Hillingdon Serious Violence Strategy

2024-2027

Safer Hillingdon Partnership

Contents

1. Foreword
2. Executive Summary
3. The Purpose of this Strategy
4. Our Definition of Serious Violence
5. Our Vision
6. Hillingdon Approach and Principles
7. Local Partnership Arrangements
8. Policy and Strategic Context
9. Population Overview
10. Risk and Protective Factors
11. What We Know
    - 11.1 National and Local Data
    - 11.2 What our local community tells us
    - 11.3 What professionals tell us
    - 11.4 Needs Assessment – Gaps and Recommendations
    - 11.5 What Works and Continuous Learning
12. Our Priorities
    - 12.1 Whole System Approach
    - 12.2 Primary Prevention
    - 12.3 Secondary Prevention
    - 12.4 Tertiary Prevention
13. Theory of change

Appendices

1) Hillingdon Principles- Further Explanation
    - Public Health Approach
    - Prevention Model
2) Service Provision Map
3) Glossary

Foreword

Violence devastates the lives of individuals, families and communities. It takes many forms, some of which are visible in our communities and public places and much of which is hidden from public sight. But the serious and long-term impact it has on victims, their families, those who witness it and those who have to deal with the consequences is common across all forms of violence.

Being able to live without fear of violence is fundamental to our health and wellbeing. We are committed to making Hillingdon a place where people can live, travel and work without being limited by fears for their safety.

This strategy represents a new partnership commitment to prevent and tackle violence in Hillingdon. The underlying causes of violence are complex and multi-faceted. No one organisation can tackle violence on its own - making a real difference requires a collaborative approach between public bodies, community organisations and communities. The Safer Hillingdon Partnership has adopted serious violence as one of its priorities and will lead this collaboration for the Borough.

The strategy supports a new balance between prevention and law enforcement. It is our first strategy entirely dedicated to reducing and preventing violence. Whilst identifying those responsible for acts of violence is vital, this strategy recognises that violence is preventable. We know that people at risk of being drawn into violence, or becoming a victim due to their circumstances, can often be identified and helped to ensure that they have the choice to take a different path and to reduce the risks they face. The World Health Organisation Social Ecological Model for Understanding and Preventing Violence identifies a number of factors which may increase the risk of a person being drawn into violence or becoming a victim of violence. By focussing on early intervention and prevention, and developing our approaches jointly with local communities and the organisations working in the most impacted areas, we intend to reduce the impact of violence on individuals and communities and protect those who are most vulnerable from becoming victims. In doing so, we will build safer and more resilient communities where people are able to reach their full potential.

Cllr Eddie Lavery

Cabinet Member for Residents Services, Hillingdon Council

Chair, Safer Hillingdon Partnership

Executive Summary

Hillingdon Partners are determined to do all they can to break the deadly cycle of violence that devastates the lives of individuals, families and communities. This strategy consolidates and builds upon the findings of a serious violence needs assessment, and services already in place which help to tackle and prevent serious violence, and reflects our view on what more needs to be done to reduce the harm of serious violence within an overarching prevention strategy. Our vision is to ensure that we have the right programmes and services in place in Hillingdon to robustly tackle the underlying causes of serious violence.

The Safer Hillingdon Partnership Serious Violence Strategy sets out our analysis of the available evidence from data and the opinions of professionals, and a view of the relevant work that is already being undertaken, whilst exploring best practice. It also identifies where there are gaps in information to help shape future activity that must be undertaken. The aims of the strategy and thinking are described within a 'Theory of Change', in other words a comprehensive description of how and why the strategy will deliver success.

This strategy sets out a framework for improvement through four priorities, the first being to finalise our shared understanding of the causes and drivers of serious violence in Hillingdon, the people and communities most at risk of becoming victims or being drawn into violence and the services which contribute to tackling violence. Our second priority is to engage communities in co-designing our further response to serious violence. Using this improved understanding and insight, we will build on our existing work to ensure a comprehensive response at primary, secondary and tertiary prevention levels and including establishing robust learning processes for serious incidents. We will also update this strategy annually to reflect how we are adopting our work to changing circumstances and knowledge.

This strategy also sets out 9 principles which will guide our approach to serious violence, including that we will adopt a public health approach seeking to address the underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence and that we recognise that each part of the local system has a role to play. Our approach will focus on prevention, seeking to address underlying causes and culture leading to violence before serious violence takes place, through to taking robust action where there is a risk of serious violence.

At its heart, the strategy recognises that it is not enough for partner agencies to address the challenge of serious violence. It recognises that success can only be achieved through working with our communities.

Purpose

This Serious Violence Strategy for Hillingdon sets out our partnership approach to preventing and reducing serious violence impacting on people and communities in the local area.

It has been prepared following work to identify the kinds of serious violence that occur in Hillingdon and, as far as it has been possible to do so, our assessment of the causes and drivers of that violence. In particular, it reflects the findings of the Serious Violence Needs Assessment undertaken in 2022 and the views of partner organisations which provided context and insight into the data relating to serious violence.

This strategy has been prepared to meet the statutory serious violence requirements on specified authorities under the Police, Crime, Sentencing and Courts Act 2022. It will be reviewed annually and supported by a delivery plan providing more detail on the actions being progressed to meet the priorities set out.

What do we mean by ‘Serious Violence’?

Across London, a definition of ‘serious violence’ has been agreed to ensure a consistent focus across the strategies implemented by London Community Safety Partnerships. This London definition of serious violence is-

“Any violence and exploitation affecting young people under the age of 25, domestic abuse, and sexual violence. Within the context of these types of violence, it encompasses homicide, grievous bodily harm, actual bodily harm, rape, assault by penetration, sexual assault, personal robbery, threats to kill and violence against property caused during the commission of one of these offences.

Domestic abuse is as defined in the Domestic Abuse Act 2021.”

Our Vision

We recognise that there are a wide range of factors that may lead to some people being at greater risk of being drawn into, or becoming a victim of, serious violence. Many of these factors are societal and the outcomes of work to address them will not be seen in the short-term.

