

# **DEVON CORNWALL ISLES OF SCILLY**

**COMMUNITY SAFETY PARTNERSHIPS**

**Peninsula Strategic  
Assessment  
2018/19**

# Acknowledgements

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# Contents

|                                    |    |
|------------------------------------|----|
| INTRODUCTION                       | 5  |
| The national landscape             | 7  |
| Devon and Cornwall: an overview    | 8  |
| Trends in crime and disorder       | 11 |
| ANALYSIS FINDINGS                  | 13 |
| Understanding complex needs        | 15 |
| Measuring reoffending              | 17 |
| Drug and Alcohol-related harms     | 18 |
| Domestic Abuse and Sexual Violence | 26 |
| Modern Slavery                     | 32 |
| Terrorism/Violent Extremism        | 34 |
| Emerging Threats                   | 38 |
| APPENDICES                         | 42 |
| Assessing threat, risk and harm    | 43 |
| Notes on the data                  | 44 |
| Glossary                           | 46 |
| Further reading and contacts       | 47 |

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# INTRODUCTION

## What are community safety partnerships?

Community Safety Partnerships (CSPs) are made up of **statutory organisations** (the 'responsible authorities') and a wide range of other **public sector, voluntary, community and private organisations**.

The responsible authorities are Local Authorities, Police, Fire and Rescue Services, National Probation Service, Community Rehabilitation Company and NHS Clinical Commissioning Groups.

Achieving safer communities depends on **everyone working together** to find local solutions to local problems. We have **a responsibility to do all that we can** to reduce crime and disorder, anti-social behaviour, problem use of drugs and alcohol and re-offending.

The Peninsula incorporates **eight community safety partnerships** (CSPs) and **one strategic County level partnership**, Safer Devon.

Their statutory responsibilities and activities are set down within the **Crime and Disorder Act 1998**, but the partnerships essentially **serve and respond to local need and delivery structures** so there are differences across the Peninsula in the way that they work.

**CSPs support and co-ordinate** the work of all the partners in their local area by:

- Producing an **annual strategic assessment** to identify community safety priorities and set objectives;
- Developing a **three year Partnership Plan**, refreshed annually, to co-ordinate activities to address the priorities;
- **Monitoring delivery** against our objectives and **driving good performance** by targeting resources to deliver **efficient and effective outcomes** for communities.

## The role of the Police and Crime Commissioner

On 5 May 2016 the public elected a Police and Crime Commissioner (PCC) for Devon and Cornwall to serve a 4 year term. The next elections are in May 2020. The role is singularly accountable to the public for how crime is tackled across the Peninsula. Specifically the role:

- **Listens to the views of the public** on community safety and **sets priorities** in a plan for the police which address community concerns;
- Ensures the **Chief Constable** directs police officers and resources to tackle the things that communities say are important and **holds him to account**;
- Sets the **police budget** and determines the precept;
- Is responsible for ensuring delivery of a **support service for victims** that is compliant with the victims code;
- **Sets the strategic direction for policing** but does not interfere with day-to-day police operations or tactics;

- **Balances local needs** of the public and victims alongside **national policing responsibilities**.

PCCs have a **statutory duty to work with community safety partners**, as well as criminal justice agencies and the voluntary sector, to help deliver local solutions to reduce crime and disorder and provide support to victims and communities.

In 2015, the Police and Crime Commissioners and Chief Constables for **Devon and Cornwall Police** and **Dorset Police** reached agreement for a large scale **strategic alliance between the two forces**.

The aim of the strategic alliance continues to be the provision of a **more resilient police force against a backdrop of reducing budgets**, particularly around high cost, complex areas such as terrorism and organised crime.

## Working together for a safer future

Since 2012, analysts representing each of the CSPs and the police have worked together to build a shared evidence base, in the form of the **Peninsula Strategic Assessment (PSA)**<sup>1</sup> and the suite of **Organised Crime Local Profiles (OCLPs)** that support the local delivery of the Serious and Organised Crime Strategy.<sup>2</sup>

This iteration of the PSA provides an interim update for the Police and Crime Commissioner to **refresh the final year of the Police and Crime Plan**.

The **PSA has evolved** to support the changing needs of the CSPs and take into account increased demands on our resources.

This is the first PSA to utilise the [MoRiLE](#) methodology to undertake a review of **strategic threat, risk and harm**. The outputs of this review have provided the evidence base on which recommendations for strategic priorities can be made for the OPCC and the Peninsula family of CSPs.

It identifies and describes the **main threats and risks** to communities across Devon and Cornwall. It also provides a broad assessment of the effectiveness of the responses in place and identifies gaps and areas for improvement.

It is intended to be used to indicate where **joint approaches** and **co-ordination of partnership resources** may be most effective.

It is purposely **more streamlined** than previous iterations and is designed to be **read alongside** the more detailed evidence found in the **local strategic assessments and OCLPs** undertaken by the police and CSPs.

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<sup>1</sup> Published on the Police and Crime Commissioner's [website](#)

<sup>2</sup> [Serious and Organised Crime Strategy](#), Home Office October 2013

## The national landscape

Community Safety Partnerships are **operating in a constantly shifting environment**, with national and international priorities being driven by changing **political focus and new legislation**.

The impacts of the **economic downturn and austerity** measures bring particular challenges for the most **vulnerable people** in our communities, particularly welfare reform, changes to housing legislation and affordability issues.

This is resulting in more families facing **temporary accommodation**, living in poor conditions or **becoming homeless**. This adds to the challenges of trying to provide help to people with complex and multiple problems. Getting **suitable housing** and accessing timely and appropriate **mental health support** are commonly cited issues across the Peninsula partnerships.

There is a new [Domestic Abuse Bill](#) planned. This has a much **stronger focus on perpetrators**, and is intended to support **an improved response to domestic abuse at every stage** from prevention through to rehabilitation. When this comes in, we expect more people to come forward to report abuse and seek support, as well as some changes in the way that services respond to domestic abuse.

The UK faces a **severe and continuing threat from terrorism** that has escalated and evolved over the last couple of years. **Raising awareness** of the risks locally and delivery of **targeted prevention activity** and training is a vital part of the overall counter-terrorism strategy.

The **decision to leave the European Union** has created widespread financial uncertainty, particularly with regard to the future of equivalent EU funding coming to Cornwall. Other risks, such as **rising costs of medications** used to treat drug dependency, have been identified.

There have been some **major changes in the way that our partners do business** (and more changes are on the horizon) that have an impact on how we work together. **Pressures on budgets and resources** across the public sector, combined with a profile of **increasing complexity and volume of demand** presents significant challenges to the ability of CSPs to manage risks effectively.

The scope of the **strategic alliance between Devon and Cornwall and Dorset police forces** continues to be developed, aiming to provide greater resilience against a backdrop of reducing budgets and increased complexity profile of crime.

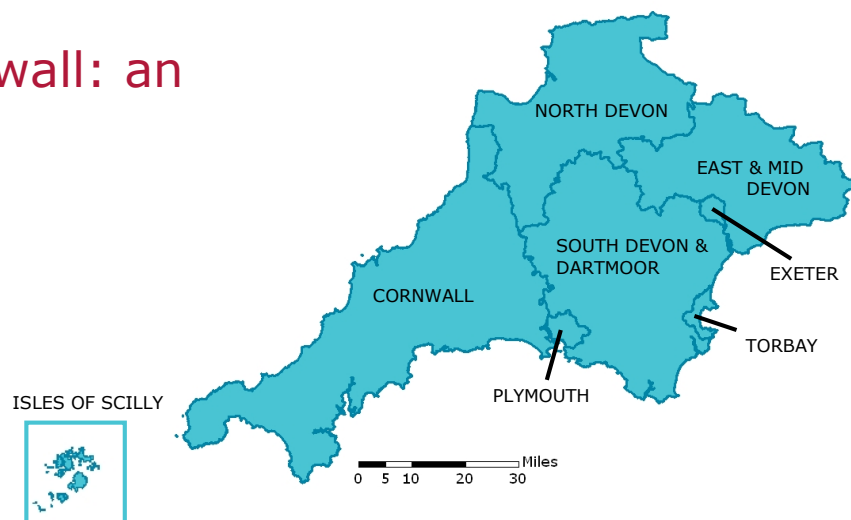
The way that **probation services** are delivered is also under review,<sup>3</sup> which will **change local services on the ground and relationships** with partners.

All health and care systems in England are focused on transforming services through their five year **Sustainability and Transformation Plans**. The **underlying factors** of poor health are the same factors that increase risk of crime – vulnerability, poverty, previous experience of crime, unemployment and low education levels – reinforcing the **importance of a joined-up approach between health and community safety**.

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<sup>3</sup> [Strengthening Probation, Building Confidence](#), MoJ consultation July 2018. Findings expected in 2019.

# Devon and Cornwall: an overview



The Devon and Cornwall Peninsula encompasses over 700 miles of coastline, covers 3,961 square miles and incorporates **five upper tier/unitary local authorities** - Cornwall, Plymouth City, Devon County, Torbay and the Isles of Scilly – and the **eight district/city councils within Devon County** – East Devon, Exeter, Mid Devon, North Devon, South Hams, Teignbridge, Torridge, and West Devon.

These local authorities make up our **eight community safety partnerships (CSPs)** and **one strategic County level partnership**, Safer Devon.

## About the area: key statistics



### People

**Current population is 1,748,000** and projected to **increase by 5%** to 1,826,000 by 2025  
6% across England

**27%** are aged **under 25**  
30% across England

**24%** are aged **over 65**  
19% across England

5% **BAME** (not White British)  
20% across England



### Vulnerable groups

**14%** live in the **20% most deprived LSOAs** in England  
**16% of children** are living in poverty  
19% across England



### Housing

**6%** of households **lack central heating**  
3% across England

**80,000** households in **fuel poverty**



### Education & skills

**18%** of people have **no qualifications**  
22% across Great Britain



### Economy

**77%** of people aged 16-64 are in **Education, Employment or Training**  
74% across England and Wales



### Health & wellbeing

**23%** of people have a **limiting long-term illness**  
18% across England



### Access & transport

**20%** of households **do not have a car**  
26% across England



Within this large geographical area, we have a **population of 1.7 million residents<sup>4</sup>** living in 722,300 households. Our population is generally **older than the national profile** with more people aged 65+ and fewer under the age of 25.

The population significantly increases due to the influx of around **11 million visitors** to the area during the average year. This provides much needed income to the local economy but increases the demand on our services and infrastructures.

Over **70,000 students also have an impact** on localised demand for services at predictable times within the academic year, and are identified as particularly vulnerable to crime. The demographic is also changing with all of the universities actively **increasing their international intake**, and a number of private institutions attracting higher numbers of younger foreign students to the area.

**Black, Asian and other Minority Ethnic (BAME)** groups<sup>5</sup> make up only 5% of our resident population, well below the national average of 20%. People from BAME groups may feel **more isolated and vulnerable** and may lack support networks and a strong voice locally and this may be particularly strongly felt in rural areas.

**Plymouth, Torbay and Exeter** are urban centres of significant size but the remainder of the population across the Peninsula is spread between **smaller urban clusters, market towns and villages**. There are a large number of **seaside towns** that have their own unique issues. In addition to the usual types of crime and disorder issues associated with urban areas anywhere, CSPs face **additional challenges** in providing equal access to services for widely dispersed communities.

The **Isles of Scilly** are a cluster of islands located off the far South West of Cornwall. Scilly has its own **unique character and very few crimes** are recorded on the islands each year (an average of 125 crimes over the last three years). The CSP is a subgroup of their Health and Wellbeing Board.

Although overall unemployment is lower than the national average and has reduced in line with the national average, **wages are lower**. There is an overdependence on seasonal and part-time jobs and **fewer opportunities for young people**.

**Housing affordability and availability is a major issue** with insufficient social housing and higher than average property costs. These factors combined with increased living costs and lower incomes put local families under significant pressure. Plymouth and Torbay are described by national measures as deprived, but there are **pockets of significant deprivation** right across the Peninsula.

Many of these areas have frequently been identified as focus areas locally due to the **strong link between worklessness and poverty** but higher concentrations of benefit claimants mean that these areas are also particularly **vulnerable to the impacts of welfare reform**.

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<sup>4</sup> Mid-2017 population estimate, Office for National Statistics, © Office for National Statistics (ONS)  
<sup>5</sup> Census 2011, White non-British, Asian, Black, Mixed, Other Ethnic Group (85,500 people) © ONS

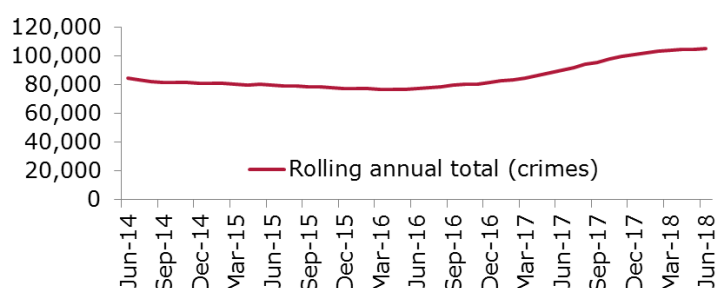
## QUICK FACTS: ALL RECORDED CRIME

Time period refers to the 12 months to 31 March 2018 unless stated otherwise

### Key Facts

- 103,659 crimes / **59.8 crimes per 1,000** resident population;
- Rate of crime is **below average** for our Most Similar Family (MSF, 65.0);
- **Increased by 22%** (18,912 crimes) compared with MSF increase of 13%;
- 12,613 **Anti-Social Behaviour** incidents recorded, a **reduction of 5%** compared with 2016/17.

### Trends



The period between June 2016 and December 2017 saw a rapid rise in the level of recorded crime.

The majority of the rise relates to violent crime, public order and sexual offences, driven largely by crime recording improvements.

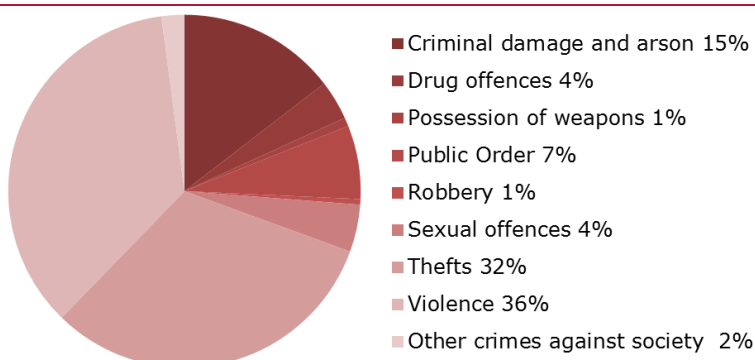
### Seasonality



A predictable seasonal pattern, with summer months seeing more crimes recorded than the winter.

