COMMUNITY SAFETY PARTNERSHIP

Wednesday, 2nd November, 2016, 2.00 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Please see membership list set out below.

1.   FILMING AT MEETINGS

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2.   APOLOGIES

To receive any apologies for absence.

3.   MINUTES (PAGES 1 - 6)

To confirm the minutes of the meeting held on 17 March as a correct record.

MAIN ITEMS

4.   INTRODUCTION OF NEW CHAIRS AND PRIORITIES

5.   PERFORMANCE OVERVIEW (PAGES 7 - 22)

6.   CSP FACILITATED OBJECTIVE SETTING DISCUSSION

INFORMATION ITEMS

7.   PROGRESS AGAINST COMMUNITY SAFETY DELIVERY PLANS (PAGES 23 - 60)

Haringey
LONDON

8. **VIOLENCE AGAINST WOMEN AND GIRLS CONSULTATION OUTCOME (PAGES 61 - 132)**

9. **INFORMATION SHARING PROTOCOL (PAGES 133 - 174)**

10. **RECENT INCIDENTS UPDATE**

11. **ANY OTHER BUSINESS**

To raise any items of AOB.

12. **DATES OF FUTURE MEETINGS**

To note the dates of future meetings set out below:

- 18 January, 2pm
- 29 March, 2pm

Maria Fletcher, Principal Committee Co-ordinator
Tel – 0208 489 1512
Fax – 020 8881 5218
Email: maria.fletcher@haringey.gov.uk

Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
River Park House, 225 High Road, Wood Green, N22 8HQ

Wednesday, 26 October 2016

Community Safety Partnership - Membership List

	NAME OF REPRESENTATIVE
Statutory partners/CSP members	**Cllr Eugene Ayisi,** Cabinet Member for Communities (Co-chair) **Helen Millichap,** Borough Commander (Co-chair), Haringey Metropolitan Police **Cllr Martin Newton**, Opposition representative **Cllr Elin Weston,** Cabinet Member for Children and Families **Zina Etheridge,** Deputy Chief Executive, Haringey Council **Andrew Blight,** Assistant Chief Officer, National Probation Service - London for Haringey, Redbridge and Waltham Forest **Douglas Charlton** Assistant Chief Officer, London Community Rehabilitation Company, Enfield and Haringey **Simon Amos,** Borough Fire Commander, Haringey Fire Service **Jill Shattock,** Director of Commissioning, Haringey Clinical Commissioning Group **Mark Landy,** Community Forensic Services Manager, BEH Mental Health Trust **Geoffrey Ocen,** Chief Executive, Bridge Renewal Trust **Joanne McCartney,** MPA, London Assembly **Stephen McDonnell,** AD Environmental Services and Community Safety **Dr. Jeanelle de Gruchy**, Director Public Health, Haringey Council **Jon Abbey**, Director of Children Services, Haringey Council **Beverley Tarka,** Director Adult & Community Services, Haringey Council **Andrew Billany,** Managing Director, Homes for Haringey **Helen Twigg,** Victim Support **Tony Hartney,** Safer Neighbourhood Board Chair
Supporting advisors	**Amanda Dellar,** Superintendent, Haringey Metropolitan Police

	Eubert Malcolm, Head of Comm Safety & Regulatory Services **Claire Kowalska,** Community Safety Strategic Manager (+ Theme Leads) **Sarah Hart,** Commissioning Manager, Public Health **Maria Fletcher** Committee Secretariat

MINUTES OF THE MEETING OF THE COMMUNITY SAFETY PARTNERSHIP HELD ON Thursday, 17th March, 2016, 13.00

PRESENT: Councillor Bernice Vanier (Co-Chair); Victor Olisa (Co-Chair), Andrew Billany, Andrew Blight, Craig Carter, Craig Dixon, Zina Etheridge, Gill Gibson, Tony Hartney, Stephen McDonnell, Geoffrey Ocen, Steve Porter, Jill Shattock, Beverley Tarka, and Councillor Ann Waters

IN ATTENDANCE: Joe Benmore, Victoria Hill, Marc Kidson, Claire Kowalska, Gareth Llywelyn-Roberts, Joe McBride, Angelia Miller Moore, Jennifer Sergeant, Will Shanks.

177. FILMING AT MEETINGS

RESOLVED

- That the Chair's announcement regarding the filming of the meeting for live or subsequent broadcast to noted.

178. APOLOGIES

Apologies for absence were received from Caroline Birkett, Jeanelle de Gruchy, Eubert Malcolm and Joanne McCartney. Apologies for lateness were received from Cllr Waters.

The Chair extended a welcome to Geoffrey Ocen, Chief Executive of the Bridge Renewal Trust, a new member of the Board following the Trust's successful bid to replace HAVCO as the statutory partner for the voluntary sector. Welcome was also extended to Steven Porter from the Barnet Enfield Haringey Mental Health Trust.

The Chair identified that it was the last Community Safety Partnership (CSP) meeting of the municipal year and extended her thanks to partners for their hard work over the period. It was recognised that it would continue to be a challenging time for the CSP going forward in light of uncertainties linked to the outcome of the London Mayoral elections in May as well as entering into the final year of the current Community Safety Strategy.

179. MINUTES

RESOLVED

- That the minutes of the meeting held on 8 October be confirmed as an accurate record.

It was identified that the requested report on school exclusions would come to a future Board meeting for consideration [**action: Jon Abbey**].

180. AMENDED DRAFT INFORMATION SHARING PROTOCOL

The Board received a report setting out proposals for a new draft Crime and Disorder Information Sharing Protocol (ISP) to keep apace with good practice and legislative requirements arising since approval of the current version in 2009. The ISP was an important tool in facilitating effective partnership working and it was emphasised that the CSP had a statutory duty to ensure one was in place.

Feedback had been sought from partners in reviewing the current protocol and which had identified a number of key issues to be addressed under a new ISP. These included a general lack of awareness and confidence in applying the protocol at an operational level such as uncertainty around named contacts and the existence of dedicated liaison officers. On this basis, it was considered that the process was not working as effectively between partners as it should. Further clarification was also required on legislative requirements and governance arrangements in this area and to extend the protocol to include new Board partners such as probation and new voluntary sector representative.

Officers reiterated that statutory partners were responsible for the implementation of the protocol and for assigning named points of contact within their organisations to facilitate application at an operational level. The overriding principle was to ensure the safe and secure sharing of information in a clear manner.

The following issues were raised in discussion of the report:
- The importance was emphasised of ensuring read across with the Vulnerable Children Information Sharing Protocol and Agreement (**action: Gill Gibson to double check**).
- Clarification was sought on how additional agencies could be added to the ISP going forward such as voluntary sector groups. It was advised in response that new signatories could be added to the protocol on request, with support provided by the Community Safety team as required.
- Concern was raised over the security of information sharing via email, particularly within the voluntary sector. In response, it was advised that the Council used the Egress Switch system, an open for all, encrypted email system, for the secure transmission of sensitive personal information.
- Further work was required in training officers on the application of the protocol at an operational level including on the use of secure email systems and communicating the key elements of the protocol to frontline officers. (**action: Anne Woods to progress**).
- The importance was stressed of the new protocol reflecting learning points on the barriers to information sharing encountered in the past by partners and maintaining a primary focus on practical application of the protocol at frontline level as opposed to on a theoretical basis. The Chair agreed the value of undertaking further work to look at past case studies, lessons learnt, the experiences of partners and information sharing agreements at an operation level. As such, it was agreed to defer the item to the next Board meeting to allow further discussions to take place to inform the new ISP.

RESOLVED

- To defer the item to the next meeting.

181. **CSP PROPOSED REVIEW / REFRESH**

The Board received a presentation on progress of the refresh underway of the Community Safety Partnership with a view to trialling a new way of working to support the development of the new Community Safety Strategy. An overview was provided of feedback provided by partners as part of the process as to how the strategic role of the Board could be enhanced going forward. The Chair extended thanks to partners for participating in the process and providing valuable feedback. It was emphasised that the review was an ongoing, iterative process.

Proposals were outlined for the CSP to concentrate on three key priorities going forward of reoffending, prevention and public confidence, with a view to focussing on areas where the partnership could add value. It was suggested that each of the priorities be supported by a partner agency to lead and drive forward discussions.

The Board held a brief round table discussion on key proposals arising from the review and provided the following feedback in response to key questions posed:
Q1 Are you supportive of a more focussed/strategic approach to CSP meetings:

- General support was expressed for a more focussed and strategic approach to CSP meetings.
- Concerns were raised over the potential for the CSP, in adopting a more focussed approach, to lose oversight of other important partnership areas such as information sharing etc.
- It was suggested that the duties imposed on the Board under the Care Act should be incorporated within the revised Terms of Reference including reference to the disproportionate impact of crime on key vulnerable groups in society. Officers commented that potentially this could serve as a core strand across the three proposed priorities or under the prevention priority.
- The importance was agreed of maintaining a focus on areas where the Board could add value, avoiding duplicating work and where possible joining up agendas e.g. across youth justice.
- An exercise was proposed to map existing community safety related services provided across the voluntary sector to help reduce future duplication.

Q2 Do you agree with the three priority areas identified?

- Concerns were raised that the three priorities covered a very sizeable agenda and that the Board would need to agree clear definitions to achieve a balance between imposing too narrow or broad a focus. Particular concern was raised over the prevention priority within this context, as on a partnership level it was considered that the term was too broad and all encompassing. A clear definition was also required of early intervention within this context.
- It was commented that the priorities should encompass a focus on wellbeing and safety as well as crime in the broader sense, in order to allow the participation of other agencies and organisations in a partnership approach.
- The importance was emphasised of defining clear outcomes for priorities with reference to baseline data, maintaining an overriding focus on where value could be added and establishing clear links to correlating work being undertaken elsewhere.

- Concerns were raised over whether reoffending was the right choice as a key priority. It was commented that the reoffending priority was 'bigger than crime' and that the definition should be broader in also taking into account safety.
- Clarification was required on where the 'challenge' element would come from around the prevention priority.
- Further discussions would be required at a partnership level regarding the allocation of resources for these priorities set against individual organisational objectives and budgetary pressures.
- The development of an effective communications strategy would be fundamental to efforts under a public confidence priority.
- It was suggested that consideration be given to how the CSP could add value to the Integrated Offender Management workstream.

Q3 Do you agree with the idea of having designated priority leads to improve accountability within the CSP?
- Initial proposals for priority leads were reoffending-Police/Probation; prevention-Bridge Renewal Trust and public confidence-Homes for Haringey.

In light of the concerns raised by the Board regarding the three priorities put forward and requests for further development work to be undertaken, it was agreed that a revised report would come back to a future CSP meeting for further discussion [**action: Will Shanks**].

It was advised that revision was required of the paragraph within the draft Terms of Reference related to the Clinical Commissioning Group [**action: Jill Shattock**].

RESOLVED
- To note the current progress of the review and that further discussions would be held at a future CSP meeting following the undertaking of additional development work.

182. GANGS STRATEGY - NEXT STEPS

The CSP received a presentation on the development of a 10 year Gangs and Serious Youth Violence Strategy. An overview was given of the current gang problem within the borough and proposals to address this under the new strategy through a focus on 5 key priorities of prevention and early help; exploitation; effective intervention; community empowerment and enforcement. The strategy would be underpinned by successive action plans supporting implementation.

The Board held a brief round table discussion on key proposals for the new strategy and provided the following feedback in response to key questions posed:
Q1 Are the 5 priorities right?
- It was commented that partner agencies already undertook a significant amount of prioritised work under the five proposed headings and that it would be challenging to provide additional prioritisation in relation to gangs.
- Concerns were raised over the risk of duplicating actions with work already underway and that a focus was required on actions that were not being picked up elsewhere.

- It was suggested that families with younger children and the 18-24 age range group be a future focus under the strategy owing to their vulnerability by virtue of their circumstances.

Q2 What do we know about exploitation? What is the role of partners?
- It was identified that a clear assignment of partner responsibilities would need to be made in this area, supported by appropriate governance arrangements, particularly as it was noted that the Local Safeguarding Children Board would take the primary lead.
- A future focus was proposed on vulnerable adults information sharing arrangements and whether these needed review and improvement.

Q3 Can partners commit to prioritising gangs and serious youth violence for the next ten years?
- Partners questioned the feasibility of committing to a strategy that extended over such a long timeframe and whether the objectives of the strategy should more appropriately be considered more as an aspiration, particularly as partners already had responsibilities in relation to the reduction of crime.
- Clear outcomes would need to be defined within underpinning action plans and be easily monitorable including capturing the overarching priority of reducing the impact of gangs on the local community.
- Research should be undertaken to look at the approaches taken by other local authorities in dealing with gangs to see if learning points could be made.

RESOLVED
- To note the update

183. CORPORATE PLAN P3 EXTERNAL BOARD

The Board received a report on proposals for a new corporate governance structure to support the delivery of Corporate Plan priorities. It was proposed that the CSP Board provide external governance for priority 3-safe and clean Haringey, as much of the work of the CSP fell within this priority and required partnership working. Issues would be referred or escalated by the Priority 3 Strategic Board to the CSP to ensure the co-ordinated delivery of joint outcomes and priorities.

RESOLVED
- To agree that the Community Safety Partnership Board provides external governance for Priority 3 of the Corporate Plan.

184. DELIVERY PLANS 2016 - 2017

The Board considered a report on annual delivery plans against five of the strategic outcomes of confidence in policing; gangs; integrated offender management; acquisitive crime and ASB and violence against women and girls. This was set within the context of development of a new Community Safety Strategy and re-negotiation of the Mayoral funding bid.

The Borough Commander gave a health warning on the strategic assessment summary provided within the report in that it covered a specific time period and data

timescales centred on medium to long term trends and covered different points of comparison. A revamp was planned going forward of the background documents in order to better capture positive performance stories.

It was advised that the final PREVENT plan would be submitted to a future meeting.

The Board was advised that they could feed any comments in via the Chair.

RESOLVED
- To endorse the recommended actions and timescales on the drafts plans with reference to the strategic assessment summary, where relevant.

185. CHANGE IN MEMBERSHIP OF THE COMMUNITY SAFETY PARTNERSHIP

The Board considered a report on a proposed change to the membership of the Community Safety Board to reflect the appointment of the Bridge Renewal and Trust Moracle Foundation as the Council's voluntary sector partner in replacement of HAVCO.

RESOLVED
- To appoint the Bridge Renewal and Trust Moracle Foundation to the Community Safety Partnership in replacement of HAVCO as the statutory partner for the voluntary sector, with immediate effect.

186. ANY OTHER BUSINESS

It was requested that the Board hold a discussion on youth justice at a future meeting in light of considerable changes made in this area following government review [**action: Gill Gibson and Jennifer Sergeant**].

187. DATES OF FUTURE MEETINGS

Post meeting note: the 2016/17 municipal year meeting dates for the CSP have been agreed as follows:
- 21 June 2016, 13.00
- 20 October, 13.00
- 19 January 2017, 13.00
- 30 March, 13.00

[**post meeting note:** the CSP dates for the remainder of the municipal year have been revised in agreement with the two new co-chairs. The new dates and times are as follows:
- 18 January '17, 2pm, Civic Centre
- 29 March, 2pm, Civic Centre]

CHAIR:

Signed by Chair ……………………………..

Date …………………………………

Community Safety Performance Overview

Sandeep Broca

November 2016

Sources:
Except where noted, all data from Metropolitan Police Service (MPS) Website and MPS AWARE System

haringey.gov.uk

Performance Overview

▪MOPAC7 targets officially came to an end as of April 2016 – currently awaiting new measures to be outlined by Mayor

▪MOPAC7 overall reduction of 19.5% achieved to April 2016, against 4 year 20% reduction target

▪More focus will now be on Domestic Abuse, Youth Violence and Vulnerability, whilst balancing response to volume crime

MOPAC 7 (Data to October 2016)				
Crime Type	Previous 12-Months	Current 12-Months	Haringey % Change 12-Months	Haringey % Change vs. 2011/12 Baseline
Burglary	2,629	2,440	-7.2%	-33.1%
Criminal Damage	2,154	2,246	+4.3%	-18.3%
Robbery	1,226	1,183	-3.5%	-21.0%
Theft from M/V	1,824	1,802	-1.2%	-40.7%
Theft of M/V	780	919	+17.8%	-28.4%
Theft from Person	1,173	1,803	+53.7%	+49.8%
Violence with Injury	2,717	2,930	+7.8%	+29.4%
MOPAC 7 Total	12,503	13,323	+6.6%	-15.1%

Hate Crime

▪There has been a London wide trend of increased reports of hate crime over the past year.

▪Haringey has experienced an increase of +43% in hate crime reports in the 12 months to July 2016. London as a whole has seen an increase of +18%

|	Haringey September 2014 – August 2015	Haringey September 2015 – August 2016	Haringey Change %	London Change %
Racist & Religious Hate Crime	419	598	+42.7%	+18.9%
Homophobic Hate Crime	52	75	+44.2%	+13.0%
Anti-Semitic Hate Crime	29	31	+6.8%	-2.7%
Islamophobic Hate Crime	17	51	+200.0%	+64.9%

Domestic Abuse Violence With Injury (VWI) Offences

■14% increase in Domestic Abuse VWI offences in the past 12 months in Haringey, compared to a 4% increase for London.

■Offending takes place primarily in residential locations, with hotspots in Turnpike Lane, Wood Green and Bruce Grove.

■Almost 75% of all Domestic Abuse VWI occurs to the East of the borough.

High

Low
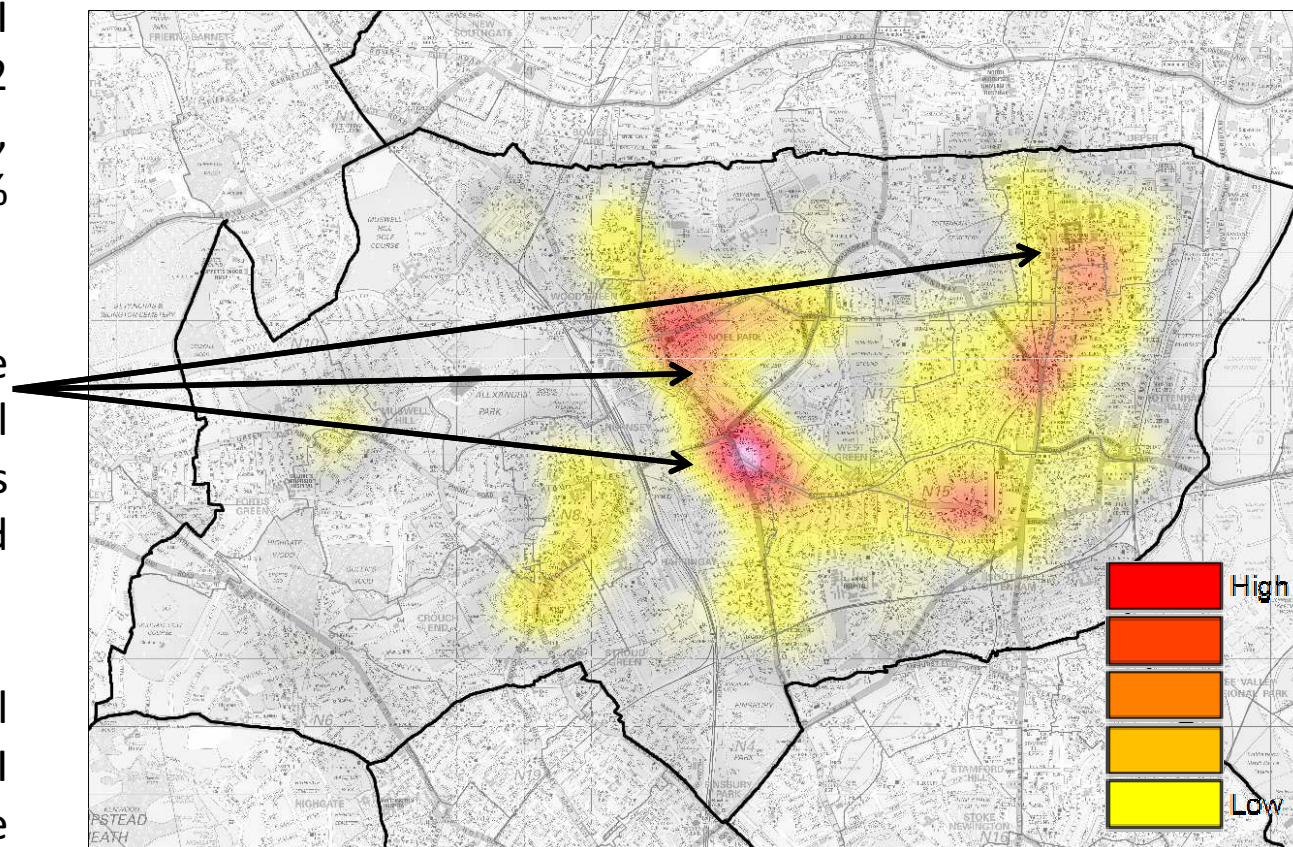
Non Domestic Violence with Injury

- High
- Low
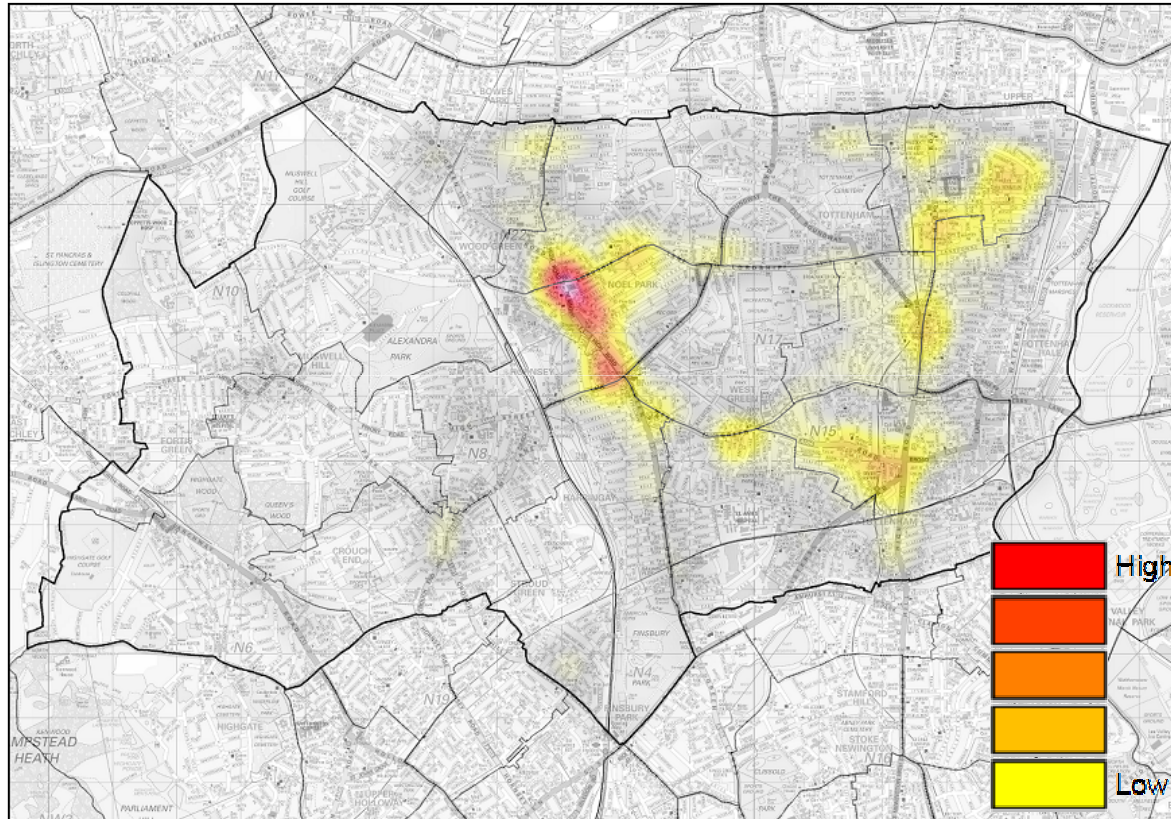
■Currently at +4.7% (87 more offences) up to October, as compared to the previous 12 months for Haringey.

■London is currently at +5.1% over the same period.

■Offences mainly occur in busy shopping locations, transport hubs and key thoroughfares.

■Some incidents are linked to retail/night time economy related issues, including when individuals have been refused entry to shops or bars/pubs and subsequently attacking staff/security.

haringey.gov.uk

Knife-Enabled Crime

![Haringey LONDON]

▪Knife-enabled offending has experienced an increase across Haringey in recent months and is a contributor to both Violence and Robbery.

▪Of particular note, knife injury victims aged under 25 (excluding domestic offences) have increased in the past 12 months by +19.5% (15 more offences) compared to +8.0% for London.

▪Key locations are Wood Green High Street, Turnpike Lane and Bruce Grove / Lansdowne Road

▪Hotspots have recently shifted, following targeted partnership work in long standing high volume locations

High

Low

haringey.gov.uk
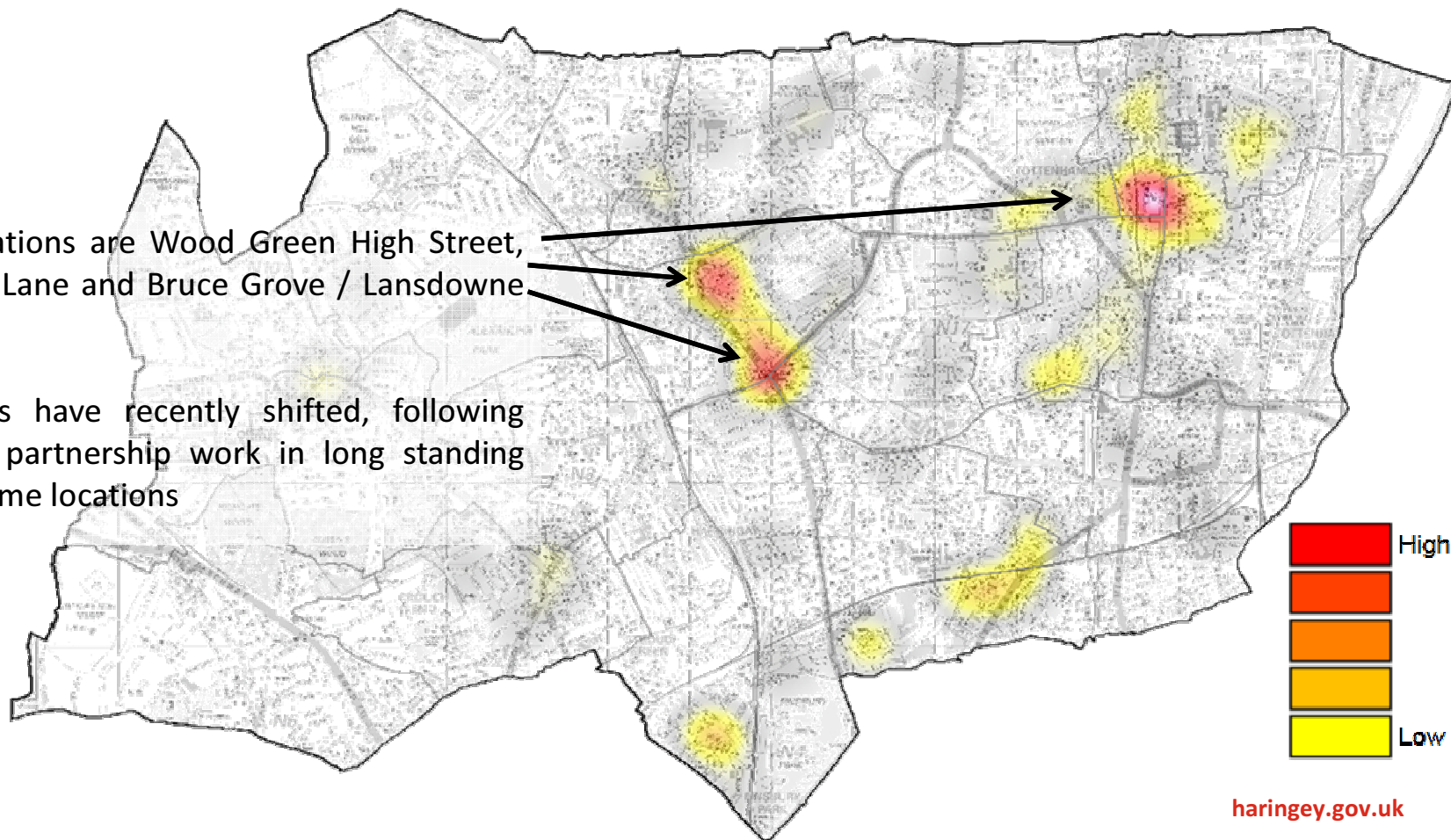
Gangs and Serious Youth Violence

Haringey
LONDON

- **317** victims of Serious Youth Violence (SYV) across Haringey in the 12 months to September 2016. This represents an increase of **4%** as compared to the previous year.

- **71** of these offences have been classified as 'Gang Related'.

- Gang and youth violence has become more widely spread across the borough in recent months, with less clustering.

- A number of chain snatches and moped/bicycle enabled robberies have taken place around the N17 area and Wood Green High Road. The volume of these offences appears to now be reducing

High

Low
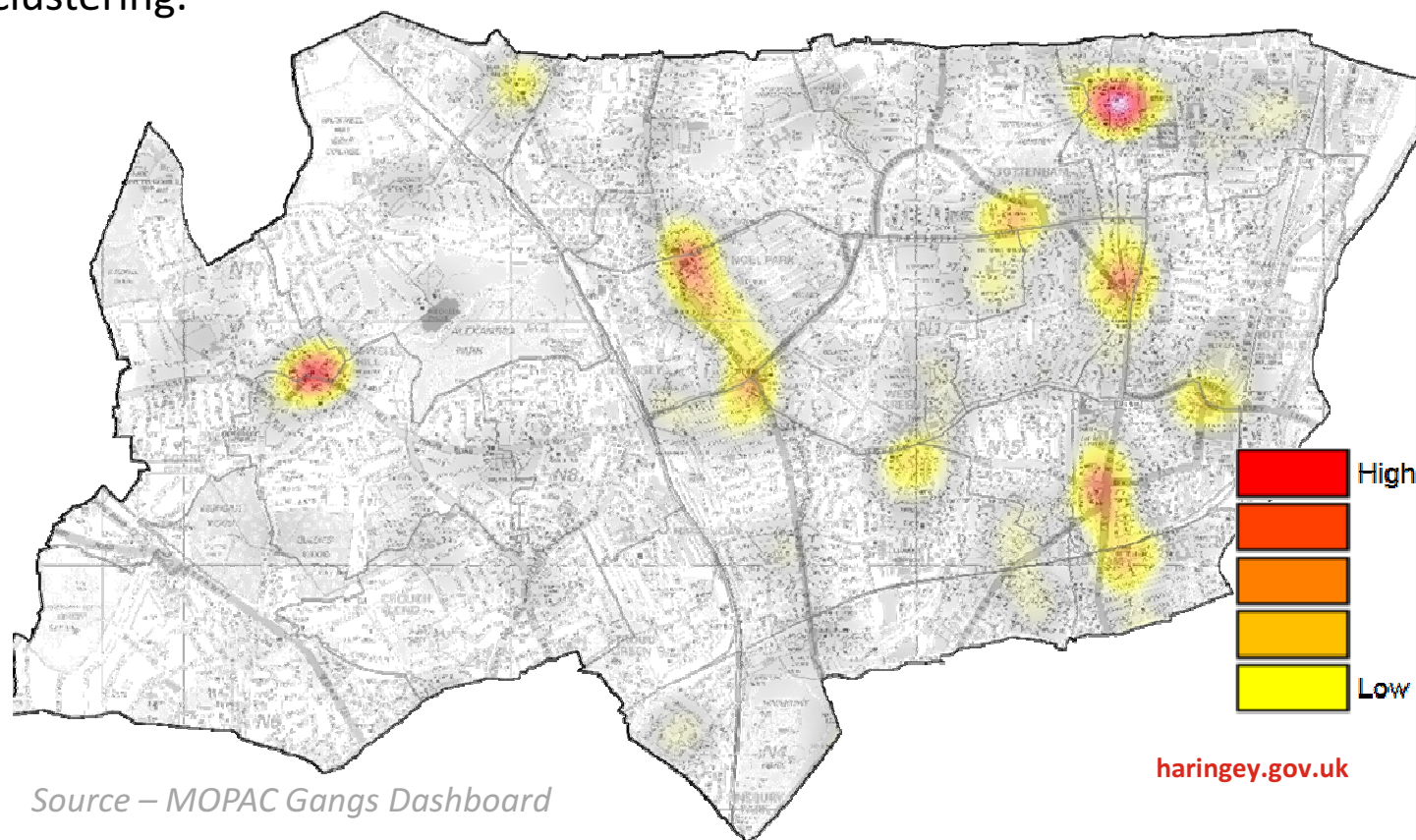
Source – MOPAC Gangs Dashboard

haringey.gov.uk

Gang Cross-Border Issues

Haringey LONDON

▪Ongoing cross-border gang issues between Enfield and Haringey youths, which has been the driver for a number of violence incidents.

