SAFER PLYMOUTH PARTNERSHIP
Monday 30 September 2019, 2.00 pm
Warspite Room

AGENDA

	Matter	Time
1.	Welcome and Introductions	
2.	Safer Plymouth Governance - Presentation	*(Pages 1 - 4)*
3.	Draft Strategic Assessment	*(Pages 5 - 28)*
4.	YOS Inspection - Presentation	
5.	DA Leadership Update - Presentation	
6.	Any Other Business	

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Addendum to Safer Plymouth Governance Presentation

Feedback from Consultation Event 11.9.19

The consultation event was open to existing members of the Safer Plymouth partnership theme groups and to the Trauma Informed Plymouth Network membership. The event was attended by 20 participants from a range of statutory and voluntary sector partners who worked in groups to provide us with feedback on the following questions:

1. Do we have the right groupings, right titles?
2. Who would you want to see in the groups?
3. Thoughts roles and responsibilities – what do we want to see from chair, deputy and members?
4. How can we make this a dynamic, trauma informed partnership?
5. How can we best listen to the voices of lived experience?

Do we have the right groups/ titles?

"Good in principle, however how will the sub-groups influence and make changes? – needs some further detail on how the relationships will work"

"Safer families or Safer relationships – is relationships more inclusive and reflective of diversity?"

"Structure better – groups will develop task and finish groups"

"Easier communication"

"Are we creating another tier?" - Number of sub-groups statutory e.g. MACE, Channel

Who would you want to see in the groups?

"Include people with lived experience"

"Local Councillors included in sub-groups"

Families – police, cyber protect officer needs to attend CSA/E group, education representation is not right

Communities- Students, mental health, education is essential to healthy relationships, substance misuse separate to ENTE

People – MACE? But also could be families, landlords forum, housing/ homelessness

Will every group report on MH and substance misuse as linked work?

"Collaborative approaches to emerging trends"

"Creative problem solving – co-design and funding – further discussions"

"Funding and commissioning needs to be in the themes not solely in the exec"

"Linking education – TIN education group should make explicit reference to Safer Plymouth and use this to publicise values to all schools – PCC"

more solution focused rather than problem/abuse focused in subgroups i.e.
safer people – building resilience, aiding recovery
safer families – building health relationships
safer communities – creating caring communities, challenging inappropriate behaviour

Thoughts on roles and responsibilities

Key aspect – intelligence analysis and reporting, how will reporting be done?

"Right person not necessarily right role, does it always need to be managers or CEO at meetings?"

How can we make this a dynamic, trauma informed partnership?

"Logo could be everywhere if needed! Can we endorse this, needs a clear message behind it"

"Can we use the logo to represent the partnership? This would help with partnership work e.g. drink drive safety at Xmas"

"Use of social media/ videos/ podcast to allow practitioners to share their stories for being trauma informed"

DA group good example of systems change

"How do we get the right message for training key workers/ staff as well as people, families and communities?"

Straplines for people/ families/ communities

"Engine house for ACE"

"Healthy relationships"

'What are we doing to build i. Resilience, ii. Recovery iii. Strengths based culture?

How can we best listen to the voices of lived experience?

To encourage participation – show them they have influence, 'you said, we did', empowerment, benefit from it demonstrated

Need to ask people what they think of trauma informed – everyone veterans, YP, university (#students@saferplymouth, #veterans@saferplymouth)

About where people are in their lives

NB: Police work around MH may not be recognised as Safer Plymouth Work!

"Listen to the voice of those who want to be heard or need to be heard"

Key communication and coordination at operational level

'You said-We did' – apps, podcasts, memes, soundbites?

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Safer Plymouth: a strategic assessment of threat, risk and harm 2018/19

Introduction

Safer Plymouth is the **community safety partnership** for the city of Plymouth. We are made up of six statutory organisations (referred to as **responsible authorities**), working alongside a wide range of other agencies to protect our local community from crime and to help people feel safer. The responsible authorities are Plymouth City Council, Devon and Cornwall Police, Devon and Somerset Fire and Rescue Service, National Probation Service, Dorset, Devon and Cornwall Community Rehabilitation Company and Devon Clinical Commissioning Group (CCG).

Achieving safer communities depends on everyone working together to find local solutions to local problems. Safer Plymouth has a responsibility to do all that it can to reduce crime and disorder including domestic abuse and sexual violence, anti-social behaviour, problem use of drugs and alcohol and re-offending. Safer Plymouth provides leadership, support and co-ordination of the work of all the partners in the local area by:
- Producing an annual strategic assessment to identify community safety priorities and setting objectives;
- Developing a three year Partnership Plan, refreshed annually, to ensure priorities are the same and co-ordinate activities to address the
- community safety priorities;
- Monitoring delivery against objectives and driving good performance by targeting resources to deliver efficient and effective outcomes for
- communities
- Developing a communication plan to raise the profile of Safer Plymouth, its purpose, priorities and achievements

Safer Plymouth reports to the Health and Wellbeing Board to ensure strong links between community safety issues and health and wellbeing issues, allowing the Safer Plymouth Board to lead on community safety issues, and quality assure activity.

