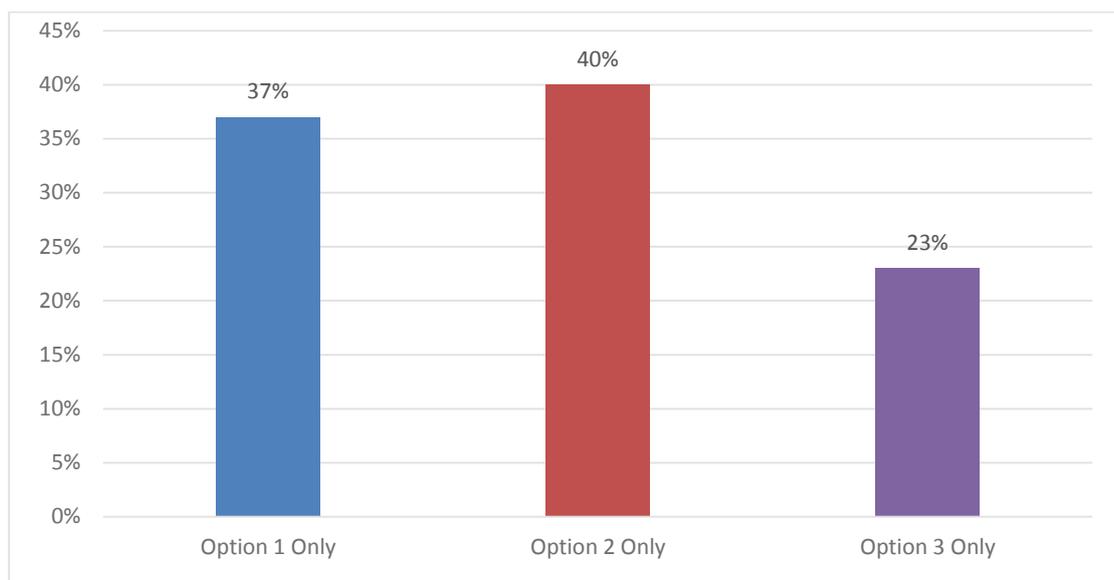
Guidance and support for local areas

35. The Government will publish guidance supporting the new legislation to assist statutory agencies to effectively deliver a multi-agency public health approach. The guidance will highlight best practice and explain how different partnership models can work in practice, including with Violence Reduction Units. In doing so, we will emphasise the importance of involving the voluntary, community and faith sectors, recognising the key contribution that they are able to make in this area, but also allowing for flexibility to ensure that appropriate organisations are working together to tackle the specific challenges faced across England and Wales.

## Annex A: Summary of responses

1. A total of 225 responses to the consultation paper were received<sup>6</sup>. Of the 221 respondents who answered the question<sup>7</sup>, 57 (26%) reported that their agency or organisation was in the local government sector, 31 (14%) reported their organisation was in the voluntary and community sector and 29 (13%) reported their agency or organisation was in the police sector.
2. The consultation document provided three options for ways to tackle and prevent serious violence. Of the responses provided to the consultation paper, while there was overall support for the vision to use a multi-agency approach to tackle and prevent serious violence, there was no single option proposed to achieve this that garnered a majority of support.

*Table 1: Options Preference*



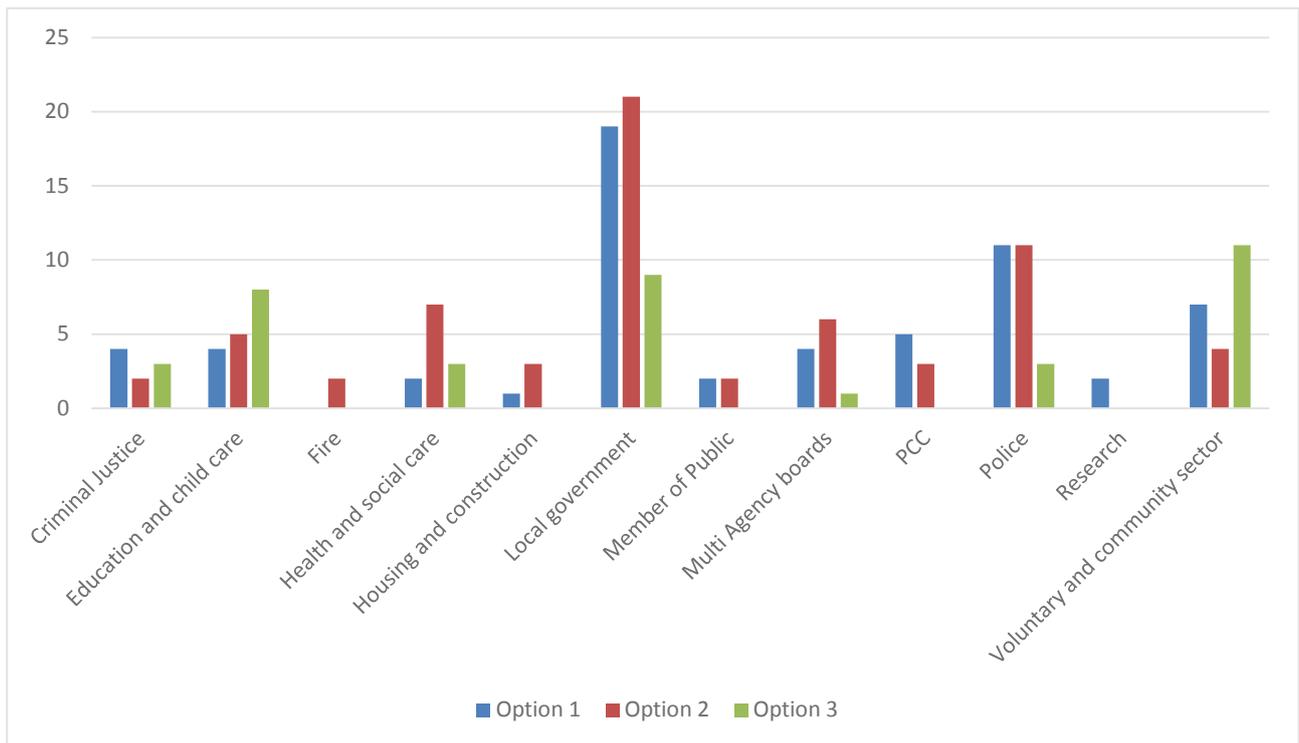
For each option, the graph includes the response for only those that have not responded "Yes" to any of the two alternative options. This chart excludes any other responses other than "Yes" and "No", "such as "maybe" and "possibly".

3. The below chart shows the options favoured by each organisation or agency, where respondents indicated a preference and selected a profession or area in which their organisation worked.

<sup>6</sup> We received a total of 288 responses to the consultation. 207 responses were received via the Home Office online survey tool, and 81 survey responses were received offline either by completed offline questionnaire, letter or email. 18 of these responses had been filled in to mirror the consultation document and these were added to the 207 and these 225 were analysed together. 63 responses have been analysed separately as "offline responses".

<sup>7</sup> Excludes 4 responses that did not answer this question

Table 2: Option preference by organisation/agency



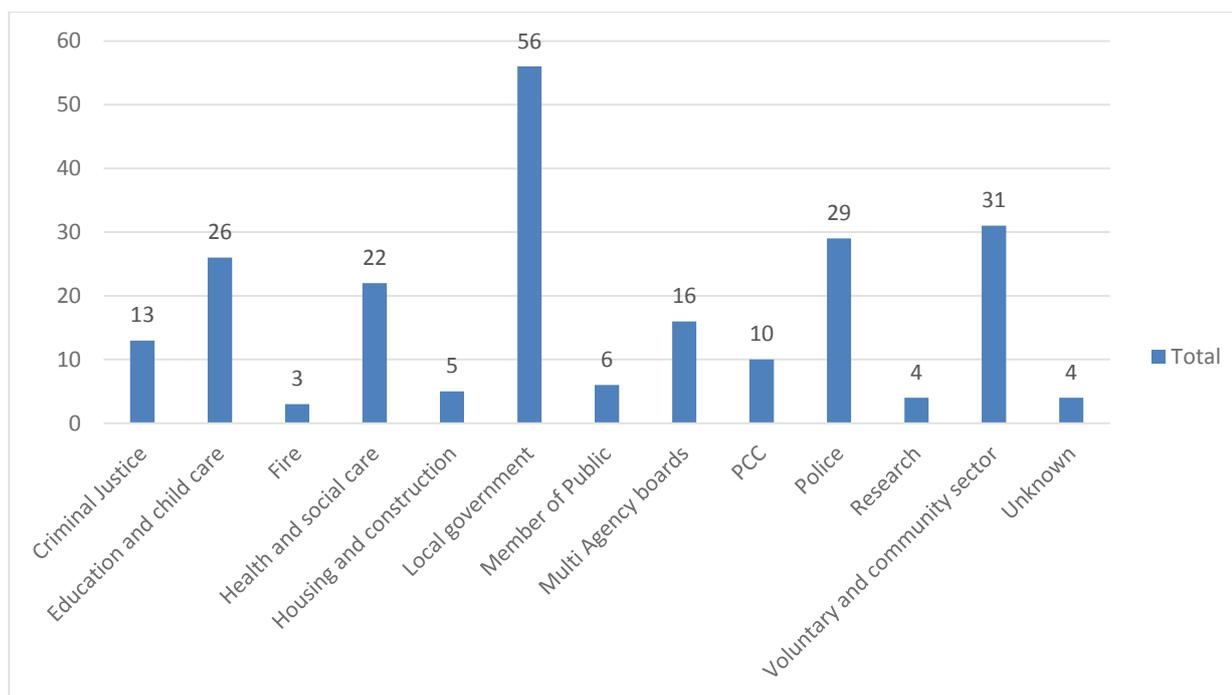
This chart excludes, those that answered yes to multiple options

## Responses to specific questions

### Part 1: General questions

#### What sector does your agency/organisation represent?

Table 3: Number of responses by agency/organisation



4. Of the 221 respondents who answered the question, 57 (26%) reported that their agency or organisation was in the local government sector, 31 (14%) reported their organisation was in the voluntary and community sector and 29 (13%) reported their agency or organisation was in the police sector.

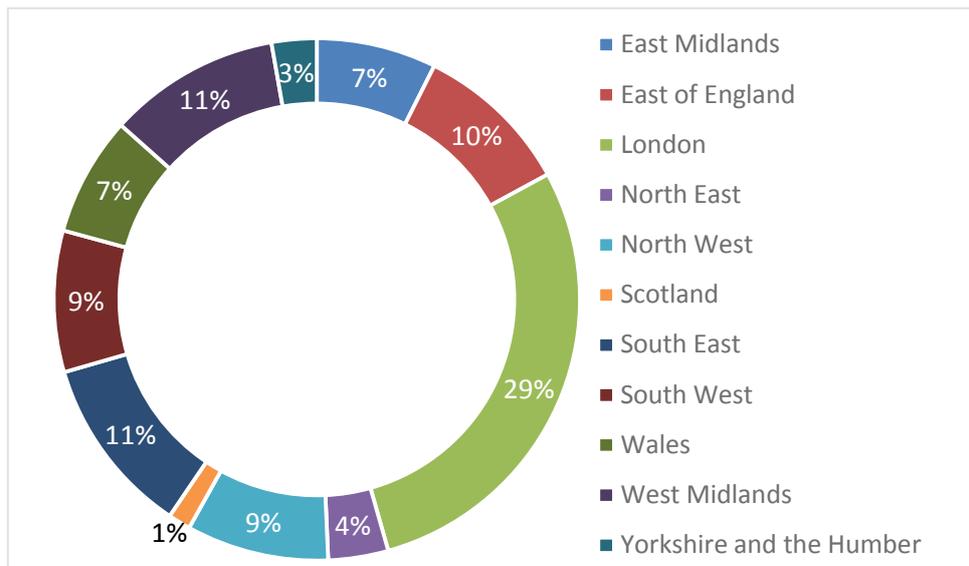
#### Is your agency/organisation part of or does it work with any existing multi-agency partnership such as a Community Safety Partnership?

5. 76% of those responding to the question reported that their organisation or agency either is currently part of, or works with, an existing multi-agency partnership.

#### Where is your agency/organisation based?

6. With the exception of Northern Ireland, responses were received from those working in organisations or agencies across the UK. The largest number of responses for any one area came from London with 62 (29%) of the 216 respondents who answered the question. The fewest responses received in England and Wales came from Yorkshire and the Humber with only 6 (3%).

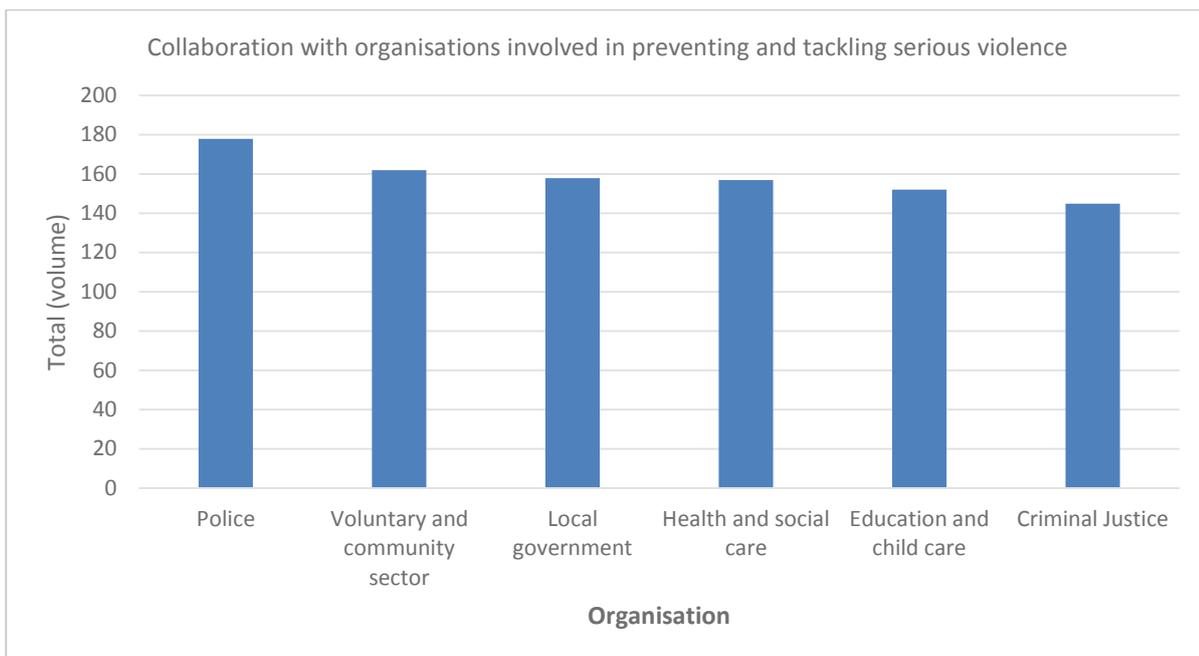
Table 4: Percentage of responses by region



**What agencies/organisations do you work closely with to prevent and tackle serious violence in your area? Multiple answers possible**

7. Of the respondents that indicated they work with other organisations in preventing and tackling serious violence, the most commonly selected organisations or sectors were: police, voluntary and community sector, local government and health and social care. However, the majority of respondents indicated they worked with all the organisations listed.