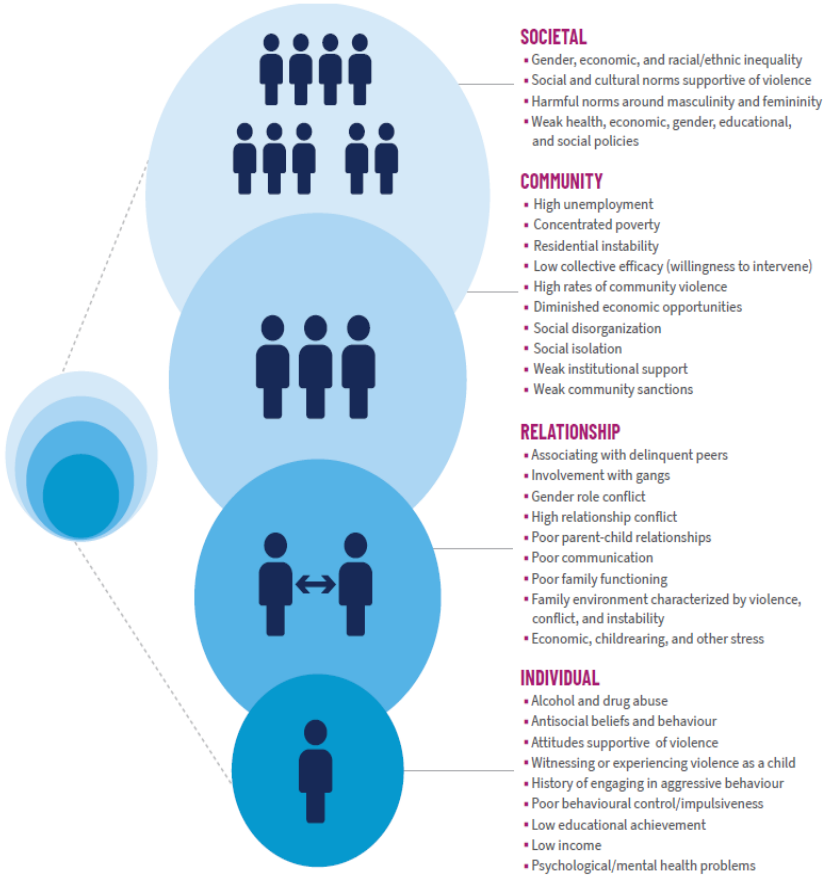
Therefore, whilst the overarching aim of this strategy is to reduce serious violence in Hillingdon, our short-term vision is to-

- Ensure we have the right programmes and services in place in Hillingdon to robustly tackle the underlying causes of serious violence.

In focussing on this vision, we will increase confidence and feelings of safety in Hillingdon, ensuring people feel able to seek the help they require, which in turn will improve our understanding of what we need to do to further reduce the risk of serious violence.

In some services and in relation to some violent crimes, an increase in demand for services or in reported incidents may result from work under this strategy. Therefore, it is too simplistic to view success as a reduction in reported crimes.

World Health Organisation Social Ecological Model for Understanding and Preventing Violence. Factors which may increase risk.



The Principles Underpinning our Approach

Our work under this strategy will be based on 9 key principles-

- Adopting a Public Health approach, addressing the underlying causes that result in people being drawn into violence or being at increased risk.
- Focussing on prevention.
- Facilitating a coordinated community response.
- Understanding the whole local system.
- Understanding how life events and experiences impact on risk (a 'Life-Course Approach').
- Being evidence informed.
- Having an integrated approach.
- Understanding inter-sectionality and disproportionality.
- Having strong Governance and accountability.

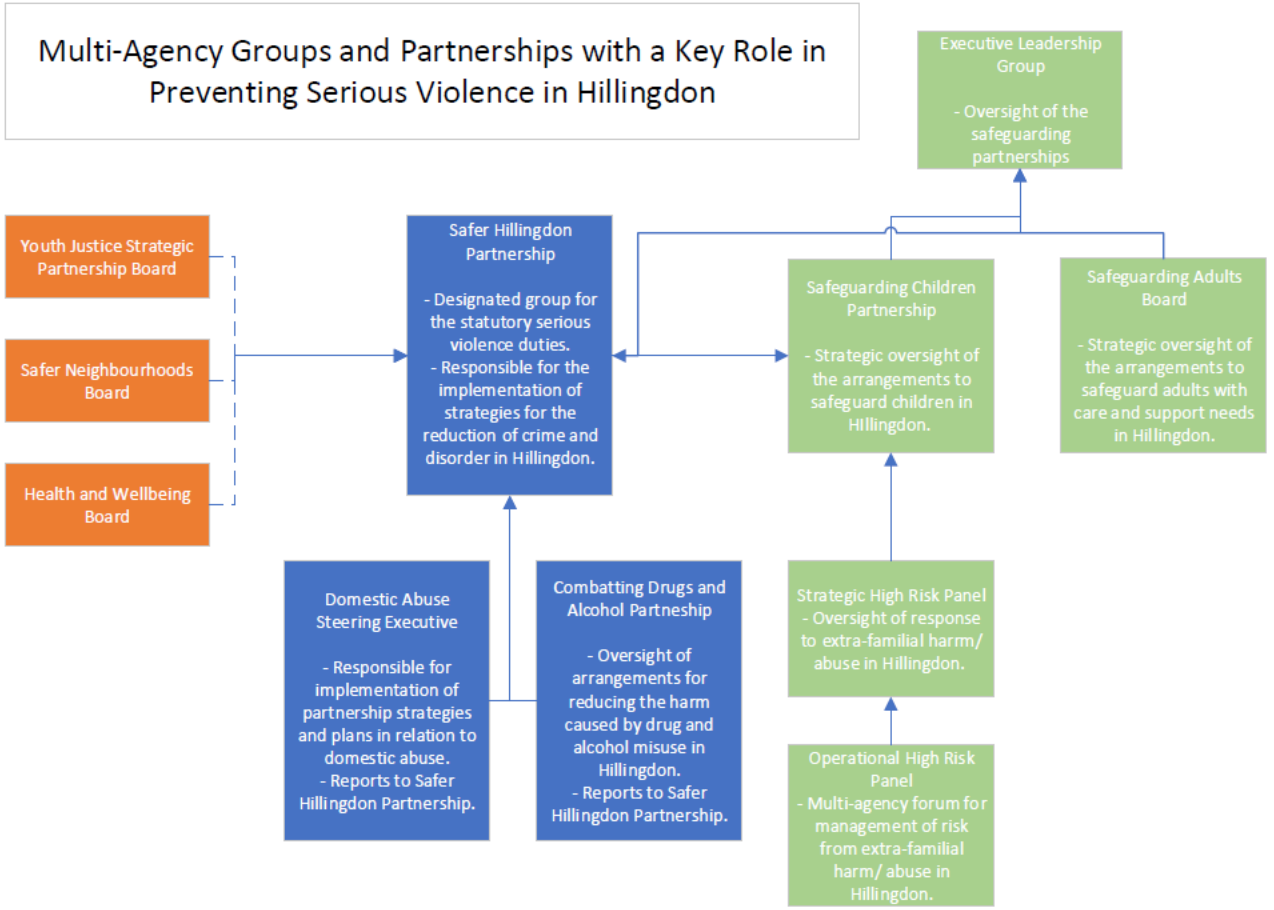
These principles are explained on the following page and more detail is provided in appendix 1.

