

# **Plymouth Serious Violence Prevention Strategy and Model for Violence Prevention**

## **Foreword**

Welcome to the Plymouth Strategy and Model for Serious Violence Prevention 2024-2028. This holistic model of working provides a framework that invites partners and communities to work collectively to prevent and reduce serious violence in the city.

Whilst Plymouth is a safe place to live, work and visit we understand that the fear and reality of violence can have a significant, and sometimes devastating impact in our communities. This strategy evidences our need for a preventative approach, which both addresses the drivers of violence, and responds to the harm caused by violence.

Safer Plymouth appreciates that continued and strengthened partnership working is key to achieving our aims. There is already significant innovative and creative work happening across the city to tackle serious violence. However, we recognise that there is still a lot to do to better understand why violence is happening, to respond to the harm that is caused, whilst also building community and personal resilience.

This document provides the framework for partners and communities to prevent and reduce serious violence in Plymouth. It aligns with the Corporate Plan in that we are “Working with the Police to tackle crime and anti-social behaviour” and that we are “Keeping children, adults and communities safe” and that we are doing this by “Trusting and engaging our communities” and “Focusing on prevention and early intervention.”

As a city we have spent the last 18 months gathering data and intelligence, listening to communities and partners, mapping current work happening both locally and nationally to identify what works in preventing violence. We have drawn on all this valuable information to produce a strategy where our vision is for Plymouth to be a place where everyone can lead their lives free from violence and fear of violence.

Councillor Sally Haydon

Cabinet Member for Community Safety, Libraries, Cemeteries and Crematoria

## Serious Violence Duty

The Police, Crime, Sentencing and Courts Act 2022 introduced a new statutory Serious Violence Duty (the Duty) that commenced on 31<sup>st</sup> January 2023. This Duty requires local areas to take co-ordinated action to prevent and reduce serious violence. To complement the Duty, the Crime and Disorder Act 1998 has been amended to ensure that Community Safety Partnerships have an explicit role in evidence based strategic action on serious violence<sup>1</sup>.

The Duty has been introduced within the context of increasing levels of violence over the last decade, for example, offences involving knives and sharp instruments increased by 84% between 2014-2020 in England and Wales. The Duty is part of the government's wider programme to look beyond and build on law enforcement and criminal justice responses to consider the factors that influence and cause violence.

### Who is involved?

<p><b>Specified authorities</b> - have a statutory duty to collaborate and plan to prevent and reduce serious violence in this work - they are:</p> <ul style="list-style-type: none"> <li>• Police - Devon and Cornwall Police</li> <li>• Local authority – Plymouth City Council</li> <li>• Justice – HM Probation Service Plymouth and Plymouth Youth Justice Service</li> <li>• Fire and Rescue – Devon and Somerset Fire and Rescue Service</li> <li>• Integrated Care Boards – NHS Devon</li> </ul>	<p><b>Communities and Voluntary and Community Sector</b></p> <ul style="list-style-type: none"> <li>• Communities and people with lived experience of serious violence are central to understanding the impact of violence and to preventing violence</li> <li>• The VCS sector has a trusted and independent role in Plymouth and provide important connections across communities and organisations. They are crucial to ensuring that local people are involved in making decisions about things that matter to them.</li> </ul>
<p><b>Relevant authorities</b> – must be consulted and are required to co-operate and participate in partnership arrangements – they are:</p> <ul style="list-style-type: none"> <li>• Educational authorities - including local authority maintained schools, academies, independent schools, free schools, alternative education providers and further education providers</li> <li>• Prisons and Children and Young People's Secure Estate for the local area</li> </ul>	<p><b>Policing bodies</b> – have a convening role for supporting and co-ordinating local approaches. They are also responsible for allocating funding and monitoring progress and performance.</p> <ul style="list-style-type: none"> <li>• Office for the Police and Crime Commissioner Devon and Cornwall</li> </ul>

<sup>1</sup> Serious Violence Duty. Preventing and reducing serious violence. Statutory Guidance for responsible authorities. England and Wales. December 2022. Home Office. [Serious Violence Duty - Statutory Guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Preventing violence is a collective endeavour and will only be achieved by people working together across cultural, professional and organisational boundaries. In Plymouth we have agreed that the Community Safety Partnership, Safer Plymouth, will lead this co-ordinated approach. Safer Plymouth is well placed to link to other strategic partnerships including the Plymouth Safeguarding Childrens Partnership, Plymouth Safeguarding Adults Partnership and Plymouth Drugs Strategy Partnership as well as to local communities and services.

In line with the guidance, we have agreed the following broad local definition of serious violence.

*The intentional use or threat of violence and harmful behaviours including (but not limited to) knife and gun crime, robbery, domestic abuse, sexual violence including rape, alcohol related violence, exploitation and stalking and harassment.*

## **Informing our approach**

### **Needs assessment**

Over the last 18 months we have been developing a shared understanding of what serious violence looks and feels like in Plymouth. A comprehensive needs assessment brings together data and intelligence from the police, health services, justice services and the local authority to show the types, distribution, extent and drivers of serious violence. The needs assessment also reflects the perceptions, views and experiences of people in the city. This 'community voice' supports a deeper understanding of how violence impacts people and ensures that our collective understanding and responses are socially and culturally informed and reflect people's lived experiences.