Table 5: Number of respondents working in collaboration with other organisations

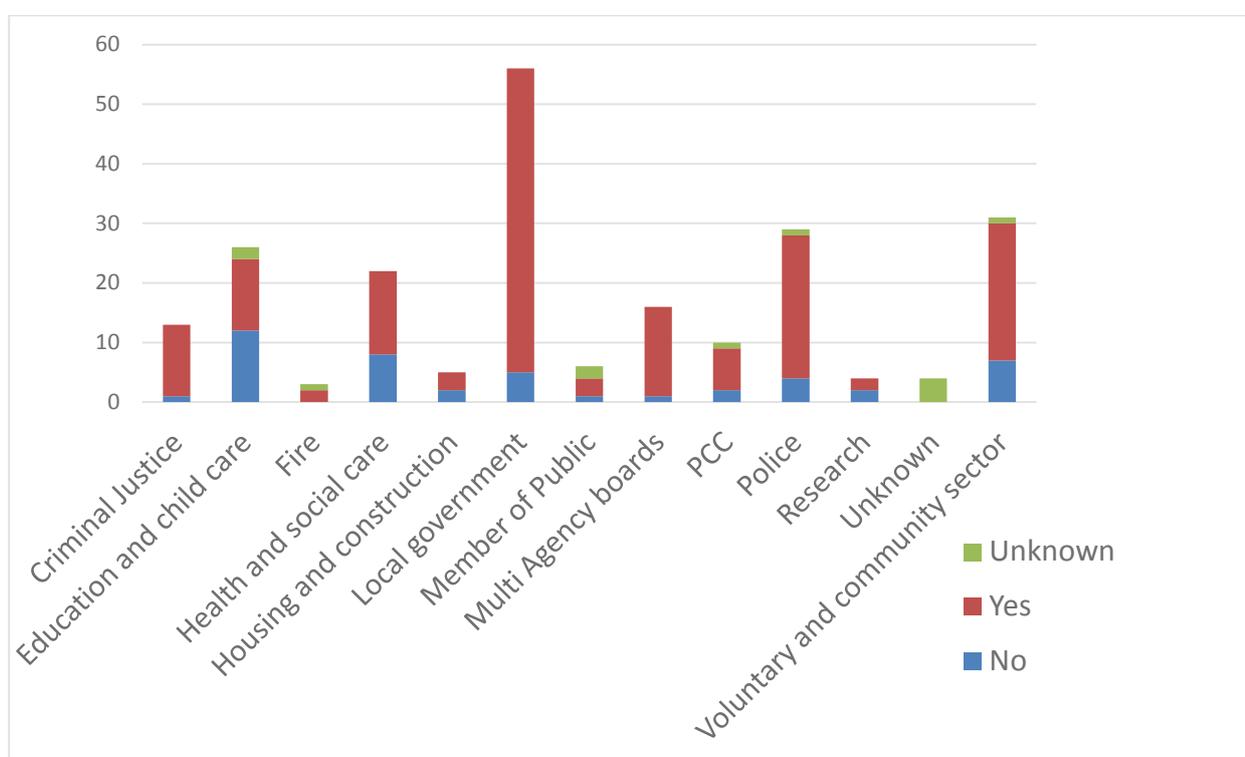


## Part 2: Current work in the area of serious violence

### Does your agency/organisation currently have activities in place to prevent/tackle serious violence?

8. The majority of those responding to this question (79%) answered yes to this question that there are currently activities within their organisation or agency to prevent and/or tackle serious violence. The chart below provides a breakdown per agency or organisation responding. Out of the 24 respondents from the education and childcare sector that provided an answer, 50% reported that their agency/organisation does not currently have activities in place to prevent/tackle serious violence.

Table 6: Number of respondents with current activities in place



### If you are currently working in an agency/organisation with an interest in serious violence:

### What kind of activity do you undertake in preventing and tackling serious violence? *Multiple answers possible.*

9. The most commonly raised activities respondents answering this question said that they were undertaking were early intervention and preventative initiatives for root causes e.g. education and funding for intervention and prevention services e.g. youth services and drug/alcohol centres.

**If you currently do not have activities in place to prevent/tackle serious violence, what activities do you feel would be beneficial to address serious violence in your area? Open question.**

10. Of those responding to this question, some raised concerns in their responses that preventing or tackling serious violence was not part of their role and took the opportunity to express their dislike for the policy proposals outlined in the consultation document. The most common point raised in these responses was that preventing or tackling serious violence was not part of the role of the individual responding or organisation (for example educational or health professionals).
11. Of those responding suggesting activities that would be beneficial, the suggestions included early intervention and prevention initiatives, including increased funding to support initiatives and further funding for the police.

“Early intervention programmes to reduce the known risk factors among vulnerable children and young people.”

*Central Bedfordshire Council*

“Local Authority ring fence funding on prevention services aimed at preventing underlying causes of serious violence, and in particular drug treatment services”

*Office of the Durham Police & Crime Commissioner*

### **Part 3: Questions posed in the body of the consultation document**

**Do you agree that the vision and focus for a multi-agency approach to preventing and tackling serious violence is correct? If not, please explain why.**

12. The clear majority of respondents (86%) to the consultation indicated support for a multi-agency approach to preventing and tackling serious violence.
13. Of those providing an open question response, the majority reiterated their support for a multi-agency approach or from those providing positive work underway in their area or supporting academic research.
14. The most commonly raised reasons for not supporting the vision for a multi-agency approach to preventing and tackling serious violence were the concerns that it does not focus on the broader or underlying issue causing serious violence, or concerns around the lack of funding or time organisations and staff have.

“I think more needs to be done at the early intervention stage by other agencies in conjunction with police there are opportunities that are missed to divert people getting involved in serious violence”

*Met Police Officer*

“... we do not consider that the vision developed in this consultation fully represents a public health approach to serious violence. The public health approach considers serious violence as an epidemic that has to be treated with the same whole system preventative approach as an epidemic disease.”

*Safer London*

**Do you consider that Option One would best achieve the consultation vision?  
Please explain why.**

15. 37% (61) of respondents stated that Option One was their preferred option. The most commonly raised explanations for either agreeing or disagreeing with Option One were that existing duties and legislation were sufficient to tackle serious violence (39) or a dislike for taking a legislative approach. Respondents also raised concerns around the lack of funding or time organisations and staff have.
16. Respondents also expressed that Option One would allow for local flexibility in deciding how to implement and that it could have a positive impact on consistency across England and Wales in terms of the prioritisation and accountability in organisations for tackling serious violence. A number of respondents also highlighted the positive work they are doing with regard to tackling serious violence or suggestions for how Option One could work in their area.

“It is believed that the existing duty to consider crime and disorder in all aspects of service delivery is sufficient and a further specific duty would simply duplicate this.”

*Oldham Community Safety & Cohesion Partnership*

“I think that the partnership landscape is complex and becoming ever more so. Statutory footing would ensure that partners had clear deliverable frameworks and would give the ability to challenge and hold each to account.”

*Avon & Somerset Police, Safeguarding Team*

“This enables agencies to prioritise the issue of serious violence but to be creative in creating bespoke multi agency solutions that work for the local area”

*Cheltenham Borough Council, Strategy & Engagement*

“We consider Option One to be the best means of achieving the consultation vision. Establishing a new legal duty to support a multi-agency approach provides both focus and accountability for partners to prevent and tackle serious violence.”

*Office of Gwent Police & Crime Commissioner*

**Do you consider the specific agencies listed in Schedule 6 to the Counter-Terrorism and Security Act 2015 the right partners to achieve the consultation vision? If not, please explain why.**

17. Of the 185 respondents who provided a definitive “yes” or “no” to this question, 111 felt that the agencies listed in schedule 6 were the right partners to achieve the consultation vision, 74 respondents did not. However, 107 respondents then went on to answer the second part of the question. The majority of those responding to this question felt that the list of organisations as set out in Schedule 6 needed to be updated. The most commonly raised suggestions for additional partners to those already included in Schedule 6 were for the voluntary, community and faith sector (23), clinical commissioning groups (19) and the fire and rescue service (15).

“There is a significant role for the wider voluntary, community and faith sector in relation to delivering sustainable long-term outcomes for the vision.

*Sefton Council, Communities Team*

“CCG’s should be an integral core member, if they don’t commission the right services (with the most effective measures), there could be a fractured offer across the piece.”

*Avon & Somerset Police, Safeguarding Team*

“Consideration may also need to be given to including Fire and Rescue Authorities given their role in prevention.”

*Welsh Local Government Association*

**Do you consider that Option two would best achieve the consultation vision? Please explain why.**

18. 40% of respondents felt that option two would best achieve the consultation vision. However, there were concerns expressed including the lack of funding or time organisations and staff have. There were also concerns raised about the inconsistency, both geographically and in terms of reach, that community safety partnerships had, that the option targeted the wrong agencies or made suggestions for alternative target agencies and that the current duties and legislation were sufficient to tackle serious violence.

19. Again, some respondents provided examples of how they believed option two could work and of positive work underway in their area or organisation.

“As noted in the consultation document, the geographical reach of Community Safety Partnerships differs across the country and in many cases means that they are not the optimum partnership model as decision making may be more effective at a higher strategic level.”

*Devon County Council, Communities Team*

“...partnership established would be insufficient to achieve consistency cross sector. This would not be in line with existing practices including the partnership established through the OPCC. There would be concerns that this would lead to geographical inconsistency by not harmonising the approach across PCC areas.”

*East Sussex County Council, Communities Team*

“Community Safety Partnerships are in a key position to challenge serious violence as a contextual safeguarding arena. However, the issue cannot be addressed just through these partnerships and need health providers and education, amongst others, to work effectively together, to avoid exclusion and put in services at the Early Help level.”

*Devon County Council, Communities Team*

**Should the list of Statutory Partners in Community Safety Partnerships be added to so that they can adequately prevent and tackle serious violence in local areas? If so, what organisations?**

20. The majority of those responding believed that the list of statutory partners in Community Safety Partnerships should be added to with 116 respondents definitively responding “yes” to the first part of this question and 68 responding “no”. However, 131 respondents went on to provide a further response, with the most commonly seen suggestions being educational establishments (schools, colleges etc), the voluntary, community and faith sector and residential homes and social landlords.

“Education – particularly when working on these issues due to the links between gang involvement and exclusions/off rolling. Working with young people in PRUs is key when considering this agenda.”

*Safer Wolverhampton Partnership, City of Wolverhampton Council*

“The communities and the young people affected by violence who are not represented in any of the available options.”

*MAC UK*

“If option 2 is selected, we feel that a wide range of third sector organisations must be involved, including equality organisations”

*Diverse, Cymru*

“All housing providers should have a greater statutory role in crime prevention and all health agencies should have more explicit duties placed on them with regard to information and data sharing.”

*Redditch Borough Council & Bromsgrove District Council*

**Do you consider that Option Three would best achieve the consultation vision?  
Please explain why.**

21. This was the least preferred option with only 23% of respondents believing that option three would be the best approach. The most frequently cited reasons for it not being the best approach were that the respondent either did not think that a voluntary approach to tackling serious violence would work as it was weak or that legislation was needed.

“There was no support for a voluntary, non-legislative approach. In the current financial climate where resources are stretched so thinly it was felt that there needed to be an element of compulsion and if there was not, then organisations would simply opt out.”

*Northumbria Police*

“This would be a backward step. We need the strength of legislation to tackle a national problem”

*Haybrook College*

“In order to engage all necessary partners included within this vision we believe a requirement to participate is necessary.”

*Office of the Police Fire & Crime Commissioner for Essex*

**What other measures could support such a voluntary multi-agency approach to tackling serious violence, including how we ensure join up between different agencies?**

22. Of the 150 people/organisations responding to the question about what other measures could support a voluntary multi-agency approach, a number of points were raised including funding, information and intelligence sharing, the requirement for a strong and clear lead or governance structure to be in place and the need for timely and therapeutic interventions.

23. As with previous options, some respondents provided examples of work being done, and models used within their area or by their organisation.

“Easier information sharing processes and regular meetings to discuss areas of concern.”

*OneLife Suffolk*

“Have a national body lead that is recognised and has authority. Doesn’t need to be directly linked to government like Home Office.”

*Met Police Officer*

## Part 4: Questions about the consultation options and their possible impact

24. Many of the responses provided to the questions in Part 4 of the consultation document (time/resource, staff and other costs) have been used to inform our impact assessment which has been published alongside this response document. For further details please see the published impact assessment.

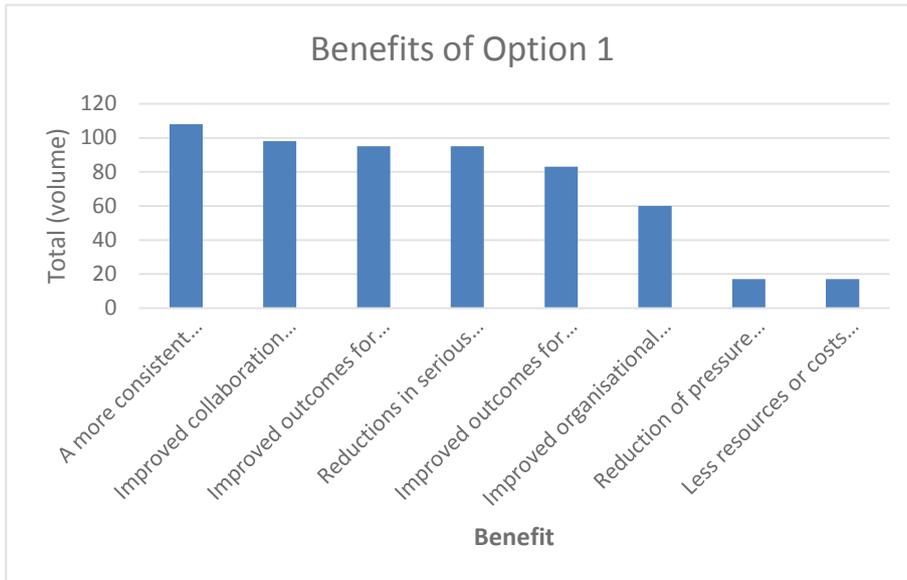
### Option 1: a new duty on specific organisations to have due regard to the prevention and tackling of serious violence

**What, if any, benefits do you envisage under the proposed option? Multiple answers possible.**

25. Of the respondents that envisaged benefits under option one, the most commonly selected benefits were a more consistent approach in preventing and tackling serious violence at the local level, improved collaboration with other organisations and improved outcomes for victims and reductions in serious violent crime.