Hillingdon Approach and Principles

Principle	Summary
Public Health	Violence is a public health issue because living without fear of violence is a fundamental requirement for health and wellbei ng. It's also a public health issue because violence is a major cause of ill health and poor wellbeing and is strongly related to inequalities. A Public Health approach seeks to improve the health and wellbeing of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence. It is based on the belief that violence is preventable. Research has identified the risk factors that contribute to violence, and the tactics, strategies and principles that can be implemented to prevent it. See appendix 1 for more details.
Prevention	Closely associated with the public health approach, our model of prevention is often referred to as primary, secondary and tertiary prevention.
Co-ordinated Community Response	Working more closely and collaboratively with the local community will play a crucial part in the success of this strategy. Hillingdon recognises that it is imperative that the experiences of communities inform the development and implementation of solutions.
Whole Systems Approach	A whole systems approach is based on the idea that if something happens in one part of the system, other parts will also be a ffected. Another founding belief of systems theory is that it is not the individual elements that are important but the relationships and interactions between the parts, which enable a system to function.
Life Course Approach	Life course and developmental factors are the ecological contexts, experiences, outcomes, and individual factors across the l ifespan that increase or decrease the chances that a person will engage in violence. During childhood, a combination of individual characteristics, social, physical and environmental experiences lead to increased risk of violence or development of protective factors.
Evidence informed	Evidence- informed practice is not only about applying academic research to practice situations. It is a two-way process whereby practice informs evidence and evidence informs practice. Whilst we value and aim to embed the use of academic evidence, we follow a mo del that brings together various forms of evidence including lived and community experience, professional expertise, local, national a nd international data, and lessons learned from review and reflection.
Integrated approach	Preventing violence goes beyond the responsibilities, competencies and expertise of any one agency or profession. There is no single cause or solution to violence. As a result, in order to identify where there is a risk of violence, and to respond accordingl y, we need to work in collaboration.
Equalities / Intersectionality	Ensuring service delivery reflects service demand and seeking to address the gaps and barriers to access that exist in services to best support those with protected characteristics and those disproportionally affected.
Governance & Accountability	Governance is essential to optimising the success of this strategy. It provides a framework for decision making, accountability and transparency essential for achieving strategic aims. Oversight of the delivery of this strategy will be reported upon through a local partnership board that reports to Safer Hillingdon Partnership.

Local Partnership

In Hillingdon, the partnership forum designated to lead on the multi-agency arrangements to fulfil the statutory serious violence duties is the Safer Hillingdon Partnership. In doing so, this partnership will work closely with the other strategic partnerships in the area which have a role in preventing serious violence. The diagram below sets out those partnerships and their relationships.



Policy and Strategy Context

We recognise that the challenge of serious violence sits within a complex picture of statutory duties, local and national strategies. This strategy therefore does not sit in isolation but takes into account and compliments those strategies and plans.

Statutory Duty & relevant Legislation	National Strategies and Guidance	Local Strategies and Guidance
• ASB, Policing, Crime and Policing Act 2014 • Care Act 2014 • Crime and Disorder Act 1998 • Domestic Abuse Act 2021 • Education Reform Act 1988 • Local Authorities Social Services Act 1970 • Local Government Act 1972 • Mental Health Act 1983 • Modern Slavery Act 2015 • Police, Crime, Sentencing and Courts Act 2022	• ASB Action Plan • Domestic Abuse Act Statutory Guidance • London VAWG strategy 2022-2025 • Modern Slavery Statutory Guidance • Serious Violence Duty Guidance • Serious Violence Strategy • From Harm to Hope (Ten-year drug strategy) • Women's Health Strategy 2022-23 • Working Together to Safeguard Children 2023	• Contextual Safeguarding Strategy • Domestic Abuse Strategy • Multi-agency Practice Principles for responding to child exploitation and extra-familial harm • Protocol for the working relationship between the Youth Justice Service and Children's Social care • Youth Justice Plan 23/24 • Youth Justice Board Strategic Plan 2021-24 • MOPAC Police and Crime Plan 2022-2025 • New Met for London Plan • London Violence Reduction Unit strategy to 2025

Hillingdon Borough – Population Overview

Full demographic data is available on the Hillingdon Council website (here). The summary below merely provides a snapshot of information available. The crime data available during the development of this strategy has limited information about specific circumstances of victims and perpetrators. Therefore, improving the available information to inform our plans is an area for development in this strategy.

- Latest census data shows a Hillingdon Borough population of 305,900. This has increased by 11.7% since the 2011 census. London population increased by 7.7% over same period. The population is predicted to grow at a slower rate over the next 10 year period.
- Population projections by age-band show an ageing population but minimal growth or smaller populations in the younger age bands. This is reflected in reduced pupil enrolments into primary and secondary schools.
- Exceptions to this trend may be found in Hayes (Botwell) with significant projected growth in younger age bands associated with local development. (*It may reasonably be inferred that a focus on crime reduction linked to serious youth violence will be required in Hayes for a longer period*)
- The ethnic profile in 2021 showed 48.2% white British and 51.8% BAME which has changed from 60.6% and 39.4% respectively. *(It is imperative that crime data and/or estimated crime rates across demographic groups is secured in order to complete an accurate equalities impact assessment to inform service provision against a background of a changing population)*
- Christianity remains the predominant religion at 49.2% versus 10.6% Muslim, 8% Hindu and 6.7% Sikh.
- The south of the borough tends to be more deprived, relatively speaking but Hillingdon has no Lower Super Output Areas in the most deprived decile nationally. *(Our plans needs to consider the potential for intersectionality considering deprivation with protected characteristics on crime rates, and response to crime. Currently locations in the South are high crime generators)*

Hillingdon Borough – Risk and Protective Factors Overview

The Serious Violence Needs Assessment includes a summary of how Hillingdon compares with all England and all London data on the 39 risk factors used to measure the drivers involved in the exacerbation of serious violence (PHE Fingertips Protective Factors)

Factors where there has been no recent significant change are:

- Primary school fixed periods of exclusion,
- Employment of people with mental illness or disability
- Number of children on child protection plans.

Factors where data shows risk is decreasing:

- 16- to 17-year-olds Not in education, employment of training (NEET) or whose activity is not known
- Long term claimants of Job Seekers Allowance

Factors where data shows risk is increasing:

- Secondary school fixed periods of exclusion

Factors where the local data shows lower risk in Hillingdon than England and the region:

- Admission episodes for alcohol-specific conditions
- Hospital admissions due to substance misuse (15 to 24 years)
- Persistent absentees - Secondary school

Factors where data is similar to England and the region:

- Self-reported wellbeing: people with a low satisfaction score
- Percentage who have ever tried cannabis at age 15
- Percentage who have taken cannabis in the last month at age 15
- Percentage who have taken drugs (excluding cannabis) in the last month at age 15
- Children in need due to abuse or neglect rate per 10,000 children aged under 18 years
- Suicide rate

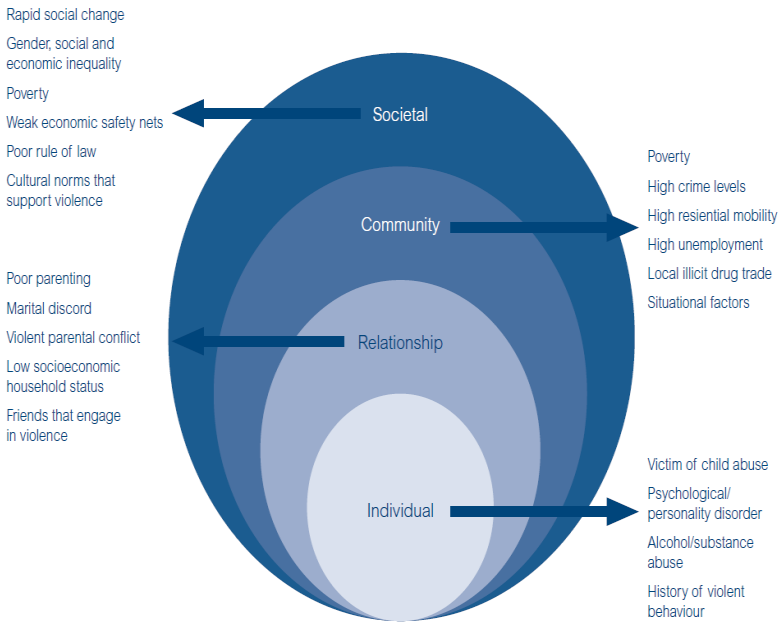
Factors where data shows higher risk than England but similar to the region

- Percentage who have tried other tobacco products at age 15
- Persistent absentees - Primary school
- Estimated prevalence of opiate and/or crack cocaine us

Factors where data shows lower risk than England (no regional comparison)

- Child Poverty, Income deprivation affecting children index (IDACI)

Risk Factors From "Public health approaches to reducing violence", Local Government Association, 2018



What We Know...