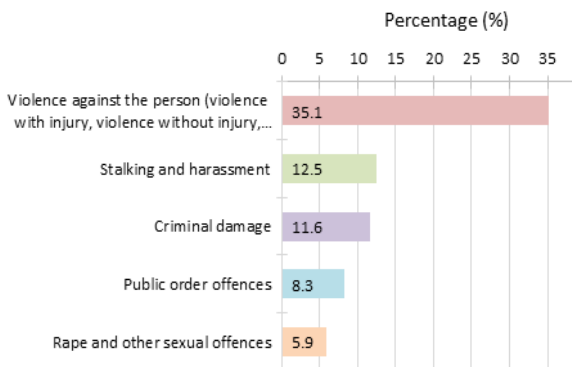
The crime figures shown here relate to the 12 months from April 2021 to end of March 2022<sup>2</sup>.

**Overall Crimes**

There were 22,477 crimes recorded in Plymouth – an 8% increase on the previous year.

The rate of crime is below average for Most Similar Group (107.4 per 1,000) and is the lowest in the group (out of 15).

The top five highest crime types were



- 53.6% of victims were female and 46.4% were male
- The available data indicates people committing crimes were most likely to be male, aged 15-44 years and White British
- The City Centre, Stonehouse, Greenbank and University, Devonport and Stoke were the neighbourhoods with the highest number of recorded crimes

**Violence against the person with injury**

There were 3,724 violence against the person with injury crimes - a 25% increase from the previous year.

The rate of crime is above average for Most Similar Group (11.5 per 1,000) and is the second highest in the group (out of 15).

- 54% of victims were male and 46% were female and 52.2% were between the ages of 15-34 years
- The available data indicates that 74.8% of people committing these crimes were male. 64% were between the ages of 15-34 years and 92% were White British

The City Centre, Stonehouse, Greenbank and the University, Devonport and East End were the neighbourhoods with the highest number of violence against the person crimes.

**Homicide**

There were 8 homicide crimes - a 300% increase from the previous year.

The rate of crime is above average for Most Similar Group (0.015 per 1,000) and is the highest in the group (out of 15).

Keyham was neighbourhood with the highest number of homicide crimes.

<sup>2</sup> Crime data has been sourced from the police Universal Data Set, 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 and from iQuanta a web-based data tools service for information on police recorded crime by Community Safety Partnership area.

### ***Sexual Assault (rape and other sexual offences)***

There were 1,318 sexual offence crimes – a 25% increase from the previous year. Of these 447 (33.8%) were for rape and 874 (66.2%) were for other sexual offences.

The rate of crime is above average for Most Similar Group (4.0 per 1,000) and is the third highest in the group (out of 15)

- 84.3% of victims were female, and 59.2% were between the ages of 10-24 years
- The data for sexual assault crimes indicates that 97.7% of people committing these crimes were male and 69.8% were between the ages of 25-39 years and 55-59 years and 97% were White British

The City Centre, Stonehouse, Greenbank and the University, Stoke and Devonport were the neighbourhoods with the highest number of sexual offences.

### ***Stalking and Harassment***

There were 2,813 stalking and harassment crimes – a decrease of 2% from the previous year.

The rate of crime is below average for Most Similar Group (14.4 per 1,000) and is the third lowest in the group (out of 15)

- 68.9% of victims were female and 31.1% were male. 62.9% of victims were aged 20-44 years.
- The data for stalking and harassment crimes indicates that 82.3% of people committing these crimes were male and 17.7% were female. 57.5% were between the ages of 25-44 years and 89.2% were White British.

Stonehouse, City Centre, Greenbank and the University, Honicknowle and St Budeaux and Kings Tamerton were the neighbourhoods with the highest number of stalking and harassment crimes.

### ***Domestic Abuse***

There were 4,884 domestic abuse related crimes. There were also 2,212 domestic abuse incidents reported (these do not result in a crime being recorded). This is a 1.5% decrease in the number of domestic abuse related crimes recorded in the previous year.

- 73.6% of victims were female and 26.4% were male
- 66.8% of victims were aged 20-44 and 92.9% were White British
- The available data indicates that 88% of offenders were male, 76.1% were aged 25-49 and 91.9% were White British

The Stonehouse, City Centre, Greenbank and University, Devonport and Whitleigh were the neighbourhoods with the highest number of domestic abuse related crimes.

### ***Drug Offences (possession of drugs and trafficking of drugs)***

There were 1,226 drug offences – a decrease of 10% from the previous year. Possession of drugs accounted for 79.1% of the crimes and trafficking of drugs 20.9%

The rate of crime is above average for Most Similar Group (3.4 per 1,000) and is the highest in the group (out of 15)

The data for drug offences indicates that

- 83.9% of people committing these crimes were male and 16.1% were female. 81.6% were between the ages of 15-39 years and 90.7% were White British.

The City Centre, Stonehouse, Greenbank and the University, Mutley and Stoke were the neighbourhoods with the highest number of drug offence crimes.

### **Robbery of business and personal property**

There were 203 robbery crimes – an increase of 13% from the previous year.

The rate of crime is below average for Most Similar Group (1.2 per 1,000) and is the fourth lowest in the group (out of 15)

- 72.2% of victims were male and 64.5% were between the ages of 15-34 and 40-44 years
- The data for robbery crimes indicates that 82.8% of people committing these crimes were male and 17.2% were female. 93.1% were between the ages of 15-19 years and 25-44 years and 95.7% were White British

The City Centre, Stonehouse, Greenbank and the University, Stoke and Devonport, were the neighbourhoods with the highest number of robberies.

