Human rights and the management of threats to life: an evidence informed review of a multi-agency response in Northern Ireland and directions for the future of safeguarding victims of community violence and serious harm

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HUMAN RIGHTS AND THE MANAGEMENT OF THREATS-TO-LIFE

An evidence informed review of a multi-agency response in Northern Ireland and directions for the future of safeguarding victims of community violence and serious harm

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November 2023

QUEEN'S UNIVERSITY BELFAST

BELFAST CITY COUNCIL
Belfast City Council

The Executive Programme on Paramilitarism & Organised Crime

"

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Table of Contents

Executive Summary

Protecting children and vulnerable adults from threats and all forms of violent victimisation a high-level policy commitment enshrined in the Sustainable Development target (SDG 16.1) which obligates States to *'significantly reduce all forms of violence and related death everywhere'*. Further, the United Nations Convention on the Rights of the Child (UNCRC) deals with violent victimisation across six relevant Articles (*Article 6: Right to life, survival and development; Article 19 Right to protection from all forms of Violence; Article 33 Protection from dangerous drugs and from being involved in making or selling these drugs; Articles 34 and 36 Exploitation and; Article 39 Rehabilitation of child victims*). Attaining these global commitments requires action and the legislative obligations, both national and international, are clear on the following points:

1. The root causes of violence are highly-inter-related;
2. Violence in all of its forms should be eliminated;
3. Violence, including the most serious violence, is a violation of human rights. That extends beyond children to include vulnerable adults;
4. There are a set of internationally agreed standards of human rights that must be upheld to prevent violence and then to respond to the harms caused by violence;
5. This requires states to enact measures to comply with these standards;
6. NI has implemented SDG, ECHR and UNCRC relevant legislation;
7. The Police Service of Northern Ireland

(PSNI) are currently responsible for threat-to-life management and serious harm.

This evaluation is a summary of three years of data collection, interviews and focus groups with those involved in reducing the risk associated with threats to life and serious harm, and in particular, interviews and a workshop with the Police Service of Northern Ireland (PSNI) who are currently the custodians of the threat-to-life process in Northern Ireland.

This review process has found that:

1. Threats to life and the risk of other serious harm are safeguarding issues. Victims are often trapped within coercive personal or community environments, and often unable to access legal supports. Police alone are unlikely to be aware of the majority of threat-to-life cases;
2. A PSNI service instruction provides guidance to officers on how to deal with threat-to-life cases;
3. This review found that the PSNI service instruction is not consistently implemented and that there are few opportunities for new or indeed seasoned officers to familiarise themselves with serious safeguarding issues such as threats-to-life, to understand their remit within the context of PSNI, to understand how to risk assess perceived threats, and/or to understand how to identify a set of activities that are consistently implemented;
4. The impact of threats-to-life is cross-cutting, impacting on individual's in a

variety of ways thus necessitating input from across multiple systems;

5. There is currently no standardised system for the collation, sharing, and analysis of data between relevant statutory agencies; and despite a core objective to be increasing confidence in the public to share information, this is not well embedded into the service instruction;

6. There is a joint protocol PSNI and HSC intended to safeguard children and young people. This review found that the protocol does not appear to be being implemented consistently, and few records are held within HSC around its coherent implementation;

7. PSNI currently collate threat-to-life data and have consistent records spanning the previous three years. Despite this, PSNI were unable to share these data, and following an FOI, indicated that the time required to collate these centrally held data would exceed the limits contained in the legislation (18 hours);

8. Devolved legislation compels statutory agencies to share information. For example, the Children's Services Cooperation Act (Northern Ireland) 2015 obliges PSNI to share information with other relevant agencies to safeguard and to improve outcomes. This review found that despite this legislation, information is not routinely shared in a multi-agency context;

9. As a significant safeguarding issue, there is a pressing need for greater accountability around how processes are implemented. Whilst current guidance has been developed by the Safeguarding Board for Northern Ireland (SBNI), no organisation, including SBNI, can currently hold organisations accountable for its implementation or lack thereof. Consideration could be given by the Community Safety Board (CSB) to how they seek support around how safeguarding issues related to threats to life (and other forms of serious violence) are managed in a consistent and more accountable way conducive to the protection of individual's from harm;

10. This review demonstrates that there is a need for more timely information from multiple perspectives to assess threats and more transparent data to monitor progress against high-level strategic objectives and international legal commitments. Further, there is a pressing need for the PSNI chief constable to operationalise his public commitment to public health policing. This could find legislative footing in a duty similar to the Serious Violence Duty (Home Office, 2019) in England and Wales.

Introduction

Violence related harm

Violence is a fundamental human rights issue and is commonly defined as the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community, which either results in, or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (WHO, 2014). Interpersonal violence is the violence that happens between individuals in the family or in the community. Its prevalence is widespread and its impact can be significant, not only for those directly affected, but on wider community safety.

Globally, there are an estimated 500,000 homicides annually (Mitis and Sethi, 2015) and this is estimated to be rising at a rate of 2%. Despite a decade of declines (Densley, Deuchar and Harding, 2020) in the UK, researchers have observed the some individuals are exposed to increasingly severe forms of violence (Vulliamy et al., 2018). The UK Home Office (2022) for instance has noted an 84% increase in violent incidents involving a knife or sharp between 2014 and 2020 often impacting on individual's sense of safety and confidence in the police (Fitzgerald, 2018). At the same time, there appears to have been a rise in the criminal exploitation of children and vulnerable adults in a phenomenon that has become known as County Lines. County Lines is the application of a specific business model following a saturation of drugs in the large urban areas of Britain (Windle and Briggs, 2015). This surplus began to be moved out of these areas via drugs networks (Brewster et al., 2021) into the smaller and more suburban and rural

areas (Caluori, 2020). Central to the exploitation, however, is the threat of serious violence (Ellis, 2018; Robinson et al., 2019) and the perceived absence lawful alternatives to reduce risk (Anderson, 2005). Following a public consultation, the UK Home Office (2019) announced that it would bring forward legislation that would focus on this issue. The subsequent Serious Violence Duty (the Duty) places a legal obligation on specified authorities to work together, share information, and through a partnership approach, reduce incidences and the impact of violence on society. The Duty outlines that law enforcement, whilst important, cannot sufficiently deal with the causes and consequences of violence alone, through collaborative and locality-based responses, agile enough to respond to contextual and cultural nuances. The Duty does not apply to Northern Ireland and there is currently no coherent violence prevention policy framework. Instead, the threat of serious violent harm by one person against another is primarily dealt with via a mechanism referred to as the Osman or the Threats to Life protocol.

Osman Ruling

In some cases, interpersonal violence is planned in a premeditated way. Where the intention of one person (either alone or in concert) to cause serious harm to another person, this invokes a response under Article 2 of the Human Rights Act (1998), thus placing an obligation on law enforcement agencies to take steps to protect someone who is at real and immediate risk of harm. In this case, which was decided by the European Court of Human Rights (ECHR), the court examined the

obligations of the state to protect the right to life under Article 2 of the European Convention on Human Rights (ECHR). The Osman case was brought by the Osman family against the UK government for a perceived failure to protect them from a threat posed by a teacher who had a history of making threats towards their son. Tragically, the teacher later shot and killed the son and subsequently took his own life.

The ECHR ruling in Osman established that Article 2 of the ECHR imposes a positive obligation on the state to take reasonable steps to protect individuals from threats to their life that arise from the actions of private individuals. This means that if the authorities become aware of a credible and immediate threat to an individual's life, they must take appropriate action to prevent harm.

Following the Osman ruling, it became common practice for law enforcement agencies in the UK to issue what are commonly referred to as *'Osman letters'* or *'threat-to-life letters'*. This process has been adopted by the Police Service of Northern Ireland (PSNI) who have guidance on the issuing of letters that are sent to individuals who are deemed to be at risk of serious harm or death from a specific individual or group. The letters serve as a formal notification to the individual about the threat and may include advice on safety measures or the provision of protective measures by the police.

Violence as a public health issue

Recent studies on violence have captured its multi-dimensional nature and its multi-faceted effects. Defined by the World Health Organisation as the *"intentional use of physical force or power, threatened or actual, against oneself, another group, or against a group or community, that either*

results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (WHO, 2002), violence and the harms that are attributed to its exposure are increasingly recognised as a significant public health issue (WHO, 1996) and as a violation of basic human rights (Blom, Fedeeva and Barbosa, 2023). Understanding the nature and impact of violence, as well as investing in efforts to reduce exposure, is a high-level strategic priority outlined in several policy frameworks of which the UK and Ireland are signatory to. Indeed, reducing violence is a core Sustainable Development Goal (SDG), specifically related to goal 16.1 which obliges states to *'significantly reduce all forms of violence and related death everywhere'*. The UK has committed to attain this SDG target by 2030. Despite this commitment efforts have thus far been significantly hampered by a lack of effective collaborative working across systems (e.g., policing, health, social care, education and communities) (Walsh and Smyth, 2022), coherent data collection (Blom, Fedeeva and Barbosa, 2023), and the routine sharing of information to inform decision making (Sutherland et al., 2021). **Understanding and addressing barriers towards attaining these SDGs is even more pressing in communities affected by inter-community violence and where the presence of paramilitaries and other non-state actors endures.**

The NI context

In the decades that have followed the Good Friday Agreement, armed groups have remained part of the fabric of some communities in Northern Ireland. Despite an assimilation into civic society by some of the members of those armed groups, others have not yet ceded their influence. Indeed, new iterations of those pre-1998 paramilitaries

groups have evolved, each intent on staking their own influence on communities through threat, intimidation and exploitation, with some suggesting that these groups have now morphed into groups more akin to organised criminal organisations primarily intent on having a monopoly on crime at a local level (Walsh, 2023). Police recorded crime, as well as emergency department data, suggest that rather than being in decline, some forms of paramilitary related harm have actually increased (Ritchie & McGreevy, 2019; Walsh, 2019), with some individuals remaining materially affected by the presence of paramilitaries (Walsh and Schubotz, 2019, Walsh, 2021; Walsh and Cunningham, 2022).

However, not all communities experience paramilitary harm in the same ways, and within those communities, not each individual is at elevated risk of exposure (Walsh and Gray, 2021). With regard to paramilitary violence towards individuals in local communities, the Northern Ireland Life and Times Survey which captures adults' perspectives on social issues on an annual basis, and most recently reported that only 12% of respondents believed that paramilitaries were active in their area (NILT, 2022) compared with 70% in a sample of more than 590 youth living in areas of elevated violence. Similarly, there have been estimates that around 40% of the NI population have been victims (directly or indirectly) of paramilitary activity, however, Walsh (2021) reported that in some areas, as many as 50%, - more than 60% higher than the population estimates. Further, in a cross sectional study of women involved in leadership development, found that more than 60% of women reported high levels of paramilitary activity in their community and almost one-in-five (19%) of the 226 respondents reported being threatened by individuals that they believed to be involved in a paramilitary group.

Other forms of violence also appear to be endemic in Northern Ireland-particularly amongst younger people (Walsh and Gray, 2022). The NI wellbeing study found that violence was the most commonly reported adversity among young people (Bunting et al., 2020) and Redican et al (2022) highlighted how a relatively large proportion of the general youth population have been exposed to multiple, and also co-occurring incidences of violence. Thus there is significant evidence of a range of ways in which violence related harms manifest ranging from being witness to such violence through to a threat-to-life. Threats to life are defined as acts that could engage Article 2 of the ECHR and other *"...circumstances where, as a result of a deliberate intention of the criminal act of another, the police or other law enforcement agency, has identified a real and immediate threat to the loss of life or to cause serious harm or injury to another"* (PSNI, 2021).

Despite the paramilitary being highly clustered (Bond and Bushman, 2017), the effects are actually highly dispersed. For example, in the first study to explore the effects of violent victimisation on violent offending in the NI context, Walsh, Doherty and Best (2021) found that justice involved youth who had experienced paramilitary violence were more likely to have been convicted of a more serious violent offence, thus making a direct link between victimisation and wider issues of community safety that affect NI society more generally. Further, there is a small, but burgeoning body of evidence that points to the direct effects of exposure to violence on mental health and wellbeing outcomes. It is well established internationally that any exposure is detrimental to an individual's mental health and wellbeing (Fowler et al., 2009), however, more recent evidence from NI provide more contextually accurate estimates

for this. For example, Walsh (2021) found that compared with wider population estimates for stress related disorders, young people living in communities of elevated paramilitarism were eight-times more likely to screen for probable post-traumatic-stress. At the same time, it seems that those who are in most in need of support are not routinely connected to those supports (Duffy et al., 2022). This has been evidenced in a recent study demonstrated the latent, or hidden mental health symptoms associated with exposure to paramilitary related violence. Walsh (2023b) found that among a cohort of Probation service involved young men, most had been victims of paramilitary violence; most victimisation began during early adolescence; most developed clinically diagnosable symptoms; and most were neither assessed nor treated, thus reinforcing the need to better join systems up.

Context is important and understanding local context is critical when seeking to understand and respond to complex issues such as violence related harm (Walsh, 2023).

Executive Programme on Tackling Paramilitarism, Criminality and Organised Crime

The *'Fresh Start'* Agreement published by the UK and Irish governments in 2015 (NIO, 2015) set out strategic proposals for addressing some of these most challenging, and often intractable issues. Following this agreement, a three-person panel was established by the Northern Ireland Executive (The Executive) to report with recommendations for a strategy leading to the disbandment of paramilitary groups. Following an engagement and research process, the panel reported mid-2016 (Alderdice, McBurney and

McWilliams, 2016). It identified a range of potential barriers which if addressed, *"might go some way toward creating the conditions in which groups would abandon their paramilitary structures and peacefully support the rule of law"* and provide *"a new strategic approach to the discontinuation of residual paramilitary activity"*. These barriers were translated into strategic priorities and became enshrined in the Northern Ireland Executive's Programme for Government 2016-2021. Strategic priorities included:

1. **Promoting lawfulness**
2. **Support for transition away from conflict**
3. **Tackling criminality and criminal exploitation**
4. **Addressing systemic issues undermining the transition towards peace**

The 43 Panel recommendations were translated into a series of commitments in a high-level action plan - the *'Executive Action Plan for Tackling Paramilitary Activity, Criminality and Organised Crime'*. The Cross-Executive plan was operationalised through the establishment of a cross-Executive Programme chaired by the Head of the Civil Service.

The Programme has committed to being data driven and evidence based and to better understand the totality of paramilitary harm and who it affects. There has been a conscious focus in Phase 2 to focus on understanding and responding to the less visible aspects of harm which are also areas where data and evidence has been less well developed both in terms of defining the problem and responses to it. As part of the Executive Programme on Paramilitarism and Organised Crime's (EPPOC) efforts to understand and respond to paramilitary related

harms, Belfast City Council (BCC) was funded to implement multiagency arrangements to address the associated issues attached to victims of paramilitary groups and those under threat throughout West Belfast. In partnership with other agencies, the Council aim to deliver a targeted, co-ordinated piece of work to address the needs of those under threat of paramilitary violence, with a particular focus on improving communication and co-ordination amongst services funded to work with these individuals and their families within West Belfast.

Purpose of the current review

The primary aim of the current review was to explore the novelty and utility of BCC's multi-agency structure within the context of reducing violence related harms in communities most affected by organised crime and paramilitarism in the context of the threat-to-life management process.

The objectives of the review were to:

a. To identify relevant policy and legal provisions regarding freedom from violence related harms;

b. To synthesise and to summarise violence related harms in the context of contemporary Northern Ireland;

c. To identify the components of the multi-agency structure that added value to the current threat management process;

d. To identify if the current threat management process is sufficient to understand and respond to violence related harm without such components; and

e. To present options for refining the regional threat management process, specifically with regard to:

    i.   *Revision of the threat* management protocol

    ii. Geographical scope of threat management

    iii. Ownership, accountability and monitoring of the threat management process

Methodology

This review employed a mixed-methods design. Specifically, there were four elements.