Seasonal factors include lighter nights and the influx of tourists into Devon and Cornwall during the holiday period.

### Crimes

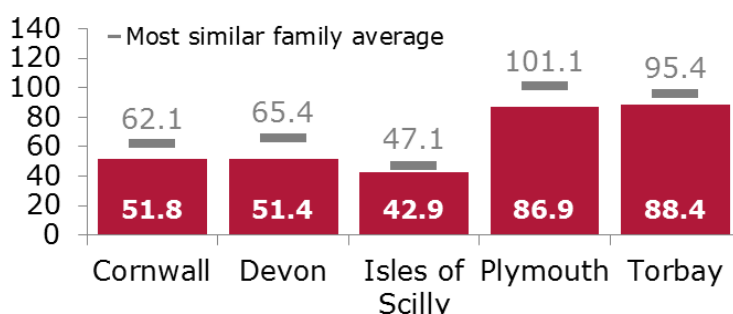


The chart shows the breakdown of crime by type

Across all crime types:

- 17% domestic abuse
- 12% alcohol-related
- 1% hate crime

### Location



Rates per 1,000 population by CSP area:

**Highest** – Torbay 88.4 per 1,000 / 11,839 crimes  
**Lowest** – Isles of Scilly 42.9 per 1,000 / 99 crimes

Peninsula rate **59.8**

## Trends in crime and disorder

Police forces across England and Wales are recording much higher levels of crimes than in previous years.

- Recorded crime **across the Peninsula** rose by 10% in 2016/17 and by a further **22% in 2017/18**. This equates to an additional **27,000 crimes** being recorded over the last two years;
- Peninsula CSPs continue to have **lower crime rates** compared with similar areas nationally and Devon and Cornwall Police has the second lowest crime rate in its most similar family group of police forces – 59.8 crimes per 1,000 population compared with an average of 65.0 per 1,000.

### The quality of crime recording has improved

- **Improvements in crime recording** are the principle driving factor, reflecting the response to recommendations from the programme of [crime data integrity inspections](#). Over the last two years, Devon and Cornwall Police have **improved from “inadequate” (2016) to “good”** when re-inspected in 2018;
- Recording improvements have focused on **violence and sexual offences**, and this is where we are seeing the greatest impact on crime numbers. Also, more **public order incidents** are being recorded as crimes, rather than recorded as anti-social behaviour;
- There was also a large **increase in crimes flagged as domestic abuse** (up by 44%) but this mostly reflects a greater proportion of incidents being recorded as crimes, in line with recording standards. Overall reports of domestic abuse to the police increased by 10%.

### Increased reporting of more hidden crimes

- The drive to raise awareness about **sexual violence and abuse**, and improve victims’ confidence in the support available, has resulted in **more crimes being reported**;
- The level of **recorded cyber-crimes** has increased as we get better at identifying and reporting them. A new notifiable offence of malicious communications, which includes harassment via email, text and social media, was added in April 2015 and this accounts for around **a quarter of the rise in violence without injury**.

### Some genuine rises in crime prevalence

- **Vehicle offences** have increased by 36% over the last two years, equating to 1,600 more crimes, although the **rate of crime remains comparatively low**. Vehicle offences are generally well-reported by victims and well-recorded by the police, so this is likely to reflect a **genuine increase in crime**;
- **Most serious violence** is another well-reported and recorded crime, and this **increased by 20%** over the last year, although it remains a low volume crime;
- The rate of most serious violence across Devon and Cornwall is around the average for similar force areas nationally. We are **not seeing the same rise in homicides and knife crime** that have been reported nationally, however, and links to organised crime groups and gangs are less clear.

## Demands on partners have increased in complexity

- The crime profile is changing – up until very recently, **traditional volume crime** types, such as thefts and criminal damage, have **dropped year on year** and we have seen the **more complex issues**, such as domestic abuse, the exploitation of vulnerable people to sell drugs, sexual violence and cyber-crime make up an **increasingly greater proportion of reported crime**;
- This shifts the focus to responding to **risk and vulnerability** and places **longer term and more complex demands** on police and partners to resolve.

The table below provides a quick glance at all crime and disorder types across the Peninsula, describing whether the trend is increasing (▲), decreasing (▼) or stable (▶) and how this area compares with the average for most similar family group of police force areas nationally (high ●, above average ●, average or lower ●).

| Crime / Incident type              | Trend | Rate per 1000 | 2017/18        | 2016/17       | Annual Change | MSF Compare Rate | MSF Trend |
|------------------------------------|-------|---------------|----------------|---------------|---------------|------------------|-----------|
| <b>All crime</b>                   | ▲     | <b>59.8</b>   | <b>103,659</b> | <b>84,747</b> | <b>22%</b>    | ●                | ▲         |
| Domestic Abuse [1]                 | ▲     | 17.0          | 29,435         | 26,658        | 10%           | -                | -         |
| Domestic Abuse Crimes              | ▲     | 9.9           | 17,126         | 11,933        | 44%           | -                | -         |
| Rape                               | ▲     | 0.9           | 1,600          | 1,275         | 25%           | ●                | ▲         |
| Other Sexual Offences              | ▲     | 1.7           | 2,889          | 2,117         | 36%           | ●                | ▲         |
| Alcohol Related Crime              | ▲     | 7.3           | 12,613         | 11,035        | 14%           | -                | -         |
| Anti-social behaviour (total)      | ▼     | 22.3          | 38,587         | 40,604        | -5%           | -                | -         |
| Homicide                           | ▶     | 0.0           | 15             | 14            | 7%            | ●                | ▶         |
| Violence with Injury               | ▲     | 8.3           | 14,395         | 12,046        | 20%           | ●                | ▲         |
| Violence without Injury            | ▲     | 13.0          | 22,535         | 15,014        | 50%           | ●                | ▲         |
| Violence - Night Time Economy      | ▲     | 2.1           | 3,604          | 2,966         | 22%           | -                | -         |
| Possession of Weapons              | ▲     | 0.5           | 833            | 654           | 27%           | ●                | ▲         |
| Possession of Drugs                | ▶     | 1.6           | 2,858          | 2,791         | 2%            | ●                | ▶         |
| Trafficking of Drugs               | ▲     | 0.5           | 896            | 656           | 37%           | ●                | ▲         |
| Arson                              | ▶     | 0.3           | 587            | 581           | 1%            | ●                | ▶         |
| Criminal Damage                    | ▲     | 8.4           | 14,505         | 13,267        | 9%            | ●                | ▲         |
| Public Order Offences              | ▲     | 4.0           | 6,984          | 4,886         | 43%           | ●                | ▲         |
| Hate Crime                         | ▲     | 0.9           | 1,542          | 1,122         | 37%           |                  |           |
| Burglary                           | ▶     | 3.5           | 6,129          | 6,074         | 1%            | ●                | ▲         |
| Robbery                            | ▲     | 0.3           | 524            | 428           | 22%           | ●                | ▲         |
| Vehicle Offences                   | ▲     | 3.4           | 5,903          | 4,730         | 25%           | ●                | ▲         |
| Shoplifting                        | ▲     | 4.6           | 8,012          | 6,957         | 15%           | ●                | ▲         |
| Other Theft                        | ▲     | 7.4           | 12,820         | 11,759        | 9%            | ●                | ▲         |
| Other Offences                     | ▲     | 1.3           | 2,174          | 1,498         | 45%           | ●                | ▲         |
| Road Traffic Collisions            | ▶     | 3.9           | 6,688          | 6,600         | 1%            | ●                | ▶         |
| [1] Crimes and non-crime incidents |       |               |                |               |               |                  |           |

# ANALYSIS FINDINGS

Crime and other community safety issues have been considered under broad themes and a summary of key features provided to support the recommendations.

## Emerging issues

Two key areas are highlighted as emerging issues due to having **significant impact in specific areas of the Peninsula** and concerns about key risk indicators being apparent in other areas that may not yet be fully established/explored. These are:

- Anti-social Behaviour linked to Street Homelessness
- Youth Gangs

The recommendation is that **CSPs utilise the experience and learning** from the areas that have been significantly affected to develop and implement **a strategic approach to reduce risk and prevent escalation of harm**, focused on the areas that are identified as most vulnerable.

## High Level Threats

There is an expectation that the high level threats will be prioritised by CSPs and all partners, with an **explicit response provided through local Partnership Plans** and reflected appropriately in other strategies and plans.

- **Drug Trafficking**, including County Lines
- **Problem Drug Use**, including Drug Related Deaths
- **Problem Drinking** and health-related harms
- **Domestic Abuse**, including Domestic Homicide
- Child **Sexual Exploitation and Abuse**
- **Rape** and Sexual Assault
- Modern **Slavery**
- **Terrorism/Violent Extremism**

The supporting evidence gathered through the assessment process highlights that the high level threats have the following features:

- **Significant physical and psychological impacts** on victims and their families, including lasting developmental impacts on children. **Financial impacts** such as lost work time and problems getting and keeping a home and a job;
- The **more visible issues**, such as street drinking, anti-social behaviour and drug dealing, have a **major impact on how happy residents feel** about their local area and can attract negative **attention from the media** and community groups. Harm linked to issues like domestic abuse, however, is more hidden, and people in the community, other than the victim and their family, are less aware;
- **Incidents happen often** (at least weekly), some are also high volume (like domestic abuse) or low volume but very serious (like rape offences). Reported levels have increased over the last year and expected to increase further;
- **National and/or regional as well as local priorities** to tackle, with **significant reputational risk** to one or more partners if we fail;

- **Economic costs are long term and impact across all services**, including police, fire and rescue, offender management, health, community support and treatment, housing and social care;
- **Some issues exist with capacity**, particularly as funding in most areas of the public sector continues to reduce, but partners were more keen to see **services work together as a system** – with better co-ordination and appropriate training in place. Some specific challenges were raised around changing **organisational culture** and **community perceptions**.

### Moderate Level Threats

It is important that CSPs continue to be proactive in these areas; working together to **manage the risks**, address identified problems and prevent new **problems developing**.

This band includes:

- **Anti-Social Behaviour**
- Fatal and Serious Injury **road traffic collisions**
- **All types of violence**, from serious physical assaults through to verbal assaults that do not cause injury. This also includes **violence linked to night time drinking** in public places and violence where there is no physical injury, such as **stalking and on-line harassment** offences
- **Cyber Crime**, including frauds committed on-line and crimes directly attacking computer systems, such as sending out viruses, putting a service or services out of action and hacking
- **Hate** crime
- **Missing Episodes** (Adults)

As part of the development of local Partnership Plans, the CSPs may also wish to review the areas **scored as Moderate Level Threats** where elements of the response are considered to **impede effective management**.

### Standard Level Threats

Standard Level Threats are areas that are **being managed as “business as usual”** and/or not placing much additional demand on services.

CSPs should **monitor** these areas to ensure that we continue to manage them well.

- Burglary
- Robbery
- **Fraud** (non-Cyber)
- **Thefts** – Shoplifting, Thefts of and from Vehicles, Other Thefts
- **Criminal Damage** and Arson
- **Public Order** Offences
- Possession of **Drugs**
- Slight Injury **Road Traffic Collisions**
- Possession of **Weapons**



## Understanding complex needs

Complex needs means **multiple problems occurring together** and each problem can make the others worse. People with complex needs have to access **multiple services** to get the help that they need, which means that **no single agency will hold all the solutions**.

Across the board services are reporting that the **people seeking help are more complex** and that numbers are growing. This is a **recurring theme** that cuts across all areas of partnership work.

Children and young people who have **experienced 4+ ACEs** are significantly more likely to:

- Develop **mental health conditions**, such as anxiety, depression and psychosis
- Adopt **health harming behaviours** such as smoking, harmful drinking, or use of illicit drugs and risky sexual behaviour
- Become a victim of **violence** or commit acts of violence

There are particular challenges in getting **suitable housing** and accessing timely **mental health support**, both in terms of finding the right type of support and how services can **come together to help people** when they are **most at risk**.

Complex needs commonly include **drug or alcohol** problems, criminal or anti-social behaviour, **mental and physical health** problems, learning difficulties, poor family and other **relationships**, **poverty** and debt. The root of these problems is often linked to **violence, abuse and neglect experienced in childhood** (described as Adverse Childhood Experiences or ACEs).

Since 1998 much academic research<sup>6</sup> has been dedicated to examining the **impact of ACEs on the long-term health of adults** and the evidence base is well established. High ACE scores are linked to chronic disease, frequent mental distress, morbid obesity, sexually transmitted diseases, homelessness<sup>7</sup> and greater risk of premature mortality (by up to 19 years).

There is also a **growing evidence base linking ACEs to criminal behaviour**, although the links here are less well defined. High ACE scores have been linked to anti-social behaviour, violence, substance abuse and sexual risk-taking. There are **generally observed differences between males and females**:

- **Females** tend to experience a higher number of ACEs before they start acting in an anti-social or criminal way. They are **more likely to internalise the impact** of ACEs, leading to anxiety, self-esteem issues, self-harm, risky sexual and other health-harming behaviours;
- **Males** are more likely to **respond to ACEs with anger and aggression**, leading to charges of assault or criminal damage, and they can also appear to lack empathy for others' pain or suffering, which may be caused by the early trauma of the ACEs.

Children who experience multiple ACEs are **more likely to be taken into care**, due to abuse or neglect. Children in care tend to **go missing more often** than other children and this exposes them to a much **greater level of risk and harm**. They also may form friendships with other young people with similar backgrounds, which may be **unhealthy relationships** and escalate their risk taking behaviour.