▪Partnership work continues in conjunction with Enfield to jointly tackle the issues.
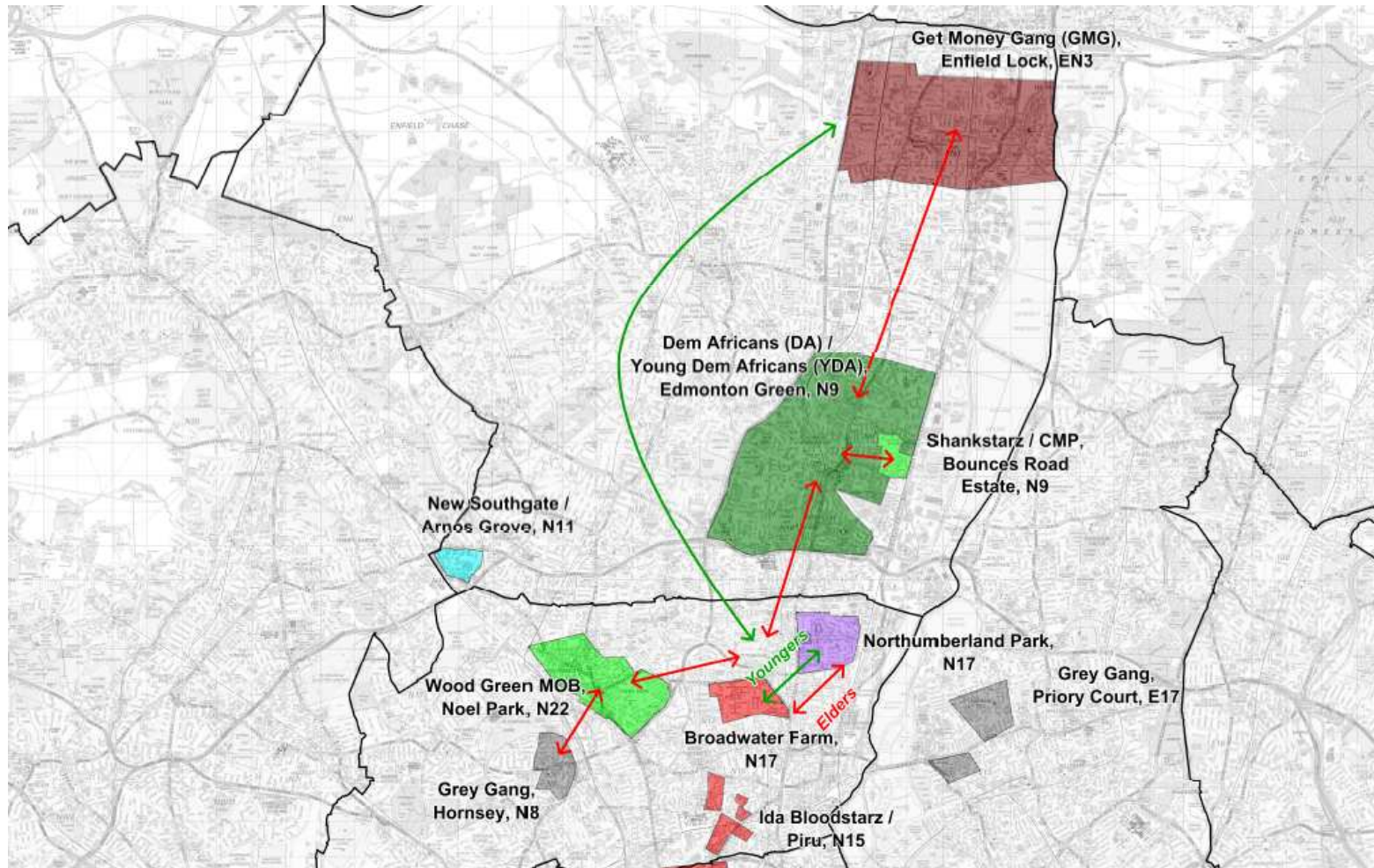
Firearms

▪There has been an increase in gun crime across Haringey of 20% in the past 12 months, representing 18 more offences. London has experienced an increase of 10% over this period.

▪There have been 14 recorded firearm discharges in the borough in the past year

▪Firearm related incidents occur almost exclusively to the East of the borough, and show some correlation with known gang linked areas.

haringey.gov.uk

Firearms

Haringey's 110 Firearms offences in the past 12 months is the second most of all London boroughs. Newham is the only borough with a higher volume over this period.

haringey.gov.uk

Drugs

- 1,505 drug offences recorded across the borough in the past year.

- Of these, 92% are possession of drugs, mainly cannabis.

- The majority of drug offences in Haringey occur around Ducketts Common, Turnpike Lane and Wood Green High Road.

Ducketts Common/
Turnpike Lane

High

Low
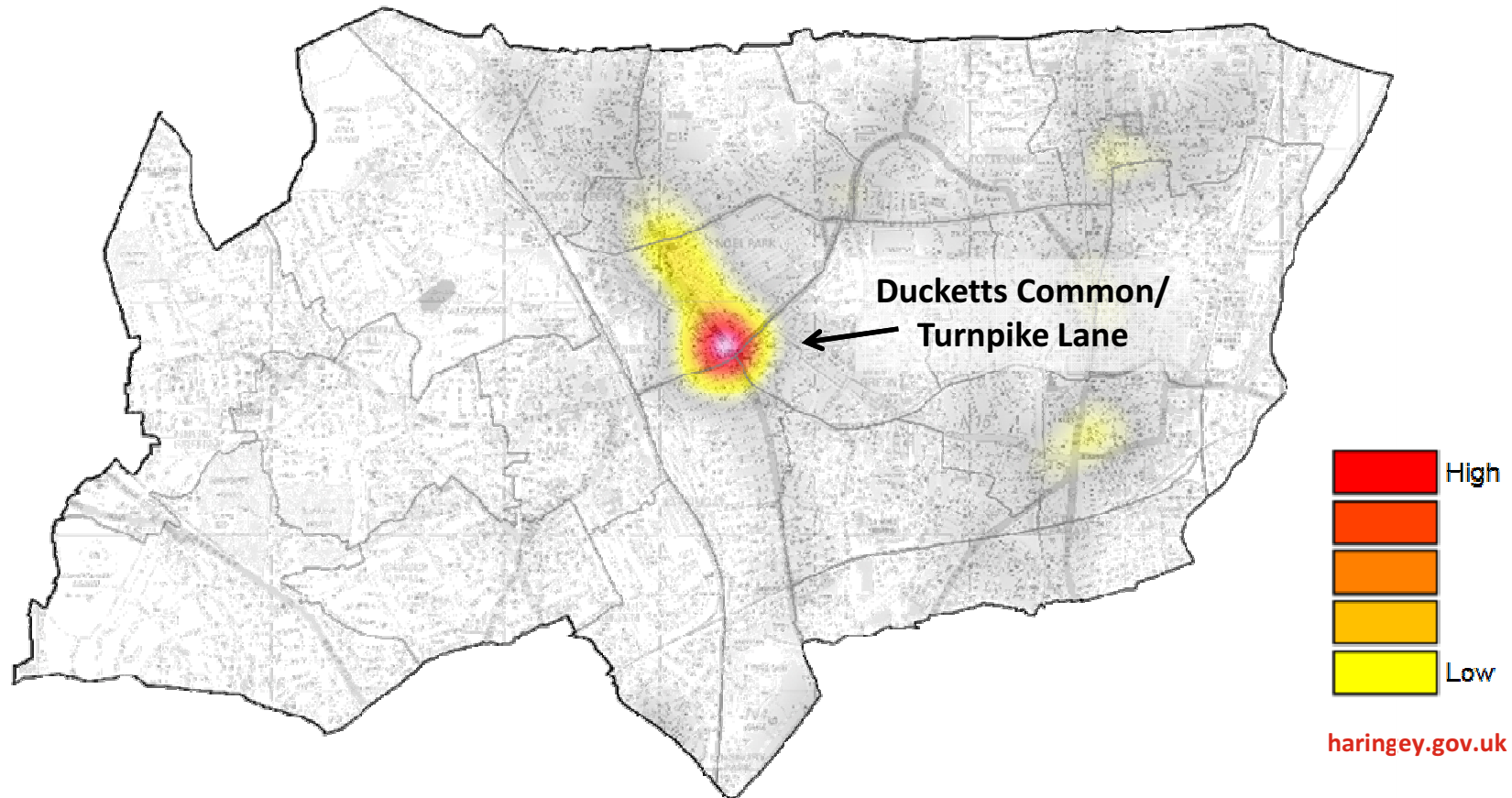
Sexual Offences

▪ 593 sexual offences across Haringey in the past 12-months. This is an increase of 7% as compare to the previous year.

▪ London has experienced an increase of 9% over this same period.

▪ 34 % of sexual offences in Haringey are classified in the most serious category of rape, which is similar to the London wide picture
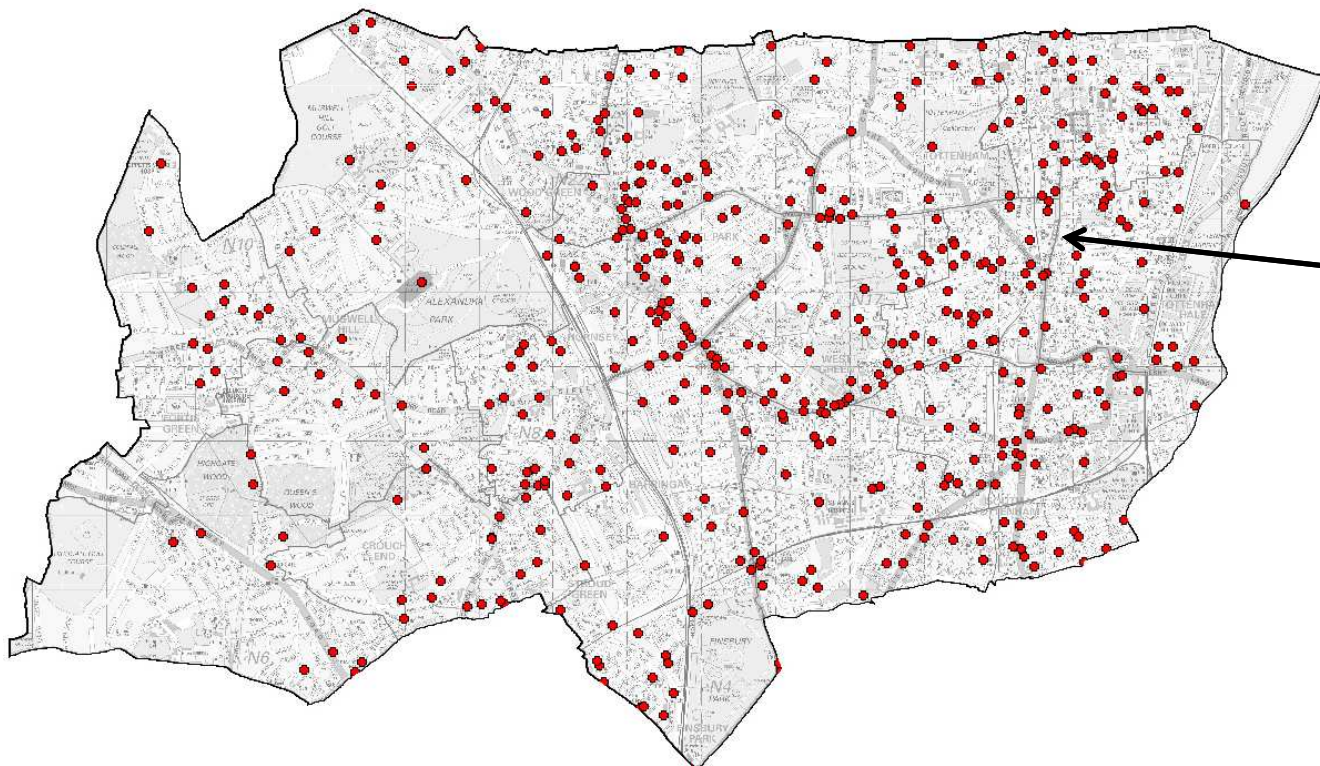
▪ Offences are spread across entire borough, but with some clustering towards the East

haringey.gov.uk

Burglary

■Haringey has experienced a reduction in overall burglary of 7.2% in the past year. This includes a 5.1% reduction in domestic burglary and a 12.9% reduction in other burglary (including commercial)

■Haringey is outperforming other London boroughs, which have an average overall reduction of 3.0%

haringey.gov.uk
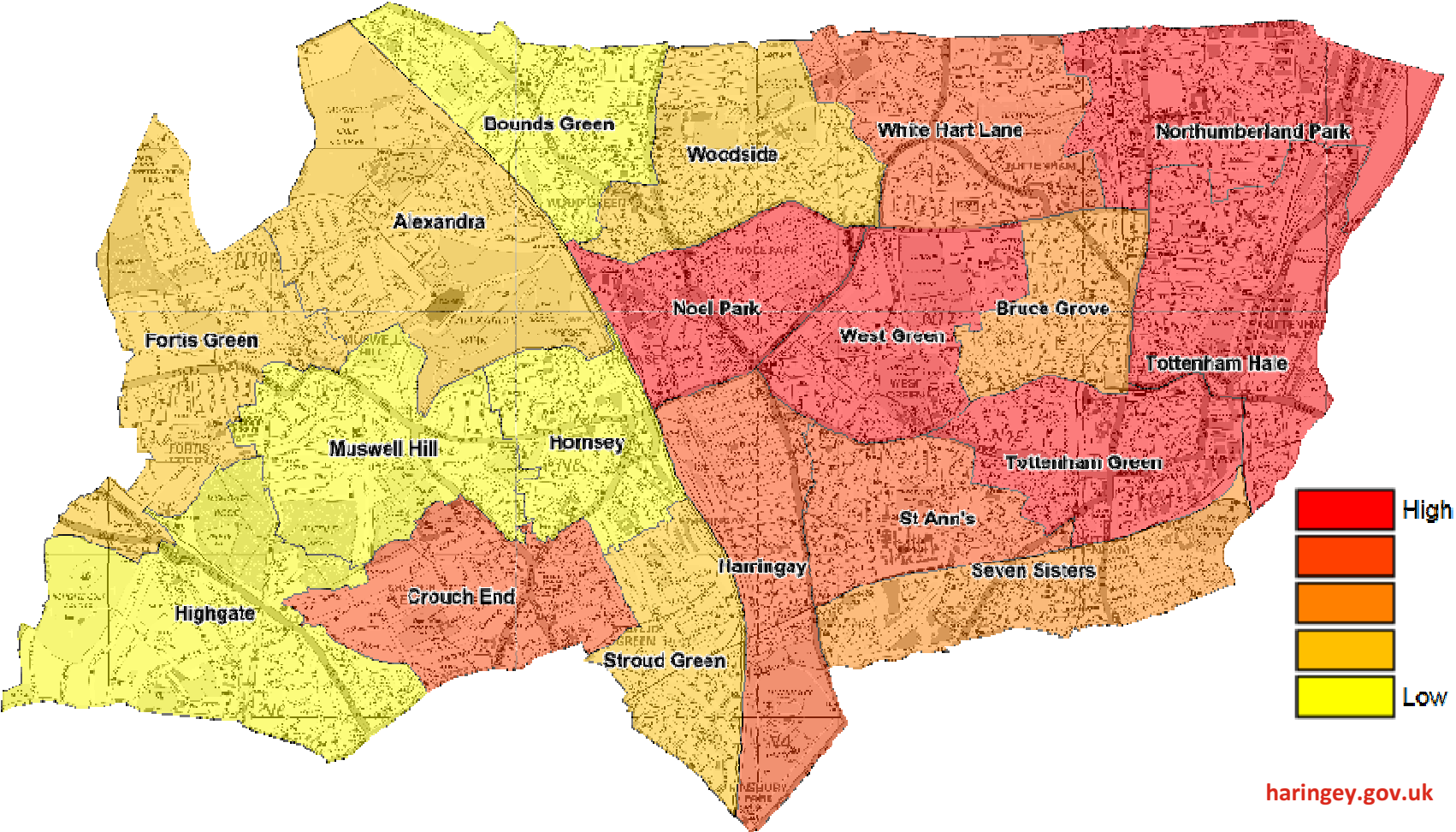
Confidence Levels
June 2016 MPS Public Attitude Survey (PAS)

Neighbourhood Confidence
- Highest
- (London)
- Lowest
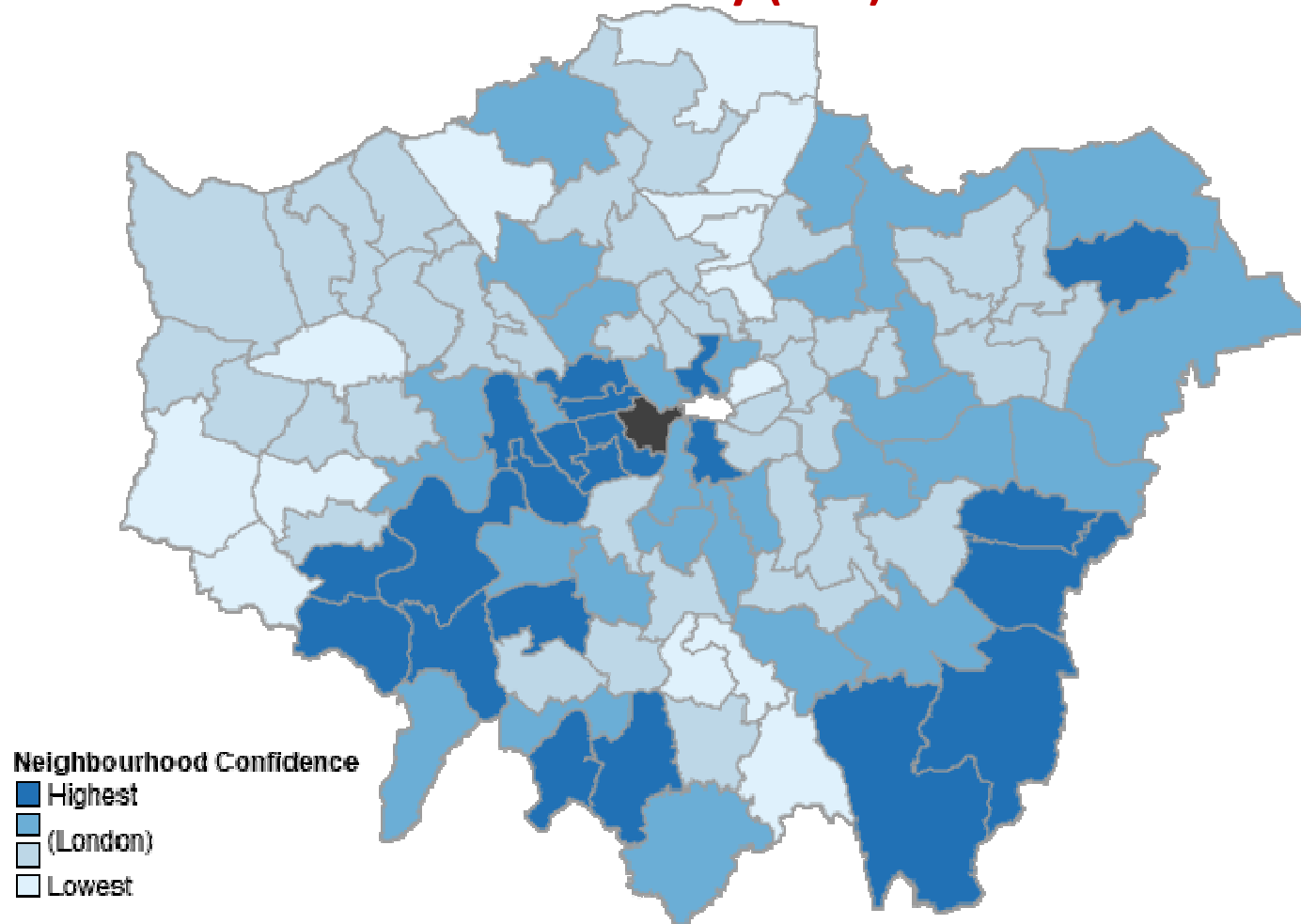
- Haringey East and North have some of the lowest overall confidence levels in London, ranked 105th and 97th out of 108 London core neighbourhoods respectively.

- In particular, these areas rank poorly for 'Feelings of Safety'

haringey.gov.uk

Summary

- Several areas of positive performance

- Challenges include :

  - Responding to Hate Crime issues

  - Continuing to tackle vulnerability, including Domestic Abuse and Gangs

  - Improving Confidence levels

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Agenda Item 7

Meeting:	**Community Safety Partnership Board**
Date:	**2nd November 2016**
Report Title:	**Strategic Delivery Plan 2016 - 2017 – Progress report**
Report of:	**Claire Kowalska, Community Safety Strategic Manager**

1. Purpose of the report (refer also to the performance report)

1.1 To report on progress to date by exception against the annual partnership delivery plans

2. State link(s) with Other Plan Priorities and actions and /or other Strategies:

2.1 Addressing the prevention and reduction of crime, the fear of crime, the harm caused by drugs and alcohol; anti-social behaviour and reducing re-offending are priorities that sit under the Corporate Plan. These remain top priorities for residents.

3. Recommendations

- That board members note areas of concern - Red or Amber-Red – para 6
- To note the PREVENT delivery plan (not previously circulated)

Summary overview

4.1 For reference, updated plans are appended for each of the six current strategic outcomes. The decision to focus delivery on fewer, more significant actions this year has worked well. This has enabled greater partnership contribution and tighter oversight.

4.2 Excellent progress has been made to deliver this plan across all strategic outcome areas. Almost all actions are Green or Amber/Green.

4. Key improvements / highlights

5.1 New and more dynamic structures have been put are in place for engagement in targeted areas. This includes monthly partnership tasking; deployment of the Partnership Policing Team; the Summer/Autumn nights' engagement programme; and re-launch of the Youth Council in October. The Borough Commander is in the process of

planning a new Community Engagement Board (see Appendix 1 and Appendix 5).

5.2 Haringey's Gang Exit programme has proved its capability for intervening on a one-to-one basis with highly vulnerable young people and their families. These service users have shown reduced levels of offending and this is regarded as best practice (See Appendix 2).

The victim work, funded by MOPAC last year in addition to the main grant, has been very successful. The highlight is the cross-border team (Enfield and Hackney) now located on the North Middlesex hospital site which takes immediate referrals from A&E for young victims of violence or gang-related incidents (see Appendix 2).

5.3 All commissioning has now taken place and services are underway for Independent Domestic Violence Advocates (IDVAs), IRIS (GP awareness and referral scheme) and perpetrator programmes (see Appendix 3).

5.4 Haringey's IOM is due to exceed both the reducing reoffending (47% over a 40% target) and the overall number of cases dealt with over the four year period (310 by year end). This model is still recognised by MOPAC as excellent practice (see Appendix 4).

5.5 Haringey's PREVENT delivery has maintained a superb reputation with the Home Office. Our Strategic Lead for Communities was selected to visit Australia this summer to advise their government on the programme that has been operating in the borough with a focus on community engagement (See Appendix 6).

5. **Areas of concern and mitigation**

These are actions flagged as **Red or Amber/Red**:

6.1 Co-ordinating timely digital communications and effective crime prevention messages across the partnership remains a challenge. We propose agreeing key actions at monthly partnership tasking and holding relevant officers to account regularly (see Appendix 1).

6.2 DWP's involvement in the Gang Exit programme remains inconsistent and is critical to achieving ETE outcomes for service users. There is poor if any attendance at key operational meetings. Officers will continue to engage DWP players but the board's influence could be decisive. (see Appendix 2).

6.3 Regarding the MAC UK/Integrate information sharing protocol, this is no longer applicable. Senior officers on both sides agree that in order for the project to be successful, Integrate must have the trust of their service users and a high degree of privacy. Collaboration between the council and Integrate remains strong (see Appendix 2).

6.4 There have been significant structural changes within the Community Rehabilitation Company (CRC) and more change is imminent. Additional problems are occurring due to their dispersal of cases which were previously held within the IOM team. Pan-London, the CRC has acknowledged that their operational model does not favour local priorities and they are seeking to rectify this by reintroducing an area-based model and dedicated IOM resources by year end (see Appendix 4).

6.5 Haringey is unlikely to meet its ambition of reducing the number of females re-entering the criminal justice system by 20%. This is due to the low numbers of females reaching the required reoffending scores despite the fact that they have high and complex needs, often marked by hidden harm such as domestic violence. There are finite resources across the partnership to address this but the CSP may wish to apply for MOPAC top-sliced funding for joint work with vulnerable female groups (see Appendix 4 and note links to Appendix 3).

6.6 Links with the Mental Health Trust have been established but pathways remain incoherent and outcomes are difficult to track. There is more work to be done to establish a specific information sharing protocol with mental health services (see Appendix 4)

Attachments: Strategic delivery plans for Strategic outcomes 1 - 6

RAG key for all plans

Green	On track to be delivered on time/ minimal impact – no action
Amber/Green	Slightly off track, moderate impact – need to monitor
Amber/Red	Predicted to be off track, serious impact – intervention needed
Red	Critical impact, urgent intervention required

Community Safety Team
November 2016

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Appendix 1 - Improve public confidence in policing and community safety (Community Safety Strategy 16/17 – Outcome 1)

Area of delivery	Actions and outcome	Due date	Lead	Principal Strategic Links	Comments RAG status
1. Improve public confidence in policing and community safety **(links to the four drivers of confidence: Fair treatment, Effectiveness, Engagement and Perceptions of Anti-social Behaviour)**	*Key targets:* ▪ Increase in community confidence in policing to 75% (= 20% of a 62% baseline) ▪ Decrease in worry about crime down to 29% by 2018 (corporate target) ▪ Increase in percentage feeling safe at night in Noel Park (baseline 31% source: Veolia Survey) N.B. Noel Park is the longest standing high crime area				
1.1 Improve the coverage of positive community safety messages and outcomes	1.1.1 Quarterly successes and crime prevention messages to be visible in areas of high footfall (e.g. Wood Green High Road)	Quarterly	Community Safety Team, Haringey with Communication Team	Corporate Plan Priority 3 MPS Confidence Plan	**Amber Green MetTrace burglary signs and roll out have been successful. Crime awareness posters are planned for lead up to Winter starting in Seven Sisters and Tottenham Hale. There is more to be agreed.**

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Area of delivery	Actions and outcome	Due date	Lead	Principal Strategic Links	Comments RAG status
	1.1.2 Co-ordinate partnership crime prevention and alert messages to local areas via the Digital Alert system	Q2 – Q4	Superintendent with Head of corporate Communications	Corporate Plan (Prevention and early help; Customer focus)	**Amber Red Co-ordination is a challenge. Need action** **Monthly partnership tasking should hold to account**
	1.1.3 Create a new and effective Enforcement Website, reporting outcomes and encouraging feedback ('You Said, We Did' model)	Q3 – Q4	Head of Community Safety and Reg Services with police	Corporate Plan Priority 3 MPS confidence plan	**Green This is under-way due end Q3. Flytipping is first priority More planned for Q4**
1.2 Improve engagement and positive involvement in key locations and among specific community groups	1.2.1 Increase reported crime and engagement with police in South Tottenham as a pilot area: - Jewish community focus underway with a review in April 2016 - Polish community focus from the Summer 2016	March 2017	Haringey police in partnership with the council (success to be measured through local feedback and local increases in reported crime and specifically hate crime)	Corporate Plan (Customer focus)	**Green Haringey police have engaged regularly and robustly with Jewish residents. They are now leading on a pan-London data and information sharing**

Area of delivery	Actions and outcome	Due date	Lead	Principal Strategic Links	Comments RAG status
					protocol with the Jewish community. A Polish community meeting is being planned for November following a number of incidents inc a DV homicide. **The incoming Borough Cdr is planning a new Engagement Board and approach**
	1.2.2 Strengthen the partnership presence in areas of low confidence as measured by the Public Attitude Survey using police contact points and the Partnership Policing team	Review quarterly	Det Supt Haringey Police + Head of Regulatory Services and Community Safety	MPS confidence plan Corporate Plan (Community engagement; Customer focus)	**Green** **Very successful joint police and council Summer engagement programme was delivered across 7 priority wards.**

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Area of delivery	Actions and outcome	Due date	Lead	Principal Strategic Links	Comments RAG status
					Record attendance of around 2,000. Police targets met. Full analysis not yet completed
	1.2.3 Co-ordinate targeted youth engagement to increase the take up of supported activity (e.g. cadets, police volunteers, Prince's Trust, KICKZ programme, LIFE, HOPE) 1.2.4 Work with the MPS Community Engagement Team and MOPAC to bring best practice to the borough. Target for police cadets is 160 by year end	Baselines to be agreed (focus on 10 – 18) Ongoing to March 2017	Service Manager – Youth Lead, CYPS with police and regeneration Community Safety Team, LBH	Youth Strategy MPS Confidence Plan Tottenham Regeneration Corporate plan MPS Confidence Plan Future Mayoral Strategy Tottenham Regeneration	**Green newstyle Youth Council was launched in October. Phase 1 focused on youth groups and phase 2 will be schools. There will be 10 elected Leaders Safety will be a key feature in future. The YP will drive wider engagement with vulnerable youths**
	1.2.5 Fire Crews will undertake 1920 Home Fire Safety Visits (HFSVs) per year with a minimum 80% targeted at 'priority' people in the community including referrals from	March 2017	LFB	Adult safeguarding Emergency planning	**Green On track to meet full target with 80% focus**

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Area of delivery	Actions and outcome	Due date	Lead	Principal Strategic Links	Comments RAG status
	partners were necessary.				**on vulnerable properties**
1.3 Strengthen joint enforcement and joint emergency responses to align across the partnership	1.3.1 Re-shape the council's enforcement and community safety services to strengthen area-based work	November 2016 – March 2017	AD Environment and Community Safety	Corporate Plan MPS Borough Plan	**The new Commercial and Operations service will have 3 cluster Enforcement Mgrs from 12/16 and flexible teams**

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Appendix 2 - Prevent and minimise gang related activity and victimisation (Community Safety Strategy 16/17 - Outcome 2)

Actions/Interventions	Milestones	Due date	Lead	Strategic links	Comments RAG status
Outcome 2: Prevent and minimise gang related activity and victimisation	• To reduce re-offending by gang exit cohort by 20% over 4 years • Contribute to the reduction of serious youth violence by 20% over 4 years • Improve engagement in education, employment or work experience by engaging 60% of the gang affected caseload over four years • Increase access to settled accommodation: at least 60% of the gang affected caseload in settled accommodation. • Develop the partnership response to reducing reoffending through an integrated approach				
2.1. Publish a 10 year Gangs Strategy for the borough	Present the draft strategy to the CSP	Q1	IOM Strategic Lead IGU Op's Manager	LCRB Strategic Ambitions MOPAC Offender Management Strategy Youth Justice Plan MOPAC Policing & Crime Plan Early Help Strategy Housing Strategy	**Amber Green This has not been achieved as we are awaiting the publication of MOPAC gangs strategy which is due to be published by the end of October 2016**
	Present agreed strategy to Cabinet	Q2	IOM Strategic Lead IGU Op's Manager		**See above**
	Publicise the strategy across the partnership	Q2	IOM Strategic Lead IGU Op's Manager		**See above**
2.2. Develop the Communities Against Violence Group Violence Intervention model to provide a sustainable programme of intervention.	Continue to work with the existing Community members to develop the Haringey GVI model with a view to providing a sustainable community led model.	Q1-4	Head of Community Safety and Regulatory Services IOM Strategic Lead	Corporate Plan Mental Health & Wellbeing Framework Regeneration Strategy Early Help Strategy Policing Plan Housing Strategy Crime and Disorder Information Sharing Protocol	**Green This has been achieved and there have been several meetings with the GVI group during Q1 and Q2 further work will be undertaken to strengthen the membership, including the mapping of community organisations currently working with YP throughout Haringey with a view to providing our aim of establishing a Community led model**
	Identify Community Leaders / Influencers representative of all of Haringey's Communities with a view to rolling out the process Borough wide.	Q4	Head of Community Safety and Regulatory Services IOM Strategic Lead		**This work is ongoing and will be developed further during Q3 and Q4**

1

	Develop the Exit Offer to support the intervention programme including the capacity of community based intervention and mentoring programmes.	Q4	IOM Strategic Lead IGU Op's Manager		**Green Due to staffing changes this remains outstanding although we have established links with community based mentor programmes which we will be developing further during Q3 and Q4**
2.3. Improve outcomes for vulnerable young people affected by gangs	Maintain a programme of Girls and Gangs Forum meetings on a 3 weekly cycle and expand the membership and strengthen the Strategic links with the MASE, MARAC etc.	Q1-4	IOM Strategic Lead IGU Op's Manager YOS Police DC Gang worker		**Green Fully achieved. The G&G Forum meets regularly. The core membership has been established and the strategic links and pathways to MASE, MARAC, CSE Sub Group are clearly identified.**
	Develop and ratify the Vulnerable Young Persons Intelligence database mapping connections between young women gang members	Q2	IGU Manager Strategic Lead for VAWG		**This work is ongoing and is on track. We are currently working on establishing more sophisticated CSE mapping across the borough as well as developing strategic links other boroughs and key county lines areas to identify and map our missing vulnerable YP**
	Work with partners in the Department for Work & Pensions and the Voluntary Sector to improve job readiness and access to apprenticeships and work for the IGU cohort	Q1-4	IOM Strategic Lead IGU Operational Manager Gang Workers		**Amber Red This has been partly achieved during 2016/17 however attendance at key operational meetings by DWP remains inconsistent and we are still seeing a number of our YP in NEET status. Work will continue during Q3 and Q4 to establish better strategic links with**

2

						DWP and the voluntary sector to improve outcomes for our Gang Exit Cohort
		Increase access to available early intervention and family support programmes for gang involved individuals and strengthen the safeguarding processes.	Q1-4	IOM Strategic Lead IGU Op's Manager Families First		Green We are developing links with early help and YJS Targeted Support Services and we have recently begun to work with the Team Around the School Pilot. This work will continue throughout Q3 and Q4 to identify and strengthen the safeguarding processes and prevention activities.
		Investigate the potential to undertake targeted enforcement and intervention work to tackle the exploitation of young people involved in the County Lines and similar activities.	Q2	IOM Strategic Lead Police Gangs DCI Lead IGU Op' Lead		Amber Green We are awaiting the development of a more sophisticated CSE and County Lines Mapping product which will continue throughout Q3 and Q4. Once this product has been developed we can then use the intelligence to target interventions to address the exploitation of the Vulnerable YP's involved.
2.4.	Improve data quality and intelligence to enhance knowledge and understanding of the drivers of gang related activity and enable an intelligence led approach to intervention, including CSE and exploitation of young people.	Produce an updated gang problem profile combining Police and partnership data. This will focus on key developments: county lines and exploitation of vulnerable young people / women	Q2	O M Intelligence Analyst IGU Op's Manager MPS Intel Hub	Corporate Plan Crime and Disorder Reduction Strategy VAWG/CSE Strategy CYPS/Early Help Strategy LCRB Strategic Ambitions	Amber Green This has been partly achieved through some of the mapping we are continuing to do across the borough and with our neighbouring boroughs in relation to CSE vulnerability and County Lines/Missing
		Undertake a programme of cross border liaison meetings with Enfield to ensure exchange of intelligence and co-ordination of joint activity	Q1-4	Head of Community Safety and Regulatory Services IOM Strategic		Gren We continue to work closely with Enfield Gangs Unit and have joint attendance at

					Status
			Lead IGU Op's Manager		both Gangs Operational Meetings to share intelligence and co-ordinate our activities. We will be attempting to implement further joint working with both Hackney and Waltham Forrest Gangs Units during Q3 and Q4
		Undertake mapping of key risk areas including missing, CSE, LAC and gangs profile including on a cross border basis with Enfield.	Q1-4	IOM Strategic Lead OM Intelligence Analyst IGU Ops Manager	Amber Green As already detailed above this work will continue in Q3/Q4
2.5	Implement victim support programmes to support victims of gang associated violence.	Implement MOPAC Restorative Justice funded Local Independent Victim Support Project targeted at victims of serious youth and gang related violence at North Middlesex Hospital through Oasis Hadley. Look to secure future funding.	Q2	Community Safety Strategic Manager IOM Strategic Lead IOM Strategic Lead Pentonville IOM Offender Manager	MOPAC Offender Management Strategy Crime and Disorder Reduction Strategy CYPS/Early Help Strategy	Green On track
		Implement the MOPAC funded Restorative Justice project to ensure that Post Conviction Restorative Justice is offered to all offenders and victims as standard practice across IOM/Gangs partnership	Q1-4	Victim Support IOM Strategic Lead IGU Op's Manager		Green On track
		Maintain close liaison with the Victim Support serious youth violence and young persons serious exploitation workers to ensure appropriate referral and intelligence exchange.	Q1-4	Head of Community Safety and Regulatory Services IOM Strategic Lead		Green The SYV and YPSE workers are fully embedded in the Gangs Operational Team.
2.6	Support the delivery of the Integrate Haringey Project in partnership with MAC-UK and Barnet, Enfield and Haringey Mental Health Trust	Work with the Integrate Management Steering Group to maintain the Governance and performance management through a programme of Board meetings.	JQ1-4	IOM Strategic Lead IGU Operational Manager	Corporate Plan Crime and Disorder Reduction Strategy LCRB Strategic Ambitions Regeneration Strategy	On track. We have excellent working relationships with the Integrate Project and are fully embedded in the Governance and Performance management Board Meetings.
		Work with the Integrate Operational Management Group to identify the target cohort to benefit from the project and development of the operational delivery.	Q1-4	IOM Strategic Lead Integrate Project Lead		Green On track
		Support the Integrate Haringey team to complete stakeholder mapping and facilitate engagement with key individuals.	Q1-4	IOM Strategic Lead Integrate Project Lead		Green On track. We have established a control group for evaluation and have fully embedded operational staff attendance at Gang

4

	Develop information sharing protocols to ensure exchange of information with MacUk with regard to individuals attending the venue within the agreed confidentiality agreement.	Q1	IOM Strategic Lead Integrate Project Lead		Operational Meetings to facilitate intelligence sharing
					Red - Not achieved. Due to the nature of the cohort that MacUK are working with we have accepted that the maintenance of trust is a priority and that it would not be appropriate for us to share names.