1. Firstly, the reviewer undertook a desktop analysis of the administrative and empirical research in order to appropriately situate the violence of threats-to-life within an international as well as regional context.

2. Secondly, the reviewer undertook an analysis of the data already published as part of two annual service evaluations examining the process and impact of a multi-agency partnership to manage threats-to-life in two areas of Belfast city and to synthesise key observations.

3. Thirdly, the reviewer undertook in-depth interviews with members of the multi-agency partnership for threat management, as well as with other key stakeholders with a strategic interest in threat management at a regional level. This included for example, PSNI leaders and senior managers in the NIHE.

4. Following a sense making of the first three elements, a fourth element was facilitated, involving an intensive workshop with representatives from the Council, PSNI, Department of Justice, Belfast Health and Social Care Trust and two voluntary sector organisations. The primary objectives of this workshop were to consult on the thematic areas emerging from the review; to sense check a strategic direction; and to agree on mutually acceptable options for managing threats. The workshop involved a formal presentation of findings followed by a group discussion, informed by a semi-structured interview schedule. An overview of the guiding questions for this workshop are attached in appendix 1.

Ethical approval was not required, however, data was collected in line with general data protection regulations (GDPR, 2018) and in line with ethical standards for research.

The remainder of this report summarises the findings from these four elements.

Findings

A summary of the relevant policy/legal provisions to safeguard those at risk of serious violence

There is both an international and regional policy context that informs statutory obligations within which threats to life and other contextual harms are mitigated and managed.

The **Human Rights Act (1998)** which incorporates the **European Convention on Human Rights (ECHR)** into UK legislation requires that state authorities must use their powers reasonably and proportionately to protect children and young people, and the ECHR holds them responsible for inhuman or degrading treatment inflicted within their jurisdiction. Article 2 of the European Convention on Human

The Data Protection Act 1998 and GDPR (General Data Protection Regulation) is the legal framework that sets guidelines for the collection and processing of personal information.

This obligation is supported by **Article 2 of the ECHR** which is referred to as the *"Positive Obligation"* or the *"Osman Ruling"* within police protocols as discussed above. The ECHR case of Osman v UK (28.10.98) directly informs the basis of the requirement by police to take all reasonable steps to protect a person whose life is in real and immediate danger from the criminal acts of others.

Victims of threats-to-life can find themselves at risk staying in their own communities and have traditionally been facilitated to find alternatives, the

statutory footing of which is the **Housing (NI) Order 1988** that identifies the Northern Ireland Housing Executive as the agency tasked with responding to homelessness. The Order places a statutory duty on the Housing Executive to provide interim and/or permanent accommodation for certain homeless households depending on investigations and assessment of their circumstances. There is also a duty to provide advice and assistance in relation to homelessness and the prevention of homelessness.

With regard to children and young people, the **United Nations Convention on the Rights of the Child (UNCRC)**, of which the UK is a signatory, places obligations on the state and on statutory organisations to safeguard and promote the welfare of children and young people. The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.

The following Articles are of particular relevance to this guidance and reflected in Co-operating to Safeguard Children and Young People in Northern Ireland:

- *Article 6: (Right to life, survival and development)*
- *Article 19 (Right to protection from all forms of Violence)*
- *Article 33 (Protection from dangerous drugs and from being involved in making or selling these drugs)*

- *Articles 34 and 36 (Exploitation)*
- *Article 39 (Rehabilitation of child victims)*

Article 6 of the Convention and subsequent general comments from the Committee on the Rights of the Child recognise the impact of violence on the development of children and young people, particularly where exposure is more frequent and more severe. This aligns with wider evidence regarding exposure. Fowler et al (2009) in their review evidence found that whilst children who are directly targeted with violence in the community experience the greatest and most devastating developmental consequences, living in communities where rates of violence are elevated compared with other communities, contributes towards the onset of a wider range of contextual harms including stress related disorders, mood disorders and anxiety disorder, all of which have been implicated in self-directed and interpersonal violence.

Article 19 states that:

> *'States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.'*

As such, the Convention recognises the array of violence related harm that children and young people can become victim of and also the range of contexts where such harm can take place. Further, the Convention recognises that whilst a criminal justice approach is important with regard to the pursuit of perpetrators, it is nevertheless insufficient with regard to protection-not least because evidence shows the complex relationship between victimisation and perpetration. Article 19 clearly obligates states to ensure multi-sectorial responses to the contextual harms that children experience on a joined-up, but also tiered basis, reflecting the dynamic, but also the range of violence related harms that children can be exposed to.

The Children (Northern Ireland) Order 1995 is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It covers the full range of safeguarding activity including the promotion of a child's welfare, assessment of a child's needs, provision of support for children and families, protection of children and powers to assume or secure parental responsibility for children when required.

The Children's Services Co-operation Act (Northern Ireland) 2015 places a requirement on individuals and organisations providing children's services to children to co-operate with each other to devise and implement cross-cutting strategies.

Co-operating to Safeguard Children and Young People in Northern Ireland (2017) provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. It outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible. Effective safeguarding activity is defined as:

- Promoting the welfare of the child and young person;

- Preventing harm occurring through early identification of risk and appropriate, timely intervention; and
- Protecting children and young people from harm when this is required

In their latest report, the Concluding Observations of the Committee on the Rights of the Child (CRC, 2023) recommended that the UK as a whole had some way to go to comply with the UNCRC, and with regard to violence, specifically recommended that efforts be made to ensure that victims of violence are provided with support via multi-agency responses (33f) and that there is an improvement in the collection and analysis of data on violence against children and that such data is disaggregated and available for analysis (12a). The committee further urged the UK and devolved nations to prevent gang-related violence by addressing the root causes, establishing early warning systems, adopting programmes that facilitate children to leave gangs, to address recruitment (34a), and to address the violence committed by non-state actors, including paramilitaries (34b).

Section 32 (1) of the Police (Northern Ireland) Act which specifies that it shall be the general duty of police officers:

(a) To protect life and property;

(b) To preserve order;

(c) To prevent the commission of offences;

(d) When an offence has been committed, to take measures to bring the Offender to justice.

Framed within the context of these policy parameters, the police service of Northern Ireland (PSNI) first drafted a **Service Instruction** with regard to threats to Life in 2017 and reviewed it in 2021 (PSNI, 2021). This instruction sets out the procedures of the PSNI around dealing with *'threats to life'* arising from criminal, or potential criminal actions. The primary objectives of the instruction include:

- To assess information received and ensure the relevant person is informed of the threat-to-life
- To protect any intended victims
- To protect members of the public who provide information
- To provide a standardised framework for dealing with such incidents

The legal basis for the instruction is set out in Section 32(1) of the Police (Northern Ireland) Act 2000 which states that *'it shall be the general duty of police officers to protect life and property'*. The instruction clearly situates the need for pro-active systems and operational responses within the context of the Human Rights Act (1998) and Article 2 of the European Convention on Human Rights.

While the instruction is not prescriptive, it highlights that in many cases, a formal notification in the form of a *'TM1 form'* issued by PSNI to the potential victim along with a *'protect yourself'* booklet which outlines practical measures for potential victims to take themselves, would be sufficient. Of course, the definition of a threat-to-life documented in the service instruction is not limited to those threats made by paramilitary, organised criminal gangs and/or non-state armed groups, and also extends beyond mortal concerns and also includes concerns regarding *'...serious harm or injury...'* (PSNI, 2021). In determining a real and immediate threat, officers should determine whether the alleged threat has been (i) objectively verified, and (iii) present and continuing. Thus, the threshold for the application

of a threat-to-life response is a high one and as per service instruction, police officers require as much relevant information as possible, with the inference being, from as many sources as possible to take decisions that they can be held liable for with regard to compliance with Article 2.

In practical terms, guidance was published to inform the actions that should be taken when individuals are subject to a threat-to-life. This guidance was jointly published by PSNI and Health and Social Care in 2019 and covers incidences where victims are under the age of 18 (or for those aged 18-21 for whom the HSCT continue to hold statutory status).

To complement the wider policy obligations and PSNI service instruction, the joint protocol was developed in response to a recommendation arising from a serious case review specifically focussed on paramilitary related harm. The review examined the circumstances of a looked after child (LAC) who suffered harm as a result of a paramilitary threat and recommended that:

Regional guidance should be developed on how professionals and agencies working with looked after children who are looked after or on the child protection register, should manage threats against a child, especially from paramilitarism (PSNI/HSC, 2019).

The recommendations clearly set out the obligations that are anchored to the aforementioned policy frameworks including: UNCRC (Articles 19 and 23); the Human Rights Act (1998); the European Convention on Human Rights (ECHR); the Children (Northern Ireland) Order (1995); and the Children Service's Cooperation Act (Northern Ireland) 2015.

Despite being framed within the context of

paramilitary related harm, the practice guidance defines a threat-to-life as:

'…when considering all the circumstances relating to an individual, their involvement with, or knowledge of a crime or criminal behaviour, or any other information- a risk is identified that they may be exposed to a fatal attacked or serious injury'. (PSNI/HSC, 2019).

Responding the recommendations, the joint protocol sets out guidance that is underpinned by a series of principles, including that in situations where a threat-to-life is known:

- The safety of children and young people is paramount
- Threats to life are considered to be child abuse
- Parents should be supported to exercise parental responsibility
- Robust arrangements should be put into place to protect other siblings
- Timely information sharing and the implementation of supportive and protective measures are critical for the prevention of harm
- Partnership working to ensure effective safeguarding is the most effective way of ensuring that children and young people's needs are met.

Threats-to-life is primarily managed by the PSNI. Police may receive information that an individual's safety is at risk from others. Those making a referral contact the PSNI's central referral unit. Where those individuals are under the age of 18 (or in state care), the PSNI in turn are obliged to make a joint protocol referral to the HSC gateway team or emergency social work service.

Where the HSCT becomes aware of threat, a 999 call should be made when the threat is considered imminent and in all other cases, a referral to the CRU should be made, at which point a child abuse detective will be appointed to assist social services with speaking with the child and/or the person with parental responsibility. It is also recommended that social services must assess the risk to the wider family.

A threat-to-life risk assessment and safety planning meeting should be convened within two working days, with social services responsibility for holding the information. A standardised set of variables that should be captured includes: HSCT area, referring agency, name, gender, date of birth, source of threat and assessment of credibility, as well as actions agreed. Whilst other organisations such as the youth justice agency are not standing members of such meetings, they will be invited on

an ad-hoc basis where the child or young person is in receipt of YJA services. To aid decision making, the guidance also includes a template to assess the underlying vulnerabilities of the young person and risk indicators (see appendix 9).

There is less clarity in the protocols where children reside in the home of an individuals who is at risk of harm but who is themselves over the age of 18.

A summary of violence related harms in the context of contemporary Northern Ireland

Understanding the nature of violence and its harm is critical to identifying and commissioning the most appropriate responses. It is also pivotal to a robust assessment of whether policies, programmes or individual interventions have had the intended impact.
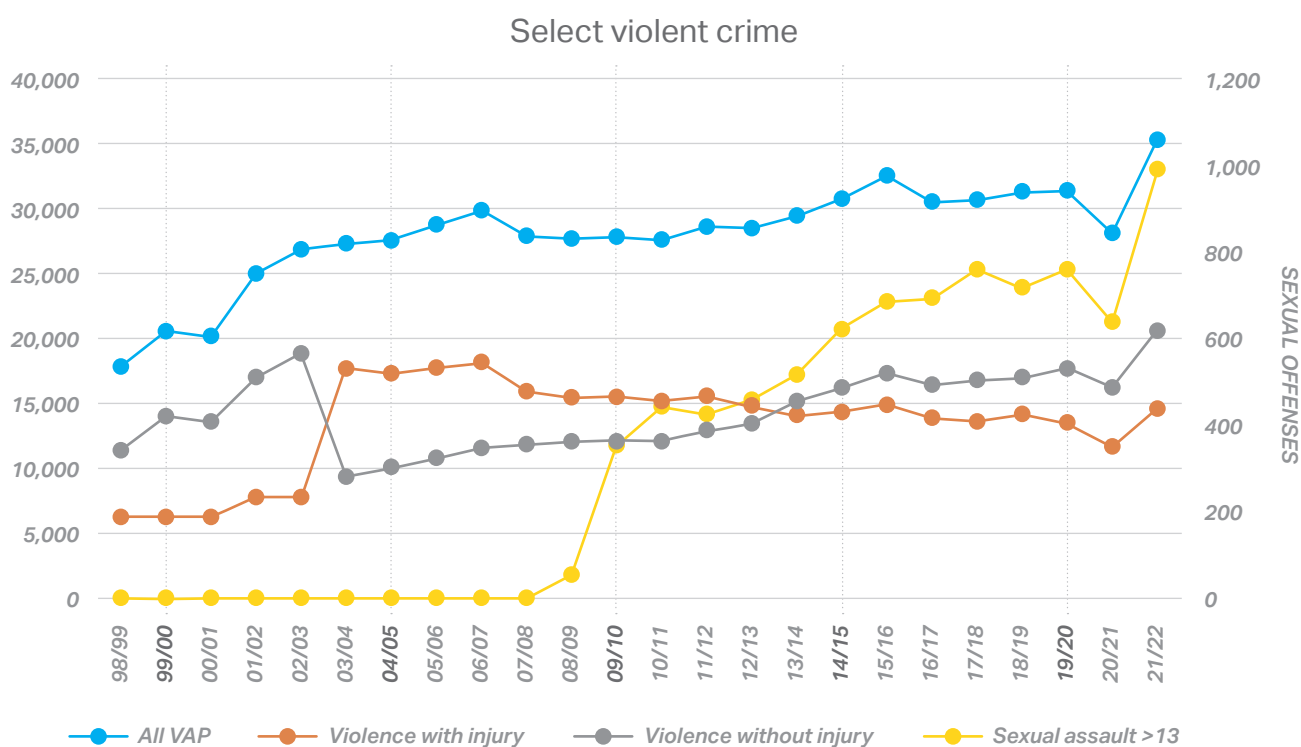
Figure 1: Select violent crime trends 1998/99-2021/22

Over recent years, a growing body of empirical evidence has complemented administrative data from police and from emergency departments. These point to trends in exposure to violence over time, and also illustrate how individual's experience violence, and the impact that this violence has on their psycho-social development.

Police recorded crime data demonstrate that over time, incidences of violence against the person being reported to the PSNI have risen (PSNI, 2023). Aside from the widely documented falls in Violence against the Person (VAP) during the Covid-19 public health responses, the frequency has returned to, and even exceeded pre-pandemic levels - an observation consistent with international evidence (Ellis et al., 2021). Indeed, there has been a 98% increase in all VAP in the last decade; an 80%

increase in violence with injury; a 132% increase in violence without injury and sexual assault, whilst comparatively lower incidences overall, saw a 124% increase compared with 2008/09 (see fig 1. right axis). Interestingly, the proportion of violence against the person as a proportion of total crime has also increased significantly, increasing from around 20% in 1998 to more than 30% (Walsh, 2019b).