The following pages summarise the main information available about serious violence in Hillingdon which will inform our local plans.

What data tells us...

National Data

- Homicides **decreased by 10%** to 602 (2023) from 667 (2022)
- Robbery offences **increased by 11%** to 77,337 (2023) offences from 69,432(2022)
- Offences involving knives **rose by 3%** from 49435 (2022) to 50833 (2023)
- Firearms offences **increased by 13%** (to 6,645 offences) from the year ending June 2022 (5,860 offences),
- **Hospital admissions fell by 11%** from 4769 to 4147 in same period
- **Arrest rates for domestic abuse rose to 36.3 arrests** per 100 from 29.6 in the year ending March 2022
- CPS domestic abuse **charging rate increased** for the second year to 76.5% in the year ending March 2023 from 72.7% the previous year
- In the year ending March 2019, the crime survey estimated 25% of women aged 18 to 74 years, around 5.1 million women, had experienced some form of abuse before the age of 16 years.
- Of women who were victims of rape or assault by penetration since the age of 16 years, the crime survey year ending March 2017 and year ending March 2020 combined estimated 63% reported mental or emotional problems and 10% reported that they had tried to kill themselves as a result.
- Women were most likely to tell someone they knew personally about experiencing partner abuse *(in the following order –friends /neighbours, family/relatives, counsellor/therapist, health professionals, police)*
- An OFSTED report published in 2021 investigated sexual abuse in schools. It found nearly 90% of girls, and nearly 50% of boys, said being sent explicit pictures or videos of things they did not want to see happens "a lot or sometimes" to them or their peers.

Local Data

Police Data

- Homicide (non-DA) up 100% (6) (London 6.5% (98)), Homicide DA (1)
- Knife crime with injury (age 1-24) down 16.7% versus MPS up 3.9% (Mopac dashboard)
- Knife crime with injury has strong association with robbery
- Knife crime up 9.2% versus MPS up 15.2%
- Violence with injury up 1.1% versus 1.8% MPS
- Violence without injury up 4.6% versus 3.9% MPS
- Sexual offences down 7.8% versus 3.9% MPS
- Rape down 9.4% versus 4.2% MPS
- Town Centres feature as 'hotspots'
- Peak periods are 1400-1530 & 2100-2300

Youth Offending Data

- FTE up 21% in line with national trends. Proportion of 13/14 year olds increased.
- Violence most predominant offence
- Significant disproportionality for young black males

NOTE: The partnership recognises that there are significant gaps in data requiring the violence needs assessment to be revisited.

Police data: Granular breakdown of SV offences to include, repeat victims, perpetrators, address locations, demographic breakdown of all parties, vulnerabilities/aggravating factors such as mental health, substance misuse, alcohol, better insight into high demand areas (Uxbridge, Colham/Cowley, Heathrow villages, Wood End and Hayes Town)

Hospital Data: Requires further analysis

What community opinion tells us...

National Information	Local Information
• Crime Survey for England and Wales (CSEW) for the year ending June 2023 showed that total crime decreased by 10% • Crime Survey for England and Wales estimated that 2.1 million people aged 16 years and over (1.4 million women and 751,000 men) experienced domestic abuse in the year ending March 2023 • People felt less safe walking alone in all settings after dark than during the day; with women feeling less safe than men in all settings after dark • More women (27%) than men (16%) reported they had experienced at least one form of harassment in the previous 12 months • More people had stopped walking in quiet places such as "parks or open spaces" after dark in the last month because of feeling unsafe; an increase in both men (from 18% to 24%) and women (from 32% to 37%) • The crime survey showed that 57% of women who had experienced abuse before the age of 16 years, also experienced domestic abuse later in life. In comparison, 17% of women who did not experience abuse before the age of 16 years experienced domestic abuse later in life.	**Note: The partnership recognises that there is a need to consult with the community in respect of Crime & Disorder, and serious violence.** • There is no information available from community, voluntary or others in respect of serious violence Children and Young People's Annual report (Highlights) • Worries: Social media, being out late, VAWG, stabbings, gangs (violence), searches at school (*makes people think it's dangerous*), exclusions • Working well: Awareness raising sessions such as Pride, BHM, Mental Health Awareness week • How to improve: Consult, training professionals, mental health services.

What professionals tell us...

Knife crime

Workshop October 2023

- 18- to 24-year-olds are recruiting / coercing younger children into SYV where they are carrying weapons which is linked to Organised Crime and predominantly drug dealing.
- Increases since the last academic year in children, not previously known to services carrying bladed articles into schools.
- The most likely view is they don't feel safe at school or because they don't feel safe travelling to and from school.
- There is a need to understand the school's picture more and the increase in knife carrying, possibly linked to reductions in stop and search to be explored
- Police do schools inputs, secondary and primary schools finding younger pupils being exploited to carry knives and to take them into schools
- Issues with re-housing, trying to move young people and families who are subject to violence is very difficult – Raised at the High-Risk Panel meeting
- Little known regarding the types of knives being used or where acquired / purchased

Other inputs

- Better engagement with communities to understand diverse communities
- Grey area of support for transition through to adulthood
- Swift escalation from zero to high risk
- Over representation from Hayes & West Drayton

Domestic Abuse

Workshop October 2023

- Under-reporting versus census
- HBV under-reported
- Apparent North/South divide in Borough
- Need to map current services
- Operation Encompass is in place
- Language barriers to reporting/ seeking help
- IRIS project due to commence locally
- Further work required in respect of children as victims
- Gap in provision for DA perpetrators

Other

- Opportunities to review service provision and gaps and make more accessible
- Gaps in community engagement, involvement and the community voice
- Better information as to the VAWG agenda and also female role in violence
- Improved support for victims

NOTE: The partnership recognises that there are significant gaps in data requiring the needs assessment to be revisited.

- Plans are for the Domestic Abuse Steering Executive to oversee the completion of a comprehensive domestic abuse needs assessment.