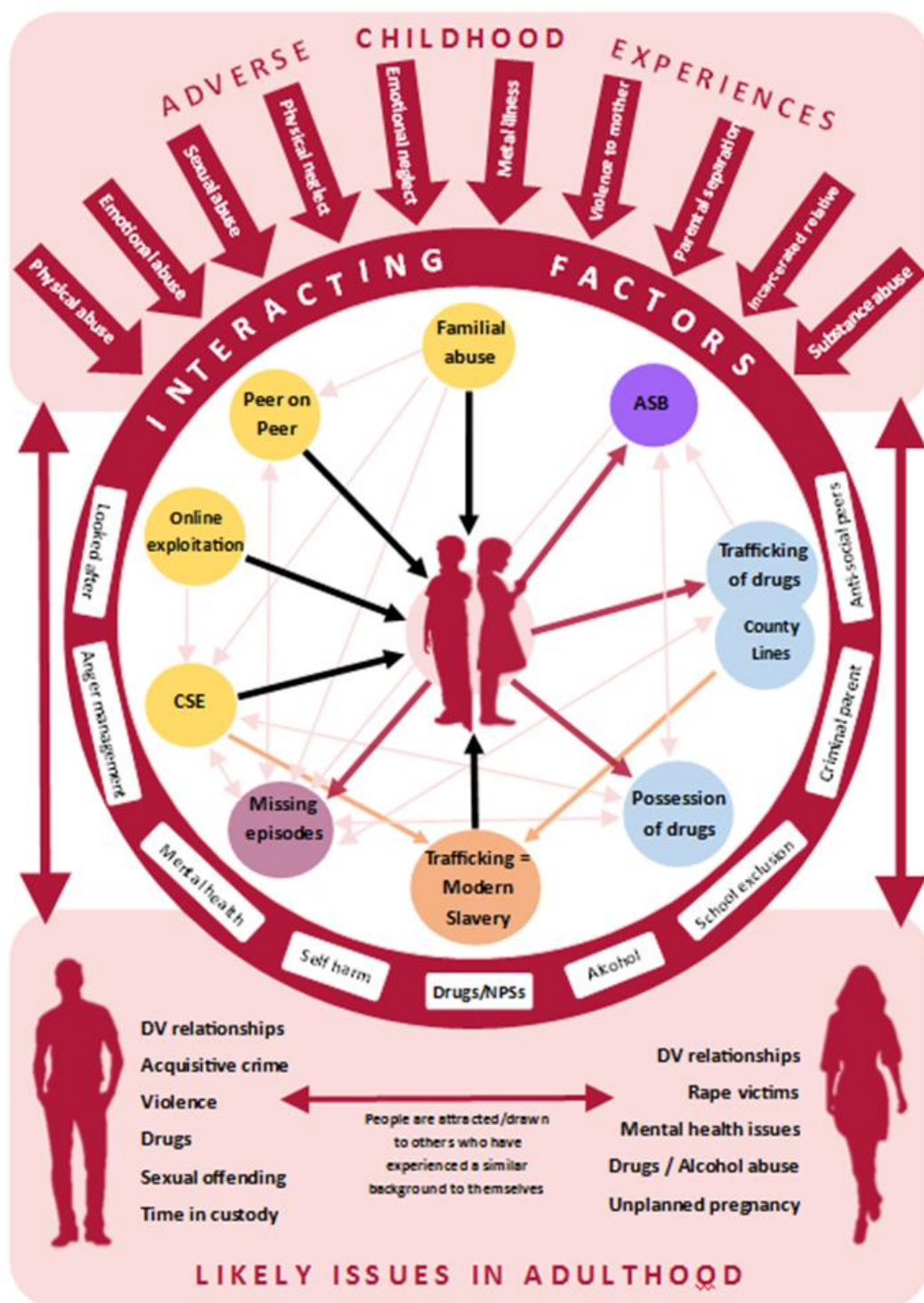
<sup>6</sup> Recent studies include the [Welsh Adverse Childhood Experiences Study](#), Public Health Wales, 2015

<sup>7</sup> Cited in the [Rough Sleeping Strategy](#), Ministry of Housing, Communities and Local Government, 2018

Locally a review of case studies of the young people in South Devon that are linked to gang activity demonstrates that **virtually all of the young people at the core of the group are known to have experienced Adverse Childhood Experiences**, including witnessing domestic abuse, substance abuse and mental health problems, and some of them have also experienced neglect and/or abuse.

Research into the reoffending of young people in Cornwall highlighted that **young people with 4 or more ACEs were more likely to reoffend** and to be charged with a higher number of reoffences, with the “toxic trio” of domestic abuse, parental substance use and mental health problems having the greatest impact.

Putting **more resources into early intervention and prevention** now will have long term economic benefits that will be felt across all partners, but particularly health, social care and police.





## Measuring reoffending

Adults and young people that commit crime are amongst **the most socially excluded in society** and often have **complex and deep-rooted health and social problems**, such as dependency on drugs and/or alcohol, mental health issues, homelessness, and debt and financial problems. Reducing reoffending is **fundamental to reducing crime and** has been a statutory responsibility of community safety partnerships since April 2010.

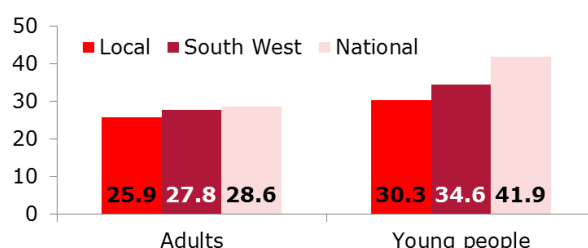
Tackling these issues in a **holistic and co-ordinated way** provides “pathways out of offending” and helps to break the inter-generational cycle of offending and prevent family breakdown. This rationale underpinned the development of **Integrated Offender Management (IOM**, called Turnaround locally) which operates across the Peninsula as a multi-agency ‘one stop shop’ for managing frequent repeat offenders.

Previously focused on prolific acquisitive offenders, particularly drug users, Turnaround are undergoing some changes to support a **similar approach with domestic abuse offenders**, and have recently delivered a pilot in Exeter.

Trends in re-offending are measured by the frequency of re-offending and the proportion of offenders who re-offend, based on quarterly cohorts tracked over 12 months. There is always a reporting delay due to 6 months being added to the one year follow up period to allow offences to receive an outcome e.g. court sentencing.

The most recent cohort offended in the period 1 October 2015 to 30 September 2016. In this period in Devon and Cornwall **11,083 adult and young offenders** were cautioned, received a non-custodial conviction at court or released from custody, **2,901 of these offenders (26%)** committed a re-offence within a year.

- Reoffending rates for both adults and young people are **below the south west and national** rates;
- **Reoffending rates** for both adults and young people have been **gradually falling** over the last 5 years but the average number of **reoffences has increased**;
- **Young people are more likely to reoffend** than adults but they make up only a **tiny minority** of the reoffender cohort (7%). The **size of the cohort has fallen dramatically** from a peak of 1,821 in 2011 to the current level of 801.



| Reoffending                              | Oct-11 to Sep-12 | Oct-12 to Sep-13 | Oct-13 to Sep-14 | Oct-14 to Sep-15 | Oct-15 to Sep-16 | Trend |
|--|------------------|------------------|------------------|------------------|------------------|-------|
| <b>Adults</b>                            |                  |                  |                  |                  |                  |       |
| Proportion of offenders who reoffend (%) | 27.2             | 27               | 26.5             | 26.1             | 25.9             |       |
| Average no. of reoffences per offender   | 3.1              | 3.2              | 3.5              | 3.4              | 3.6              |       |
| <b>Young people</b>                      |                  |                  |                  |                  |                  |       |
| Proportion of offenders who reoffend (%) | 33.6             | 35.6             | 33.8             | 33.4             | 30.3             |       |
| Average no. of reoffences per offender   | 2.5              | 2.8              | 2.7              | 3.0              | 3.7              |       |

# Drug and Alcohol-related harms

## Drug trafficking, including County Lines

| Assessed risks |                     |                | Key issues   |
|----------------|---------------------|----------------|--|
| Risk to public | Risk to Partnership | Knowledge Gaps |  |
| High           | Significant         | Major          | County Lines/Dangerous Drugs Networks Occur weekly, low volume, increasing ▲ |
| Significant    | Moderate            | Significant    | Drug Trafficking Offences – 896 crimes ▲ +37%                                |

|                     |   |
|---------------------|---|
| Risk to Public      | <ul style="list-style-type: none"> <li><b>Victims - Substantial physical harm</b> with associated violence including physical and sexual violence, homicide, suicide, abduction, sexual and other exploitation of children and problem drug and alcohol use; severe psychological harm due to <b>control and coercion of vulnerable targets</b> – cuckooing, threats of violence/blackmail and exploitation of victims and family members; <b>severe financial impact</b> – loss of home/income for individuals targeted by cuckooing, particularly if they themselves are prosecuted;</li> <li><b>Heightened concern in communities</b> where activity is visible; potential impacts on fear of crime and quality of life of local residents; crack houses; organised crime group (OCG) activity - <b>multi-agency response required</b> to disrupt; increased risk to local vulnerable young people and adults who may be recruited/blackmailed into engaging in criminal activity;</li> <li>Expectation of a <b>joined up regional/national disruption activity</b> to act upon situation requiring co-ordination across multiple agencies; lack of knowledge in community about vulnerability and exploitation and links with cuckooing and drug/people trafficking;</li> <li><b>Increase in OCG activity</b>, particularly gangs from North West England; increases in gang violence and conflicts between home and outside OCGs.</li> </ul> |
|                     | <ul style="list-style-type: none"> <li><b>National focus</b> on organised crime groups, increased violent crime associated with gangs drives up level of fear amongst public – higher priority than treatment/prevention of drug use; priority for Home Office and local partnerships.</li> <li><b>Economic cost</b> to deal with threat is <b>very high and felt across many services</b>, particularly considering geographical dimensions of response (at least national, can be international); <b>complex and dynamic cases</b> involving networks of people;</li> <li><b>Capability</b> - lack of consistency in definitions and methods to identify gang related risks, vulnerability and exploitation; <b>workforce development is needed</b> to understand and reduce risk (but lacking agreed approach or resources to deliver);</li> <li><b>Capacity</b> – there are resources available but responding to people with complex and multiple needs is done in silos, <b>lacks co-ordination and a system approach</b>.</li> </ul>   |
| Risk to Partnership |   |
| Risk mitigation     | <ul style="list-style-type: none"> <li><b>Proactive police teams</b> have an excellent understanding of the different networks, locations and people involved in drugs markets in their area; <b>multi-agency arrangements established</b> to manage and respond to child sexual exploitation cases now recognise and respond to wider exploitation in all areas but Torbay.</li> </ul>   |

## Knowledge gaps

- **Intelligence picture is patchy**; covert culture around new risks and information is not readily shared;
- **Unknown elements** around sexual exploitation, risk of disappearance, suicides linked to drug trafficking, youth gang culture and links to exploitation and how this maps out across Peninsula. We need a better understanding of the **local drugs markets**.

## Focus on Most Serious Violence

**Most serious violence** has **increased by 20%** over the last year, although it remains a low volume crime. National rises in most serious violence have been linked to **organised crime groups and gangs**, with problems strongly concentrated in metropolitan areas.

Various types of violence were reviewed using the MoRiLE methodology and assessed as **moderate level threats**. The rise in serious violence, whilst a concern should be viewed in the context that it is a very low volume crime – there were 752 crimes in 2017/18, making up only 1% of all recorded crime.

With the exception of Torbay, where there was no notable change, a **similar rise was noted across the peninsula CSPs**.

A review of the crimes in this category highlighted that:

- Most serious violence impacts **predominantly on male victims** (3 in every 4 crimes) aged between **18 to 36 years old**;
- **Female** victims are much more likely to experience most serious violence in a **domestic context** (50%) than males (11%);
- Around a third of offences appear to have been **aggravated by alcohol**, and three-quarters of offences occur between 6pm and 6am, so it is likely that the **Night Time Economy plays a role**

There have been concerns that the **increase in County Lines** in the Peninsula has contributed to a rise in most serious violence. This is difficult to quantify, but a recent review of offences found that a **significant proportion of violence is connected to drugs** - approximately 13% of Grievous Bodily Harm and wounding offences, 28% of murders and 23% of attempted murders (but the volumes are much smaller). Around a quarter of the offences involve **multiple suspects/offenders**.

Identifiable 'youth gang' violence does not appear to have contributed to the rise in recorded offences of most serious violence, with very **low proportions of offences involving suspects/offenders under the age of 18**.

Partners working in the areas most affected by gang issues, in South Devon, are concerned that **assaults are not being reported to the police**, including a couple of cases that have resulted in serious injuries, so the figures therefore underestimate the impact of the problem.

## The good stuff

### Multi-Agency Working Group on County Lines

**Area:** Devon and Torbay

- The Devon and Torbay Multi-Agency Working Group for County Lines has met regularly for over 6 months with Terms of Reference and **governance and structure agreed**;
- The aim of the working group is to develop and support the strategic objectives and the partnership approach to **Prevent, Prepare and Protect**;
- County Lines is a **relatively new threat** and so the partnership is still developing appropriate responses from a multi-agency perspective;
- To support this, partners are being urged to **submit more intelligence**, using a newly designed form and process.

### Ending Gang Violence and Exploitation Project

**Area:** Plymouth

- The Gang Violence and Exploitation delivery group is chaired by the Chief Executive of the **drug and alcohol service, Harbour**, who has previous experience of tackling violence and gangs;
- The group aims to **support and provide advice to young people** experiencing problems with drugs and alcohol. This includes those using and at risk of using drugs and alcohol, and the use of their family members and peers;
- The approach is **Adverse Childhood Experiences and Trauma Informed**, providing awareness raising activities and holistic support to prevent and reduce drug use and drug related harm, including drug related violence and exploitation.