Health related administrative data can complement this and shows that younger people under the age of 25 are most vulnerable to exposure (Walsh and Smyth, 2022). For instance, in the first prevalence study of wellbeing in Northern Ireland, Bunting et al (2020) found that violence was the most commonly experienced adversity among children and young people. However, this figure is likely to be significantly higher in some areas than others. For
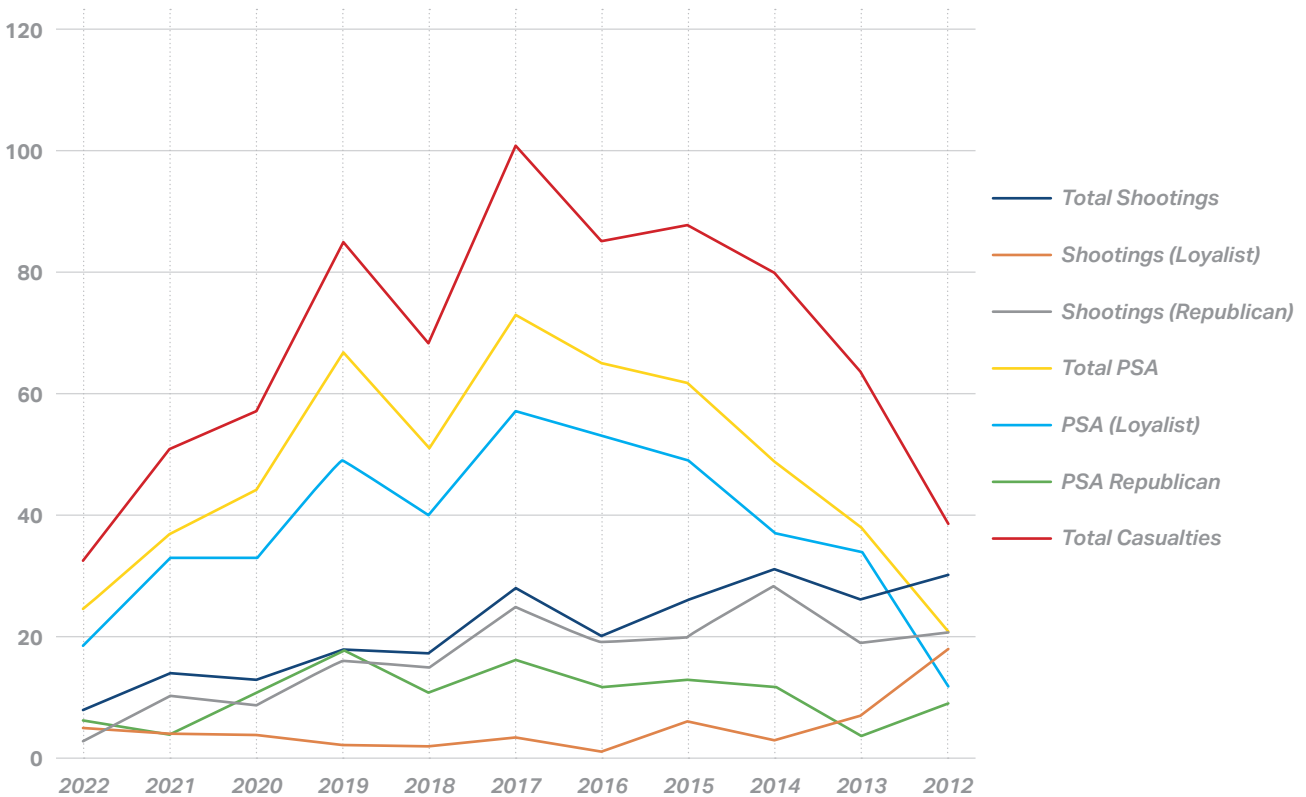
Figure 2: Security situation statistics
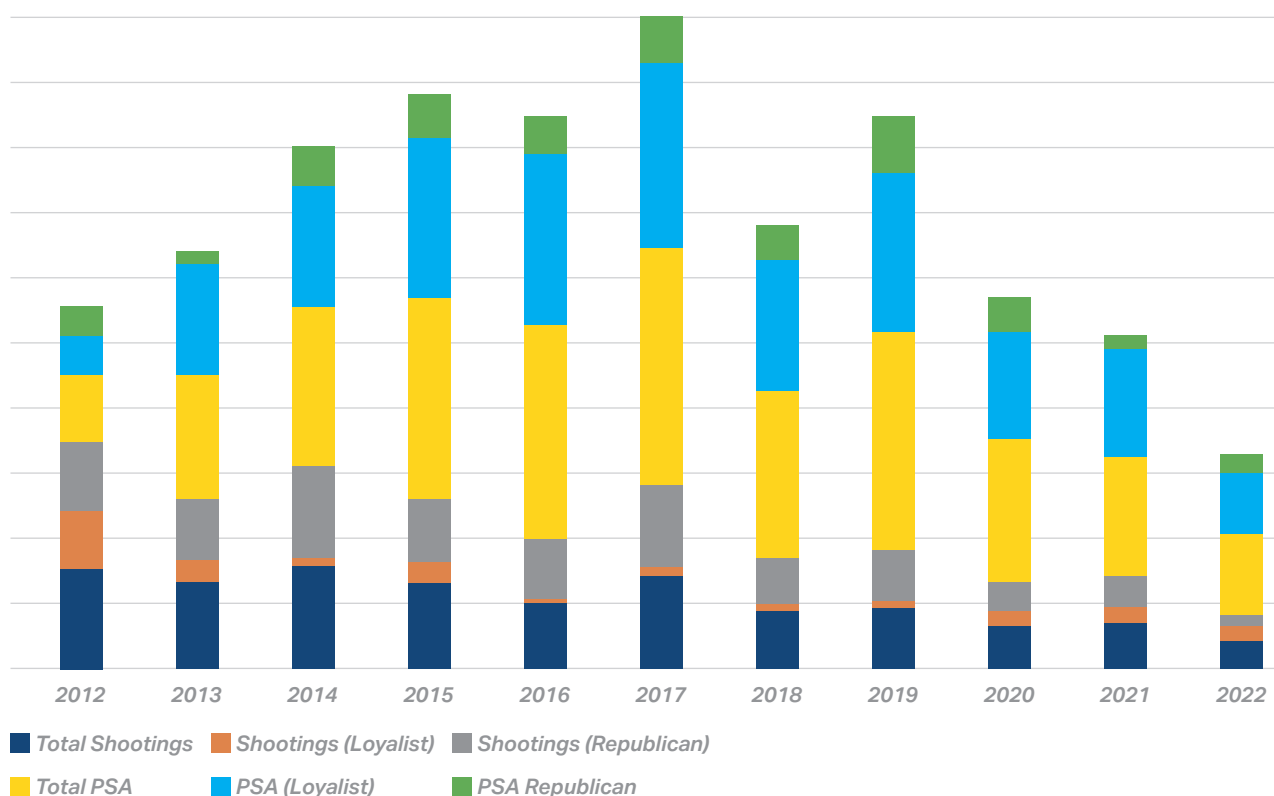
Figure 3: Proportion of paramilitary related violence by type and identity

example, in one cross-sectional study of almost 700 young people under 25 the rate of exposure to violence was 118% higher than the population estimates (Walsh, 2022b).

Police security statistics illustrate the higher-harm violence, facilitated by armed and organised criminal groups. Fig. 2 illustrates that over the last ten years, the total number of casualties of paramilitary related harm known to police has reduced by 15% in the last decade and shootings have decreased by 73%. Despite the general year-on-year trend downwards, there has been a 17% increase in a paramilitary style assaults between 2012 and 2022. This is likely to be a significant underestimate, as research has shown that many victims, for different reasons, refuse to seek medical help and refuse to report the attacks to police (Walsh and Cunningham, 2023).

The data also illustrate that proportionally, loyalist paramilitary groups account for the greatest increase in higher-harm violence (see fig. 3). Indeed, there has been a 45% increase in PSA's in the previous decade, whilst there was been a 40% decrease among republican paramilitaries. Whilst loyalist shootings are significant down on the 2012 figure, they are nevertheless higher in 2022 than they had been in the preceding six years.

Analysing both the Northern Ireland Life and Times and the Young Life and Times Survey data across multiple years, Walsh (2020) found that young people are particularly vulnerable to higher-harm, paramilitary violence. Indeed, it was the those in the 18-24 age group that were least likely to report feeling safe and it was younger respondents who were most likely to report the controlling influence of paramilitaries in their local areas. Whilst these

population estimates are highly useful, they somehow mask the more acute experiences of smaller clusters of the population. Clustering is an aggregation of cases that are closely group in time and space (Slutkin, 2016). Sometimes these are referred to as *'hot spots'* by epidemiologists and with reference to crime, increasingly by police. For example, compared with the NILT and YLT, data from more than 450 young people engaged in targeted youth service interventions in communities most affected by paramilitarism, three years of data illustrate that they are significantly more likely to report the controlling influence of paramilitaries compared with wider population estimates. Indeed, the findings from this cross-sectional data show that the figure for 2022 is 142% higher, with similar observations across multiple years (see fig. 4).

Interestingly, previous studies have found that different forms of violence are interrelated at a community level. For example, in a study of more than x100 women taking part in a leadership programme, domestic violence was statistically and significantly related to community violence (Walsh, 2022). Indeed, there was a statistically significant association between exposure to other forms of violence such as domestic abuse and being attacked by paramilitaries and also being threatened by paramilitaries. This points to the presence of poly-victimisation where some women exposed to specific forms of violence are at greater risk of also being exposed to additional forms of violence. Similarly, Walsh (2019) found that there was a statistically significant, positive correlation between paramilitary related violence and other forms of community violence (see fig. 5).

With respect to the safeguarding issues that can arise with threat-to-life cases, there is currently no police recorded data publicly available. It does however exit. It appears that for the last three
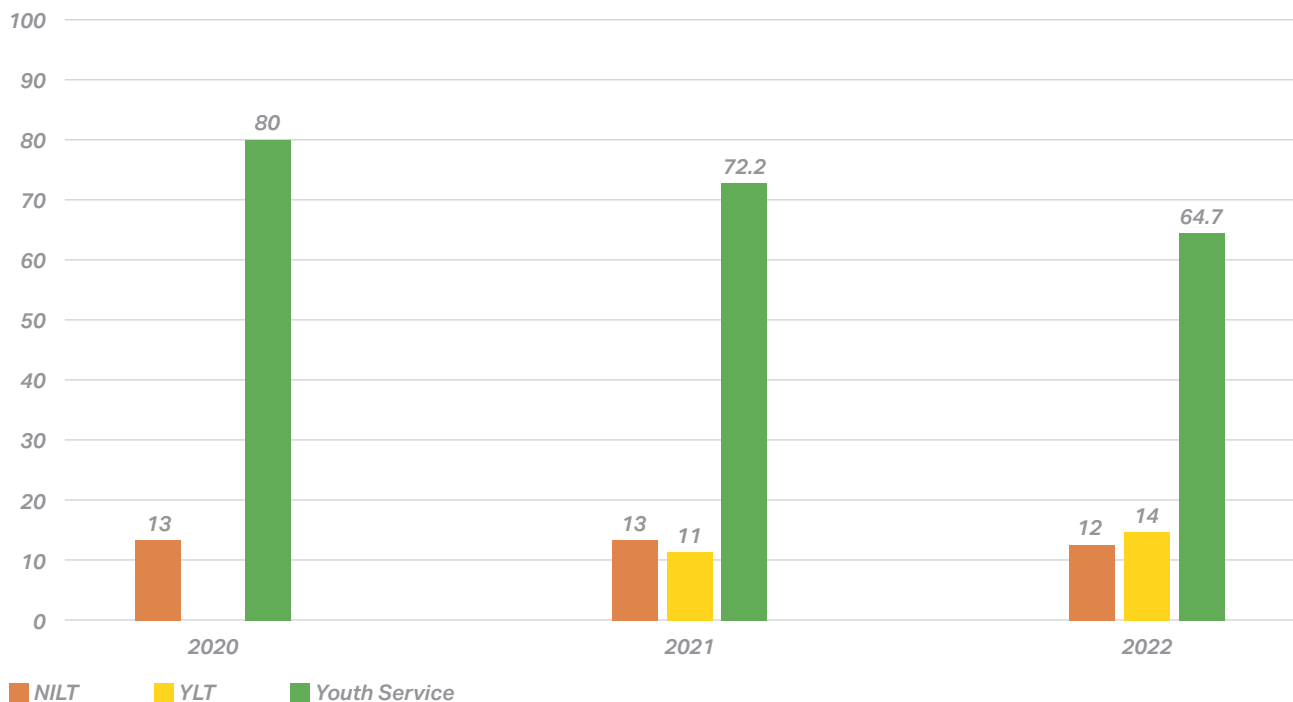
Figure 4: Attitudes towards paramilitarism
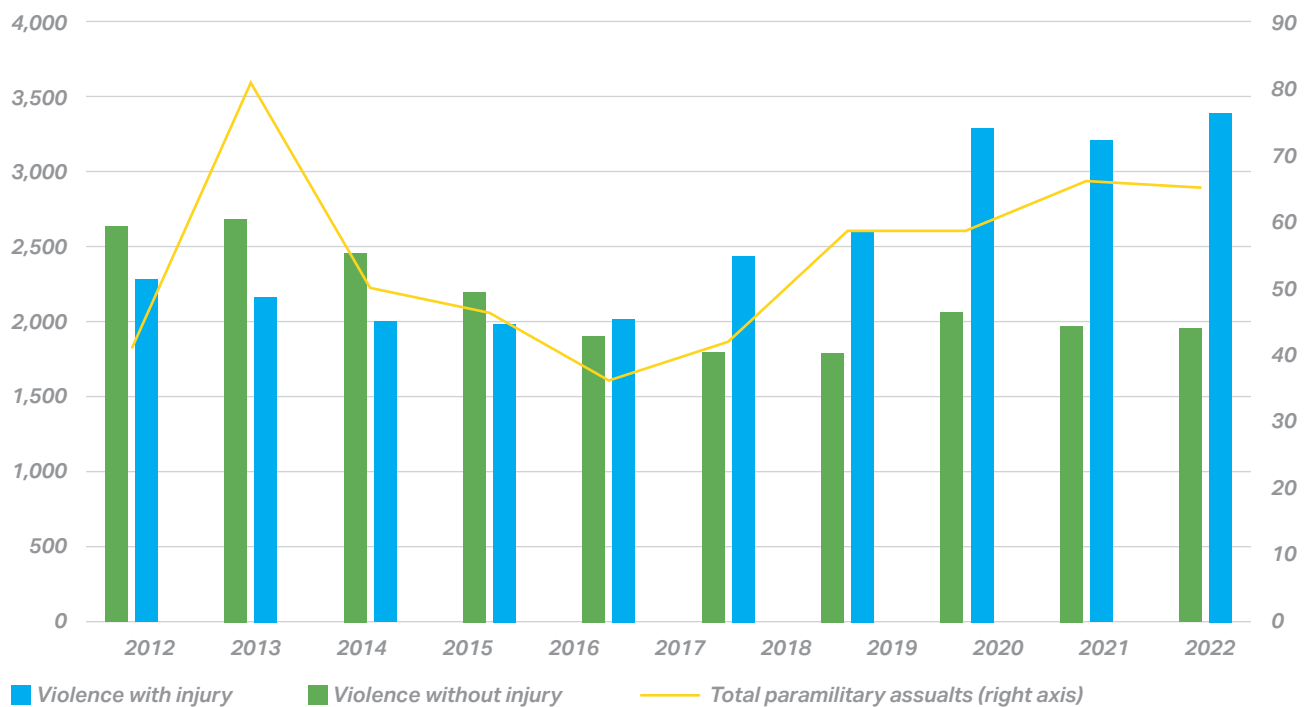
Figure 5: Combined paramilitary and interpersonal violence

consecutive years, PSNI have collated threat-to-life data consistently, and that this data is centrally held. In principle, this data should be easily accessed and reported.

PSNI have publicly committed to a public health approach, within which, a core element is the sharing of relevant data. PSNI have also committed to the full implementation of the threat-to-life service instruction which has a central objective to implement a standardised approach.