Sexual Offences

Workshop October 2023

- Youth justice seeing increases in sexualised behaviour (touching and images)
- Under-reporting of sexualised behaviour
- Social media, impact of pornography on young males
- Belief that sexual offences remain under-reported, and a need to better understand barriers to reporting
- Believed links between domestic abuse and sexual offences
- Links between gangs and sexual violence

Needs assessment - Gaps & Recommendations

Knife crime	Domestic Abuse	Sexual Offences
A series of observations made that in effect require a stand-alone violence needs assessment. • Lack of granular data to enable more detailed analysis • Better understanding of school's picture and the increase in knife carrying required • Consider seasonal and preceding events (homicides) • Information gap as to type of knives being used and where they are sourced from • Information gap in respect of adults with care and support needs and how violent crime affects them • Better collaboration between services working with schools	**A series of observations made that in effect require a stand-alone domestic abuse needs assessment.** (summarised points only below) • Demographic profile of victims • Mapping of service provision • Understanding HBV • Domestic abuse within older adult community (under-reported) • Data collection plan for a revised needs assessment • Children as victims, what support available • How to support families experiencing domestic abuse • Data recording of demographics to be improved	**A series of observations made that in effect require a stand-alone VAWG (Including sexual offences) needs assessment** • Need for a 'problem profile' in respect of sexualised and inappropriate behaviour • Need to better understand barriers to reporting sexual offences • Need for further analysis/access to data to ensure a comprehensive understanding of violence against women and girls

Overarching Needs Assessment Recommendation: Further analysis if access to more granular data was identifiable

Overarching gap: Access to granular detail/data to inform a comprehensive understanding of the local challenges.

What Works & Continuous Learning

National learning and insight

Hard to Escape Report: - Key points summary: Ethnicity and gender are key risk factors. Known risk factors around vulnerability don't always act as predictors. Exclusion from mainstream school is seen as a trigger point for risk of serious harm. Effective practice is not widely known about or used. Trusted relationships with children are important. Responding to the 'critical moment'. Parental engagement is nearly always a protective factor. Moving children and families works for a short period but is not effective as a long-term strategy. More priority should be given to disrupting perpetrator activity. The National Referral Mechanism (NRM) is not well understood and is inconsistently used. Comprehensive risk management arrangements can make a difference.

Punishing Abuse: An in-depth study, from which keywords/phrases are summarised: - Poverty, abuse or family violence (domestic abuse). Potential discrimination. Mental, physical and neurodivergence needs. Intergenerational experience. Known to services from young age. Education disenfranchisement / exclusion. Trauma (adverse childhood experience). Children from migrant families. Children in public care.

EIF: What works to Prevent Gang Involvement, Youth Violence and Crime: What works: - Skills based, - Family focused, - Mentoring, - Community, - Gangs specific. What does NOT work: - deterrence and discipline.

YEF: <u>High success</u>: A&E navigators. CBT. Focused deterrence. Social skills training. Sports Programmes. Trauma-specific therapies. <u>Moderate success</u>: Bystander. Functional Family Therapy. Hot-spot policing. Mentoring. Multisystemic therapy. Pre-court diversion. Relationship violence prevention. Restorative justice.

,

Local learning and insight

2019 Homicide: Several contextual factors were apparent. Both parties were known weapons carriers. The victim had been previously targeted by the perpetrator and un-named suspects and the victim had not assisted police, indicating a lack of confidence in the system. There was a context of local drug dealing, gangs and exploitation. The victim had been excluded from school and there was a background of viewing social media showing videos of assaults. Both young people were migrants.

Feb 2023: A review of the circumstances of 11 children linked to serious youth violence showed the following:

- Unidentified and unmet health needs.
- Experience of maltreatment.
- 9 out of 11 had been exposed to domestic abuse.
- Several had a close relative with a criminal history.
- The location of the children's homes they stayed in was in the same area, Hayes.
- There is a need for professional curiosity, early intervention and diversion.

Our Priorities

Appendix 1 includes a summary of some of the main initiatives and services in Hillingdon which contribute towards preventing serious violence.

It is clear that we do not yet have a comprehensive and robust understanding of the causes and drivers of serious violence in Hillingdon. Therefore, our priorities for the first year of this strategy are-

1) To finalise our shared understanding of the causes and drivers of serious violence in Hillingdon, the people and communities most at risk of becoming victims or being drawn into violence and the services which contribute to tackling violence.
2) To engage communities in co-designing our further response to serious violence.
3) Using our improved understanding and insight, to build on our existing work to ensure a comprehensive response at primary, secondary and tertiary prevention levels and including establishing a robust learning process for serious incidents.
4) To establish a monthly Hillingdon joint problem solving process to ensure resources are being utilised to achieve the greatest impact.

The delivery plan that will be developed to support this strategy will be structured around the four themes below:

Primary Prevention - changing attitudes and behaviours towards violence at a societal, community and personal level to prevent violence from happening

Secondary Prevention - early intervention at point of identifying risk of violence

Tertiary Prevention - an intervention at the point of harm being caused, that may range from rehabilitation through to enforcement

Whole System Approach – public health prevention approach across the partnership. **A systemic approach to Serious violence**

Whole system approach

Systemic Approach - To ensure a whole system, public health approach to serious violence is established, which is evidence based and informed and supported by a co-ordinated community response model.

In the first year we will improve our understanding of serious violence in Hillingdon and develop a delivery plan building on what is already in place.

GOAL/MISSION:

- To ensure a whole system, public health approach to serious violence, based upon the principles of prevention, supported by a co-ordinated community response model, that is evidence based, integrated and recognises the diverse needs of Hillingdon's communities.

WHAT WE AIM TO ACHIEVE:

- Intelligence: A comprehensive understanding of serious violence, its drivers and what works through a project managed approach. This will include community and voluntary sector involvement.
- Co-ordinated community response (CCR): Develop a CCR based upon collaboration, co-production, co-operation, counter narrative and consensus.
- Needs Assessments: Ensure a comprehensive understanding of need in relation to serious violence that includes an assessment in respect of Equalities and Intersectionality.
- Effectiveness: Develop clear links across the plans of the strategic partnerships in Hillingdon to coordinate the different aspects of our response to serious violence.
- Project and Grant funding: Make best use of available funding including working with community/voluntary sector organisations.
- Performance and quality assurance: Develop reporting arrangements to monitor performance and provide accountability.

Primary Prevention

Primary Prevention - To prevent serious violence before it occurs.

By challenging the attitudes and behaviours which foster serious violence, we can help prevent it from happening. If we are to reduce serious violence, it will take all community members and professionals believing that it is preventable.

Aimed at the population as a whole.

GOAL/MISSION:

Our aim is to prevent serious violence before it occurs. By challenging the attitudes and behaviours which foster serious violence, we can help prevent it from happening.

WHAT WE AIM TO ACHIEVE:

To reduce the incidence of violence by:

- Seeking to change societal attitudes and behaviours towards violence by ensuring communities and young people inform and support our plans and activity.
- Working with schools to deliver evidence-based approaches at primary and secondary school.
- Taking problem solving approaches to higher risk locations and seeking to make public spaces feel safer through effective partnership and environmental design.
- Ensure professionals and communities have appropriate knowledge to enable them to respond to vulnerabilities (e.g. trauma informed practice, bystander training, stalking and harassment awareness, etc.)

Secondary Prevention

Secondary Prevention - By developing prevention mechanisms that specifically target those at risk of either committing serious violence or being the victim of serious violence, we will reduce both the number of future assaults and make a sustainable positive change

Aimed at populations which can be identified as at risk.

GOAL/MISSION:

Our aim is to prevent those at risk of committing serious violence from doing so and to protect those at higher risk of becoming a victim of violence.