*Table 7: Benefits of Option 1*

Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence

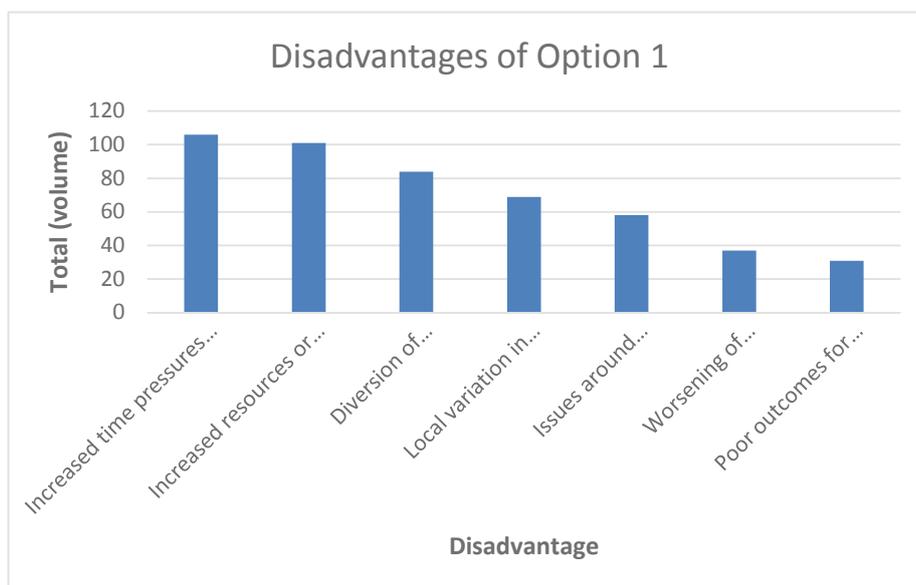


- Table key
- A more consistent approach in preventing and tackling serious violence at a local level
  - Improved collaboration with other agencies/organisations
  - Improved outcomes for victims
  - Reductions in serious violent crime
  - Improved outcomes for offenders
  - Improved organisational processes
  - Reduction of pressure upon time
  - Less resources or costs to your agency/organisation

**What, if any, disadvantages do you foresee arising from the proposed option? Multiple answers possible.**

26. Most respondents ticked 'no' for this question and did not identify any disadvantages with this option. Where concerns were raised these included potential time pressures and costs.

Table 8: Disadvantages of Option 1



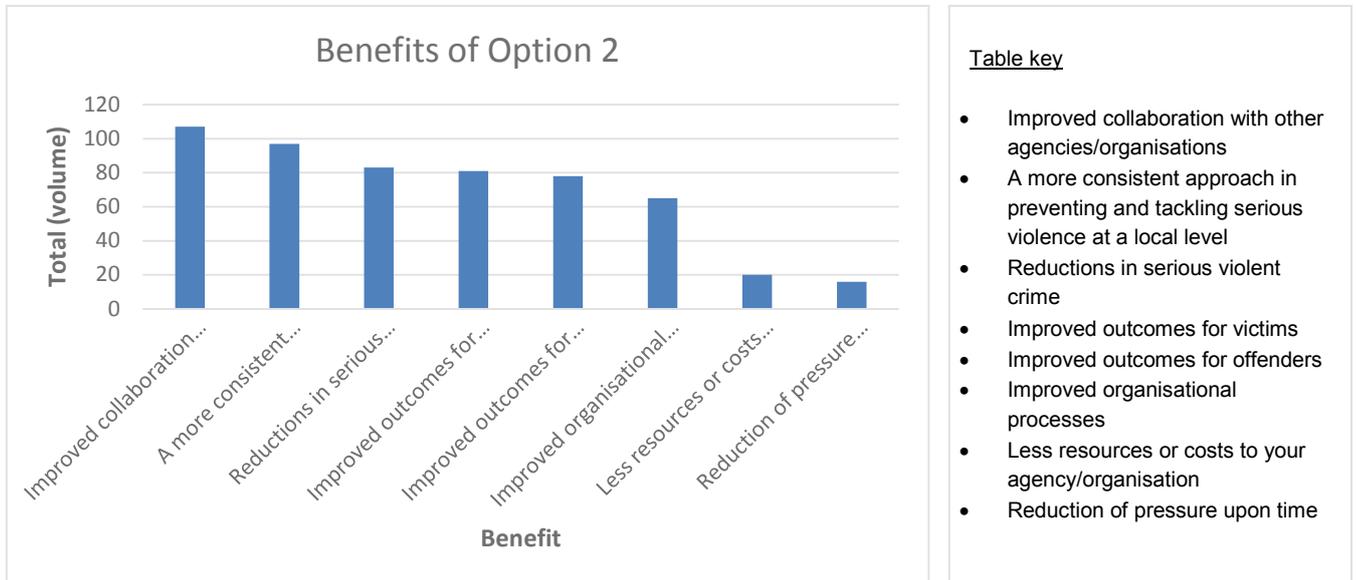
- Table key
- Increased time pressures on your organisation
  - Increased resources or costs to your organisation
  - Diversion of spending/resources away from other areas
  - Local variation in preventing and tackling serious violence
  - Issues around collaboration with other agencies/organisations
  - Worsening of organisational processes
  - Poor outcomes for victims/offenders

**Option Two: New duty through legislating to revise Community Safety Partnerships**

**What, if any, benefits do you envisage under the proposed option? Multiple answers possible.**

27. As with option one, of the respondents that envisaged benefits under option two the most commonly selected benefits were improved collaboration with other organisations and a more consistent approach in preventing and tackling serious violence at the local level. However, most respondents ticked 'no' for the listed benefits of option two.

Table 9: Benefits of Option 2



**What, if any, disadvantages do you foresee arising from the proposed option?**  
**Multiple answers possible.**

28. Most respondents ticked 'no' for this question and did not identify any disadvantages with this option. Where concerns were raised these included potential time pressures and costs.

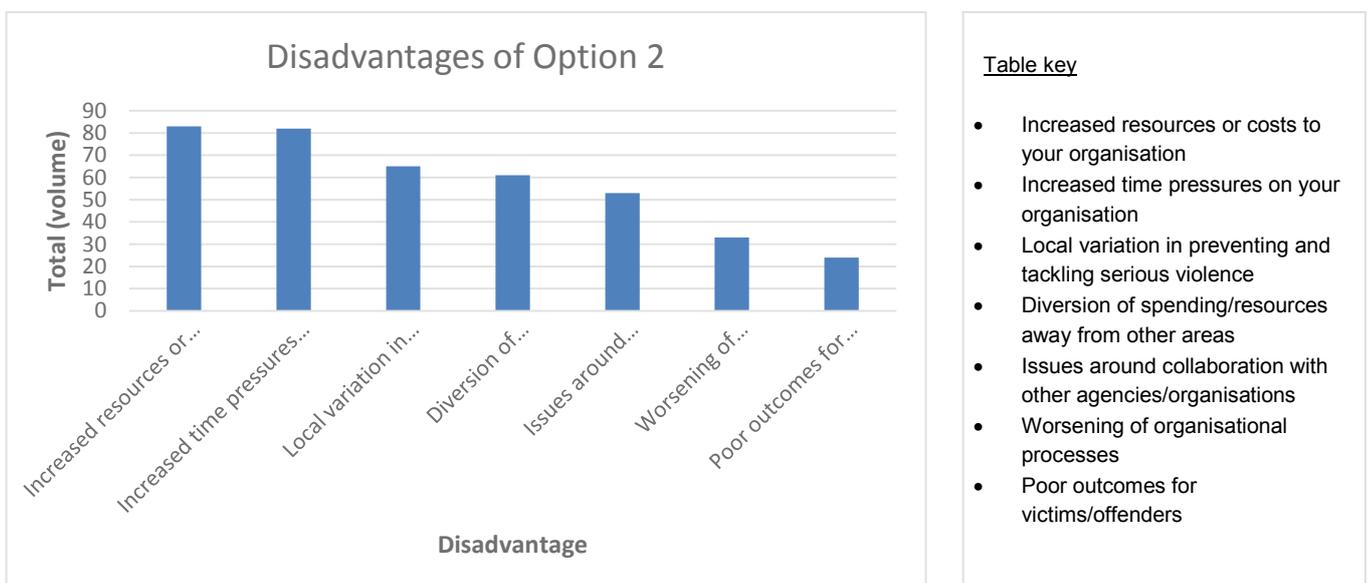


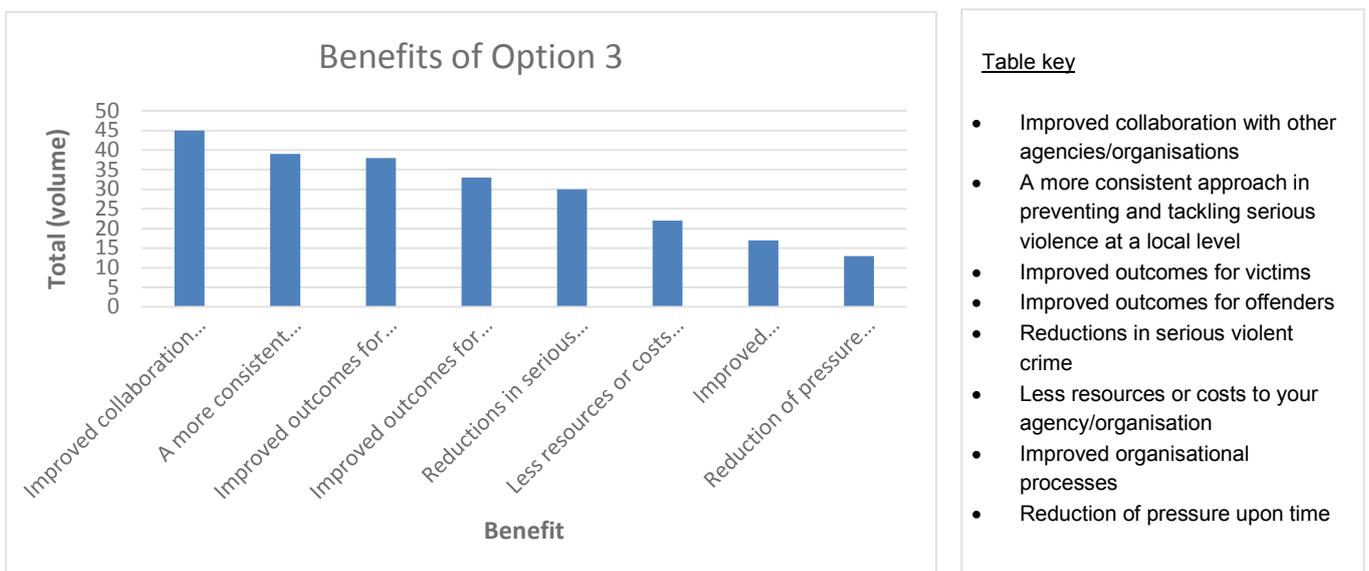
Table 10: Disadvantages of Option 2

### Option Three: A Voluntary Non-legislative approach

**What, if any, benefits do you envisage under the proposed option? Multiple answers possible.**

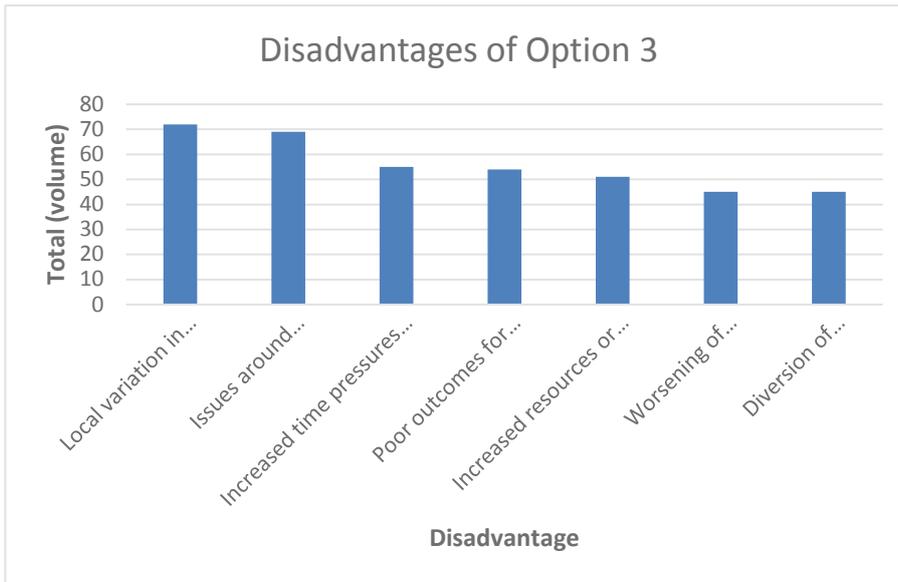
29. As with options one and two, of the respondents that envisaged benefits under option three the most commonly selected benefits were improved collaboration with other organisations, a more consistent approach in preventing and tackling serious violence at the local level and improved outcomes for victims. It should be noted that this option had fewer responses indicating benefits compared with options one and two.

*Table 11: Benefits of Option 3*



**What, if any, disadvantages do you foresee arising from the proposed option? Multiple answers possible.**

30. Most respondents ticked 'no' for this question and did not identify any disadvantages with this option. Where concerns were raised, these included local variation in preventing and tackling serious violence; and issues around collaboration with other organisations.



**Table key**

- Local variation in preventing and tackling serious violence
- Issues around collaboration with other agencies/organisations
- Increased time pressures on your organisation
- Poor outcomes for victims/offenders
- Increased resources or costs to your organisation
- Worsening of organisational processes
- Diversion of spending/resources away from other areas

Table 12: Disadvantages of Option 3

## Final questions relating to all options, for all respondents

### How can the organisations subject to any duty or voluntary response be best held to account?

31. Of the 196 respondents to this question, the majority thought that organisations subject to a duty or a voluntary response would be best held to account through inspections (either joint or by individual inspectorates), as suggested in the consultation document.
32. Other responses given included suggestions of self-reporting for organisations (for example through annual reports or self-assessments), through reporting against clearly defined performance measures or via existing accountability regimes and mechanisms.

“Through inspection processes in addition to performance frameworks that are robustly managed and monitored”

*Office of Police & Crime Commissioner, Cleveland*

“Supported by a meaningful national performance framework that measure positive impact over action and allows for consistency and baselining to identify good practice and struggling areas.”

*Northamptonshire Police*

“Submission of self-audit tools, action plans and remedial updates”

*Safer North Hampshire*

**Aside from your answers given in previous sections, are there any other considerations that you would like to raise regarding one or more of the proposed options? Open question.**

33. Of the 115 responding to this question, the most commonly raised response was, as seen in previous questions, concern around funding or time pressures faced by their organisation – a number of respondents also expressed the view that greater accountability or leadership was needed from the Government.
34. Again, a number of respondents took the time to inform us of local approaches being taken or to provide research or data.