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Appendix 3 - Violence Against Women and Girls Delivery Plan (Community Safety Strategy 16/17 – Outcome Three)

Actions and outcome	Due date	Lead	Strategic Links	Comments RAG status
Key targets: ▪ *IDVA - % of closed cases where there was an increase in the victim's safety level* ▪ *IDVA – % of victim-survivors involved in criminal justice process do not withdraw* ▪ *Increase in referrals to the MARAC to 410 by end March 2017* ▪ *50% uptake of accredited perpetrator programmes* ▪ *Audited MARAC cases (10 cases every 6 months) to meet at least two of agreed outcomes* ▪ *Increase in the MARAC repeat victimisation rate (see separate briefing sheet).*				
1. Develop and produce a 10 year violence against women and girls strategy and action plan	Q4	Strategy working group Strategic Group	CSP LSCB SAB Policy	Draft strategy back from consultation and due to SLT, CAB and Cabinet between October and November. Launch to be 25th Nov 2016
2. Develop an effective mechanism through which the views and experiences of those with lived experiences of violence against women and girls will be incorporated into strategic plans and development of services	Q3/4	Strategic Lead Advisory Group VAWG Coordinator	Outcome 1 (communication and engagement)	To be developed as part of the strategy. Focus groups were held in September 2016 for survivors and service users. Survivor focus, including an annual conference to be included in the MOPAC bid.
3. Develop, secure agreement and implementation of 'minimum standard' for organisational responses to violence against women and girls, (including the	Q4	Strategic Group Working group		Training working group developed. Draft terms of reference drawn up for a specific task and finish

Actions and outcome	Due date	Lead	Strategic Links	Comments RAG status
NICE public health guideline @Domestic violence and abuse: how services can respond effectively' PH50)		CCG Public Health Advisory Group		training sub-group
4. Develop a partnership VAWG data set/product – performance monitoring and outcome measures	Q3	Strategic Group Advisory Group	Corporate Plan Strategic Needs Assessment	Work has started on development of a data product but needs support from all partners
5. Commissioning and resources: ➤ Contracts for commissioned services are in place and up to date ➤ Plan for MOPAC post 2017 funding arrangements in place ➤ Strategic Lead involved in contract monitoring of all VAWG related services ➤ Gaps and opportunities identified, including exploring joint commissioning, pooled budgets, within shared commissioning priorities / outcomes	Q4	Strategic Lead Commissioning Group AD Commissioning	Corporate Plan	On track
6. Commission and mobilise the new IDVA/IRIS service	Q1	VAWG Commissioning Group Strategic Lead	CCG Procurement	IDVA/IRIS service commissioned and mobilised.
7. Complete violence against women and girls needs/strategic assessments – looking at data alongside significant involvement of both specialist providers	Q4	Strategic & Advisory Groups Strategic Assessment	CSP Public Health (JSNA)	As above (agenda item for Strategic group)

Actions and outcome	Due date	Lead	Strategic Links	Comments RAG status
and relevant communities		Commissioning Group	Business Support	
8. Secure white ribbon accreditation in 2016	Moved to Q2 2017/2018	Strategic Lead VAWG Coordinator Strategic Group Advisory Group	Priority Board 3	White Ribbon accreditation takes at least a year. VAWG coordinator is leading on this for Q2 2017
9. Publicity and communications: ➢ Borough partnership VAWG publicity campaign to specifically reference what support is available to male victims ➢ Design, plan and launch a partnership VAWG publicity campaign ➢ Plan a calendar programme of VAWG publicity and communication events with partnership support	Q1-Q4	Strategic Group Advisory Group Communications	Communications CSP	Early discussions of joint campaign with Islington. Communications group discussions around scoping a campaign
10. Development of an employee violence against women HR staff policy	Q4	Strategic Lead LBH HR	DHR	This is a recommendation in NT DHR and will be also for DM. HR has provisionally agreed to support and this will be completed by Feb 2017
11. Commission and mobilise DV perpetrator service and programme: ➢ Secure funding for additional referral routes from GP, drug/alcohol services and police custody	Q1	Commissioning Group DV Perp Prog commissioning working group	Procurement CYPS	Perpetrator programme commissioned to DVIP. Mobilisation starts September

Actions and outcome	Due date	Lead	Strategic Links	Comments RAG status
12. Conduct an equalities impact assessment on the Haringey MARAC to develop a plan to address diversity target	Q3	MARAC steering Group	CSP	On forward plan for 2016/2017
13. Recruit, appoint and induct the violence against women and girls coordinator	Q1	Strategic Lead		VAWG coordinator started on 13.06.16
14. DVDS arrangements: ➢ Ensure integration and leadership by the police ➢ Public and professionals communications plan ➢ Integration of IOM arrangements	Q1	Police DI CSU with strategic lead	MARAC	DVDS is now led by Police at Wood Green police station on a monthly basis.
15. Develop 3rd party reporting scheme ask me/champions programme	Q3	Strategic Lead Community Safety VAWG Coordinator		Ask Me/Champions to be progressed when VAWG Coordinator in post

Appendix 4 - Reduce re-offending through an Integrated Offender Management approach (Community Safety Strategy 16/17 - Outcome 4)

Actions/Interventions	Milestones	Due date:	Lead	Strategic links	Comments RAG status
Outcome 4: Reduce re-offending through an Integrated Offender Management approach (inc. transitional age group)					
Key Targets: • Increase the number of cases in the IOM cohort from 70 to 310 over four years (by March 2017) • Reduce re-offending rate for the IOM cohort by 40% over four years • Reduce the number of females re- entering custody by 20% over four years • Reduce offending by 41% of DIP Clients in the IOM cohort (based on number of arrests and convictions of those engaging with CJIT after positive drug test)					
4.1 Develop delivery process for the Integrated Offender Management (IOM) Team to reduce reoffending	Maintain an annual program of Offender Management Board meetings to provide Strategic Governance and enhanced performance monitoring	Q1– Q4	IOM Strategic Lead IOM Operational Manager	Policing Plan Priorities MOPAC Offender Management Strategy Youth Offending Strategy Adult and Youth Treatment Plans and DAAT Commissioning Community Safety Strategy	**Amber Green** **Due to changes in staff during Q1 and Q2 and the appointment of a new IOM Strategic Lead in July 16 the OMB implementation remains outstanding and will be implemented by the end of Q3**
	Maintain an annual program of multi agency IOM Operational Management Meetings to provide Operational Governance and pro-active case management	Q1-Q4	IOM Strategic Lead IOM Operational Manager		**Green** **IOM Operational meetings continue to be held on a bi weekly basis and notwithstanding some of the issues around the implementation of the cohort model in the CRC they continue to be well attended by the partnerships**
	Develop the Offender Management process to ensure the new Community Rehabilitation Companies (CRC) cohort model is mainstreamed into the IOM delivery process including Penrose provision.	Q1-Q4	IOM Strategic Lead IOM Operational Manager		**Amber Red** **There have been ongoing issues with regards to mainstreaming IOM delivery alongside the CRC cohort model which has impacted upon the core delivery processes especially in relation to co-location. Work is underway with the CRC to resolve this.**
	Ensure full engagement with the MOPAC funded Gripping the Offender North London Pilot to deliver end to end offender management with a focus on ensuring delivery of the enhanced service to the Women and Young Adult Male priority cohorts.	Q1-Q2	IOM Strategic Lead IOM Operational Manager		**Green** **The IOM has developed strong working links with the MOPAC GTO Pilot. All pilot delivery**

Actions/Interventions	Milestones	Due date:	Lead	Strategic links	Comments RAG status
					phases are on track and the MOPAC GTO coordinato, PSR writer and mental health worker regulary attend IOM operational meetings
	Develop improved evaluation and monitoring for Offender Management Interventions including the use and development of the ID-IOM system.	Q1	IOM Strategic Lead IOM Operational Manager		Amber Green This has not been fully achieved yet and is delayed as ID-IOM has not been fully aligned to support IOM evaluation and monitoring processes. However, the development of ID-IOM is underway.
	Implement the new Offender Rehabilitation Act requirements for offenders including development of the offender management process and targeted licence conditions.	Q2	IOM Operational Manager		Green This has been fully achieved and alongside the GTO pilot is delivering targeted and enhanced interventions for IOM Offenders
4.2 Delivery of Core MOPAC Local Crime Reduction Fund Targets	Extend the number of female offenders on the IOM cohort to reduce the number of females re-entering the criminal justice system by 20% by 2017	Q4	IOM Strategic Lead	Policing Plan Priorities Community Safety Strategy	Amber Red The number of females on the IOM cohort is low around 7% when compared with the number of male nominals. However with the introduction of the GTO pilot we have seen the number of female nominals increase in terms of enhanced offender management interventions
	Increase number of statutory and non statutory offender cohort to 310 cases by April 2017.	April 16	IOM Operational Manager IOM Police Officer		Green Due to the recent Transforming Rehabilitation across the National Probation Service and the mobilisation of the CRC in 2014/15 we are no longer able to work with non-statutory offenders Notwithstanding this we are on target to exceed the Statutory cohort to 310 cases by April 2017

Actions/Interventions	Milestones	Due date:	Lead	Strategic links	Comments RAG status
	Refresh Operating procedures and processes and publish as updateable appendices to the framework	Q2	IOM Strategic Lead IOM Operational Manager		**Green he Pan-London IOM Operating manual has been published**
4.3 To embed the Adult and Youth Drug and Alcohol Treatment Services and implement custodial processes to maximise drug treatment and interventions	Develop a co-ordinated front-end of DIP service by ensuring testing on arrest rates are increased and target IOM and GTO Offenders	Q2	Sarah Hart IOM Strategic Lead	Community Safety Strategy Youth offending Strategy Adult and Youth Treatment Plans and DAAT Commissioning Policing Plan priorities	**Green Police have increasing numbers of test completed and outstanding performance from police on testing trigger offences (only 27% excluded**
	Increase the number of DRR orders and successful completions	Q4	IOM Strategic Lead IOM Operational Manager		**Green Target for 2015 not achieved for orders made, issue is at court where orders are being suggested by drugs workers but not being made**
	Ensure DIP meets targets for reducing drug related re-offending	Q4	Sarah Hart		**Green This has been achieved throughout Q1 and Q2 although the rate remains consistent with previous performance at around 47% in terms of overall reduction in drug related offending**
	Embed alcohol treatment provision to ensure greater emphasis on recovery model and early help in particular to increase delivery of alcohol screening in police custody suites	Q4	Sarah Hart		**Amber Green Not a priority so far this year due to a full workload but this will be revisited in Q4**
4.4 Implement a Restorative Justice Provision for IOM and priority Offenders	Develop the process and procedures for full implementation of the Restorative Justice offer in Pentonville Prison.	Q1	IOM Strategic Lead Pentonville Offender Management	Community Safety Strategy	**Green The RJ process is now fully operational and is led by the IOM funded Prison Link worker based at Pentonville Prison**
	RJ offered to all offenders and victims as standard practice across IOM/Gangs partnership. Evaluate and seek continuation funding	Q2 – Q3	IOM Strategic Lead Pentonville Offender Management		**Green The RJ service has been offered to IOM nominal's although the evaluation is ongoing and will be reported at a later date**
4.5 Implement a Training and Awareness Programme	Deliver a programme of internal inter agency training and awareness for the agencies involved in the Offender Management Programme	Q4	IOM Strategic Lead IOM Operational Manager	Community Safety Strategy	**Green The IOM team have been delivering training and briefings to staff across**

3

Actions/Interventions	Milestones	Due date:	Lead	Strategic links	Comments RAG status
					the partnerships and are due to attend both Highbury Corner and Wood Green Crown Court to deliver briefings to National Probation Service court report writers to support appropriate sentencing outcomes for IOM nominals
4.6 Develop a holistic family approach with the OM cohort	Develop links and information sharing with CYPS and Families First to ensure a joint approach to wider family and early intervetion.	Q1 – Q2	IOM Strategic Lead IOM Operational Manager	Links to Corporate Plan Links to Children and Young People Strategy	**Amber Green This is an ongoing piece of work as there have been changes in leadership in both the IOM and CYPS early intervention services. However we are hoping to develop this further by the end of Q3**
4.7 Develop the links with Community Based mental Health Services.	Develop liaison and information sharing protocols with mental health services in the community to ensure appropriate case management of offenders	Q4	IOM Strategic Lead BEH Forensic Mental Health Lead	Community Safety Strategy Links to mental health Strategy Links to Public Health Strategy	**Red We have established links into mental health services although Information Sharing protocols are still outstanding. This remains a challenge**

Background note

The key issues of concern have centred on the ongoing the impact of the recent CRC Offender Management operational changes following the mobilisation of the Cohort model in December 2015 as well as the implementation of the MOPAC Gripping The Offender Pilot in early 2016.

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Appendix 5 – Prevent and reduce acquisitive crime and anti-social behaviour (Community Safety Strategy 16/17 – Outcome 5)

Outcome Specifics	*Action*	Milestones	Due date	Lead	Strategic links	RAG Status – Q2
Outcome 5: Prevent and reduce acquisitive crime and anti-social behaviour (to include residential burglary, personal robbery, vehicle crime and theft)	**Key targets:** • Reduce acquisitive crime by 20% four years • Reduce ASB by 20% over four years (based on reports to police/CAD) • Resolve 60% of vulnerable or repeat cases referred to the ASB Group					
1. Strengthen enforcement through Partnership joint tasking	*Mini-review of Partnership Tasking function to ascertain opportunities for further strengthening and improvement* *Establish a partnership approach to Top 10 premises of concern* *Develop a strategic approach to tackling area based issues, e.g. open drug markets, which combines enforcement with necessary support services*	Measured reductions in crime and ASB in areas where taskings are undertaken	End of Q1 Q2 Q3	Council Council Police	Corporate Plan Priority 3	**Green Done** **Done/ongoing work in response** **Concerted partnership work in hotspots, e.g. Ducketts Common & MPS Op Hale**
2. Co-ordinate crime prevention & target hardening activity	*Establish a 7 Wards partnership engagement plan to address low public confidence; under development based on key identified areas and to be supported by MOPAC grant funding (tbc)*	Measurable improved public confidence	Q3	Council	Corporate Plan Priority 3	**Green £12k funding confirmed and summer events undertaken. Positive feedback received. Mtg group met in Oct 2016**
	Business Crime: Identify and engage with businesses impacted by crime & disorder issues, both as victims and generators. Focus on the top identified premises (5-10). E.g. offer of relevant training for security staff	Measured reductions in crime and ASB in identified areas, e.g. Wood Green	Q3	Police	Corporate Plan Priority 3	**Green Feasibility Study undertaken. Businesses to be presented with results (Oct/Nov 2016).**

Outcome Specifics	*Action*	Milestones	Due date	Lead	Strategic links	RAG Status – Q2
						Positive feedback from businesses re BID work
	Build on established Business Forum – Wood Green – strengthen community safety outcomes and enabling business community. E.g. via increased reporting by businesses to demonstrate confidence that police and partners can resolve issues Combine with residents focused Noel Park Steering Group work. 2016/17 to provide reporting baseline	Business community enabled/mobilised to have an input into partnership efforts to address community safety concerns	Q4	Council	Corporate Plan Priority 3	**Green See above update. Visioning event undertaken with businesses during September. BID Feasibility study findings presentation to follow. Crime flagged as primary concern for businesses**
3. Cross-Borough working	*In run up to next London Mayoral Plan/Crime Prevention fund projects, scope opportunities for increased cross-borough working in neighbouring areas re ASB and acquisitive offending (e.g. Hackney, Enfield and Islington)*	Measured reductions in crime & ASB	Q2	Council	Corporate Plan Priority 3	**Green Continued need for ASB Victims Worker project joint with Hackney. Positive outcomes captured to date**

Background note

The priorities proposed are informed by the 2016/17 outcome 5 action plan and a number of sources/strategic documents, e.g. STRATAS 2015, perception survey feedback and work of Partnership Tasking and ASB Action Group forums. The key issues concern violent crime (specifically non-DV & gang related), personal robbery, theft person, burglary and ASB. Whilst long term analysis 'themes' captured within the STRATAS, include drugs & alcohol, town centres, youths and public confidence. Re the latter, despite overall long term reduction in crime in Haringey, work is needed to better understand the 'gaps' between the Partnership performance and residents perceptions.

Appendix 6: HARINGEY PREVENT DELIVERY PLAN 2016/17 (Community Safety Strategy 16/17 – Outcome 6)

Introduction

This document has been informed by the Prevent Duty 2015, national Prevent priorities, the Counter Terrorism Local Profile (CTLP) supplied to the borough and by additional and current local intelligence. This plan is scrutinised by Haringey Prevent Delivery Group (HPDG) which is governed by the following arrangements.

Governance arrangements

The Haringey Prevent Delivery Group (HPDG) is made up of the following specified agencies and key strategic partners including Local Authority (Adult Services, Children and Young People's Service, Community Safety, North Middlesex and Whittington Hospitals, BEH Mental Health Trust, Homes for Haringey, Police Service (local), Prevent Engagement Officers (SO15), Fire Service, Probation Service, College of HENEL. The Group meets four times a year and has previously met on an emergency basis following local or national incidents. The delivery group has an agreed TOR and reports quarterly to the Haringey Community Safety Partnership whose membership comprises of elected members, service directors and key stakeholders from across the borough who provide a strategic overview and oversight for the key community safety outcomes for Haringey.

National Context: Nationally the UK faces a range of extremist threats which play out differently in each local authority area. Attention will be given to all forms of extremism and violent extremism with particular focus on 2016 national priorities which focus on the following areas:

- preventing people/families from travelling to Syria and other conflict zones;
- working in **education institutions** to increase awareness of the dangers of radicalisation and develop critical thinking to resist radicalisation;
- working to build knowledge of and resilience to **online radicalisation**;
- working with **women and families** increasing knowledge of radicalisation and providing additional family support;
- working with **vulnerable young people** to provide targeted support to divert them from being drawn to extremist and terrorist groups; and delivering active **counter narrative**.
- Proactively communicate positive Prevent work locally to ensure that it better understood.

Local Context: An analysis of local threats and vulnerabilities faced by Haringey Council and partner agencies echo those identified as national priorities however a number of additional local priorities have been identified via the both the East Area CTLP and local intelligence. We would summarise these as follows:

- An overall increase in the number of Channel referrals in general terms, with an identifiable increase where the individual is known by either Social Care or NHS, as a current or previous Mental Health service user
- The use of private premises by Extremist Speakers
- Safeguarding including home schooling & Supplementary Schools
- Local fundraising and support for Nationally Proscribed groups via sales and distribution of literature in key locations with borough
- Concern regarding a small but significant group of Somali young men either involved in local street gangs or entering the CJS and their vulnerability to radicalisation resulting from exiting gang involvement or from radicalisation whilst in YOI
- A continued increase in Homophobic, Anti Semitic and Islamophobic hate crimes in the last year. Marked increases faith based hate crimes following the Paris attacks on 13 November 2015. This trend is reflected across London.
- There have been community safety concerns raised from within the Jewish community following attacks in Paris and Brussels. Haringey is home to a diverse Jewish community which contains a highly visible Charedi/ Orthodox community in the Seven Sisters ward in S. Tottenham.
- Emergence of Eastern European (Polish) Far Right Neo Nazi activity in S. Tottenham (Seven Sisters ward)
- To develop and agree Prevent communications strategy to ensure that Prevent is better understood locally by Haringey residents and that initiatives are positively publicised in local media

Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
1. **To ensure that the Prevent Duty is fully embedded across the HPDG partnership**	All specified agencies/ partners are compliant with the statutory duties in Prevent. This includes agencies specified in the duty; Probation, CRC, Health, Higher Education, Further Education, Local Authority, Police and schools. To produce borough wide Prevent risk assessment for use by local specified agencies/ strategic partners.	To quality assure local implementation ensuring that specified agencies and key partners plans are robust and address the four key areas of the duty: *Partnership; Risk Assessment; Staff training and Monitoring and Enforcement* are inspection ready by Sector Specific inspection Bodies. To enable local specified agencies/ partners to gain an understanding of current and emerging local risks and to support the development of their Prevent action plans focusing on current and emerging threats, assessing risk and developing actions to mitigate those risks	To continue to support partners in becoming compliant. Specified agencies will produce Prevent Action Plan and report on implementation at quarterly HPDG meetings identifying risk and, mitigating actions and progress in delivery. To use the Counter Terrorism Local Profile (CTLP) and local intelligence to inform the production of an annual Haringey Prevent risk assessment circulated to all HPDG members and local specified agencies such Health, Education, Probation etc.	LA Prevent Coordinator & HPDG members LA Prevent Coordinator	**May 2016 onwards** **Progress on implementation is standing agenda item quarterly at HPDG meetings: May, Nov 2016 & Jan 2017** **Completed and circulated at May HPDG – next risk assessment will be produced May 2017.**
.					
2. **Maintaining a local partnership that**	HPDG is the strategic body tasked with successful delivery of	Coordinating *Prevent* activity and monitoring and reporting outcomes throughout the delivery	Facilitate x4 Delivery Group meetings a year	**Chair of HPDG is LA Deputy CEO** **Membership: LA:**	**Meetings take place**

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Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
counters the threat of extremism and radicalisation	the *Prevent* Duty and effectively countering local threats of extremism and radicalisation An agreed annual *Prevent* delivery plan, owned by the partnership and with clear accountability. This includes the full range of partners e.g. HPDG /CSP in the	plans annual cycle to the CSP HPDG member organisations are aware of their roles and responsibilities re national and local *PREVENT* strategies. Members are of sufficient seniority to commit resources and contribute to and agree on local delivery plan.	Ensure group carries out its objectives as set out in its ToR. Endorse annual Prevent risk assessment. Identify gaps and new priorities. Delivery Group to endorse draft Prevent delivery plan. Receive quarterly progress updates on delivery on plan from Prevent coordinator HPDG members and report to HPDG To produce quarterly progress reports for CSP June & Nov 2016 & Jan 2017 Meetings minuted and papers circulated in advance of meeting	**Adult Services, Children and Young People's Service, Homes for Haringey, Environmental Services and Community Safety and Public Health Service; NHS Haringey CCG; BEH Mental Health Trust CAMHS; Sixth Form Centre; College of HENEL; Probation Service; Police Service; Fire Service; Further identified and agreed reps to be co-opted**	**quarterly.** **Draft plan submitted to HPDG in May 2016 & CSP for 02 November.** **Ongoing at quarterly meetings.** **Review at HPDG quarterly meetings**
3. The CSP ISA provides the basis for Prevent related information sharing request	Effective information sharing to progress cases and work effectively on a multi-agency basis	All HPDG members are familiar with local ISP and arrangements for sharing information and are able to respond to request for information in a timely fashion	Circulate 2016 CSP ISA at May HPDG meeting	*LA Prevent* Policy Officer	**ISA will be presented at CSP November meeting.**

Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
4. Ensure adequate controls and structures to safeguard vulnerable individuals 'Channel'	Effective multi-agency response to vulnerable children, young people and adults vulnerable to extremism and radicalisation	To continue to facilitate Channel Panel meetings on 4 weekly basis. Based on the following core functions: • Clear referral pathways • Proportionate information sharing between partners • Assess the nature and extent of that risk; and • Develop the most appropriate support plan • Regular monitoring and review of referrals	***Prevent* Policy Officer to act as Channel Panel Administrator** Reporting facilities to be developed and incorporated into existing Channel database Access to Framework i required	Membership see Channel TOR *LA Prevent Policy Officer*	**Frequency X4 weekly Channel Panels have been held in 2016.**
	To successfully participate in the Home Office Channel Local Authority Pilot	To coordinate Channel referrals and cases for up to 12 months.	Record referrals and case updates on CMIS; Gather information from partners; Administer Channel panel meetings; Ensure actions such as assessments and interventions are carried out; and Act as police liaison – this aspect is important as the police will continue to play a critical role in the process, particularly around the initial deconfliction. Police will still own the	LA Channel Chair; Prevent Coordinator and Prevent Policy Officer	**The Dovetail pilot went live in October 2016.**

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Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
			CT risk.		
5. No availability of a platform for radical and extremist speakers in the borough	Multi –agency response that prevents radical and extremist speakers operating at identified hotspots within the borough.	To develop strategy with key partners ensuring appropriate use of civil criminal powers and influence to prevent illegal use of local public and private realms by radical and extremist speakers	To liaise with LA services, Police, voluntary and business sectors to develop localised initiatives that tackle radical and extremist speakers. Including development of monitoring; signage and enforcement	*Prevent Coordinator LA CCTV, Enforcement Response, NATs, Legal Services, Police, voluntary and business sector*	**Signage was developed for the High Road / Boots. Work is required outside Wood Green library.**
6. Commissioned Services & Resources	All stakeholders are aware to the threat of radical and extremist speakers and have adopted processes to vet use of premises

All providers of services to London Borough of Haringey are contracted and have a delegated responsibility to work with the Council to ensure monitoring | To continue to work with key stakeholders (statutory and VCS) to raise awareness and to support development of Safer Lettings policies and procedures

To ensure that local authority owned and commissioned venues and resources do not provide a platform for extremists and are not used to disseminate extremist views

All providers comply with their contractual requirements; the principles contained in the | To provide advice to key stakeholders on researching speakers at local venues ensuring checks are made prior to booking.

To work with PEO's to develop Halls for Hire/know your Customer initiative advice and guidance to local private for hire venues.   To work with Homes for Haringey, Property Services and Direct Services and partners to review process for safely hiring venues.

To work with local authority colleagues in commissioning and procurement to review existing safeguarding monitoring | *Prevent Policy Officer; PEO's & HfH*

Prevent Policy Officer; PEO's,

Prevent Co-ordinator & Procurement & | **Ongoing support when necessary**

Activity has been incorporated in service specific Prevent Action Plans

Prevent |

Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
	and reporting protocols as defined in the Prevent Duty guidance Ensure that all partnership publically available IT systems safeguard individuals from extremist websites	Government Prevent Strategy and the Prevent Guidance and Toolkit. Taking into account the policies and procedures of both the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board. To comply with guidance from Internet Watch Foundation and the Home Office block list	arrangements to ensure providers are aware local Prevent referral pathways, training and support. To continue to work all local authority, specified agencies and partners to review all publicly accessible IT equipment to ensure that they meet E-safety and safeguarding policies and comply with new duty	Commissioning Services *Prevent* Co-ordinator, IT Compliance Shared Service Centre; HALs & Libraries	**Coordinator held meetings with commissioning managers in June** **Review is due in October 2016 following April work.**
7. Communication and Engagement	a. Haringey residents and professionals have a good understanding of Prevent and Haringey Council's approach to tackling extremism and radicalisation including how to report Prevent related safeguarding concerns b. Accessible platform that provides the public and professionals	The local authority Prevent web pages are used as the key platform for sharing information on implementation of Prevent in Haringey. To maximise use of LSCB, SAB Websites to promote understanding of extremism and radicalisation as safeguarding issue Education Traded Services Portal	To complete review and update of local authority Prevent web pages to include sections on: • what is Prevent and how to get help • local priorities • advice and support • travel to conflict zones • support and resources inc key contact and websites • training and education To upload Prevent E-Learning tool to SAB, LSCB and Fuse web pages. Agree delivery of Prevent awareness training for SAB & LSCB training	*Prevent Policy Officer* *Prevent* Co-ordinator, OD Consultant Adults & Childrens , SAB & LSCB Business	**Prevent web pages were updated April 2016** **Curriculum resources were uploaded to**

Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
	with resources and sign post them to local and national resources	to act as resource base for teaching professionals to access curriculum based resources that challenge extremism and develops students critical thinking enable	programme To amend/upload Primary and Secondary Prevent curriculum resources to Traded Services portal To develop communication plan identifying positive stories resulting from development of resource	Manager *Prevent Coordinator and Policy Officer* Prevent Coordinator & LA Communications Team	**traded services summer 2016.** **Communications plan still needs to be developed - December 2016**
	c. Proactive dialogue and actions with communities on the impact of extremism and radicalisation and tackling the hate crimes	Haringey has good links with its key voluntary and community sector organisations who are able to make representation to local authority and statutory partners on emerging issues and priorities	To work with members of Haringey Muslim Network (HMN), the Bridge Renewal Trust and HR&EC to develop community owned strategy that increases the capacity and sustainability of HMN. To have regular dialogue with key Kurdish organisations in the borough on issues impacting on community	HMN, the Bridge Renewal Trust, HR&EC and Strategic Lead for Communities *KCC & KAC, Elected member/s and* Strategic Lead for Communities	**Meetings were scheduled with HMN and BRT but didn't go ahead – to be rescheduled for Nov / Dec 2016**
		Promote local counter narrative to Extreme Right Wing Activity	Develop opportunities for dialogue with newly arrived Eastern European Communities.	*Prevent Coordinator, Community Safety and Vol & Com Reps*	**Ongoing (via Prevent Coordinator)** **Meeting planned with Polish community in Nov 2016.**
		To ensure that Haringey's communities play an active role in the implementation of Prevent and in the development and implementation of strategies	To develop Network of Third Party Reporting Centres key community venues. Use of MOJ Truevision online	Strategic Lead for Communities and Assunah & Wightman Rd Mosques; JAN Trust; Islamic	**Training sessions delivered**

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Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
		designed to combat hate crimes	resource supported by local authority training.	Shaksiyar School; Crowland & Muswell Hill Synagogues; Haringey CAB; Wisethoughts and KCC & KAC	**summer 2016 – more to be arranged for end of 2016 / early 2017**
	d. To develop opportunities to proactively communicate positive initiatives through local and social media with regard to Prevent and any other activities that reduce extremism, hate crimes	To ensure that Prevent is better understood by Haringey residents To contribute to LA Corporate Priority 3 - *A clean, well maintained and safe borough where people are proud to live and work*	To include communication plan in the following initiatives: hate crimes, Prevent schools resources and Prevent Projects. Utilise any other media opportunities to positively communicate community cohesion	*Prevent* Coordinator & LA Communications Team	**April 2016-Mar 2017 – planning required to disseminate positive news re hate crime reporting & prevent projects**
8. Reliable identification by staff of the signs of extremism and knowledge to refer to appropriate intervention pathways	All frontline staff with direct contact to vulnerable individuals understand Prevent agenda and signs of radicalisation and extremism in terms of safeguarding. Frontline staff both understand and are confident in making referrals to local	To successfully deliver comprehensive programme of Prevent awareness training (WRAP) for all key frontline professionals Including train the trainers model to ensure sustainability Review of previous and planned delivery of WRAP & WRAP 3 training for LA and 3rd Sector.	Prioritise training for key frontline services were training has not been previously delivered Revisit staff that have received WRAP training to ensure awareness of referral pathway; Incorporate Prevent E-Learning tool training offer into FUSE Evaluation assessment effectiveness WRAP training programme in	*Prevent* Co-ordinator / *Prevent Policy Officer*, All LA Services, *Prevent* Co-ordinator / *Prevent Policy Officer*	**Ongoing as per training calendar** **E-learning tool has been added to FUSE** **Referral numbers are tracked and reviewed at HPDG**

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Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
	'Channel' support pathways.	Work with all Haringey schools to provide targeted support and training re Prevent Duty and new Ofsted Inspection criteria.	increasing referrals.	*Prevent* Co-ordinator & CYPS (Schools & Learning Service) Governors & Schools	**CPD dates have been arranged for schools & governors**
	All Haringey Schools and School Governors have access to Prevent awareness training via access to annual CPD programme		Agree dates for delivery Prevent Awareness Training for Schools & Governors annual CPD programme		
		To ensure that Haringey's Elective Home Education Provision & EWO Service confident in making referrals to local 'Channel' support pathways	Agree dates for delivery Prevent Awareness Training	*Prevent Coordinator,* Advisory Teacher: Elective Home Education & Principle EWO	**Dates need to be agreed Nov 2016**
		To ensure that safeguarding links between SAB/ LSCB and Prevent duty are met locally.	To work with Haringey LSCB to ensure WRAP is included in annual training programme and that all existing safeguarding policies, procedures and resources to include 'Preventing Radicalisation'	*Prevent* Co-ordinator & LSCB/SAB Business Manager	**Safeguarding policies updated July 2016 to include Prevent**
9. Disrupting the activities of organised and proscribed groups e.g. via	Haringey communities have access to relevant messaging on 'Safer Giving' and how to	To continue to work with HPDG partners to engage with the relevant communities both directly and via publicity to promote legitimate **'Charities and Not**	To participate in annual LPN Safer giving campaign Prioritise local publicity and engagement on Safer Giving' during Ramadan	PEOs, Local Police & *Prevent Policy Officer*	**May- July 2016 community safety pages were updated and**

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Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
fundraising etc	support legitimate charitable donations both overseas and in the UK	**crime'**.	Use of 'Community Safety' web page to host information on 'Safer Giving'		**engagement undertaken via PEOs**
10. Delivery of *Prevent* Projects:					
1. Young Leaders Programme	Delivery of this project will contribute to Haringey's programme of training scheduled for delivery in education settings as identified in local CTLP and in local strategic assessments.	The project helps young people to develop knowledge and skills in conflict resolution; terrorist network targets; communication skills; countering extremism & radicalisation; public speaking; crisis management; and effective leadership. The young leaders then share this with their counterparts at school and in the community and by using their social networks to spread Prevent messaging	Set up meeting with NCY, CoHNEL & Haringey Sixth Form Centre and Tottenham UTC ongoing NCY circulate and agree draft programme delivery plan Address all amendments to finance e.g. reissuing and signing of Home Office contract Agree start date and implement plan Agree with Home Office approved monitoring and evaluation process To develop communication strategy identifying positive stories resulting from programme	*Prevent* Coordinator, New Choices for Youth (NCY) CoHNEL ; Haringey Sixth Form Centre & Tottenham UTC *Prevent* Coordinator & LA Communications Team	**Project started October 2016 in CONEL and the Sixth Form** **January 2017**
2. Web Guardians	As well being a national priority Haringey's CTLP identifies the continued threat from	Delivery of the Web Guardians programme will seek to increase the awareness of mothers around online radicalisation it will also familiarise them with the broad	Agree delivery dates for cohorts 1 &2 Provider to agree referral pathway and publicity programme with participating agencies e.g. Adults Social	*Prevent* Coordinator & JAN Trust and participating	**Start date November 2016 – meeting needs to be**

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Subject	Desired Outcomes	Objectives	Actions	Agency/Lead	Timescales & Update
	online radicalisation with particular reference to young women and recent incidents of travel to Syria.	range of social media tools currently being used as well as providing a safe space for mothers to discuss issues of extremism and radicalisation. The programme will ensure participants are aware of local Prevent arrangements and commit participants to cascade their learning to an agreed number of family members and friends.	Care; CYPS; Probation; HfH & RSLs; NHS and VCS Development of Home Office approved monitoring and evaluation process To develop communication strategy identifying positive stories resulting from programme	agencies *Prevent* Coordinator & LA Communications Team	**arranged with Jan Trust to agree methodology for recruiting participants.**

Community Safety Partnership Paper

Title:	Violence Against Women and Girls Strategy
CSP Meeting Date:	02.11.16
Author:	Fiona Dwyer
Service / Dept:	Public Health
Date Drafted:	17.10.16
Report to be Presented By:	Fiona Dwyer on behalf of Jeanelle de Gruchy, Director of Public Health

1. Summary

The final Violence against women and girls strategy will be going to November Cabinet on 15th November. The consultation report, which outlines the 10 weeks process of consultation, is appended to this cover sheet. The draft strategy has been amended in light of the consultation results and the final strategy will be sent out prior to the meeting.