As part of this review process, senior PSNI officers were asked for access to the threat-to-life data. The lead researcher received no response. Given that the data appears to be centrally held, and consistently stored, the lead researcher then issued an FOI asking for the following details:

1. **Could you please advise on the total number of threats-to-life/TM1 notices that were issued for each of the previous 3 years (2020, 2021, 2022)?**
2. **Could you advise how many threats to life/TM1 notices that were issued by district area for each of the last 3 years (2020, 2021, 2022)?**
3. **Could you advise how many threats to life notices were issued to under 18's for each of the last 3 years (2020, 2021, 2022)?**
4. **Could you advise on the gender of those who received threats to life/TM1 notices for each of the previous 3 years (2020, 2021, 2022)?**

In response, PSNI advised that *"Your request for information below has now been considered. In respect of Section 1(1)(a) of the Freedom of Information Act 2000 (FOIA) We can confirm that the Police Service of Northern Ireland does hold the information you have requested however*

it is estimated that the cost of complying with your request for information would exceed the "appropriate costs limit" under Section 12(1) of the Freedom of Information Act 2000." The full responses is attached in the appendices. It is estimated that between 2000 and 3000 threat to life cases are recorded on an annual basis, however, without the official data, these figures are only estimates, and it is impossible to disaggregate the data to explore trends or indeed to identify the relevance of demographic factors such as age and gender. This data is critical for any coherent response to safeguarding individuals from the threat of serious violence.

Impact of exposure

The long term impact of any form of violent adversity is now well-established since being popularised by Vincent Felitti and his team in the late 1990's (Walsh, 2019b). Since then, several decades of studies have found that not all forms of adversity are equally impactful, with most of us experiencing some form of adversity, and most of us recovering soon after (Cecila et al., 2017). However, violence related harm is most commonly associated with a range of negative psycho-social outcomes (Finkelor et al., 2009). This is in part because for some, this form of adversity can predict traumatic responses. These traumatic events are experienced singly or in multiples and are experienced by an individual as physically or emotionally harmful or life threatening (Abate et al., 2017). Even those who are not directly affected by incidents of violent victimisation but live in communities where violence is elevated, appear to be at greater risk of a range of difficulties (Fowler et al., 2009). There is no denying that threats to life and the possibility of life threatening physical violence are such potentially traumatic events.

Further, exposure to such harmful violence, whether it is experienced in the home or whether it is extra-familial violence experienced in the community, is associated with highly negative effects, including the onset of mental health difficulties, the development of maladaptive coping strategies such as problem drug use and elevated aggression (Bellis et al., 2014).

PTSD is a complex and sometimes chronic mental health disorder that causes substantial distress and may interfere with social, emotional, behavioural and educational functioning (Trickey et al., 2010; Malvaso et al., 2022). Interpersonal adversities also appear to be particularly salient in regard to the onset of psychological stress, and clinically diagnosable disorders such as PTSD (Finkelor et al., 2007; Leenarts et al., 2013; Nöthling et al., 2019; Hamby et al., 2021; Zalta et al., 2021), with exposure to community violence particularly associated with elevated stress responses (Buka et al., 2001; Gaylord-Harden et al., 2017). There also appears to be a dose–response effect wherein those exposed to a greater number and type of adversity are at elevated risk of psychopathology. A body of evidence has identified that a link exists between traumatic distress, mental health disorders and disturbances in behavioural and emotional regulatory systems (see for example, Bremner & Vermetten, 2001; Fowler et al., 2009), that may in context, elevate the risk of further violence (Widom, 1989; Ardino, 2012; Baglivio et al., 2021; Malvaso et al., 2022; Walsh et al., 2021). This is a well-established criminological observation often coined as the 'cycle of violence' (Widom, 1989) or victim-perpetrator overlap (Wright et al., 2019). This observation has been repeated over decades, including in the context of Northern Ireland. Analysing data from a custodial population, Walsh, Doherty and Best (2021) found that those

who had been victims of violence were nine-times more likely to be convicted of a violent offence, and further, those who were known to be victims of paramilitary related violence were more likely to be convicted of higher-harm violent offences themselves. One of the potential reasons for this is that despite the evidence that stress related difficulties related to violent adversity can be treated using evidence based responses, and despite the fact that screening for probable stress related disorder and exposure to violence is highly cost effective, neither is routinely implemented in the context of Northern Ireland (Finkelor, 2018; Duffy et al., 2021). This is made even more problematic given that victims of higher-harm and paramilitary related violence are often unlikely to seek support, whether that is medical, legal or psychological (Walsh and Cunningham, 2023).

Barriers and facilitators of supporting those vulnerable to violence and threats to life

Understanding who is most at risk of threats-to-life is intimately bound to how we understand the factors that present as barriers, but also the factors that facilitate support seeking. Empirical evidence thus far has suggested that many victims of higher-harm and paramilitary related violence do not seek support. They do not attend primary care or emergency care for injuries; quite often they do not make formal complaints to the police and; whilst many struggle, few seek out psychological treatments that can reduce the risk of the difficulties mentioned above.

Contextual harm

Contextual harms can be defined as the presence and cumulative impact of a range of risk-related structural and demographic (e.g., poverty, deprivation and ethnicity and gender), social (e.g., family functioning, placement stability, lack of social support, and exposure to violence), psychological (e.g. psychological stress and lack of evidence-based treatment) and educational factors (e.g., truancy and academic attainment) that collectively contribute towards criminal harms. In his study of criminal exploitation, Walsh (2023) found that these types of contextual harms in concert, contribute toward the onset of criminal
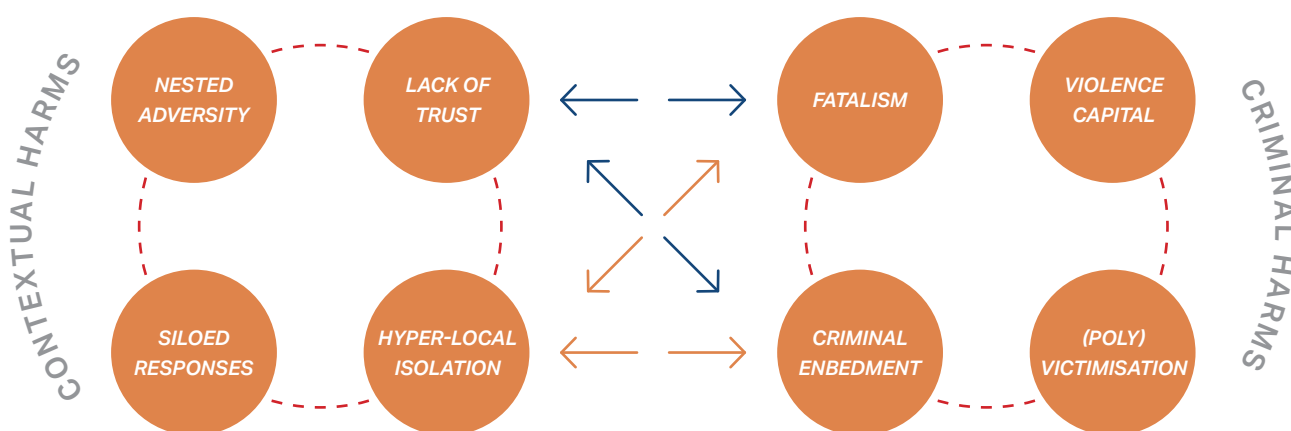

Figure 6: The bi-cycle of harm

harms that can be conceptualised as the spectrum of violence, coercion, intimidation, manipulation and abuse (Sturrock and Holmes 2015; Storrod and Densley 2017) that place them at elevated risk of criminally induced harms such as victimisation, criminalisation, psychological trauma and exclusion (Walsh and Cunningham 2023). Fig. 6 graphically summarises this bi-cycle of harm. The implication of this evidence is that by addressing what is possible to meaningfully address on the contextual harm wheel, the onset and development of the criminal harm wheel becomes less viable. For example, by attending to the issue of low trust, particularly in police, vulnerable individual's and potential victims are less likely to be isolated, more likely to engage relevant services and less likely to experience ongoing adversity. Combined these reduce the risk of victimisation and criminal embedment.

Lack of trust

As an important component of the bi-cycle of harm, trust has been implicated in a range of negative outcomes and a barrier to support seeking in multiple studies. In a study of probation involved young men who had been victims of paramilitary related violence, the in-depth interviews provided insights into their experiences of engaging with, and perceptions of the range of services that they would be routinely signposted onto. Many to be reluctant to seek or to access support from within their own communities, in part because trust in those supports was absent, a factor aligned with wider literature (Jiang, Zhang & Lambert, 2022). In a society emerging from conflict, it is evident the policing remains contested (McEvoy & Newburn, 2003; Walsh, 2021), with some communities reporting less confidence in the police to keep them safe than others.

This confidence appears to materially affect the extent to which young men report threats. As one participant noted, paramilitaries are embedded within the community and police are not. This simple statement reflects the complex context that victims navigate. In another study of women involved in leadership training in communities most affected by paramilitary violence (Walsh, 2022), almost one-quarter of the sample (24.9%) believed that paramilitaries were *'very active'* in their local areas (See table 2). Further, 18.9% (n=37) reported to have been directly threatened or attacked by those they believed to be part of a paramilitary group and 32.2% (n=67) reported being witness to a paramilitary threat or attack. Worryingly, across this sample, only 4% (n=25) felt that the police could be trusted to keep people safe. Maybe unsurprisingly, it was women within areas that paramilitaries were considered most active that confidence in policing appeared to be lowest. 47.3% of respondents indicated that they do not trust the PSNI to keep people in their community safe. A further 37.3% were ambivalent. In fact, only 4% (n=7) of individual's reported strong confidence in PSNI (see table 1).

Whilst the issues are specific to the Northern Ireland context, the issues also speak to the work of Tyler and Boekmann (1997) relating to attitudes towards police. In their pioneering study of public attitudes towards crime, they found that subjective assessments of risk are associated with variation in confidence around policing. In other words, in areas that experience higher crime, the public are likely to have less confidence in the police to keep them safe (Walsh, 2020). This could be exacerbated in the context of Northern Ireland where violence and exploitation is endemic and reflect what Ellison, Pino & Shirlow (2012) found in one Northern Ireland community, that confidence in police was in many

Table 1: Attitudes towards community safety

	My area is safe		Police can be trusted to keep people safe		Paramilitaries are active in my community	
	N	%	N	%	N	%
Strongly agree	25	13.1	7	4	42	24.9
Agree	86	45	38	21.5	64	37.9
Neither agree or disagree	57	29.8	66	37.3	52	30.8
Disagree	18	9.1	42	23.7	7	4.1
Strongly disagree	5	2.5	24	13.6	4	2.4

ways is expressive of a complex set of interpretive processes underpinned by perceptions of violence and disorder. Whilst a lack of confidence in police disadvantages the victims themselves, it can benefit others. Indeed, for as a long as those most vulnerable to paramilitary harm lack confidence in the police, paramilitaries can coerce and exploit relatively unfettered, thus reducing the social supports that appear to be available to vulnerable victims (Koetzle & Matthews, 2020).

Excess of fear

Several studies leveraging standardised surveys and in-depth qualitative interviews each suggest that some individuals, even significant swathes of entire communities, remain afraid of paramilitaries. In some areas, dominant community norms actively prevent information sharing, an activity known colloquially known as 'touting'. In this context, and in the absence of capable guardians, individuals are more likely to endorse internal and pseudo-policing (Walsh 2023). Amplifying the perception of threat, paramilitaries and other organised criminal organisation leverage macro and micro fears such as constitutional status, whilst also preying on

the fears of community exclusion (symbolic and literal). Both have become intertwined with the threat of violence and personal safety (Stone 2018; Barlow et al., 2022). This dynamic, reflecting what Gambetta (2009) refers to as *'violence capital'* is more likely to present where there are uncertainties in the hierarchical order and where there is a lack of trust in the legitimate order. Violence becomes commodified insofar as personal safety is not a write but something to be leveraged for personal gain, contributes towards hyper-localisation of communities, and ultimately, reduces the opportunities for victims to seek appropriate support where their lives are perceived to be at risk. Violence- even the intimation of violence and fear that it produces becomes a resource—instrumental and symbolic.

In the absence of confidence in the police to protect individuals, paramilitary harms may be more likely to persist (Walsh, 2021; Walsh, 2023). By creating fear and taking advantage of any mistrust individuals might have of the police (Sturm, deVogel, Menger & Huibers, 2021), paramilitaries appear to be more able to copper-fasten control over communities and impede the

rehabilitative potential of community supervision (Hadfield et al., 2021).

Public health approaches

Public health is concerned with population health and although violence affects individuals, data shows the societal ripples that are felt more widely as society becomes more concerned with issues of violence and community safety (Massetti and Vivolo, 2010). A public health approach to addressing serious harm such as violence is a comprehensive, evidence-based approach that seeks to address the root causes of violence and reduce its impact on individuals, families, communities, and society as a whole. It is an approach that is wholly compatible with understanding violence in terms of contextual harms. Indeed, central to public health violence prevention responses is the recognition that violence is a learned response to environmental stressors and perceptions of normative forms of communication (Spivak et al., 1989). Whilst a solely criminal justice focussed approach to higher-harm violence views the sanctions of offenders as the primary means of deterring crime, a public health approach recognises the more complex antecedents and needs of the victims (Moore, 1995). This approach recognizes that violence is a multi-dimensional problem that is influenced by a wide range of social, economic, cultural, and environmental factors. It also recognises that victims experience violence in a range of ways, some less severe, and others more severe. Therefore, it aims to prevent violence before it occurs by addressing the underlying factors that contribute to it, such as poverty, inequality, lack of access to education, and social exclusion. However, a public health approaches also recognises that in the circumstances that earlier

stage prevention is not possible, more specialised and often higher intensity responses are required (Hawkins and Catalano, 2002). This may be the case in the situation of threats to life.

Although the context and response varies, the most commonly described components include identification of the specific issue within and between organisations. Without alignment on the specific form of violence of greatest concern, partners are unlikely to coherently formulate a response, identify the factors driving the violence or to select the programmes most likely to have a material impact. Responding to violence requires a set of activities. These may vary, but without the implantation of policy, programmes and interventions, complex challenges are unlikely to solve themselves. A public health approach requires planned and purposeful actions mutually agreed and implemented by statutory agencies with multiple perspectives (Hammond and Arias, 2011). Quite often, these responses are implemented in partnership with the communities that are most affected (Mercy et al., 2017). Violence is a complex issue that has been equated with viral spread and has been demonstrated to behave in observable ways similar to that of disease (Bond and Bushman, 2023). Both communicable and non-communicable disease require surveillance and monitoring (Masho et al., 2014). These efforts enable teams to estimate exposure and monitor tends, but this practice can also help identify the most salient risk and protective factors. Collecting and analysing data on the incidence, prevalence, and risk factors of violence to inform prevention strategies is critical and requires genuine and meaningful collaboration between different sectors and stakeholders, including public health, law enforcement, education, and community organizations, to develop and implement comprehensive violence prevention

strategies (Hammond and Arias, 2011; Matjasko, Mssetti and Bacon, 2016).

By adopting a public health approach to violence prevention, communities and governments can work together to reduce incidences and impact of higher-harm violence, including threats to life (Public Health England, 2019; Irwin, Fraser and Holmes, 2021).

Belfast threat-to-life management project

With a focus on higher-harm violence and threats to life, a novel, multi-agency partnership was tested in one area of Belfast (West Belfast) and then replicated in another area (North Belfast). The central aim was:

> *To deliver a targeted, co-ordinated piece of work to address the needs of those under threat of paramilitary violence, with a particular focus on improving communication and co-ordination amongst services funded to work with these individuals and their families (Walsh, 2022)*

The project evolved very much within the context of a locality based issue-an issue where a West Belfast community were perceived to be *'under siege'* (Walsh , 2021) from a sub-group of young people who were perceived to be responsible for the majority of violence and anti-social behaviour. This group of young people were also at elevated risk of paramilitary threat and of violence themselves. Given

these issues, and the intersection with safeguarding, the Northern Ireland Children's Commissioner lobbied to ensure that the rights of children established under the UN Convention on the Rights of the Child[1] (e.g., Article 19) were upheld, and that efforts were made by agencies to mitigate risks. The multi-agency partnership that developed aimed to help agencies understand who was vulnerable and what could be done to mitigate these risks. Within this first iteration of the model, a professional witness programme was embedded. The aim of this NI based project would be to coordinate a response to serious crime and to enhance the mechanisms by which community members could report crime, thus enabling statutory agencies to respond before (or instead) of paramilitaries taking action against alleged perpetrators.

