



Good practice guide to responding to gang related violence

This guide is intended to support multi-agency partners ensure all appropriate actions are taken following incidents of **serious youth violence related to street gangs**. It provides guidance in relation to key considerations for professionals in terms of risk assessment and safety planning.

This document **does not** replace existing statutory processes.

Definition – street gangs

As the definition of street gangs vary and are often quite broad, we define street gangs as predominantly street-based groups of young people who see themselves (and are also recognised by those within the community) as a noticeable group for whom crime and allegiances is integral to the group's identity. Crimes may include robbery, extortion, drug dealing, knife or gun related crimes.

We also take into consideration young people that may live within gang impacted environments where they might not directly be associated with a street gang, however, share the same risk factors due to living within a specific area, having a relative/partner in a gang or utilise the same amenities where street gangs may reside (i.e. youth centres, parks, subways, shopping centres, gyms, etc.).

Definition – serious youth violence

In Norfolk we are treating serious youth violence as any offence of most serious violence or weapon enabled crime involving a young person under the age of 25 in an extra-familial setting. This may be in relation to county lines and/or criminal exploitation or in a separate contextual setting.

Notifications following an incident

Refer to existing processes around Senior Manager Alerts and Serious Incident Notifications [by accessing the Death or serious injury of a child or young person \(norfolk.gov.uk\) page](https://www.norfolk.gov.uk/page)

Considering immediate safety

An initial section 47 strategy discussion should take place. This should take account of the extra-familial nature of the risk and include consideration of the following:

- Establish when hospital discharge is likely.
- Which agencies know the family and who will contribute to the social work assessment.
- Consider parent/carers ability to protect. This should include consideration of parent/carers level of awareness and understanding given the extra-familial nature of the risk.
- Consider level of known ongoing risk from perpetrator or associates/gang members elders.
- Identify any social media posts as practicable that may ignite or create further issues – this may help us to act quickly in trying to ascertain what is likely to happen next.
- Consider whether it is safe for the young person to return home, return to the area where the incident happened, return to education/employment provision and consider any practical immediate safety measures (alternative accommodation, computer aided design (CAD) markers, doorbell video, fire safety, etc.).
- Consider whether there are siblings who as a result of the incident may now be at risk and need to be safeguarded.
- Consider whether there are other young people connected to the index young person who, as a result of the incident may now be at risk and need to be safeguarded/steps that could be taken to disrupt reprisal attacks.
- Support and protection in hospital (see below).
- Identify trusted professional for possible hospital visit.
- Consideration for requirement for a 'threat to life' warning (Police).

When a young person is in hospital

Social media and phone access

Access to mobile phones and social media may increase risk of further violence in the community. Advice and encouragement should be given to young people and parent/carers to avoid the use of mobile phones and social media (note hospital staff have no authority to stop the young person accessing social media) Police are able to use powers to seize devices as part of evidence collection and must consider doing so if this may help prove who has assaulted the young person. When seizing any mobile phone, the police officer should do their best to explain to the young person why it is being done (in order to find out what happened to them) and the legislation that entitles them to do so.

Visitors

Police officers will attend the Emergency Department (ED) if they are aware of a serious youth violence incident. Likelihood of 'visits' to victims by friend or foe gang members should be considered. Before the police officer attending leaves, a discussion should be held between Police, Health and Children's Services regarding ongoing risk in hospital including risk to other patients and staff members and any requirement for restricted visitors or ongoing police and/or hospital security presence.

Trusted professional support

Young people who have been victims of serious youth violence may need support from a trusted professional. Young people may be feeling alienated from peers, coming to terms with an injury and questioning the circumstances that led them to the situation – this can be a ‘reachable moment’ through which young people can be supported to consider making changes in their lives. **Youth workers from the Targeted Youth Support Service** can be made available to support young people in hospital – professionals visiting young people in hospital must be clear with hospital staff and police colleagues about their role in visiting the young person. Discussion regarding consideration for deployment of youth workers to hospital should take place between the Hospital trust safeguarding team Senior Investigating Officer, relevant Head of Social Work and the Head of Targeted Youth Support Service.