## Problem drinking

| Assessed risks |                     |                |  |
|----------------|---------------------|----------------|--|
| Risk to public | Risk to Partnership | Knowledge Gaps | Key issues   |
| High           | Significant         | Minor          | Dependent drinkers estimate , PHE 2017 18,700 people                             |
| Moderate       | Significant         | Minor          | Alcohol-related hospital admissions (broad estimate, PHE 2016/17) – 38,000 ▲ +3% |
| Moderate       | Moderate            | Moderate       | Alcohol-related crime – 12,613 ▲ +14%  |

|                |  |
|----------------|--|
| Risk to Public | <ul style="list-style-type: none"> <li>• <b>Victim/subject - Acute and chronic health impacts</b> linked to problem drinking, frequent/sustained demands on hospitals and other health services; often part of a picture of <b>wider complex needs</b>, including poor mental health, homelessness, poverty, criminal and anti-social behaviour; just over a third of alcohol-related crime is <b>violence with injury</b>; alcohol can increase vulnerability or be used as a “pull factor” in exploitation;</li> <li>• <b>Community</b> - visible disorder related to <b>street drinking</b>, alcohol-related anti-social behaviour and violence, <b>affects residents' behaviour and satisfaction</b> with their area as a place to live; physical and economic impacts on local businesses.</li> <li>• <b>High frequency, volume and adverse trends</b> in problem drinking and</li> </ul> |
|                |  |

|                            |   |
|----------------------------|---|
| <b>Risk to Partnership</b> | <p>hospital admissions in all areas except Devon; historically <b>alcohol-related crime</b> has reduced year on year but has increased in recent years due to recording improvements.</p>   |
|                            | <ul style="list-style-type: none"> <li>• <b>National/regional/local priority</b> to tackle effectively;</li> <li>• <b>Costs to respond are high</b> - extending to crime and anti-social behaviour, health and care, families, lost income due to unemployment, lost productivity, absenteeism and accidents, costs of illness, disability and early death;</li> <li>• <b>Capacity</b> for prevention/identification and response is <b>limited</b> – <b>knowledge in specialist services but not in the wider system</b> which means issues are not being picked up and intervention offered at an early enough stage; people with <b>complex and multiple needs</b> place demands on resources across the system;</li> <li>• <b>Capability</b> – wider <b>training needed in alcohol screening and brief interventions</b>, gaps highlighted in social care, housing and criminal justice; people with <b>multiple complex issues</b> can be viewed as too challenging, requires a <b>change of culture</b> and <b>better co-ordination</b> of services.</li> </ul> |
|                            | <ul style="list-style-type: none"> <li>• Established and <b>effective local community treatment services</b> (although funding is reducing across all CSP areas); <b>outreach services</b> are in place to reach those hardest to engage; good quality <b>IBA training</b> is available; knowledge building about <b>trauma informed approaches</b>, most established in Plymouth; well established and <b>effective Evening and Night Time Economy (ENTE) responses</b>.</li> </ul>  |
| <b>Risk mitigation</b>     | <ul style="list-style-type: none"> <li>• Dependent <b>drinkers not engaged</b> with services (older drinkers, 'silent' drinkers, hidden harm); nature and extent of <b>drinking in the home</b>; <b>young people's drinking</b>, including pre-loading;</li> </ul>  |
| <b>Knowledge gaps</b>      | <ul style="list-style-type: none"> <li>• <b>Police data</b> on alcohol-related crime is limited by how well the alcohol flag is applied, believed to be in around 80% of cases; <b>ambulance data</b> on alcohol-related call outs is no longer shared.</li> </ul>  |

## The good stuff

### Blue Light Project

**Area:** Cornwall and Devon

- Local delivery of Alcohol Concern's national initiative to develop alternative approaches and care pathways for people who are **dependent drinkers and resistant to treatment**;
- Using a "train the trainer" approach, it involves **building skills** across all community safety partners to **motivate and engage** the most vulnerable and resistant into housing and treatment;
- In Cornwall this is **supporting a multi-agency assertive outreach projects** in the hospital and the community.

### Purple Flag

**Area:** Torbay

- Torbay has successfully retained its Purple Flag status for the 8<sup>th</sup> year running, and is the **only area in Devon and Cornwall** to hold this prestigious award;
- Purple flag is an accreditation that is awarded by the Association of Town Centre Management and **represents a "gold standard"**;
- By focusing on key areas, this ensures a **safe vibrant attractive ENTE** and demonstrates the excellent partnership working in this area within Torbay. The award highlights that Torquay is a safe place to have a night out.

## Hospital Outreach Team (HOT)

**Area:** Cornwall

- Review of the most frequent Emergency Department attendees found that the majority were **dependent alcohol and/or drug users** with **highly complex** needs;
- A **rapid response team** has been set up, delivered by the Third Sector Community Services provider **operating within the hospital** alongside hospital staff;
- HOT uses an **assertive engagement approach** to work with the most frequent attenders (50 people to date) to help meet their needs and reduce admissions, re-admissions, length of stay and ambulance call-outs;
- This is a **Social Impact Bond** project, the only one of its kind in the UK, bringing **innovation and additional funding** to Cornwall.

## Health as a Licensing Objective (HaLO) – small area tool

**Area:** Cornwall

- Cornwall's Community Safety Intelligence Team (Amethyst) and the Cornwall and Isles of Scilly DAAT have achieved **national recognition** for an innovative small-area tool that they developed as part of the national HaLO pilot (PHE's Health as a Licensing Objective), supporting **greater health involvement in licensing** decisions;
- Making best use of readily available data (crime, ARID, alcohol treatment and hospital admissions) the HaLO tool **flags the potential risk posed by alcohol** for any given postcode area in Cornwall;
- The output presents **5 Key Indicators**, supported by an array of additional health data;
- The data has been successfully used in a number of **licensing hearings**, to support a review of **Cumulative Impact Zones** and in local **area profiles**.

## Problem drug use

| Assessed risks |                     |                |   |
|----------------|---------------------|----------------|---|
| Risk to public | Risk to Partnership | Knowledge Gaps | Key issues  |
| High           | Significant         | Significant    | Opiate/Crack Users (PHE, latest 2015)<br>7,141 opiate/crack users ► +2% |
| High           | Moderate            | Minor          | Drug-Misuse Deaths (ONS, 2015-17)<br>223 ▲ +16% compared with 2013-15   |
| Minor          | Minor               | Significant    | Drugs Possession Offences – 2,858 ► +2%                                 |

|                |   |
|----------------|---|
| Risk to Public | <ul style="list-style-type: none"> <li>• <b>Victims - Acute and chronic health impacts</b> linked to problem drug use, frequent/sustained demands on hospitals and other health services, including blood borne viruses (BBV) and infections; increasingly part of a picture of wider <b>complex needs</b>, including poor mental health, criminal or anti-social behaviour, poverty and homelessness; lasting impacts on <b>affected others</b>, particularly children (one of the ACEs); potential for <b>loss of life</b> through overdose/suicide; <b>increasing harm profile</b>, particularly around street injecting, due to escalation in crack use.</li> </ul> |
|                | <ul style="list-style-type: none"> <li>• <b>Community</b> – increased <b>concern in communities</b> where drug use is visible, including outward signs such as drug related litter; impacts on <b>fear</b></li> </ul>   |



|                                   |  |
|-----------------------------------|--|
|                                   | <p><b>of crime and quality of life; Public Health risks</b> of BBV and treatment resistant infections;</p> <ul style="list-style-type: none"> <li>• PHE prevalence estimates indicate <b>7,141 opiate/crack users</b> in the Peninsula; increased prevalence in Cornwall but not in other areas, stable overall; Drug-related <b>deaths have increased locally and nationally</b>; deaths in 2016 were highest since records began;</li> <li>• Drugs are becoming <b>a more visible problem</b> in Devon and Cornwall, both through County Lines activity and use of drugs such as Spice in public places. Drug use may be a factor in concurrent <b>rise in acquisitive crime</b> such as vehicle offences and shoplifting.</li> </ul>  |
| <p><b>Risk to Partnership</b></p> | <ul style="list-style-type: none"> <li>• <b>National strategy</b> exists but less political push than for alcohol, priority for NHS and Home Office; scrutiny of treatment system effectiveness by Public Health England;</li> <li>• <b>Costs to respond are high</b> across the system (housing, social care, health, crime and ASB); costs of crime estimate £26k per heroin/crack user not in treatment; specialist services are costly but good social return on investment for every £1 spent;</li> <li>• <b>Capacity</b> - lack of funding for <b>preventative programmes in schools</b>; reduced capacity in <b>community treatment services</b> due to cuts in Public Health Grant (waiting lists etc.); securing <b>housing and tenancy support</b> is a massive challenge - particularly acute for criminal justice clients;</li> <li>• <b>Capability</b> - wider <b>training needed in drug screening</b> to support earlier intervention; <b>drug needs in offenders</b> are not being picked up and reflected in use of Drug Rehabilitation Requirements; drug use continues to be a <b>significant barrier to accessing mental health services</b>; emphasis on symptoms rather than cause – lack of co-ordinated approach for people with complex needs.</li> </ul> |
| <p><b>Risk mitigation</b></p>     | <ul style="list-style-type: none"> <li>• Established and <b>effective local community treatment services</b> (although funding is reducing in all areas); <b>outreach services</b> are in place to reach those hardest to engage; good quality <b>training in identification and brief advice</b> for alcohol is available; knowledge is building about <b>trauma informed approaches</b> – services are trained to ask about and respond to past life trauma and its impacts; take-home and supported housing <b>Naloxone initiatives</b> (a life-saving drug that reverses the effects of opioid overdose);</li> <li>• Robust process for investigating and <b>learning from drug-related deaths</b>; including research by Safer Devon Partnership into drug-related deaths and serious illness, with a focus on young people alongside older age groups.</li> </ul>  |
| <p><b>Knowledge gaps</b></p>      | <ul style="list-style-type: none"> <li>• Drug use in <b>young people</b>, including engagement with schools; <b>older people, prescription</b> drugs, hidden harms – impacts on <b>children and families</b>; use of the <b>Dark Web</b> to purchase drugs;</li> <li>• <b>Spice has emerged as a concern</b>, particularly in South Devon and Plymouth; <b>Fentanyl</b> is also an emerging problem; it is extremely harmful and requires specialist handling.</li> </ul>  |

### Focus on young people

Getting a better understanding of the **drinking and drug using behaviour of young people** has been flagged as a knowledge gap, which is critical to the delivery of **prevention activity** – not only preventing young people from developing issues with **dependency**, but also protecting them from the **risks of exploitation and abuse** that they may be exposed to through problematic use of drugs and alcohol.

A national poll commissioned for the Children's Inquiry<sup>8</sup> reveals that **young people perceive cannabis to be easier to purchase than alcohol**, facilitated by the rise of social media platforms and the ease of access through peer networks.

There are indicators of an increase in **cannabis-related mental health problems**, linked to the high potency genetically-modified cannabis, but that these risks may **not be identified or recorded well** by services and anecdotal reports suggest that young people are **facing barriers to accessing mental health** support.

This research suggests that young people are **increasingly being groomed by adults** (with explicit or implicit coercion present) to deal cannabis on their behalf and also selling or giving it to their peers 'socially'. There has been a rise nationally in **young people being criminalised** for offences involved in the supply of cannabis, contrary to the trend for adults.

**Cuts to young people's services** offering support and intervention, a lack of opportunities, a desire for money and social status, as well as social media easily connecting young people with dealers, have been proposed as reasons that make **young people increasingly vulnerable to becoming cannabis dealers**.

The Children's Inquiry argues that education and awareness around cannabis is not being prioritised, which is a by-product of a lack of direction from the Government. In the **absence of good quality drugs education in schools**, parents and guardians are not adequately equipped to educate their children on cannabis.

## The good stuff

### Complex Needs Project

**Area:** Plymouth

- In 2015 the Complex Needs Project was established with **all commissioners and providers of services** for drug and alcohol use, homelessness, offending, mental health and domestic abuse;
- Senior decision makers **meet regularly to make 'best for user' decisions**. These include system changes such as shared assessments and consent forms, data sharing agreements, co-location, integration opportunities for integration and delivering efficiencies;
- The **Creative Solutions Forum is the operational group** that focuses on modelling a culture that delivers **bespoke and creative approaches** to the most complex people.

### Vulnerability and Complex Needs (VCN) Team

**Area:** Torbay

- The VCN team in Torbay Council specialises in clients with complex needs and sit within a wider **multi-disciplinary team** that includes ASB investigators, Town Centre Wardens, Domestic Abuse Co-ordinator, Substance Misuse Link Worker, Resettlement Workers and a Rough Sleeper Co-ordinator;
- The team consists of **two mental health nurses and a social worker**, who conduct assessments, liaise with partners, produce multi-agency plans and broker access into the appropriate support services;
- **Partnership working is** an integral part of the approach and a day-to-day feature of their role.

<sup>8</sup> The Children's Inquiry "[How effectively are the UK's cannabis policies safeguarding young people?](#)" McCulloch, Matharu and North (Volteface, September 2018).



## Promoting resilience through PSHE and RSE

**Area:** Devon

In recognition of **building personal resilience as a protective factor** in prevention approaches, the Safer Devon Partnership Board has funded the development and delivery of a 'whole-school' approach to Personal, Social, Health and Economic (PSHE) and Relationships and Sex Education (RSE).

Phase one is for **secondary schools** and Phase two for care settings across Devon.

- This initiative will contribute to the development of **confident and skilled professionals** in effectively delivering PSHE and RSE to promote the resilience of young people in everything they do;
- **Staff and Governors** in Devon secondary schools have been invited to attend the **dedicated training sessions**, which have been **developed jointly** by specialist service providers and partners with schools;
- The sessions cover healthy relationships, drugs and alcohol, exploitation, the law and safe choices and how to have difficult conversations with young people;
- The training sessions will run from November 2018 to March 2019.

## YZUP Schools Programme and Mind and Body Programme

**Area:** Cornwall

YZUP is the commissioned young people's drug and alcohol service, delivered by Addaction.

- Since its start in 2014, the Schools Programme has delivered **evidence based interventions to over 23,000 young people**, providing modules from year 7 through to post-16 education, as well as **staff training and interactive workshops** for youth centres and Supported Housing projects;
- The programme has **raised awareness** about the young people's substance misuse pathway, supporting **earlier intervention** through sharing specialist knowledge with teaching and pastoral support and **increased referrals** into treatment. Since the scheme has been in place there has been a **60% increase in the number of self-referrals** from pupils and schools;
- In 2016/17 YZUP obtained funding from Health Education England to run a pilot of **Addaction's Mind and Body Programme**, a school-based intervention for 14-17 year olds involved in self-harm behaviours. During the pilot, 350 students completed the programme with **91% reducing or stopping self-harming** and schools reported better attainment and attendance;
- During this time the programme has won the Royal Society of Public Health Award and the National Positive Practice in Mental Health Award. Mind and Body is **now commissioned as a community programme** by the Kernow Clinical Commissioning Group.