As part of the development of **Statutory Partnership Plans**, Community Safety Partnerships (CSPs) are required to **set their priorities** based upon the findings from the evidence presented in their **local Strategic Assessments**.

The Partnership Plan for Safer Plymouth is contained within the overarching Plymouth Plan, which sets out the direction of travel for the long term future of the city until 2034, specifically:-

 "work towards **delivering strong and safe communities and good quality neighbourhoods** by delivering a partnership approach to:
Tackle crime and disorder that causes the most harm and affects those most at risk
Reducing opportunities for crime and the fear of crime by requiring all new development to incorporate good design principles "

This document is intended to inform the development of the community safety element of the Plan.

Acknowledgments

This assessment was prepared by Plymouth City Council, in partnership with a broad representation of public, voluntary and community sector organisations working in Plymouth. Crime analysis is based on the 12 months up to the end of March 2019 unless otherwise stated.

Special thanks are given to the following organisations for their input and support at the local workshop and subsequent follow up requests:

- Plymouth City Council, including Public Health
- Devon and Cornwall Police
- Devon and Cornwall Probation Service
- Dorset, Devon and Cornwall Community Rehabilitation Company
- National Society for the Prevention of Cruelty to Children
- University Hospitals Plymouth NHS Trust
- Plymouth Safeguarding Childrens Board
- The Zone Plymouth
- ACE Schools Plymouth
- The Harbour Centre
- The Department for Work and Pensions
- Peninsula Crime Analysts' Network

Plymouth: an overview

Plymouth is Britain's Ocean city with ambitions plans to be one of Europe's most vibrant water front cities. Plymouth is **one of the largest cities on the south coast** and the fifteenth largest city in England. With a **travel-to-work** area bringing in **over 100,000 people**, a tourist industry drawing in more than **5 million visitors**, and approximately **26,000 students**, the city is a significant economic and cultural centre which also enjoys a thriving evening and night time economy.

Plymouth is also a city that has **significant deprivation**. More than 29,000 city residents live in the most (10%) deprived areas in England. **Inequalities** occur both **geographically** across the city, and **within and across communities**, with **disadvantaged and marginalised populations** most severely affected. These communities experience **multiple social and economic issues**, such as lower incomes, higher unemployment rates, poorer health and housing conditions and higher rates of crime and disorder.

About the area: key statistics[1]

|			
People	Current population is **263,100** and projected to **increase to around 274,300** by 2034	**20%** are aged **under 18** 21% across England **12%** are aged **18 to 24** 9% across England **18%** are aged **65 and over** 18% across England 7% **BAME** (not White British) 20% across England	
Vulnerable groups	**12% of people** live in one of the **10% most deprived LSOAs** in England **19% of children** are living in poverty 19% across England	**Housing**	**5%** of households **lack central heating** 3% across England **13,500** households in **fuel poverty** (12%)
Education & skills	**5%** of people **aged 16-64** have **no qualifications** 8% across Great Britain	**Economy**	**79%** of people aged 16-64 are **economically active** 78% across Great Britain
Health & wellbeing	**Healthy life expectancy at birth is 60.7 for males and 59.4 for females** 63.4 for males and 63.8 for females nationally	**Access & transport**	**28%** of households **do not have a car** 26% across England

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[1] Plymouth Report 2018/19

QUICK FACTS: PLYMOUTH RECORDED CRIME

Reporting period is the 12 months to 31 March 2019 unless otherwise stated

Key Facts

- 23,729 crimes / 90 crimes per 1,000 resident population;
- Rate of crime is below average for Most Similar Family (MSF, 107.7);
- This is an increase of 3.6% from the previous 12 month period (22,903 crimes)
- 8,838 Anti-Social Behaviour incidents recorded, of which 10% are related to Street Drinking. Reported incidence of Street Drinking has decreased by 7% compared with previous year.
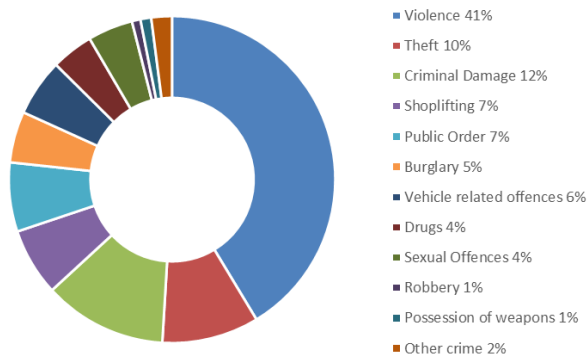
Trends

12 month rolling total
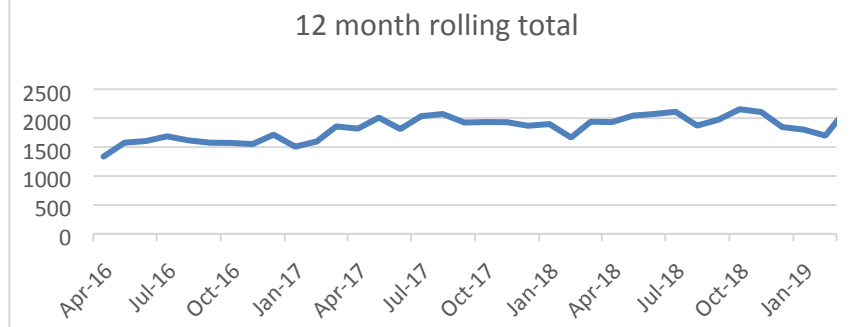
The level of recorded crime has increased year on year for the past three years.