This item is to present the findings of the consultation process with more details about developing a coordinated community response to violence against women and girls as well as input on the key areas of focus to deliver the priorities over the next 3 years.

1.1 Strategy consultation

The 10 year Violence against Women and Girls Strategy (2016-2026) went out for consultation from August – October 2016. The violence against women and girls consultation involved:

- A series of focus groups held with local groups of survivors, women and young people
- Consultation with professionals and partners through our local VAWG professional networks
- Consultation with professionals through other professional networks and events

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- An on-line consultation
- Individual interviews with key stakeholders

We received 55 responses to the online and paper consultation; 53 took part in the focus groups and we consulted with over 200 in our professional and local networks. Demographic detail is provided in the consultation report.

The consultation process showed that there is broad support for our proposed approach to addressing violence against women and girls in Haringey. The 10 week process allowed us to access a wide range of views on all of the areas and holding dedicated focus groups with survivors, professionals, local residents and young people meant that more detailed and nuanced insight could be obtained as well as allowing us to identify barriers to access and gaps within current services.

The key element identified by all respondents was the crucial need for agencies across voluntary, community and statutory sectors to work closely with local residents and with survivors of abuse to design an approach that works across Haringey that develops a coordinated community response. The key additional areas that we will be emphasising as a result of the consultation are:

- The importance of education, particularly work in schools and other youth settings with young people.

- The importance of having a nuanced approach to the term 'community'. This is especially pertinent in cases of forced marriage and crimes committed in the name of 'honour' which are often committed in collusion with a particular 'community'.

- The importance of developing a range of communication campaigns covering a range of media, including increased presence on social media and in local print media.

- The need to develop work across sectors, including having a renewed focus on linkages between statutory and voluntary agencies

- Victim/Survivors need tailored, individualised support where they have a choice of services to access.

- The importance of focusing on support to older women; victim/survivors experiencing multiple disadvantage (homelessness, complex drugs and alcohol use, prostitution and mental health) as well as those with no recourse to public funds.

1.2 Strategy launch

The strategy will be launched on the 25th November. The event will be chaired by Councillor Ayisi and faith and community leaders across the borough have been invited; there will be an emphasis on men's role in addressing violence against women and girls.

1.3 Delivering the strategy

The next steps to delivering the strategy is the co-production of 3 year delivery plans to match current funding and strategic arrangements. These will be developed with partners from across the statutory, voluntary and community sectors and will include working with survivors and young people to ensure that they adequately meet their needs.

Funding for tackling violence against women and girls has always been piecemeal and across a number of Directorates. Currently a large percentage of funding comes from a number of different grants which operate to different timescales and are not secure. The funding is mostly for direct provision of services to victim/survivor with some officer costs – the Strategic Lead post and a temporary Coordinator for two years. We are currently developing a business case for funding to deliver the VAWG strategy.

2. Timing

Meeting	Date
Joint VAWG Strategic & Advisory Group	26.10.16
Cabinet Advisory Board	01.11.16
Community Safety Partnership	02.11.16
Cabinet	15.11.16
Launch	25.11.16 (International Day of Elimination of Violence towards Women)

3. Input requested from the Community Safety Partnership

The report seeks agreement by the Community Safety Partnership to proceed to Cabinet with the final VAWG strategy. It also asks for input on developing the key areas of focus for the first 3 year delivery plan.
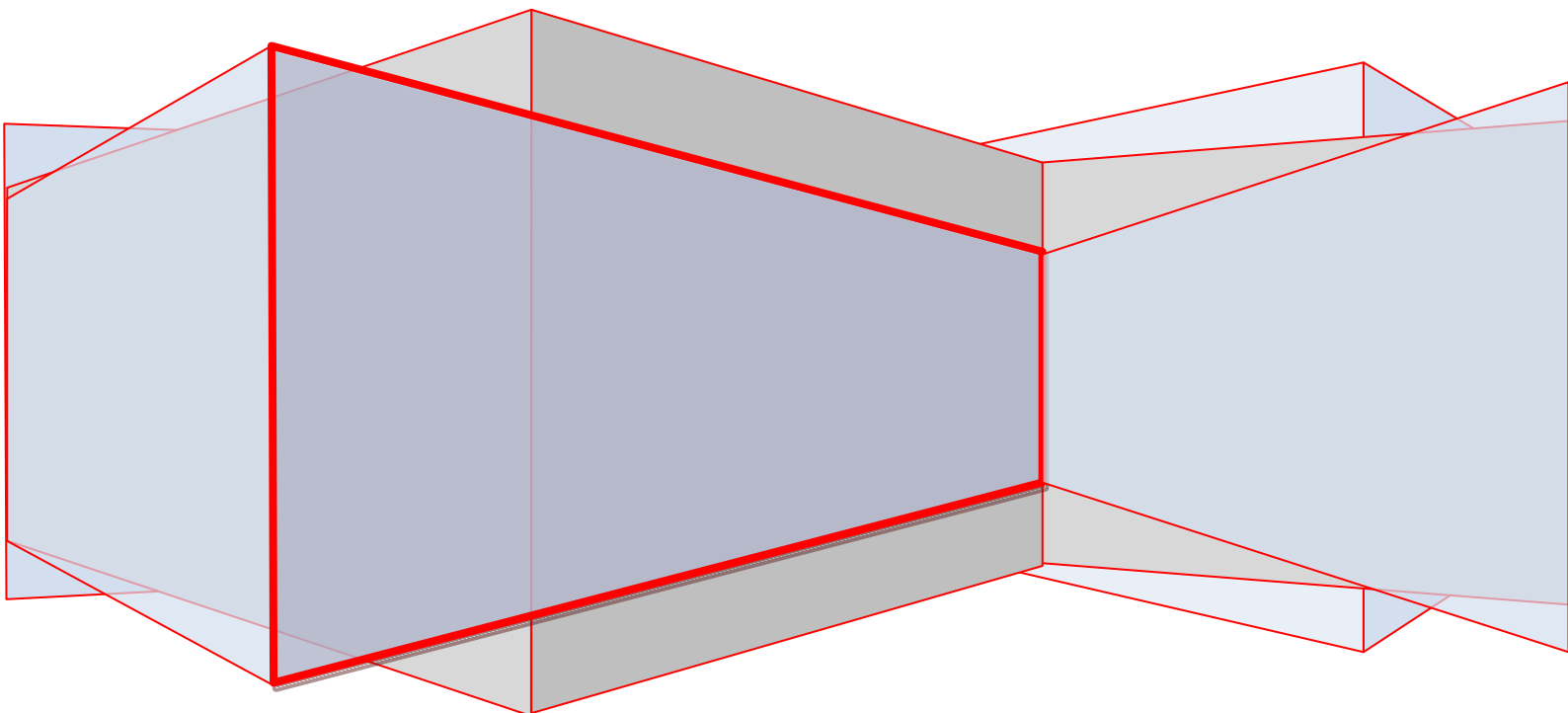
Appendix 1: VAWG strategy consultation report

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London Borough of Haringey

Violence Against Women and Girls Strategy 2016-2026 Consultation Report

CONTENTS

Executive Summary

1. Introduction

Addressing violence against women and girls (VAWG) forms part of our local partnership approach to improving health, safety and wellbeing in the borough. Tackling VAWG is a priority within the 2015-2018 Corporate Plan's *Clean and Safe* objective.[1] The Community Safety Partnership (CSP) is accountable for tackling violence against women and girls with specific, strategic oversight by the Violence Against Women and Girls Strategic Group which reports to the CSP. The Health and Wellbeing Board (HWB), Local Safeguarding Children Board (LSCB) and Safeguarding Adults' Board (SAB) contribute to this agenda and ensure appropriate partner engagement.

Between August and October 2016, a consultation was undertaken across the borough to influence the development of the 10 year Violence Against Women and Girls (VAWG) Strategy which will be published in November 2016.

This report outlines the key learning from the consultation process and:
- Looks at the available data on the prevalence of various forms of violence against women and girls within the borough
- Looks at the experience of female survivors of violence and provides an overview of what we currently know about local needs
- Provides an overview of the national and regional context of work on addressing violence against women and girls
- Highlights proposals made during the consultation on the way forward for addressing and preventing violence against women and girls in Haringey.

The violence against women and girls consultation involved:
- A series of focus groups held with local groups of survivors, women and young people
- Consultation with professionals and partners through our local VAWG professional networks
- Consultation with professionals through other professional networks and events
- An on-line and paper consultation
- Individual interviews with key stakeholders

We received 55 responses to the online and paper consultation; 53 took part in the focus groups and over we consulted with over 200 in our professional and local networks. We were able to capture demographic information for the majority of the respondents to the online and paper consultation and 29 of the respondents to the focus groups (10 were young people and 19 were women participating in the survivor focus groups. 5 professionals also took part in 2 additional focus groups where their demographic information was not captured.)

Over the three different groups there were a wide range of ages – 90% of the young people who participated were under 18; 53% of the respondents to the online and paper questionnaire were aged between 26 and 45 and the median age for the survivor consultation was 34-39.

[1] For more information see; Priority 3: Clean and Safe - A clean, well maintained and safe borough where people are proud to live and work, Haringey's *'Building a Stronger Haringey Together'* Corporate Plan 2015-2018, available at: http://www.haringey.gov.uk/sites/haringeygovuk/files/corporate_plan_2015-18.pdf (last accessed 30.09.16)

Across all groups, the majority of respondents identified as heterosexual – 95% in the survivor group, 100% in the young people group and 78% in the professional and local resident consultation. With the exception of the survivor consultation where 100% of participants were female, the gender split was almost 50% between female and male respondents.

Ethnicity for all 3 groups was also mixed although the professional and local resident group was the least mixed with 50% identifying as White British and 24% identifying as 'Any other Background' without specifying. 47% of those for whom we have the demographic information in the survivor consultation identified as White Other.

Disability figures were highest in the survivor consultation with almost a third identifying as having a disability. 12.7% in the professional and local residents' consultation had a disability and none of the young people identified as having a disability.

2. Highlights from the consultation process

The consultation process showed that there is broad support for our proposed approach to addressing violence against women and girls in Haringey. The 10 week process allowed us to access a wide range of views on all of the areas and holding dedicated focus groups with survivors, professionals, local residents and young people meant that more detailed and nuanced insight could be obtained as well as allowing us to identify barriers to access and gaps within current services.

The key element identified by all respondents was the crucial need for agencies across voluntary, community and statutory sectors to work closely with local residents and with survivors of abuse to design an approach that works across Haringey that develops a coordinated community response.

3. The Strategic Priorities

3.1 Coordinated Community Response

The respondents to the consultation were fully supportive of developing a coordinated community response as an effective method to address and prevent violence against women and girls. There were concerns about the assumption of 'benign' communities, on the basis that many areas of VAWG are perpetrated with community collusion. The current diagram also assumes a hetero-normative family with children as the starting point and needs to be redesigned accordingly to reflect the different profile of VAWG.
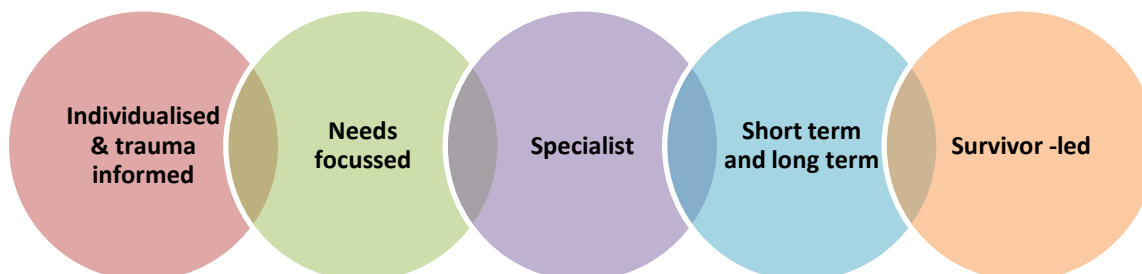
3.2 Prevention

Work around prevention was seen by all respondents as vital in our approach – starting from primary-aged children right up to faith leaders, community leaders and senior level professionals. Prevention work with young people needs to not just focus on schools but reach out to all youth spaces across the borough. Likewise, prevention work with communities needs to target all communities.

3.3 Support

The consultation process showed that there are 5 elements to providing appropriate support to all victim/survivors who have experienced any form of violence against women and girls. Barriers to

accessing support differed depending on the consultation group but there was a cross-cutting barrier around people not disclosing as they did not understand what constituted abuse or had practical or structural barriers meaning a greater focus on understanding the complex range of victim/survivors in the borough. The main gap that has been identified is the perceived lack of multi-agency working of some statutory and voluntary organisations in the borough. For survivors it was a need to have survivor led spaces combined with a two pronged approach of crisis-support and ongoing emotional and practical support as risks reduced.

Individualised & trauma informed | Needs focussed | Specialist | Short term and long term | Survivor -led

3.4 Perpetrator Accountability

Again, the consultation stressed that there needs to be a coordinated approach across the whole community as well as greater awareness amongst professionals to support perpetrators to change their behaviours. Underpinning the approach needed was the need for the whole borough to work together to have a zero tolerance approach.

4 Key Messages

The key take away messages from the 3 groups – survivor consultation, young people and local residents and professionals had cross-cutting similarities but also nuanced difference pertaining to the individual group. There was consensus to build upon the draft strategy and work already ongoing to address violence against women and girls in the borough but to develop and enhance linkages across the community and statutory and voluntary services. We will be taking away these messages to ensure that the strategy is influenced by key messages from the consultation.

Survivor Key Messages

- Holding a public awareness campaign working across the whole community is key to change attitudes and develop the coordinated community response
- Delivery of training to professionals on how to support survivors of VAWG with an empathetic approach as well as identifying and working with perpetrators is vital.
- Perpetrators should be given support to understand the consequences of their behaviour
- There should be sustainably funded specialist support services which are tailored to individual victim/survivors.
- Short term and long term support should be provided aimed at addressing needs across victim/survivors' journeys to recovery.
- Services need to provide opportunities to increase women's confidence and independence and empower them to rebuild their lives after abuse.
- There is a need for culturally specific services and for services to be available in different languages.
- Information must be available to women who are experiencing abuse at a range of locations that they access e.g. supermarkets, churches, mosques, synagogues and community venues.

Young people's Key Messages

- Develop the work on prevention in schools to ensure that all young people from primary age are getting the right messages
- Development a youth champions/peer support programme, recognising that young people will often identify more with and disclose abuse to other young people.
- Work with local media to highlight messages for the whole community and utilise social media more to ensure that all young people see positive messages
- Highlight where young people can get support and ensure that all services are developed with young people for young people.
- Develop volunteering and work experience opportunities for young people
- Work with parents so that they understand the issues that young people face and can support their children, as well as other parents and their local communities.

Professionals' and Local Residents' Key Messages

- Redesign the coordinated community response approach
- Prevention should be a key priority
- Victim/Survivors should have a range of routes for access to specialist support services, including from within mainstream services as well as a choice of specialist support services.
- Develop work across sectors, including having a renewed focus on women experiencing multiple disadvantage and work with older and disabled women.
- Develop a survivors' forum
- Commission services for young people experiencing VAWG
- Professionals need to have a greater understanding of working with perpetrators

CONSULTATION REPORT

Section 1: Background

1.1. Introduction

Between August and October 2016, a comprehensive consultation was undertaken across the borough to influence the development of the 10 year Violence Against Women and Girls (VAWG) Strategy 2016-2026, which will be published in November 2016.

This report outlines the key learning from the consultation and:
- Looks at the prevalence of various forms of violence against women and girls within the borough
- Looks at the experience of female victim/survivors of violence and provides an overview of what we currently know about local needs
- Provides an overview of the national and regional context of work on addressing violence against women and girls
- Highlights proposals made during the consultation on the way forward for addressing and preventing violence against women and girls in Haringey

The violence against women and girls consultation involved:
- A series of focus groups held with local groups of survivors, women and young people
- Consultation with professionals and partners through our local VAWG professional networks
- Consultation with professionals through other professional networks and events
- An on-line and paper consultation
- Individual interviews with key stakeholders

1.2 Borough Profile

Haringey is the 12th most densely London borough with a population of 271,100 usual residents. The population is also extremely diverse with almost 40% (39.6%) of residents having been born abroad. The single largest migrant group is Polish with Turkish a close second.

According to the Multiple Deprivation Index (MDI)[2], Haringey is one of the most deprived authorities in the country, ranking 30th out of 326 Local Authorities. It is the 6th most deprived borough in London (after Hackney, Newham, Tower Hamlets, Barking and Dagenham and Islington) with 12 of Haringey's 19 wards are within the most deprived 20% in England.[3]

Haringey has one of the highest rates of reported domestic abuse across London. In the rolling year to June 2016, there were 5,840 domestic incidents with 2,919 domestic abuse offences reported to the police, representing an 18% increase on the previous year. Haringey also has the second joint highest incident rate per 1000 population (22 per 1000) with Tower Hamlets and

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[2] DCLG (2015) *The English Indices of Deprivation 2015, Statistical Release*, London: Department for Communities and Local Government.
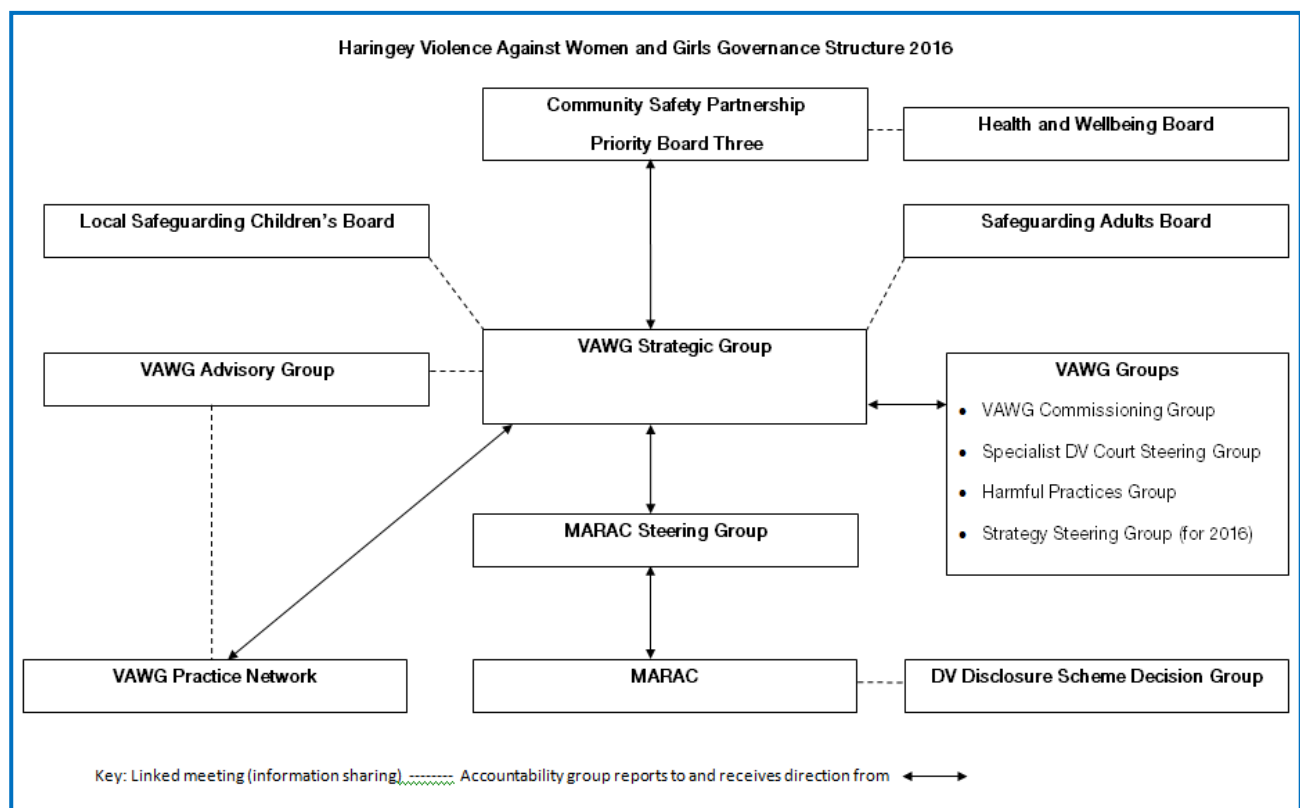[3] Haringey has become relatively less deprived since 2010 when it was the 13th most deprived borough in the country.

Lewisham; Barking and Dagenham has the highest with 27 per 1000. [4] In the same period, 592 sexual offences were recorded which represents nearly 10% increase in sexual offences from the previous 12 month period.

1.3 Haringey's Strategic approach to tackling violence against women and girls

The cross-cutting nature of the violence against women and girls agenda means that responsibility for tackling these issues cuts across a wide range of different agencies. Coordinating service provision and ensuring clear governance and accountability for this agenda is therefore a key challenge.

Addressing violence against women and girls (VAWG) forms part of our local partnership approach to improving health, safety and wellbeing in the borough. Tackling VAWG is a priority within the 2015-2018 Corporate Plan's *Clean and Safe* objective.[5] The Community Safety Partnership (CSP) is accountable for tackling violence against women and girls with specific, strategic oversight by the Violence Against Women and Girls Strategic Group which reports to the CSP. The Health and Wellbeing Board (HWB), Local Safeguarding Children Board (LSCB) and Safeguarding Adults' Board (SAB) contribute to this agenda and ensure appropriate partner engagement.

Haringey Violence Against Women and Girls Governance Structure 2016

1.4 Violence against Women and Girls

Violence against Women and Girls (VAWG) is both a form of discrimination and a violation of human rights. Locally we have adopted the United Nations Declaration on Elimination of Violence against Women[6], which defines violence against women as:

'Any act of gender based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women [or girls], including threats of such acts, coercion or arbitrary deprivation of liberty' (1993, Article 1)

The definition incorporates a wide range of abusive behaviours including physical, sexual, financial, emotional and psychological abuse.

It is important that Violence against Women and Girls (VAWG) is not seen as a series of incidents or assaults which an individual experiences. Violence against women and girls describes violent and oppressive patterns of behaviour and practises, which achieve power and control over women and girls. It impacts on the physical safety, health and emotional well-being of individuals and impacts on families, carers, children and the community as a whole.

Violence against Women and Girls includes violence that is targeted at women or girls because of their gender or affects women and girls disproportionately.[7] Examples of the types of violence included are:

- Sexual Violence, abuse and exploitation
- Sexual harassment and bullying
- Stalking
- Trafficking
- Domestic Violence and Abuse
- Trafficking
- Coercive and Controlling behaviour
- Female Genital Mutilation (FGM)
- Forced Marriage
- Crimes committed in the name of 'Honour'

Violence against women and girls can take place regardless of gender, ethnicity, faith, sexuality or age. Whilst we recognise that that the issues covered in the Strategy have a disproportionate effect on women, we also recognise that boys and men are victims of violence too. As a local area we remain committed to providing support for all victims of abuse and the intention of the 10 year violence against women and girls strategy is to strengthen our response to responding to abuse rather than undermining this approach.

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[6] United Nations Declaration on Elimination of Violence towards Women (1993), http://www.un.org/documents/ga/res/48/a48r104.htm (last accessed 07.10.16) This definition is also used by national and regional Violence Against Women and Girls Strategies.
[7] See for example the United Nations Convention on Elimination of Discrimination against Women (1979), available at: http://www.un.org/womenwatch/daw/cedaw/ (last accessed 07.10.16)

1.5 National and Regional Initiatives

National Violence against Women and Girls Strategy

The Government published its 4 year 'Ending Violence Against Women and Girls Strategy 2016-2020'[8] on the 8th March 2016. It builds upon the previous 2010 strategy[9], which was an update of the previous government's National Violence against Women and Girls Strategy. The new strategy re-focuses the efforts on the original four key areas from the 2010 strategy: prevention, provision of services, partnership working and pursuing perpetrators but also sets new outcomes of reduction of prevalence, match by increased reporting, prosecutions and convictions. Their vision is also one of earlier intervention and prevention as well as support for victim/survivors. The government has also ring-fenced nearly £80 million of funding up to 2015 for specialist VAWG support services, rape crisis centres as well as announcing the implementation in 2017 of a dedicated Service Transformation Fund.

The only way we can achieve real, sustainable progress is if national and local government, local partners and agencies, and every community work together to prevent women and girls from becoming victims in the first place and make sure those who have experienced abuse receive the support they need to recover. Tackling VAWG is everybody's business.[10]

Regional Strategic Context

In November 2013, the Mayor of London published a refreshed version of his strategy to end violence against women and girls. The Mayoral Strategy continued the five key objectives from the previous strategy, 'The *Way Forward*': [11]

1. London taking a global lead to end violence against women
2. Improving access to support
3. Addressing the health, social and economic consequences of violence
4. Protecting women at risk
5. Getting tough with perpetrators.

The consultation on the new Strategy will be launched in early 2017.

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[8] HM Government (2016) Ending Violence Against Women and Girls Strategy 2016-2020, London: Home Office
[9] HM Government (2010) *Call to End Violence Against Women and Girls,* London: Home Office
[10] *Op Cit*. HM Government (2016) p.8
[11] Mayor of London (2010) *The Way Forward: Taking Action to End Violence against Women and Girls*, Final Strategy 2010-2013, London: MOPAC
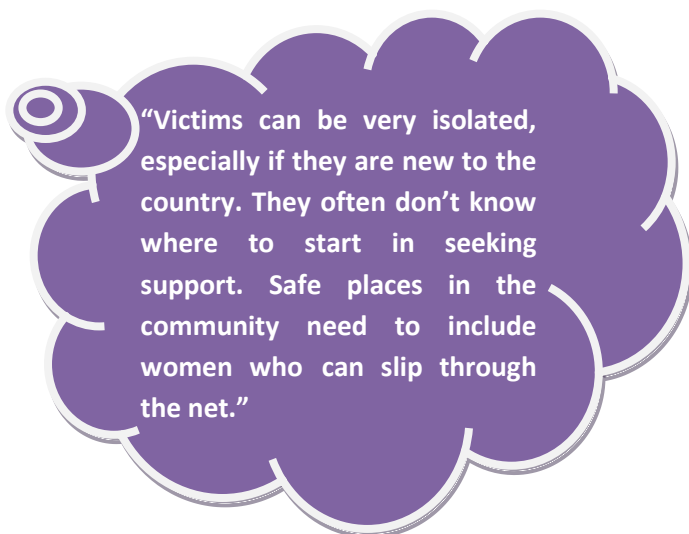
Section 2: Survivor Consultation

This section explores how women survivors working with specialist services across Haringey feel that the VAWG Strategy would support them to feel safer and to improve their wellbeing. It examines how they feel safety can be increased as well as highlighting areas that they feel should be explicitly included within the Strategy as well as highlighting what they feel is needed to develop a coordinated community response. The questions were themed around the strategic priorities.

2.1 Developing a Coordinated Community Response

There was strong support from survivor groups for the development of a coordinated community response (CCR). However, those who have experienced crimes committed in the name of 'honour' cautioned against seeing 'the community' as a wholly benign entity and highlighted the need to work closely with community and faith leaders to challenge culturally based attitudes towards abuse. The focus groups also outlined that they felt there needed to be more awareness amongst all professionals of when there is more than one perpetrator, meaning that there needs to be more development of the CCR model to encompass this.
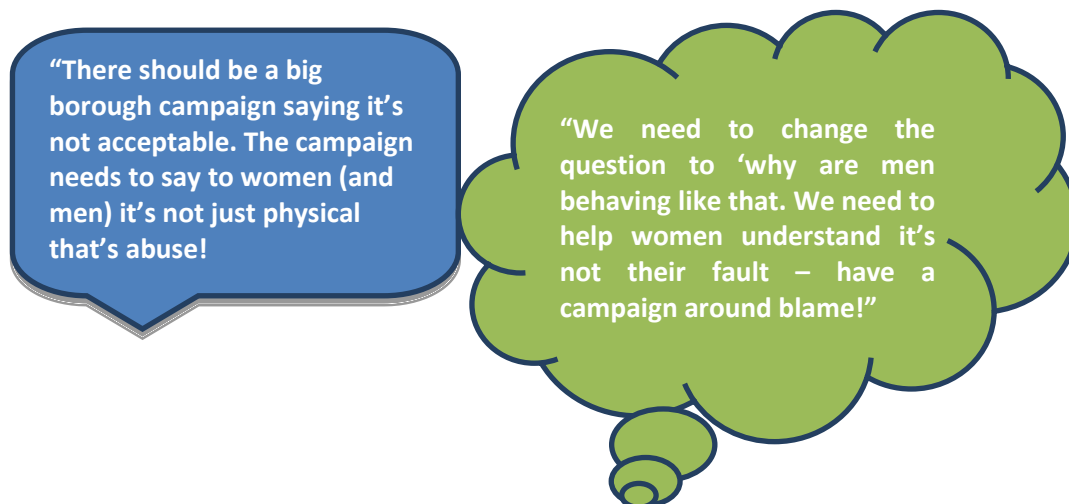
Another key theme that came out of the focus groups was the number of barriers that women face in disclosure including language barriers; lack of awareness of support mechanisms and practical support around access to support. The groups felt that having information available in discreet locations across the borough in a range of languages (and in simple English) as well as locations to seek support would help some women to overcome some of their barriers.

There was also support for the development of a one stop shop type approach with specialist services co-located in community locations across the borough. Other suggestions that came out from the consultation included the importance of having specialist VAWG workers based in mainstream organisations to improve their responses to victim/survivors. The idea of 'third party reporting' sites was met with measured enthusiasm; survivors felt that this needs to be carefully considered to ensure that all risks have been identified. Having the right staff in these locations who have been trained on VAWG is crucial.

"Victims can be very isolated, especially if they are new to the country. They often don't know where to start in seeking support. Safe places in the community need to include women who can slip through the net."

"…it [libraries etc] could be a good place to get help. There could be a good connection. It could work in other places where women go on their own too, such as supermarkets and maybe banks. But you would need the right staff, with the right training and guidelines, to do this. It needs to be safe."

It was clear from the consultation that violence against women and girls has long been considered to be a 'private' issue that people do not intervene in for fear of being seen as intrusive. The women who took part in the focus groups felt that a lot of emphasis needs to be placed on overcoming this attitude and making addressing and preventing VAWG as 'everyone's business', providing people across the communities with knowledge and information on how to identify when abuse is happening and where they can signpost for specialist support. Linked to this is the role of professionals in helping victim/survivors to not feel that this is a taboo issue and to overcome embarrassment or shame and having an empathetic approach to support. A key area identified by the focus groups was the need for religious and faith leaders to take a leading role within their communities.

Participants felt that there should be wider public campaigns around supporting women to understand that abuse is not their fault, including large scale campaigns in public spaces. Local media was cited as a key way of engaging with local residents – especially using targeted media to communities with language barriers. The women who participated in the consultation also felt that local media should be included within the CCR diagram as an additional ring. Campaign ideas included having campaigns about sexual harassment; non-physical domestic abuse and awareness about coercive and controlling behaviour.

"There should be a big borough campaign saying it's not acceptable. The campaign needs to say to women (and men) it's not just physical that's abuse!

"We need to change the question to 'why are men behaving like that. We need to help women understand it's not their fault – have a campaign around blame!"

2.2 Prevention

A large number of respondents through the focus groups highlighted that it was really important to address attitudes to violence against women and girls and a number of respondents raised the issue of cultural and familial attitudes towards abuse and pointed to certain community beliefs that could contribute to the abuse of women. Linked to this was the need for increased training and awareness to faith and community leaders as well as older family members around violence against women and girls, especially around 'harmful practices'[12].

Respondents suggested using different forms of communication to raise awareness in the community, including having phased campaigns in local newspapers, on community TV stations and using social networking sites like Facebook, Twitter and Instagram. Respondents felt it was

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[12] The term harmful practices is used to encompass forms of violence against women and girls that were seen to be 'cultural' issues including: forced marriage, crimes committed in the name of 'honour' and female genital mutilation.

important to embed awareness raising within services that women access such as local libraries and community spaces. Local campaigns should highlight that VAWG is a spectrum and challenge all forms of abuse.

The majority of respondents highlighted the importance of targeting young people to ensure that future generations are educated about violence against women and girls and what is or is not acceptable behaviour. Some respondents felt that schools should be the main environment for targeting young people, for example having violence against women on the agenda for school programmes and summer holiday schemes and others outlined the need to look at community and youth spaces for young people outside of education provision.

A large number of respondents felt that it was important to target initiatives towards raising awareness amongst men and giving men more of a role in speaking out about violence against women including engaging local faith and community leaders to lever support. Respondents suggested identifying men to act as anti-violence against women advocates and to act as good role models for young men and were fully supportive of plans to work towards White Ribbon accreditation.[13] Some respondents emphasised the need to work with gang affected young women and men, especially given the links between sexual violence and child sexual exploitation and gangs, ensuring that programmes acknowledge that many of the young people involved are themselves marginalised.

Many respondents felt that a champions programme, both within individual organisations/services but also the community that could raise awareness about services and key issues. The answer to ending VAWG, for many of the women we spoke to, lies in challenging misogyny and sexism and traditional gender expectations through a community approach.

> **"In order for the work to be successful, we need to do more work around challenging traditional gender roles"**

> **"Education in schools and youth settings is key if we're ever going to change things"**

> **"[We] need to challenge the religious and cultural justifications given for violence. Women need to also know their rights and how to challenge the sanctity of marriage"**

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[13] The White Ribbon Campaign Town Award is for Councils demonstrating their commitment to the aims of the White Ribbon Campaign (WRC): mobilising men to campaign against VAWG; raising awareness to address social attitudes and behaviours; increase awareness and mobilise and the entire local community.