# Domestic Abuse and Sexual Violence

## Domestic abuse

| Assessed risks   |                     |                    |  |
|------------------|---------------------|--------------------|--|
| Risk to public   | Risk to Partnership | Knowledge Gaps     | Key issues   |
| <b>Very high</b> | <b>Moderate</b>     | <b>Minor</b>       | Domestic Homicides 31 since 2011<br>Cornwall – 9; Devon – 12; Torbay – 5; Plymouth – 5 |
| <b>High</b>      | <b>Significant</b>  | <b>Significant</b> | Domestic Abuse (crimes and non-crimes)<br>29,435 incidents ▲+10%                       |

|                            |  |
|----------------------------|--|
| <b>Risk to Public</b>      | <ul style="list-style-type: none"> <li><b>Victim/subject – short and long term physical and psychological impacts</b> requiring medical assistance and potential for hospitalisation; risk of self-harm and suicide; potential for <b>loss of life</b> – domestic homicide (worse-case scenario); <b>developmental impact on children</b> (ACEs);</li> <li><b>Community/public expectation</b> – harm is <b>more hidden</b>; people in the community, other than the victim and family, are less aware;</li> <li>Domestic abuse is <b>high frequency, high volume; adverse trends</b> although improved recording is a factor.</li> </ul>  |
|                            | <ul style="list-style-type: none"> <li><b>Costs to respond</b> are felt in all agencies - direct costs (police, health, social care) and indirect costs (mental and physical health impacts in later life); long term demands; <b>DHRs are resource intensive</b> to co-ordinate and secure multi-agency participation.</li> <li><b>Capacity</b> – in all areas except Torbay, <b>specialist services are working above capacity</b> (waiting lists etc.), Cornwall specifically highlights a <b>shortage of mental health workers</b> (acute services) and waiting lists for specialist therapy and counselling; widespread capacity <b>pressures for agencies who participate in DHRs</b>, limited resources to progress recommendations. Neither Plymouth nor Torbay has a <b>community perpetrators programme</b>;</li> <li><b>Capability</b> - Reliance on disclosure rather than <b>routine enquiry</b> - <b>more training required</b> in early identification and intervention for non-specialist services (GPs, primary care, social care); <b>criminal justice outcomes persistently low</b> and not improving.</li> </ul> |
|                            | <ul style="list-style-type: none"> <li>All areas have <b>specialist services in place</b> to work with victims (with caveats about capacity) and staff have well developed and comprehensive knowledge; Healthy Relationships and Operation Encompass in all schools; <b>White Ribbon</b> (Cornwall and Torbay); specialist police resources in place (SODAITs) but some concerns about capacity; police officers are getting better at completing DASH and ViST risk assessments and these are a good source of raw intelligence; <b>Plymouth SODAIT</b> has ISVA and IDVA commissioned services working within the team; <b>3 specialist Lawyers</b> are working with police to provide an enhanced service to DA victims in relation to Domestic Violence Protection Orders (DVPO) and Notices (DVPN), resulting in many more applications.</li> </ul>  |
|                            | <ul style="list-style-type: none"> <li><b>Under-reporting</b> identified as a major limiting factor;</li> <li><b>Adult safeguarding</b> cases not identified/recorded as DA; additional knowledge and skills required to support individuals with a <b>learning disability</b> and to recognise vulnerability to exploitation;</li> <li><b>Hard to reach</b> victims, <b>rural</b> and small communities, <b>Female Genital Mutilation and Honour Based Abuse</b> may be missed due to cultural/ language barriers; coercive control; <b>harassment online</b> through social media, emails and text messages etc.</li> </ul>  |
| <b>Risk to Partnership</b> |  |
| <b>Risk mitigation</b>     |  |
| <b>Knowledge gaps</b>      |  |

## The good stuff

### Integrated Offender Management pilot: Behaviour Change IDVA

**Area:** Devon

- Started in May 2017, this pilot uses the multi-agency IOM framework to provide **a whole family response to domestic abuse** for those convicted and for non-statutory cases without convictions where there is significant incidence of DA;
- Safer Devon Partnership has **funded two behavioural change IDVAs to support perpetrators** who have not been convicted and the OPCC is funding a two-year pilot evaluation;
- One of the Behaviour Change IDVAs is **working within Exeter IOM** with non-statutory perpetrators to change their behaviour;
- The other Behaviour Change Lead has been funded to **support the new Together Drugs and Alcohol Service** to identify and challenge the behaviour of perpetrators who misuse substances.

### Improving Referrals to increase Safety, IRIS

**Area:** Devon and Torbay

- The NHS spends **more time dealing with the impact of violence** against women and children than almost any other agency and is often the **first point of contact** for women who have experienced violence;
- **Health services should play a vital role** in responding to and preventing further DVA by intervening early, providing treatment and information and referrals to specialist services;
- In Devon and Torbay, IRIS has been commissioned to work with GPs to **embed clinical enquiry in 50 GP practices** across Devon and Torbay. This is funded from Home Office, Violence Against Women and Girls funding to March 2020. Devon is **trialling the addition of a sexual violence and abuse component** to IRIS.

### Are You OK? campaign

**Area:** Torbay

- The "Are You OK?" campaign links into the **Reducing The Risk Domestic Abuse (DA) Champion network**, and offers professionals from third sector, community and partners to become DA Champions;
- By having DA Champions in many agencies, the aim is to dramatically **improve channels of help, advice and support to victims**, and ensure professionals have an improved **common understanding** of the issues and have the ability to **co-ordinate their efforts** more efficiently.

### Upskilling the Workforce

**Area:** Torbay

- A **new DASV Co-ordinator role** has been introduced to support and facilitate robust partnership working in this area;
- Safer Communities Torbay (SCT) delivered **Stalking and Harassment training** across the partnership, with two elements - Awareness Raising, and a more intensive 2 day course for those directly managing relevant cases;
- SCT also supported extra capacity to deliver CRUSH in schools. CRUSH is an **awareness raising and support programme** for 13-19 year olds to help them make safe and healthy relationships.

## Rape and sexual assault

| Assessed risks |                     |                | Key issues   |
|----------------|---------------------|----------------|--|
| Risk to public | Risk to Partnership | Knowledge Gaps |  |
| High           | Moderate            | Significant    | Rape – 1,600 offences ▲+25%<br>Serious Sexual Assault – 1,974 offences ▲+33% |
| Minor          | Minor               | Moderate       | Other sexual offences – 915 offences ▲+45%                                   |

|                     |   |
|---------------------|---|
| Risk to Public      | <ul style="list-style-type: none"> <li><b>Victim – short and long term physical impacts</b> requiring medical assistance and potential for hospitalisation; <b>long term psychological impacts</b> requiring specialist intervention, risk of <b>self-harm and suicide</b>; risk of exposure to <b>sexually transmitted infections</b> and blood borne viruses;</li> <li><b>Community/public expectation</b> – There is a <b>high expectation</b> from the victim, family and community to bring offenders to justice, but we know that <b>conviction rates for rape very low</b>, far lower than other crimes with only 5.7% of reported rape cases ending in a conviction for the perpetrator;</li> <li><b>Sexual violence</b> is <b>high in frequency</b> but low in volume; <b>adverse trends</b> across all severities of offence.</li> </ul>  |
|                     | <ul style="list-style-type: none"> <li><b>Costs affect multiple agencies</b>, can be long term, but may be hidden; direct costs to respond (police and health) and indirect costs (mental/physical health impacts in later life). Past life trauma is a <b>common feature in more complex cases</b> requiring support; (offenders, dependent drug/alcohol users).</li> <li><b>Capacity</b> – lack of capacity for co-ordinated and proactive preventative work; cases where <b>complex needs</b> exist, such as homelessness and poor mental health, may go unresolved due to being <b>too resource intensive</b> for individual agencies; collective, assertive responses under-utilised; Very little to address <b>perpetrator/potential perpetrator</b> behaviour.</li> <li><b>Capability</b> – reliance on disclosure rather than <b>routine enquiry</b>, lack of understanding of risk factors and vulnerability; lack of skills to identify and engage <b>hard to reach victims</b>.</li> </ul> |
|                     | <ul style="list-style-type: none"> <li><b>Specialist services</b> are in place to work with victims and staff have well developed and comprehensive knowledge; <b>Healthy Relationships</b> in schools; <b>specialist police teams</b> (SODAITs) but some capacity concerns; <b>Plymouth and Torbay SODAITs</b> have ISVA and IDVA commissioned services working within the team.</li> </ul>  |
|                     | <ul style="list-style-type: none"> <li><b>Under-reporting</b> is a major limiting factor, with a range of groups highlighted including people with dual diagnosis, adults at risk, rough sleepers, sex workers, BAME communities (cultural barriers), <b>transient populations</b> (tourists, students etc.) and older people;</li> <li>Additional knowledge and skills are needed to support <b>individuals with a learning disability</b> and to recognise risk and vulnerability to exploitation;</li> <li><b>Online dating apps</b>; rape being used as a method of control in <b>drug trafficking/exploitation</b>;</li> <li>Significant gaps around <b>perpetrator response</b> – small evidence base to draw on and a lack of community models. We need to know more about offender behaviour, young people's attitudes and expectations to improve our prevention response.</li> </ul>  |
| Risk to Partnership |   |
| Risk mitigation     |   |
| Knowledge gaps      |   |

## The good stuff

### Routine Enquiry for Adverse Childhood Experiences (ACEs)

**Area:** Cornwall

- Internationally ACEs are recognised as a major cause of non-communicable disease. This project aims to **raise awareness amongst professionals and the public** about the long term outcomes of childhood adversity and trauma;
- This will be achieved by establishing and supporting **organisational practice and culture change** by embedding Routine Enquiry about Adversity in Childhood within every appropriate assessment across domestic abuse, mental health (adult and CAMHS) and alcohol and drug services;
- The model has five key elements:
  - **Readiness** Checklist and organisational buy-in
  - **Change Management** – systems and processes to support enquiry
  - **Training Staff** – hearts and minds and how to ask and respond appropriately
  - **Follow up support** and staff supervision
  - **Evaluation** and research

### Wellbeing Hubs

**Area:** Plymouth

- The vision is '*a network of integrated resources working together to enable and support people in the local community to live independently and make life choices that will improve their health and wellbeing*'.
- **Integrated resources** will include the following services provided by community members, volunteers, staff across public, private, and community / voluntary sectors:
  - Housing, benefits, debt, health and social care advice and advocacy
  - Healthy Lifestyles, health and wellbeing promotion
  - Counselling, befriending and other mental health support
  - Long-term conditions self-management education
  - Employment, education, training, volunteering, learning and digital inclusion
  - Social, arts, crafts and peer support
- The first of these, the [Jan Cutting Healthy Living Centre](#), was launched in March 2018 with further centres being added across the city until March 2020.

### "Ask for Angela" campaign

**Area:** Plymouth and Torbay

- In Plymouth, Devon and Cornwall Police, Best Bar None, L&D Training and the University of Plymouth Students' Union are working together to launch the '**Ask for Angela**' campaign to help people to stay safe while dating in pubs and clubs. The scheme has been rolled out in **15 bars, clubs and pubs** across the city.
- In Torbay the campaign has been promoted by the Best Bar None group, which includes Police and the Local Authority, and is **active in 23 premises**. It is also being promoted with local hotels and restaurants.



## Child Sexual Abuse and Exploitation

| Assessed risks |                     |                |   |
|----------------|---------------------|----------------|---|
| Risk to public | Risk to Partnership | Knowledge Gaps | Key issues  |
| Very High      | Significant         | Major          | Child Sexual Abuse and Exploitation<br>1,676 offences ▲ +43%            |
| Very High      | Significant         | Major          | Online Grooming<br>Occurs weekly, low volume, increasing ▲              |
| Very High      | Significant         | Major          | Indecent Images on-line<br>Occurs weekly, moderate volume, increasing ▲ |

Note that this figure includes only offences where the victim under 18 at the time of reporting

|                     |  |
|---------------------|--|
| Risk to Public      | <ul style="list-style-type: none"> <li><b>Victim/subject – short and long term physical impacts</b> requiring medical assistance, potential for hospitalisation; <b>long term psychological impacts</b> requiring specialist intervention, risk of <b>self-harm and suicide</b>; risk of exposure to blood borne viruses and <b>sexually transmitted infections</b>; <b>developmental impact on children</b> (ACEs) impacting upon future life outcomes;</li> <li><b>High community/public expectation</b> placed on services to respond effectively to protect children from abuse and exploitation;</li> <li><b>Sexual violence is high in frequency</b> but low in volume; <b>adverse trends</b> across all severities of offence.</li> </ul>   |
|                     | <ul style="list-style-type: none"> <li>Failure to respond effectively to prevent CSE and failure carries <b>huge reputational risk</b> (Rochdale, Rotherham etc.); national profile through the Truth Project and national inquiry;</li> <li><b>Costs affect multiple agencies</b>, can be long term, but may be hidden; direct costs to respond (police and health) and indirect costs (mental/physical health impacts in later life). Past life trauma is a <b>common feature in more complex cases</b> requiring support; (offenders, dependent drug/alcohol users).</li> <li><b>Capacity</b> - lack of capacity for co-ordinated and proactive <b>preventative work</b>; challenges around <b>timely access to other services</b> (especially <b>mental health</b>); <b>disruption</b> for CSA/CSE not mainstreamed activity; Cornwall highlight an ongoing gap in <b>paediatric forensic provision</b> (capacity and skills) for sexual abuse clinics; <b>boom in online offences</b> over the last few years has put significant pressure on police capacity;</li> <li><b>Capability</b> – some professionals say that the drive to improve identification and response to CSE has resulted in a <b>lack of action for CSA</b>; reliance on disclosure rather than <b>routine enquiry</b>, with particular gaps flagged up for social care (adults and children); lack of <b>understanding of risk factors</b> and vulnerability; victimisation may not become apparent until <b>identified in later life</b> (ACEs).</li> </ul> |
| Risk to Partnership |  |
| Risk mitigation     | <ul style="list-style-type: none"> <li><b>Specialist services</b> are in place to work with victims (Sexual Assault Referral Centres, support and therapy) and staff have well developed and comprehensive knowledge; <b>Healthy Relationships</b> in schools; <b>specialist police teams</b> (SODAITs) but some capacity concerns.</li> </ul>   |
| Knowledge gaps      | <ul style="list-style-type: none"> <li><b>Under-reporting</b> identified as a major limiting factor, particularly from 'seldom heard groups' such as children with disabilities.</li> <li><b>Reporting weakness</b> (lack of detail, poor use of CSE and Cyber flags) in police data, lack of data contributions from other agencies.</li> <li><b>Online/cyber offences</b> are less visible and not well understood with systems and platforms evolving rapidly.</li> </ul>   |

## The good stuff

### Targeted CSE Awareness Training

**Area:** Torbay and South Devon

- Targeted CSE training has been delivered to over **400 Licensed Taxi drivers in Torbay**, with the aim of raising awareness of this issue and safeguarding young people within the Bay;
- Initially offered on a voluntary basis, it will be **mandatory under a new policy** to be published at the end of the year. The training is delivered by local children's charity **Checkpoint**;
- Torbay and South Devon have been working in partnership to **improve safeguarding within fairgrounds** and **reduce opportunities for exploitation** of children, young people and vulnerable adults;
- Torbay **worked with the fairground provider** to develop a safeguarding policy and fairground staff attended safeguarding training;
- The two CSPs are now working to **build on this good practice** and develop resources to promote safeguarding across all events.