## Offline Responses

35. Alongside the online survey tool, we received a number of responses directly through the published email address inbox and one through the postal address.<sup>8</sup> Of these, 63 responses were submitted in a format incompatible with the overall analysis and as such we have had to consider these separately here.
36. Of the 59 respondents who provided information about the sector that their agency/organisation represented, 25% were from the police sector, 22% from the local government sector, 12% were from the health and social care sector, 8% from both the education and childcare sector and the voluntary sector and 5% from the criminal justice sector. 18% were categorised as “other”, this included members of the public, unions, the Children’s Commissioner and housing bodies.
37. Of the 81 offline responses the majority, 78%, explicitly stated that they supported tackling and preventing serious violence through multi-agency working.
38. Where respondents expressed support for one of the options outlined in the consultation document, 14 respondents agreed with or supported option one, 15 respondents supported option two and 15 respondents supported option three. Seven respondents expressed support for a combination of options, for example option one and option two, option one and option three or option two and option three.
39. Some respondents also expressed disagreement for the options outlined in the consultation paper, with 21 disagreeing with option one, 15 disagreeing with option two and 13 disagreeing with option three.
40. Those responding offline, raised similar concerns to those responding online. Nine respondents did not support the adoption of a legislative approach and 10 respondents suggested that existing duties or legislation were sufficient to tackle and prevent serious violence. 20 respondents suggested that they needed further clarity on how the options would work and 19 raised the need for best practice sharing or guidance.
41. Regarding how organisations subject to any duty or voluntary response can be best held to account, 16 respondents provided an opinion. Seven advocated for joint or individual inspections, four suggested police and crime commissioners have governance and oversight of any duty, two respondents suggested accountability through clear performance measures and reporting and two respondents suggested that accountability should take place via existing accountability regimes.

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1. <sup>8</sup> We received 81 offline responses either directly through the published email address inbox and one postal response. 18 of these responses had been filled in to mirror the consultation document and these 18 are included within the 225 responses considered within the overall analysis as set out in the previous chapter.

42. Additional suggestions raised by those responding offline included the need for early intervention, the need to involve the community, community groups and young people and the view that any response to serious violence should be based on evidence and research.

## Annex B - Methodology

1. The consultation questions were developed by Home Office policy officials and analysts. Economists were involved in the questions relevant for the Impact Assessment.
2. We received a total of 288 responses to the consultation. 207 responses were received via the Home Office online survey tool, and 81 survey responses were received offline either by completed offline questionnaire, letter or email. 18 of these responses had been filled in to mirror the consultation document and these were added to the 207 and analysed these 225 were together. 63 responses have been analysed separately as “offline responses”. The analysis of the offline responses is further described in Annex A.
3. As the consultation was open for anyone to respond, it was not possible to calculate response rates.
4. Home Office analysts did not weight the findings as it was not possible to determine with confidence what responses were submitted in personal or professional capacity. In addition, the weighting would be arbitrary as there are various factors that could influence how much importance could be given to difference responses.
5. The open-ended questions in the online questionnaire and the other responses as submitted by email or post were coded into various themes to facilitate the analysis of large volumes of qualitative responses. The responses were predominantly coded following a ‘bottom-up’ approach in which the codes were developed based on the responses. The final coding framework as derived from the online coding then formed the basis for the offline coding, alongside any new codes that emerged from the analysis of the offline data.
6. Through this reiterative process a framework of common themes emerged, which were subsequently used for the analysis.
7. As a guiding principle, for each question the most frequently occurring responses were identified and reported accordingly.
8. The closed questions relating to the three options and their costs and benefits were analysed in Excel by two Home Office analysts and this analysis was subsequently checked for quality by two Home Office analysts not involved in the analysis previously.
9. The open questions relating to the costs and benefits of the three options were coded and analysed by one Home Office analyst in Excel. One Home Office analyst not

involved in the coding and analysis checked a random sample of 30 per cent of the coded responses and the final analysis.

10. The other open questions of the online questionnaire and offline responses as reported in this document were coded and analysed by policy officials in Excel. The coding was conducted by two policy officials for each set of online and offline responses, and one Home Office analyst not involved in the coding checked a random sample of approximately ten per cent of the coded responses.
11. The findings as presented in this document exclude the blank responses.
12. The findings from the open-text responses as presented in this document were not broken down by geography or sector due to a low number of responses per theme identified.

## Annex C: Consultation principles

The principles that government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation are set out in the consultation principles.

<https://www.gov.uk/government/publications/consultation-principles-guidance>



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London CRC and NPS

Probation reform and what it means to our partners and communities we work in

AGENDA ITEM 6

# Overview

Ministry of Justice announcement of a new model of probation

HMIP Inspection

- NPS
- CRC
- PSS thematic

Priorities for the year

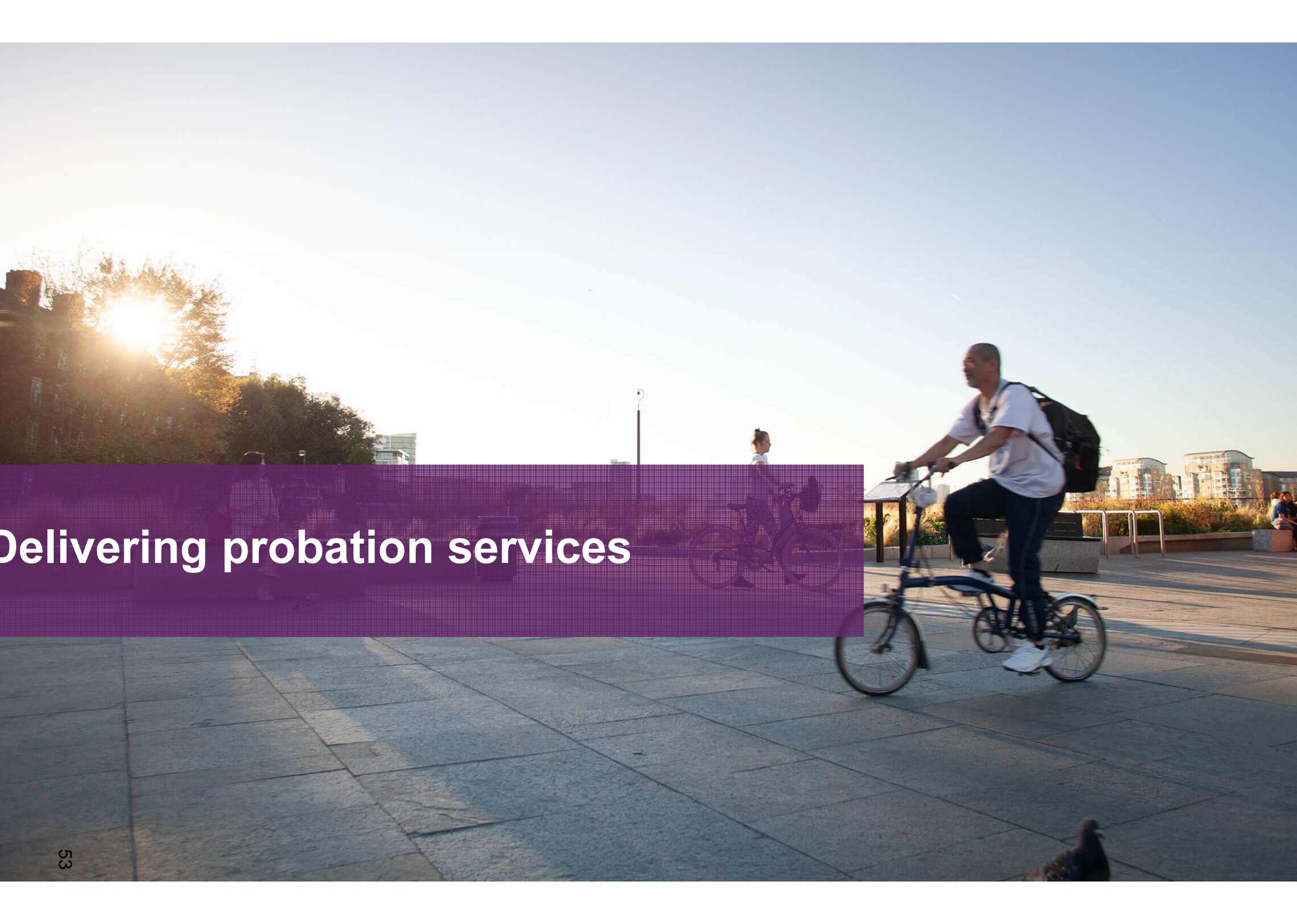
- CRC – Quality focus, workforce, interventions & innovation
- NPS – HMIP Action Plan, Workforce, Courts, Victims and a special focus on improving services for Gypsy/Roma/travellers; Transgender and Veteran Service users.

## Probation reform

- Justice Secretary, David Gauke set out a blueprint for the future of probation (6 May 2019).
- The case management of all offenders/services users on Community Orders, Licence releases from Custody and Serving Prisoners will move back to the public sector and delivered by the NPS.
- The proposals will now be finalised and the new model developed to come into effect in Spring 2021.
- Programmes and unpaid work will be put out for tender to both private and public sectors with voluntary and charitable sector encouraged to get involved.

## A new model for probation services – what happens now?

- The key to an effective probation service is having experienced probation practitioners delivering a quality service.
- Both London CRC and NPS will continue to invest and support employees to deliver probation services.
- The Ministry of Justice (MoJ) will now run a period of market and stakeholder engagement to finalise the probation reform proposal.
- A commercial competition will launch later this year for providers to bid for rehabilitative services going forward.

A photograph of a man riding a bicycle in a park at sunset. The sun is low on the horizon, creating a warm glow. The man is wearing a white t-shirt, dark pants, and a backpack. He is riding a blue bicycle. In the background, there are trees and buildings. A purple semi-transparent banner with a grid pattern is overlaid on the image, containing the text "Delivering probation services".

# Delivering probation services

## London CRC and NPS joint message to our partners

- While proposals for a new probation operating model are being finalised, it will be business as usual for both organisations as we continue to support our service users across London.
- We know all case management will move back to the public sector but there will be a two year transition period to work through.
- London CRC and London NPS are committed to making it work and employees in both organisations will be fully supported over this time.
- We will keep you updated on any progress and developments.



# Our commitment to transforming lives

London Community Rehabilitation Company (CRC) and the National Probation Services (NPS) in London will continue to work collaboratively to make sure we continue to support and transform the lives of our service users.

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<b>Report Name:</b>	<b>Preventing and Responding to Violence against Women and Girls &amp; Domestic Abuse (VAWG &amp; DA) - Annual Report (2018/2019)</b>	
<b>Meeting:</b>	<b>Barnet Safer Communities Partnership Board (SCPB)</b>	
<b>Meeting Date:</b>	26 <sup>th</sup> July 2019	
<b>Enclosures:</b>	n/a	
<b>Report Author:</b>	<b>Kiran Vagarwal</b> - Assistant Director Community Safety & Regulatory Services <b>Peter Clifton</b> - Community Safety Manager <b>Radlamah Canakiah</b> - VAWG Strategy Coordinator	
<b>Outcome Required:</b>	Feedback required	
<b>Restricted</b>	No	

## Summary

This report provides the Barnet Safer Communities Partnership Board (BSCP) with an update on the delivery and implementation of the Barnet Violence Against Women and Girls 2017-2020 Strategy.

The Barnet Violence Against Women and Girls (VAWG) Strategy 2017-2020 sets out how the Barnet Safer Communities Partnership (BSCP) works to prevent and respond Domestic Abuse, and underlines the partnership's commitment to working together to prevent all forms of violence against women and girls (VAWG).

The Community Leadership Committee (CLC) endorsed the *Barnet VAWG strategy 2017-2020* on the 21<sup>st</sup> June 2017 and the Leader of the Council formally launched the VAWG strategy on the 8<sup>th</sup> March 2018, which was International Women's Day.

## Recommendations

- 1. That the Safer Communities Partnership Board note and comment on the progress made by the Violence Against Women and Girls Partnership Delivery Group (a sub group of the BSCP) on delivering the four priority objectives of the Barnet Violence Against Women and Girls Strategy 2017-2020.**

## WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Violence Against Women and Girls (VAWG) Strategy 2017-2020 sets out how the Barnet Safer Communities Partnership works to prevent and respond Domestic Abuse and underlines the partnership's commitment to working together to prevent all forms of violence against women and girls (VAWG).
- 1.2 The Community and Leadership Committee (CLC) endorsed the *Barnet VAWG strategy 2017-2020* on the 21<sup>st</sup> June 2017.
- 1.3 The delivery of the Barnet VAWG strategy is overseen by the Barnet Safer Communities Partnership Board ('BSCP'). This is in line with the responsibility of the Barnet Safer Communities Partnership ('BSCP' or 'the Partnership') for producing and implementing an overall partnership strategy for reducing crime and anti-social behaviour.
- 1.4 Within the overall Barnet Community Safety Strategy 2015-2020, one of the seven priority objectives is that: *"The Safer Communities Partnership prevents violence against women and girls, improves outcomes for victims and their children and holds perpetrators to account."*
- 1.5 The Violence Against Women and Girls Partnership Delivery Group (a sub group of the BSCP) brings together partner organisations in the borough so that they can work together to respond to VAWG with the aim of preventing it and reducing the harm it causes to victims, their families and the wider community. This group agrees an annual VAWG delivery plan setting out the key partnership activities required, in order to deliver against the four partnership priorities within the Barnet VAWG strategy.
- 1.6 The four partnership priorities within the Barnet VAWG strategy are:
  - Preventing Violence Against Women and Girls
  - Improving outcomes for victims and their children
  - Holding perpetrators to account
  - Enhancing joint working practices between agencies

## Background context

### 1.7 Performance

- Barnet's rate of domestic violence and abuse is 13 per 1,000 population. This is the 3<sup>rd</sup> lowest rate of the 32 London boroughs.<sup>1</sup>
- There were 792 Domestic Abuse Violence with Injury offences recorded by the police in Barnet in 2018/19<sup>2</sup> (an increase of 5.6% compared to the previous year).
- In the 12 months between April 2018 and March 2019 in Barnet 373 suspects were identified and proceeded against by police<sup>3</sup>. This equates to a Sanction Detection Rate of 13% (down from 18% a year ago).
- During the same period, for Violence with Injury Domestic Abuse offences, 134 suspects were identified and proceeded against by police. This equates to a Sanction Detection Rate of 17%, down from 23% a year ago.
- Over the last 12 months<sup>4</sup> (2018/19) the Domestic Abuse MARAC has received 402 referrals of high risk cases of domestic abuse.

### 1.8 An assessment of the DA MARAC referrals over a 12-month period<sup>5</sup> showed that:

- 32% of victims are aged between 31-40 years old (up from 28% a year ago)
- 98% of victims referred to Domestic Abuse MARAC are female
- 95% of perpetrators at the Domestic Abuse MARAC are male
- 21% of victims in the cohort had a mental health issue (up from 17% a year ago), 6% had an alcohol misuse issue, and 2% had a drugs misuse issue
- 16% of perpetrators had a mental health issue (down from 18% a year ago), 15% had an alcohol misuse issue, and 12% had a drugs misuse issue.
- 7.5% of cases involved child to parent violence (compared to 9% a year ago)

## Partnership activity highlights

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<sup>1</sup> 12 months up to March 2019.