Seasonality
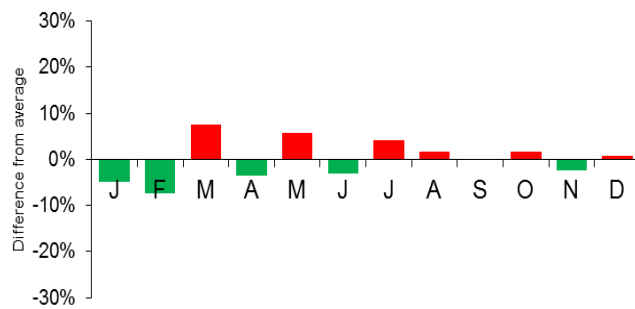
There is a light seasonal pattern of crime in Plymouth, with spring and summer months having higher numbers of recorded crime. There are also smaller peaks seen in October and December. Seasonal trend is based on a three year average (April to March).

Crimes

- Violence 41%
- Theft 10%
- Criminal Damage 12%
- Shoplifting 7%
- Public Order 7%
- Burglary 5%
- Vehicle related offences 6%
- Drugs 4%
- Sexual Offences 4%
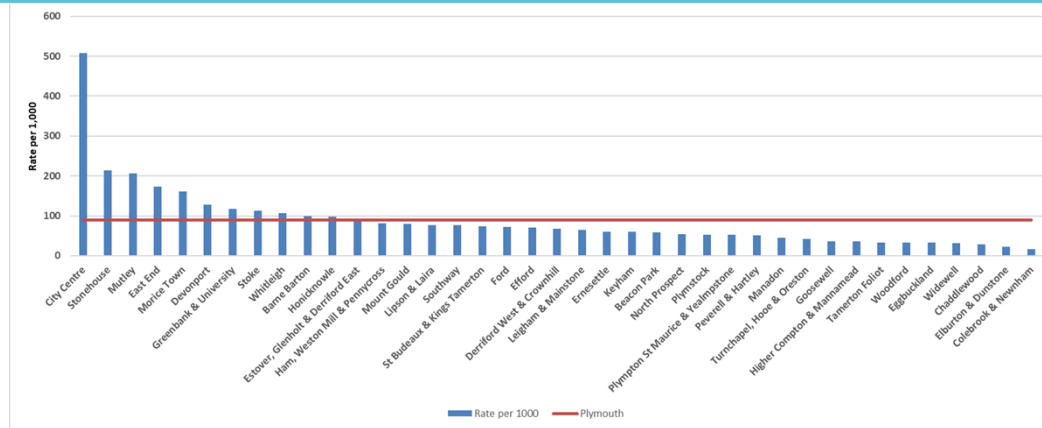- Robbery 1%
- Possession of weapons 1%
- Other crime 2%

The chart shows the breakdown of crime by type for April 2018 to March 2019.

Across all crime types:

- 20% domestic abuse (excluding non crime domestic)
- 13% alcohol-related
- 2% hate crime

Location

Neighbourhood	Number of crimes	Rate per 1000 population
City Centre	3755	508
Stonehouse	2147	214
Mutley	708	206
East End	1025	173
Morice Town	475	161

In 2018/19 the rate of crime is highest in the City Centre neighbourhood, followed by Stonehouse and Mutley. The neighbourhoods with the lowest rate of crime are Colebrook & Newnham and Elburton & Dunstone.

Crime trends

There have been **increases in most types of crime** across **Devon and Cornwall and other police forces** nationally. Improvements in crime recording are a key factor, largely driven by recommendations from the national 2016 Crime Data Integrity inspection[2].

- **Overall recorded crime** in Plymouth increased by 3.6% or 826 crimes in the 12 month period to end March 2019 compared with the same period the previous year. This follows on from an 8% increase reported in the previous strategic assessment.

- Despite the rise in crime, **Plymouth has a comparatively low crime rate for a city of its type** and is placed third in its most similar family group of partnerships (where first is lowest). Rising crime rates in the city are generally **following national trends**.

- Several types of crime have increased but the majority of the volume is accounted for by rises in **violence with and without injury**, up 11% (245 crimes) and 10% (347 crimes) respectively) as well as **domestic abuse** (an increase of 792 crimes). Also, **thefts of a motor vehicle** have increased by 69% (79 crimes).