2.3 Support for Victim/Survivors

All of the women consulted during the survivor groups were currently receiving specialist support but outlined some of the barriers that they had faced in accessing appropriate and safe support. Although the Crime Survey of England and Wales has consistently found that women are most likely to seek help from friends, relatives or neighbours, some of the women we spoke to felt it would not be safe to approach a family member due to concerns about 'honour' based violence or bringing shame on the family. The main barriers women identified to disclosing or seeking help for abuse were varied but are generally consistent with research into why women do not disclose abuse. [14]
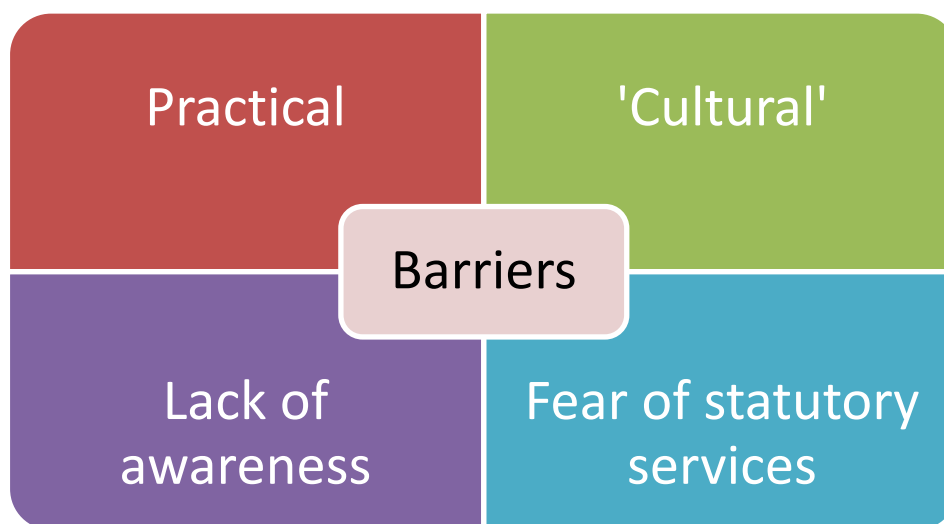
'Cultural' Barriers

Many of the women who took part in the focus groups highlighted that perceived cultural barriers had previously stopped them from seeking help. Women, in particular from BME backgrounds said that in their communities, disclosing abuse is not easy.

Lack of Awareness

Lack of awareness and understanding of patterns of abuse was a significant issue. Some of the women identified that it was not until they were physically abused that they realised that they were at risk. The women outlined that there needs to be awareness campaigns around what constitutes abuse and dispelling myths around physical violence. Lack of awareness also includes a lack of information about what services are available and how to access them. The participants in the focus groups outlined the need for information to be widely available to support women from all communities.

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[14] See for example: Baker, H. (2013) 'The significance of shame in the lives of women who experience male violence', *Liverpool Law Review*, (34) pp.145-171; Bell, E. and Butcher, K. (2015) *DFID Guidance Note: Part A Rationale and Approach – Addressing Violence against Women and Girls in Health Programming*, London: Department for International Development; Horvath, M., Hansen, S., Apena Rogers, S. and Adler, J. *"Still not receiving the support they deserve…final evaluation The Stella Project Young Women's Initiative*, London: Middlesex University; Rose Foundation (2015) *How can we scale up effective approaches to tackling the violence and abuse that women from BME Communities face*, London: Open Space Event, funded by Comic Relief, Esmée Fairburn Foundation, Rose and Trust for London and Tillman, S., Bryant-Davis, T., Smith, K. and Marks, A. (2010) 'Shattering Silence: Exploring Barriers to Disclosure for African American Sexual Assault Survivors', *Trauma Violence Abuse*, 11(2), pp.59-70.

Practical issues

Women also identified practical reasons as a barrier to leaving relationships or seeking help, such as not having access to sufficient finances (high levels of financial abuse were experienced by a number of the participants) to leave the relationship, not having access to immigration documents or not having the language skills to seek help. The women also identified that when women have no recourse to public funds or experience multiple disadvantage face even greater difficulties.

Fear

Fear is a huge barrier for women seeking support. Fear of the unknown and of the perpetrator finding out where they are is increased by fear of statutory services. Women identified that fear of having children removed was one of the biggest barriers to seeking support.

Service Design

Participants in the focus group outlined 5 key, and often overlapping, elements that they felt would contribute to the best support possible for victim/survivors of VAWG.

Specialist Support

All the participants in the focus group highlighted the need for consistent, specialist, women only support services. They felt that, due to their experiences, that services provided by highly-trained, empathetic staff was vital for them. Women highlighted the need for appropriate services for each different community with women having a choice of services to access.

"I found a service run by women for women helpful. It is very hard to talk about being abused, especially about being raped and I would feel uncomfortable sharing this with men, or with anyone who is not specially trained in working with women who have suffered violence."

"There needs to be specialist support around harmful practices. It is important that these services are intersectional and also support women who have disabilities."

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The women in the focus group identified that helplines and locations to access support were crucial in supporting women experiencing abuse, particularly for those who are isolated. Helplines and information in a range of languages, including for those with reading and writing difficulties was a must.
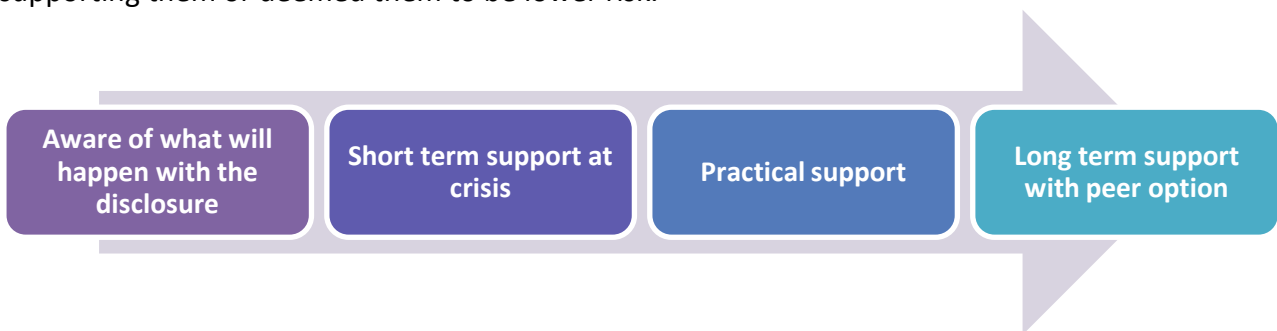
"A free helpline number that is well known needs to be promoted."

"Language barriers exist not only in terms of verbal communication, but some women are unable to read/write so can slip through the net in accessing services."

"As many victims are isolated, there needs to be signs of support available in a range of places."

Holistic or Wrap-around Support

The participants in the different focus groups all outlined that the best support that can be provided is a holistic or wrap around support service that addresses the range of needs that women experiencing abuse have. The overarching area that women felt would provide the best support to protect them was a two-pronged approach – the crisis, high risk intervention followed up with more emotional and practical support with peer and group elements. A number of the women we spoke to had previously returned to abusive relationships as the services stopped supporting them or deemed them to be lower risk.

| Aware of what will happen with the disclosure | Short term support at crisis | Practical support | Long term support with peer option |

The groups all highlighted the need for support at all stages of their journey to recovery – starting with an awareness of what is going to happen with their disclosure of abuse. Many of the women said that they had not known what was going to happen after they had disclosed to someone. Awareness of what was going to happen to their children after disclosure was linked to the barrier fear around disclosure.

Many respondents pointed to the difference between women's immediate support needs– which are often about addressing practical issues – and longer-term support needs which were often focussed on helping women to rebuild their lives. Some respondents felt that these longer-term needs were sometimes not addressed or given sufficient priority by local services.
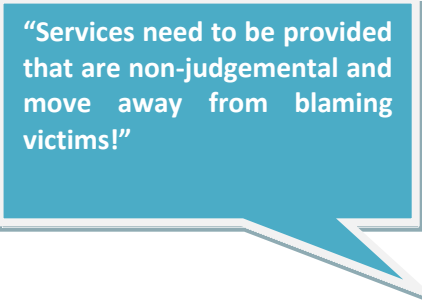
Longer term wrap around support was linked to practical issues – benefits, housing, managing money and so on, as well as support including counselling and group work and longer term support their rights. The participants highlighted that services need to work with the survivor in mind, with support being individualised and trauma led, recognising their experiences as well as

backgrounds. Women wanted to feel like active participants as often in the past, actions were deemed to be 'out of their hands', especially if statutory services were involved.

Many of the participants felt that there was still a lack of consistency in statutory services, particularly the police and social care, whereby their experiences were not seen as critical or that they felt they were being judged rather than protected.

> "Wrap around services are needed that include support in travelling, accessing services, and managing money etc."

> "Services need to be provided that are non-judgemental and move away from blaming victims!"

Other areas of concern included wider support for families around sexual violence and sexual exploitation linked to gangs as well as violence experienced living in shared housing.
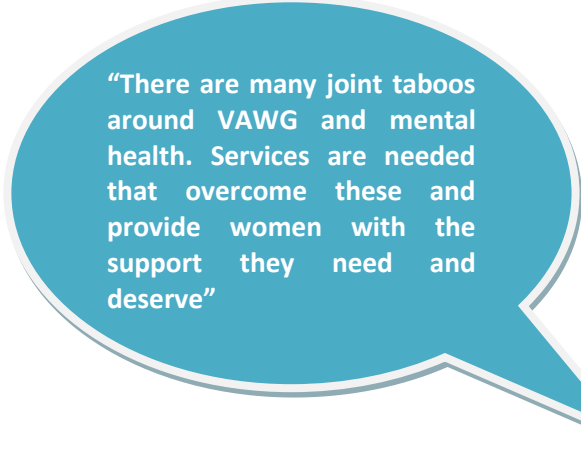
Peer Support

A significant number of respondents felt that measures to build women's self-esteem and confidence would be effective in improving safety and having groups where they could work together was highlighted as an area that would increase safety and support for women survivors.

The participants to all focus groups felt that having a survivors' group or network for women to be able to access peer support was vital for the borough. They also felt that being asked what services would work best for them and for services to see them as 'experts by experience' as being really important. There was a strong willingness to develop support for other women who were currently going through abuse.

Multiple Disadvantages

The participants to the group outlined the need to support survivors facing multiple disadvantages, including homelessness; mental health; drugs and alcohol; prostitution; no recourse to public funds and so on. Women facing these additional complexities find it harder to access appropriate support.

> "There are many joint taboos around VAWG and mental health. Services are needed that overcome these and provide women with the support they need and deserve"

> "[Services] need to understand how to support those who have multiple disadvantages."

2.4 Holding Perpetrators Accountable

Holding perpetrators of violence against women to account has long been acknowledged to be challenging due to the nature of these offences and the level of underreporting of violence against women and girls. The women we spoke to felt that more needed to be done to tackle the underreporting but also the support to continue criminal justice proceedings and outcomes to hold perpetrators accountable for their actions.

Structural and social inequality between men and women was highlighted by a number of participants with the idea that abuse is perpetuated as male perpetrators feel that they are entitled to abuse women. The participants felt that professionals had a role in challenging excuses that male perpetrators give for abusing, including backgrounds and cultural reasons.

Respondents felt that perpetrators could be held more accountable by **raising awareness** of the consequences of violence against women and girls and emphasising that responsibility for violence rests with the perpetrator.

"Men abuse women because they feel they can get away with it. We need to change this"
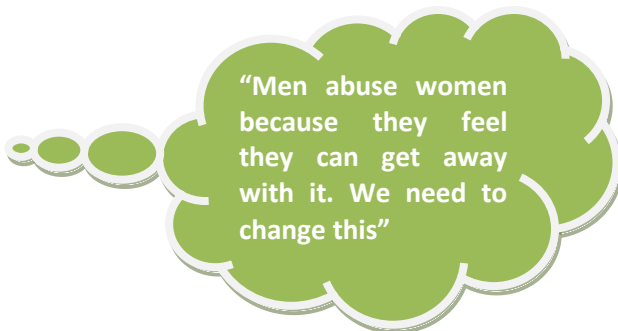
A number of respondents felt strongly that our approach to addressing these issues should put more responsibility on perpetrators rather than focussing on victim/survivors, particularly women and how they need to keep themselves safe. Respondents noted that women are often expected to move area, leaving behind their support networks and financial security. Some respondents felt that current responses were very female-targeted rather than tackling perpetrators but cautioned against funding services at the expense of funding specialist support services for victim/survivors.

Prevention work with young men was highlighted as an area that work should focus on to change attitudes and beliefs from a young age. Education through community services was seen as a good way of reaching young men and adult men.

Training was another area proposed by a large number of participants to the focus group, especially training for professionals around working with perpetrators.

"Perpetrators are too often charming and trick everyone around the victim. This makes it very difficult for the victim to seek support through fear of not being believed."

"Professionals need to be trained, not just in terms of understanding how perpetrators can come across, but how they can safely and confidentiality and manage information to avoid increase in risk to the victim."

Key Messages

- A Multi-pronged, individual approach is needed to best support survivors
- Holding a public awareness campaign working across the whole community is key to change attitudes and develop the coordinated community response
- Delivery of training to professionals on how to support survivors of VAWG with an empathetic approach as well as identifying and working with perpetrators is vital.
- Peer support methods, including group sessions, should be implemented
- Perpetrators should be given support to understand the consequences of their behaviour
- There should be sustainably funded specialist support services which are tailored to individual victim/survivors.
- Short term and long term support should be provided aimed at addressing needs across victim/survivors' journeys to recovery.
- Services need to provide opportunities to increase women's confidence and independence and empower them to rebuild their lives after abuse. Respondents suggested providing courses to increase women's independence, transition programmes and places where women can speak about their experiences and gain self-confidence.
- There is a need for culturally specific services and for services to be available in different languages.
- Information must be available to women who are experiencing abuse at a range of locations that they access e.g. supermarkets, churches, mosques, synagogues and community venues.
- More work should be done with survivors of violence against women. They felt that giving a stronger voice to survivors of abuse would help to let other women know that abuse can be stopped and help is available.

Section 3: Young People Consultation

A specific focus group with 10 young people was held in September 2016. All young people had been participants in our commissioned 'Protect Our Women' (POW) project, which is run by Solace Women's Aid.[15] As the young people had a strong grounding on violence against women and girls, the focus group provided a real opportunity for young people to outline what they feel would work for young people across the 4 strategic priorities.

3.1 Coordinated Community Response

The young people who participated in the focus group were strong advocates for the development of a coordinated community response model to addressing violence against women and girls. There was consensus that often young people do not appear to be high risk but that tightening connections between organisations and the community would mean that some of the hidden, lasting effects on young people could be identified and they could be supported.

The group outlined that using a strong communications campaign would increase awareness across the whole community. The group suggested having a prime time advert on mainstream television to raise awareness. Another area suggested was to work in conjunction with a large organisation, such as Amnesty, who has had victim/survivors and their testimonies online which has raised awareness with young people.

"The idea is to have a 'survivors' voices' report approach with loads of information released online. Having a voices report touching on all the key priorities would work really well. Looking at how successful the work has been so far and how much more needs to be done. This would highlight to the community about all the work [on addressing VAWG]."

Visible spaces emerged as an area that young people felt that we could have a big impact in the community. Using existing council buildings, as well as the local libraries, as exhibition or display spaces with art exhibitions and mini theatre productions were seen as a good medium for raising community awareness.

The use of social media appeals strongly to young people, in particular messages using YouTube and Instagram. Twitter and Facebook were seen as less useful as often young people do not engage with them. One suggestion put forward was to use funny videos to get messages to young people around areas such as consent.[16]

"Videos are easy to share and can cover a huge age range. Funny videos like the tea consent one would be a great way to get messages to young people."

Another way suggested by the young people to get the information across the community about a zero tolerance approach in Haringey was to work with faith leaders – across churches, synagogues and mosques as they hold a lot of power within communities. This could be coupled with leaflets through all doors about creating a borough that has zero tolerance to all forms of abuse.

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[15] The POW project is a 12 week prevention programme looking at all areas of violence against women and girls

[16] The video highlighted is the Tea analogy which has been used by Thames Valley police to highlight areas around sexual consent. http://www.bbc.co.uk/news/uk-england-beds-bucks-herts-34656527 (last accessed 10.10.16)

The group felt that there was not enough media attention dedicated to addressing violence against women and girls. They felt that local newspapers could be used to raise the profile of the work around VAWG.

"You need to push some stories to the front of newspapers. For example the other day I walked past the newsagent and the top story was about a wall falling down and causing traffic! [You] Need to put a story about what has happened around this in the borough and what is going to be done about it [VAWG]."

The group felt that there were not enough opportunities for young people to get engaged on work around addressing and preventing violence against women and girls. They all felt that having more opportunities for young people to volunteer and campaign is key as it also helps them with their applications to university and for future work.

"People our age are really keen to do this sort of work over the holidays and things. Having volunteers and work experience would be really good. Also, having young people focussed campaign groups where they [young people] had the freedom to politicise would be great."

3.2 Prevention

There was strong support from the young people about the need for prevention work in schools and other youth settings starting from a young age with age-appropriate information. Young people felt that a peer support approach works very well with young people as they identify with other young people more than older professionals.

Get people our age to go into schools. A peer approach works even if the young people don't know each other; young people identify more with their peers. It gets away from that 'oh it's not cool feeling' to young people actually getting something out of it.

The young people also highlighted that all staff need training around VAWG as they all have pastoral care responsibilities for their students, not just Head Teachers or pastoral staff. They felt that having information sessions during parent teacher evenings would also be a good way to get prevention messages across with the idea that parents could then cascade information to their peer groups.

Young people also felt that there was greater scope for early intervention in workplaces if they are equipped with information to support their staff. They felt that there should be a programme for workplaces, developing with mental health and psychological input, which might reduce victim blaming and the feeling that people might think they are interfering if they support their colleagues.

Awareness is key. I'd like to see people to start advocating at work. It's where they spend their time. [All staff] Need to understand things like the subtleties of perps and understand how people behave in the workplace.

The age at which to start delivering messages to young people sparked debate within the group with some feeling it should start from reception age children and others feeling that it should not be until year 5 or 6. However, the consensus was that it should start in primary as by secondary it

is almost too late for young people to get those messages, especially if they have experienced abuse as a child.

Creatively capturing young people's attention was outlined by a number of the young people with mixed views on having information in detention rooms or having detention used as a citizenship class to highlight messages around VAWG.

"We need to brainwash them in some sort of way! [Detention is a good place] as you're really bored so information displayed there will be read. Need to have posters all over the school as well – that way even when they're [young people] not actively learning the messages are getting through."

The group also outlined that having posters designed by young people would be a good way to engage young people in work around prevention. Having a poster or multi-media competition amongst young people would work well to raise awareness. These could then be displayed across schools and other locations in the borough.

Again, in terms of prevention and awareness raising, social media was mentioned as being a key lever to get the attention of young people. They felt that using YouTube to make short videos was a great way of getting positive messages across to young people. One young person mentioned a question and answer session that they had seen on YouTube and felt would translate really well to work around violence against women and girls.

"YouTube is a great way to push the work. You could have a Q & A with people posting in anonymous questions and you answering. For example you say to people 'This week we're going to do a Q&A on sexual harassment, forced marriage etc. It would work with young people, professionals and so on."

3.3 Support for victim/survivors

Overwhelmingly, the young people felt that making victim/survivors feel safe was the key to support. Women, young women in particular, do not openly disclose abuse. Sometimes they will disclose to friends and perhaps a few family members but do not want to report.

"Lots of people don't come forward to say what's happening to them. We need to work on getting victims comfort and safe spaces to talk. It's difficult for people to talk about what's happened to them as they need to relive it. There needs to be support to make it less daunting for people to come forward."

The need for specialist support services tailored to young people who had experienced VAWG was highlighted by the young people as really important. Services that are tailored rather than a generic service which had been originally designed for adult victim/survivors were seen as key to the young people. Strong support for survivor involvement in the design of services came out strongly during the focus group.

"I think there does need to be more for young people. As I said earlier, I think young people and children get missed or are seen as not experiencing lasting impacts. We need to support them from

an early age, making sure that the services have been designed for them. If they are designed with them, that's even better!"

3.4 Holding Perpetrators Accountable

As outlined above, the young people taking part in the focus group had completed a 12 week prevention programme on violence against women and girls and we very well versed about underreporting. The group agreed that holding perpetrators accountable is a difficult area as people do not come forward. Again, supporting disclosures through developing appropriate environments and conditions for disclosure were highlighted by the group.

"It's a difficult one. For example with sexual harassment people don't come forward. Then you have rape cases where [perpetrators] get away with it because of a lack of evidence. Lots of people don't say what's happened to them."

Working with the community was seen as a really good way of holding perpetrator accountable as raising awareness amongst the community of what to do to both support victim/survivors and to hold perpetrators to account took the onus away from victim/survivors.

"I think that a double attack of awareness would work. Other people can then pick up the signs even if the victim and perpetrator don't want to come forward. We need to make everyone responsible."

Some of the young people felt that schools did not take some of the issues seriously, especially for areas such as sexual harassment. The feeling was that if it took place in the school, something might be done but if it happened outside the schools did not take on any responsibility for it.

Young People's Key Messages

- Develop the work on prevention in schools to ensure that all young people from primary age are getting the right messages about what is acceptable and what is not acceptable in relationships, including around sexism and about pornography.
- Work with schools (and the Department for Education) to ensure that VAWG is part of the curriculum at A-Level.
- Development a youth champions/peer support programme, recognising that young people will often identify more with and disclose abuse to other young people.
- Work with local media to highlight messages for the whole community and utilise social media more to ensure that all young people see positive messages
- Highlight where young people can get support and ensure that all services are developed with young people for young people.
- Develop volunteering and work experience opportunities for young people to be able to engage with and campaign around violence against women and girls and work with the National Citizens Service to help young people to raise awareness.
- Work with parents so that they understand the issues that young people face and can support their children, as well as other parents and their local communities.
- Ensure that the IRIS project also supports young people and work with health to shorten the waiting lists for CAMHS.
- Ensure that prevention programmes, such as POW, are made accessible for all young people.

Section 4: Professional and Community Consultation

Consultation with professionals and local residents took place from August 2016 until October 2016. 55 professionals and local residents completed the online questionnaire and over 200 professionals participated in the consultation, either by completing questionnaires; participating in interviews and focus groups; team briefings and events or through direct comments on the draft VAWG Strategy. The responses below pertain to the questions asked through the online questionnaire. Those participating in interviews or focus groups were asked to respond to these questions but were also asked a selection of the questions in Appendix 6.

4.1 Priority 1: Coordinated Community Response

There was broad support within the consultation for the development of a coordinated community response to addressing violence against women and girls. However, the professional and community consultation also highlighted the need for caution in the assumption of benign community (as the survivor consultation also did).

> "A further major concern with this model is that it does not adequately recognise the fact that close and extended family members, wider community including sometimes religious representatives may not always be benign as implied here but are often complicit and can be perpetrators."

The development of a coordinated community response was seen as key to best supporting victim/survivors in Haringey and respondents identified that we need to take a multi-pronged approach, with a number of areas:

Communication

The first main area that respondents felt could be the best way to support victim/survivors is to improve communication between victim/survivors, the community and services (statutory and voluntary). Respondents identified that there are gaps and that the best solution to providing support is *"by ensuring better communication to the victims, using an honest and open approach offering support and advice and multi-agency cooperation and information sharing with other services."*.

Education

The need to educate people across all communities in Haringey was seen as a key lever to provide better support to victim/survivors.

> **Eradicate gender stereotypes that promote gender inequality and educate towards gender equality culture. Promote gender equality within families, communities parents and services to provide knowledge and tools to battle Violence against women and girls.**

Partnerships and Engagement

All respondents outlined the need for better joined-up working across all agencies in Haringey to better develop the coordinated community response model. Engagement with the vast numbers of different communities and community groups across the borough was highlighted as a way to move towards a coordinated approach.

Coordination

Respondents were fully supportive of the need for greater coordination across a range of statutory, voluntary and community organisation for initial development and buy in towards a coordinated community response.

4.2 Priority 2: Prevention

There was strong support for having prevention as one of the 4 priorities within the strategy. Prevention at all levels – young people and the wider community was seen as the best way of achieving our vision of Haringey being the safest borough to live and work.

Education | Campaigns → Changing Attitudes
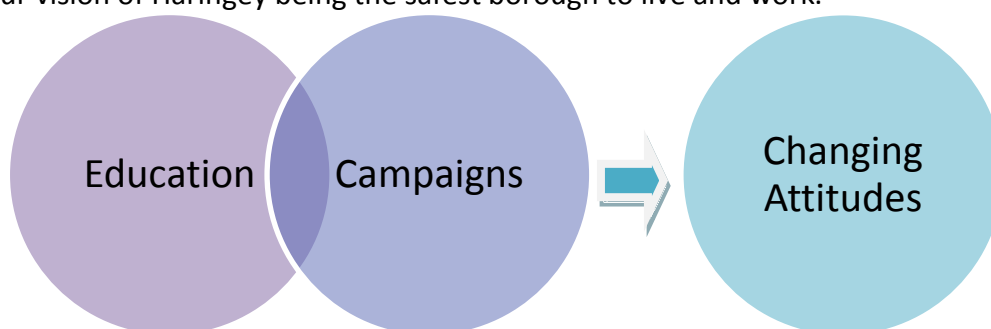
Education

All respondents highlighted that working with young people from an early age is the best way to educate them about healthy rela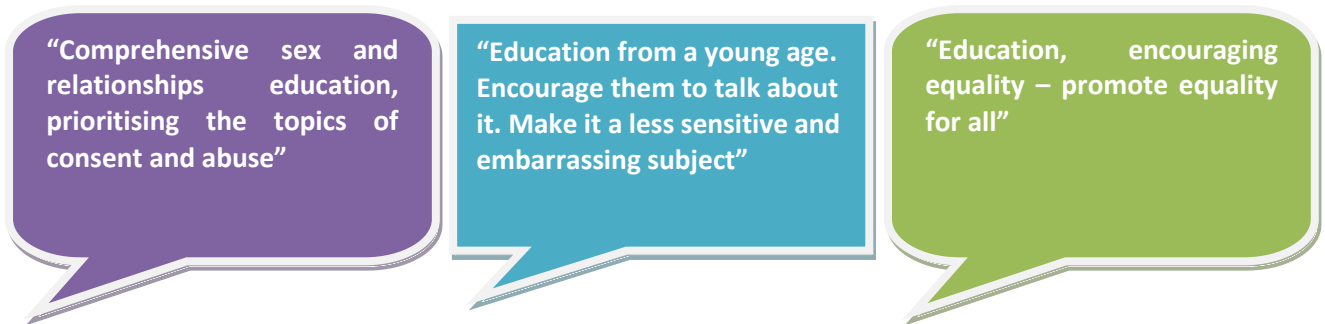tionships – combining comprehensive sex and relationship education with other subjects, including citizenship ensuring that all young people are receiving the right messages about violence against women and girls.

Education also needs to take place outside of formal education as many young people may not be at school or college. The respondents identified that we need to actively seek out spaces where young people are to reach as many as possible. `

"Comprehensive sex and relationships education, prioritising the topics of consent and abuse"

"Education from a young age. Encourage them to talk about it. Make it a less sensitive and embarrassing subject"

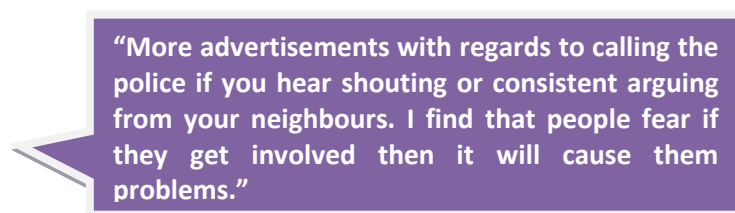"Education, encouraging equality – promote equality for all"

The respondents also highlighted that we need to work with schools, across all school staff to ensure that sexism and sexual bullying are not tacitly condoned by schools through uniform and other policies. They felt that we also need to ensure that school staff as well as faith and community groups play a role in preventing violence against women and girls.

"All teachers need training in how to stamp out sexist behaviours."

"Schools must work together with other agencies to support young people – in peer relationships but also child to parent violence."

Campaigns

Designing and producing large-scale communication campaigns were also seen as an ideal way to reach the wider community with prevention and early intervention messages. The campaigns could also be combined with work by faith and community leaders addressing and dispelling myths as well as tackling areas around male entitlement. The respondents also felt that campaigns could help to support the zero tolerance approach by making it 'everyone's business.'

As in the young people consultation, there was strong support for also working with local print media as well as increasing social media around violence against women and girls.

"More advertisements with regards to calling the police if you hear shouting or consistent arguing from your neighbours. I find that people fear if they get involved then it will cause them problems."

4.3 Priority 3: Support

There was consensus from the respondents that there needs to be specialist support for victim/survivors and like the survivor responses, the professionals and community respondents felt that there should be a combination of short term and long term support. Barriers to accessing support need to be overcome for all victim/survivors to be able to provide the right support. Services designed with and for survivors were also seen as key to providing appropriate support according to both professionals and community respondents to the consultation.

Helplines and Places to access support

Both helplines and places to access support emerged as key areas that the professionals and the community felt were important in boosting support for victim/survivors. Professionals and the community felt that having third party reporting sites could work well, especially for less visible communities but again were cautious about how this would be implemented. The need for trained, specialist staff to be located there was highlighted.

Capacity Building Support

Many of the respondents highlighted the need for capacity building support for women including access to training, legal recourse and parenting support around attachment.

"Take more proactive actions in helping victims by helping them navigate social support systems that are available to them rather than just informing them of their options."

"More avenues for advice to identify and inform relevant authorities. Help to remove the stigma and possible cultural barriers for reporting."

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Multiple Disadvantages

The need to increase support for women experiencing multiple disadvantage (homelessness, complex drugs and alcohol use, NRPF or poor mental health) was highlighted by a vast majority of respondents. It was a key barrier identified to reporting and also the area in which respondents to the overall consultation felt that we needed to focus on more.

> **"It's really crucial to increase support for these women who experience even more vulnerabilities than the rest of the population. They cannot access the support needed nor is there expertise in supporting women with multiple disadvantage."**

> **"A Haringey focus would home in on the diversity within the local community and use this to tap into the hidden areas and communities, particularly where victim/survivors are facing multiple disadvantages."**

Specialist Domestic Violence Court

There is no specialist domestic violence court for Haringey. Highbury Magistrates court is currently involved in a pilot around the response to domestic abuse in particular and hopefully this will support the recommendations by the professional and community respondents.

BME Services

The respondents outlined the vital need for funded services for Black and Minority Ethnic victim/survivors, especially given the population of Haringey whereby 65% of victim/survivors referred to the multi-agency risk assessment conference (MARAC) in 2015/2016 were from a BME background. Services that are culturally specific are important but also the need to offer a choice of support appropriate for each individual's needs.

> **Ensure that professionals from statutory and non-statutory agencies have training around VAWG and there is a domestic abuse policy. Provide spaces for BAMER families where they could receive training, workshops and debate spaces around abuse.**

Peer Support

The respondents to the consultation highlighted the need for peer support for victim/survivors as part of their recovery and longer-term support. Having dedicated survivor groups was identified as a mechanism for designing appropriate support services and ensuring that services work and are value for money.

> **"I think it's really important to develop a survivors' group and to build on existing peer support. Services also need to know about these groups and it would be helpful for the women we work with to be able to self-refer."**

LGBT Survivors

The respondents to the consultation outlined the need for appropriate support services for LGBT victim/survivors, many of whom may not access services locally but pan-London. Support for LGBT victim/survivors, as with many other survivors, need to be provided outside of children's centres or school as it excludes those without children. Services need to work together in a multi-agency way to combine the specialism of working with LGBT victim/survivors and VAWG specialism.

4.4 Priority 4: Holding Perpetrators to Account

The priority area of perpetrators broadly matched the ideas put forward by the survivor groups – increased criminal justice sanctions, prevention and support to change behaviour. The vast majority of respondents highlighted that they felt a zero tolerance approach to perpetrators in Haringey matched with education and services to prevent future perpetration or repeat behaviours was needed. A number of respondents also outlined that any measures to tackle perpetrators within the community needed to be carefully considered as many people said that they would fear reprisals from family members and the wider community if they reported to the police or to other services.

Support

The respondents identified that perpetrators need to be offered support for their behaviour with support ongoing. Young people can be educated and preventing from perpetrating abusive behaviours through challenging beliefs and attitudes that underpin abuse – it is crucial to highlight that people make choices about their own behaviour. Parents need to get support to help them to understand that raising children under rigid gender roles can have a negative impact.

Community

Communities can be engaged to safely tackle perpetrators through awareness that intervention options can be unsafe and the need to ensure that the police are the first point of call. Helpline numbers should be made widely available across communities so they can call for advice if they are unsure how to respond. Awareness raising campaigns can be used to speak directly to perpetrators in community spaces to support them to seek help for their behavior.

Challenging Myths

The consultation reinforced the need to challenge myths around perpetrators. Professionals need rigorous training to understand how perpetrators present themselves and present as 'charming' to

professionals. Professionals stressed the role of the media in supporting local communities and professionals to challenge the myths.

"Initially zero tolerance approach for perpetrators showing support and respect for the victim. Rehabilitation agency interaction and support for the offenders after."

"Early identification of high risk potential offenders. Education and rehabilitation and support for identified victims."

"We need to do everything we can to remove them from victim's lives. Anytime an accusation is made against someone, it needs to be taken with utmost seriousness. We need to make it clear to everyone that perpetrators do not get to just live life as normal."

"Holding perpetrators to account should be reworded to provide support rather than just blame or punitive measures."

Key Messages

- Redesign the coordinated community response approach to avoid assumption of wholly benign communities. Ensure that the model does not make assumptions about a hetero-normative relationship.
- Prevention should be a key priority Continuation and expansion of work with young people, starting from primary age is vital. Training and awareness needs to reach out widely to spaces outside of education that young people spend time in.
- Victim/Survivors should have a range of routes for access to specialist support services, including from within mainstream services.
- Victim/Survivors should have a choice of specialist support services with an individualised approach to support.
- Develop work across sectors, including having a renewed focus on women experiencing multiple disadvantage and work with older and disabled women.
- Develop a survivors' forum which will be a peer support group for survivors of all forms of VAWG
- Commission services for young people experiencing VAWG as they often fall through gaps between children's and adult services and existing services are predominantly funded externally
- Professionals need to have a greater understanding of working with perpetrators, ensuring that myths are challenged and support measures put in place to support behaviour change.

Appendix 1 : Types of Violence Against Women and girls

Sexual violence and abuse

The World Health Organization (WHO) has defined sexual violence as "*any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work*."[17] It includes rape, sexual assault, sexual harassment/ bullying, sexual exploitation (coercion and exploitation in the sex industry), child sexual exploitation and trafficking.