### **Possession of weapons**

There were 382 possession of weapons crimes – an increase of 14% on the previous year.

The rate of crime is above average for Most Similar Group (1.2 per 1,000) and is the fifth highest in the group (out of 15)

- 73.4% of victims were male and 26.6% were female. 62.6% of victims were between the ages of 10-19, 25-29 and 35-39 years.
- The data for possession of weapons crimes indicates that 87.2% of people committing these crimes were male and 12.8% were female. 75.2% were between the ages of 15-39 years and 89.1% were White British

The City Centre, Stonehouse, Greenbank and the University, East End and Lipson and Laira and Stoke were the neighbourhoods with the highest number of possession of weapons crimes.

### **Youth Violence<sup>3</sup>**

- Of the 22,531 total recorded crimes, those committed by under-18s can be considered to account for 12.1% and those committed by 18-24 year olds for 14.8%.
- Of the 3,704 violence with injury crimes those committed by under-18s can be considered to account for 16.6% (616 crimes) and those committed by 18-24 year olds for 20.6% (762 crimes).
- Of the 4,884 domestic abuse crimes those committed by under-18s can be considered to account for 5.6% (274 crimes) and those committed by 18-24 year olds for 18.1% (886 crimes).
- Of the 1,321 sexual offence crimes those committed by under 18's can be considered to account for 46.3% (612 crimes) and those committed by 18-24 year olds 18.8% (249 crimes)

<sup>3</sup> To get an indication of the levels of youth crime, and because offender data is recorded in less than 10% of violent crimes, this section includes crimes where the primary offender's age is under 25, plus crimes where the primary offender's age is unknown, but the victim's age is under 25 (1-24 years). Victims are used as a proxy in this case based on the broad assumption that crimes tend to occur within peer groups, although it is acknowledged that this isn't always true.

### **Hospital Emergency Department Assault Data**

Assault data collected at Derriford Hospital Emergency Department provides a valuable source of intelligence about the scale and nature of violence in the city. Many of these assaults are not reported to the Police and therefore are not reflected crime statistics.

From April 2018 to March 2023, a total of 3,394 assaults were seen at Derriford Hospital Emergency Department - 61% of these were recorded as alcohol related. Key findings from analysis of the assaults that occurred in the Plymouth area is below.

- 1,941 assaults seen at Derriford Hospital Emergency Department occurred in Plymouth over last 5 years – 67% of these were recorded as alcohol related. This is an average of 255 alcohol-related and 133 non-alcohol related assaults per year over last 5 years.
- 41% of alcohol-related assaults occurred on the street, 35% took place either in or outside a pub/club and 17% at home. 40% of non-alcohol related assaults occurred on the street, 26% at home.
- 57% of all alcohol-related assaults took place at weekends and 77% occurred between the hours of 21:00-02:59. 47% of the city's alcohol-related assaults took place in evening and night time economy locations.
- Glass and bottles were used as weapons in 13.7% of alcohol-related and 5.6% non-alcohol related assaults in the last 5 years. Knives were used in 6.3% of alcohol-related and 4.8% of non-alcohol related assaults.

### **Hospital Episode Statistics**

Between 2018/19 and 2020/21 there were a total of 265 emergency hospital admissions for violence in Plymouth.

- 73.2% of all emergency admissions for violence were male - 21.5% were under 25 years.
- 50.2% of the 265 emergency hospital admissions for violence were caused by assault by bodily force. 12.5% were caused by 'other maltreatment' and 11.3% by assault by sharp object

### **MARAC – multi agency risk assessment conference**

A snapshot analysis of Plymouth MARAC cases between July 2022 - August 2023 showed that 429 high risk domestic abuse cases were discussed. Of these cases 35 perpetrators or 8% of the total had 2 or more victims. In total these 35 repeat perpetrators of domestic abuse were known to have 131 victims over time.

### **Childrens Social Care**

In 2018/19 1,329 children referred into and assessed by Plymouth City Council's Children's Social Care service were considered to have current violence-related factors in their environment as recorded at first assessment after referral. In 2022/23 this number had dropped by 22.0% to 1,037 children.

- The most common factor recorded in both 2018/19 and 2022/23 were concerns around domestic abuse of parent(s)/carer(s) (62.6% and 62.7% respectively).
- The second most common factor recorded in both 2018/19 and 2022/23 were concerns around physical abuse (34.3% and 35.4% respectively).
- Recorded risks from child sexual exploitation and sexual abuse disproportionately affect females, whilst gang-related risks and child criminal exploitation disproportionately affect males.
- The age-profile of children has changed over the last five years. There has been a substantial decrease in proportion of children aged 0-4 year olds referred and assessed with violence related factors, and an increase in the proportion of children aged 10-17 years.
- The neighbourhoods of Barne Barton, Devonport, Efford, Honicknowle, St Budeaux & Kings Tamerton, Southway, Stonehouse, and Whiteleigh appear repeatedly in the top five neighbourhoods across both years.