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[2] Devon and Cornwall Police: Crime Data Integrity inspection 2016, Her Majesty's Inspectorate of Constabulary (HMIC, 2017)

- The crime/ incident types that have seen reductions in this period are **anti-social behaviour** (-5%/ 511 crimes), **criminal damage** (-9% / 259 crimes) and **theft from a motor vehicle** (-25% / 252 crimes).

- **Drug offences** have increased with **possession of drugs** increasing by 10% (70 crimes) and an increase in **drug trafficking offences** of both Class A drugs (25% or 21 crimes) and other classes (19% or 16 crimes). This is likely to be linked to an increased focus on and action around disrupting County Lines activity. Plymouth is estimated to have a higher prevalence of opiate and crack usage than nationally (13.8 per 1,000 as opposed to 8.8 nationally and 8.3 regionally)[3].

- **Incidents of rape** have reduced by 7% (352 to 329 crimes) whereas **other sexual offences** have increased by 11% (652 to 724 crimes).

- **Robbery** has increased by 9% (20 crimes) after seeing a 13% reduction in the previous strategic assessment period. This is believed to be related to one incident rather than an increasing trend.

- **Domestic abuse crimes** reported to the police rose significantly for the third year running, increasing by 21% (792 crimes) to 4,642 crimes. This corresponds with efforts to increase reporting. Domestic abuse incidents decreased by 12% from 2179 to 1910.

- 13% of all recorded crime is flagged as **alcohol-related**. Alcohol-related crime has risen by 12% over the last 12 months (348 crimes).

- Alcohol has a significant impact on the health of the city's population. Rates of **alcohol-related hospital admissions** are lower than the national average (546 admissions per 100,000 population compared to 570 nationally). However, rates of under 18 admissions are significantly higher than the national average (47.3 per 100,000 population aged under 18 in Plymouth compared to 32.9 nationally).

- Plymouth is estimated to have 1.58% **dependent drinkers** compared to 1.26% across the South West region and 1.39% nationally.

- In 2018/19 there were 529 **hate crimes** recorded by the police. This is a 22% increase compared to 2017/18, an increase of 95 hate crimes. Racist and homophobic have both increased, by 19% and 70% respectively, whereas disabilist offences have reduced by 19%. The rate of hate crime in Plymouth is 2 per 1,000 population, double that of the peninsula as a whole.

- Plymouth had 49 Prevent referrals in 2018/19 compared to 40 in 2017/18.

- **Possession of weapon** offences have increased from 206 to 254 (48 crimes) with the majority of the increase being possession of article with a blade or point (19 additional crimes) and possession of other weapons (25 additional crimes).

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[3] https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

Crime Table

The table below provides a summary of all crime and disorder types in the city.

Crime / Incident Type	2017/18	2018/19	% Increase / Decrease (no. crimes)	Plymouth rate per 1,000 population
All Crime	22,903	23,729	+3.6% (826)	90
Burglary Residential	677	666	-2% (11)	2.5
Burglary Commercial	552	534	-3% (18)	2.0
Robbery	235	255	+9% (20)	1.0
Theft other	1180	1108	-6% (72)	4.2
Shoplifting	1755	1585	-10% (170)	6.0
Theft from Motor Vehicle	1009	757	-25% (252)	2.9
Theft of Motor Vehicle	115	194	+69% (79)	0.7
ASB	9349	8838	-5% (511)	33.5
Criminal Damage	3032	2773	-9% (259)	10.5
Public Order	1527	1618	+6% (91)	6.1
Rape	352	329	-7% (23)	1.2
Other sexual offences	652	724	+11% (72)	2.7
Domestic Abuse crimes	3850	4642	+21% (792)	21.3
Domestic Abuse incidents	2178	1910	-12%	8.8
Possession of drugs	708	778	+10% (70)	2.9
Trafficking of drugs	169	206	+22% (37)	0.4
Violence with injury	2245	2490	+11% (245)	9.4
Violence without injury	3326	3673	+10% (347)	13.9
Hate crime	434	529	+22% (95)	2.0
Alcohol Related Crime	2795	3143	+12% (348)	11.9

Analysis findings

Crime and other community safety issues have been considered under broad themes using the MoRiLE methodology to undertake a review of strategic threat, risk and harm. More information on the MoRiLE tool can be found in Appendix A.

High Level Risks

These should be prioritised by Safer Plymouth and all of its partners, and feature strongly in local strategies and plans.

- Terrorist Incidents
- **Domestic Abuse**, including Domestic Homicide
- Problem Drinking
- **Dangerous Drug Networks**, including County Lines
- Drug Trafficking
- **Problem Drug Use,** including Drug Related Deaths
- Rape and Sexual Assault
- Alcohol Related Hospital Admissions
- Child Sexual Exploitation and Abuse
- Fatal and Serious Injury Road Traffic Collisions

Moderate Level Risks

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

- Cyber Dependent Crime, including Fraud
- Homicide
- Alcohol Related Crime
- Modern Slavery[4]
- Terrorist Activity
- Hate Crime
- Violence relating to the Night Time Economy

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[4] Although rated as a moderate risk, it is recommended that this is retained as a Safer Plymouth priority due to continued national focus.