WHAT WE AIM TO ACHIEVE:

To reduce the incidence of violence by:

- Ensuring effective early identification and intervention for those at risk of involvement in violence and ensuring risk management plans in place.
- Ensuring clear pathways to intervention are in place that inform professionals of how to 'recognise and respond' to risk.
- Making changes to the local environment to make public spaces safer.

Tertiary Prevention

Tertiary Prevention – Developing mechanisms to identify and specifically target those at high risk of either committing further serious violence or becoming a repeat victim of serious violence, we will reduce both the number of future assaults and make a sustainable positive change.

Aimed at populations who have committed violence and/or experienced victimisation.

GOAL/MISSION:

Identify and target those at highest risk of causing further serious harm with a range of support and where necessary enforcement activity to prevent serious violence.

WHAT WE AIM TO ACHIEVE:

To reduce the incidence of violence through:

- The systemised identification of high-risk cohorts and those who are repeat offenders:
- Identification of needs and vulnerabilities of those cohorts.
- Planning appropriate interventions for those cohorts.
- Working as a partnership to reduce the risk of reoffending.
- To reduce the incidence of violence through proactive tackling of the street drugs markets, cuckooing of vulnerable people's properties, and by disrupting 'gangs/criminal networks.

HILLINGDON SERIOUS VIOLENCE STRATEGY – Theory of Change

RATIONALE

Violence Profile - Headlines

- Town Centres (Hayes and Uxbridge) feature across South of borough
- 1400-1530 & 2100 to 2300
- Gang tensions
- Violent crime 40% under 25 (victim and suspect)
- Gangs named
- Information gap re knives (where from)
- Knife crime : 16.8% increase (2023v2022), 44% robbery
- *Unmet needs (matches professional's comments below)*
- *Adverse childhood experiences*
- *Intergenerational features*
- *Context – Hayes Town*
- *Need to reduce vulnerability*
- *Hillingdon population slow growth and aging save for Botwell & Townfield (Hayes) with significant growth*

Victim/Suspect Profiles

- VIW 53% female, 47% male, Perpetrators 71% male, 29% females, 67% of victims knew the suspect

Youth Justice

- 42.5% of cohort are violence related
- Asian cohort under-represented
- Black and mixed ethnic over-represented, White over-represented, Asian under-represented versus demographics
- Black and ethnic minority 4.2 times more likely to receive a custodial sentence
- Violence followed by drugs as most prevalent crimes
- Males feature

High Risk / Axis (Early Help)

- 100 open / 70 open to Axis

Professional's views

- Younger people being coerced into CYV, links to drugs market
- Increases in carriage of knives
- Gap in early intervention (low/medium risk)
- Gangs x 3, 2 cross border. One linked with Somali cohort, postcodes, placements, estates, postcodes. (Hayes and West Drayton)
- Gaps in CAMHs, services re neuro-diversity (comment re BAME)
- School exclusions on rise
- Social media
- Information/intelligence gaps

Learning Review – HS

- Drugs markets, Gangs, Confidence in system, Social Media, Exploitation (positive NRM), Exclusions, Information sharing/seeking,

Other

- LAC who are NEET higher than average, though declining
- Attendance rates better than average
- Persistent absenteeism at primary school
- Youth engagement team and youth strategy links??
- Opportunities to identify and work with community organisations
- Transition from primary/secondary schools and childhood/adulthood
- Opportunity for better integration of probation inc IOM/MAPPA
- Opportunities re trauma informed training

Needs Assessment

- 8 from 15 recommendations recommend further analysis
- Overarching note about lack of access to detailed information
- Missing from N/A: Outcome rates for all violence? Data from services Axis, specialist adolescent service and others, NRM - Service mapping, -Gap analysis, - Best practice, - Local Community voice/Local Voice of young person, References made to previous thematic reports with recommendations that are not carried forward

ACTIVITY

Primary (more granular action plan refers)

- **Focus:** Hayes (population growth/gangs) & Uxbridge
- **Focus** : Deliver contextual safeguarding project in Hayes
- **Engage**: Involve community, voluntary & faith sector to inform and co-produce problem solving activity
- **Engage :**Engage with and understand the community and young person perspective as to 'why' (violence) and 'what' (can be done)
- **Inform:** Seek to inform communities regarding risk and indicators of serious violence
- **Engage**: Build relationships with schools to develop/deliver evidence-based activity and build upon existing practice
- **Train**: Provide training to professionals (including teaching staff, business staff) in respect of; recognition & response across a variety of community safety challenges DA, VAWG, stalking/harassment, bystander training
- Develop and deliver critical decision-making programmes for young people
- Implement problem solving approaches to reduce violence in high demand areas
- **Engage:** Review/assess public view on knife crime and violence
- Understand and take steps to reduce school exclusion rates/off rolling

Secondary (more granular action plan refers)

- **Identify**, recognise and respond to those at risk of involvement in violence.
- **Engage** with young people and families at risk
- **Divert** : provide pathways to activities that build resilience, self- confidence and belief
- **Support** : Deliver targeted support (right place, right time)
- **Support:** Ensure proactive multi-agency responses through early identification of risk indicators and pre-cursors to violence
- **Support :**Robust, consistent and clear approach to transition to adulthood
- Ensure professionals are alert to individual needs/vulnerability of young people (ACE, SALT, Neuro-diverse)
- **Disrupt**: Take targeted enforcement and disruption activity against drivers of facilitators of serious violence (irresponsible retailers)

Tertiary (more granular action plan refers)

- Ensure systemic identification for the most at risk of perpetrating/being victims of violence
- Ensure that the highest 'at risk' individuals have individual support plans in place
- **Enforce/Prosecute** Partners will maximise enforcement opportunities through police, probation and partnership enforcement for the most prolific, high risk and persistent offenders
- **Enforce/Prosecute:** Direct proactive operational enforcement activity in high-demand localities
- **Enforce/Disrupt:** Partners will work with MPS to ensure prompt enforcement and disruption of ;-drugs markets, cuckoo'd addresses and local gangs
- **Enforce/Prosecute** Seek to address habitual knife carriers through judicial restraints such as SVRO
- Work with health partners to ensure delays are minimised for specialist services for 'priority' high risk cases

Equalities

- Understand disproportionality across the system
- Complete Equalities impact assessment

Intelligence

- Secure data. (Data collection plan to inform needs assessment)
- Revise needs assessment/problem profile required
- Ensure previous thematic reviews and recommendations are subsumed into clearer recommendations
- Understanding the drivers
- Recognising the gaps

Governance

- Serious violence delivery group required
- Map strategies
- Develop a performance dashboard
- Maximise and bid for grant funds across the system, helping external agencies bid for lottery, YEF funding streams
- SHP to receive quarterly reports on grant funding
- Partnership to ensure robust quality assurance and learning and development in place
- Quality assurance regime at all levels of risk

OUTPUTS

Primary Prevention

- Communities , voluntary sector and young people inform plans and activity
- A 'Community collective forum; for violence
- Increase in 'community intelligence)
- Evidence based programmes co-ordinated across primary and secondary schools (*Example KPI; numbers of young people undertaking programmes*)
- Training to teaching staff *(Example KPI numbers*)
- High demand locations subject to problem solving approaches, involving communities and businesses. *(Example KPIs only:. Reduction in violence at locations, numbers of people undertaking bystander training, etc)*