### Exploitation Strategy and Adolescent Risk Pathway

**Area:** Devon

- The Devon Children and Families Partnership (DCFP) is working with Safer Devon Partners to develop a new strategy and pathways for **adolescents who do not fit the criteria for multi-agency child protection planning** i.e. when they are at risk of significant harm but their **parents are not culpable** - for instance serious risk associated with gangs, county lines, CSE or radicalisation;
- Partners have identified a number of key areas where there is a need to develop an **integrated strategic and operational approach**, (in a way that all agencies understand and adopt), including for:
  - Gangs/Youth Inclusion
  - CSE
  - Missing children
  - County Lines

### "I didn't know" campaign

**Area:** Cornwall

- In September 2018, Our Safeguarding Children Partnership and Safer Cornwall are starting an education campaign **aimed at the hospitality industry** called 'I didn't know.'
- An extension of an existing Police campaign, it aims to **support the hospitality industry to spot the signs** that their establishment is being used for CSE;
- Local delivery will include a leaflet drop, advice and information and multi-agency walkabouts.

# Modern Slavery

| Assessed risks |                     |                |  |
|----------------|---------------------|----------------|--|
| Risk to public | Risk to Partnership | Knowledge Gaps | Key issues   |
| High           | Moderate            | Major          | Modern Slavery, referrals to National Referral Mechanism – 57 referrals in 2017/18 |
| Very High      | Significant         | Major          | Modern Slavery – Labour Exploitation Occur weekly, very low volume, increasing ▲   |
| Very High      | Significant         | Major          | Modern Slavery – Sexual Exploitation Occur weekly, very low volume, increasing ▲   |

|                 |  |
|-----------------|--|
| Risk to Public  | <ul style="list-style-type: none"> <li><b>Victim/subject</b> – Substantial physical and psychological impacts on victims - neglect, malnourishment, verbal abuse, coercion, threats of and actual violence; victim is enslaved - complete deprivation of financial means to support themselves, loss of personal items;</li> <li><b>Little impact felt in the wider community</b>, due to lack of public awareness but concerns about more high profile cases;</li> <li>Numbers of cases uncovered remain <b>low but are rapidly increasing</b>, due to increased awareness about what to look for and proactive activity by police and partners.</li> </ul>   |
|                 | <ul style="list-style-type: none"> <li><b>Modern Slavery has a national profile</b> driven by a <b>national strategy, legislation</b> (Modern Slavery Act) and specialist resources in central government; Devon and Cornwall Police are national lead on Modern Slavery.</li> <li><b>Potentially huge costs to train workforce</b> in modern slavery awareness including the resource to undertake the training (limited by being managed through existing resources); targeted <b>operations can be complex and costly</b>; significant cost implications to feed and house victims to enable police to carry out Achieving Best Evidence (ABE) interviews.</li> </ul>   |
|                 | <ul style="list-style-type: none"> <li><b>Capability</b> - basic <b>lack of understanding of risk</b> in the workforce and the general public; victims (e.g. young people coerced into trafficking drugs, or foreign males coerced into running cannabis farms etc.) are viewed as offenders and not given the support that they need to prevent re-victimisation; modern slavery awareness is <b>not a core element of workforce development</b> and this is required to extend across the public sector, VCSE, education and the public;</li> <li><b>Capacity</b> – partners should regularly visit sites that are considered to be a Modern Slavery risk to gather intelligence; more migrant worker PCSOs would be valuable for gathering more intelligence from communities that are vulnerable to exploitation.</li> </ul> |
|                 | <ul style="list-style-type: none"> <li>Devon and Cornwall Police have the national lead for Modern Slavery but this is <b>not translating into local action consistently</b> across the Peninsula; Cornwall has an established Serious and Organised Crime Partnership and robust processes which are recognised as ahead of other areas in delivering a local response; the police are training twenty people to act as <b>tactical experts for Modern Slavery operations</b>.</li> </ul>   |
| Risk mitigation | <ul style="list-style-type: none"> <li><b>Modern slavery remains a hidden crime</b> and the true extent of where it is occurring in Devon and Cornwall is still not known. Intelligence submissions from partners to the police are poor;</li> </ul>   |
| Knowledge gaps  | <ul style="list-style-type: none"> <li>Partners report that the intelligence picture is improving but currently only “scratching the surface”; <b>intelligence gathering remains a priority</b>. Good level of confidence in the evidence base provided by the OCLP in terms of providing key locations and areas to focus on, and sharing of local</li> </ul>   |



intelligence (for example, through MIGWAG in Cornwall); with the introduction of Operation Gala we are getting better at investigating pop-up brothels;

- **Partners are actively seeking to share information** and raise awareness but the evidence is not always apparent - Torbay are unable to evidence this being a priority for them locally;
- In Cornwall there has been a focus on labour exploitation but the **knowledge of the breadth of modern slavery types is expanding**, including sex trafficking and exploitation, domestic servitude and links to domestic abuse, coercion and control, links to OCGs.

## The good stuff

### Operation Costume

**Area:** Cornwall

- In February 2018 intelligence was received about West Cornwall farm where potentially **200 migrant workers** had their passports seized and were at risk of **labour exploitation** and debt bondage;
- The multi-agency response to this information became the **largest UK Modern Slavery operation** to date;
- Logistical issues regarding accommodation, finances, language and health were identified and addressed with translators, catering and fresh clothing provided, with **14 individuals referred** through the National Referral Mechanism;
- This case is a good example of **partners working collaboratively** to achieve good outcomes, but it has also provided some important **learning to inform future large scale operations**.

### Devon and Torbay Anti-Slavery Partnership

**Area:** Devon and Torbay

- The **Devon and Torbay Anti-Slavery Partnership** was established in September 2018 and will provide strategic direction and response to modern slavery and human trafficking;
- The Partnership's Delivery Plan, based on the '4 Ps', has prioritised **awareness raising**, improvements to **guidance, policies and practice**, and improvements to **intelligence** collection and sharing;
- The Delivery Plan is closely **aligned to the operational work of the Devon and Torbay Migrant Workers Action Group**, ensuring an effective, joined-up, approach to tackling modern slavery and human trafficking;
- This partnership is linked into the newly invigorated **Peninsula Anti-Slavery Partnership**.

### Web-based Exploitation Guide

**Area:** Devon

- SDP is developing a **web-based educational guide** to inform frontline professionals about exploitation, focused on modern slavery, trafficking and links to other forms of abuse. It will be rolled out in early 2019;
- The guide provides an overview of the **key forms of exploitation**, a contextual, holistic **focus on 'exploitation' and 'vulnerability'**, recognising that these issues cannot be viewed in 'siloed' terms, and more streamlined and easy-to-understand guidance for reporting safeguarding concerns.

# Terrorism/Violent Extremism

| Assessed risks |                     |                |   |
|----------------|---------------------|----------------|---|
| Risk to public | Risk to Partnership | Knowledge Gaps | Key issues  |
| Very High      | Moderate            | Significant    | Terrorist incident<br>Occurs very rarely, single events                     |
| Moderate       | Significant         | Minor          | Referrals to Channel (Prevention)<br>Occur monthly, small volumes, stable ► |

|                |   |
|----------------|---|
| Risk to Public | <ul style="list-style-type: none"> <li><b>Victim/subject</b> – where Prevent referrals are made, there may be <b>significant psychological impacts on the individual</b>, family and friends but wider community is usually unaware;</li> <li><b>Terrorist incidents are very rare</b> but there is <b>potential for mass casualties and loss of life</b> and significant financial losses for local businesses affected; if it happened, it would be a major incident requiring co-ordinated multi-agency response in immediate, medium and long term (blue light response, post-incident support, prevention); <b>large and long lasting impacts on community</b>;</li> <li>Public expectation of <b>visible governmental counter terrorism</b> response to protect residents and safeguard against future incidents;</li> <li><b>The Peninsula is assessed as low risk</b> area but, should an incident occur, it would attract both national attention and scrutiny. Significant reputational damage if CSPs failed to identify risk and respond to prevent it. Plymouth has higher risk military sites (Devonport and Millbay Docks);</li> <li>Cornwall report that the <b>number of Prevent referrals is going up</b> as awareness increases but the number of cases referred to Channel for intervention has remained stable.</li> </ul>   |
|                | <ul style="list-style-type: none"> <li>Terrorism and Violent Extremism has an <b>international profile</b>, driven by a <b>national strategy, legislation</b> and specialist resources in central government. Statutory duty to prevent terrorism, <b>high level of inherent risk requires ongoing vigilance</b>, especially around high risk sites;</li> <li><b>Massive reputational risk</b> if our local delivery of Prevent fails and a terrorist incident occurs (worst case scenario).</li> <li><b>Costs to respond – significant public sector investment</b> in Prevent and it is now business as usual across all agencies; <b>substantial ongoing costs</b> to public and community and voluntary sector – for all agencies in terms of <b>training</b> and planning for <b>public events</b> and for specific agencies providing <b>support and interventions</b> for individuals at risk; a terrorist incident would require an intensive multi-agency operation to investigate, clean up, <b>support victims and families etc.</b></li> <li><b>Capacity – lack of dedicated capacity</b> in 'low risk' areas limits the amount partners are able to do at a local level; demand on the police to provide <b>mutual aid</b> to other areas that have experienced a major terrorist incident would <b>limit our ability to respond</b> to anything else locally; high thresholds for some services (safeguarding, mental health services) mean that <b>Prevent risks are frequently held by the identifying agency</b>;</li> <li><b>Capability</b> – movement of <b>Prevent (Dovetail)</b> to Local Authority away from police will <b>require training and an adequate IT system</b> in order to respond to requirements; training gaps were identified in Cornwall in CAMHS and children's social care, businesses and VCSE sectors; <b>better technology is needed</b> to enable more proactivity in seeking out potential threats, along with more training of officers/staff; <b>cases are getting more complicated to investigate</b> and are taking longer to resolve.</li> </ul> |

|                        |   |
|------------------------|---|
| <b>Risk mitigation</b> | <ul style="list-style-type: none"> <li>• <b>Mainstreamed resources in place</b> across all agencies; comprehensive evidence base in CTLP; vulnerabilities of minority groups are well understood by practitioners; <b>Channel process is universally viewed as effective</b>; good joint working arrangements with Emergency Management; in Devon work is underway to improve the Partnership's multi-agency approach to risk assessment and <b>three Safer Devon Partners</b> (Police, Fire and Rescue and the County Council) have recently <b>made some funding available</b> to recruit a Partnership Support Officer (on a fixed-term basis); the police are <b>using more nationally accredited intervention providers</b> to respond to increased complexity of cases.</li> <li>• A <b>range of training packages</b> are being offered in order to raise awareness including WRAP (Peninsula-wide) and 'Autism and Vulnerability' training in Devon. The training highlights how these vulnerabilities can <b>increase the risks of exploitation</b>, radicalisation and grooming.</li> </ul> |
| <b>Knowledge gaps</b>  | <ul style="list-style-type: none"> <li>• <b>On-line gaming</b> environment is dynamic and constantly evolving; threats from <b>Cornish nationalist groups</b>; access to and <b>use of smart technology</b> in increasingly younger children; threat from extreme right wing groups; lone actors; using vehicles as weapons.</li> </ul>   |

## The good stuff

### Workshop to Raise Awareness about Prevent (WRAP) Training

**Area:** Cornwall, Devon and Torbay

**Early support and intervention** through Prevent Referrals and the Channel Process is key preventing radicalisation and terrorism.

- Across Cornwall **referral rates have increased** as a consequence of greater awareness through WRAP and Counter Terrorism and Security Act 2015 training, Conferences and Lessons Learned workshops. The programme has **trained around 30,000 people** over the last 6 years with a focus on education from early years upwards;
- Torbay offer WRAP training to anyone in the **children and young people's workforce**, in addition to the specific Prevent module, and including Prevent in safeguarding children courses. Torbay also offer an **on-line learning module** for Prevent and Channel;
- The Devon and Torbay Prevent Partnership have commissioned a Workforce Development Group to **review the current training** offer to ensure it best meets local needs.

### Autism Spectrum and Vulnerability Training

**Area:** Devon

Research suggests that people with autism are more likely to be exploited and unknowingly coerced into risky behaviour.

- Autism and vulnerability training was commissioned by SDP and Devon County Council in 2017 to raise awareness of the risk factors and highlight how these **differences can contribute to increased risk** of exploitation, radicalisation and grooming;
- The training also aimed to **dispel some of the myths of autism** and provide information about **identification and referral processes**. It was not prescriptive and required delegates to research and apply information to their individual settings;
- Training was delivered to 421 delegates across 6 locations with **94% of attendees reporting that it was very worthwhile**. Attendees included Parents and Foster Carers, Education and Social Care and Police.

## Road Traffic Collisions

| Assessed risks |                     |                |  |
|----------------|---------------------|----------------|--|
| Risk to public | Risk to Partnership | Knowledge Gaps | Key issues   |
| High           | Moderate            | Significant    | Fatal RTCs – 63 incidents ▶ +3%<br>Serious Injury RTCs – 727 incidents ▶ -3% |
| Low            | Low                 | Significant    | Slight Injury RTCs – 2,951 incidents ▶ +3%                                   |

|                |   |
|----------------|---|
| Risk to Public | <ul style="list-style-type: none"> <li><b>Broad range of harm</b> from death to minor injury but slight injury collisions outnumber KSIs by almost 4:1; <b>worst case scenario means loss of life</b> and potential for multiple casualties; loss of vehicle, loss of earnings for time off work to recover; can result in <b>enduring psychological impacts</b> on individual, family and friends.</li> <li><b>Fatalities are "signal" events</b> with a huge impact on local communities; stories around them are often highly emotive; <b>high expectations of local authorities and police</b> to remedy the perceived threat.</li> <li>Serious and slight injury collisions occur at <b>high frequency</b> but are <b>low volume</b>. Fatal collisions occur at a rate of around 5 per month; <b>persistent adverse trend</b> in serious injury collisions (although latest data indicates that this has now stabilised), with reporting changes through CRASH a known but currently unquantifiable factor.</li> <li>There is <b>variance across the Peninsula</b>, with some areas seeing a greater rise than others. <b>Collisions in Torbay and in South Devon and Dartmoor CSP areas have bucked the trend</b> and are reducing; Devon noted a specific emerging trend in RTCs involving <b>older people</b>.</li> </ul>   |
|                | <ul style="list-style-type: none"> <li><b>Regional/local priority</b> – our <b>PCC has a national lead</b> for road safety. Currently there is no national government strategy or reduction targets; fatal and serious incidents can make <b>regional and even national news</b>; local media reporting and social media can exacerbate public concerns – although <b>reputational damage is effectively moderated</b> through local controls; <b>statutory duty</b> on local authority to investigate fatal incidents and take appropriate action (engineering controls, signage etc.).</li> <li><b>Costs to respond</b> – places a <b>constant and substantial demand</b> on resources across a range of agencies; from a <b>Blue Light</b> perspective responding to incidents is business as usual, with more serious incidents requiring greater resources (including costs after the incident, such as diffusing and family liaison); cost of <b>road closures and traffic management</b>; knock on costs to businesses (service interruption, deliveries in/out, public transport networks); demand on health services beyond Blue Light response for <b>treatment of injuries and ongoing support</b>; <b>fatal incidents investigations</b> can be lengthy and complex.</li> <li><b>Capacity</b> – resources are in place to respond to incidents, based on level of risk, and <b>demand is largely manageable</b> within this, but <b>large-scale incidents are a challenge</b> and require diverting resources; <b>limited specialist resources</b> - road closures lengthened due to capacity of specialist officers to attend site; low number of specialist roads policing officers, with concerns about impact on their health and wellbeing; lack of <b>capacity to research "what works"</b> in prevention and develop learning from existing initiatives.</li> <li>Concerns about the <b>impact on wellbeing and welfare for all emergency services staff</b>. Volume and frequency of crashes involving death or serious injury places significant strain on wellbeing of staff involved in scene attendance, family liaison and investigation;</li> </ul> |