Rape and sexual assault

The Sexual Offences Act 2003, which came into force in May 2004, strengthened the law on sexual offences and extended the definition of rape as well as clearly defining the concept of consent.[18] Rape and sexual assault affect women disproportionately, with women three times more likely to be victims of rape and sexual assault than men.[19] The 2014/2015 England and Wales Crime Survey[20] report by the Office for National Statistics (ONS) showed that there has been a 36% increase in all sexual offences for the year ending September 2015 meaning it is the highest since the figures starting being recorded in 2002. The sexual offences of rape (33,431 offences) and other sexual offences (61,178 offences) increased by 39% and 35% respectively. The increase in reporting has been attributed to a number of factors including increase in reporting of historic sexual abuse and inspections by HMIC[21] which highlighted the need to better record and investigate sexual offences. Sexual violence is identified as a high risk factor in domestic violence cases.

There is a particularly young profile to those accessing services for rape and sexual assault. For example, young women represent approximately 30% of rape victims accessing London's Haven Centres[22] and 64% of victims of multiple perpetrator rape in London are under 19 years old[23]. A 2009 study by the NSPCC and the University of Bristol which questioned 1,353 young people (aged between 13 and 17 years old) on violence in their intimate partner relationships found that 33% of girls and 16% of boys had experienced some form of sexual abuse.[24] The young women and professionals working with young people we spoke to as part of the consultation were particularly concerned about sexual harassment and sexual violence issues, especially the increase in online abuse.

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[17] WHO (2002) *World Report on Violence and Health,* Geneva: World Health Organization, page 149

[18] The definition of rape was extended to include the penetration by a penis of the vagina, anus or mouth. Sexual Offences Act (2003), available at: http://www.legislation.gov.uk/ukpga/2003/42/contents (last accessed 07.10.16)

[19] ONS (2013) *Focus on: Violence Crimes and Sexual Offences, 2011/2012*, Newport: Office for National Statistics

[20] ONS, (2016) *Crime in England and Wales: Year ending September 2015*, Newport: Office for National Statistics

[21] HMIC (2014) *Crime-Recording: Making the Victim Count*, London: Her Majesty's Inspectorate of Constabulary

[22] The Havens (2008), *Annual Statistics*

[23] Commander Simon Foy (Head of the Metropolitan Police's Homicide and Serious Crime Command Unit), cited in Daily Mail Newspaper, 5th November 2009

[24] Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner Exploitation and violence in teenage intimate relationships,* London: NSPCC and the University of Bristol

Attitudinally, a 2015 report[25] shows that young people (aged between 16 and 19) are most likely to believe that a person should take some responsibility for sexual assault or rape if they were drunk (34%), taking drugs (45%) or flirting with their attacker (46%).

Research suggests that sexual offences are significantly under-reported.[26] The Crime Survey England and Wales self-completion module on inter-personal violence consistently finds that only a small number of victims of domestic and sexual violence report to the police.

Child Sexual Exploitation

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person/persons) receive "something" (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.[27]

The 'grooming' process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins.

The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim's options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited.[28]

Child sexual exploitation can have a devastating impact on a victim's health, happiness and development. It can also have profound long-term effects on young people's social integration and economic well-being and adversely affects life chances.[29]

Sexual harassment and sexual bullying

Sexual harassment is usually defined as any unwanted sexual attention, requests for sexual favours or unwanted verbal or physical behaviour of a sexual nature. It can take many forms including sexually explicit remarks, flashing, obscene and threatening calls and online harassment. It can take place anywhere, including the workplace, schools, streets, public transport and social situations.

Studies provide widely different estimates of the prevalence of sexual harassment. However, research suggests that sexual harassment is likely to be widespread but also largely

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[25] Barrett, D. (2015) 'Drunk or flirty rape victims often 'to blame' says survey', *The Telegraph*, 12th February 2015. Barrett was speaking about the ONS (2015) *Findings from the 2013/2014 Crime Survey for England and Wales*

[26] See for example: Taylor, C. and Gassner, L. (2010) 'Stemming the flow: challenges for policing adult sexual assault with regard to attrition rates and under-reporting of sexual offences', *Policy Practice and Research: An International Journal*, 11(3)

[27] This is the agreed Association of Chief Police Officers (ACPO) definition which is used in the Pan London Child Sexual Exploitation Operating Protocol published in February 2014. London Safeguarding Children Board (2014) *Pan-London Child Sexual Exploitation Operating Protocol*, London.

[28] Barnardo's (2012) *Cutting them free: how is the UK progressing in protecting its children from sexual exploitation*, London: Barnardo's.

[29] NSPCC, Child Sexual Exploitation – Introduction, available at: http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction_wda97566.html, (last accessed 07.10.16)

underreported.[30] The Everyday Sexism campaign which was set up to catalogue the experiences of women being sexually harassed on a regular basis has received over 100,000 submissions since its inception in April 2012.[31]

Research conducted by the TUC in association with the Everyday Sexism campaign in 2016 found that more than half (52%) of all women polled had experienced some form of sexual harassment in their workplace; nearly 25% had experienced unwanted touching and nearly 20% had experienced unwanted sexual advances.[32]

A 2010 YouGov poll for EVAW[33] found that almost one in three 16-18 year old girls stated they have been subjected to unwanted sexual touching at school. A further 71% of 16-18 year olds (girls and boys) said they had heard sexual name calling with terms such as 'slut' or 'slag' used towards girls at school on a daily basis or a few times a week. In a survey for the National Union of Teachers, half of respondents (49%) had witnessed sexist language and over a third (38%) had witnessed sexual bullying between students.[34] However, the EVAW poll found that almost 25% of those polled said their teachers never said unwanted sexual touching, sharing of sexual pictures or sexual name calling were unacceptable. A report of a survey of 1574 by Girlguiding in 2015 found that 81 percent of girls have experienced sexism; 42% had seen something that trivialised VAWG and 39% had demeaning comments made about them.[35]

Stalking

Although harassment is not specifically defined it can include '*repeated attempts to impose unwanted communications and contacts upon a victim in a manner that could be expected to cause distress or fear in any reasonable person.*'[36] Again, there is no strict legal definition of stalking but the Protection from Harassment Act (as amended by the Protection of Freedoms Act 2012) sets out what examples of what can constitute stalking: physical following; contacting, or attempting to contact a person by any means (this may be through friends, work colleagues, family or technology); or, other intrusions into the victim's privacy such as loitering in a particular place or watching or spying on a person.

On 25 November 2012, two specific criminal offences of 'stalking' and 'stalking involving fear of violence or alarm or distress' came into force in England and Wales, along with additional related police search powers. The offences were introduced by the Protection of Freedoms Act 2012[37], which amends the Protection from Harassment Act 1997. Section 2A of the 1997 Act prohibits a

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[30] Hunt, C., Davidson, M., Fielden, S. and Hoel, H. (2007) *Sexual harassment in the workplace: a literature review*, Manchester: The Centre for Equality and Diversity at Work, University of Manchester; Hunt, C., Davidson, M., Fielden, S. and Hoel, H., (2010) "Reviewing sexual harassment in the workplace – an intervention model", *Personnel Review*, 39(5), pp.655 – 673.

[31]Smith, L., (2014) 'Everyday Sexism's Laura Bates 'Awareness-raising has become a worldwide movement for equality', International Business Times, 15.04.15

[32] TUC (2016) *"Still just a bit of banter?" Sexual Harassment in the Workplace in 2016*, London: Trades Union Congress in association with the Everyday Sexism Campaign.

[33] End Violence Against Women and YouGov, (2010) *Sexual Harassment in UK Schools Poll* , London: EVAW

[34] O'Neill, S. (2007) A serious business: An NUT survey of teachers' experience of sexism and harassment in schools and colleges, Institute of Education and University of Warwick.

[35] Girlguiding, (2015) *Girls' Attitude Survey 2015*, London, Girlguiding

[36] CPS (2012) *Stalking and Harassment: Guidance for Prosecutors*, London: Crime Prosecution Service

[37] Protection of Freedoms Act 2012, http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted

person from pursuing a course of conduct that amounts to stalking and Section 2B sets out new police powers to enter and search premises in relation to the 2A offence.[38]

According to the 2013/14 Crime Survey for England and Wales, 21.5% of women had been subject to stalking or harassment at some point in their lifetime and 4.4% had experienced stalking in the previous year.[39] Using the Home Office VAWG Ready Reckoner tool, it is estimated that in Haringey over 11,000 women will have been subjected to stalking in the past 12 months.[40]
Studies have found women and younger women are most likely to be victims of stalking and harassment.[41] Stalking and harassment was another area the women we spoke to as part of the violence against women and girls consultation were particularly concerned about.

Stalking and harassment are overwhelmingly associated with ex-intimate partners and there is therefore a strong link to domestic violence. Stalking is a high risk factor in domestic violence cases linked to domestic homicides. Our local approach to tackling these issues is therefore linked particularly to our approach to addressing domestic violence, including holding perpetrators accountable.

Trafficking

Trafficking is defined as: 'The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal or organs'.[42]

The organisation AVA has noted that the majority of women involved in off-street prostitution in London are migrants, although estimates vary. Research by the Poppy Project found only 19% of women working as prostitutes in flats, parlours and saunas are originally from the UK, compared with just 3.6% of women in the off-street sector in London found to be British as part of Project Acumen, a police-led research initiative.[43]

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[38] Home Office, (2012) *A change to the Protection from Harassment Act 1997: introduction of two new specific offences of stalking*, London: Home Office Circular, 018/2012.
[39] Chaplin, R., Flatley, J. and Smith, K. (Eds.) (2011) Crime in England and Wales 2010/11 Findings from the British Crime Survey and police recorded crime (2nd Edition), Home Office and ONS.
[40] Home Office, *VAWG Ready Reckoner*,
http://webarchive.nationalarchives.gov.uk/20100104215220/http:/crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm (last accessed 10.10.16).
[41] Sheridan, L. (2005) *Stalking Survey*, University of Leicester
[42] Article 3 of the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially women and children (2000), is one of the 3 protocols to the UN Convention Against Transnational Organisational Crime. This protocol is commonly referred to as 'the Palermo Protocol'. The protocol entered into force on 25th December 2003.
[43] Information from, The Poppy Project (2004), *Sex in the City: Mapping Commercial Sex Across London*, London: The Poppy Project; Jackson, K. Jeffery, J. and Adamson G. (2010) *Setting the Record: The Trafficking of Migrant Women in the England and Wales Off-Street Prostitution Sector, London: Project Acumen.*

Domestic violence and abuse

The cross-Government definition of domestic violence was changed in September 2012 (and was implemented in March 2013). The definition was widened to 'domestic violence and abuse' and also to include those 16-17 and coercive control for the first time.

The definition of domestic violence and abuse now states:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition, which is not a legal definition, includes so-called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

According to the 2013/2014 Crime Survey England and Wales[44] it is estimated that around 28.3% of women will experience domestic violence at some point in their lives from the age of 16 and 8.5% (4.4% of men) experienced abusive behaviour from a partner or family member within the last 12 months, equivalent to 1.4 million female victims. This would mean that in Haringey around over 6,000 women are currently experiencing domestic violence and over 20,000 women are living with the legacy of past domestic violence.[45]

In 2013/14, almost half (46%) of female victims aged 16 or over had been killed by their partner, ex-partner or lover (84 offences) and 80% of all female homicide victims were acquainted with their killer. In contrast, only 7% of male victims aged 16 or over were killed by their partner, ex-partner or lover. Over a third (37%) of female murder victims were murdered with a sharp instrument and 18% strangled or asphyxiated.[46]

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[44] *Op Cit.*, ONS Report

[45] Using the Home Office 'Ready Reckoner' tool it is estimated that over 6,000 women aged 16-59 have been a victim of domestic abuse in the past year; 5,607 have been the victim of a sexual assault and 11,104 have been a victim of stalking.

[46] ONS (2015) 'Chapter 2: Violence Crime and Sexual Offences – Homicide', in Findings from the 2013/2014 Crime Survey for England and Wales, Newport, Office for National Statistics

Coercive and Controlling Behaviour

In December 2015 a new criminal offence of Controlling and Coercive behaviour came into force. The offence is contained within Section 76 of the Serious Crime Act 2015. This will have an impact on the number of cases that we will see through all of the domestic violence services in the borough.

Harmful Practices ('honour' based violence, forced marriage and female genital mutilation)

"Certain cultural norms have long been cited as causal factors for violence against women, including the beliefs associated with "harmful traditional practices" (such as female genital mutilation/cutting, child marriage and son preference), crimes committed in the name of "honour", discriminatory criminal punishments imposed under religiously based laws, and restrictions on women's rights in marriage."[47]

Again, as with many areas of VAWG, there is likely to be gross underreporting of so-called 'honour' based violence, forced marriage and female genital mutilation. A report published by Her Majesty's Inspectorate of Constabulary (HMIC) in 2015 highlighted that the police are still not adequately prepared to deal with cases of harmful practices.[48]

Female genital mutilation (FGM)

Female genital mutilation (FGM) comprises "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons."[49]

The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian, Malaysian and Pakistani Bohra Muslim communities.

UNICEF has estimated that more than 125 million girls and women globally have undergone FGM and that 3 million girls in Africa are at risk each year[50]

The organisation Forward has estimated that 20,000 girls under 15 are at high risk of FGM in England and Wales each year.[51] The risk is highest for primary school girls however all young women from backgrounds where FGM is prevalent are at risk.

Research conducted in 2014 by Professor Alison Macfarlane and Efua Dorkenoo[52] included analysis of census data and medical data and linking this in with migration data. They have also compared

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[47] Report of the Secretary General to the General Assembly, (2006*) In-depth study on all forms of violence against women*, Report A/61/122/Add.1, page 30

[48] HMIC (2015) *The depths of dishonour: Hidden voices and shameful crimes*, London: Her Majesty's Inspectorate of Constabulary

[49] WHO, (2010), Female Genital Mutilation, World Health Organization Fact Sheet No. 241, available at: http://tinyurl.com/lvsjl (last accessed 08.03.11)

[50] UNICEF, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (New York, 2013).

[51] Macfarlane, A., Morison, L. and Dorkenoo, E. (2007) 'A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales, Summary Report,' Available online at: http://www.forwarduk.org.uk/key-issues/fgm/research, (last accessed 18.09.14)

this to global data on countries that practise FGM and the type they practise. As a result of the gathered data they estimate:

- The prevalence of FGM among women aged 15 and over
- The estimated numbers of maternities which were to women who have undergone FGM
- The numbers of girls aged under 15 with or at risk of FGM and the type of FGM.

The conclusions are as follows:

- Around 103,000 women aged 15-49 living in England and Wales are from FGM practising countries.
- Nearly 53,000 came from countries in the Horn of Africa where FGM is virtually universal and Type III is commonly practised.
- Women aged 50 or more with FGM – about 24,000 (9,400 came from countries where FGM is almost universal with Type III; 5, 600 coming from countries with almost universal FGM, usually Types I and II.)
- Those under 15 - just under 24,000 girls aged 0-14 born in FGM practising countries were living in England Wales in 2011. They estimated that if they experience FGM at the same rate as girls aged 15-19 in their countries of birth, then nearly 10,000 of them have undergone or will undergo FGM.
- Nearly 4200 temporary residents born in FGM practising countries were enumerated, of whom just over 900 came from countries where FGM is almost universal.
- the number of pregnant women who had undergone FGM increased steeply over the years 2001 to 2004
- The estimated numbers of maternities to women with FGM increased from just over 9,000 in 2005 to nearly 11,000 in 2008, since when the numbers have levelled off.
- From 1996 to 2010, 144,000 girls were born in England and Wales to mothers born in FGM practising countries and a further 29,000 were born in 2011 and 2012.
- 60,000 of the girls aged 0-14 born before 2011 and 11,700 of those born in 2011 and 2012 were born to mothers with FGM.
- In both cases, well over half of the mothers came from the countries in the Horn of Africa where FGM is almost universal and Type III is practised and slightly under a fifth came from the countries in West and East Africa where Types I and II are highly prevalent.

Thus the report suggests that while in overall terms, the increase was in numbers of girls born to women born in countries in Group 2, where prevalence is in the medium range, the increase in numbers of girls born to mothers with FGM related particularly to those from countries where FGM is nearly universal and Type III is commonly practised.

Overall the report suggests that the figure of 20,000 girls at risk was an underestimation and that in turn it is likely that due to migration from FGM practicing countries there has been a rise in women who may have undergone FGM that may need specialist healthcare support.

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[52] Macfarlane, A. and Dorkenoo, E. (2014) *Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk: Interim report on provisional estimates* (London, City University and Equality Now funded by Trust for London and the Home Office, p. 14.

The origin of FGM is complex and it has not been clearly established, but it is known that it predates both Christianity and Islam.[53] The World Health Organization (WHO) has said that the perpetuation of FGM is because *it functions as* a *self-enforcing social convention or social norm. In societies where it is practised, it* is *a socially upheld behavioural rule. Families and individuals continue to perform it* because *they believe that their community expects them to do so. They further expect* that *if they do not respect the social rule, they will suffer social consequences such as* derision*, marginalization and loss of status*[54].

A study by FORWARD[55] found that FGM is perpetuated in the UK for the following main reasons:

- The fact that it is a longstanding tradition which contributes to cultural Identity
- That uncut girls and their families are looked down upon by neighbours and extended family members
- The aim of controlling female sexuality both before and during marriage
- The perception that it is necessary for women's marriageability
- The perception that men desire a circumcised wife for their sexual pleasure
- Ideas around cleanliness

The 2015 research conducted by Dorkenoo and MacFarlane[56] has established estimates of the numbers of women and girls affected per borough across England and Wales with figures for Haringey of:

	Age 0-14	Age 15-49	Age 50+	Total
Estimated numbers of women with FGM	266	2410	749	3425
Estimated prevalence per 1000 population	11	32.4	24.7	26.6
Number of women born in FGM practising countries and permanently resident in England and Wales (2011 Census)	471	5560	2409	8440

Forced marriage

'A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and

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[53] For a discussion of the origins of FGM see: Office of the High Commissioner for Human Rights, Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children, available online at: http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf (last accessed 07.10.16) and FORWARD, (2002), Female Genital Mutilation Information Pack

[54] WHO (2010), *Global strategy to stop health-care providers from performing female genital mutilation*, Geneva: UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, IOM, MWIA, WCPT, WMA, page 2.

[55] Dorkenoo, E., Morison, L. and MacFarlane, A., (2007), *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales*, London: Foundation for Women's Health, Research and Development (FORWARD) in collaboration with the London School of Hygiene and Tropical Medicine and the Department of Midwifery, City University.

[56] Macfarlane, A. and Dorkenoo, E. (2015) 'Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates', London: City University and Equality Now. The table above is based on Table 11, Numbers of Women born in FGM-practising countries, and estimated numbers with FGM by age group and region and local authority area.

indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.'[57]

Forced marriage is not condoned by any of the major religions (consent is a prerequisite for marriage in all Christian, Hindu, Muslim, Sikh and Jewish marriages) and is a violation of human rights as well as a form of domestic violence.

Forced marriage affects young women disproportionately to young men. In 2014 the Forced Marriage Unit (FMU) gave advice or support to 1267 cases. 79% of these cases involved females and 21% involved males.[58] However, research shows that the figures of forced marriage (actual and threats of forced marriage) are much higher with the prevalence of reported cases estimated to be between 5,000 and 8,000 young people each year. The actual cases of forced marriage are estimated to be far higher as many cases are never reported. A report commissioned by Margaret Moran, the Home Office and the Metropolitan Police in 2008 found that over 300 young people approached organisations in the Luton Area alone.[59]

Forced marriage is recognised as a form of domestic violence – it is a form of exerting power and control over a person's choices. There are strong links between forced marriage and so-called 'honour-based' violence whereby a person who does not consent is seen to be dishonouring or shaming the family. There are a wide range of reason given by parents and the wider family and community for forcing young people into marriages. Parents say that they are protecting their cultural heritage, building stronger family links or religious traditions.

Other major reasons include: controlling young people's sexuality, especially young women who perceived to be promiscuous or young people who are lesbian or gay; ensuring that land or property remains within the family or gaining financially; preventing seemingly 'unsuitable' relationships (outside of caste, religion or culture) and provision of long-term care for a child who has a disability (learning or physical).

Crimes committed in the name of 'honour' or So-called 'Honour' Based Violence

So-called 'honour' based violence is a term used to describe violence committed against a woman where her family or the wider community feels she has not followed what they believe is acceptable behaviour and has brought dishonour or shame to the family. It is based on the belief that women are commodities and the property of male relatives and women's bodies are the repositories of the family's honour.[60] It is not a religious based issue – it has been recorded in communities practising every major religion, including Jewish, Sikh, Christian, Hindu and Muslim communities. The underlying belief behind so-called 'honour' based violence is to maintain the

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[57] FCO and Home Office (2015) 'Forced Marriage', available at: https://www.gov.uk/guidance/forced-marriage (last accessed 10.10.16)

[58] Forced Marriage Unit (2015) *Statistics on Forced Marriage for 2014*, London: Foreign and Commonwealth Office and Home Office

[59] Khanum, N., (2008), *Forced Marriage, Family Cohesion and Community Engagement: National Learning through a case study of Luton*, London: Equality in Diversity

[60] For a wider discussion of so-called 'honour based violence see: for example: Brandon, J. and Hafez, S., (2008), *Crimes of the Community: Honour-Based Violence in the UK*, London: Centre for Social Cohesion; Watts, C. and Zimmerman, C. (2002), 'Violence against women: global scope and magnitude', *The Lancet*, 359; Welchman, L. and Hossain, S. (2005), *'Honour': Crimes, Paradigms, and Violence against Women*, London, Zed Books and Terman, R. (2010), 'To specify or single out: Should we use the term "Honor Killing"?', *Muslim World Journal of Human Rights*, 7(1)

control over women by the men within the family or community by denying women autonomy over their lives – including decisions such as who to marry, their sex lives or divorce and the rights guaranteed by a wide range of international human rights mechanisms.

Although it should be always viewed in the context of wider gender based violence, so called 'honour'-based violence is different from domestic violence in that it involves perpetation of violence by more than one perpetrator usually from within the family or the wider community. IKWRO[61] suggest a number of factors that separate so-called 'honour' based violence from domestic violence:

- Gender relations that problematise and control women's behaviour, shaping and controlling women's sexuality in particular
- Women may play a role policing and monitoring the behaviour of other women
- Collective decisions regarding punishment, or in upholding the action considered appropriate, for the transgression of these boundaries
- Premeditation
- The potential for women's participation in killings
- The ability to reclaim 'honour' through enforced compliance or killings
- 'Honour' killings may occur publically or theatrically in order to demonstrate 'honour' reclaimed and to terrorise other women into accepting male control
- In some cases, there is state sanction of such killings through recognition of 'honour' as a mitigating factor

Women and girls can experience violence or, in the most extreme form, be killed for a wide variety of behaviours, which can range from very trivial, such as talking to a male who is not a relative to being sexually assaulted or raped. Some common 'behaviours' are:

- Defying their parents
- Talking to a male who is not related to the family
- Seeking a divorce or seeking residence of the children after divorce
- Refusing to marry a man chosen by the family (rejecting a forced marriage)
- Sexual relationships or pregnancy before or outside of marriage (including kissing or intimacy in public)
- Becoming 'western' (wearing make-up or clothes deemed inappropriate, having male friends or boyfriends from another faith etc.)
- Gossip (rumours can damage the 'honour' of a family)
- Using drugs or drinking alcohol
- Being sexually assaulted or raped
- Being homosexual

Worldwide, it is believed that there is gross underreporting of honour killings and so-called 'honour' based violence. The UN believes that there are around 5000 women murdered in the name of honour each year, but reports do also acknowledge that this figure is probably low compared to real figures. The UN has also recorded honour killings as happening in Bangladesh, Brazil, Ecuador, Egypt, India, Israel, Italy, Jordan, Morocco, Pakistan, Sweden, Turkey, Uganda and

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[61] IKWRO is The Iranian and Kurdish Women's Rights Organisation, www.ikwro.org.uk and www.stophonourkillings.com

the UK.[62] Government reports to the Committee on the Elimination of all Forms of Discrimination against Women have reported that between 1988 and 2003, 4000 men and women were murdered in Pakistan with the number of women killed more than double that of men.[63]

In the UK, IKWRO's research published in 2015 found that there were more than 11,000 incidents of 'honour' based violence reported to the police between 2010 and 2014.[64] In the UK, it is thought that there are 12 'honour' related killings each year[65], although there are no published statistics in this area. A report by the Henry Jackson Foundation found that there had been 18 'honour' related killings between 2010 and 2014, and a further 11 attempted killings.[66]

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[62] The figure of 5000 women a year is from UNFPA, (2000), *State of the World's Population*, This is the figure used in later reports including the UN Secretary General's 2006 report which acknowledges underreporting: Report of the Secretary General to the General Assembly, (2006) *In-depth study on all forms of violence against women*, Report A/61/122/Add.1

[63] Combined initial, second and third reports of Pakistan submitted under Article 18 of the Convention on the Elimination of all Forms of Discrimination against Women, Para. 529, cited in *Ibid*, page 40.

[64] IKWRO (2015) 'In only five years, police record more than 11,000 'honour' based violence cases', available at: http://ikwro.org.uk/2015/07/research-reveals-violence/#more-2539 (last accessed 01.03.16)

[65] The statistic of 12 killings a year is widely cited without any original source, nor is the statistic of 114 murder cases, which is also widely cited. Both statistics and the figures from the Metropolitan Police are available within the *Home Office Equality Impact Assessment, Violent and Youth Crime Prevention Unit*, published on the 30.03.11

[66] Dyer, E. (2015) *'Honour Killings in the UK'*, London, Henry Jackson Foundation

Appendix 2: Impact of Violence Against Women and Girls

Impact on children and young people

Violence against women and girls has a significant impact on the safety and wellbeing of children and young people.[67]

- Out of 1267 cases that the Forced Marriage Unit gave advice to in 2014, 39% involved young people under the age of 21 with 11% under 16.[68] There are cases of children as young as nine being forced into marriage.
- Female genital mutilation is predominantly carried out on young women aged 15 and under[69]
- A 2009 NSPCC survey of 13-17 year olds found that a quarter of girls had experienced physical partner violence, three quarters had experienced emotional partner violence and a third had experienced sexual partner violence[70]
- Up to 70% of teenage mothers have experienced domestic violence in their own intimate relationships[71]
- More than one third of all rapes recorded by the Police are committed against children under 16 years of age[72]

Children and young people can be extremely affected by their experiences of living with violence. The impacts can be physical, behavioural, psychological or educational and they can also be long-term or short-term impacts.[73] The way that children can be impacted depends on a wide range of factors including: age and developmental stage, gender, ethnicity, position within the family, sexuality, disability, their relationship with their mother, whether the abuse was direct or indirect, their access to safety and existence of support networks.

"Children exposed to sudden, unexpected man-made violence appear to be more vulnerable – making the millions of children growing up with domestic violence…at great risk for profound emotional, behavioral, physiological, cognitive, and social problems."[74]

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[67] See for example: Geffner, R., Spurling Igelman, R. and Zellner, J. (2013) *The Effects of Intimate Partner Violence on Children*, New York: Routledge; Humphreys, C. and Stanley, N. (2015) *Domestic Violence and Protecting Children: New Thinking and Approaches*, London: Jessica Kingsley Publishers

[68] Forced Marriage Unit (2015) *Statistics on Forced Marriage for 2014*, London: Foreign and Commonwealth Office and Home Office

[69] WHO (2016) *Female Genital Mutilation*, available at: http://www.who.int/mediacentre/factsheets/fs241/en/ (last accessed 01.03.16)

[70] Barter *et al*, *Op cit.*

[71] Harrykissoon, S., Vaughn, R. and Wiemann, C. (2002) *Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period,* Archives of Paediatrics and Adolescent Medicine, 156(4).

[72] Walker, A. Kershaw, C. and Nicholas, S. (2006) *Crime in England and Wales 2005/06* Home Office Statistical Office http://rds.homeoffice.gov.uk/rds/pdfs06/hosb1206.pdf

[73] For a detailed discussion of the impact of domestic violence on children see Humphreys and Stanley (2015) *Op. Cit.;* Hester et al (2007) op cit., Wolfe, D., Crooks, C., Lee, V., McIntyre-Smith, A., and Jaffe, P., (2003), 'The effects of children's exposure to domestic violence: a meta analysis and critique', *Clinical Child and Family Psychology Review*,6(3), Kitzmann, K., Gaylord, N., Holt, A.and Kenny, E., (2003), 'Child Witnesses to Domestic Violence: A Meta-Analytic Review', *Journal of Consulting and Clinical Psychology*, 71(2) and Evans, S., Davies, C.and DiLillo, D. (2008), 'Exposure to Domestic Violence: A meta-analysis of child and adolescent outcomes', *Aggression and Violent Behavior*, 13(2).

[74] Perry, B., Pollard, R., Blakley, T., Baker,W. and Vigilante, D. (1995) 'Childhood Trauma, the Neurobiology of Adaptation, and "Use-Dependent" Development of the Brain: How "States" Become "Traits", *Infant Medical Journal,* 16:4, page 273.

Children can be adversely affected by domestic violence in one of two ways. They can be indirectly abused by the perpetrator by witnessing violence or they can be directly abused themselves by the perpetrator (physically, sexually, emotionally, financially or psychologically).

Indirect

Most children are aware of the violence and the abuse suffered by their mothers from a very early age.[75] Research supports this, showing that most children are aware of the violence and abuse suffered by their mothers - 87 percent of the 108 mothers in one study believed that their children had witnessed or overheard the abuse. This mirrors earlier findings which show that where there are children in the household, 90 percent are in the same or adjoining rooms when violence occurs.[76] Section 120 of The Adoption and Children Act 2002 extended the legal definition of 'significant harm' to a child to include the impairment suffered from seeing or hearing the ill treatment of another – particularly in the home, even if they themselves had not been physically abused or assaulted. The amendment which came into effect in January 2005 was created in response to research that children can sometimes suffer long-term damage from living in a home where domestic violence is taking place.

Direct Abuse

In families where domestic violence occurs, children may also be sexually or physically abused. A meta-analysis of research studies estimated that in 30-60 percent of domestic violence cases, the abusive partner was also abusing children in the family.[77] The rate of reported domestic violence is particularly affected by whether active questions are asked about abuse of children. A study of NSPCC cases found that where children were known to have been abused there was a dramatic increase in disclosure of abuse from an initial one-third to two-thirds of children, once a domestic violence monitoring form was introduced.[78] A 2002 NSPCC prevalence study showed that 26 percent of 18 to 24 years olds had lived with violence between their parents/carers and for 5 percent this was frequent and on-going.[79]

Violence against women and girls is a particular child protection concern and reflected in referrals to children's social care and child protection cases.[80]

Impact on Women

Health impacts

Violence against women and girls has a significant impact upon the physical, sexual, emotional and mental health of women and children.

- Victims sustained an injury in almost half of all incidents of violence (48%) in the last Crime Survey in 2015.[81]

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[75] See for example Taft, A, Watson, L, and Lee, C (2004) 'Violence Against Young Australian Women and Association with Reproductive Events: A Cross-Sectional Analysis of a National Population Sample', *Aust N Z J Public Health*, Vol. 28 and McWilliams and McKiernan (1993).

[76] Jaffe, P. , Wolfe, D. , &Wilson, S. (1990) *Children of Battered Women*, Newbury Park, California: Sage.

[77] Edleson, J (1999) 'Children Witnessing of Adult Domestic Violence', *Journal of Interpersonal Violence*, 14:4

[78] Hester, M. and Pearson, C. (1998) *From Periphery to Centre: Domestic Violence in Work with Abused Children*, Bristol: Policy Press.

[79] Cawson, P (2002) *Child Maltreatment in the Family: The Experience of a National Sample of Young People*, London: NSPCC.

[80] Children's Social Care estimates that around 70-80% of all contacts to the Single Point of Access (SPA)/ Multi-agency Safeguarding Hub (MASH) Team involve domestic abuse (Using the wider definition).

- Rape and sexual assault can lead to a range of sexual health problems, including increased risk of sexually transmitted diseases, gynaecological problems, chronic pelvic pain, painful menstruation, painful intercourse and infertility.
- Female genital mutilation has numerous health implications which include severe pain and shock, infection, urine retention, injury to adjacent tissues, immediate fatal haemorrhaging.
- 40% of high risk victims report mental health problems[82]
- The mortality rate for women involved in prostitution is 12 times higher than it is for the general population, the highest for any group of women.[83]
- Studies have consistently found that between 40 -80 percent of women engaged in treatment services for alcohol or drugs had experienced some form of abuse.[84]

Impact on housing and financial stability

Violence against women and girls has a significant impact on levels of homelessness and housing stability, with women often having to flee their homes and/or livelihood because of abuse:
- A 2002 study by Shelter found the domestic violence is the single most quoted reason for homelessness - 40% of all homeless women stated that domestic violence was the reason.[85]
- An estimated 22% of women first entered prostitution when they were homeless or in temporary housing.[86]
- A 2014 report by the charity St Mungo's Broadway found that the majority of their homeless female clients had experienced gender-based violence and had been unable to access housing services to meet their needs.[87]

Domestic violence also has a detrimental impact on employment. According to Walby and Allen, 21% of employed women who had suffered domestic violence in the previous 12 months took time off work due to the violence and 2% lost their jobs as a result.[88]

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[81] ONS (2015) *Op. Cit.*

[82] SafeLives (2015) *Getting it right first time: policy report*, Bristol: SafeLives

[83] Peate, I. (2006) 'Paying the price: health care and prostitution' British Journal of Nursing, 15: p. 246-7 and Salfati, C. G., James, A.R. and Ferguson, L. (2008) 'Prostitute Homicide: A Descriptive Study, Journal of Interpersonal Violence, 23(4).

[84] See for example Galvani, S. And Humphreys, C. (2007) *The impact of violence and abuse on engagement and retention rates for women in substance use treatment*, NHS

[85] Cramer, H. and Carter, M. (2002) Homelessness: what's gender got to do with it? London: Shelter.

[86] Cusick, L. & Martin, A.(2003) *Vulnerability and involvement in drug use and sex work*, Home Office Research Report 268, London: Home Office.