Secondary Prevention

- At risk cohorts identified
- Suite of evidence informed interventions & positive activities for those at risk of violence
- Street-based youth work engaging with young people in hot-spot locations informing intelligence picture
- Multi-agency support plans and targeted interventions, managed via a regular review process in place for young people and their families who require more intensive support
- Early intervention and multi-agency plan for adults at risk of cuckooing will see timely support/enforcement and resultant alerts
- Professionals receive regular / refreshed training on professional practice (trauma informed practice)

Tertiary Prevention

- At risk/ high harm cohorts identified receiving offers of support
- Individual needs-based safety plans for high-risk individuals
- Routine screening of vulnerabilities. (ACE, SALT
- Plans take into account full context of family, peer group & location
- Targeted partnership work on repeat suspects
- Prompt tackling of street drugs markets and 'cuckoo'd addresses'
- Disruption of 'gangs/criminal networks'
- *Example KPIs: Numbers of judicial restraints from CPN(W), partial/full closure notices, SVRO's*

Governance

- Strategy in place and reviewed that fully takes into account other strategies
- Quarterly reports to SHP year 1 on progress regarding strategy, and grant funding
- Formation of a Serious Violence Board (Taskforce)
- Domestic Abuse Steering Executive oversees performance and plan in respect of domestic abuse
- Performance dashboards for serious violence and domestic abuse

OUTCOMES

Communities

- Communities (leaders, parents, young people), contribute to a better shared understanding of SV challenge
- Communities involved in solution development
- Understanding of public perception, fear of crime as basis for measuring improvement over time

Schools & Education

- Integrated approach to SV reduction

Locations

- Place based solutions achieve crime reduction
- *Example KPIs: Reduced levels of violence at locations (Uxbridge and Hayes Town Centres)*

People

- No cliff-edge from childhood to adulthood
- Successful identification of and engagement with at risk young people
- Underlying risk and vulnerability factors addressed
- Diverted away from crime / reduction in re-offending
- Better access to support
- Improved identification and intervention for adults being criminally exploited
- Enforcement versus support/diversion understood to inform partnership decision making
- 'Gangs/networks' disrupted
- *Example KPIs: Reduced exclusion rates, Reduced re-offending rates, Reduced number of knife crime/ serious violence victims under 25, Monitoring of NRM referrals and ensuring a robust safety plan for each positive decision, reduction of NEET, improved positive outcome rates for police*

Intelligence

- Comprehensive and regularly reviewed understanding of situation, drivers of crime and delivery of 'what works'

Processes and Partnership

- Improved multi-agency collaboration and delivery
- Improved, auditable and accountable action planning

Governance

- Partnership monitoring of progress, and commissioning of action to improve the impacts of our work

IMPACTS

Reductions in SV and V

- Home Office measures (knife-enabled, homicides and hospital admissions
- Local measures *(described elsewhere)*

Narrative

- Improved confidence of community in system
- Community involvement and part of solution
- Community feel safer

Young people

- Improved outcomes for young people via strengthening protective factors/reduction in risk factors at an individual, relationship, community level.

Whole systems approach in place:

- Strategy
- Activity
- Performance
- Best Practice
- 'One Team'

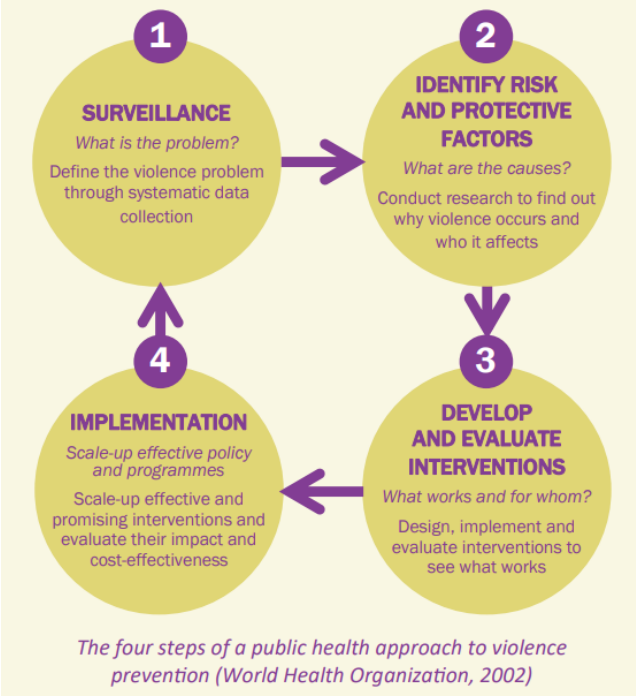
Appendix 1

Hillingdon Strategy Principles – Further Detail

Hillingdon Principle – Public Health

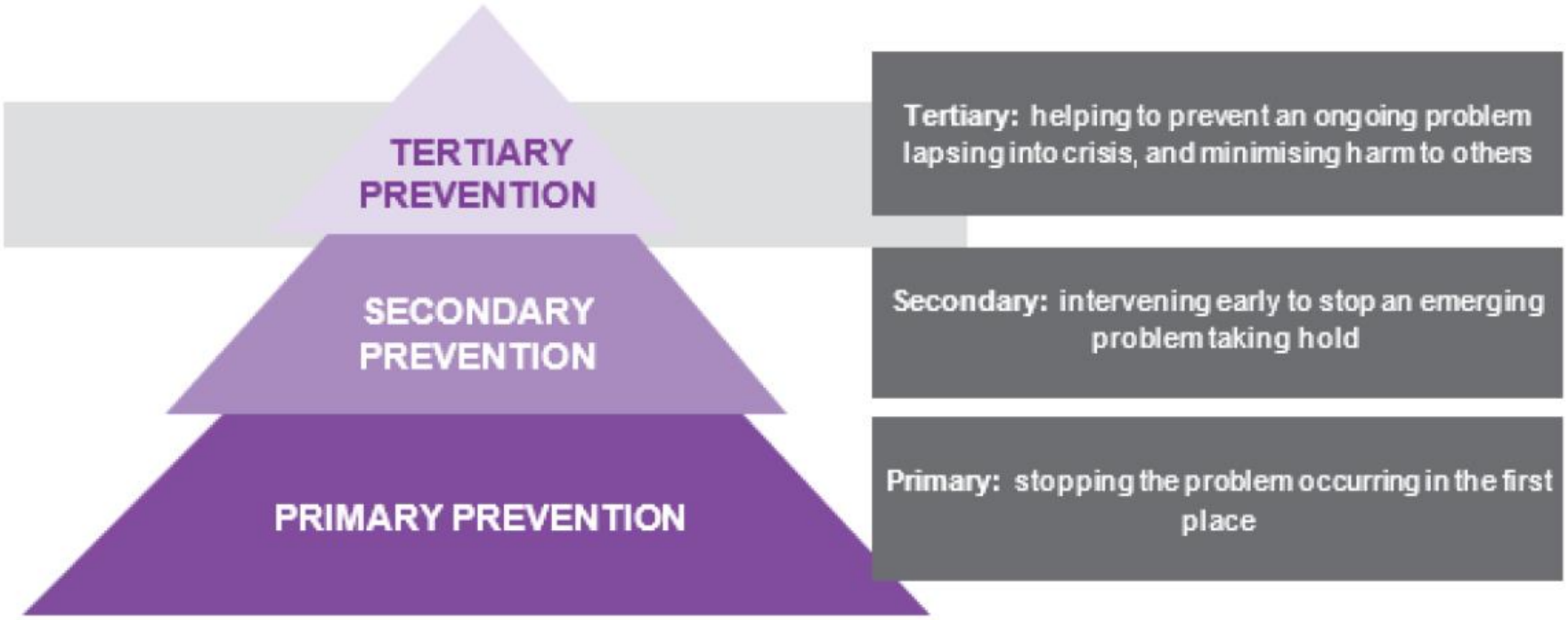
In Hillingdon our strategy, while retaining clear links to related national strategies, is based upon the World Health Organisation's public health model. A 'public health model' is the term given to treating violence as a public health problem, rather than simply a law and order issue. We will work in partnership with a broad range of agencies to understand the causes and consequences of serious violence, focusing on early intervention and prevention, and informed by evidence and evaluation of interventions. A wide range of agencies will be involved including police, education, local authorities, youth justice, probation, health and public health, as well as drawing from expertise from communities and the voluntary sector.