|                 |  |
|-----------------|--|
| Risk mitigation | <ul style="list-style-type: none"> <li>• <b>Capability – shortage of specialist skills</b> in collision inspection and investigation, roads policing and Highways (civil engineers) and a decline in the number of people going into/being trained in this area; the quality of collision reports has declined due to lack of expertise; drink/drug driving messages focus on legal limits rather than zero tolerance; <b>no Peninsula Strategy</b> or strategic partnership to oversee approach to Roads Policing.</li> </ul>   |
|                 | <ul style="list-style-type: none"> <li>• Good <b>awareness raising initiatives</b> (such as Learn to Live), education programmes and established local response mechanisms – although Torbay flags that a reduction of funding has impacted on awareness/prevention programmes; <b>comprehensive analysis</b> is undertaken of RTCs (patterns, trends, causation and features); robust investigation of <b>fatal RTCs</b>; evidence-led improvements in engineering, education and enforcement; <b>dedicated road safety teams</b> in a range of agencies, very high levels of expertise – including the new <a href="#">No Excuse</a> police team which is dedicated to targeting offences on the regions roads.</li> </ul> |
| Knowledge gaps  | <ul style="list-style-type: none"> <li>• Overall confidence in the evidence base, especially for fatal incidents where there is a thorough investigation; <b>less confidence in serious incident data</b> further to implementation of CRASH; more serious incidents are thought to be well reported but massive under-reporting of slight incidents;</li> <li>• <b>Suicides and medical episodes</b> as a causation factor, impacts of <b>mobile phone use</b> (harder to track phone activity with smart technology), deaths that occur outside of the “fatal” window.</li> </ul>  |

## The good stuff

### Supporting at-risk road users

**Area:** Devon

- Devon is developing innovative approaches using **dashboard analytics** to inform the content of lesson planning for young drivers, motorcyclists and older drivers;
- This forms part of a **cascade model of driver education** that begins with Learn-2-Live and ends with bespoke 1:1 training.

### Office for Data Analytics Project

**Area:** Regional

- Led by Avon and Somerset Police, the ODA Project is developing a range of ‘apps’ that **collate and share multi-agency data** from across the region to support early identification and intervention to protect vulnerable people;
- The new **web-based road safety app** features maps, tables and graphs of non-personal road traffic collision data from Police and Fire and Rescue databases.

### Power BI Report Suite for Road Traffic Collisions

**Area:** Devon

Devon County Council Road Safety team have published a suite of resources that provide details of RTCs in each CSP area across Devon. This helps the **CSPs gain a better understanding** of what is happening in their local area, so they can plan appropriate responses, and also **informs the public**.

- [Devon County Council Collision Data webpage](#) – data collections, reports and interactive tools
- [Data Dashboards](#) – Power BI dashboards for the latest road casualty figures and 5 year trends; there also is a [Young Driver Dashboard](#) for the highest risk age group (17-24 years);
- [Devon Collision Map](#) – Maps 5 years of collision data points in zoom-able map.



# Emerging Threats

## Anti-social Behaviour linked to Street Homelessness

In Cornwall, a number of the larger towns have seen a rapid escalation of anti-social behaviour which involves **individuals or groups living on the streets**, and others associated with them. The presenting issues are **highly visible anti-social behaviour**, including street drinking and drug use, but the people concerned are themselves **vulnerable and needing support for a complex range of issues**. This commonly includes drug and alcohol problems, mental health issues, past and current abuse, violence and exploitation.

A threat, risk and harm assessment was undertaken for this issue in Cornwall and it was rated as a **high level threat**. Localised issues with similar characteristics are **apparent in other parts of the Peninsula, including Exeter and Torbay**.

| Assessed risks |                     |                |  |
|----------------|---------------------|----------------|--|
| Risk to public | Risk to Partnership | Knowledge Gaps | Key issues   |
| Very High      | Moderate            | Significant    | ASB issues linked to Street Homelessness Occur weekly, very low volume, increasing ▲ |
| Moderate       | Minor               | Significant    | Anti-Social Behaviour – Street Drinking 2,983 ▼ -14%                                 |
| Very High      | Moderate            | Significant    | Missing Persons (adults) Occur weekly, small volumes, stable trend ►                 |

|                     |   |
|---------------------|---|
| Risk to Public      | <ul style="list-style-type: none"> <li><b>Victims - Significant long term physical and psychological impacts</b> upon vulnerable individuals, potential for multiple hospital admissions and ongoing health care requirements; associated <b>complex multiple needs</b> requiring specialist intervention; financial impact on individuals critical with significant hardship, homelessness and lack of regular income, chaotic lifestyles; <b>vulnerability to exploitation</b> and abuse; victims of labour exploitation are often homeless or living in hostels when recruited and are easy to exploit.</li> <li><b>Communities - Highly visible impacts</b> in local communities - drug and alcohol related litter, rough sleeping, anti-social and criminal behaviour, vandalism, site damage (waste, fires, urination etc.); physical risk with <b>needle stick injuries and blood borne viruses</b>; impacts negatively on residents' fear of crime and satisfaction with local area, <b>changes behaviours</b> (area avoidance etc.).</li> <li><b>New and existing problems</b> in most of our major towns. Recorded incident data does not reflect the scale of the problem and efforts to increase reporting are being actively pursued.</li> </ul> |
| Risk to Partnership | <ul style="list-style-type: none"> <li>Recognised as <b>an issue across the region and nationally</b>; in Cornwall report community voices in the form of <b>local groups and Members</b> (St Austell, Penzance and Truro).</li> <li><b>Capacity</b> is there to respond but the <b>culture of working practices needs to change</b>, better <b>co-ordination needed</b> between mental health, housing and community treatment services; Cornwall and Torbay report a <b>lack housing options</b> for these clients; <b>no dedicated resources for missing adults</b> (as there are with children), much harder to engage partners in problem-solving around adults (not a statutory requirement).</li> <li><b>Capability – education is required to improve capability</b> of response, volunteer services often seen as exacerbating the problem by providing support and “attracting” problems; <b>conflict between removal of</b></li> </ul>   |

|                        |   |
|------------------------|---|
| <b>Risk mitigation</b> | <b>problem and safeguarding</b> affected individuals, public perception and lobbying by community representatives often focuses on the former; <b>dispersal</b> makes it harder to engage/retain people.  |
|                        | <ul style="list-style-type: none"> <li>• <b>Assertive outreach work</b> in Torbay and Cornwall has proved that it is possible to resolve issues; the Homeless Service has been revised in Torbay and given greater resource, although impact needs to be evaluated.</li> </ul>  |
| <b>Knowledge gaps</b>  | <ul style="list-style-type: none"> <li>• Intelligence picture is patchy – <b>groups are transient and dynamic</b> – challenging and changing mix of complex needs; rough sleeper count provides a ratified snapshot of homelessness but it is recognised that it <b>underestimates the extent of the problem</b>, not taking into account people who are sofa surfing, in hostels etc.</li> </ul> |
|                        | <ul style="list-style-type: none"> <li>• <b>Risk factors</b> linked to domestic abuse and sexual violence, CSE, coercion of vulnerable people, particularly women and young people.</li> </ul>  |

## The good stuff

### Multi-agency pilot for adults with multiple needs & vulnerabilities

**Area:** Cornwall

- A **flexible and targeted outreach intervention** was piloted to respond 16 high risk individuals rough sleeping in a car park and placing **high demands on partners**, including 56 police calls and 38 A&E presentations;
- **Highly complex needs**, including physical and mental health issues, self-harming and suicide threats, sexual abuse, drug and alcohol problems, prolific criminal and anti-social behaviour and poor life skills;
- **Multiple agencies** committed to target resources, share information, troubleshoot barriers and overcome obstacles. Collectively they agreed and worked towards **a shared single plan for each individual** with clear outcomes;
- Short term objectives were met – **rehousing and safeguarding individuals**, reducing police logs and hospital admissions;
- The pilot provided learning for a **consistent Cornwall-wide approach**. Areas to improve include housing options for high risk/complex individuals and for women, and assertive engagement for mental health services.

### Street Homelessness Approach in Exeter

**Area:** Devon

- Exeter City Council are working alongside statutory and voluntary services to **change the way of working with rough sleepers** and people with complex lives;
- The **Integrated Team** has a holistic approach to meeting people's needs, with **early intervention** being the main focus;
- **Strong engagement with local businesses** has resulted in widespread and sustained support for initiatives;
- They have identified the gaps in services and the next year will be spent working with partners to bring in **new accommodation models** to meet local needs.

### Street-based ASB Steering Group

**Area:** Torbay

- Safer Communities Torbay have established a strategic steering group for street-based ASB, which including voluntary and third sector partner organisations;
- The aim is to identify and deliver **a range of activities to support** those most vulnerable and street attached alongside **managing the impact of ASB** in the town centre.

### **"Change: Make it Count"**

**Area:** Torbay

- Safer Communities Torbay and Torbay's ASB team worked in partnership with the local business community and the Torbay End Street Homelessness campaign to deliver Change: Make it Count;
- An **alternative giving campaign**, it encourages the public not to give on the street but to think how they can best support those who may be street homeless;
- All donations are used to help individuals buy **household essentials** when they are supported to move into long term accommodation.

### **Prison Resettlement Project**

**Area:** Devon and Torbay

- Safer Communities Torbay and Safer Devon CSPs **jointly commission** the Prison Resettlement Project. The project works with **prisoners coming up to release** to support them to find suitable accommodation;
- Cases that are referred to the project have a **history of complex needs and vulnerabilities**, and often face multiple barriers;
- In Torbay, the project has been **successful in supporting more than 50%** of the referred individuals into suitable housing.

### **Youth Gangs**

In early 2017, a number of individuals in a South Devon town were regularly coming to police attention, and there were **growing problems with large groups of young people causing anti-social behaviour** in public places. The group were confrontational when police intervened to disperse them.

The young people at the core of the group were **complex and vulnerable**, virtually all of them having **experienced trauma in their early lives**. This included witnessing domestic abuse, substance abuse and mental health problems, and some of them have also experienced neglect and/or abuse. Care placements and other social care involvement, missing episodes and school exclusions were commonplace.

At the latter end of 2017 it became apparent that this type of activity seemed to be **emerging in other areas**, notably Plymouth, and there were concerns that the degree of **organisation amongst group members was greater** than we had previously seen locally.

The demand on police and other agencies in these cases is significant, due to the **escalating nature of the criminality**, the **numbers of people** involved, the **impact on the local community** and the **safeguarding considerations** for those involved and others as a consequence of the behaviour of the group.

A range of **intensive interventions** have been put in place, and collectively these are seen to have had a **positive impact**. In South Devon, this has included:

- Regular **multi-agency risk management** meetings
- Parent support group
- Friday night project
- Youth Intervention Team
- St Giles Trust – Junior Smart interventions to 2,200 young people
- Youth Offending Team Interventions
- Use of Gang Injunctions
- Safeguarding visits by Police



There are recent signs, however, that **activity has started to re-establish** in some areas and this is also evolving with **new risks and harms to consider**. These risks are **not well evidenced through police data** due to a culture of non-disclosure, even for more serious incidents.

There are concerns about **how linked our young people are** from one area to another and that similar issues may escalate quickly in other areas unless the **skills and capacity** are there to recognise the signs and mobilise a prompt response.

A **strategic profile** was commissioned by the Police, focusing on South Devon, as a vehicle to **share practice and learning** across the Peninsula; the **learning and recommendations** are summarised here. The profile should be used to support effective early intervention and prevent problems becoming entrenched elsewhere.

| Behaviours  | Learning and recommendations   |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Violence</b>, including cases of serious assault and life-changing injuries</li> <li>• Involvement in <b>use and supply of drugs</b></li> <li>• Evidence of <b>structures/organisation</b></li> <li>• <b>Links</b> to other localities</li> <li>• <b>Demeaning</b> acts</li> <li>• Significant levels of <b>fear</b></li> <li>• Carrying of <b>weapons</b>, mostly knives</li> </ul> <p><b>Emerging risks</b></p> <ul style="list-style-type: none"> <li>• Changing <b>role of females</b> within groups, risks of domestic abuse and sexual violence</li> <li>• <b>Increased drug activity</b>, including County Lines, and drug debts being carried by children</li> <li>• <b>Links to adults</b> known to the police</li> <li>• <b>Disengagement</b> from support</li> <li>• Wider groups with <b>unknown children</b></li> <li>• Links to <b>other geographic areas</b></li> <li>• <b>Lack of reporting</b> of violence – culture of fear and non-disclosure</li> <li>• First incident involving a <b>firearm</b></li> <li>• <b>Permanent exclusions</b> creating links across areas with new provisions</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Early intervention is critical</b> to try to prevent a 'group' becoming a 'gang'</li> <li>• Professionals involved should have a <b>good understanding of ACEs</b> and their impact on young people; approaches should be <b>trauma-informed</b></li> <li>• Good <b>information sharing, relationships and protocols</b> around care placements, particularly for new children placed in the local area</li> <li>• Set up a <b>multi-agency group</b> as soon as possible once an issue has been identified, to co-ordinate a response;</li> <li>• There must be <b>attendance from all significant agencies</b>; they must meet frequently and hold each other to account;</li> <li>• Assign a <b>lead worker per child</b>; apply <b>flexibility</b> to policies and procedures to get the best working relationship with the child</li> <li>• Agree an internal and external <b>communications strategy</b> early on</li> <li>• Utilise police <b>mapping and intelligence tools and resources</b>; proactively gather and share intelligence</li> <li>• Consider <b>protective factors</b> across all the different social environments encountered</li> </ul> |

The profile also researched the types of interventions that work best to build resilience, and prevent gang involvement and youth violence. The strongest evidence was for skills-based and family programmes.