Standard Level Risks

These risks are being managed as "business as usual" and/or not placing much additional demand on services. These should be monitored to ensure they continue to be managed well.

- Anti-Social Behaviour, including ASB relating to the Night Time Economy
- Burglary
- Robbery
- Thefts **–** Shoplifting, Thefts of and from Motor Vehicles, Other Thefts
- Other Sexual Offences
- Possession of Drugs
- Public Order Offences
- Violence, with or without injury
- Criminal Damage and Arson
- Slight Injury Road Traffic Collisions

Domestic abuse and sexual violence

Domestic abuse & sexual violence	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Domestic homicide					Moderate
Domestic abuse					**High**
CSA/CSE					**High**
Rape & sexual assault					**High**
Other Sexual Offences					Standard

Key Statistics:

- **21% increase in domestic abuse crimes** (4642) in 2018/19, 12% reduction in domestic abuse incidents (1910).
- **No domestic homicides** in 2018/19 compared to one in 2017/18.
- **329 reported crimes of rape**, a **7% reduction** from 2017/18. Of these, 129 victims were under 18 (39%).
- **An 11% increase in other sexual offences** (72 offences).
- There has been a **34% increase in peer on peer sexual offences** (21 offences)

Impact	• **Victim/subject** – short and long term physical impacts requiring medical assistance and potential for hospitalisation; long term psychological impacts requiring specialist intervention, risk of self-harm and suicide; link between domestic abuse and mental health issues; potential for loss of life – domestic homicide (worse-case scenario); developmental impact (ACE) upon child victims impacting upon future life outcomes (including employment). Can have long-lasting financial impact on victim and their family. • **Community/public expectation** – particular expectation placed on services to respond effectively to prevent CSE and failure carries huge reputational risk (Rochdale, Rotherham etc.).
Likelihood	• **Domestic abuse** is **high frequency, high volume**; other issues happen often but in lower numbers; **adverse trends** across all areas with the exception of incidents of rape.
Organisational response	• **Costs to respond** 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; DHRs require significant resources to co-ordinate and secure multi-agency participation. • **Capacity** – Significant resource issues exist; IDVA caseloads under pressure, crime numbers on the increase but no additional resources to respond to this; seeking to address this with better partnership working; challenges around rising thresholds in other services (especially mental health). • **Capability** – recommendations from DHRs identify capacity and capability amongst GPs as a gap; struggling to recruit IDVA's leading to some gaps in expertise, domestic abuse training will need refreshing for some partners; issues around whole system

	understanding of working with victims of rape and sexual assault; some issues exist with referrals to the SARC. • **Mitigating factors** - specialist services in place to work with victims, move towards a more trauma informed whole system approach will build capacity/skills for early intervention; opportunities for early identification and intervention through new health and wellbeing hubs.
Knowledge gaps	• **Overall confidence** in intelligence assessment but under-reporting identified as a risk factor; specialist services have well developed and comprehensive knowledge. • **Gaps identified** – strategic intelligence requirements around child sexual exploitation (intelligence about sexual abuse more established), Adverse Childhood Experiences information is still emerging; Trauma Informed approaches are still new to some partners; new legislation around domestic abuse.
Recommendation	• **Recommended CSP priority**, with the focus on domestic abuse, rape and sexual assault, and CSA/CSE. • It is noted that 'Other Sexual Offences' covers a broad area of offending so the risk may not be adequately reflected in the scoring outcomes.

Alcohol-related harm

Alcohol-related harm	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Problem drinkers					**High**
Alcohol-related hospital admissions					**High**
Alcohol-related crime					Moderate

Key Statistics:

- **3,320 dependent drinkers,** 1.58% compared to 1.39% nationally.
- Rates of **alcohol-related hospital admissions** are lower than the national average (546 hospital admissions per 100,000 population compared to 570 nationally).
- **Under 18 alcohol-related admissions** are significantly higher than the national average (47.3 per 100,000 population aged under 18 in Plymouth compared to 32.9 nationally).
- **3,143 alcohol-related crimes**, an increase of 12% on 2017/18 (2795).
- **13%** of all recorded crime is flagged as alcohol related.
- **861 incidents of street drinking**, -7%, 9% of all reported ASB incidents.

Impact	• **Victim/subject** - Acute and chronic health impacts requiring hospitalisation, both immediate and longer term treatments; dependency requires specialist intervention; long term financial instability, lack of regular income; mental health issues and addiction increase threat to individuals' recovery capital. • **Community** - visible disorder related to alcohol-related anti-social behaviour and violence, affects residents' behaviour and their satisfaction with the city as a place to live; physical and economic impacts on local businesses. Seems to be more visible lately due to displacement from other areas into city centre. Seems to have more impact on communities recently.
Likelihood	• High **frequency, volume and adverse trends** in problem drinking and hospital admissions; alcohol-related crime has increased in the 12 months up to March 2019, believed to be linked to recording improvements.
Organisational response	• **Regional/local priority** to tackle effectively; • **Costs to respond** are high - 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. • **Capacity** – capacity for prevention/identification and response is limited; well recognised situation. Individuals with significant psychological/psychiatric and physical co-morbidities that make demands across the whole complex needs system of services. Capacity to respond to alcohol related crime has reduced due to reduced police resources. • **Capability** – public understanding of the health harms associated with alcohol is limited. More focus needed on universal approaches to information/ awareness/prevention, rather than a 'specialist