[87] Hutchinson, S., Page, A. and Sample, E. (2014) *Rebuilding Shattered Lives*, London: St. Mungo's Broadway

[88] Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*, Home Office Research Study 276, London: Home Office.
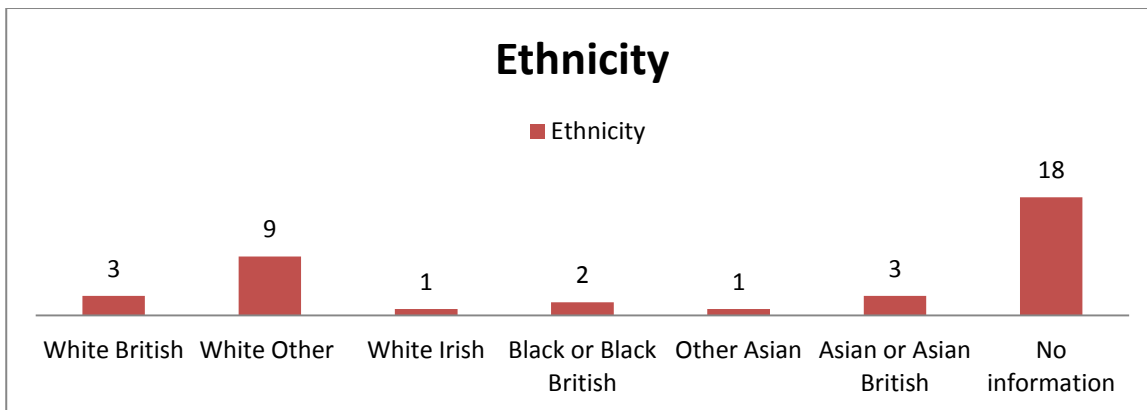
Appendix 3: Demographic Information

Survivor Consultation

37 survivors took part in 6 focus groups, which were held throughout the 10 week consultation period. All the participants were currently working with specialist support services and all identified as female. Unfortunately, we did not receive demographic information for 18 of the participants in time for this report.[89] The ages of the participants were extremely varied, with the youngest aged between 25 and 29 and the oldest aged 75-79. The median age for the survivor consultation was 35-39. Of the 19 participants for whom we have demographic information, almost 32% had a disability and 95% of participants were heterosexual and 5% were lesbian.

The faith profile of the participants was extremely mixed, although we only had information on 16 participants for this question. 50% of those who responded to this question were Muslim, within which 38% identified as Alevi. 31% were Christian and 6% were Hindu.

Faith

5 — Christian
2 — No Religion
8 — Muslim
21
1 — Hindu
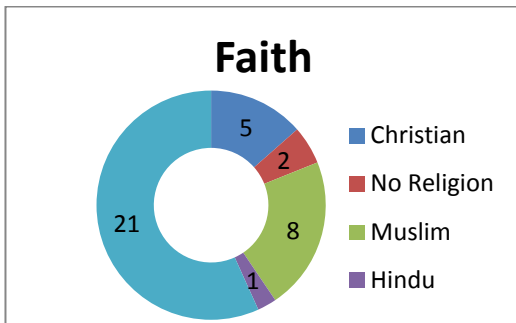
In terms of Ethnicity, again the demography was mixed. Almost half (47%) identified as White Other. Within that category the majority identified as either Turkish or Kurdish with 1 Polish participant and 1 Italian.

Ethnicity

■ Ethnicity

White British	White Other	White Irish	Black or Black British	Other Asian	Asian or Asian British	No information
3	9	1	2	1	3	18

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[89] If demographic information is received, the report will be amended.

Young People Consultation

10 young people participated in the focus group. 9 of them were aged under 18 and 1 was aged between 18 and 25. The focus group was split evenly between male and female participants with 5 female, 4 male and 1 young person who declined to state. None of the young people said that they have any form of disability and all 10 identified as heterosexual. The majority (70%) said that they had no religion.

Sex

- Male
- Female
- Did not state

Faith

- No religion
- Christian
- Did not state

Ethnicity

- Ethnicity

White British	White Other	Mixed White and Black Caribbean	Mixed White and Asian	Black or Black British	Any other	Mixed White and Black African
3	1	1	1	1	1	2
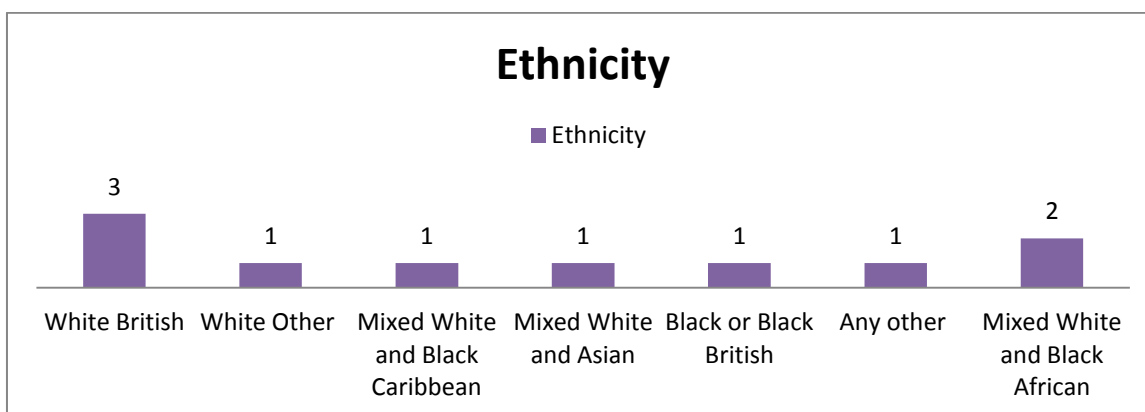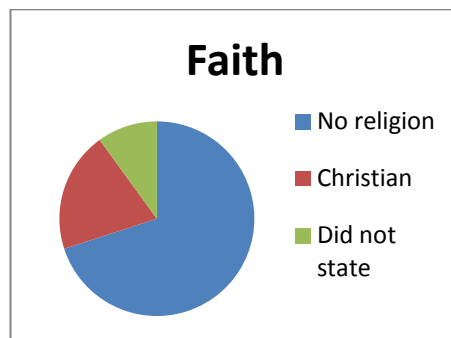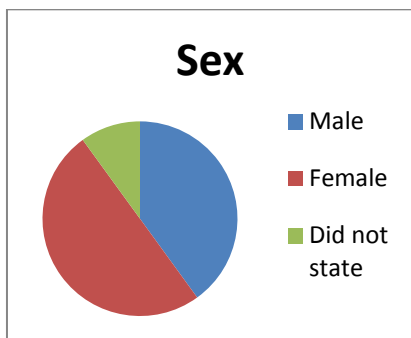
Professional and Local Resident Consultation

As outlined above, an online questionnaire with paper booklets was available for professionals and local residents to complete. The questionnaire launched online on 1st August and was available at: www.haringey.gov.uk/vawgconsultation. In total 55 responses were received either online or through the post.

Questionnaire Respondents
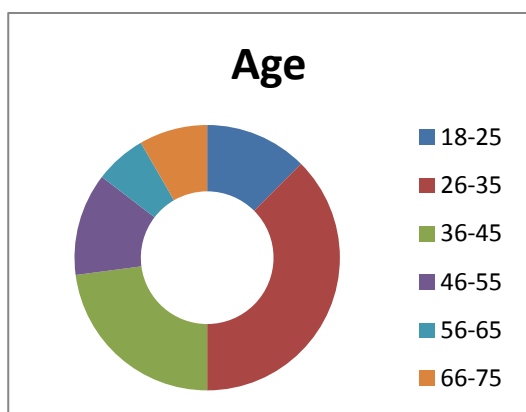
20 responses were received from local residents; 31 from statutory organisations (of which 29 were from the Metropolitan Police); 1 from a local business and 3 from local voluntary or community organisations (although some respondents said they were responding as a local resident and as a member of a local VCS.

- Local resident
- Public Sector Organisation
- Local business
- VCS
- No reply
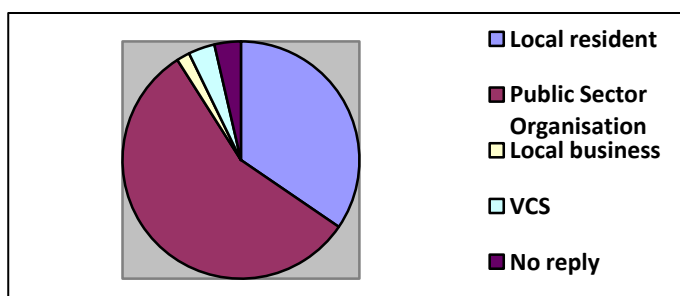
In terms of disability, 12.7% of respondents identified as having a disability with 80% saying they did not have a disability and 7.3% preferring not to answer the question. The response to the 'what is your sex/gender question?' was left deliberately open ended to allow for anyone who did not identify as either male or female to respond. However, 24 respondents identified as either 'female' or 'woman' and 26 identified as male. 4 respondents declined to answer and 1 identified as 'straight'. 78% of respondents identified as being heterosexual or straight with 3.6% identifying as bisexual and 1.8% identifying as gay or lesbian. The remainder either did not answer or preferred not to say.

The ethnicity was less mixed for the professional and local resident questionnaire responses: 50% identified as White British. 24% identified as being from 'Any other ethnic background' with half of respondents not specifying their ethnicity and the remainder being either White European or Latin American. 5.4% identified as being Black or Black British –Caribbean and 7.2% identified as being White Other (1 respondent was Greek/Greek Cypriot and the other 3 were Kurdish). 3.6% of respondents identified as White Irish and an additional 3.6% identified as Asian or Asian British. 5.4% of respondents declined to state.

The age range of respondents to the consultation was extremely mixed with responses from those aged 18-25 right up to those aged 66-75. 7 respondents did not answer this question. Nearly 33% of respondents were aged between 26 and 35 with the second highest concentration in the 36-45 age bracket (20%).

Appendix 4: Consultation Timetable

Consultation Timetable									
		Public Drop in	Service User focus group	Professional sessions	Professional event	Young People	Existing VAWG		
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
w/c Aug 1st	w/c Aug 8th	w/c Aug 15th	w/c Aug 22nd	w/c Aug 29th	w/c Sept 5th	w/c Sept 12th	w/c Sept 19th	w/c Sept 26th	w/c Oct 3rd
VAWG Advisory Mtg 4 Aug	VAWG Strategy Mtg 11 Aug	P3 Operational Board 10 Aug		Professional Drop in	Marcus Garvey Library 6 Sept	H&W Board 12 Sept	Stonecroft Nursery 19 Sept	Galop LGBT 26 Sept	Haringey Safeguarding Champions Mtg 10 Oct
Young Adult 2 Aug	Cllr Weston 1:1 10 Aug	Tottenham ReGen 15 Aug		CCG Engage. Mtg 1 Sept (postponed)		Professional Drop in	Harmful Practices Mtg 21 Sept	Triangle Children Centre 26 Sept	Women with a Voice focus group Oct 12
	LSCB Business Mgr Mtg	MASE 17 Aug				P3 Strategic Board 13 Aug	IMECE 21 Sept	WRC Event 27 Sept	
		Cllr Kober 1:1 19 Sept				Hornsey Library 13 Sept	POW Young People 21 Sept	Professional Event 28 Sept	
						SHOC Professional Mtg 14 Sept	Practice Network Seminar 22 Sept	Broadwater Children centre	
						HAGA 14 Sept	NIA 22 Sept	Young Adult Service TBC Sept	
						Labour Women's Forum 15 Sept		JAN Trust TBC Sept	
						VAWG Strategy 15 Sept			
						DVIP 15 Sept			
						Solace WA 16 Sept			

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Appendix 5: Online Questionnaire

Haringey's Violence Against Women and Girls Strategy Consultation 2016

How can you respond to this consultation?

We are consulting on Haringey's Violence Against Women and Girls (VAWG) Strategy, a plan in which we set out our approach to addressing and preventing violence against women and girls.

We are proposing to focus on 4 priorities for the Violence against Women and Girls Strategy. These priorities are:

- **Priority 1: Coordinated Community Response**
- **Priority 2: Prevention**
- **Priority 3: Support for Victim/Survivors**
- **Priority 4: Perpetrator Accountability**

We would value your views on our suggested strategic priorities to ensure they make a real and sustainable difference to the lives of Haringey's residents.

Feedback from this consultation will be used to help develop a plan to implement the strategy.

Please complete the questions by the 26th September 2016 and e-mail your response to: **vawgconsultation@haringey.gov.uk** or post to Violence Against Women and Girls Strategy Consultation, Public Health Directorate, Level 4, River Park House, 225 High Road, London N22 8HQ. You can also complete the consultation online at: www.haringey.gov.uk/vawgconsultation

Q1. Are you responding as a:
☐ Local resident
☐ Public sector organisation
☐ Local business
☐ Local community or voluntary sector organisation
☐ Other (please specify)

Q2. If responding on behalf of an organisation/business, please give the organisation's name

Priority 1: Coordinated Community Response

Q3. Looking at the CCR diagram (on page 6), how can we best support victims as a whole community?

Q4. What can we all do better to support victims?

Q5. Do you have any additional comments?

Priority 2: Prevention

Q6. Can you suggest other actions we can take to prevent violence against women and girls?

☐ No
☐ Yes (please specify)

Q7. What is the best approach to take with young people to prevent violence against women and girls in the future?

Priority 3: Support

Q8. Are there any other ways we could better support victim/survivors?

☐ No
☐ Yes (please specify)

Q9. What more could you do to support your friends/families and neighbours? What support would you need to do this?

Priority 4: Perpetrators

Q10. What do you think we should have as our approach to perpetrators?

Q11. How do you think we could best engage people within the community to safely tackle perpetrators?

Q12. Do you think we are missing anything important from our priorities?

☐ No
☐ Not sure
☐ Yes (please specify)

About you.

These questions help us understand who has answered this survey – the answers will be confidential. Please only answer if you are completing the questionnaire as an individual and as a Haringey resident.

Q13. What is your age?

- [ ] Under 18
- [ ] 18-25
- [ ] 26-35
- [ ] 36-45
- [ ] 46-55
- [ ] 56-65
- [ ] 66-75
- [ ] 75+

Q14. Do you consider yourself to have a disability?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

Q15. What is your sex/gender?

[   ]

Q16. What is your ethnic group?

- [ ] White - British
- [ ] White - Irish
- [ ] White Other - Greek / Greek Cypriot
- [ ] White Other - Turkish
- [ ] White Other - Turkish / Cypriot
- [ ] White Other - Kurdish
- [ ] White Other - Gypsy / Roma
- [ ] White Other - Irish Traveller
- [ ] Black or Black British - African
- [ ] Black or Black British - Caribbean
- [ ] Asian or Asian British - Indian
- [ ] Asian or Asian British - Pakistani
- [ ] Asian or Asian British - Bangladeshi
- [ ] Asian or Asian British - East African Asian
- [ ] Mixed - White and Black African
- [ ] Mixed - White and Black Caribbean
- [ ] Mixed - White and Asian
- [ ] Chinese
- [ ] Any other ethnic background (please specify)
- [ ] Prefer not to say

Q17. What is your religion?

- [ ] No religion
- [ ] Christian (including Church of England, Catholic, Protestant, & all other Christian)
- [ ] Buddhist

☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Any other religion (please specify)
☐ Prefer not to say

Q18. Which of the following options best describes how you think of yourself?
☐ Heterosexual or Straight
☐ Gay or Lesbian
☐ Bisexual
☐ Other (please specify)
☐ Prefer not to say

Thank you for taking the time to complete this questionnaire.

Please complete the questions by the 26th September 2016 and e-mail your response to: **vawgconsultation@haringey.gov.uk** or post to Violence Against Women and Girls Strategy Consultation, Public Health Directorate, Level 4, River Park House, 225 High Road, London N22 8HQ. You can also complete the consultation online at: www.haringey.gov.uk/vawgconsultation

Support Services

We recognise that Violence Against Women and Girls may have affected you personally. If you need support after reading or completing this consultation, please contact:

National Support Services	Contact Details
National Domestic Violence Helpline	0808 2000 247 or www.nationaldomesticviolencehelpline.org.uk/
Men's Advice Line	0808 801 0327 or www.mensadviceline.org.uk/
Respect phone line (for perpetrators)	0808 802 4040 or www.respect.uk.net
Forced Marriage Unit	0207 0080151 or fmu@fco.gov.uk
IKWRO	0207 920 6460 or www.ikwro.org.uk
FGM Helpline	0800 028 3550 or www.childline.org.uk/fgm
Karma Nirvana	0800 5999247 or www.karmanirvana.org.uk
FORWARD (for FGM)	www.forwarduk.org.uk
Paladin (for stalking)	020 3866 4107 or www.paladinservice.co.uk

Haringey Support Services	Contact Details
IDVA Service	0300 012 0213 or www.niaendingviolence.org.uk
Solace Women's Aid	0808 802 5565 or www.solacewomensaid.org
Hearthstone	020 8888 5362
IMECE	020 7354 1359 or www.imece.org.uk
North London Rape Crisis	0808 801 0305 or http://solacewomensaid.org/get-help/north-london-rape-crisis/

Appendix 6: Additional Questions asked during Individual or Group Interviews

- Are you aware of the services available to support victim/survivors in Haringey?

- How can we best engage men and boys in work to end VAWG?

- What practical issues do victim/survivors face?

- What other areas do you think we should focus on?

- Are there other areas of work we should include?

- What gaps are there in VAWG services in Haringey?

- In an ideal world what services would you like to see?

- Can our VAWG services be delivered more effectively and efficiently?

- What are the key outcomes you feel should be included?

- Who needs to be involved in a multi-agency approach?

- What is your understanding of VAWG?

- What training do you think you and your organisation need to understand and address VAWG?

- Are services to help victims of VAWG easy to access?

- If you needed to get information or support for yourself or someone you know would you know where to go?

- What are the key challenges in providing a sustainable service?

- What are the ways in which women and girls currently access support and protection?

- What are the types of support women and girls find most helpful?

- How do you think we can best explore ways to prevent violence?

- How can organisations work together to provide an effective response to women and girls and to hold perpetrators to account?

- How can we best identify gaps and needs as well as any barriers to accessing support services?

- What do you think is the most pressing issue for the VAWG Strategy to cover?

- Which do you think is the most important area?

- What better support could be provided to victim/survivors who are: NRPF, BME, disabled etc.

- What is the most important thing we can do to tackle VAWG?

- What are the key barriers for victims to access support?

- Who do victims currently report to?

- What can be done to improve support?

- How can we challenge 'cultural' issues?

- What can be done to tackle young people's attitudes to VAWG?

- What more can we do to tackle 'harmful practices'?

- What is the key barrier for trafficked people to access support?

- How can we identify VAWG?

- What more can we do to safeguard future generations?

For further information:

Fiona Dwyer (Strategic Lead for Violence Against Women and Girls)

Fiona.dwyer@haringey.gov.uk

0208 489 1501

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Violence Against Women and Girls
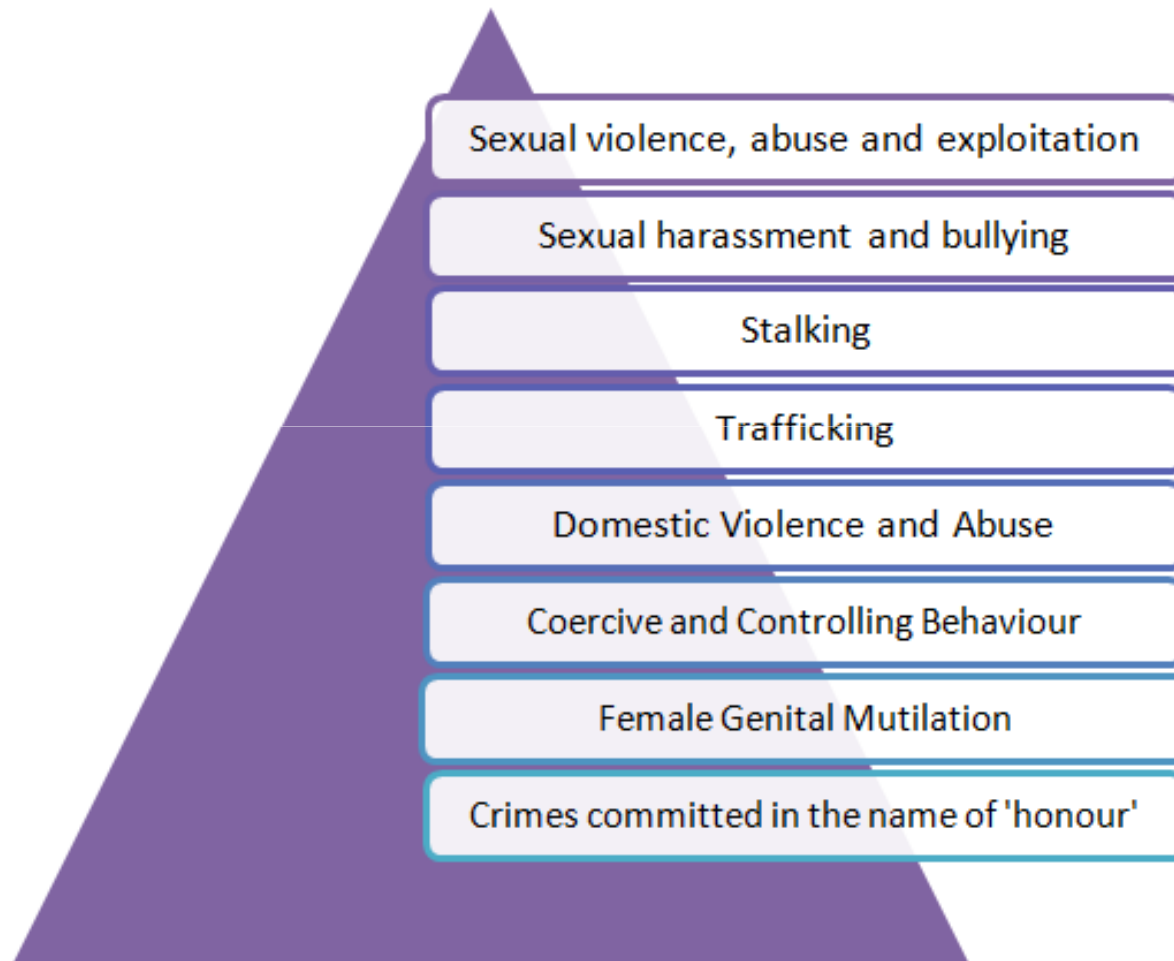
Haringey's 10 year Strategy

What is Violence Against Women and Girls?

Violence against Women and Girls (VAWG) is both a form of discrimination and a violation of human rights.

- *'Any act of gender based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women [or girls], including threats of such acts, coercion or arbitrary deprivation of liberty'* (1993, Article 1)

The Forms of Violence Against Women and Girls

Sexual violence, abuse and exploitation

Sexual harassment and bullying

Stalking

Trafficking

Domestic Violence and Abuse

Coercive and Controlling Behaviour

Female Genital Mutilation

Crimes committed in the name of 'honour'

Our vision over the next 10 years is to improve the safety, health and wellbeing of women and girls in the borough so they can live to their full potentials and for Haringey to become a borough in which no form of abuse is tolerated.

What do we know about VAWG in Haringey?

It's very difficult to get detailed information on how many women and girls are affected each year as VAWG is underreported and many victim/survivors do not come to the attention of services. But, we do know that...

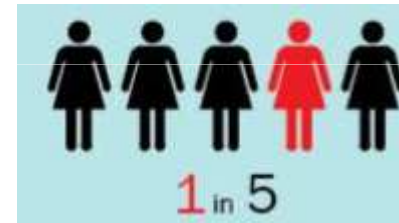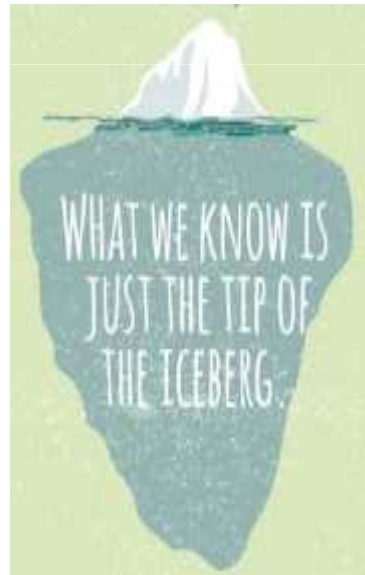5th highest in London – 2787 incidents from April 2015-March 2016

Up to 80% of all contacts to CYPS involve domestic abuse

100,000 submissions to Everyday Sexism Campaign

An estimated 3500 women are affected by FGM and 115 reported between April 2015-March 2016

592 sexual assaults were reported between April 2015 and March 2016

High but hidden levels of forced marriage and so-called 'honour' based violence

More than 1 in 5 experience stalking. This means that 5000 women in Haringey have experienced it.

The consultation

- 10 week consultation

- 55 responses to online and paper consultation

- 53 took part in focus groups

- Over 200 in our professional and local networks

- Broad support for our approach

- Focus groups with survivors, professionals and young people allowed for nuanced insight and identify barriers and gaps

Key Element

The key element identified by all respondents was the crucial need for **all agencies** across to work closely with **local residents** and with **survivors of abuse** to design an approach that works across Haringey that develops a coordinated community response.

What are the Priorities?
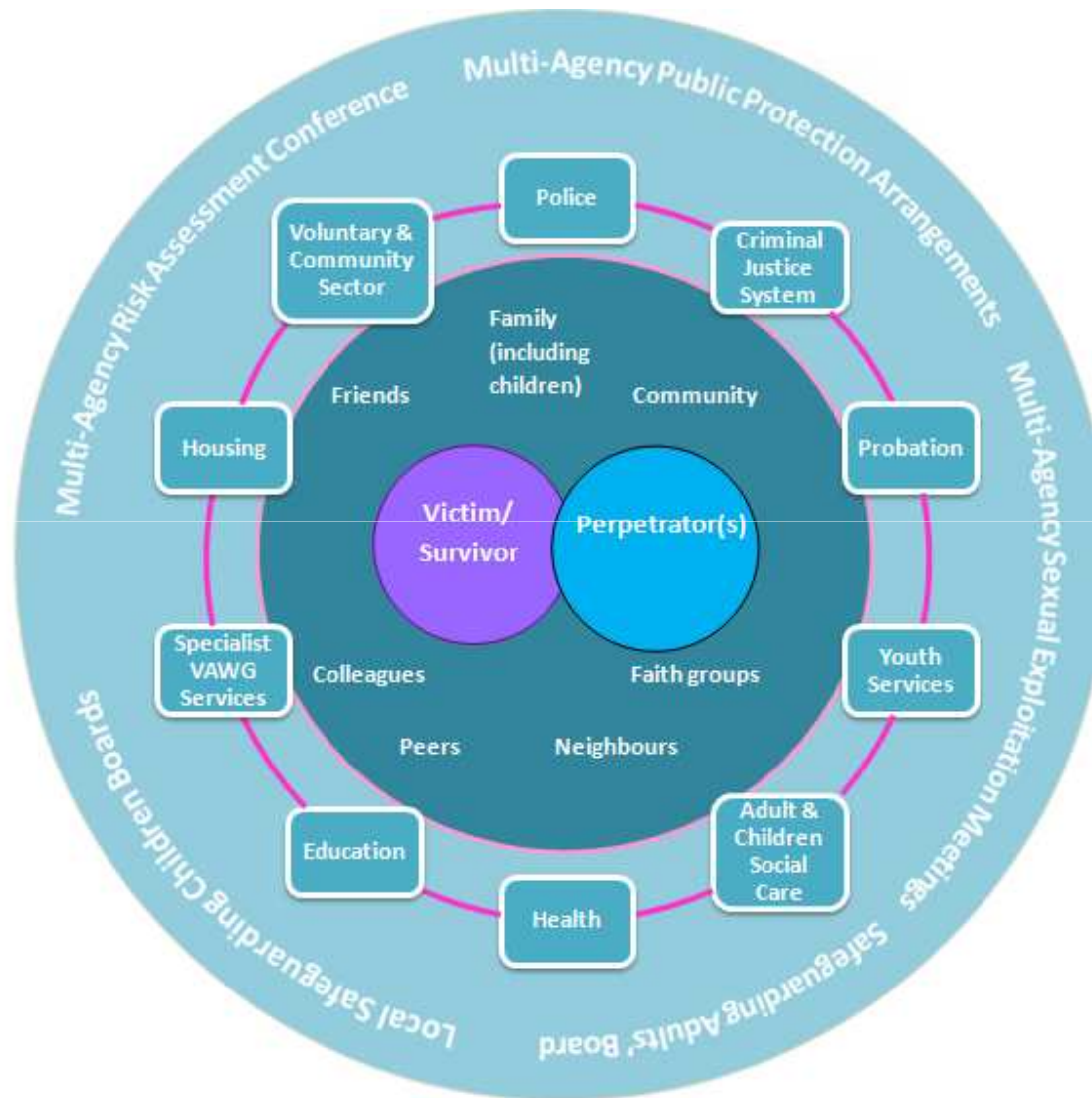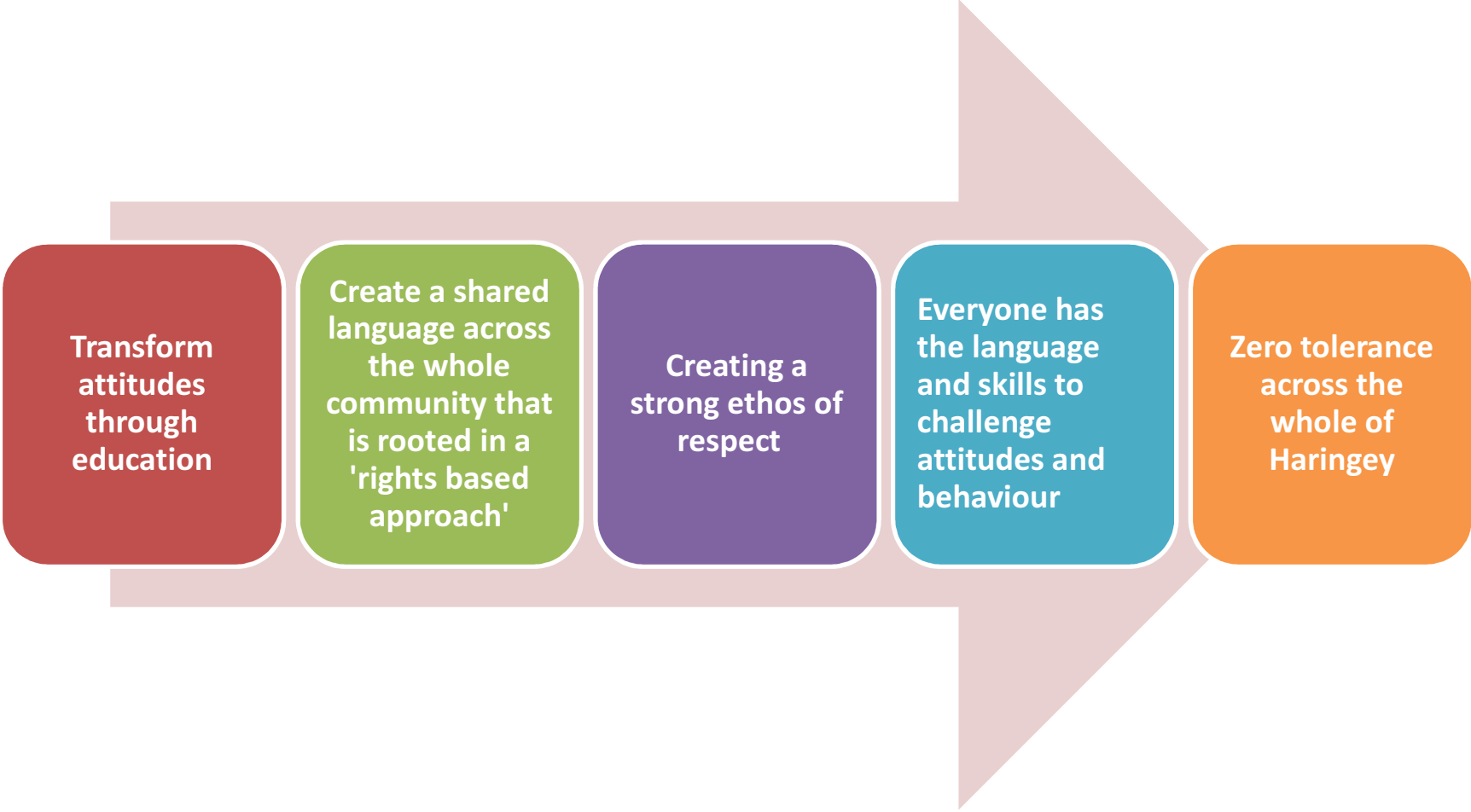
Develop a Coordinated Community Response

Prevention

Support for victim/survivors

Holding perpetrators to account

8

Priority 1: Coordinated community response

Priority 2: Prevention

Priority 3: Support Victim/Survivors

High quality risk and needs assessments	Wrap-around support for victim/survivors and their families
Individualised, trauma-informed services	All professionals and victim/survivors know how to access support to signposting.
Women have a choice of specialist support services, designed with real survivor input,	All organisations trained to ask the right questions and respond appropriately.

Priority 4: Holding Perpetrators to Account

Haringey has zero tolerance to abuse

Haringey holds perpetrators to account through a range of interventions

All services are equipped to recognise and address *patterns* of abuse, as well as recognising the 'charm bias' of perpetrators.

Perpetrator programmes lead to sustainable behaviour change in perpetrators

Commission perpetrator programmes

Work with the CPS and other criminal justice partners to increase the % of successful criminal justice outcomes.

Community Safety Partnership
November 2016
Information Sharing Protocol

haringey.gov.uk

Why does this matter?

- We need accurate, up-to-date and complete records in order to deliver excellent services

- The protocol sets out the general principles for information sharing, so everyone follows the same approach

- Positive approach to information sharing – default position is that we share information to help services and service users

- We've come a long way – this protocol will help make sure all partners do things the same way

haringey.gov.uk

Haringey
LONDON

What usually goes wrong

- Sending sensitive information via insecure emails – use Egress or GCSX

- Unsecure dispatch and storage of sensitive and personal information – hard copy and electronic

- Letters wrongly addressed containing sensitive personal information

- Sensitive information not redacted (properly)

- Unsecured faxes sent and received – use secure email

haringey.gov.uk

High profile and costly

What we want everyone to do now

✓ Get your organisation to approve the protocol

✓ Appoint some-one to act as your organisation's Single Point of Contact (SPOC) for the protocol

✓ Make everyone in your organisation is aware of this protocol **and** what they need to do if they share information between the partners

✓ Make sure everyone is properly trained in information governance and how to share information securely

✓ Monitor how information is being shared, identify any breaches and take action to address them

The key message

The guiding rule for everyone who deals with personal information is:

If you need to share information in order to protect someone from harm or criminal activity, you must do so, and do it securely

Any questions?

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**HARINGEY CRIME AND DISORDER
INFORMATION SHARING PROTOCOL**

Amended 2016

Document control

Author	Claire Kowalska, Community Safety Team, Haringey Council
Contributors	Metropolitan police, Haringey Council, London Fire Service
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Responsibility for review	Haringey Council
Primary circulation list	Corporate Services; Statutory Officers Group, Leads for responsible authorities, Community Safety Partnership
Sign off	

Document history

Date	Version	Comments
April 2016	1	Presented to the CSP board with prior comment from police, LFB, and legal and audit services.
September 2016	2	Redraft informed by the UK National Institute of Excellence for Information Sharing.
November 2016	2	Presented to the CSP board with prior comment from police, LFB, and legal and audit services. Board members requested further information and case studies

Contents   **Page number**

1. **Purpose of the protocol**

1.1 This document provides the basis for an agreement between the responsible agencies (local authority, police and fire services; probation services, Clinical Commissioning Group) and other organisations engaged in preventing and reducing crime, disorder, anti-social behaviour, extremism/radicalisation and re-offending. The list of initial signatories is contained in Appendix A. There is a simple form available for new signatories.