### **Youth Justice**

The rate of first-time entrants to the youth justice system estimates the rate of young people receiving their first conviction, caution or youth caution per 100,000 10 to 17 year old population by area of residence. The rate in Plymouth in 2022 was 138.2 per 100,000 – this compares to the England rate of 148.9 per 100,000. This is a decrease from the previous year when the rate in Plymouth was 247 per 100,000 10-17 year old population.

### **Housing**

Fleeing domestic abuse was cited as the primary cause of homelessness for 263 people seeking housing assistance from Plymouth City Council between April 2022 and March 2023. This is a 28% increase on the previous year.

Between April 2022 and March 2023 255 people cited domestic abuse as the main reason for losing their last settled accommodation – a 15% increase on the previous year. A further 63 people cited non-racially motivated/other motivated violence and harassment and 8 people cited racially motivated violence or harassment as the primary reason for losing their last settled accommodation.

### **Adult Safeguarding**

In 2022 for adults who meet the Care Act definition and have been triaged as requiring a safeguarding response there were

- 92 domestic abuse cases, of which 74 were female and 18 were male. The most prevalent support need was physical disability followed by social support.
- 247 cases of physical abuse concerns, of which 140 were female and 107 were male. The most prevalent support need was physical disability followed by learning disability.
- 49 cases of sexual abuse concerns, of which 35 were female and 14 were male. The most prevalent support need was physical disability followed by learning disability and mental health



## Drivers of Serious Violence

Serious violence can affect all people. However, violence is not equally distributed across populations or places and some groups and geographical areas are disproportionately affected. Violence can be both the consequence and the cause of social inequalities. Many of the factors that shape health and health outcomes including education, income, and environment are also determinants of serious violence. These factors **do not specifically cause violence**, but they may contribute to the likelihood of being a victim of violence or of being violent and causing harm. Key data from some of these risk factors are described here.

### **Deprivation and Income**

Violence is strongly associated with deprivation and poverty at a neighbourhood and household level; people living in more deprived areas have a greater risk of exposure to violence<sup>4</sup>.

- Plymouth is within the 40% most deprived upper-tier local authorities in England.
- 16% of children under the age of 16 are living in income deprived households. In some neighbourhoods more than 6 out of 10 children are affected by income deprivation.

### **Education**

Regular school attendance is a strong protective factor against the risk of involvement in serious violence.

- In 2022/23 persistent absence in pupils in Plymouth secondary and special schools were higher than in England.
- In 2021 6.4% of 16 to 17 year olds were not in education, employment or training – this is higher than the England average of 4.7%

### **Violence in the home**

Exposure to violence in the home has a number of significant impacts and there is evidence to support a link between family violence and involvement in future offending and violence.<sup>5</sup>

- 10% of Year 8 & 10 pupils responding to the latest Schools Health related Behaviour Survey said that there had been violence in their home once or twice in the last month.
- The 2022 Health Visitor Survey shows that 5.8% of families with children under 5 reported violence in their home.
- Between 2019 – 2021 the Plymouth domestic abuse refuge provided accommodation for 629 children.
- Between 2018 - 2021 the Zone supported 324 people under 25 who were victims of domestic abuse.

<sup>4</sup> Deprivation and violence in the community: a perspective from a UK Accident and Emergency department. A Howe, M Crilly. 2001. [Deprivation and violence in the community: a perspective from a UK Accident and Emergency Department - ScienceDirect](#)

<sup>5</sup> The relationship between family violence and youth offending. June 2018. Local Government Association. [15 34 - The relationship between family violence and youth offending-V4\\_1.pdf \(local.gov.uk\)](#)

### **Drugs and Alcohol**

The use of drugs and alcohol are inextricably linked to violence and are recognised as risk factors for being a victim and perpetrator of violence.

- Between April 2021 and March 2022, 20.8% (n.4,681) of overall crimes reported in Plymouth were flagged as alcohol related.
- 47% of drug trafficking offenders and suspects in the year to October 2022 were linked to County Lines and 16% to Dangerous Drug Networks.
- The rate of opiate and crack users per 1,000 population in Plymouth (13.8) is significantly higher than the England rate (8.9).

### **What have people told us?**

The perceptions, views and experiences of people in Plymouth provide a rich insight into how violence is affecting families and communities. The themes and quotes presented here are drawn from local surveys, conversations and research – as such they do not represent the views of the whole population.

#### *Perceptions of safety*

- Surveys show that most people feel safe in their local area during the day, but a significant proportion of people do not feel safe in their local area at night.
- Women and younger people are less likely to feel safe outside in their local area after dark than other groups.
- Having limiting health problems or disabilities negatively affects how safe you feel outside in your local area.
- Gay and lesbian people are less likely than heterosexual/straight people to feel safe while out during the day
- Women are less likely than men to feel safe at home
- Young people are more likely to feel unsafe when going out at night than during the day and this is more common among girls and young people from more deprived areas

*If you asked any girl they would probably say that they felt unsafe walking after dark.*

*I don't like to go anywhere on my own. I'm looking over my shoulder all the time. I have nightmares and flashbacks*

#### *Experience and Impacts of Violence*

- The impacts of violence – including domestic abuse are long-term and can be debilitating
- Victims of violence frequently describe living in fear and never feeling safe
- A significant number of young people have been victims of violence and aggression
- Some young people regularly witness violence in their homes
- Young people describe negative emotional and mental health impacts of witnessing and being involved in violence including depression, anxiety and self-harm