	workforce'; use of Mental Health Treatment Requirements now being rolled out in Plymouth. Rehabilitation services may not be sufficient. Some schemes due to stop next year due to funding streams stopping.
	• **Mitigating factors** - Alcohol-related health harms are well understood locally and currently part of the city's complex needs agenda and service re-procurement workstream; well established NTE response.
Knowledge gaps	• **Overall confidence** in intelligence assessment;
	• **Gaps identified** – dependent drinkers not engaged with services; drinking in the home, hidden harm.
Recommendation	• **Recommended CSP priority**, with the emphasis on problem drinking and complex needs rather than targeting alcohol-related crime.

Drug-related harm

Drug-related harm	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Drug related deaths					Moderate
County Lines/Dangerous Drug Networks					**High**
Problem Drug use					**High**
Trafficking Class A Drugs					**High**
Trafficking Other Drugs					Standard
Possession of Drugs					Standard

Key Statistics:

- **Trafficking of Class A drugs** – **105** crimes, an **increase of 25%** from 2017/18. 5 suspects under 18
- **Trafficking of other drugs also increased by 19%.** 7 suspects under 18.
- Plymouth's rate of **death from drug misuse** (7.1 per 100,000) is higher than regionally (4.6 per 100,000) and nationally (4.3 per 100,000). There were 52 deaths in 2015-17, 2 more than in 2014 – 16.
- **Possession of drugs – 778 crimes**, a 10% increase on 2017/18.

Impact	• **Victim/subject** - Acute and chronic health impacts requiring hospitalisation; dependency requires specialist intervention; long term financial instability, lack of regular income; mental health issues and addiction increase threat to individuals' recovery capital; potential for loss of life through overdose/suicide; high psychological and financial impact for individual and their families if trafficking related to DDN's. • **Community** – increased concern in communities where drug dealing is visible; potential impacts on fear of crime and quality of life, increasing visibility of drug use seems to be increasing concern in community. DDN activity more hidden so less impact unless it is uncovered. • Increased risk to local vulnerable young people who may be recruited into criminal activity – threats/experience of physical and sexual violence.
Likelihood	• **Frequent** (constant) issue but mainly **small volumes**; increasing trend in trafficking and problem drug use. increase in organised crime group (OCG) activity, particularly gangs from North West England; increases in gang violence and conflicts between home and outside OCGs.
Organisational response	• **National/regional/local priority** to tackle effectively. • **Costs to respond** are high across the system (housing, social care, health, police/CJS). • **Capacity** – Increased waiting list for specialist services, managing higher levels of referrals. Securing housing and tenancy support a massive challenge - particularly acute for criminal justice clients. Increasing demand and ongoing cuts to resources us leading to more

	serious capacity issues. Focus on traffickers as victims of DDN's leading to more capacity needed to provide safeguarding and support. • **Capability** – Focus on young people – drug use, awareness of risks and where to get help, preventing involvement in illegal drugs trade; drug needs in offenders not reflected in use of Drug Rehabilitation Requirements; pay issues for drug workers meaning less experienced caseworkers available and voluntary, unskilled workers replacing more skilled workers. • **Mitigating factors** - Introduction of child exploitation toolkit and associated training is raising awareness and some improvement seen. New Trauma Informed approach is helping to raise awareness around DDN's / drug trafficking.
Knowledge gaps	• **Gaps identified** – understanding the relationship between serious group offending and local drug markets (including illegal, prescription drugs and new psychoactive substances); problem drug use in young people.
Recommendation	• **Focus on protecting the vulnerable** – preventing drug related deaths and reducing risks to young people of illegal drugs trade. • **Focus on action to tackle Dangerous Drug Networks / Trafficking of Class A Drugs** and the associated issue of drug related violence.

Vulnerability and Exploitation

Hate Crime and Prevent	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Terrorist incident	🟥	🟩	🟧	🟧	**High**
Terrorist activity	🟩	🟨	🟨	🟨	Moderate
Hate crime	🟨	🟧	🟨	🟨	Moderate

Key Statistics:

- **Hate Crime – 529** offences, **an increase of 22%** on 2017/18. Racist +19% (66% of all hate crime), Homophobic +70%, Disablist -19%.
- **Transphobic hate crimes** have increased from 12 to 27.