As the project evolved, it was clear that the professional witness approach was not having the desired effects, with the reasons outside the scope of this review. The project shifted from applying a locality-based approach, towards a case management approach. That is, responding to the issues of individuals as and when they presented through members of the multi-agency panel. Through the case management approach (or threat-to-life as defined by PSNI), individuals' needs could be considered and responded to in order to mitigate risk. The project's geographical remit also extended beyond a specific community to include the whole of West Belfast. The reasons appeared logical, particularly as the structures that were being responded to were wider than one community of a few streets, but at the same time, were relatively well confined to one area of the city.

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[1] **https://digitallibrary.un.org/record/4013807?ln=en**

It was decided that a community organisation with decades of expertise working within West Belfast would add significant value to the project. As one respondent noted during the first comprehensive evaluation of the model in 2021:

> *CRJ do this day in and day out. We needed people on the ground and a gap for them has always been statutory support attached to their work' (Org 1). Another commented that 'the work was taking place to some degree anyway but now there's a process behind it and it's supported with dedicated resources'* (Walsh, 2021).

Despite this shift, the focus remained on addressing the harms done to individuals as a result of paramilitarism and violence in West Belfast. The panel comprised of Community Restorative justice Ireland (CRJI), which joined existing members which was led by Belfast City Council (BCC) and other standing members including, the Northern Ireland Housing Executive (NIHE) and Police Service of Northern Ireland (PSNI).

One respondent commented that the importance with which this project was given, was reflected in the membership- '*Senior representatives of each agency were actively and consistently engaged in the process'* (Org 2). Like any well-functioning operational project, implementation takes time. Fundamentally, trust is required and relationships need to be productive.

> *…it took time to develop relationships. There was an issue around understanding each other's role and responsibilities…and limitations.*

However, through interviews and through observation, the panel appear to have consolidated these efforts, and those fundamental ingredients have provided the basis for developing the project further.

It was recommended in 2021 that other relevant representatives attend (e.g., Belfast Health and Social Care Trust (BHSCT) and this was achieved as noted in the subsequent annual evaluation report (see Walsh, 2022abc).

Over the two evaluation periods (16 months in total) a total of 166 cases were supported which equated to around 10 cases where individuals were perceived to be at serious risk of harm per month. Both evaluations demonstrated that the pattern of referrals varied considerably with the summer period observing a significant rise in threat-to-life cases and then declining into autumn. However, this is then followed by a step rise towards the end of the year before dropping off again (see fig. 7).

As might be expected, the majority of threat-to-life cases referred to the panel were male (72%), reflecting wider patterns across the justice system. However, in the 2022 evaluation Walsh noted that there was a marked increase in the number of females presenting with threats to life. In fact, there was an 87.2% increase in the number of females, up from 11% in 2021 to 28% in 2022. There was also some interesting observations when referral data was disaggregated by gender. For example, in the period immediately after Christmas and into the New Year, the proportion of cases were 50% higher for females compared with males. More than two-fifths of those cases with details on age (44%) were under the age of 25.

A key development between 2021 and 2022 was the extension of the panel into another key target area (North Belfast). In fact, in 2022 the
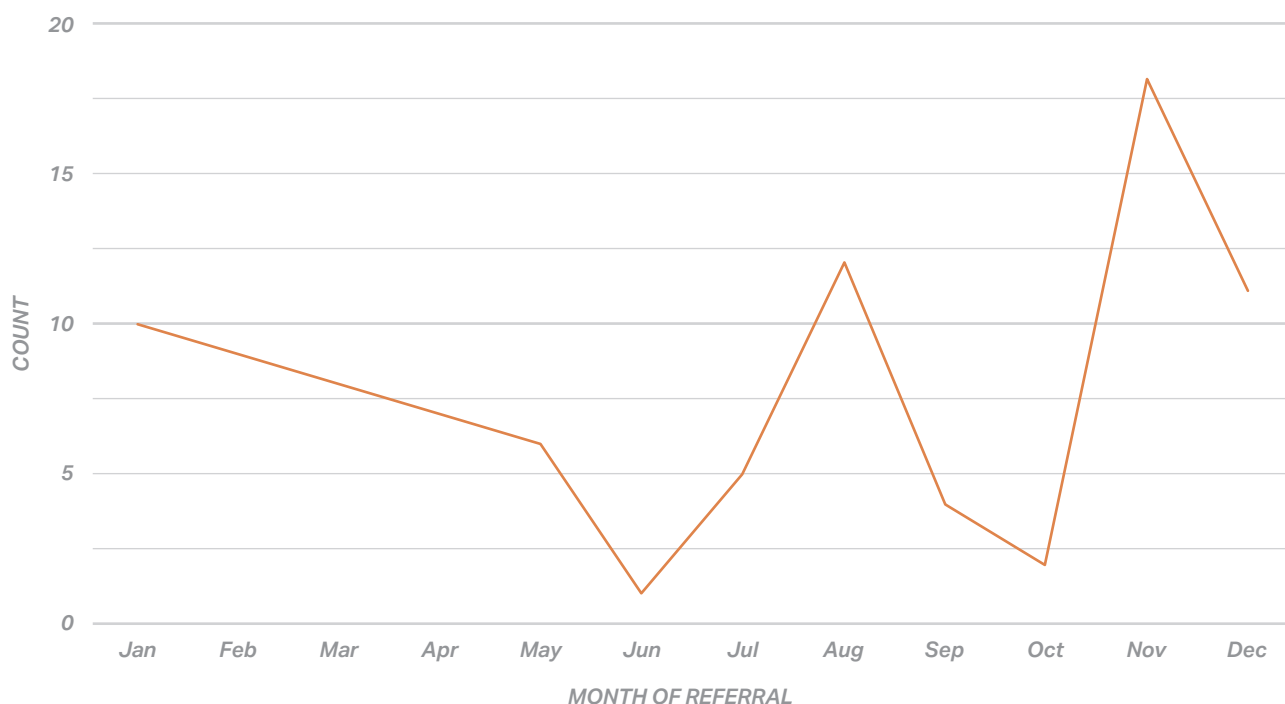
Figure 7: Referrals to the multi-agency safeguarding hub

majority of cases (57%) that were reviewed as part of the evaluation came from North Belfast (57%). Despite the figures, however, there was a general sense among the panel members that cases in the replication into the North had not met expectations. One of these frustrations was a lack of detail regarding the cases being presented and a perceived lack of knowledge about the credibility of the threats (Walsh, 2022). Several reasons were cited for the relative lack of detail on cases in North Belfast. Firstly, the panel in the North were continuing to ramp up their replication. Others suggested that the different context across the two areas made a simple replication more challenging. For example, the number of paramilitary groups, as well as the approach they employed were perceived to differ. The policing response was also perceived to differ, with a culture more amenable to multi-agency working in one area compared with another. Whilst the West had a dedicated person play an active role on the panel across both evaluations,

there was no representative from PSNI on the North Belfast panel. To plug this gap, the member from West Belfast attended both. However, this added significant pressure and diluted their response.

An interesting outcome from the panel was for members to jointly agree whether or not a perceived threat-to-life is as such. Combining organisational insights across multiple sectors (health, social care, policing and housing), the panel were better placed to review the threat and assess whether or not those threats were credible. Where threats were deemed credible, the organisations could then implement their organisational functions in a much speedier way, confident that they had multiple agencies' support and when threats were not deemed credible, but individuals were considered vulnerable, support plans were put into place with those individual's consent. This is illustrated by the observation that of all of those perceived to be at risk from paramilitary and other

organised criminal groups, 52.7% were assessed as credible threats (Walsh, 2022). This means that for the remaining 47.3%, the perceived threats against them were either not credible (insufficient evidence or confirmation from armed groups) or that they may have been credible, but that the panel were unable to confirm this one way or another. Confirmed cases were higher in West Belfast as compared with North Belfast (60.5% vs 49.1%).

On average, cases took 8.4 days to confirm the status of an alleged threat-to-life from the point that the referral was received. This ranged between 0 days (i.e. the same day as the referral) and 67 days. However, this differed significantly between the areas. For example, on average it took 10 days in North Belfast whilst it took only 5 days in West Belfast. This also appeared to differ between male and females with the average time taking 6 days for the former and 9 for the latter.

Interestingly, where threats were confirmed, close to half of those threats (49.1%) also endangered others (e.g., partners and children) due to the proximity to the person under direct threat. There is significant evidence of partners for example subsequently becoming at direct risk for *'allowing'* those under threat to remain at their home. This raises an interesting question regarding the state's response to protect children when those over the age of 18 reside (or are believed to reside) in their home. In other words, the impact of threats to life extend beyond the direct victim and has much wider ripple effects across the family and indeed across the community.

Of the cases reviewed with details on the nature of the threat, the majority of issues were either related to drug use and supply (95%) or perceived anti-social behaviour (67.5%) (see fig. 8). There was no discernible difference between the two areas.
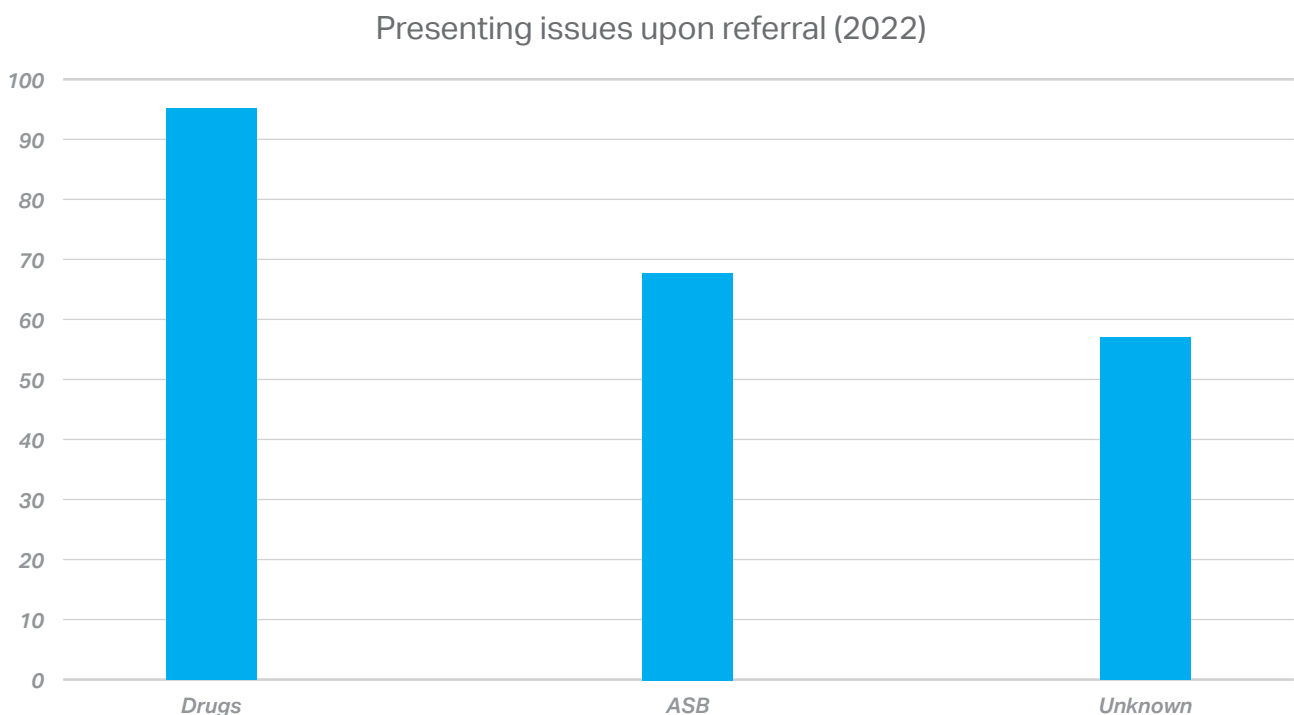
Presenting issues upon referral (2022)

Figure 8: Reasons for referral to the multi-agency safeguarding hub

Findings from the previous evaluations also illuminate the nature of threats-something that has hitherto been unknown. For instance, 21.8% appear to have credible threats where the *'sanctions' would* include beatings or so called paramilitary style assaults (PSAs). The largest (56.4%), were similarly under threat, but there is evidence that if they left the area within a specified time, they would not be physically harmed. Of course this is no consolation to those who experienced significant and often prolonged psychological harm (Walsh and Cunningham, 2023). Finally, for a small group (9.1%), the specific nature of the threat was unknown (or at least undocumented) and points to the need for better and more consistent data collection. Analysis also illustrated that males were significantly more likely to receive threats to kill and other forms of physical violence compared with females. Females were, however, more likely to be forced to leave their community than males (see fig. 10). Geographical differences also emerged in the data. For example, in North Belfast, there was

no evidence of imminent threats to kill, whereas the proportion of those under threat of physical harm (PSA) is larger than in West Belfast.

The locality-based approach attended to an important observation- that different groups in different areas use different *'sanctions'*. During the 2022 evaluation, panel members noted that loyalist paramilitaries tend to use different *'sanctions'* compared with republican. For example, whilst the victims are likely to become aware of the threat in West Belfast themselves, this is not always the case in North Belfast. Whilst the ultimate harm that could be inflicted in West Belfast would be murder - in North Belfast, loyalist paramilitaries appear to use beatings more readily. These observations are at least in part supported by the police recoded data noted above.

The threat-to-life process is intimately connected to paramilitarism in ways that it would not be in other regions. However, it is evident that some
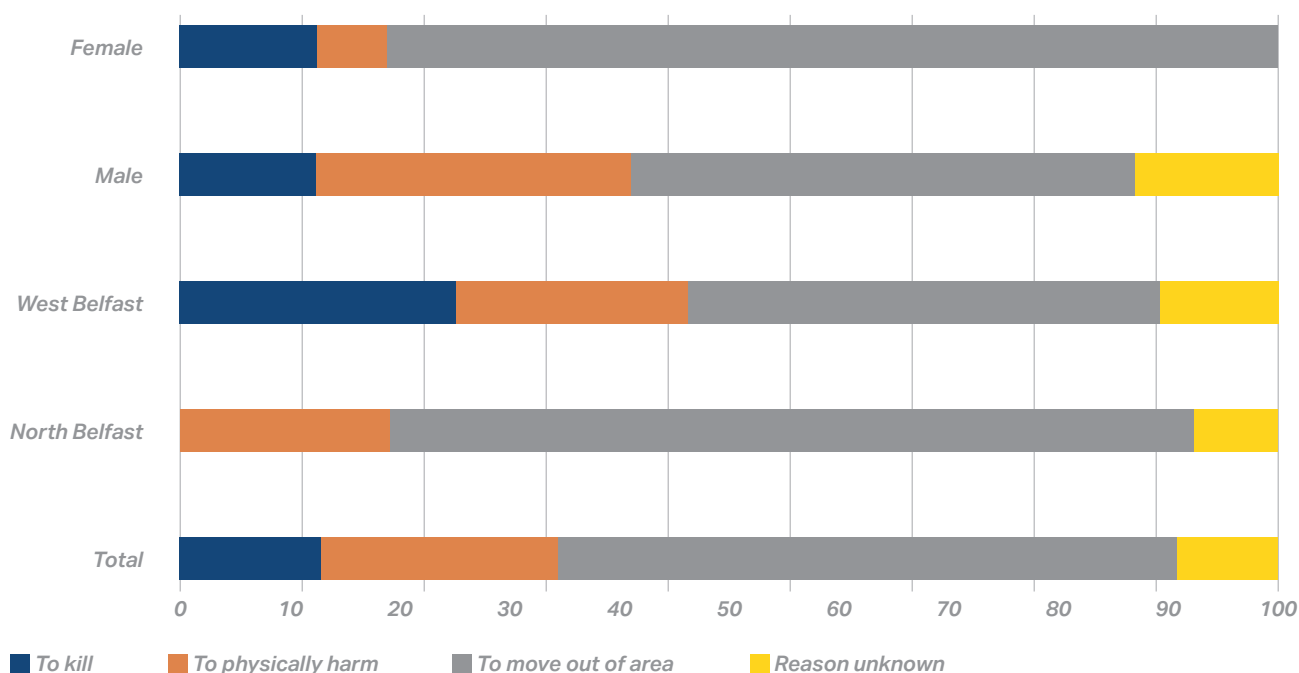

Figure 9: Victim demographics

armed groups have transitioned from what was generally believed to be structures with political motivations towards the organisation of crime for material gain, predominantly steeped in the drugs industry and commodity of illicit substances. From the perspective of several panel members, this change has also led to a reduction on the channels of communication that were traditionally available (Walsh, 2022). The net result for dealing with threats to life is that without those previously reliable lines of communication, it becomes more difficult to identify cases and assess the credibility of threats.