*We need to think more of the impact of domestic abuse has on the children within abusive relationships and what support should be immediately available to help them*

#### *Online Violence and Harms*

- Issues relating to the ‘online world’ have featured in many local discussions and personal accounts of serious violence.
- Many young people – especially girls aged 14-15 report experiences of online bullying
- Young people have described ineffective checks for minimum age restrictions on social media sites
- Young people are concerned about the harmful impacts of viewing pornography with violent and extreme content and how this contributes to views that ‘rough’ and violent sex is normal
- Several organisations who gave evidence to the 2022 Violence against Women and Girls Commission raised concerns about unrestricted access to online extreme pornography and how this normalises aggression and violence, including sexual violence

*I get messages from random people all the time. One said he'd rape me and that's meant to be acceptable.*

#### *Improving our local response to violence*

- Primary prevention approaches are key and essential to achieving change
- Earlier education and critical thinking about healthy and respectful relationships with open conversations that challenge gender and other stereotypes is essential
- Schools must have clear responses to incidents of violence including sexual harassment and assault
- We need whole family support responses e.g., where child is displaying harmful behaviours and intergenerational cycles of violence are emerging
- A structured support offer for people who are violent and causing harm is essential
- Plymouth should develop and be part of social movements for behavioural and cultural change that clearly communicates that violence is not acceptable and will be called out
- Male led initiatives to challenge language, behaviour and culture are part of the solution
- We must develop an understanding of ‘online harms’ and how to respond to these

*Even if having the discussions and talking about this changes one person's behaviour it's a start in acknowledging this is not acceptable and change is needed*

*Male violence towards women and girls is an issue for men and boys, this is not a women and girls' issue. Men have to take responsibility and take the lead to make society different, going forward.*

### **Service Mapping** (to be presented in prevention triangle)

As part of preparing for the Duty we have carried out an audit of existing services, initiatives and projects across the city that have a role in preventing and responding to violence. Some of these are shown below and are presented to show which level of prevention they operate at.

**Tertiary Prevention** - is concerned with responding to violence once it has occurred and preventing and reducing harm and preventing escalation and recurrence.

- **Behaviour Change Programme** – specialist programme for people perpetrating domestic abuse. Also provider partner support and training and support for other services. Is testing an approach to working with 18–25-year-olds who are using abusive behaviours in their relationships with partners, parents or siblings.
- **Operation Encompass** - a police and education early information safeguarding partnership enabling schools to offer immediate support to children who are victims of domestic abuse.
- **MARAC** - Multi-Agency Risk Assessment and management of high risk domestic abuse cases. Includes safety planning, safeguarding victims and management of risk.
- **Probation Services accredited programmes** – for people convicted of violent offences includes Thinking Skills, Building Better Relationships and Horizon.
- **Youth Justice Service Restorative Justice and Reparation** - holding young people to account, repairing the harm they have caused, enabling them to learn from the experience and prevention of re-offending.
- **Devon and Cornwall Sexual Violence Pathfinder Programme** -to improve care for adult victims and survivors of sexual assault and abuse with complex trauma related mental health needs. Includes building capacity for trauma stabilisation interventions.
- **NHS Devon/Primary Care Interpersonal Trauma Response Team** - training, support and direct patient work to improve the response to people affected by interpersonal abuse and trauma. Includes interventions for children who have experienced domestic abuse, adults who have experienced domestic abuse, sexual abuse or sexual violence and adults who are concerned about their own behaviour in relationships.

**Secondary Prevention** – often referred to as early intervention. These approaches are taken where people are at risk of, or are displaying early signs of, causing harm or being a victim of violence. They are also focused on supporting people to recognise and respond when people are at risk of causing harm or being a victim of violence.

- **Child Centred Policing Team and Youth Justice Service IMPACT project** - identifying Young People coming to the attention of the police and other services (pre crime) and offering a clear and structured menu of options around diversion and prevention.
- **Youth Justice Mentoring** - dedicated and experienced staff to work with young people with a focus on relationship based work. Youth Justice Mentors aim to engage young people in positive activities as a way to build and form trusting relationships and build a positive sense of themselves.
- **Child Centred Policing Team – Operation HYPURAL** aimed at groups of young people carrying weapons and arranging to meet to fight at discreet locations. Using prevention, protection, and pursue tactics.
- **Ambulance Service Operation Pathfinder** – response for 1<sup>st</sup> time offences of violence against emergency service workers focussed on treating root causes of crime and prevention of repeat offences.
- **Family Nurse Partnership** - Structured support programme supporting for young women (up to 19 years) with parenthood. Includes a focus on healthy relationships and reducing accidents and supporting healthy child development. Some support to wider family.
- **Barnardos Exceed** service for young people who have experienced or are at high risk of sexual exploitation. Provides direct support to young people, immediate safety advice and signposting and, indirect support to parents and carers and outreach support to schools.

**Primary Prevention** - preventing violence from occurring. Focuses on changing attitudes and behaviours and building knowledge and skills to prevent people becoming victims or people who cause harm.