Impact	**Victim/subject** – acts of terrorism hold the greatest potential risk – mass casualties/loss of life – but incidence at this level is rare; terrorist activity could have a lasting psychological impact and victims of grooming could go on to become offenders; persistent/repeat hate crime can have long term psychological impacts and may require victim and family to relocate; **Community** – raises fear and concerns for safety in affected communities; major incident such as terrorist attack has lasting impact of community's way of life; higher risk military sites (Devonport Dockyard and Millbay Docks). With hate crime, concern has gone up in local communities and more expectation for agencies to act. Use of social media and internet means greater reach so impact is wider.
Likelihood	Reported **hate crime is frequent but low volume** with adverse trends apparent; terrorist incidents are rare and terrorist activity has been low level so far but constant vigilance required;
Organisational response	**National/regional/local priority** to tackle effectively; potentially international in respect of an act of terrorism. **Costs to respond** are managed within existing resources; hate crime has potential hidden costs (such as mental health impacts and rehousing); prevention and emergency response to terrorism well established. **Capacity** – mostly managed within day to day business; Prevent training requires ongoing commitment to deliver; some capacity issues for agencies such as housing agencies when terrorist activity is disrupted. **Capability** – Wider awareness of hate crime amongst some partners needed. Third party reporting still needs improving in some areas of the city, Transphobic incident reporting is still new for a lot of people as is the new category of sex / gender hate crime. **Mitigating factors** – Counter Terrorism Local Profile identifies threats and risks; Channel process very effective locally – identifying and engaging people at risk; good joint partnership with Emergency Management. Third party reporting of hate crime has helped reach communities traditionally hard to reach so there is a local change in this respect.

Knowledge gaps	• **Gaps identified** – Hate crime still acknowledged as largely under-reported; continued issues around public confidence; improve data flow from third party reporting centres.
Recommendation	• **Statutory duty** to prevent terrorism, high level of inherent risk requires ongoing vigilance, especially around high risk sites; • Local responses to hate crime to focus on **protecting the most vulnerable**, preventing repeat victimisation and **building public confidence** to report incidents and seek support.

Serious and Organised Crime	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Modern Slavery					Moderate
Impact	• **Victim/subject** – physical and psychological abuse with long term recovery implications; financial deprivation through enslavement. • **Community** – lack of awareness in the community; often pick up on 'nuisance' issues relating to modern slavery e.g. waste, noise, anti-social behaviour.				
Likelihood	• Numbers remain **low and have reduced for 2018/19** – 9 referrals to the National Referral Mechanism in 2017/18, and 9 again in 2018/19.				
Organisational response	• **National/regional/local priority** to tackle effectively; tied in with people trafficking both internationally and within UK. • **Costs to respond** are managed within existing resources; repeated targeting is resource intensive; significant cost implications to feed and house victims to enable police to carry out ABEs. • **Mitigating factors** – No current gaps in service provision; well managed through the mix of local and national resources in place; skills are rapidly evolving as the partnership gains experience from new cases; good awareness and information exchange between partners.				
Knowledge gaps	• **Gaps identified** – Intelligence gathering remains a priority. NRM awareness raising still needed with some partners and concern over low referral rates.				
Recommendation	• **Statutory duty** to respond to modern slavery, high level of inherent risk requires ongoing vigilance; **potential for escalation of risk** as community awareness is raised and more cases are identified.				

Serious and Organised Crime	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Cyber Dependent Crime / Fraud					Moderate
Cyber Related Vulnerability					Standard

Impact	• **Victim/subject** – Cyber dependent crime - some physical and psychological impact on vulnerable people and elderly; mainly medium-tem financial impact although some are long term. Cyber related vulnerability - majority cases low impact with caveat of extreme cases of physical harm as a result of coercion into sexual or physical acts / self harm/ suicidation. • **Community** – Cyber dependent crime has potential for wide community impact with an incident similar to recent NHS cyber-attack. Cyber related vulnerability - self-harm, sexting or CSE coercion online can rapidly reach significant numbers of CYP via online communities.
Likelihood	• Moderate volume but numbers **are increasing**.
Organisational response	• **Regional/local priority** to tackle effectively. • **Costs to respond** are managed within existing resources; police have set up a new cyber-crime unit which has resource implications. • Cyber related vulnerability – can be vastly resource intensive especially in bringing organised online abuse to justice.
Knowledge gaps	• **Gaps identified** – concern over 'under-reporting' as issue feels greater than crime levels suggest. • Need to seek data from a number of sources supporting victims of online exploitation/abuse to better understand prevalence and nature of crimes.
Recommendation	• Maintain a focus on cyber dependent crime and fraud through the Fraud and Cyber group. • Consider expanding the remit of this group to include online harm and vulnerability.

Night Time Economy

Serious and Organised Crime	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
NTE violence					Moderate
NTE vulnerability / sexual harm					Standard
NTE related anti-social behaviour					Standard

Impact	• **Victim/subject** – medium term physical and psychological impact; more severe for sexual harm aspect with treatment from specialist services required. • **Community** – community impact of begging outside NTE venues; sexual harm more hidden.
Likelihood	• **Weekly** occurrence; **moderate volumes** and numbers increasing.
Organisational response	• **Regional/local priority** to tackle effectively. • **Costs to respond** – medium to long term resource implications requiring additional resources from other agencies; additional resources needed as numbers increase. • **Mitigating factors** – well established partnership response to NTE as evidenced by Purple Flag award.
Knowledge gaps	• **Gaps identified** – under-reporting evidenced by incidents seen by CCTV / door staff / street pastors not being formally recorded.
Recommendation	• **Statutory responsibility** for Community Safety Partnerships to address anti-social behaviour under Crime and Disorder Act; local responses to focus on **reporting of NTE violence**.