The protocol aims to facilitate and govern the effective and secure sharing of required and good quality information. It sets out:

- The general purposes for information sharing (section 2)
- The principles underpinning information sharing (section 8)
- The responsibilities and commitments of partners to this agreement (section 9)
- The arrangements for monitoring and review (section 11)

1.2 This protocol complies with the information sharing principles defined in the Crime and Disorder Act 1998 and subsequent amendments to the Act. It aligns with other protocols to which agencies may already be signatories and does not in any way supersede those existing agreements. In particular, this protocol should be read in conjunction with Appendix H 'HM Government's Guidance on Information Sharing for Practitioners'.

1.3 It is not intended that this document be definitive or exhaustive, it is recognised that as policy develops and implementation arrangements mature, this protocol will need to be reviewed and amended in light of new information sharing requirements to ensure that it is 'fit for purpose'.

1.4 It should be noted that the absence of a protocol should not prevent information from being shared. If information needs to be shared outside the terms of this protocol, or with organisations not party to the agreement, then the guidance at Appendix D should be followed, 'Haringey's Simple Guide to Information Sharing'.

The guiding rule for all remains:

If you need to share information in order to protect someone from harm or criminal activity, you must do so and do it securely

2. **Policy context**

2.1 The efficient and timely sharing of information is essential to the delivery of high quality services. It is also critical in many cases to the safeguarding of vulnerable individuals and the safety of wider society. In order for this to be effective, signatories to the protocol must be empowered and

committed to sharing good quality and relevant information in a secure way. In Haringey, we encourage a culture in which information is shared with confidence as part of routine service delivery.

2.2 Among Haringey's corporate ambitions for the future is to build stronger partnerships with residents, businesses and key partners. It is also a top priority within the Corporate Plan to increase feelings of safety for all.

2.3 Community Safety partners in Haringey collaborate closely and effectively with central government. Priorities set by the Mayor of London and the Home Office inform local delivery. However, this is a two-way process whereby local knowledge also informs central thinking and policy making. The Haringey Community Safety Partnership (CSP) has performed well in presenting evidenced priorities and delivering all commitments under the London Crime Prevention Fund. We are seen as robust and reliable partners.

2.4 At the local level, community safety priorities and partnership plans are reviewed every few years, informed by rolling strategic assessments, and agreed by the CSP.

3. Legislative context

3.1 It is essential that all information shared under the terms of this protocol be done in compliance with the following legislation. For information on children and parental consent, refer to Appendix G.

3.2 **The Crime & Disorder Act 1998** is the primary legislative tool, common to all crime reduction protocols. Section 17 of the Crime and Disorder Act 1998 (CDA1998) imposes a duty on the council to exercise its various functions with due regard to do all that it reasonably can to prevent, crime and disorder in its area. Section 115 of CDA1998 provides a general power, where it is necessary or expedient for the prevention of crime and disorder, to people/organisations without a power to disclose information to the authority, the power to do so.

3.3 **The Data Protection Act 1998** places obligations on the owners of personal data to manage that data in accordance with the principles. The Act requires that the use of personal data, including information sharing, is fair, lawful and for specified purposes.

3.4 **The Human Rights Act 1998** provides individuals with a right to respect for private and family life, free from unlawful and unnecessary intrusion by public authorities.

3.5 **The Common Law Duty of Confidence** applies to information provided to public authorities under an assumption or expectation of confidence.

3.6 **Homelessness Act 2002 (HA2002)** - Section 184 of the Housing Act 1996 allows the local authority (if it believes a person is homeless or threatened with homelessness) to make 'such enquiries as are necessary' to establish whether a person is eligible for housing assistance and what duty they are owed by the authority. This entitles relevant housing authorities to request information from the Metropolitan Police to establish the applicant's eligibility for housing assistance. Section 10 of the Homelessness Act 2002, extends the criteria for determining whether it is reasonable to continue to occupy accommodation to include those who have been made homeless as a result of being the subject of violence, or the threat of violence which is likely to be carried out.

4. Types of information and rules about sharing it

Personal information

4.1 The Data Protection Act 1998 defines 'personal information' as information relating to a living individual who can be identified directly either from that information or from that information in conjunction with other information that is in, or is likely to come into, the possession of the data controller.

4.2 A person's full name is an obvious likely identifier; but other information such as a customer reference number, address, photographs or CCTV images could also identify them.

4.3 The definition of personal information is technology neutral; it does not matter how the information is stored (e.g. on a computer database, paper filing system, microfiche, portable memory stick).

4.4 Where it is necessary for information to be shared, personal information will be shared on a need-to-know basis with respect given to any duty of confidentiality.

4.5 Where the disclosure would breach client confidentiality the request should be referred to a designated manager - unless exceptional circumstances apply, e.g. where there is a need for urgent medical treatment. Managers should have access to a source of advice and support on information sharing issues. This may be a Caldicott Guardian.

4.6 The reasons for sharing confidential or personal information under these circumstances must be fully recorded and must clearly reference the evidence and information on which the decision is based. This must include details of any third parties and details of all the information/evidence they have been given.

4.7 Examples of information that may be requested are:
- Demographics (name, date of birth, gender, address, ethnicity)
- Offending history

- Living Arrangements
- Family and personal relationships
- Statutory education
- Lifestyle and cultural factors
- Substance misuse
- Emotional and mental health
- Perceptions of self
- Thinking and behaviour
- Attitudes to engagement in relevant activity
- Motivation to change

<u>Depersonalised information</u>

4.8 Depersonalised information encompasses any information that does not and cannot be used to establish the identity of a living person, having had all identifiers removed.

4.9 Signatories to the protocol (hereafter referred to as 'Partner Agencies') accept that there are no legal restrictions on the exchange of depersonalised information, although a duty of confidence may apply in certain circumstances, or a copyright, contractual or other legal restriction may prevent the information being disclosed to Partner Agencies.

4.10 Information shared between Partner Agencies should be limited for the purposes of the enquiry. If the purpose of this protocol can be achieved using depersonalised information, then this should be the preferred method used by officers. For example, in assessing crime hotspots geographic information that does not identify living individuals might be used for strategic planning purposes.

4.11 Partner Agencies recognise that care must be taken when depersonalising information and that the Information Commissioner has stated that even a post-code or address can reveal the identity of an individual. Partner Agencies are also aware that it may be possible for an individual's identity to be revealed by comparing several sets of depersonalised data.

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4.12 The partners to this Protocol agree to share depersonalised information for all stated purposes and for use in annual strategic assessments and the purposes of joint tasking decisions. Examples of data sets are listed at Appendix C. This is not an exhaustive list.

Non-personal information

4.13 Partner Agencies understand that non-personal information is information that does not, nor has ever, referred to individuals. Examples

include recorded data by volume and trends; number of school exclusions; A&E hospital admissions.

5 <u>Consent</u>

5.2 Many issues surrounding the disclosure of personal information can be avoided if the consent of the individual has been sought and obtained. Obtaining consent remains a matter of good practice and in circumstances where it is appropriate and possible, informed consent should be sought. (There is a 'Consent Form' at Appendix B of this protocol that can be used if signed consent has not already been obtained as part of the assessment or referral process). Consent lasts as long as required - unless it is withdrawn. Individuals have the right to withdraw consent after they have given it.

5.3 Practitioners should encourage clients to see information sharing (and giving their consent to share their personal information) in a positive light, as something which makes it easier for them to receive the services that they need.

6. <u>Sharing information without consent</u>

6.1 Practitioners should not seek consent when they are required by law to share information through a statutory duty or by a court order. Consent should also not be sought if doing so would:

- place a person (the individual, family member, staff or a third party) at increased risk of significant harm if a child, or serious harm if an adult; or

- prejudice the prevention, detection or prosecution of a serious crime; or

- lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.

6.2 There are circumstances in which information shared under this protocol might be prejudiced if Partner Agencies were to seek consent. In such cases, the disclosing agency must consider the principle of 'legitimate purpose'. It is possible to disclose without consent if the issue is of substantial 'public interest' in which case any duty of confidentiality can be overridden.

Legitimate Purpose

6.3 Partner Agencies understand the 'Legitimate Purpose' criteria to include:

- Preventing significant harm to a child or serious harm to an adult;

- Providing urgent medical treatment to an individual

7

- Implementing any of the following Acts: Crime and Disorder Act 1998, Homelessness Act 2002, Housing Act 1985 & 1996 Act

Public Interest

6.4 Partner Agencies understand the 'Public Interest' criteria to include:

- Administration of justice

- Maintenance of public safety

- Apprehension of offenders

- Prevention of crime and disorder

- Detection of crime

- Protection of vulnerable members of the community

6.5 When considering whether disclosure is in the public interest, the rights and interests of the individual must be taken into account. A fair balance between the public interest and the rights of the individual must be ensured.

6.6 It is the responsibility of the individual agency/organisation to ensure that their data sharing transactions undertaken are done so legally and fairly and that they comply with their own legal powers and the legislation detailed above.

7. Key principles

In signing up to this protocol the signatories agree and commit to the following principles that:

a. The sharing of information remains the default position for the maintenance of safety and prevention of harm
b. This agreement is to be entered into alongside any existing protocols, procedures, policies and guidance to which partners already adhere and does not supersede them
c. This protocol will be underpinned by individual data sharing agreements that will govern specific data sharing transactions between partners
d. Information will only be used for the purposes stated in this protocol, and as detailed in individual information sharing agreements
e. Partner agencies comply with the requirements of the Data Protection Act 1998 and in particular the data protection principles

f. Where it is agreed that it is necessary to share personal information it will be shared only on a 'need to know' basis and this will be detailed in the individual information sharing agreements. All other information will be statistical and aggregated

g. Personal and sensitive Information will be shared under this agreement where there is a statutory power to do so, and the conditions for processing can be met, as determined in the Data Protection Act 1998

h. Agencies agree to ensure that data sharing takes place in accordance with their legal, statutory and common law duties and that responsibility for ensuring that they have adequate notifications, policies, procedures and guidance to do so remains with them

i. Signatories agree to the roles and responsibilities set out in section 8

j. All information will be supplied in line with the relevant standards for information quality, audit, security and retention – see paragraph 9 below.

8. Roles and Accountability

8.1 As signatories to this protocol, we will ensure that:

- The key principles and standards expected in this protocol are upheld

- Accurate, timely and secure sharing of information - for the purposes stated in this protocol - is proactively supported and promoted

- A named role + a deputy role is allocated as a Single Point of Contact (SPOC) within each partner agency to provide guidance and support to ensure adherence to this protocol

- Specified information is disclosed in a timely manner to statutory agencies for the purposes of:

  : Carrying out regular strategic assessments
  : Formulating and implementing agreed partnership plans
  : Producing reports, inc. Annual Reports, to the community
  : Allocating joint resources including via formal partnership tasking

- There is compatibility between this protocol and the information governance arrangements within partner agencies

- Breaches of practice are swiftly and effectively dealt with, and any more serious barriers to smooth information exchange are brought to the CSP board

- Regular reviews are undertaken and amendments made as required. This responsibility will fall to the council's Community Safety Team or agreed Lead Officer.

9. Audit, Security and Retention

Staff Requesting Information

9.1 Where there is reasonable cause to believe that an individual may be at risk of suffering significant harm or serious harm, staff should always consider referring their concerns to social services or to the local police force – in line with the local policies and procedures.

9.2 When in any doubt, staff must talk to a lead person either a safe-guarding professional; their manager, an experienced colleague or a Caldicott Guardian. Staff should try to protect the identity of the individual (wherever possible), until they have established a reasonable cause for their belief.

9.3 An officer requesting information from another Partner Agency must submit the inquiry in writing and on the 'Request/Disclosure Form' attached to this protocol at Appendix B in order to secure an audit trail.

9.4 The request must specify what is required and the purpose for which it is being sought. Any personal details must also be transmitted in a secure way, for example, through secure/or GCSX account or as a password protected document. It is not acceptable for any personal or detailed information to be circulated via the ordinary email route as this is inherently insecure and may breach the Data Protection Act.

9.5 The requesting officer must also save a copy of the request on the client's record.

9.6 There is no need to submit a separate form for each occurrence. The procedure is subject to a continued review by participating Partner Agencies.

Disclosing Information under this protocol

9.4 Officers responding to a request for information must consider the safety and welfare of the client when making decisions on whether to share information about them.

9.5 The disclosing officer must ensure that the requesting officer has supplied a complete 'Request/Disclosure' form and, where appropriate, evidence of the client's consent. A reply to the request must be made within an agreed timescale.

9.6 Officers disclosing information must also ensure that any information supplied is:

- necessary for the purpose for which they are sharing it;

- accurate and up-to-date;

- depersonalised (where appropriate);

- shared only with those people who need to see it; and

- transferred securely

9.10 When the Metropolitan Police disclose any information under this protocol, it must be in line with the Government Protective Marking System (GPMS) and marked as RESTRICTED

9.11 The disclosing officer must complete the appropriate section of the 'Request/Disclosure' Form and save it in line with service procedures.

10. Governance, monitoring and review

The review and amendment of the protocol will be undertaken by the council's Community Safety staff or agreed Lead Officer. Formal review will be undertaken annually unless legislation or policy changes dictate otherwise.

Regarding the monitoring of its effective use, Haringey's Statutory Officers Group (SOG) delegated this responsibility to Directors or Assistant Directors of the council with a single point of contact (SPOC) in key partner agencies at their meeting on 23rd August 2016. This group will also be overseeing the implementation of the recommendations, working with the AD for Transformation and Resources, who reports to the Chief Operating Officer.

Barriers to proper information sharing within an organisation should be resolved by that organisation. Barriers to information sharing or the release of data between organisations, for the purposes specified in this protocol, should in the first instance be resolved by the relevant Director or Assistant Director with their partner counterpart where relevant. Should this not be successful, the issue should be reported to the Statutory Officers' Group and, ultimately, to the full CSP.

New parties to this agreement may be included at any time, the formal arrangements for which will be managed by the council's Community Safety Team or agreed Lead Officer on the endorsement of the Head of Service.

All minor amendments to the protocol will be reported to and signed off by the Head of Service. All substantial amendments should be part of an annual review, signed off by the CSP.

The AD Transformation and Resources in Haringey Council will be responsible for ensuring compatibility between ISPs.

Appendices - A to H follow below

Appendix A – Parties to the Protocol

PRINCIPAL SIGNATORIES

Chief Executive, London Borough of Haringey

Borough Commander, Haringey Borough, Metropolitan Police Service

Borough Fire Commander, Haringey Borough, London Fire Brigade

Chief Executive, Haringey Clinical Commissioning Group

Chief Probation Officer, National Probation Service

Assistant Chief Officer, London Community Rehabilitation Company

Chief Executive, Barnet, Enfield and Haringey Mental Health Trust

Managing Director, Homes for Haringey

Director, Bridge Renewal Trust

Appendix B - Information Exchange Forms (storage and security is in here!)

Crime and Disorder Information Sharing Protocol

The following information has been supplied in accordance with Haringey's Crime and Disorder Information Sharing Protocol.

The following provisions MUST be applied in accordance to the Protocol above:

- You should be fully aware of your responsibilities under the Protocol mentioned above, together with the Data Protection Act and Duty of Confidentiality (check fully explained)

- Information shared under the terms of this protocol must only be used for the purpose stated in the original request for information.

- Information cannot be passed to a third party for any purpose other than those mentioned in section 29(1) of the Data Protection Act 1998 (DPA), without obtaining consent from the disclosing organisation. If you do wish to pass the information onto a third party, you **MUST** first obtain consent from the disclosing organisation via the designated liaison officer.

- These forms **MUST** be stored in a lockable container when not in use, and a clear desk policy implemented.

- If the information is held electronically, these forms **MUST** be placed within a folder with a secure password and access restricted only to persons with a genuine 'need to know' the information.

- Once this information is no longer required, it **MUST** be returned to the Designated Liaison Officer (DLO) for destruction.

Haringey
LONDON

Crime and Disorder Information Sharing Protocol
Request/Disclosure Form

PART A – INFORMATION REQUESTED - (to be completed by requesting officer)

Information requested by:

Name:	
Position:	
Organisation/Department:	
Address:	
Contact phone number:	
Email address:	

Information requested:

Describe the information required and the circumstance that have led to this request being made, including any names, addresses and dates of birth and state whether they are a victim, informant, witness suspect or convicted offender.
Name:
Address:
DOB(ddmmyyyy):

Date information is required by (ddmmyyyy):			
If urgent, please state reason:			

If a VIW or CO[1], has consent been obtained and included at Part B of this form?	
If not a VIW or CO, or no consent has been obtained, is it in the public interest to disclose?	
Please state reason for public interest:	

Under which piece of legislation: (please tick)

Crime and Disorder Act	S115- Crime Reduction Strategy	☐	S17 – Crime Reduction	☐
	S1 – ASB	☐	S2 – Sex Offender Orders	☐
	S8 – Parenting Order	☐	S11 – Child Safety	☐

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[1] Victim, Informant, Witness or Convicted Offender

			Order	
	S15 – Local Curfew Orders	☐	Ss28-33 – Racially Aggravated Crimes	☐
Housing Act	S84 – application for possession order			☐
Homelessness Act	S10 – application for re-housing			☐
Anti-social Behaviour Crime & Policing Act				☐
Other (please state)				☐

Signature of requesting officer:		Date:				

PART B - INFORMATION DISCLOSED – (for disclosing officer)

Date request received:	
Disclosure Agreed:	Yes ☐ No ☐
Reason for declining request (if applicable):	
Information attached to this form	Yes ☐ No ☐
Information disclosed (Continue on a separate sheet if necessary, and remember to attach any additional sheets to this form)	

Information disclosed by:

Name:	
Position:	
Organisation:	
Department::	
Address:	
Contact phone number:	
Email address:	

Information disclosed to:

Name:	
Organisation/Department::	
Contact phone number:	

Delivery method (please mark as appropriate): Post ☐ Email ☐ Fax ☐ Other

Signature of disclosing officer: _____

Date supplied: _____

Crime and Disorder Information Sharing Protocol- Consent Form

Requesting Officer's Ref:	
Disclosing Officer's Ref:	

Please provide the relevant information below:

Is this information about you?　　　　　　　　　Yes ☐　No ☐
If 'No', who is the information about?
Name:
Address:
DOB (ddmmyyyy)
Are you are acting as: Parent/Guardian/Carer Other (please describe)

Have the reasons for requesting consent been explained to you?　Yes ☐　No ☐

I give:	
consent to disclose to:	

Information to which this consent applies:

Personal information and any relevant information, for the purposes of:

Your Name:	
Address:	
DOB (ddmmyyyy):	

Signature:	
Date (ddmmyyyy):	

Witnessed by requesting officer:

Name:	
Position:	
Signature:	
Date (ddmmyyyy):	

Appendix C - Depersonalised Information - Examples

Police:
- MPS crime statistics;
- Local crime information (CRIS data);
- Calls for police assistance (CAD data).

Local Authorities (and registered social landlords as appropriate):

- Criminal damage and graffiti removal;
- Derelict and empty property;
- Emergency out of hours calls;
- Nuisance families and resident complaints;
- Racial, homophobic and domestic violence incidents and other forms of hate crimes;
- Re-housed homeless, victims, offenders;
- Turnover of tenants;
- Vandalism to estate lighting;
- All night cafes;
- Alcohol and entertainment licences;
- Noise levels and nuisance neighbours;
- Elderly resident locations;
- Families on benefit;
- Vulnerable persons;
- Children involved in crime;
- People undertaking drug and substance misuse treatment;
- Population data and property values;
- Leisure, youth and playground facilities;
- School exclusions.

Health:
- Accident and Emergency admissions;
- Registered alcoholics and drug users;
- Vulnerable persons;
- Ambulance control and dispatch calls;
- Mentally ill or disordered people;
- A&E hospital referrals to agreed support schemes
- Substance misuse

Probation:

- Offender profiles
- Children at risk

London Fire Brigade:

- Fires;
- Any duty under the Fire and Rescue Services Act 2004.

Appendix D: Simple Guide to information sharing

Information sharing with consent

If you have the person's consent, then it is ok to share personal information about them. Obtaining explicit consent for information sharing is best practice in most situations but it is not always possible or appropriate to do so.

Information sharing protocols

An Information Sharing Protocol (ISP) is a signed agreement between two or more organisations relating to a specified information sharing activity. An ISP explains the terms under which the organisations have agreed to share information and the practical steps that need to be taken to ensure compliance with those terms. If there is an ISP applicable to your information sharing situation, you must follow that. ISPs are not required for information sharing. The absence of an ISP should not prevent sharing information.

The Golden Rules[2] for information sharing

Where you are considering sharing information and you do not have the person's consent and there is not an information sharing protocol in place to govern that exchange of information; following the golden rules should ensure that you strike the correct balance between protecting people's privacy and ensuring that fellow practitioners have the information they need to deliver services.

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

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[2] The Golden Rules have been copied from "Information Sharing: Guidance for practitioners and managers" published by the Department for Children, Schools and Families, and Communities and Local Government.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Flowchart of when and how to share information

You are asked to share information

Is there a clear and legitimate purpose for sharing information? — No

Yes

Does the information enable an individual to be identified? — No

Yes

Is the information confidential? — No

Yes

Do you have consent? — Yes

No

Is there another reason to share information such as to fulfil a public function or to protect the vital interests of the information subject? — Yes — You can share

No

Not sure — Seek Advice

Do not share

Share information:
- Identify how much information to share.
- Distinguish fact from opinion.
- Ensure that you are giving the right information to the right individual.
- Ensure where possible, you are sharing the information securely.
- Inform the individual that the information has been shared if they were not aware of this as long as this would not create or increase risk of harm.

Record the information sharing decision and your reasons in line with your organisation or local procedures.

If there are concerns that a child is suffering or likely to suffer harm then follow the relevant procedures without delay. Seek advice if unsure what to do at any stage and ensure that the outcome of the discussion is recorded.

Appendix E- Caldicott principles

1. Justify the purpose(s)

Every proposed use or transfer of identifiable information within or from an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed, by an appropriate guardian.

2. Don't use identifiable information unless it is necessary

Identifiable information items should not be included unless it is essential for the specified purpose(s) of that flow. The need for subjects to be identified should be considered at each stage of satisfying the purpose(s).

3. Use the minimum necessary identifiable information

Where use of identifiable information is considered to be essential, the inclusion of each individual item of information should be considered and justified so that the minimum amount of identifiable information is transferred or accessible as is necessary for a given function to be carried out.

4. Access to identifiable information should be on a strict need-to-know basis

Only those individuals who need access to identifiable information should have access to it, and they should only have access to the information items that they need to see. This may mean introducing access controls or splitting information flows where one information flow is used for several purposes.

5. Everyone with access to identifiable information should be aware of their responsibilities

Action should be taken to ensure that those handling identifiable information are made fully aware of their responsibilities and obligations to respect confidentiality.

6. Understand and comply with the law

Every use of identifiable information must be lawful. Someone in each organisation handling information should be responsible for ensuring that the organisation complies with legal requirements.

7. The duty to share information can be as important as the duty to protect patient confidentiality

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

APPENDIX F

LEGAL POWERS TO SHARE INFORMATION

The Children Act 1989

Section 47 of the Children Act 1989 places a duty on local authorities to make enquiries where they have reasonable cause to suspect that a child in their area may be at risk of suffering significant harm. Section 47 states that unless in all the circumstances it would be unreasonable for them to do so, the following authorities must assist a local authority with these enquiries if requested, in particular by providing relevant information:

- o any local authority;
- o any local education authority;
- o any housing authority;
- o any health authority;
- o any person authorised by the Secretary of State.

 A local authority may also request help from those listed above in connection with its functions under Part 3 of the Act. Part 3 of the Act, which comprises of sections 17-30, allows for local authorities to provide various types of support for children and families. In particular, section 17 places a general duty on local authorities to provide services for children in need in their area. Section 27 enables the authority to request the help of one of those listed above where it appears that such an authority could, by taking any specified action, help in the exercise of any of their functions under Part 3 of the Act. Authorities are required to co-operate with a request for help so far as it is compatible with their own statutory duties and does not unduly prejudice the discharge of any of their functions.

The Children Act 2004

Section 10 of the Act places a duty on each children's services authority to make arrangements to promote co-operation between itself and relevant partner agencies to improve the well-being of children in their area in relation to:

- • Physical and mental health, and emotional well-being;
- • Protection from harm and neglect;
- • Education, training and recreation;
- • Making a positive contribution to society;
- • Social and economic well-being.

The relevant partners must co-operate with the local authority to make arrangements to improve the well- being of children. The relevant partners are:

- • district councils;
- • the police;
- • the Probation Service;
- • youth offending teams (YOTs);
- • strategic health authorities and primary care trusts;
- • Connexions;
- • the Learning and Skills Council.

This statutory guidance for section 10 of the Act states good information sharing is key to successful collaborative working and arrangements under this section should ensure information is shared for strategic planning purposes and to support effective service delivery. It also states these arrangements should cover issues such as improving the understanding of the legal framework and developing better information sharing practice between and within organisations.

Section 11 of the Act places a duty on key persons and bodies to make arrangements to ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children. The key people and bodies are:

- local authorities (including district councils);
- the police;
- the Probation Service;
- bodies within the National Health Service (NHS);
- Connexions;
- YOTs;
- governors/directors of prisons and young offender institutions;
- directors of secure training centres;
- the British Transport Police.

The section 11 duty does not give agencies any new functions, nor does it override their existing ones, it simply requires them to:

- carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children;
- ensure services they contract out to others are provided having regard to this need (to safeguard and promote the welfare of children).

In order to safeguard and promote the welfare of children, arrangements should ensure that:
- all staff in contact with children understand what to do and are aware of the most effective ways of sharing information if they believe a child and family may require targeted or specialist services in order to achieve their optimal outcomes;
- all staff in contact with children understand what to do and when to share information if they believe that a child may be in need, including those children suffering or at risk of significant harm.

Education Act 2002

The duty laid out in section 11 of the Children Act 2004 mirrors the duty imposed by section 175 of the Education Act 2002 on LEAs and the governing bodies of both maintained schools and further education institutions. This duty is to make arrangements to carry out their functions with a view to safeguarding and promoting the welfare of children and follow the guidance in *Safeguarding Children in Education* (DfES 2004).

The guidance applies to proprietors of independent schools by virtue of section 157 of the Education Act 2002 and the Education (Independent Schools Standards) Regulations 2003.

Section 21 of the Act, as amended by section 38 of the Education and Inspections Act 2006, places a duty on the governing body of a maintained school to promote the well-being of pupils at the school. Well-being in this section is defined with reference to section 10 of the Children Act 2004 (see paragraph 5.5 above). The Act adds that this duty has to be considered with regard to any relevant children and young person's plan.

This duty extends the responsibility of the governing body and maintained schools beyond that of educational achievement and highlights the role of a school in all aspects of the child's life. Involvement of other services may be required in order to fulfil this duty so there may be an implied power to work collaboratively and share information for this purpose.

Education Act 1996

Section 13 of the Education Act 1996 provides that an LEA shall (so far as their powers enable them to do so) contribute towards the spiritual, moral, mental and physical development of the community, by securing that efficient primary and secondary education is available to meet the needs of the population of the area. Details of the number of children in the local authority's area and an analysis of their needs are required in order to fulfil this duty, therefore there may be an implied power to collect and use information for this purpose.

Section 408 and the Education (Pupil Information)(England) Regulations 2005 requires the transfer of the pupil's common transfer file and educational record when a pupil changes school.

Section 434 (4) of the Act requires LEAs to request schools to provide details of children registered at a school.

Learning and Skills Act 2000

Section 117 of the Learning and Skills Act 2000 provides for help to a young person to enable them to take part in further education and training.

Section 119 enables Connexions Services to share information with Jobcentre Plus to support young people to obtain appropriate benefits under the Social Security Contributions and Benefits Act 1992 and Social Security Administration Act 1992.

Education (SEN) Regulations 2001

Regulation 6 provides that when the LEA is considering making an assessment of a child's special educational needs, it is obliged to send copies of the notice to social services, health authorities and the head teacher of the school (if any) asking for relevant information.

Regulation 18 provides that all schools must provide Connexions Services with information regarding all Year 10 children who have a statement of special educational needs.

Children (Leaving Care) Act 2000

The main purpose of the Act is to help young people who have been looked after by a local authority, move from care into living independently in as stable a fashion as possible. To do this it amends the Children Act 1989 (c.41) to place a duty on local authorities to assess and meet need. The responsible local authority is under a duty to assess and meet the care and support needs of **eligible** and **relevant** children and young people and to assist **former relevant children**, in particular in respect of their employment, education and training.

Sharing information with other agencies will enable the local authority to fulfil the statutory duty to provide after care services to young people leaving public care.

Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA) and the associated Code of Practice contain guidance that is applicable to considerations of a person's capacity or lack of capacity to give consent to information sharing.

Section 1 of the MCA sets out 5 statutory principles on capacity:

- A person must be assumed to have capacity unless it is established that they lack capacity.

- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

- An act carried out or a decision made, under this Act for or on behalf of a person who lacks capacity, must be done in his best interests.

- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively

achieved in a way that is less restrictive on the person's rights and freedom of action.

Mental Capacity Act 2005 Code of Practice

Chapter 4 of the Mental Capacity Act 2005 Code of Practice provides guidance on how to assess whether someone has the capacity to make a decision. In this chapter, as throughout the Code, a person's capacity (or lack of capacity) refers specifically to their capacity to make a particular decision at the time it needs to be made.

Assessing capacity: Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity:

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn't matter whether the impairment or disturbance is temporary or permanent).
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

Assessing capacity to make more complex or serious decisions

- Is there a need for a more thorough assessment (perhaps by involving a doctor or other professional expert)?

Immigration and Asylum Act 1999
Section 20 provides for a range of information sharing for the purposes of the Secretary of State:

- to undertake the administration of immigration controls to detect or prevent criminal offences under the Immigration Act;
- to undertake the provision of support for asylum seekers and their dependents.

Criminal Justice Act 2003

Section 325 of this Act details the arrangements for assessing risk posed by different offenders:

- The "responsible authority" in relation to any area, means the chief officer of police, the local probation board and the Minister of the Crown exercising functions in relation to prisons, acting jointly.

- The responsible authority must establish arrangements for the purpose of assessing and managing the risks posed in that area by:

  a) relevant sexual and violent offenders; and
  b) other persons who, by reason of offences committed by them are considered by the responsible authority to be persons who may cause serious harm to the public (this includes children)

- In establishing those arrangements, the responsible authority must act in co-operation with the persons identified below

- Co-operation may include the exchange of information.

The following agencies have a duty to co-operate with these arrangements:

  a) every youth offending team established for an area
  b) the Ministers of the Crown, exercising functions in relation to social security, child support, war pensions, employment and training
  c) every local education authority
  d) every local housing authority or social services authority
  e) every registered social landlord who provides or manages residential accommodation
  f) every health authority or strategic health authority
  g) every primary care trust or local health board
  h) every NHS trust
  i) every person who is designated by the Secretary of State as a provider of electronic monitoring services

National Health Service Act 1977

The National Health Service Act 1977 Act provides for a comprehensive health service for England and Wales to improve the physical and mental health of the population and to prevent, diagnose and treat illness.

Section 2 of the Act provides for sharing information with other NHS professionals and practitioners from other agencies carrying out health service functions that would otherwise be carried out by the NHS.

National Health Service Act 2006

Section 82 of the National Health Service Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

The Adoption and Children Act 2002

The Adoption and Children Act 2002 and the associated Regulations make provision for obtaining, recording and keeping confidential information about adopted children and/or their relatives. The Act and Regulations, give limited express power to share information, in prescribed circumstances as laid out in the legislation. Information about pre-2002 Act adoptions remains governed by the provisions of the Adoption Agencies Regulations 1983. Legal advice should be sought before any disclosure from adoption records.

The Care and Support Statutory Guidance issued under the Care Act 2014

The guidance under the heading "Reporting and responding to abuse and neglect" provides that

"14.34. Early sharing of information is the key to providing an effective response where there are emerging concerns (see information sharing (14.150) and confidentiality (14.157) section). To ensure effective safeguarding arrangements:

- all organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB (Safeguarding Adult Board); this could be via an Information Sharing Agreement to formalise the arrangements; and,

- no professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed."

The Working Together to Safeguard Children Guidance 2015

The guidance provides that

"22. Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

23. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

24. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

•   all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB; and

•   no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.

25. *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)* supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.6 The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.

APPENDIX G

Request for information relating to children and parental consent

1   Partner Organisations must have regard to the Working Together to Safeguard Children 2015 Guidance; Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers (2015); and The London Child Protection Procedures 2015 when considering referrals that require the sharing of information.

2.   Partner Organisations must consider whether to seek consent from the child or young person of sufficient age and understanding or their parents where appropriate, to share their personal information with other partner agencies. Obtaining informed and explicit consent for information sharing is very important and ideally should be obtained from the start.

3.   Partner Organisations should be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

4.   There are a range of circumstances where the obligation to seek consent (from a child or young person of sufficient age and understanding or a parent) does not apply. These include circumstances where seeking consent would:

a)   place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult; or

b)   prejudice the prevention, detection or prosecution of a serious crime; or

c)   lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.

These circumstances are not confined to cases where the Section 47 threshold has been met. If at the relevant time the Section 47 threshold is not met and one of the other circumstances in 4 (a) to (c) above is met, the decision can be made not to seek consent.

5.   Where possible, the wishes of children, young people or parents who do not consent to share confidential information should be respected. However, information may still be shared without consent if, in the partner agency judgement based on the facts of the case there is

sufficient need in the public interest to override an absence of consent to protect the welfare of a child.

6.   Partner Organisations must ensure that information shared is necessary, proportionate, relevant, accurate, timely and secure. The information share must be necessary for the purpose for which it is shared; it is shared only with agencies that need to have it; it is accurate and up-to-date; it is shared in a timely fashion, and is shared securely.

7.   Where consent is refused to share information, this may be additional information on which to make a judgement on whether the child is at risk of significant harm or there is a need to investigate the issue further. The recording of the decision to proceed without parental consent in either of these scenarios or for other reasons is therefore essential.

8.   Where consent is sought, it must be properly informed, which means that the person giving consent needs to understand why information needs to be shared, what will be shared, who will see their information, the purpose for which it will be put and the implications of sharing that information. They will need to be told, in general terms, what questions the Partner Organisation wishes to ask, of whom, why, and what information the Organisation will be providing to external persons or bodies in the course of making its enquiries.

9   Partner Organisation must keep record of all information sharing decision. The record should include:

a)   the date and time;
b)   a summary of the information;
c)   the requestor's name, job title, organisation;
d)   partner agency decision (whether to share or not) and the reasons for this decision;
e)   whether you are sharing with or without consent;
f)   if sharing without consent, whether the person or family were informed and, if not why not;
g)   who consented or authorised the information sharing, if appropriate;
h)   what type of information was shared (but not the content); and
i)   how the information was shared (email, phone etc)

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