Young person in custody

A young person being in custody is also identified as at a ‘reachable moment’. In custody, they are stripped of mobile phones, social media and peer pressure, and can consider the consequences of their actions and their current life direction. Early intervention custody workers are trained and specialist workers in the area of exploitation working from the Wymondham Police Investigation Centre (PIC), who are experienced at working with adolescents, and are seen as separate to the Police. They will support increased identification of children at risk and experiencing exploitation. Early intervention workers will attempt to engage young people aged 10-17 who are:

- Arrested and taken to Wymondham PIC;
- Young people that are open to services in Norfolk or reside out of county, the early intervention worker will advocate and coordinate/liaise with agencies that are involved;
- In addition, voluntary community interventions will be offered to young people and their families who live in the Greater Norwich area and are not already open to statutory services or early help.

The custody workers will ensure information is shared in real time, feed into strategy discussions/professionals’ meetings and support the child whilst in custody.

The appropriate adult service is available to support children in custody and will be contacted by the custody staff as appropriate.

The liaison and diversion service are available to support and assess the mental wellbeing of children in custody.

Bail – prior to release from custody

In the event that a child suspect of a serious violence offence is to be subject to pre charge police bail, consideration of any potential reprisal risk to that child should be considered. This should include the custody sergeant, the child’s allocated children’s services worker, who will seek input from the Youth Justice Service, where relevant. Out of hours, the Emergency Duty Team (EDT) should be consulted prior to bail and recommendations regarding safe bail addresses should be considered as part of this discussion. Liaison between the child’s parents/ carers and children’s social care will be vital.

Hospital pre-discharge planning meeting

Discharge planning should include consideration of both the young person's health and safety. The purpose of this meeting is to ensure that no young person is discharged from hospital into an unsafe environment, where their health or well-being may be compromised or where further significant harm could occur. Consideration should be given to the wider environment the young person will be returning to, including siblings and other members of the household. Should a child leave the ED/hospital prior to meetings taking place or before they are seen, Children's Services should be informed. (Note, hospitals do not have grounds to restrain anyone above the age of 16 if it is felt they have capacity)

This should include:

- Social work team
- Young person's registered General Practitioner (GP)
- Police
- Designated Safeguarding Team (01603 257164) or via email: safeguardingchildren.norfolk@nhs.net
- Youth Justice Service via email: NorfolkHQSecure@norfolk.gov.uk
- Acute hospital safeguarding team and hospital ward staff (ward staff will have offered 1-1 support and may have background information on presentation of young people and intelligence regarding contacts):
 - ▶ Norfolk and Norwich University Hospitals (NNUH) – safeguardingchildren@nnuh.nhs.uk
 - ▶ Queen Elizabeth Hospital (QEH) – Safeguarding.Team@gehkl.nhs.uk
 - ▶ James Paget – Safeguarding@jpaget.nhs.uk Community Health Provider – CCSTR.norfolksafeguardingteam@nhs.net
 - ▶ Norfolk Community Health and Care – Safeguarding.info@nhs.net
 - ▶ Norfolk and Suffolk Foundation Trust – safeguarding@nsft.nhs.uk

Thinking about the wider context of a serious youth violence incident

Gang related violence by its nature relates to networks of young people who may or may not also be involved in the conflict. It's important to understand the wider context of any single incident in order to appropriately assess risk for multiple young people.

A **complex strategy discussion** should be convened under section 47 of the Children Act to consider **all known gang related associates and those in opposing gangs (opponents (opps))**.

The purpose of this meeting is to gather information from all services and formulate a plan which reduces the risk of retaliation or further serious incidents.

The records for this meeting should be added to Liquidlogic for all relevant children.

Principle attendees should include	Consider which other professionals may need to attend, this could include
▪ Head of protection in relevant area	▪ Independent Statutory Services
▪ Relevant Team Managers	▪ Child and Adolescent Mental Health Services (CAMHS)
▪ Allocated Social Workers/Family Practitioners	▪ Probation
▪ Health Designated Safeguarding Team/MASH Health	▪ Housing

Principle attendees should include	Consider which other professionals may need to attend, this could include
▪ MACE Police (Multi-Agency Child Exploitation)	▪ Trusted allocated professionals from other external or commissioned youth services or Targeted Youth Support Service (TYSS)
▪ Youth Justice Manager/Youth Justice Service (YJS) Operational Manager	▪ Social Worker (OLA young people)
▪ Head of Targeted Youth Support Service/Team Manager	▪ Wymondham PIC custody workers
▪ Team Manager Children's Advice and Duty Service (CADS) Exploitation Desk	▪ Relevant voluntary and community organisations
▪ College or other education, training or employment provider	

The meeting should take account of and address the following:

- Associations peer group dynamic and any risk posed by adult exploiters or gang members (including known weapon carrying reprisal threats, drug debts as a result of incident, etc.).
- Are current safety plans fit for purpose?
- Are parents and carers aware of the extra-familial risk and are they able/willing to offer protection?
- Are parents and carers aware of any risks to themselves or other family members?
- Are there additional risks relating to residential/education/training placements due to location, other users?
- Requirement for exploitation screening and or risk levels – all relevant young people
- Police disruption and response plans (add response/trigger plans to young person's record).
- Risks relating to attacks on property and practical steps to reduce risk CAD markers, home adaptations (fire safety, video doorbells etc.) increased police presence.
- Intelligence or information relating to the incident or future risk – (this should include reminders to all professionals regarding the process and requirement for timely intelligence and information sharing) continue to monitor social media for any indication of future risk.
- Risks to staff (including hospital staff where applicable) – clear mitigation actions should be included in all instructions for contact.
- Wider community impact and requirement for actions to support stabilisation or create safety in locations/contexts including youth work and community safety team.
- Is there a requirement to liaise with other local authorities regarding OLA young people linked to the incident?

Media and press consideration

Following an incident of serious youth violence, Norfolk Constabulary will take the lead on media communications. This is a natural position as Police will need to

1. Consider what information should be released into the public domain
2. Identify possible witnesses;
3. Reassure the public;
4. Maintain public safety.

These 3 4 principles will be central to any media release. Police will appoint a Corporate Communications Single Point of Contact (SPOC) who must liaise with relevant Health and

Children's Services media colleagues. The Police Senior Investigating Officer must have oversight of all media releases.

Court appearances

It is important that professionals have a clear joined up position in relation to support for bail or otherwise. Relevant Heads of Social Care and YJS should meet to discuss any imminent Court appearances for young people linked to the incident.

Agree which professionals will be deployed to support young people and families in custody and/or at Court.

Consider any likely risk outside Court buildings – agree mitigation actions, including liaison with Police.

Risk of Remand meetings should take place to explore robust alternatives to custodial remand.

In the event of **Remand to Youth Detention Accommodation** YJS should, as part of a placement assessment consider whether the young person has links/ops in potential secure establishments.

Staff safety and well-being

Issues regarding the safety of staff working with victims and perpetrators of serious youth violence and/or gang related activity must be considered at all times – ensure risk is assessed and mitigating actions have been applied prior to direction for contact.

Staff working with young people who are victims and perpetrators of serious youth violence may experience secondary trauma and require support to access well-being services for a debrief and/or reflective Joint Agency Group Supervision following an incident. Managers should support access to this opportunity – [see the Norfolk Safeguarding Children Partnership Joint Agency Group Supervision procedure](#).

Informing and updating other relevant partners

Contextual safeguarding briefings to relevant partners may be useful following an incident of serious youth violence – this might include education providers, safer schools' officers, youth work providers in the affected community. These briefings are for the purpose of informing and updating relevant partners in order that they can implement any required safety or support measures within their context and/or practice and so that partners can be reminded of the importance of ongoing information and intelligence sharing.

The meeting would be chaired by the relevant Head of Social Work or nominated Team Manager and should be supported by MACE Police. Contextual safeguarding briefings should not discuss individual young people.

Stabilisation and business as usual

A return to business as usual MACE process is required in the weeks following an incident of serious youth violence.

- [Safeguarding Children and Young people from Exploitation and Serious Youth Violence: Procedures and Guidance \(norfolkscp.org.uk\)](https://norfolkscp.org.uk)

Locality mapping meetings will support the ongoing review of associations and risk relating to particular contexts.

Exploitation oversight forum should ensure senior management oversight of the most worrying case of serious youth violence and exploitation and support deployment of resources.

Child planning meetings will review risk and support action to ensure safety planning is robust.

Professionals should also consider the following:

- Use of location safety mapping and planning with young people.
- Context weighting to ensure plans are appropriately focused.
- What support can be made available to the young person in relation to trauma (Liaise with Designated Safeguarding Children team if required. Access to specialist services if no other avenue of support/access available).
- Actions to avoid permanent exclusion and achieve education continuity.
- Disruption planning including the content of Criminal behaviour orders (CBO's), etc.
- Plans to support the young person to build critical thinking, resilience and effect positive change. Including access to trusted relationships – additional resource available might include TYSS, ROSE.
- Support for parents/carers to understand extra-familial risk for their child and increase safety, including information gathering, reporting missing episodes.
- Family Group Conferencing.
- Plans to create safety/stability in the community or context – consider context assessment and plan, deployment of detached youth workers, group work, etc.