<sup>2</sup> 12 months up to March 2019

<sup>3</sup> I.e. either charged or proceeded against in some other way (e.g. cautioned, or receiving another sanction such as Formal Warnings, Penalty Notices)

<sup>4</sup> 12 months up to March 2019

<sup>5</sup> 12 months to March 2019

1.9 Partnership work delivered under the Barnet VAWG Strategy has included:

- Barnet Council's continued funding of specialist services for victims of DA and VAWG; this includes refuge provision, IDVA Services and the Domestic Abuse MARAC
- Between April 2018 and March 2019 Solace Women's Aid received 1169 referrals to Barnet's IDVA service, up from 1144 in the previous year; 173 women and children supported in the Barnet refuge service; and our DA MARAC, delivered by Hestia, received 402 referrals with 333 children within these households
- Barnet council commission RISE Mutual CLC to deliver an adult and young people's perpetrator service to support perpetrators in changing their behaviour. Between April 2018 and March 2019, 42 adult perpetrators received interventions under the Perpetrator Behaviour Change programs
- Barnet's One Stop Shop (OSS) is a drop-in service for early intervention and advice for victims of Domestic Abuse. The OSS which is delivered by Barnet Homes (with partners including Barnet council, Victim Support, Jewish Women's Aid, Solace Women's Aid, private solicitor firms, Barnet Magistrate and Cyber Care) has provided advice and support to 486 victims of Domestic Abuse in the 12 months to March 2019.

## 2 DELIVERING THE VAWG STRATEGY IN 2018/2019

2.1 The following section provides an update on the partnership activities delivered under the 2018/19 VAWG delivery plan, taking each of the four Barnet VAWG Strategy priorities in turn:

- Preventing Violence Against Women and Girls
- Improving outcomes for victims and their children
- Holding perpetrators to account
- Enhancing joint working practices between agencies

### **Priority: Preventing Violence Against Women and Girls**

2.2 This priority aims to prevent violence against women and girls by focusing on changing attitudes and behaviour that foster violence against women and girls, and by intervening earlier.

2.3 Some of the key partnership activities that have been delivered or have taken place during 2018/19 to make this happen have been:

- VAWG Training
- An awareness raising campaign
- A Healthy relationships education programme
- Signing up to the Chartered Institute of Housing's "Make a Stand pledge"

#### VAWG Training

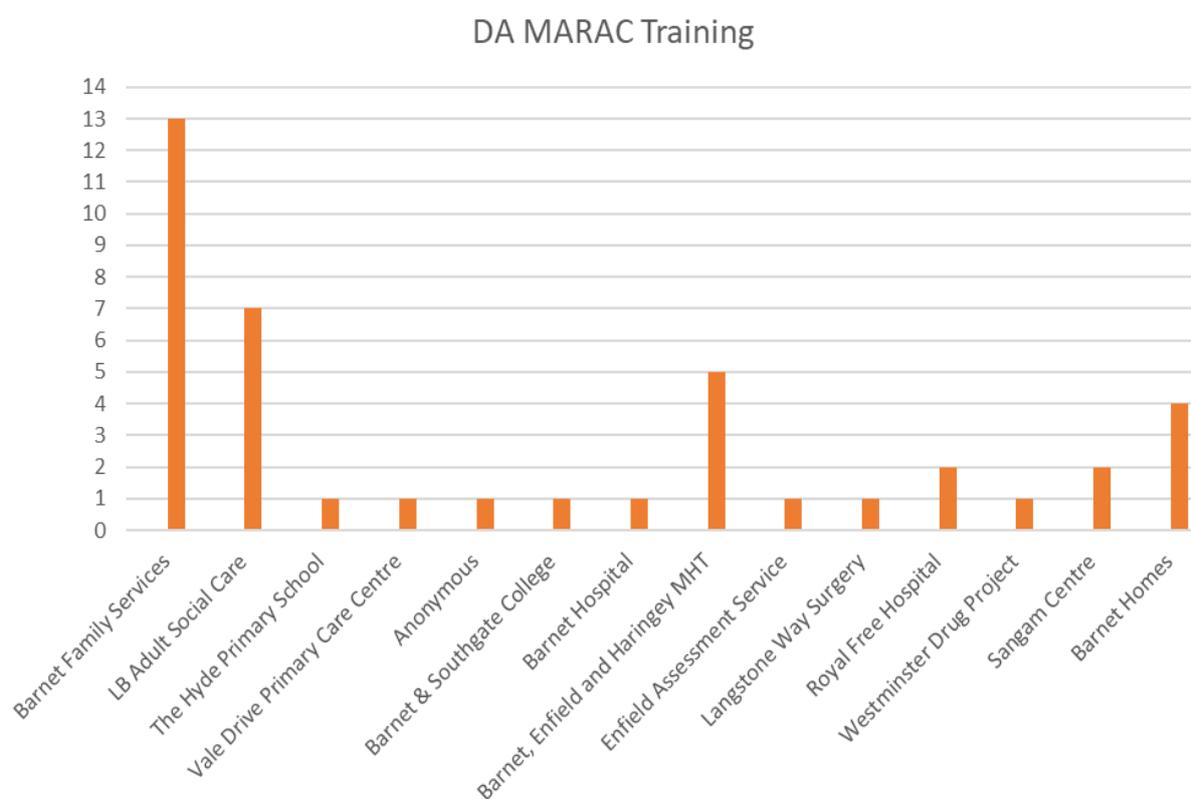
2.4 A Partnership VAWG Skills and Training Needs analysis was conducted and an annual VAWG Partnership Training Plan was developed for 2018/19. The training plan sought to foster an approach across the partnership whereby every encounter with a service user experiencing or perpetrating domestic abuse would be made to count, and be seen as an opportunity for an intervention.

Table 1: Training participation

Training Course	Attendance numbers
MARAC	<b>34</b>
Getting to grips with coercive control	<b>25</b>
Online domestic abuse & sexual awareness	<b>117</b>
Domestic abuse & sexual violence (DA & SV) – Level 2	<b>41</b>
<b>Total</b>	<b>217</b>

- 2.5 The 217 attendees came from over 45 different service areas and partner agencies, including Family Services, Adult Social care and Barnet Homes as well as other statutory and non-statutory partnership agencies.
- 2.6 Barnet homes have made the Online Domestic Abuse and sexual awareness training compulsory for front line professionals. As a result, the uptake of this course has increased considerably.
- 2.7 Breakdown of attendance at the DA MARAC training during 2018/19:

Table 2: DV MARAC Training attendance by partners



Awareness raising campaigns

- 2.8 The partnership VAWG Communications plan has overseen the delivery of a publicity campaign focused on raising awareness about Domestic Abuse, the unacceptability of abusive behaviour, and encouraging people to report domestic abuse.
- 2.9 The partnership was successful in a bid to the Home Office to fund a 1-day event on FGM, forced marriage and honour based violence. This multi-agency event took place on the 27<sup>th</sup> November 2018 with over 100 attendees, including the Mayor of Barnet. Subsequently, and as a

result of group discussions held at this conference, a multi-agency working group was formed (lead by the Barnet Children Safeguarding Partnership). This working group has been developing a *Harmful Practices* strategy and action plan.

2.10 In addition, the Children Workforce Development team has secured funding (in March 2019) for a one-day awareness campaign in Barnet focused on 'Supporting victims of modern day slavery, human trafficking and prostitution'. The campaign will take place during 2019/20.

2.11 An awareness training on Clare's Law- Domestic Violence Disclosure Scheme (DVDS) was held in December 2018 for all MARAC members. The aim is to increase awareness of the scheme allowing anyone with concerns the Right to Ask & Right to Know on previous violence committed by partners so they can make an informed choice.

In 2018/19, eleven disclosures were requested to Barnet Police and five were declined.

#### Healthy relationships education programme

2.12 A Healthy Relationships training programme has been developed for schools in Barnet. The training focuses on educating young people about healthy relationships and about abuse (including online-abuse) and reinforces the importance of respect and consent in relationships.

2.13 A number of schools have responded to a school circular, expressing interest in receiving the training. IKWRO<sup>6</sup> have delivered the programme to year 5 and year 6 at Chalgrove Primary School. It is envisaged that training sessions at other schools will be delivered during 2019/20

#### Make a Stand pledge

2.14 Barnet Homes has signed the Chartered Institute of Housing's "Make a Stand pledge" as a demonstration of Barnet Homes ongoing commitment to supporting people experiencing domestic abuse. In connection with this pledge, Barnet Homes will designate an individual at a senior level to champion the activities delivered by Barnet Homes which support victims and challenge perpetrators of Domestic Abuse and to promote the #MakeaStand pledge campaign.

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<sup>6</sup> Iranian and Kurdish Women's Rights Organisation

- 2.15 This priority aims to improve outcomes for victims and their children by focusing on intervening in the right way, at the right time, with the right services.
- 2.16 Some of the key partnership activities that have been delivered or have taken place during 2018/19 to make this happen have been:
- Women's refuge provision
  - Independent Domestic Violence Advocacy (IDVA) service provision
  - Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC)
  - Securing funding for a Female Genital Mutilation (FGM) project
  - Barnet Sanctuary Scheme

Women's refuge provision

- 2.17 Solace Women's Aid are commissioned by the Barnet Council to provide two women's refuges for Barnet. A third women's refuge (Minerva House) is run by Barnet homes. Barnet Homes has been successful in securing £161,770 of funding from the MHCLG to support the continuation the Minerva House provision in 2018/19 and 2019/20.
- 2.18 Minerva House supports women who approach Barnet Homes fleeing domestic abuse. It provides victims with supported refuge accommodation and thereby can sometimes help avoid victims being isolated in temporary accommodation far away from their support networks.

Table 3: Refuge provision in Barnet for 2018/2019

Refuge	Bed space	Support provided in 2018/19
<b>Minerva House</b>	6 bed spaces	Supported <b>20</b> women and <b>18</b> children
<b>Hannah House and Arlene House</b>	18 bed spaces	Supported <b>63</b> women and <b>72</b> children fleeing domestic abuse

## IDVA service provision

2.19 During 2018/19 the Solace Women's Aid IDVA service in Barnet supported 1169 new service users, up from 1144 in 2017/18.

Table 4: DV referrals to Solace Advocacy Project

<b>Date period</b>	<b>2018/2019 Q1</b>	<b>2018/2019 Q2</b>	<b>2018/2019 Q3</b>	<b>2018/2019 Q4</b>
Number of Solace Referrals	273	297	280	319

2.20 The top five sources of referrals into the Advocacy service during this period (by volume) were: the Domestic Abuse MARAC (19%), Self-referrals, Family and Friends (17%), the Police (15%), the One Stop Shop (13%) and Family Services (9%).

2.21 A review of the IDVA services was conducted in March 2019. The aim of the review was to ensure our IDVA services are accessible and delivered at the right place and right time to meet local demand as well as identifying areas where increased IDVA support was required for victims. The recommendations of this review, which will help inform decisions about the allocation and deployment of IDVAs are now being finalised.

2.22 In addition to the locally commissioned IDVA service, MOPAC commission Victim Support to provide an uplift in IDVAs across London. This provision is called the *Integrated Victims and Witnesses Service*. MOPAC have recently completed a review and re-organisation of the allocation of the Victim Support IDVAs to align the provision with the new the Police BCUs (Basic Command Units).

2.23 As a result of this exercise there will be one Victim Support IDVA based jointly between Colindale and Wembley police stations, one based within Barnet Hospital, and two IDVAs aligned to the criminal justice system to support victims through the criminal justice process, including attendance at court.

### Domestic Abuse MARAC

- 2.24 Over the last 12 months (2018/19) the Domestic Abuse MARAC has received 402 referrals of high risk cases of domestic abuse. The main sources of referrals to the Domestic Abuse MARAC are the Solace Advocacy project, Police and Victim Support.
- 2.25 To improve the quality of referrals, information sharing and multi-agency risk management at the Domestic Abuse MARAC, a quality assurance panel is being set up. This panel will review two DA MARAC cases each quarter to identify learning points. The first meeting of the panel (the Barnet MARAC Quality Assurance Panel) will be in June 2019.

### Securing funding for an FGM project

- 2.26 The Partnership has secured a grant of £10,135 from MHCLG<sup>7</sup> in March 2019 to improve outcomes and support for victims of FGM in the borough. The funding will support both the VAWG delivery plan and the Harmful Practices action plan to provide FGM awareness raising training to staff across the partnership.

### Barnet Sanctuary Scheme

- 2.27 The Barnet Homes Sanctuary Scheme helps victims of domestic abuse, who live in Barnet, to remain in their own home, if it is safe to do so, by increasing the security at their home. In the last year, 60 homes received crime prevention security measures under the Sanctuary scheme.

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<sup>7</sup> Ministry of Housing, Communities and Local Government

## **Priority: Holding perpetrators to account**

- 2.28 This priority aims to hold perpetrators to account through enforcement, and placing the onus on perpetrators to change their behaviour.
- 2.29 Some of the key partnership activities that have been delivered or have taken place during 2018/19 to make this happen have been:
- Perpetrator programme for Behaviour change
  - Young Person Perpetrators programme
  - Investigation and Enforcement action
  - Tackling online offending

### Perpetrator programme for Behaviour change

- 2.30 Barnet Council commissions Rise Mutual to deliver a domestic abuse perpetrator programme in Barnet aimed at reducing re-offending and repeat victimisation. The programme uses proven evidence-based models for behaviour change. They help perpetrators to take positive and tangible steps to prevent re-offending.
- 2.31 During 2018/19 - 42 adult perpetrators received interventions under the Perpetrator Behaviour Change programs.

### Young Person Perpetrators programme

- 2.32 There has been an increase in the number of referrals to the Domestic Abuse MARAC which relate to cases of child to parent violence. During 2018/19 - 7.5% of the Domestic Abuse MARAC cases related to violence perpetrated by a son or daughter towards their parent.
- 2.33 Rise Mutual delivers a Young Person Perpetrator programme in Barnet. This programme provides one-to-one and group interventions for young people who have been involved in abusive relationships of child to parent violence.
- 2.34 The Child to Parent Violence one -to-one programme is for 11 to 18-year olds. The Respect and Principles (RAP) Programme is for 13 to 18-year-old males who have been involved in adolescent intimate relationship abuse.

### Investigation and Enforcement

- 2.35 In the 12 months between April 2018 and March 2019, in Barnet 373 domestic abuse suspects were identified and proceeded against by police<sup>8</sup>. This equates to a Sanction Detection Rate of 13% (down from 18% a year ago).
- 2.36 During the same period for Violence with Injury Domestic Abuse offences, 134 suspects were identified and proceeded against by police. This equates to a Sanction Detection Rate of 17% (down from 23% a year ago).
- 2.37 The Domestic Abuse Sanction Detection rate has fallen across London, not only in Barnet. Police have a number of actions in place aimed at increasing the Domestic Abuse Sanction Detection rate. These include a plan for the improved use of Body Worn Cameras to secure evidence.
- 2.38 The Body worn cameras being used by Barnet Police to gather evidence at a domestic abuse incidents, record the behaviour of the offender, the response of adult and child victims, and the scene itself. This evidence can then support witnesses by providing evidence-led prosecutions to help ensure perpetrators are brought to justice.