- **Skills-based programmes** that focus on problem-solving, self-control, anger management, conflict resolution, and socio-emotional skills; healthy life choices and preventing abuse in relationships
- **Family-based programmes**, including home visiting, parenting interventions and family therapy

## APPENDICES

[Assessing threat, risk and harm](#)

[The changing delivery landscape](#)

[Notes on the data](#)

[Glossary](#)

[Further reading and contacts](#)

# Assessing threat, risk and harm

## The MoRiLE model

Prioritisation involves understanding what poses the **greatest threat or risk** to the safety of the community and a common framework for undertaking that assessment is vital to ensure that this process is **fair, equitable and effective**.

Devon and Cornwall Police and the Peninsula CSPs are transitioning to a new **nationally accredited tool** to assess threat, risk and harm which was developed through the national **Management of Risk in Law Enforcement** (MoRiLE) programme.

The MoRiLE programme was created in 2014 through the National Police Chiefs Council (NPCC)'s Intelligence Innovation Group. It was established with the aim of providing a **common methodology and language** for the assessment of threat, risk and harm in relation to law enforcement.

The programme has developed two models - **thematic (strategic model)** and **tactical** – supported by a set of core principles. The collaborative delivery approach included **over 300 representatives across UK law enforcement agencies**, and national and international consultation.

The key features of the MoRiLE process are:

- A **transparent and informed** decision making process, that is **multi-agency** and secures buy-in from partners from an early stage;
- Assessment of a range of **thematic areas alongside each other**;
- Assessment of **capability and capacity** for each thematic area;
- **Avoidance of bias** in risk assessment;
- Use of a **common language** in relation to threat, risk and harm;
- A clear process that is **easy to use and understand**.

In October 2016, the models were **approved by the NPCC** for roll out to all police forces as Authorised Professional Practice from April 2017. The thematic model is now being used by over 60 law enforcement agencies, including the National Crime Agency, to **inform their Strategic Assessment processes**.

The national programme recognised the models' potential for application in a wider partnership environment and Amethyst was asked to lead on a strand of work to **develop the methodology for use by CSPs**.

The MoRiLE model is a matrix which generates a score for each community safety issue, based on the individual scores for:

- **Impact** on the victim, community, and environment
- **Likelihood** – frequency, volume, trend and forecast)
- **Organisational position** -reputation and politics, cost to respond, capacity and capability

The list of community safety issues was generated based on the Home Office crime groups and offence types, local priorities and wider community safety issues such as problem use of drugs and alcohol and RTCs.

The lists created in each CSP and by the police were slightly different according to local needs. The process was delivered in each area by **analyst teams** in collaboration with **subject experts and thematic leads**.

## Notes on the data

Where possible, the Peninsula Strategic Assessment uses published data that is familiar to and routinely used by community safety partnerships – such as crime data from iQuanta (see note below) and the [Local Alcohol Profiles for England](#).

Each partnership also has its own data sharing arrangements with local partners and receives a range of complementary data that is used to provide a broader picture of the impact of crime, disorder and substance use on local communities.

### Crime and incident data

Data on all crime and incidents reported to the police comes from Devon and Cornwall Police. These are provided in three key formats:

- High level crime figures and comparators with our “[most similar family](#)” of forces/CSPs are taken from the **published performance data on the iQuanta website**. This is a secure access data sharing facility used by police forces and community safety partnerships across England and Wales and is essentially static after the data has been provided by individual police forces;
- Data download from the police crime system to populate the individual partnership and Peninsula [Strategic Threat and Risk Assessment](#) matrices;
- Data download from the police crime system to provide the monthly and annual **Universal Datasets** for each of the partnerships.

In addition, local partnerships receive additional data sets/crime information from the police to assist in understanding specific issues.

All of these data sets are drawn from recorded crime and incident data but are extracted at different points in time and because crime recording is dynamic (for example, after initial recording a crime may subsequently be reclassified as a different type of crime or “no-crime”) the **numbers may not match** exactly.

For ease of presentation and understanding, criminal offences are organised into types and groups. The Office for National Statistics presents crime statistics as **victim-based crime** and **other crimes against society**, aligning with the “crime tree” used by Her Majesty’s Inspectorate of Constabulary (HMIC). More information on the HMIC crime tree is available from their [website](#).

The police performance website iQuanta allows us to **compare levels of crime and general trends** with the average for partnerships and police force areas with similar characteristics nationally (known as our ‘**most similar family group**’). The most similar family groupings are regularly reviewed.

There are two main ways in which we measure our performance against our most similar family – **incidence of crime** (crime rate) and **crime reduction**

**performance** (change in level of crime over time). If our performance is significantly different from our most similar family group, this indicates **that local factors**, rather than national trends, are driving the changes.

Headline crime figures for the partnerships have been **drawn from published data** on iQuanta. These may slightly differ from crime data drawn directly from the police crime system at a different point in time, although the **key messages in terms of trend will be the same**.

## Crime Data Integrity

In January 2014, the UK Statistics Authority withdrew the gold-standard status of “national statistics” from police crime data, further to concerns about reliability.

In 2014 HMICFRS carried out an inspection into the way the 43 police forces in England and Wales record crime data, reviewing over 10,000 records. This inspection was the **most extensive of its kind** that HMIC has undertaken into crime data integrity.

The final overview report [Crime-recording: making the victim count](#) was published in November 2014. The key finding across all forces was that an **estimated 19% of crime went unrecorded**, equating to an annual estimate of around 800,000 crimes. The problem was found to be greatest for victims of violence against the person and sexual offences.

HMIC clearly stated that the failure to record such a significant proportion of reported crime was **wholly unacceptable**. Following this, HMICFRS introduced a **rolling programme of inspections**<sup>9</sup> to assess the progress made by forces against recommendations set out in the 2014 reports.

The second inspection, published in February 2017 gave Devon and Cornwall Police an **overall judgment of inadequate** and made a series of recommendations and areas for improvement.

In 2017 the Force was re-inspected to review progress, focusing on violent and sexual offences. **This re-inspection rated Devon and Cornwall Police as Good.**

As a result of the national focus on improving the quality of crime recording and compliance with the National Crime Recording Standard (NCRS), **levels of recorded crime have dramatically increased**. Forces are improving at different rates and the impact is expected to go on for some time.

## Consultation with communities

The statutory duty to consult with communities resides with the individual CSPs and this was **delivered in different ways across the Peninsula**, with information about public concerns being fed into the Strategic Assessment process through MoRiLE workshops, local engagement (such as town and parish meetings) and surveys. Details of individual approaches are provided in **the local strategic assessments**.

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<sup>9</sup> HMICFRS Reports - Rolling programme of [crime data integrity inspections](#), last updated July 2018

# Glossary

| Term                       | Description   |
|----------------------------|---|
| <b>ACPO</b>                | Association of Chief Police Officers  |
| <b>Acquisitive crime</b>   | Crime grouping including burglary, shoplifting, vehicle offences and other types of thefts  |
| <b>ARID</b>                | Assault Related Injuries Database (in hospital Emergency Departments)   |
| <b>ASB</b>                 | Anti-Social Behaviour   |
| <b>BAME</b>                | Black, Asian and other Minority Ethnic (groups)   |
| <b>(DDC) CRC</b>           | (Dorset, Devon and Cornwall) Community Rehabilitation Company   |
| <b>CSA/E</b>               | Child Sexual Abuse/Exploitation   |
| <b>CSEW</b>                | Crime Survey for England and Wales  |
| <b>CSP</b>                 | Community Safety Partnership. Statutory partnership between Council, Police, Fire, Health and Probation to tackle crime and disorder issues   |
| <b>DA</b>                  | Domestic Abuse  |
| <b>DASH</b>                | Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification and Assessment and Management Model   |
| <b>DVPO/N</b>              | Domestic Violence Protection Order/Notice   |
| <b>ED</b>                  | Emergency Department (often called Accident and Emergency or A&E)   |
| <b>(E)NTE</b>              | (Evening and) Night Time Economy – economic activity taking place in the evenings and at night, such as drinking, entertainment and nightlife.  |
| <b>FGM</b>                 | Female Genital Mutilation   |
| <b>Hate incident/crime</b> | Any incident where the victim or a witness feels that they were targeted because of disability, race, religion, gender identity or sexual orientation; if the behaviour constitutes a criminal offence, it becomes a hate crime         |
| <b>HBA/V</b>               | Honour Based Abuse/Violence   |
| <b>HMIC(FRS)</b>           | Her Majesty's Inspectorate of Constabulary, expanded to include Fire and Rescue Services in 2018  |
| <b>IBA</b>                 | Identification and Brief Advice for alcohol problems  |
| <b>IDVA</b>                | Independent Domestic Violence Advocate or Advisor (Service)   |
| <b>IOM</b>                 | Integrated Offender Management; see TurnAround.   |
| <b>ISVA</b>                | Independent Sexual Violence Advocate or Advocacy (Service)  |
| <b>KSI</b>                 | Killed or Seriously Injured (used to describe serious road traffic collisions)  |
| <b>LGBT</b>                | Lesbian, Gay, Bisexual, Transgender   |
| <b>LSOA</b>                | Lower Super Output Area; statistical geographical unit with c.1500 people   |
| <b>MARAC</b>               | Multi-Agency Risk Assessment Conference that manages high risk domestic abuse cases   |
| <b>MoRiLE</b>              | Management of Risk in Law Enforcement. A nationally accredited tool to assess threat, risk and harm developed through the national MoRiLE programme and adopted by all Police Forces in 2017  |
| <b>MSF</b>                 | Most Similar Family. Grouping of police forces or CSPs that are closest in terms of characteristics such as population structure; used by the Home Office, police forces and CSPs to compare performance                                |
| <b>NCRS</b>                | National Crime Recording Standard - the standard for recording crime in accordance with the law and the Home Office Counting Rules  |
| <b>Non-crime incident</b>  | An incident recorded by the police that does not constitute a criminal offence; recorded for risk assessment and intelligence purposes particularly in domestic abuse, hate crime and incidents involving children or vulnerable adults |
| <b>NRM</b>                 | National Referral Mechanism – a framework for identifying and referring potential victims of modern slavery and ensuring they receive support   |
| <b>NTE</b>                 | Night Time Economy  |
| <b>OCG</b>                 | Organised Crime Group   |



| Term              | Description  |
|-------------------|--|
| <b>ONS</b>        | Office for National Statistics   |
| <b>OCLP</b>       | Organised Crime Local Profile – detailed profile developed by Devon and Cornwall Police with local partners for serious and organised crime themes |
| <b>PCAN</b>       | Peninsula Crime Analyst Network  |
| <b>PHE</b>        | Public Health England  |
| <b>PSA</b>        | Peninsula Strategic Assessment   |
| <b>PSPO</b>       | Public Spaces Protection Order   |
| <b>PVE</b>        | Preventing Violent Extremism   |
| <b>RTC</b>        | Road Traffic Collision   |
| <b>SARC</b>       | Sexual Assault Referral Centre   |
| <b>SDP</b>        | Safer Devon Partnership, strategic umbrella partnership covering all district CSPs in Devon  |
| <b>SODAIT</b>     | Sexual Offences and Domestic Abuse Investigation Team  |
| <b>TurnAround</b> | The delivery name for Integrated Offender Management in Devon and Cornwall; a multi-agency approach to work with frequent offenders                |
| <b>ViST</b>       | Vulnerability Screening Tool, used by Devon and Cornwall Police  |
| <b>WRAP</b>       | Workshop to Raise Awareness of Prevent   |
| <b>YOT/YOS</b>    | Youth Offending Team / Service   |

## Further reading and contacts

For the local strategic assessments for the Peninsula partnerships, please follow the links below:

|          |   |
|----------|---|
| Cornwall | <a href="http://safercornwall.co.uk/crime-in-your-area/documents-publications/">http://safercornwall.co.uk/crime-in-your-area/documents-publications/</a>                           |
| Devon    | <a href="https://new.devon.gov.uk/emergencies/safer-devon-partnership/">https://new.devon.gov.uk/emergencies/safer-devon-partnership/</a>   |
| Plymouth | <a href="https://www.plymouth.gov.uk/antisocialbehaviourandcrime/communitysafetypartnership">https://www.plymouth.gov.uk/antisocialbehaviourandcrime/communitysafetypartnership</a> |
| Torbay   | <a href="https://www.torbay.gov.uk/council/policies/community-safety/sct-sa/">https://www.torbay.gov.uk/council/policies/community-safety/sct-sa/</a>                               |

For more information or further details on the work of local Community Safety Partnerships please contact:

| Area                   | Who to contact                      | Email address  |
|------------------------|-------------------------------------|--|
| Plymouth               | Matt Garrett                        | <a href="mailto:matthew.garrett@plymouth.gov.uk">matthew.garrett@plymouth.gov.uk</a>   |
| Torbay                 | Alex Stuckey                        | <a href="mailto:alex.stuckey@torbay.gcsx.gov.uk">alex.stuckey@torbay.gcsx.gov.uk</a>   |
| Cornwall & IoS         | Tamsin Lees                         | <a href="mailto:tamsin.lees@cornwall.gov.uk">tamsin.lees@cornwall.gov.uk</a>   |
| Devon (SDP)            | Julie Richards                      | <a href="mailto:julie.richards@devon.gcsx.gov.uk">julie.richards@devon.gcsx.gov.uk</a>   |
| Exeter                 | Simon Lane<br>Melinda Pogue-Jackson | <a href="mailto:simon.lane@exeter.gov.uk">simon.lane@exeter.gov.uk</a><br><a href="mailto:melinda.pogue-jackson@exeter.gov.uk">melinda.pogue-jackson@exeter.gov.uk</a>             |
| South Devon & Dartmoor | Becca Hewitt & Louisa Daley         | <a href="mailto:rebecca.hewitt@teignbridge.gcsx.gov.uk">rebecca.hewitt@teignbridge.gcsx.gov.uk</a><br><a href="mailto:louisa.daley@swdevon.gov.uk">louisa.daley@swdevon.gov.uk</a> |
| East & Mid Devon       | Julia Ryder                         | <a href="mailto:JRyder@middevon.gov.uk">JRyder@middevon.gov.uk</a>   |
| North Devon & Torridge | Amanda Palmer & Janet Williams      | <a href="mailto:amanda.palmer@northdevon.gov.uk">amanda.palmer@northdevon.gov.uk</a><br><a href="mailto:janet.williams@torridge.gov.uk">janet.williams@torridge.gov.uk</a>         |

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**South Devon and  
Dartmoor  
Community Safety  
Partnership**



North Devon & Torridge  
Community Safety Partnerships