- **Health Visiting** - universal offer for children up to 5 and their families – Supports delivery of the Healthy Child Programme – identify health and developmental needs of children and support families at key points in early years.
- **Family Hubs/Start for Life Programme** – focus on parenting support, early language and the home learning environment (all protective factors in violence prevention). They also have a role around identifying domestic abuse.
- **Healthy Child Quality Mark** – for schools includes modules for positive behaviour management and equality and diversity and Healthy Relationships and Sex Education – positive safe relationships.
- **VCS Youth Programmes** including Argyle PL Kicks, Mutley/Greenbank Trust Freedom Youth Project, Well Being Warriors and Exim Dance all provide opportunities around building life skills and resilience.
- **M.A.N Culture** - a Male Allyship Network challenging ‘lad culture’ and promoting a positive ‘man culture’. Listening to men and boys, facilitating difficult conversations needed to address male culture and supporting the safety of women and girls in the city

- **Bystander Training** – developing skills and confidence to intervene and challenge unacceptable behaviours.
- **NSPCC Together for Childhood** place based programme with specific focus on preventing child sexual abuse through testing new ways to prevent abuse. Includes public awareness campaigns, events in schools, engaging with communities and direct services.
- **Fire and Rescue Service** – Fire Safety Interventions with young people where there are concerns about fire setting.

*Conversations and themes*

As part of developing a model for violence prevention in Plymouth we have facilitated a series of conversation sessions. Over 200 people from organisations and communities across the city joined these sessions to consider what effective approaches to violence prevention could look and feel like and how we build motivation for change in this area. A number of themes and opportunities for future focus were highlighted in the conversations and are shown below.

Theme – Young People	
Reflections	Options
<ul style="list-style-type: none"> <li>• Concerns about the seriousness of violence among young people</li> <li>• Evidence that young people are carrying knives because they do not feel safe</li> <li>• Lack of capacity and support in schools to address violence</li> <li>• School environment and cultures including punitive behaviour policies do not work in preventing violence</li> <li>• Concerns that special educational needs and disabilities including neurodiversity and links to violence are not understood</li> <li>• Impact of online pornography and violence – shifting social norms</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of supporting parents around healthy child development – including speech/language and communication</li> <li>• Education and Youth Services have a significant role in supporting behaviour and culture change</li> <li>• Schools must be supported with specialist input, tools, resources etc</li> <li>• Curriculum must focus on managing emotions and feelings as well as cause and effects of violence</li> <li>• Build understanding and response around SEND and neurodiversity</li> <li>• School behaviour and exclusion policies vs. relationship policies – align policies between primary and secondary</li> <li>• YP voices must be at centre of conversations and responses</li> <li>• Parents and schools need to work together to promote and support online safety</li> <li>• Positive engagement for boys and young men</li> <li>• More early engagement and intervention services to break the cycle</li> <li>• Need more support for transition to further education/employment/adulthood</li> <li>• Youth and community services as safety nets and opportunity to model behaviour – need more open access</li> </ul>

	<ul style="list-style-type: none"> <li>• Joined up approach with community youth work co-located with schools</li> <li>• Make public transport safer – ensure links with police to share what they see</li> <li>• Utilise the opportunities from the Family Hubs to support locality working</li> </ul>
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<b>Theme – Communication</b>	
<b>Reflections</b>	<b>Options</b>
<ul style="list-style-type: none"> <li>• Concerns that social media promotes and celebrates violence</li> <li>• Public perception of council and strategy needs to be considered in terms of branding and promoting this work</li> <li>• Risk of alienating and shaming men</li> </ul>	<ul style="list-style-type: none"> <li>• Our narrative around violence prevention needs to be clear and to resonate across communities</li> <li>• Community Safety Partnership needs media profile and messaging – needs to promote prevention e.g., <i>Our Safer City</i></li> <li>• Need direct communication with communities on these issues</li> <li>• Need to counterbalance all the negative narratives and messaging about young people and violence</li> <li>• Communicate the good news stories</li> <li>• Celebrate the strengths of Plymouth communities</li> </ul>

<b>Theme – Information, insights and understanding</b>	
<b>Reflections</b>	<b>Options</b>
<ul style="list-style-type: none"> <li>• Serious violence in some groups is underreported e.g., homeless people, people with complex lives, people with learning disabilities and diverse communities</li> <li>• Need a shared understanding of the real issues and the impacts e.g., on people’s health – through using data and insights</li> <li>• Confidence in the Police is very low – need to improve this</li> </ul>	<ul style="list-style-type: none"> <li>• Improve opportunities for reporting – particularly for more vulnerable groups - need to build trust and confidence for this</li> <li>• Bring data and intelligence together to give clear picture and guide what we do</li> <li>• Build in people’s experiences and context into the ‘overall picture’</li> <li>• Better information/map about what support is available</li> <li>• Pulse surveys to check out people’s perceptions of safety/feeling safe to follow change over time</li> </ul>

<b>Theme – Responding to harm</b>	
<b>Reflections</b>	<b>Options</b>
<ul style="list-style-type: none"> <li>• Concerns re waiting lists in broader range of services e.g., mental health and CAMHS</li> <li>• Stigma of men reporting domestic abuse and violence</li> <li>• Lack of confidence around working with perpetrators of violence Concerns around intergenerational violence</li> <li>• Need appropriate support for people with learning disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Building confidence across services to work with people who cause harm</li> <li>• Importance of behaviour change programmes working with those who are violent/causing harm</li> <li>• Trauma responsive and relational approaches</li> <li>• Responses must be shame sensitive – ‘shaming and blaming’ does not support positive change</li> <li>• Responses must be aligned and co-ordinated</li> <li>• Justice system must have clear focus on victims</li> <li>• Services for men as victims as well as perpetrators</li> <li>• Specific approaches that continue work beyond the prison gate -</li> <li>• There need to be clear consequences for people who cause harm</li> <li>• Restorative justice approaches – for shared understanding and behaviour change</li> <li>• Build awareness of those who have turned their lives around</li> </ul>