### Tackling online offending

- 2.39 Online domestic abuse includes such offences as stalking and harassment. Cyber Care UK participates in the weekly Barnet Domestic Abuse One Stop, providing face to face support to victims of domestic abuse along with advice, and practical help to safeguard against online abuse. In the last year, at the one OSS in Barnet, Cyber Care UK has supported **27** victims of cyber abuse.

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<sup>8</sup> I.e. either charged or proceeded against in some other way (e.g. cautioned, or receiving another sanction such as Formal Warnings, Penalty Notices)

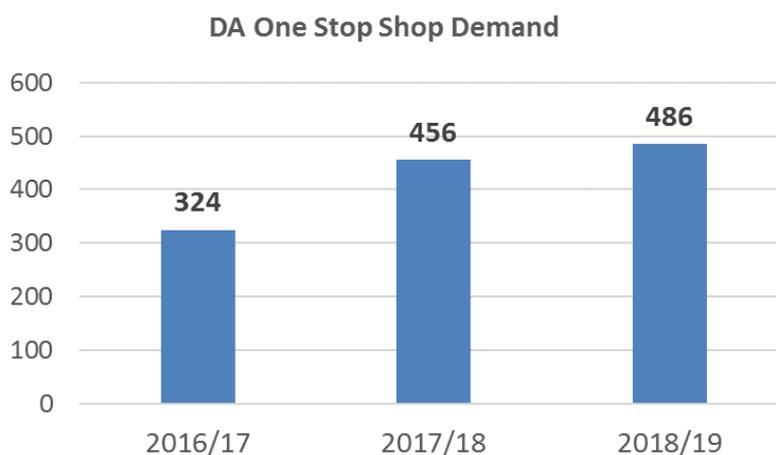
## Priority: Enhancing joint working practices between agencies

- 2.40 This priority aims to prevent violence against women and girls by developing joint working practices to provide a consistent, co-ordinated response to victims and their children
- 2.41 Some of the key partnership activities that have been delivered or have taken place during 2018/19 to make this happen have been:
- The Barnet Domestic Abuse One Stop Shop
  - Delivery of the Barnet IRIS project
  - Safeguarding Children in Barnet through Operation Encompass
  - Domestic Homicide Reviews (DHRs)
  - Governance arrangements for the delivery of the VAWG Strategy

### The Barnet Domestic Abuse One Stop Shop

- 2.42 Barnet's One Stop Shop (OSS) is a drop-in service for early intervention and advice for victims of DA and VAWG. The OSS which is delivered by Barnet Homes (with partners including Barnet council, Victim Support, Jewish Women's Aid, Solace Women's Aid, private solicitor firms, Barnet Magistrate, Latin American Women Association, Sangam, Asian Women Resource Centre and Cyber Care) has provided advice and support to **486** victims of Domestic Abuse in the 12 months to March 2019. This is an increase from **456** in 2017/18 and **324** in 2016/17.

Table 5: One Stop Shop demand



2.43 In addition to bringing together a breadth of partnership expertise to support victims of Domestic Abuse the OSS receives referrals from a wide range of agencies across the partnership – during the last 12 months over 17 different agencies or organisations made referrals into the OSS.

#### Delivery of the IRIS<sup>9</sup> project

2.44 The project started in February 2018, by April 2019, 18 GP Surgeries have received training, of which 11 are now fully trained.

2.45 Feedback about the impact of the IRIS project, from the GP practices has been positive and this has been reflected in a marked change in the rate of Domestic Abuse referrals from those surgeries. Of the GP surgeries to have receive training the number of Domestic Abuse referrals has increased from 4 per year prior to the IRIS training to 44 referrals in the period after the training was delivered. Joint partnership funding has been agreed to continue to deliver this project in 2019/2020 where a further 25 GP surgeries will be targeted. Funding has been provided by Barnet Clinical Commissioning Group (CCG), NHS England, Barnet Community Safety Team(LBB) and Public Health.

#### Safeguarding Children in Barnet through Operation Encompass (Metropolitan Police)

2.46 Operation Encompass has been introduced into Barnet. This initiative focuses on strengthening the information sharing to better support children who have been victims or witness of domestic abuse. Operation Encompass directly connects the police with schools to secure better outcomes for children who are subject or witness to police-attended incidents of domestic abuse. Rapid provision of support within the school environment means children are better safeguarded against the short-, medium- and long-term effects of domestic abuse.<sup>10</sup>

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<sup>9</sup> IRIS stands for: 'Identification and Referral to Improve Safety'. Its aim is to improve awareness among GP practices around domestic abuse and thereby to increase the early identification (and appropriate referral) of victims of domestic abuse by primary care practitioners.

<sup>10</sup> <https://www.operationencompass.org/>

## Partnership action for Domestic Homicides Reviews(DHR)

2.47 Domestic Homicide Reviews (DHRs) were established on a statutory basis in 2011 under section 9 of the Domestic Violence, Crime and Victims Act (2004).<sup>11</sup>

- Barnet Council is currently conducting 4 DHRs as per the statutory guidance.
- Currently the multi-agency partnership is promoting the early learning from the findings of first 2 DHRs in order to improve responses. Upon completion and sign off the DHRs, Barnet VAWG Delivery Group will monitor the implementation of the recommendations.<sup>12</sup>

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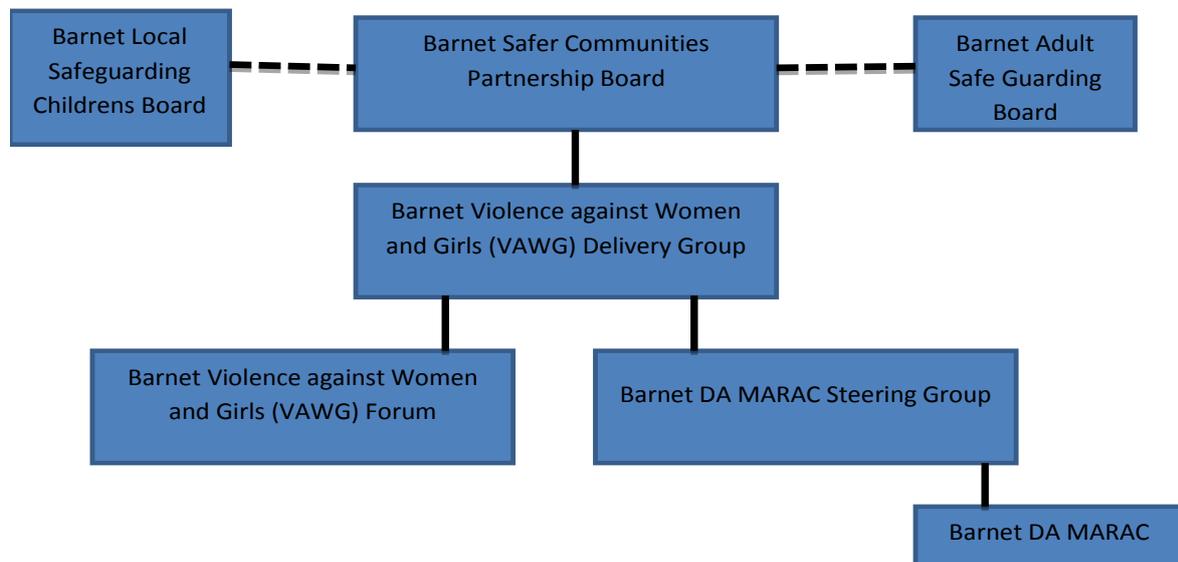
<sup>11</sup> Under the Act “domestic homicide review” means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom he was related or with whom he was or had been in an intimate personal relationship, or a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

<sup>12</sup> <https://www.barnet.gov.uk/community/community-safety/domestic-abuse-and-violence-against-women-and-girls/domestic-homicide>

Governance arrangements for the delivery of the VAWG Strategy

- 2.48 The delivery of the Barnet VAWG strategy is managed by Barnet's VAWG Delivery Group (a sub group of Barnet's Safer Communities Partnership Board). The VAWG Delivery Group meets on a quarterly.
- 2.49 Alongside the VAWG delivery group there is a VAWG Forum which is comprised of agencies from the statutory and voluntary sector that work or have an interest in supporting the delivery of the VAWG strategy in Barnet. The forum seeks to monitor performance of multi-agency delivery of the VAWG action plan, share good practice, identify gaps, recognise emerging needs and issues.
- 2.50 Updates on progress of delivering on the VAWG strategy are provided quarterly to the VAWG Delivery Group and annually to the Safer Communities Partnership Board.

**Diagram 1: Barnet VAWG governance chart**



<b>Key</b>	
_____	<b>Reports to</b>
-----	<b>Provides updates to</b>

**Report Ends**

AGENDA ITEM 9

<b>ITEM [9]</b>							
<b>Report Name:</b>	<b>Title: Substance Misuse Services Review and Needs Assessment Refresh 2019</b>						
<b>Meeting:</b>	<b>Barnet Safer Communities Partnership Board (SCPB)</b>						
<b>Meeting Date:</b>	26 <sup>th</sup> July 2019						
<b>Enclosures:</b>	Appendix [1] – Adults Substance Misuse Service Review and Needs Assessment Refresh 2019 Executive Summary  Appendix [2] – Young People’s Substance Misuse Service Review and Needs Assessment Refresh 2019 Executive Summary.						
<b>Report Author:</b>	Luke Kwamya, Head of Public Health Commissioning  Linda Somerville, Public Health Strategist						
<b>Outcome Required:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Information Only:</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Decision Required:</td> <td></td> </tr> <tr> <td>Feedback/comments required: <b>X</b></td> <td></td> </tr> </table>	Information Only:	<input type="checkbox"/>	Decision Required:		Feedback/comments required: <b>X</b>	
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## **Substance Misuse Services Review and Needs Assessment Refresh 2019**

Community Safety Partnership Board  
26<sup>th</sup> July, 2019

Luke Kwamya, Head of Public Health Commissioning  
Linda Somerville, Public Health Strategist

### **Substance Misuse Services: Vision**

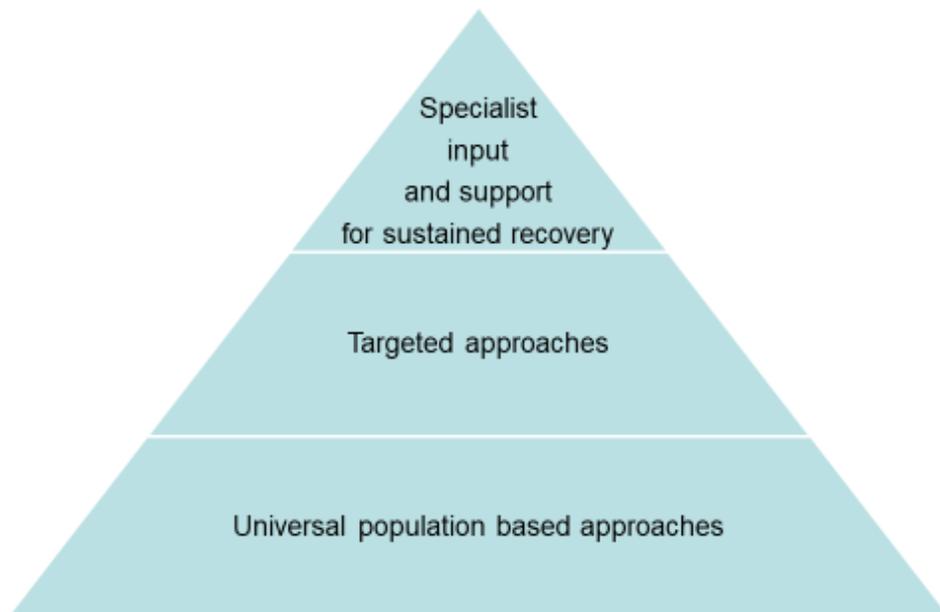
To provide a borough wide integrated substance misuse services for young people and adult's focusing on:

- The prevention of the initiation of substance misuse and
- Effective treatment and recovery for individuals experiencing issues with substance misuse

## Substance Misuse Services: Objectives

1. Increase prevention activities to discourage initiation of substance misuse.
2. Reduce the numbers suffering substance misuse related harm by providing effective treatment.
3. Increase the provision of community based treatment services.
4. Increase the number of people sustaining recovery from substance misuse.
5. Reduce harm to wider society as a result of substance misuse.

## How do we achieve this?



# Joint Strategic Needs Assessment (JSNA): Demographics

## Resident population

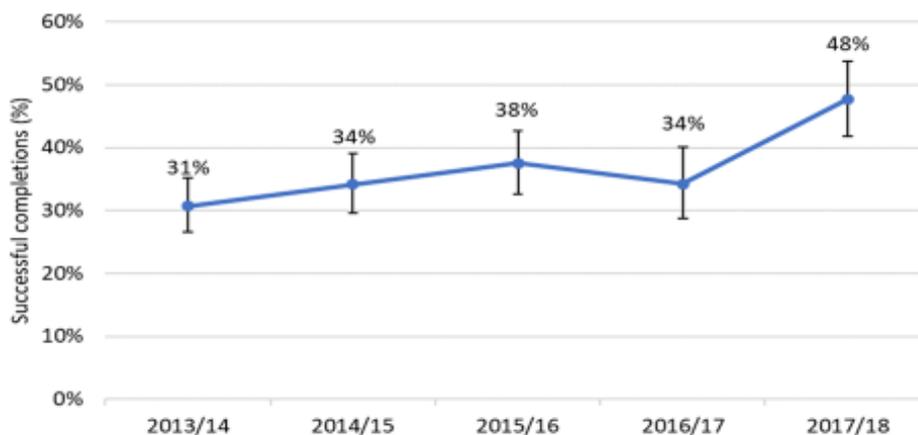
- The population of Barnet is estimated to be 400,600 (2019), which is the largest London borough.
- Overall population is projected to increase by around 5% between 2019-2030, taking resident numbers to approximately 419,200.
- Children and young people (0 to 19) will increase by 19% between 2011-2023, from 64,344 to 107,653.