A series of qualitative data from members of the panel and those with strategic responsibility within the organisations represented universally commented on the benefits of multiagency working with regard threats to life. The core benefit in both evaluations appeared to be information sharing (Walsh, 2021; 2022). A range of interview data speak to the value to the individuals in terms of risk reduction and signposting onto other services, through to the organisational benefits regarding making more timely and more evidence informed decisions with regard threat-to-life. For example, where a person requires re-housing, the NIHE can make quicker decisions when there is evidence and consensus among the panel members. Without it, their own decision making process can be delayed and thus, has the potential to increase risks to those under threat of harm.

In 2022, a decision was taken not to continue to fund the multi-agency partnership. The panel would cease to formally meet as of March 2023. Rather than a formal service evaluation, the evaluator used the opportunity to explore members' perceptions regarding the novel threat-to-life structure and the factors that facilitated and impeded such multi-

agency working to reduce the threat of higher-harm violence.

Across all interviews, there was general consensus that the panel had added significant value to how threats to life are managed. Specifically, panel members agreed that:

1. There was increased cooperation between agencies, with better sharing of data and the naming of appointed persons to deal with threats to life queries
2. There was better and more timely decision making
3. There was better data to identify trends in regard to threats to life and local nuances that could help to inform supportive responses
4. There was more recognition of vicarious victims (e.g., children residing in homes with individuals who are under threat), something that had not been given weight previously
5. There was emerging evidence of impact

Despite these benefits, there was also a recognition that several factors impeded sustainability. One of the most pressing barriers appeared to be the perceived issues regarding the sharing of information with non-statutory organisations. As a result of these concerns, PSNI withdrew their support for the multi-agency structure and as a result of no longer having a policing member present, the panel no longer formally met.

Some activities did continue and appear to be potentially more sustainable, even without dedicated funding for a threat-to-life process. Members advised that they continued to talk bi-laterally and named individuals continued

to take the lead responsibility for threat-to-life management within their respective organisations. Even with regard to PSNI who did not continue to meet with members either formally or informally within the context of the structure, had a dedicated person to deal with threats to life and was a point of contact for organisations with information pertaining to the potential harm of individuals in the community. However, much of this is dependent upon personalities, the goodwill of members, is reliant on the practice wisdom accrued during the implementation of the panel, and given that individuals within large organisations are highly transient, there is every likelihood that such an informal way of responding to threats to life would be unlikely to be sustained over the longer term. What would be required is a comprehensive review and refinement of the regional threat-to-life process to ensure compliance with international obligations and with regional policy commitments.

Current approach

Verification and communication of threats

Police are currently the custodians of the threat management process. As well as a joint protocol and service instruction, there is a process that is expected to be followed.

If the information comes directly to PSNI, a duty sergeant will apply an analysis matrix which grades the level of risk. Following this risk assessment, those who are considered to be at significant risk will be advised that there is a threat against them and be issues with advice to increase their personal safety. The PSNI are also expected to begin an investigation and enter further information collated as part of that investigation into the system. If there are concerns regarding a young person under the

age of 18, or a young person in state care, the joint protocol will be initialised and PSNI will inform the Trust's gateway team or duty social worker during out-of-hours. Interviews with the Health and Social Care teams noted that if they are made aware of a threat, they are obliged to make contact and to convene a meeting if the risk is considered to be credible. However, they also noted that establishing credibility within the context of the current threat management arrangements is increasingly difficult. They pointed to the divergence of armed groups and the impact on reliable lines of communication. As one HSC worker commented during interview, traditional approaches of threat verification are no longer effective and place increasing burdens on social worker's time.

> There are some conflicting agendas about the risk. Sometimes we might need to go to three agencies to find out what the story is and even then, you're not really sure.

Importantly, a series of FOIs to each of the five health Trusts in Northern Ireland found that aside from the Northern Trust, there is currently no centralised system for collecting, collecting or analysing safeguarding concerns that involve threat to life. The Western Trust did respond, but only after taking significant time to collect the data from their local teams. Indeed, the response took 95 days.

Across the social care estate, there does not appear to be a consistent or coherent method for collecting, collating, and analysing the HSC activation of the threat-to-life joint protocol (see table 2). Interestingly, of the limited data that is available, the NHSCT reported that PSNI did not activate any referrals to the Trust as per the joint protocol obligations. This finding is particularly

	BHSCT	SHSCT	SEHSCT	NHSCT	WHSCT
Request 1: Could you please advise on how many joint protocol referrals were made by PSNI (e.g., central referring unit) to NHSCT with regard to threats to life for children under 18 over the previous 3 years?	0	0	0	0	10
Request 2: Could you please advise on how many referrals have been made by NHSCT to PSNI (e.g., central referring unit) with regard to threats to life for children under 18 over the previous 3 years?	0	0	0	9	0
Request 3: Could you advise on how many threats to life risk assessment and safety planning meetings have been facilitated for children under the age of 18 over the previous 3 years?	0	0	0	10	24

Table 2: FOI response (HSC)

interesting given that the only youth support hub designed specifically for youth at risk of paramilitary threat is situated in that Trust area thus implying that the protocol should have been activated on more than one occasion.

A component identified during interviews was that the multi-agency partnership structured things in a coherent way that was not possible with the standard approach to threat management.

> *It streamlined things. If there are 30 young people under threat in a given month, that's 30 people contacting [community organisations] at different times. The structure streamlined things. Same with PSNI. You didn't need to go through 101. There was a point of contact and an agreed response.*

> *Sometimes pre this panel, you were waiting for weeks and weeks waiting on information coming through. This panel the information comes through. It might take some time. There's more efficiency around this. You were held to account for certain timescales*

This was not only operationally more efficient, but appeared to have an impact on how statutory services navigated complex organisational systems and identified who was best placed to deal with threat-to-life queries, a challenge that extended beyond law enforcement.

> *We had great relationship with the partners. Especially with social services now because they had a focus point. In the past, they wouldn't have known where to go to.*

Despite the benefits raised consistently across the partnership, these appeared to be even more positive in the context of the inadequacies across the wider threat management process. Several well-placed participants commented on the issue of consistency. That is, even with the appropriate guidance, organisations are not always implementing that guidance with fidelity. Further, there appear to be gaps obliging statutory professionals from enacting the guidance. As one participant commented during interview:

> *This is a potential area for improvement as there are no internal, proactive follow ups in place. From a safeguarding point of view, it may be worth exploring links with the youth diversion and domestic violence.*

Comments such as these highlight the observation that despite guidance being in place to investigate threats-to-life, without wider partnership working, and ultimately, without sufficient accountability, the most appropriate steps are not always taken.

There is [generally] a complete abdication of responsibility from PSNI- everyone passes the buck. There was a case recently that went on ahead and followed the protocol and had the meeting and police weren't there.

Compliance with policy

Within the limited parameters of the PSNI's current service instruction, one that was most recently reviewed in 2021, there is an obligation to assess information received and ensure that the relevant person is informed of the threat to life. This appears to happen in most cases and there was no reliable evidence found during the review that the communication element was missing. This is

an important statutory function. However, how PSNI objectively capture and make sense of other aspects of the service instruction is less clear. For example, it is not sufficiently clear how PSNI decide on appropriate action to be taken to protect any intended victims. This is core to Article 2 of ECHR and yet, a consistent approach does not appear to be in place. Further, it is not sufficiently clear how PSNI can effectively protect intended victims (direct and indirect) without effectively engaging with partners with their own specialisms and often with their different statutory obligations. Where there is evidence of good practice, this appears to be piecemeal and often unsustainable without a service wide commitment. An important element of the service instruction is to protect members of the public (Article 2 ECHR; Section 32(1) of the Police (Northern Ireland) Act 2000), particularly those who provide information regarding threats of harm against others. Evidence from this review suggests that without a multi-agency structure, the opportunities to provide information are highly limited. Indeed, the Sustainable Development Goals, of which the UK is a signatory to, specifically outline the need for multi-agency cooperation to reduce violence and most recently, the Committee on the Rights of the Child recommended that to address violence and exploitation of children, agencies cooperate more closely (CRC, 2023). Of course, there is also NI legislation compelling statutory bodies to do so, however, with regard to threats-to-life, the implementation of this is not sufficiently consistent. This is particularly important in the context of NI where policing remains contested and where there are few mechanisms that are acceptable to communities for reporting concerns.

Finally, and importantly, it appears that the framework for *'dealing with such incidents'* is by no means consistent and depends on the profile of the

victim (e.g., if they are under 18 or over 18) or where they live, given that they may, or may not receive a comprehensive response or not. All participants, particularly those from within policing and health and social care, noted that compliance with the current organisational policies was wholly inadequate. Consistency was a significant theme, and this appeared to have been fed by a lack of awareness as much as a result of a lack of accountability.

> *There is a lack of awareness of the protocol. People just aren't familiar with it. Maybe because it mandates social services to do something, but police colleagues could do with training.*

Despite being reviewed by PSNI in 2021, this exercise suggests that potential refinements to the wider threat management process could benefit from being consulted upon more widely, and options for refinement considered, drawing upon the findings of this review. For instance, the service instruction states that in most cases, the issuing of a TM1 form or threat notification is a sufficient response. Whilst PSNI may indeed fulfil part of their statutory function, it does not appear from a range of data that this is a sufficient response. Respondents have often spoke of the re-traumatising effects of being issued with a TM1 without additional guidance or support. Despite the service instruction recommending that in order to make informed decisions regarding the severity and credibility of threats, PSNI should take decisions with reference to as much information as possible, inferring the need for partnership and information sharing. Without a consistent approach, these objectives are less likely to be attained.

The joint protocol between PSNI and HSC is welcome insofar as it compels the two agencies to cooperate. Despite the limited reach, there is greater potential to reduce the risk of harm than there would be with the police operating alone.

However, there is sufficient evidence in this review to argue that this too requires review on the basis that:

1. The joint protocol benefits only a small group of victims and on its own fails to comply with key policy obligations (UNCRC Art 19, SDG 16, and Article 2 ECHR). It only applies if a person at risk of harm is under the age of 18 (or in state care) and not if there is a child or vulnerable adult in the home of the person at risk. Vulnerable adults represent a significant proportion of those at risk of serious violence. The HSC joint protocol does not extend to many of those, particularly when they are not in state care.

2. Evidence from this review suggests that the protocol is implemented inconsistently. Key partners do not always attend meetings. Notifications are not always made. Records do not appear to be kept consistently and training around implementation is limited. One area for review is the compliance with the standard that risk assessment and safety planning meetings should be held within two days of notification. Evidence from HSC suggests that this may not always happen, but if it does, it is difficult to estimate given the lack of centrally disaggregated data.

3. There is evidence from the review that when children living in accommodation where adults are under threat, the implementation of the joint protocol is even patchier.

4. The tool to aid decision making within these risk and safety planning meetings appears to be deficit focussed and not sufficiently well aligned with children's rights based approaches, strengths based approaches or evidence based approaches. A review could consider the ways in which needs are understood and responded to drawing upon the wider and more robust evidence around paramilitary and other violent threats towards vulnerable victims.

Activation of multi-agency response

Interview data demonstrated that the multi-agency element was one of the most beneficial development with threat management in recent years, and yet also one of the most risky elements. In terms of benefits several respondents noted:

> It [the multi-agency partnership] has allowed PSNI to share information more quickly, more accurately and with a lesser administrative burden with each other. There is less time between receiving/providing information and seeing partner organisations take the appropriate steps.

The project has very practical benefits in terms of managing threats to life and improving safeguarding of children and vulnerable adults.

Respondents generally accepted the need for speed. Delays in communication could result in delays in a response and also failure to fulfil statutory functions. For example, one respondent commented that:

> [speed] can be very important in relation to dealing with threats to life in relation to where someone is living and potential risks associated with the area. Normally the NIHE would formally write to PSNI to determine if they are aware that a person is under threat, they would get a response and take steps to manage the housing situation. The project has allowed much better actions to be implemented by housing providers that can be supported by more effective policing responses and for the Trust to put safeguarding steps in quickly.

However, community engagement was ultimately the primary reason for the novel threat management structure to collapse. In essence, there was concern regarding a perceived sharing of information. To several participants, the focus on information sharing was misplaced and reflected different directorates in PSNI who had competing priorities, often with different information at their disposal. For instance, it appears that the community policing team in one area were highly motivated to engage in more collaborative, public health policing consistent with the spirt of the Chief Constables vision (PSNI, 2023). Indeed, there was a commitment to partnership working with the community to more wholly understand and respond to the needs of victims in need of safeguarding support. Despite this commitment, the same Article 2 obligations that were informing community policing's motivations were the same obligations that were motivating the intelligence directorate to be more cautious with the information that was shared and the groups that were engaged with in the community. These appeared to present as competing priorities within PSNI. As one participant commented, *'we need to think about what the tolerance level is with community involvement.'* They posed the question, *'do we just exclude on the basis of a relatively low risk, or do we take on the challenge?'* Thus, the

issue of partnership working is not solely one of inter-agency alignment, but also one of internal alignment, particularly regarding policing. As one respondent commented, this is not only a strategic matter, but one of operational realities, realities in which different teams, relevant to harm reduction, operate in silos.

The repeat offender unit is siloed. It should be embedded in communities. The PCTF [paramilitary crime taskforce] doesn't connect to the community. How does all of this knit together?

This process also highlighted findings that are consistent with wider research evidence. For example, Walsh and Cunningham (2023) and Walsh (2023) found that trust in police both at a community and at an individual level were predictors of serious harm. In areas where trust in the police is lowest, these are the areas where serious harm (and threats to life) cluster. Thus, there is a significant challenge for police around how they build trust with communities and the organisations embedded within those communities.

Whilst it is clear from the perspective of the current threat management process that PSNI are a critical and even non-negotiable partner within any structure, there was an intimation during interviews that other agencies also have statutory obligations to reduce the harm of violence and mitigate against the risk of threats-to-life. Despite these policy obligations, themselves informed by international obligations, decisions taken by PSNI were perceived to undermine their ability to fulfil statutory functions. During one interview, a participant even suggested that so beneficial was the multi-agency arrangements, their preference would have been to continue with or without PSNI.

[My] Preference is for formal monthly meetings with or without the police and anything we need clarified by PSNI we can pick up the phone to them

An alternative way that participants considered that it might be feasible to increase partnership working and also to speed up support, would have been to reconsider where threat management strategically sits within PSNI. For one respondent, threat management aligned more appropriately with the PSNI-led community safety and engagement teams, which support local interventions to enhance problem solving around issues that impact on the community. The benefit of this could be that a threat management response could then be nested in the wider array of violence related harms affecting communities and increase opportunities for a more coherent and cross-cutting strategy that was responsive to local contexts.