<b>Theme – Culture and modelling behaviours</b>	
<b>Reflections</b>	<b>Options</b>
<ul style="list-style-type: none"> <li>• Concerns about lack of parental support and impact of violence in home – violence becoming normalised</li> <li>• Fears that online content and social media has normalised violence for young people</li> <li>• Where is the support for parents/families re concerns about online world?</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of relational, strengths based practice</li> <li>• Support around parenting and modelling healthy relationships and behaviours</li> <li>• Male Allyship for exploring gender dimensions and role modelling</li> <li>• Bystander training and network – including for YP to help shift language, attitudes and behaviours and communicate the change we want to see</li> <li>• Need to develop more collective pride in the city</li> </ul>

<b>Theme – Environment and enhancing safety – community connectedness</b>	
<b>Reflections</b>	<b>Options</b>
<ul style="list-style-type: none"> <li>• Some areas don't feel safe including city centre and Mutley</li> <li>• Temporary hoardings can contribute to feeling unsafe</li> </ul>	<ul style="list-style-type: none"> <li>• ‘Everyone has a right to feel safe’</li> <li>• Need to provide a platform for public voice</li> <li>• Safe places network</li> <li>• Build on Purple flag type schemes</li> </ul>



<ul style="list-style-type: none"> <li>• Some areas are stigmatised</li> <li>• What is the impact of military and high number of students</li> </ul>	<ul style="list-style-type: none"> <li>• Need to better understand what makes communities feel safer</li> <li>• Create more community spaces and activities</li> <li>• Address the fear through 'a movement of peace'</li> </ul>
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<b>Theme – Socio Economic Factors</b>	
<b>Reflections</b>	<b>Options</b>
<ul style="list-style-type: none"> <li>• Deprivation, inequalities, poverty and cost of living crisis are important issues - can cannot ignore this</li> <li>• Feelings of anger are apparent in the community and linked to lack of access and availability of support including housing</li> <li>• Lack of face to face access points and services is 'de-humanising'</li> <li>• People are hearing 'no' too often</li> <li>• Long term impacts of violence in the home</li> <li>• Impact of poor parental mental health on YP</li> <li>• Impact of parental drug and alcohol misuse</li> <li>• Impact of Covid on feeling of safety and people's mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma responsive approaches are essential to understanding the drivers and risk factors for violence and driving relational and compassionate responses</li> <li>• Need to provide face to face services – less online interaction</li> </ul>

<b>Theme – System Enablers</b>	
<b>Reflections</b>	<b>Options</b>
<ul style="list-style-type: none"> <li>• Do we appreciate the need to be proactive rather than reactive?</li> <li>• Concerns about the impact of waiting lists for key services such as mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Communities are key - community connectedness – create more shared spaces to share the approaches and learning</li> <li>• Approaches need to be aligned and co-ordinated</li> <li>• Integrated approaches to investment with shared objectives</li> <li>• Embed and understanding of the gendered nature of violence in our approaches</li> <li>• Intersectional approaches that recognise multiple layers of disadvantage and disadvantage</li> <li>• Valuing lived experiences</li> </ul>

## A Model for Violence Prevention

Violence is preventable. Everyone has a role in preventing violence.

Our vision is for Plymouth to be a place where everyone can lead their lives free from violence and the fear of violence.

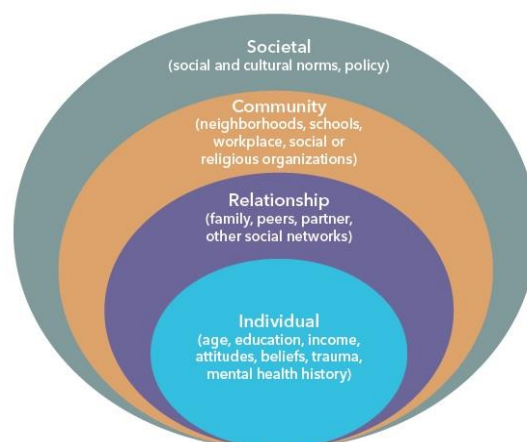
We aim to achieve this through multiple and reinforcing approaches that both address the drivers of violence and respond to the harm caused by violence. This will support a dynamic and adaptive process that responds to the call for change outlined in the Serious Violence Duty and supports effective coordination of local efforts and resources. We will

1. Build on existing approaches including those led by the Serious Violence Duty *specified authorities*, the Office for Police and Crime Commissioner and the Violence against Women and Girls, Domestic Abuse and Sexual Violence Local Partnership Board.
2. Realise the potential for violence prevention in the broader range of local policies, programmes and services, and
3. Initiate a programme of additional priorities to strengthen a whole systems approach that works towards the longer term change required to shift cultures and behaviours and prevent serious violence.

## A public health approach

A public health approach to violence prevention recognises that violence, rather than being the result of any single cause, is influenced by many factors. It considers the wider determinants of violence or drivers of violence that can make someone more at risk of being involved in violence either as a victim or as someone who causes harm.