## Ethnic Group

In 2011's census:

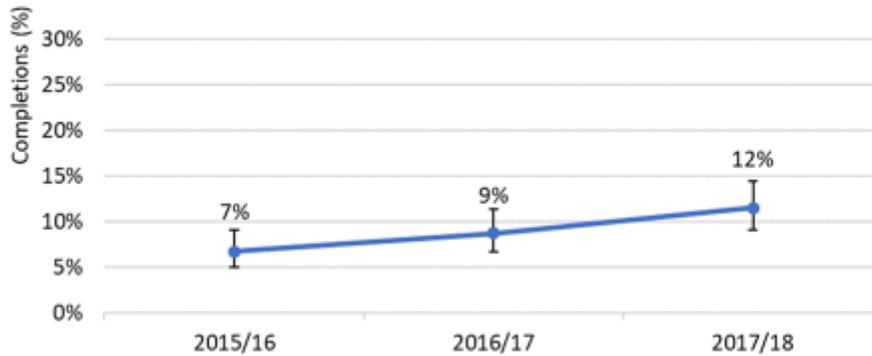
- 64% of the Barnet population identified with a white ethnic background, 18% Asian, 8% Black/African/Caribbean.
- Over the next 10 years, the ethnic mix of the population will change with Black Asian and Minority Ethnic (BAME) groups making up 42% of the population by 2023

# Successful completions as a % of all in treatment for alcohol



Source: Public Health England (Local Area Trend Report 2017-18 Barnet)

## Successful completions as a % of all clients in treatment for Opiates



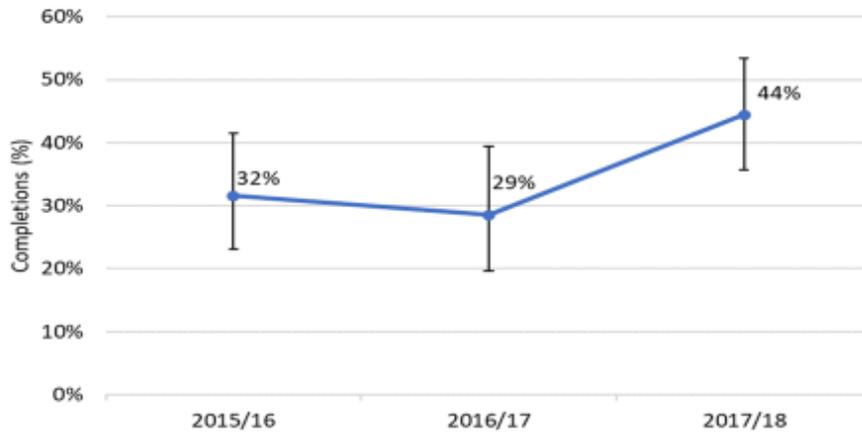
Source: Public Health England (Local Area Trend Report 2017-18 Barnet)

## Public Health Outcomes Framework (PHOF) Indicator 2.15i: Successful completion of drug treatment for Opiates

	2015/16	2016/17	2017/18
Proportion of all in treatment (completing & not representing)	6.1%	8.3%	9.7%
Lower Confidence Interval	4.4%	6.4%	7.5%
Upper Confidence Interval	8.3%	10.9%	12.5%
Numbers completing and not representing – Barnet	37/608	48/575	53/547
England performance	6.7%	6.7%	6.5%

Source: Public Health England (Public Health Outcomes Framework)

## Successful Completions as a % of all in treatment for non-opiates



Source: Public Health England (Local Area Trend Report 2017-18 Barnet)

## Young People's Treatment Service Performance\*

	2015/16	2016/17	2017/18
<b>Number of treatment episodes</b>	147	181	208
<b>Number of treatment starts</b>	114	117	160
<b>Number of planned treatment exits</b>	98	86	104
<b>Planned exits as a % of all exits</b>	91%	61%	70%

Source: Barnet Public Health Commissioning Team  
\* This data includes Tier 2 and Tier 3 clients

## Needs Assessment Recommendations (1)

- Increase focus on prevention activity.
- Increase numbers of clients entering treatment.
- Improve performance especially with alcohol clients
- Increase Identification and Brief Advice and satellite treatment provision needed.

## Needs Assessment Recommendations (2)

- Review provision of shared care and needle exchange.
- Criminal justice pathways require improvement to increase clients in treatment.
- Improve performance with clients with trigger trio issues of Domestic Violence and Abuse, substance misuse and mental health.

## Proposed New Service (1)

1. A integrated model for treatment and prevention for adults and young people\*.
2. Increased focus on prevention activities, including mechanisms to improve substance misuse awareness in school age children.
3. Improve criminal justice pathways by improved working with partners and implementing guidance, e.g. Public Health England's Improving continuity of care between prisons and the community (2018).
4. Review and continue the provision of hospital based alcohol services such as Identification and Brief Advice (IBA), Repeat attenders and CQUIN (Commissioning for Quality and Innovation) .

\* Two separate services, one for young people under 18 yrs. and one for adults over 18 yrs. but potentially with one provider

## Proposed New Service (2)

5. Equip mainstream service providers (particularly those working with vulnerable groups) to give brief advice and information about substance misuse
6. Continue to develop a data strategy, to improve identification of problems and implement improvements at a earlier stage.
7. Develop a communications plan for SMS to clarify substance misuse pathways.
8. Develop a forum to work with partners to consider broader action on substance misuse.

**Thank you**

**Questions and Answers**



## **Appendix 1:**

Barnet Adults Drug and Alcohol treatment system review and needs assessment refresh 2019

### **Executive summary:**

The provision of drug and alcohol treatment services can lead to reductions in crime and health improvements, along with providing support for individuals and families on the road to recovery. The provision of Substance Misuse Services is also cost effective. For every £1 spent on alcohol treatment, a return on investment of £3 is achieved and for drug treatment the return on investment for each £1 spent is greater, at £4<sup>1</sup>.

This review provides action points and areas of improvement that may need attention from key commissioners, stakeholders and providers to address some of the current issues. The current treatment model has been examined and recommendations for future provision is made. The following bullet points provide a summary of the analysis of the key data and incorporate the views expressed during the consultation.

### **Performance**

- The number of people in treatment for alcohol dependence has fallen by 40% since 2013 and successful completion of alcohol treatment in Barnet was 48% compared to 61% nationally. An alcohol improvement plan is currently in place and in the future careful monitoring of this will be required to ensure improvements in the numbers entering treatment for alcohol issues.
- Using national data, it is estimated that 21% of Barnet residents are consuming alcohol at levels that places them at increasing and/or higher risk to their health. Consideration should be given to the treatment needs of this group, who may not require treatment at a specialist substance misuse service.
- It is still estimated that there are 1,583 combined Opiate and Crack Users (OCUs) in Barnet, with 1,256 Opiate Users and 1,028 Crack users. The numbers in treatment are much lower than these figures, indicating that

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<sup>1</sup> <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

consideration is required of how to increase the numbers entering treatment and how to access these people who form a hidden harm group.

- 11% of the treatment population for alcohol in 2017/18 were aged over 60 years. The number of Barnet residents aged 65 and over is predicted to increase by 33% between 2018 and 2030<sup>2</sup>. In the UK, risky drinking has been noted to be declining, except among people aged 50 years and older, plus there is a strong upward trend for episodic heavy drinking in this age group<sup>3</sup>. We therefore need to monitor the number of older people entering treatment for alcohol issues to ensure services meet their needs, especially in the context of the predicted one third increase in over 65s in Barnet by 2030.
- Drug Related Deaths (DRDs) in Barnet have increased since 2013 and between 2015-17, there were 33 DRDs in the borough. DRDs have increased nationally, with a PHE inquiry noting that the registrations of heroin-related deaths in England and Wales more than doubled between 2012 and 2015 (579 in 2012 to 1,201 in 2015)<sup>4</sup>. We need to attempt to reduce this statistic by improvements in service provision.
- The Public Health Outcomes Framework (PHOF) indicator on proportion of successful completion of treatment for Opiates and not representing is better than the England average (9.7% in Barnet, compared to 6.5% nationally).
- Non-opiate client's successful completion rate as a percentage of all in treatment was 44% in 2017/18, which is an upward trend having risen from a figure of 32% in 2015/16 and 29% in 2016/17.

## Blood borne Viruses

- PHE estimates for London are that in 2017, the estimated prevalence of HIV in People Who Inject Drugs (PWID) was 3.9%. The estimated prevalence for Hepatitis B in PWID was 34% whilst the prevalence estimate for hepatitis C for PWID was 68%. This means that there are a number of Barnet residents who inject drugs that are at risk of these conditions.
- Barnet adult's substance misuse service has consistently provided Hepatitis C testing to a greater percentage of clients than the England average, with between 87-90% of clients in Barnet being offered a test for Hepatitis C since 2013.
- Performance is less favourable however in relation to the number of individuals who start and complete Hepatitis C treatment. This is a missed opportunity and requires improvement.

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<sup>2</sup> <https://jsna.barnet.gov.uk/1-demography>

<sup>3</sup> <https://www.bmj.com/content/358/bmj.j3885>

<sup>4</sup>

<http://www.emcdda.europa.eu/system/files/attachments/3234/7.%20Plenary%202%20Martin%20White%20EMCDDA.pdf>

- The number of eligible people who complete a course of vaccinations for Hepatitis B is 21.9%, compared to 8.1% nationally.
- The number of needle exchanges in Barnet has reduced from 12 in 2014 to 7. It is recommended that a review of the provision of needle exchange facilities is undertaken to gain an understanding of the potential reasons for the reduction in the number of exchanges and to ensure that all opportunities to engage with hidden harm clients are explored.

### **Service users and carers experience**

- Service users were very complimentary about the members of staff within the current treatment service provision.
- Consultation with service users however showed concern over high levels of staff changes and feedback given included requests for greater integration of services, especially around mental health.
- Service users also requested an expansion of the groupwork programme, both in relation to the topics covered and the length of time the groups ran for and for greater involvement of family and friends in their treatment.
- Expansion of treatment into evenings and weekends was requested, along with a greater level of follow up after discharge.
- Service users also provided feedback that they would like to see improved communication within the service. Suggestions included providing a newsletter and/or placing a groupwork timetable weekly on a notice board.

### **Health based services**

- The responses received to the consultation with GP practices was very low, but the responses received asked for improved communication with treatment services, along with further clarity around treatment pathways and options for patients.
- Although it is acknowledged that some primary care practitioners may be delivering IBA as part of everyday work and/or the Making Every Contact Count (MECC) initiative, there was no data available to evidence this. Identification and Brief Advice (IBA) in health based settings and wider, represents early intervention and prevention of alcohol related harm on an individual level. As part of the proposed re-alignment of service provision towards prevention and early identification, a review of IBA provision across Barnet is recommended.
- There is an Alcohol Liaison Service (ALS) in Barnet with one nurse post attached to this and an alcohol CQUIN in operation in the borough. A review of the ALS is recommended as is a recommendation that the provider of treatment services in Barnet, formalises good links with the NHS providers of the CQUIN and ensures that the ALS works in partnership with the CQUIN.

- A further recommendation for the longer-term future, is that attention is paid to the expansion of alcohol care teams nationally as outlined in the NHS long term plan. Barnet may develop an alcohol care team.

## **Commissioning**

- It is recommended that a review is completed of the strategic approach to substance misuse across Barnet. The current Drug and Alcohol strategy will finish in 2020 and therefore this is an opportune time to review the strategic systems currently in place. This will ensure that substance misuse provision across Barnet becomes continuous and any issues identified early and rectified.
- It is recommended that a new model for adult treatment services is specified before going out to tender. This model should continue to provide a recovery service and different Tiers of treatment but greater emphasis should be placed on the prevention of substance misuse issues and in working with individuals who are consuming alcohol at levels that presents an increasing risk to their long-term health.
- Satellite provision of substance misuse treatment services in the local community should be considered, especially in relation to clients who may not wish to attend a specialist substance misuse service.
- It is recommended that a data strategy should be developed to overcome the issue of discrepancies between NDTMS and provider data. A data strategy that delivers key information about the nature and scale of issues, activity, performance and impact is required to enhance the ability of commissioners to monitor and plan service provision.
- The age range for the Young People's Service is up to the age of 24 years. The adult service starts at age 18 years. This situation appears to work well with one provider, providing services to both young people and adults. If during re-commissioning, two different providers are awarded the contract however, this could potentially lead to issues over data sharing and competition for clients.

## **Clinical Governance**

- It is recommended that a review is undertaken of the monitoring of serious incidents and drug/alcohol related deaths in order that Barnet Council can be assured that any identified learning and preventable measures have been put in place.
- A clinical governance framework that can be monitored alongside activity and performance data is recommended.

## **Workforce**

- Given that there are concerns relating to high turnover of the workforce, it is recommended that the training needs of the current workforce are analysed and training plans developed on a continual basis.
- As the focus of treatment services expands to include work around prevention, the training needs of the workforce will require analysis to understand what additional training is necessary to accommodate this change and ensure that the workforce is skilled.

## **Appendix 2:**

Barnet Young People's substance misuse service review and needs assessment refresh 2019

### **Executive Summary:**

The provision of drug and alcohol services for young people is cost-effective. A Department of Education study concluded that for every £1 invested in treatment, £1.93 is saved within 2 years and up to £8.38 is saved in the long term<sup>5</sup>. Public Health England also report that specialist services for young people engaged individuals quickly, with the majority of treatment attendees leaving in a planned way and not returning to treatment services<sup>6</sup>.

Like the national Drugs Strategy (2017) the focus in Barnet of service provision will be on the prevention of young people from initiating substance misuse in the first place. This aligns with the aims of Barnet Councils Corporate Plan 2024, which are to deliver a pleasant well-maintained borough that we protect and invest in; that our residents live happy, healthy, independent lives with the most vulnerable protected and that Barnet is filled by safe and strong communities where people get along. In addition, the provision of drug and alcohol services to young people support's the Joint Health and Well Being Strategy's 2015-2020 overarching theme of keeping well and maintaining independence. For our young people who are using substances, our aim will be to provide services to assist them to make positive changes to their lifestyle and to promote recovery.

This review of existing service provision and needs assessment refresh provides information on national strategy and prevalence estimates before outlining Barnet specific data relating to substance misuse by young people in Barnet. It suggests areas for consideration ahead of the re-commissioning of the young people's substance misuse service.

The young people's service is currently provided by Westminster Drugs Project with a small team of staff of four professionals. It is co-located with the adult substance misuse service at the Denis Scott Unit in Edgware hospital.

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<sup>5</sup> <https://www.gov.uk/government/publications/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis>

<sup>6</sup> <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

## Performance

- Nationally the number of young people consuming alcohol is currently reducing (Oldham et al, 2018) and the estimated number of 11-15-year olds who drank alcohol within the past week in Barnet<sup>7</sup> was 2434.
- In Barnet, the most commonly used drug reported by young people in treatment services was Cannabis (reported in 27.5% of all treatment episodes in 2017/18) followed by alcohol (reported in 15.2% of all treatment episodes in 2017/18). Much smaller numbers of young people reported the use of Crack/Cocaine/Opiates in Barnet.
- PHE local estimates of opiate and crack use in young adults aged between 15-24 years in Barnet in 2016/17, produced a figure of 129 opiate users in Barnet and 258 opiate and crack users.
- Solvents including Nitrous Oxide accounted for 2.8% of clients in treatment and Novel Psychoactive Substances (NPS) accounted for 0.7% of the drugs reportedly used. The use of NPS, although low, is a change from the last needs assessment, completed in 2014, when no use of NPS was reported. This is a trend that will require monitoring in the future.
- The number of treatments episodes in Barnet has risen from 147 in 2015/16 to 208 in 2017/18 but the actual number of clients entering the young people's treatment service has reduced over the past twelve months up to June 2019.
- Referrals from criminal justice, education and social services have reduced but this has been offset slightly by increasing referrals from health services, targeted youth support and self/relative or concerned others.
- Psychosocial interventions accounted for 99% of the interventions provided in treatment episodes to young people and psychosocial and pharmacological treatment was responsible for the remaining 1% of all treatment episodes.
- Three quarters of clients were aged between 16-20 years old, 10% were between 13-15 years and 9% were aged over 21 years.
- Two thirds of service attenders identify their ethnicity as white. Much lower number of attendees at the service identify their ethnicity as mixed, Black/Black British, Other ethnic group, Asian/Asian British and in 2% of records, this information was not recorded.
- 44% of clients in treatment were in mainstream education and 9% were in alternative education. 18% had no status recorded. Only 3% were in regular employment and 1% were on training or an apprenticeship. 16% were Not in

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<sup>7</sup> Sources: Greater London Authority (population projection tool 2016 central trend), NHS Digital (Smoking drinking and drug use among young people England: 2016)

Employment, Education or Training (NEET). In addition, in Barnet, there is a high than average number of Looked After Children (LAC) in treatment for substance misuse.