As this approach seeks to address the root causes of serious violence, it is anticipated that the actions taken will address not only this issue but also other challenges we face, as the underlying factors can frequently be similar. Also, due to the nature of the approach, it is recognised that many of the actions taken will not have an immediate impact or be a short-term fix; while the effect of enforcement or disruption actions may be experienced in the short term, preventative actions are more likely to be seen in the medium or longer term.



The four steps of a public health approach to violence prevention (World Health Organization, 2002)

Hillingdon Principle - Prevention



Hillingdon Principle – Coordinated Community Response

We recognise that there is a significant opportunity and need to work better together with local communities and voluntary organisations to address serious violence. The best practice approach and principles of a coordinated community response championed by Standing Together in addressing domestic abuse provides a model for coordinated community responses through**:** ***collaboration, co-production, co-operation, counter narrative and consensus.***

Collaboration: Working closely and collaboratively with our local communities, community organisations and partners to ensure success of this strategy.

Co-production: Working with communities, community organisations and partner agencies to ensure a comprehensive understanding of the challenges to devise and implement work to address the challenges of serious violence and its causes

Co-operation: Ensuring open discussion and dialogue where stakeholders are confident to express views and share information for the purposes of addressing the challenges of serious violence. We recognise the need to understand the 'local picture' that cannot be achieved without working with local people.

Counter-narrative: We will work together to develop a counter narrative in respect of the challenges of serious violence in all its guises from serious youth violence through to domestic abuse. This will be better achieved through understanding the local pi cture, the local drivers and triggers for serious violence, through the lens of those who live locally and those who have experience d serious violence.

Consensus: We will seek consensus and understanding of how serious violence is to be addressed in order to make the best use of the available resources, and to help lever in other resources to address the challenge.

We will achieve this by building upon existing mechanisms such as the local Safer Neighbourhood Board and seek to develop opportunities and links with other forums.

Appendix 2

- Existing Services Contributing to Preventing or Reducing Serious Violence

Service Provision – Cross-Cutting

Primary

- Holiday Activity Fund
- Community Parent Champions
- Youth Voice group
- Young People's Centres and Bus
- Public health programmes (KISS, link, Sorted (drugs and young people), ARCH
- Mentoring
- MPACT (Moving Parents and Children Together) intervention. lead by SORTED
- Universal youth offer
- 24/7 point of contact for children

Secondary

- AXIS Detached Youth Outreach Service
- Adolescent Development Service and programmes
- Health Hub
- Restorative Justice training for schools offered by YJS
- Operational High-Risk Panel
- Professionals meeting (specific case management discussions)
- Contextual Safeguarding project in Hayes
- Stronger Families Service
- MPS Tasking focus on gangs, VAWG, etc.

Tertiary

- Youth Justice Service
- Operational High-Risk Panel
- National Probation Service Offender Management
- IOM
- MAPPA

Service Provision – Cross-Cutting (continued)

Primary

- Safeguarding resources and training materials
- Stronger Families Service
- Brilliant Parents programme
- Education Inclusion toolkit for schools to help identify underlying need

Secondary

- Hillingdon hospitals tool for health professionals to assist in identification of children at increased risk of harm
- Weekly Multi-agency Safety Net Meetings at The Hillingdon Hospital (THH, Children Social Care and ARCH, CNWL,AXIS)
- The Hillingdon Hospital (THH) hospital IDVA
- Weekly Multi-agency Safety Net Meetings at THH (Hospital, Children Social Care and ARCH, CNWL, AXIS)

Tertiary

Service Provision – Knife Crime and Youth Violence

Primary

- School Based Programmes E.g. 'Your Life You Choose'
- 2020 Dreams programme
- Growing Against Violence primary schools programme
- Operation Pegasus (knife crime operation)
- Operation Alumna (schools based robbery programme)
- Schools based knife awareness workshops
- Public Space CCTV

Secondary

- Axis Detached Youth Outreach Service
- No Knives Better Life programme
- Operation Dovyan (MPS and Border Force programme)
- Missing children return home interviews and analysis of trends and patterns
- NWL Forensic Child and Adolescent Mental Health Service for children who exhibit violent or harmful sexual behaviour, in the Criminal Justice System or who are fire setters.

Tertiary

- Operational High-Risk Panel
- Youth Justice Service
- IOM
- MAPPA
- Professionals meetings (for specific case management)
- MPS Gangs Team

Service Provision – Domestic Abuse

Primary

- Workshops in education via education lead in Childrens Services
- Awareness campaigns, e.g. White Ribbon Day

Secondary

- Therapeutic Support for child victims of domestic abuse
- Community based support services (e.g. Hillingdon Womens Centre)
- Operation Encompass (schools)

Tertiary

- Daily high-risk safeguarding meetings
- MARAC
- Hillingdon Domestic Abuse Advocacy Service
- Refuge provision
- Operation Dauntless

Recognised Service Gaps

Through the preparation of the needs assessment and this strategy, a number of gaps in service provision have been identified.

Cross-Cutting	Knife Crime	Domestic Abuse	VAWG/ Sexual Violence
• Systematic analysis of data to provide robust insights and support partnership planning. • Place based crime reduction/ prevention programmes	• Multi-agency knife crime/ violent crime reduction plan. • Response to increasing incidents of young people found carrying knives near schools.	• Perpetrator programmes relating to all risk levels • Outreach programmes into communities where reporting appears to be lower than expected.	• Multi-agency Violence Against Women and Girls reduction plan.

Glossary

Abbreviation	Full description
CAHMS	Child and Adolescent Mental Health Service
DA	Domestic Abuse
HDAAS	Hillingdon Domestic Abuse Advocacy Service
IOM	Integrated Offender Management
MAPPA	Multi-Agency Public Protection Arrangements
MOPAC	Mayor's Office for Police and Crime
MPS	Metropolitan Police Service
NRM	National Referral Mechanism
SV	Serious Violence
SYV	Serious Youth Violence
THH	The Hillingdon Hospital
VAWG	Violence Against Women and Girls
VRU	Violence Reduction Unit
YJS	Youth Justice Service