Other areas of risk[5]

Anti-social behaviour	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Anti-social behaviour					Standard
Public Order Offences					Standard
Criminal Damage					Standard
Arson					Standard

Impact	• **Victim/subject** – causes concern for those directly affected; persistent issues may involve vulnerable cohorts of people with complex needs; • **Community** – Visible disorder can affect residents' behaviour and their satisfaction with the city as a place to live; physical and economic impacts on local businesses.
Likelihood	• **High frequency and high volume** (except small numbers for arson); all **Anti-Social Behaviour** reduced by 5% in the reporting period.
Organisational response	• **Local priority** to tackle effectively; • **Costs to respond** are managed within existing resources and usually short term in nature; persistent cases may require a more intensive multi- agency response. • **Mitigating factors** – Established and effective local response in place.
Knowledge gaps	• **Gaps identified** – New elements to consider around street drinkers/homeless people; identifying risk and vulnerability.
Recommendation	• **Statutory responsibility** for Community Safety Partnerships to address anti-social behaviour under Crime and Disorder Act; local responses to focus on **vulnerability and complex needs** – linked into alcohol and drug-related harm agendas.

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[5] These risks are based on MoRiLE outputs for 2017/18 with the exception of likelihood and trends which have been updated to reflect data for 2018/19

Road traffic collisions	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
RTC - fatal & serious	🟥	🟩	🟩	🟨	**High**
RTC - slight	🟩	🟩	🟩	🟩	Standard

Impact	• **Victim/subject** – High inherent risk reflecting potential for loss of life or serious injury but numbers are comparatively small; • **Community** – fatalities are 'signal' events and can have a significant impact on local communities, particularly if it means the death of a child or family; high public expectations of response.
Likelihood	• Occur frequently but at low volumes; **adverse trends in serious collisions** both locally and nationally.
Organisational response	• **National/regional/local priority** to tackle effectively; • **Costs to respond** are managed within existing resources, significant implications for blue light services and health services. • **Capacity** – Police and South West Ambulance Service Foundation Trust identify capacity issues, particularly with respect to major incidents. Demand on resources to respond to incidents outside of partnership area. • **Mitigating factors** – Good awareness raising initiatives (such as Learn to Live), established local response mechanisms.
Knowledge gaps	• **Gaps identified** – none
Recommendation	• **Local authorities have a statutory responsibility** under the Road Traffic Act 1988 to carry out studies on RTCs in their area and take the appropriate steps to prevent these collisions; **potential for escalation of risk** if adverse trends in serious collisions continue/worsen; high levels of public concern keeps this issue high on political agendas.

Appendix A: Understanding 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 community safety partnerships across the Peninsula are transitioning across 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 national programme has created **core principles**, a **consistent language** for threat, risk and harm, and **strategic and tactical models**. These have been delivered through a collaborative approach with **over 300 representatives across UK law enforcement agencies**, supported by national and international consultation.

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

The national programme recognised that the model has potential for application in a wider partnership environment and Amethyst is leading on a strand of work to **develop the methodology for use by community safety partnerships.**

The process

An initial assessment of harm and likelihood based on current data and intelligence was undertaken by the analyst team and this identified the principle threats.

- All data was drawn from police **Universal Data Set/iQuanta** and other **routinely available data** (dependent drinkers estimates, estimates of opiate and/or carck use, road traffic collisions etc.)[6]

The findings were then taken to a partnership workshop to ratify the impact scores and discuss and agree the **confidence and organisational position scores**.

The collated outputs were used to calculate an overall assessment of threat, risk and harm.

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[6] A full list of sources can be provided on request

Broadly speaking, the levels of risk have the following implications for the partnership.

Threat, risk and harm rating	What this means for the partnership
High	• Should be recognised by CSP and partners as a priority, and this needs to be clearly evidenced in all relevant strategies and delivery plans; • May demand additional resources and funding to address; • Review existing strategy and service provision – identify where we can improve/enhance/increase existing response framework to reduce the risk; • Ensure that the risk is understood across the partnership and that partners are proactively taking action to reduce the risk; • Set targets to evidence improvement in key areas.
Moderate	• Ensure that there is a clear strategy in place and adequate service provision to respond; • Continue to maintain/support/improve existing response framework in place to reduce/control the risk; • Ensure that the risk is understood across the partnership and that partners are proactively taking action to reduce/control the risk. Seek to influence other relevant strategies; • Continue to monitor the level of risk against moderate improvement targets, and respond appropriately if adverse trends are identified.
Standard	• Ensure that there is adequate service provision in place to respond; • Maintain/support existing response framework in place to control the risk; • Ensure that the risk is understood across the partnership and that partner actions do not increase the risk; • Continue to monitor the level of risk and respond appropriately if adverse trends are identified.