- Consultation with young people and parents/carers was positive with only a few concerns raised relating to staffing numbers in the service, lack of dual diagnosis (mental health concerns combined with substance misuse) provision, requests to expand the service and to complete more prevention work in schools.
- The young people's substance misuse service accepts referrals of young people up to the age of 24 years and the adult service sees clients from the age of 18 years. This overlap could potentially create issues relating to which service clients aged between 18-24 years attends.

### **Key findings and recommendations:**

- There is no strategic group which oversees substance misuse service provision. This can mean that areas of good practice go unrecognized and areas requiring improvement are not resolved quickly. It is therefore recommended that a strategic group is established to oversee substance misuse provision.
- There are variations between the existing service specification and the services being delivered. To resolve these issues, we should establish clear KPI's for contract monitoring including processes for under performance and not fulfilling contractual obligations.
- The overall numbers of young people entering treatment are reducing, as are referrals from certain sources. It is recommended that a review of the location of the service within Edgware hospital should be completed along with the development of an engagement plan to increase referrals from all sources.
- The focus of current provision is on specialist treatment. We would like to realign the main emphasis of services towards prevention. To achieve this a delivery plan with a focus on prevention should be developed.
- The provision of Identification and Brief Advice (IBA) is currently limited in Barnet and should be reviewed, especially in relation to provision of IBA to Young People.
- There are higher than average numbers of young people who are NEET's in the substance misuse service and only 44% of young people in treatment were in mainstream education. We need to ensure that as part of their recovery young people are supported back into education, employment or volunteering.
- There is a greater than average number of looked after children in services in Barnet, we need to work in partnership with other local authority services to ensure that young people with wider vulnerabilities receive an assessment of all needs and that these needs are met.

- In response to requests from service users for more focused sessions and increased provision around mental health, a review of the training needs of staff and a workforce development plan should be written to ensure that staff are valued and their development needs are met to improve the services offered to clients.

**Report ends**

# Progress in Delivery of the Barnet Prevent Multi-Agency Action Plan

26 July 2019

Safer Communities Partnership Board

**Barnet Community Safety Team**

AGENDA ITEM 10

# Barnet Prevent Strategy

The Barnet Prevent Strategy was launched in 2017.

Our key objective is to:

*“keep the people of Barnet safe by accurately identifying people vulnerable to being drawn into terrorism and/or violent extremism and to safeguarding children and adults by providing early intervention to protect and divert people away from being drawn into terrorist activity”*

# Barnet Prevent Action Plan

## Key Action 1

**Partnerships:** We will ensure that a multi-agency response to Prevent will be in place, supported by an evidence base and co-ordinated through The Safer Communities Partnership Board.

- Barnet Prevent Delivery Group overseeing strategic delivery with positive engagement with internal and external partners.
- Barnet Channel Panel Chaired by Community Safety Manager with representation from all core partners. Meetings are held monthly.

# Barnet Prevent Action Plan

## Key Action 2

**Risk Assessment:** the regional Counter Terrorism Profile (CTLP) will be communicated to key stakeholders and used to inform the local action plans.

- Senior Leaders have been briefed on the CTLP within the local authority as have the local partner agencies through the Prevent Delivery Group.
- Key recommendations and issues identified in the CTLP are directly addressed in the Barnet Multi-Agency Action Plan.
- CTLP summary included in training to frontline staff.

# Barnet Prevent Action Plan

## Key Action 3

The Action Plan will be owned and delivered through the partnership to reduce the risk(s) identified in Barnet.

- ❑ The Action Plan is monitored by the Barnet Strategic Commissioning Board and Safer Communities Partnership Board.
- ❑ Senior leaders are aware of key actions relevant to their span of control.
- ❑ The action plan is reviewed quarterly and quarterly briefings on progress are sent to the Barnet CEO.

# Barnet Prevent Action Plan

## Key Action 4

Barnet will have a fully trained work force who can recognise Prevent issues or concerns, support successful collaborative partnership working, identify the early signs of radicalisation taking positive action to manage those potentially at risk.

- Training is being delivered to local authority staff and staff operating across the Barnet partnership
- Family Services
- Adults & Communities
- Corporate Anti-Fraud Team

# Barnet Prevent Action Plan

## Key Action 4 (cont'd)

- ❑ Training plans received from Regional Enterprise and Barnet Homes – training to be delivered to all frontline staff who have contact with the public by end of December 2019.
- ❑ National Probation Service and London Community Rehabilitation Company (CRC) – training delivered to 28 Probation Officers and Managers in Barnet in June 2018.
- ❑ Training delivered to Barnet Mencap staff in July 2018.
- ❑ Prevent Education Officer offering training to all Barnet schools.

# Barnet Prevent Action Plan

## Key Action 5

We will ensure venues owned by Barnet Council are not providing a platform for extremist's views.

- Local procedures are being audited to ensure that systems are in place to risk assess proposed bookings of council owned venues.
- Annual schools safeguarding audits specifically requests information regarding each school's use of web filterin.
- Launch of voluntary Supplementary Education Register.

# Barnet Prevent Action Plan

## Key Action 6

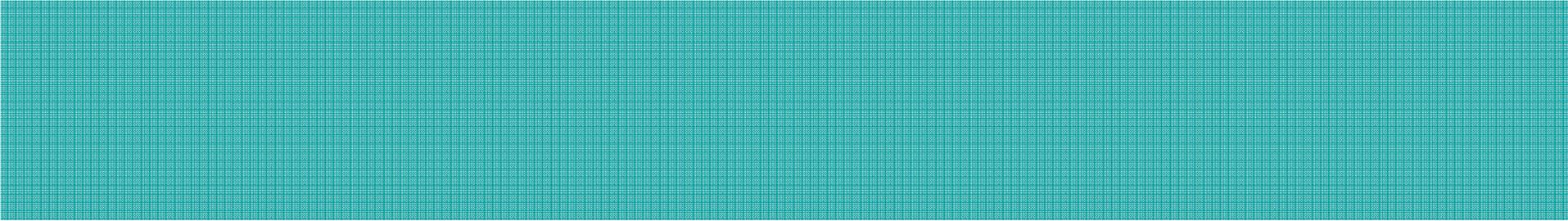
Ensure that the Prevent duty is integrated into existing safeguarding strategies, policies and procedures.

- Local guidance documents and process maps developed by the Prevent Coordinator have been adopted by Family Service and Adults and Communities.
- Risk of radicalisation included in Continuum of Need assessment.

# Key Action 6

## OFSTED FINDINGS 2019:

- ❑ Although the number of children and young people known to be at risk of radicalisation is relatively low, a clear process helps to ensure that they are protected.
- ❑ Social workers recognise and respond well to children in care who are vulnerable to exploitation. This includes identifying interdependencies of risks from sexual exploitation, missing from care, radicalisation and criminal exploitation. Strategy meetings result in appropriate plans that help to reduce risk and protect children.



# Questions?

Email: [BarnetCST@barnet.gov.uk](mailto:BarnetCST@barnet.gov.uk)

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26 July 2019

Safer Communities Partnership Board

**Barnet Community Safety Team**

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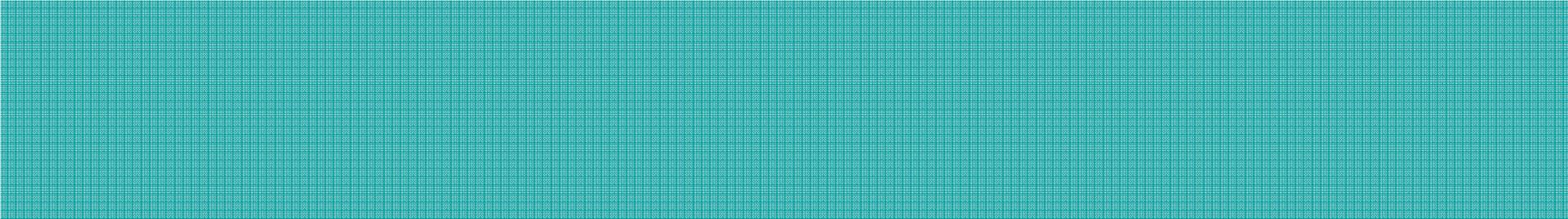
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# Questions?

Email: [BarnetCST@barnet.gov.uk](mailto:BarnetCST@barnet.gov.uk)

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# Safer Communities Partnership Board

26<sup>th</sup> July 2019

## Performance Dashboard

**Ben Norfolk**

**Barnet Community Safety Team**

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

AGENDA ITEM 11

Overview dashboard	page 3
Violent crime and ASB dashboard	page 4
<b>Glossary</b>	<b>page 5</b>
Safer Communities Partnership Analysis Forward Plan	page 6

# Overview dashboard - Summary dashboard A

		Recent Quarter		Recent 12 months (to Apr 2019)		Peer comparison	Monthly exceptions (unusually high or low volume)		
RAG	Positive / Negative factors	Volume	Change vs. previous yr.	Volume	Change vs. previous yr.	London rank	Apr-19	Mar-19	Feb-19
Burglary	 <ul style="list-style-type: none"> <li>Slight increase from previous year</li> <li>Increase below London average</li> </ul>	983	<b>3%</b>	3661	<b>2%</b>	22/32	●	●	●
Residential Burglary	 <ul style="list-style-type: none"> <li>Increase in line with London Average</li> </ul>	801	<b>9%</b>	2952	<b>4%</b>	25/32	●	●	●
Burglary - business and community	 <ul style="list-style-type: none"> <li>Drop of around 28% in April 2019</li> <li>Last quarter and last 12 months reduction vs previous year</li> </ul>	182	<b>-17%</b>	709	<b>-2%</b>	15/32	<b>V</b>	●	●
Robbery	 <ul style="list-style-type: none"> <li>Increase in both the rolling 12 month and most recent quarter vs. a year ago</li> </ul>	266	<b>49%</b>	807	<b>28%</b>	7/32	●	●	<b>^</b>
Violent crime (VWI)	 <ul style="list-style-type: none"> <li>2nd lowest of all 32 London boroughs</li> <li>Increase in rolling 12 months vs. one year ago</li> </ul>	568	<b>26%</b>	2296	<b>5%</b>	2/32	●	●	●

# Knife and gun crime

RAG	Positive / Negative factors	Current year		Comparison to 12 months ago	
		Current rolling 12 months (to June 2019)	One year ago	Change vs. previous year	Date period covered
Knife injury victims (aged under 25, non-DV)	 <ul style="list-style-type: none"> <li>•Increase vs. previous year</li> <li>•Rate of knife injury significantly lower than the London average</li> </ul>	59	45	31%	12 months to June 2019
Gun Discharges	 <ul style="list-style-type: none"> <li>•Increase vs. previous year</li> </ul>	5	2	150%	12 months to June 2019

## Domestic Violence - Violence with injury

Recent 12 months performance

RAG	Positive / Negative factors	Barnet SD Rate (12 months to June 2019)	Barnet SD Rate (one year ago)	Volume (12 months to June 2019)	Change vs. previous year
Domestic Violence	 <ul style="list-style-type: none"> <li>Decrease in SD rate</li> </ul>	12%	16%	353	14% decrease

## Anti-social behaviour

RAG	Positive / Negative factors	RPS: Confidence Police and Council dealing with ASB	Change vs. previous period	Number of Repeat ASB calls (to 25Jun19)	Change vs. previous year	(Total ASB calls in period)	Date period covered
ASB	 <ul style="list-style-type: none"> <li>•Reduction in repeat ASB calls</li> <li>•Increase in total ASB calls</li> </ul>	Barnet: 60% (Autumn 2017)	7% down	181	1% decrease	8893 (up 10% from 8078)	12 months to 25 Jun 2019

Term	Explanation
<b>RAG</b>	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.
<b>Latest Quarter</b>	The most recent three months – Oct to Dec (unless stated otherwise – i.e. if data limitations necessitated a different time period)
<b>Rolling 12 Months Performance</b>	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)
<b>Peer comparison</b>	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).
<b>Similar Group Rank</b>	A peer comparison (see above) comparing Barnet to similar boroughs / areas that have been selected due to demographic similarities (1 is best 15 <sup>th</sup> worst). * <sup>1</sup> <a href="#">See at bottom of page for list of the peer areas.</a>
<b>London Rank</b>	A peer comparison (as above) comparing Barnet’s rate of crime to the other boroughs in London (1 is best, 32 worst).
<b>ASB</b>	Antisocial behaviour
<b>PAS</b>	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
<b>FTE</b>	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**

- VAWG and Domestic Abuse deep dive analysis
- Knife Crime and Serious Violence deep dive analysis
- Violence Vulnerability and Exploitation deep dive analysis
- ASB and Environmental Crime deep dive analysis
- Community Safety Strategic Assessment 2019

**London Borough of Barnet  
Safer Communities Partnership  
Board – Forward Plan  
October 2019**

Contact: Tracy Scollin 020 8359 2315 [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk)

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
25 October 2019			
Report on the key findings of the 2019/20 Annual Community Safety Strategic Assessment	Relevant to all priority areas of the Community Safety Strategy		<b>Non-key</b>
Approach to tackling Anti-social Behaviour and Enforcement	Relevant to Priority 1 of the Community Safety Strategy		<b>Non-key</b>
The Barnet Zero-Tolerance to Hate Crime project	Relevant to Priority 7 of the Community Safety Strategy		<b>Non-key</b>
Family Services - Youth Justice Board update	Relevant to Priority 4 of the Community Safety Strategy		<b>Non-key</b>
Update on the MOPAC London Crime Prevention Fund projects	Relevant to all areas of the Community Safety Strategy		<b>Non-key</b>
24 January 2020			
3 April 2020			
To be allocated			

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
Partnership Approach to delivering an evidence base for Community Safety Strategy	Relevant to all priority areas of the Community Safety Strategy		<b>Non-key</b>
Update from Barnet Reducing Burglary Delivery Group	Relevant to Priority 6, Community Safety Strategy		<b>Non-key</b>

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