Support to the victim and more widely

The timely support to victims can have a profound impact and where agencies are coordinated in such support, risks can be materially reduced. Conversely, appendix 2 illustrates what can happen to victims of threat-to-life when individual vulnerabilities (e.g., addictions, mental health issues and transient accommodation) are compounded by a lack of understanding of the process and a lack of practical support.

Interestingly, interview data supported the contention that even when vulnerable victims are themselves well supported, it is often the case that those indirectly affected (e.g., family members) are not sufficiently well supported.

Summary of the findings

Despite the transition towards peace, the legacy of conflict, normalisation of higher-harm violence, and enduring paramilitarism, violence continues to impact on communities across Northern Ireland. Indeed, violence is the single most commonly experienced adversity among young people in Northern Ireland, and in terms of police recorded crime, has risen considerably in recent years, with a 98% rise in violence against the person over the previous decade. Other forms of violence have also risen. For example, sexual violence reported to PSNI has risen by 124% since 2008/09 and although overall rates of paramilitary related violence have continued to decline, there has been a 17% increase in paramilitary style assaults over the last decade. This is particularly elevated when data is disaggregated by community identity, with loyalist paramilitary groups responsible for the greatest proportional increase.

Living in contexts of elevated violence, coercion and exploitation has wide ranging implications and is associated with mental health difficulties, increased rates of substance misuse and higher rates of self-directed and interpersonal aggression. Exposure affects those directly victimised by violence most, but there are also profound effects on the wider community.

Despite its prevalence, exposure and impact are not uniformly experienced. Some communities, and some groups within those communities disproportionally feel these effects more acutely. The Northern Ireland Life and Times Survey most recently reported that 12% of respondents believed that paramilitaries were active in their area (NILT, 2022). This compared with 70% in a sample of more than 590 youth living in areas of elevated violence. Similarly, there have been estimates that around 40% of the NI population have been victims (directly or indirectly) of paramilitary activity, however, Walsh (2021) reported that in some areas, as many as 50% were directly victimised- a figure significantly higher than the population estimates of 40%. Further, in a cross sectional study of adult women involved in leadership development, (Walsh, 2022b) found that more than 60% of women reported high levels of paramilitary activity in their community and almost one-in-five (19%) of the 226 respondents reported being threatened by individuals that they believed to be involved in a paramilitary group.

International policy underpins national and regional legislation and obliges the state to prevent violence and reduce the impact exposure. The Human Rights Act (1998) which operationalises the ECHR into domestic law, requires that statutory agencies use their powers to uphold article 2 of the ECHR. Section 32 of the Police (NI) Act specifies that police officers have a general duty to protect life. With regard to young people who are particularly vulnerable to violence and its harms, the UNCRC places specific responsibility on states to ensure that children are free from violence and from being criminally exploited. Further, the Convention compels states to ensure that those who are exposed are given adequate support to ensure that the long term effects are minimised. The

Cooperating to Safeguard Children and Young People in NI (2017) provides a policy framework and compels statutory agencies to work alongside non-statutory community partners to ensure that harm is reduced and support is given to those who experience violent harm.

This review and the evidence that it draws upon implies that there is a significant way to go to comply with these statutory obligations.

The Osman ruling of 1998 compelled police to inform potential victims of violence who are at serious and often imminent risk of such threats in order to adhere to Article 2 of the ECHR. It is now common practice for police, including PSNI to have threat-to-life protocols that include passing letters over to potential victims. Since 2017, the PSNI service instruction sets out the procedures of police officers to follow when dealing with threats to life.

The cumulative evidence from this review and from empirical studies suggests that this service instruction and the joint protocol alone are insufficient at reducing risk. This conclusion is arrived at based on a range of observations. One such observation is that despite the requirement to *'consider all the circumstances relating to an individuals, their involvement with, or knowledge of a crime or criminal behaviour, or any other information- a risk is identified that they may be exposed to a fatal attacked or serious injury' (PSNI/ HSC, 2019)*, how serious safeguarding issues are defined appears to be highly subjective.

Further, victims report feeling unsupported, often unaware of the specific details, and more likely to cope in maladaptive ways, thus increasing personal risks when provided with

Osman letters. Despite a key objective of the service instruction being to protect those who provide information, there does not appear to be any clear process for members of the public to do this, nor any consistent structure within which to pass information to. Further, findings from this review from PSNI illustrate that the process itself is not consistently implemented across the region. However, it clear that threat reduction cannot be a matter solely the responsibility of the police. Indeed, the service instruction updated in 2021 explicitly outlines that given the threshold for a threat-to-life, police require as much information as possible. The inference is that police need to work in collaborate partnerships with other stakeholders. Despite this, there is currently no coherent or consistent approach to partnership working to reduce the risk of serious violence and threats to life. In very practical terms, the joint protocol between PSNI and HSC was published to inform responses when victims are either under the age of 18 or over the age of 18 and still in the care of the Trust. Even if it was implemented with fidelity, the protocol obscures the need to protect the wider pool of victims, many of whom are under the age of 25 and yet not in the care of the local Trust. Further, data from several evaluations point to the upward trend in the number of adult females receiving threats to life notices. Neither of these groups are sufficiently served by the PSNI/HSC protocol. Policy is useful insofar as they oblige the state to understand and respond to the array of violence related harm that exists in communities and the contextual harms that prevent positive development of individuals and of communities. It appears that neither the service instruction nor joint protocol, as they are currently implemented

achieve this in a coherent and consistent way. The implication is that in the absence of an alternative process, the state is at risk of not fulfilling international obligations as well as devolved policy commitments. Indeed, the insights contained in this review point to issues around the definition of key concepts contained within the service instruction and joint protocol; issues regarding how staff are supported to implement them with fidelity; issues regarding the gaps that exist around vulnerable groups and; issues regarding how PSNI receive and use information to reduce harm. Further, PSNI are rarely held to account regarding their response to threats to harm cases.

Data is an important element of understanding any challenge and also to understanding the extent to which any response has achieved its desired outcomes. This has raised questions regarding the extent to which PSNI are prepared to collect and then to share relevant data in a collaborative way. It appears that the most pressing issue and one that contributed to the de-implementation of the multi-agency partnership for reducing threats to life in Belfast, was fundamentally related to information sharing, specifically to sharing information. This underscores the institutional (rather than operational team) lack of confidence in the community sector, and importantly, overestimates PSNI's role in the partnership. In terms of the latter, the review and preceding evaluations found that it was other partners (community, housing, social care) who are most often bringing cases to the attention of the structure and who shared the most pertinent information. Indeed, it appears that the PSNI's function was to take information from that structure and fulfil the obligations contained in

the service instruction and joint protocol. This implies that given clearer parameters around such structures, risks could be sufficiently reduced. In terms of the former, trust is critical. Without trust, partnerships cannot operate effectively. However, in reality PSNI are likely to be engaging with a range of community and voluntary sector organisations to reduce a range of harms. The logic of the structure under review was that being embedded in the community, community organisations are likely to know individuals under threat and their personal circumstances as well as likely to be better placed to circumvent the lack of trust that some members of the community have in a range of statutory agencies. Wider research also implies that having others engaged in serious harm reduction could include those most likely to be engaged with vulnerable individuals (e.g., youth services, youth justice agency and probation services) as well as those who can provide support in a sensitive way (e.g., women's aid).

This review points to the need for a coherent and consistent regional response. Piecemeal implementation of service instructions that do not fully comply within international obligations and regional policy commitments are insufficient. However, the review also hints at the need for locality-based responses underpinned by such regional strategic direction and oversight.

Without such significant revisions to comply with policy obligations, the evidence suggests that even in its current state, operationalising threat-to-life protocols requires a consistent approach, and this appears to be shaped by the training of those most likely to be implementing them around the themes of violence, trauma and the practical application of the protocols.

In sum, the current review has highlighted the utility of joined up working that includes data sharing, accountability and local focus. This is by no means a radical idea. The concept is pivotal to the public health approach, something that has been attributed to significant reductions in violence internationally, is now widely implemented in the UK, and is an approach that the Chief Constable of PSNI has publicly committed to for NI (PSNI, 2023). The public health response is underpinned by an upstream-downstream understanding of tiered need and tiered responses. In the shallows, we need to create awareness. This is where the population is easiest to access. In the rougher waters where people often get into trouble, we need to identify where those white-water torrents are and help them in a targeted way. Finally, in the vast expanse of the open water where victims are at acute risk of drifting or drowning, we need to find them, and we need to rescue them.

Options to enhance the threat-to-life process

Threats to life and serious harm are forms of violence from which victims require safeguarding from. This is not a choice, but an obligation that statutory agencies should be accountable for. These obligations are defined within international policy frameworks and written into national statutes. Despite the legacy of conflict, enduring presence of paramilitary groups, increasingly frequently and more severe forms of community violence, and ongoing challenges regarding gender-based violence, there is currently no statutory footing in NI from which to coherently respond. Despite the guidance available in England and Wales through the Serious Violence Duty, this does not extend to NI and nothing comparable exists. The development of a similar Duty to compel statutory agencies to cooperate with regard to data sharing, analyses and practice could have a transformative safeguarding effect.

In order to more wholly fulfil international obligations and regional policy commitments, the findings of this review suggest that threat-to-life processes should be practically nested within a wider and more strategic response to violence reduction at a regional level. This is also aligned to the broader and burgeoning empirical evidence regarding violence prevention, and to the general consensus among violence prevention experts that public health approaches are preferable than criminal justice responses.

Indeed, a public health approach is something that the most recent chief constable had already committed to[2].

The findings from this review suggest that a refined threat-to-life processes at the tertiary level should coherently dovetail into the wider responses at the primary and secondary levels. That is, more specialist services and supports should be available to victims of higher-harm and more serious forms of violence. This should include children and vulnerable adults.

During this review, panel members consistently recommended that there should be one organisation with responsibility for convening, facilitating and monitoring the threat-to-life process, and ultimately, for reducing the harm associated with higher harm violence such as threats to life. There are a number of organisations strategically and legislatively well-placed to assume fulfil this function. One such organisation that is suitably peripheral to the operational implementation of threat-to-life management and yet legislatively empowered to promote harm reduction and comment on the consistent application of a refined threat-to-life or safeguarding process, is the Safeguarding Board of Northern Ireland (SBNI). It is recommended that a task and finish group be convened by the Community Safety Board to consider this alongside the other findings.

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[2] The most recent PSNI chief constable resigned from his post in September 2023 and at the point of writing a replacement had not been appointed

In the absence of a single entity assuming responsibly for the threat management process, it is for PSNI and also the HSCT to consider robust empirical findings outlined in this review and consider if and how the current process can be refined and embedded within their organisation with reasonable accountability. At a minimum, data related to the activation of the joint protocol should be consistently held and centrally stored for ease of access and analyses.

During this review it appeared that data pertaining to serious and violent threats are not collated nor reported in a coherent or consistent way by HSC or by the PSNI. Consideration should be given to the development of a set of standards that specific the minimum data that should be collected, shared and reported to prevent threats to life and similar higher-harm violence in NI. This would be a small, de-identified dataset collected by PSNI, HSCT and other relevant authorities to be shared with each other and other community stakeholders.

For example, data from this review implies that the current threat-to-life protocol is highly limited. Data from the multi-agency panel (including data from PSNI) suggest that while younger people are at elevated risk of serious harm and threat-to-life, there is a significant proportion of victims who are vulnerable and yet over the age of 18. Some may be in the care of the HSCT, however, this may not be the case with most victims. To more wholly fulfil policy commitments, the threat-to-life protocol should reflect the robust evidence that currently exists and attend to the safeguarding needs of all victims-youth and vulnerable adults.

Data from this review, including qualitative data taken from PSNI, suggest that even in its current form, the interpretation and application of the joint protocol between PSNI and HSCT is highly inconsistent and unlikely to provide maximum support to those vulnerable to serious and violent harm. Operationalisation of the joint protocol, either in its current, or in its refined form should be applied consistently and should be complemented with evidence supported training around violence, psychological trauma, and guidance on how to apply the protocol. Given the severity of hidden harm that can be caused in communities, this review recommends that in whichever form this takes, the safeguarding processes and the responses that are agreed upon, should be situated within a clear and transparent accountability framework which includes an identified lead agency, a clear terms of reference, information sharing protocols, and effective monitoring.

If harm is hidden, even sustained, owing to the murkiness and obscurity of processes that are often unknown (it seems) to those responsible for their implementation, clarity must be the beacon, and a navigator is necessary to chart the course.

References

Abate A, Marshall K, Sharp C., et al. (2017) Trauma and aggression: Investigating the mediating role of mentalizing in female and male inpatient adolescents. *Child Psychiatry and Human Development*, 48, 881–890.

Alderdice, Lord, McBurney, J. and McWilliams, M. (2016). *The Fresh Start Panel Report on the Disbandment of Paramilitary Groups in Northern Ireland*. Belfast: Northern Ireland Executive.

Anderson, T. (2000). Dimension of women's power in the illicit drug economy. *Theoretical Criminology*, 9

Ardino, V. (2012). Offending behaviour: The role of trauma and PTSD. *European Journal of Psycho Traumatology*, 3(1), 18968–18964

Baglivio, M., Wolf, K., & Epps, N. (2017). Violent juvenile's adverse childhood experiences: Differentiating victim groups. *Journal of Criminal Justice*, 72(2), 101769.

Bond, R., and Bushman, B. (2023). The contagious spread of violence among US adolescents through social networks. *American Journal of Public Health,* 107(2)

Bellis, M., Hughes, K., Leckenby, N., Perkins, C., & Lowey, H. (2014). National household survey of adverse childhood experience and their relationship with resilience to health-harming behaviours in England. *BMC Medicine*,12(72)

Buka, S., Stichick, T., Birdthistle, I., & Earls, F. (2001). Youth exposure to violence: Prevalence, risks and consequences. *American Journal of Orthopsychiatry*, 71(3), 298–310.

Bunting, L., McCartan, C., Davidson, G., Grant, A., McBride, O., Mulholland, C., Murphy, J., Schubotz, D., Cameron, J. and Shevlin, M. (2020). *The Mental Health of Children and Parents in Northern Ireland: Results of the Youth Wellbeing Prevalence Survey*. Health and Social Care Board

Caluori, J. (2020). County lines after Covid-a new threat? CREST advisory

Cecila, C., Viding, E., Fearon, P., Glaser, D., & McCrory, E. (2017). Disentangling the mental health impact of childhood abuse and neglect. *Child Abuse and Neglect*, 63, 106–119

CRC. (2023). *Concluding observations on the combined sixth and seventh reports of the United Kingdom of Great Britain and Northern Ireland*. CRC/c/gbr/co/6-7. Accessible: https://digitallibrary.un.org/record/4013807?ln=en

Densley, J., Deuchar, R., and Harding, S. (2020) An introduction to gangs and serious youth violence in the United Kingdom. *Youth Justice*, 10(1)

Duffy, M., Walsh, C., Mulholland, C., Davidson, G., Best, P., Bunting, L., et al. (2021). Screening children with a history of maltreatment for PTSD in frontline social care organisations: An explorative study. *Child Abuse Review*, 30(6), 594–611.

Ellis, A. J., Briggs, D., Lloyd, A., & Telford, L. (2021). A ticking time bomb of future harm: Lockdown, child abuse and future violence. *Abuse an International Impact Journal*, 2(1), 37–48.

Finkelhor, D. (2018). Screening for adverse childhood experiences (ACEs): Cautions and suggestions. *Child Abuse and Neglect*, 85, 174–179

Finkelhor, D., Turner, H. A., Ormrod, R. K., & Hamby, S. L. (2009). Violence, crime, and exposure in a national sample of children and youth. *Pediatrics*, 124, 5.

Fitzgerald, M. (2018). *A policing paradox: as crime rises, detection rates of those responsible fall*. The Conversation

Fowler, P., Tompsett, C., Braciszewski, J., Jacques-Tiura, A., & Baltes, B. (2009). Community violence: A meta-analysis on the efect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology*, 21, 227–259

Gambetta, D. (2009) *Codes of the Underworld: How Criminals Communicate*. Princeton, NJ: Princeton University Press

Hamby, S., Elm, J., Howell, J., & Merrick, M. (2021). Recognising the cumulative burden of childhood adversities transforms science and practices for trauma and resilience. *American Psychologist*, 76(2), 230–242.

Home Office (2022) *Serious Violence Duty: preventing and reducing serious violence*. London: Home Office

Home Office (2019) *Consultation on a new legal duty to support multi-agency approach to preventing and tackling serious violence*. London: Home Office

Irwin, K., Fraser, A & Holmes, D. (2021). *What does a public health response to youth violence look like in practice?* Dartington: Research in Practice

Jiang, S., Zhang, D., & Lambert, E. (2022). Views of community corrections supervision and their predictors: An officer and offender comparison. *The Prison Journal*, 102(1)

Leenarts, L. E., Diehle, J., Doreleijers, T. A., Jansma, E. P., & Lindauer, R. J. (2013). Evidence-based treatments for children with trauma related psychopathology as a result of childhood maltreatment: A systematic review. *European Child & Adolescent Psychiatry*, 22(5), 269–283.

Malvaso, C. G., Cale, J., Whitten, T., Day, A., Singh, S., Hackett, L., Delfabbro, P. H., & Ross, S. (2022). Associations between adverse childhood experiences and trauma among young people who offend: A systematic literature review. *Trauma, Violence, & Abuse*, 23(5), 1677–1694

Masho, S., Schoeny, M., Webster, D and Sigel, E. (2016). Outcomes, data and indicators of violence at the community level. *The Journal of Primary prevention*, 37

McEvoy, K. & Shirlow, P. (2009). Re-imagining DDR: ex-combatants, leadership and moral agency in conflict transformation. *Theoretical Criminology*, 13(1), 31– 59.

Nöthling, J., Suliman, S., Martin, L., Simmons, C., & Seedat, S. (2019). Diferences in abuse, neglect, and exposure to community violence in adolescents with and without PTSD and depression. *Journal of Interpersonal Violence*, 34(22), 4357–4383.

PSNI. (2023). *Chief Constable's end of year report to the Northern Ireland Policing Board*. Belfast: PSNI

PSNI. (2022). *Police recorded crime in Northern Ireland: Update to 30th September 2022*. Belfast: Police Service of Northern Ireland

Public Health England. (2019). *A whole system multi-agency approach to serious violence prevention: A resource for local system leaders in England*. London: PHE

Redican E, Murphy J, McBride O, Bunting L, & Shevlin M. (2022). The Prevalence, Patterns and Correlates of Childhood Trauma Exposure in a Nationally Representative Sample of Young People in Northern Ireland. *Journal of Child and Adolescent Trauma*, 7

Robinson, G., McLean, R., and Densley, J. (2019) Working country lines: child criminal exploitation and illicit drug dealing in Glasgow and Merseyside. *International Journal of Offender Therapy and Comparative Criminology*, 63(5)

Slutkin, G. (2016) *Violence is a contagious disease*. Available at: https://www.nap.edu/read/13489/chapter/8#p29. (accessed on 21 August 2023)

Storrod, M.L., and J.A. Densley. 2017. 'Going viral' and 'Going country': The expressive and instrumental activities of street gangs on social media. *Journal of Youth Studies*, 20(6): 677–696.

Sturm, A., deVogel, V. Menger, A., & Huibers, M. (2021). The Price of Mistrust: A Study into the Working Alliance as Predictor for Recidivism. *Journal of Police & Criminal Psychology*.

Trickey, D., Siddaway, A., Meiser-Stedman, R., Serpell, L., & Field, A. (2010). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychological Review*, 32, 122–138

Tyler, T. R. and Boeckmann, R.J. (1997). Three strikes and you are out, but why? The psychology of public support for punishing rule breakers. *Law and Society Review*, 31, 237-65.

Varese, F. (2017). What is organised crime? In *Redefining organised crime: A challenge for the European Union?* S. Carnevale, S. Forlati, and O. Giolo (ed.). Bloomsbury

Walsh, C. (2023). From contextual to criminal harms: young people's understanding and experiences of the violence of criminal exploitation. *Crime Prevention and Community Safety*

Walsh, C. (2022a). *Accelerators: Targeted youth services contribution towards the attainment of multiple sustainable development goals (SDGs)*. Belfast: Education Authority

Walsh, C. (2022b). *Working with women in the community*. Belfast: QUB

Walsh, C., & Smyth, R. (2022). Partners in prevention: The role of health systems in the prevention of youth violence in post-conflict Northern Ireland. *Crime Prevention and Community Safety*, 24, 369–386

Walsh, C., Doherty, K., & Best, P. (2021). A novel approach for understanding trauma-related youth violence in low resource contexts: A retrospective case file review in Northern Ireland. *Violence: An International Journal*, 2(1), 5–105.

Walsh, (2020) 3 p's https://www.ark.ac.uk/ARK/sites/default/files/2020-11/update135.pdf

Walsh, C. (2019). The Utility of a Psycho-Social Approach for Understanding and Addressing Male Youth Violence: The Interface between Traumatic Experiences and Masculinity. *Journal of Aggression, Maltreatment & Trauma*, 29(2)

Windle, J., and Briggs, D. (2015). 'It's like working away for two weeks': The harms associated with young drug dealers community from a saturated London drug market. *Crime Prevention and Community Safety*, 17(2)

WHO (2014) *Global status report on violence prevention*. Geneva: World Health Organisation

Widom, C. S. (1989). Child abuse, neglect and adult behavior: Research design and findings on criminality, violence, and child abuse. *American Journal of Orthopsychiatry*, 59, 355–367.

Zalta, A. K., Tirone, V., Orlowska, D., Blais, R. K., Lofgreen, A., Klassen, B., Held, P., Stevens, N. R., Adkins, E., & Dent, A. L. (2021). Examining moderators of the relationship between social support and self-reported PTSD symptoms: A meta-analysis. *Psychological Bulletin*, 147, 33–54.

Appendices

Appendix 1: Interview schedule

Multi-agency partnership workshop

Semi-structured questions:

2. How are threats-to-life currently managed? Is this consistent across Belfast/regionally?
3. Are the current protocols/guidance sufficient?
4. Overview of the case example
5. What can be gleaned via the review re what works/add value of a structure such as the partnership?
6. What needs to happen for your organization to effectively safeguard those under threat by paras/OCGs?
7. Should threat management be regional, with an accountable officer for each statutory function?
8. How to do you know when effective threat management is happening? Is there/should there be accountability? Who needs to own this?

Appendix 2: Threat-to-life case example

JB came into contact with organisation X during Feb 2023.

He is a 19 year old young man. He is care experienced and had little family support. He currently lives with his girlfriend and his girlfriend's mother. He has lived here for six weeks and at the point of contact there were signs of the placement breaking down.

JB is a problem substance user but reports reducing his drug use over the last four-weeks. This was not verified.

During his contact with organisation X, it became apparent that he had attended ED in December following a serious assault. Hospital staff treated him for the serious injuries (lacerations, loss of blood and bruising). This was recorded as a violent injury with no further detail.

Organisation X gained verbal consent to engage with him. On this occasion, JB attended ED due to a BIBA Overdose and poisoning. He came in ambulance early morning and he was triaged at 4.48am.

Hospital staff were aware of his drug use and he was treated for this. JB reported to have deliberately overdosed due to a paramilitary threat against him.

He advised that he did not live with his parents, but because of the threat, was very worried about a younger sibling.

JB advised that during his previous injury in December, he had been taken in a car to the back roads where a gun was held to him. This was when he was threatened and subsequently presented to ED.

He had not been diagnosed with any mental health conditions, but has been screened for anxiety and PTSD.

On his release from ED, JB returned to his girlfriend's mother's home. He received a phone call to advise him that he would be killed within the week. He believed that the threat came from individuals that he knew and that he believed that they were members of the [paramilitary group]. JB also believed the threats to be credible due to a drug debt of £x000.

The X worker developed an action plan that consisted of:

- Contacting housing and support services.
- Contacting PSNI to explore how serious threat were?
- Contacting the Flare team for MH support

JB reported that he hadn't slept since receiving the threat and was using drugs again to manage his anxiety.

Housing advised that an application had been received, but that this had not yet been progressed.

JB contacted PSNI to inform re the threat. PSNI advised that they did not believe the threat to be credible.

Several days later, organisation X facilitated a meeting with PSNI to establish the facts. PSNI advised that they were aware of the alleged threats and confirmed that they had visited JB. PSNI also advised that they did not believe that the threats were paramilitary related. Org X advised that on the report of JB, the threats were from known INLA members and due to a debt of £4000.

Following the meeting, PSNI agreed to take action. It was unclear what action this would include. Org X believed that this involved speaking with the named individuals believed to be involved in the threats against JB.

Org X contacted NIHE to assess where JBs emergency accommodation application was at. They were advised that the application had only begun to be processed. He was initially offered a hostel in town A. JB refused this. The next day he was offered another hostel place closer to home in town B.

QUESTIONS:

1. **How would this scenario have played out with the presence of a hub?**
2. **What does this speak to re threat verification?**
3. **What does this speak to re the utility of the current threat management protocol/PSNI threat-to-life service instruction?**

Appendix 3: FOI response PSNI

Keeping People Safe

FREEDOM OF INFORMATION REQUEST

Request Number: F-2023-01900

Keyword: Policing Themes, Operations and Investigations   Policing Other

Subject: Threat To Life Notices

Request and Answer:

Your request for information below has now been considered. In respect of Section 1(1)(a) of the Freedom of Information Act 2000 (FOIA) We can confirm that the Police Service of Northern Ireland does hold the information you have requested however it is estimated that the cost of complying with your request for information would exceed the "appropriate costs limit" under Section 12(1) of the Freedom of Information Act 2000. We have explained to you below that when PSNI estimates whether the appropriate limit is likely to be exceeded, it can include the costs of complying with two or more requests if certain conditions are met. In this case those conditions are met and complying with all of your requests would in our estimation exceed that appropriate limit set out in Regulation. We have explained this further below but also we followed the Information Commissioner's Office guidance *'Requests where the cost of compliance exceeds the appropriate limit'* in relation to this request, which also provides further detail on the application of Section 12 (1) of the FOIA. This guidance is available on the ICO website at the following link:

https://ico.org.uk/media/for-organisations/documents/1199/costs_of_compliance_exceeds_appropriate_limit.pdf

Request 1
Could you please advise on the total number of threats-to-life/TM1 notices that were issued for each of the previous 3 years (2020, 2021, 2022)?

Request 2
Could you advise how many threats to life/TM1 notices that were issued by district area for each of the last 3 years (2020, 2021, 2022)?

Request 3
Could you advise how many threats to life notices were issued to under 18's for each of the last 3 years (2020, 2021, 2022)?

Request 4
Could you advise on the gender of those who received threats to life/TM1 notices for each of the previous 3 years (2020, 2021, 2022)?

Appendix 4: FOI response BHSCT

HSC Belfast Health and Social Care Trust
caring supporting improving together

FOI/29386

27 June 2023

Threats to Life Concerning Children under the Age of 18

Please see three requests below regarding threats to life concerning children under the age of 18.

1. **Could you please advise on how many 'joint protocol' referrals were made by PSNI (e.g. central referring unit) to BHSCT with regard to threats to life for children under 18 over the previous 3 years?**

   Our electronic system does not collate information pertaining to referrals from social services to other agencies, including the PSNI. Therefore, to answer this question would require a manual trawl of all open cases over the past 3 years, which would require in excess of the allocated 18 hours.

   The Trust considers that the cost of retrieving the information would be above the 'Appropriate Limit', as defined by the Freedom of Information Act under Section 12. Section 12 of the Freedom of Information Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit. The limit has been specified as £450 for public authorities such as Belfast Trust. This represents the cost of one or more persons spending 18 hours in determining whether we hold the information, locating, retrieving and extracting this information.

2. **Could you please advise on how many referrals have been made to PSNI (e.g. central referring unit) with regard to threats to life for children under 18 over the previous 3 years?**

   As per question 1, our electronic system does not collate information pertaining to referrals from social services to other agencies, including the PSNI. Therefore, this would require a manual trawl of all open cases over the past 3 years which would be in excess of the allocated 18 hours.

3. **Could you advise on how many 'threats to life risk assessment and safety planning meetings' have been facilitated for children under the age of 18 over the previous 3 years?**

   Again, our electronic system does not collate information pertaining to the number of threats to life risk assessment and safety planning meetings. Therefore, this would require a manual trawl of all open cases over the past 3 years, which would be in excess of the allocated 18 hours.

Contact: publicliaison@belfasttrust.hscni.net

Page 1 of 1

Appendix 5: FOI response SHSCT

Southern Health
and Social Care Trust

Our ref: CMcC/kh/FOI 1728

27.06.2023

By Email: colm.walsh@qub.ac.uk

Dear Mr Walsh

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

Your request for information regarding referrals to the PSNI regarding threats to life for children under 18 years has now been considered and the information requested is enclosed.

If you are unhappy as to how this request has been handled, you should write to the FOI lead for the Trust. You have the right to seek a review within the Trust in the first instance.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.   It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries or concerns then please contact:

Head of Information Governance
Southern Health & Social Care Trust
Ferndale
Bannvale Site
10 Moyallen Road
Gilford
BT63 5JX

Tel: 028 37561458
Email: Foi.Team@Southerntrust.hscni.net

Information Governance Department, Ferndale, Gilford

Appendix 6: FOI response NHSCT

HSC Northern Health and Social Care Trust

FOI/913

Please see three requests below regarding threats to life concerning children under the age of 18.

Request 1: Could you please advise on how many joint protocol referrals were made by PSNI (e.g., central referring unit) to NHSCT with regard to threats to life for children under 18 over the previous 3 years?

Nil return

Request 2: Could you please advise on how many referrals have been made by NHSCT to PSNI (e.g., central referring unit) with regard to threats to life for children under 18 over the previous 3 years?

9

Request 3: Could you advise on how many threats to life risk assessment and safety planning meetings have been facilitated for children under the age of 18 over the previous 3 years?

10

Appendix 7: FOI response WHSCT

Western Health and Social Care Trust HSC

Our ref: FOI/23/1006

11th September 2023

Threats to life (children under the age of 18)

Please see three requests below regarding threats to life concerning children under the age of 18.

Trust response

Note: The figures below reflect any child under the age of 18yrs where the Western Health & Social Care Trust have had to apply the Threat to Life policy.

Request 1: Could you please advise on how many 'joint protocol' referrals were made by PSNI (e.g., central referring unit) to WHSCT with regard to threats to life for children under 18 over the previous 3 years?

Total – 10

Request 2: Could you please advise on how many referrals have been made by WHSCT to PSNI (e.g., central referring unit) with regard to threats to life for children under 18 over the previous 3 years?

Total – 0

Request 3: Could you advise on how many 'threats to life risk assessment and safety planning meetings' have been facilitated for children under the age of 18 over the previous 3 years?

Total – 24

Dr Colm Walsh: Human Rights and the Management of Threats-to-Life

Appendix 8: HSC/PSNI joint protocol

Practice Guidance on Actions to be Taken when a Child / Young Person is Subject to a Threat to Life

1st November 2019

https://www.proceduresonline.com/sbni/files/threats_to_life.pdf