Public health uses a social ecological model to understand these factors at an individual, relationship, community and societal level. The diagram and description below provide a helpful illustration of this.



*Individual* – biological and personal history factors can increase the likelihood of becoming a victim of violence or a person that causes harm. These factors include age, speech and language skills, drug and alcohol misuse and exposure to violence in the family.

*Relationship* – this considers peer and family relationships that may increase the risk of experiencing violence as a victim or person who causes harm. Important considerations here are low family income, parental mental health issues, parental conflict and youth involvement in gangs.

*Community* – this considers places and settings including neighbourhoods, workplaces and schools. Important issues here are perceptions of safety, rates of crime, lack of social connectedness and poverty.

*Societal* – this level is concerned with broader societal factors that support the conditions for violence such as health, economic and social policies that help maintain inequalities such as gender inequalities.

A public health approach focuses on addressing risk factors that can impact on an individual's vulnerability and susceptibility to becoming a victim of violence or a person who causes harm. It is built on three levels of prevention – primary, secondary and tertiary. If we are to see a sustained reduction in violence then our key focus should be on primary prevention – stopping it before it occurs. Success at this level is not immediate but will reduce the harm caused by violence over time. This should be balanced with secondary and tertiary level prevention approaches to stop the escalation of violence and provide victims and people who cause harm with the support that they need.

### ***A trauma informed approach***

A trauma informed approach recognises that trauma – a harmful event, series of events or set of circumstances - shapes people's lives in many ways and can have lasting adverse effects. It also recognises that trauma and adversity are not predictive and can be overcome. A trauma informed approach prevents serious violence by working across the local system to identify those most at risk of violence due to previous adversity and trauma. It also emphasises physical, psychological and emotional safety for those affected by serious violence and creates opportunities to rebuild a sense of control and empowerment.

The vision and values of the Trauma Informed Plymouth Network<sup>6</sup> (TIPN) provide a useful framework for approaches to violence prevention that is aligned to public health and human learning system approaches. The TIPN vision focuses on recognising the impact of trauma and the value of compassionate person-centred responses that support people and communities to build on their strengths to develop resilience.

### ***A Human Learning Systems approach***

Human Learning Systems (HLS)<sup>7</sup> is an emergent approach to public services and social action based on the acceptance of complexity. It proposes that:

- all people's lives are different and subject to many influences

<sup>6</sup> Trauma Informed Plymouth Network [Home - Trauma Informed Plymouth Network](#)

<sup>7</sup> Human Learning Systems [Human Learning Systems](#)

- social issues are complex and interdependent
- the systems responding to the issues are also complex
- things constantly change

In this way outcomes are created by a combination of people and factors and the relationships and interactions between them. The key features of a Human Learning Systems approach are working in a way that is human and responsive to bespoke needs and strengths, prioritising learning and adaptation, and taking a system approach. Taking a Human Learning System approach to violence prevention and reduction provides an opportunity to improve our understanding of the context and drivers of violence and lead a system response that is relational and adaptive.

### ***A co-ordinated community response approach***

A co-ordinated community response approach supports a whole system response that encourages organisations and communities to work together to keep people safe and to ensure that people who are violent and cause harm are held to account. This approach shifts responsibility for safety away from individual victims and survivors of violence. Our approach will be informed by the Standing Together Coordinated Community Response<sup>8</sup> that provides a framework for best practice in preventing and addressing domestic abuse. This prioritises the voice of all people affected by violence and recognises the interconnected nature of factors such as race, class, disability and gender that can combine and lead to people facing multiple layers of disadvantage and inequality.

As described above our approach to reducing and preventing serious violence in Plymouth builds on the existing services, initiatives and projects some of which are described in the mapping section on P11-13. It also recognises the broader range of local policies, programmes and services where there is potential to build capacity for violence prevention. Some of these are shown below.

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<sup>8</sup> Coordinated Community Response. Standing Together. [What is a CCR? — Standing Together](#)

**Plymouth Drug Strategy Partnership Harm to Hope**

A 10-year programme to cut crime and save lives through breaking drug supply chains, building capacity for treatment and recovery services, and changing perceived acceptability of illegal drug use

**Family Hubs and Start for Life Programme**

Providing support to families with children 0-19 with a focus on early infant relationships and attachment, preparing for parenting and support for child language and communication development.

**Thrive Plymouth**

10-year plan to improve health and well-being and reduce health inequalities. Focus on lifestyle behaviours and the wider determinants of health.

**Breaking the Cycle of Child Poverty - Child Poverty Action Plan 2022-25**

Includes a focus on improving disadvantaged children’s emotional health and wellbeing, boosting child and parental literacy, providing additional support for school readiness and building young people’s skills and capabilities.

**SEND Improvement Plan**

A partnership approach to improving the care and support for children and young people with special educational needs and disabilities. This includes a focus reducing the likelihood of vulnerable pupils being excluded from school and improving the consistency of support offered to children and young people in schools.

**Community Youth Services**

Programme to expand and improve local youth facilities and services to drive positive outcomes for young people including improved mental and physical health and skills for life and work.

**Healthy Communities Together - Belong in Plymouth**

A network to help tackle social isolation and loneliness and make Plymouth a city where no one feels forgotten.

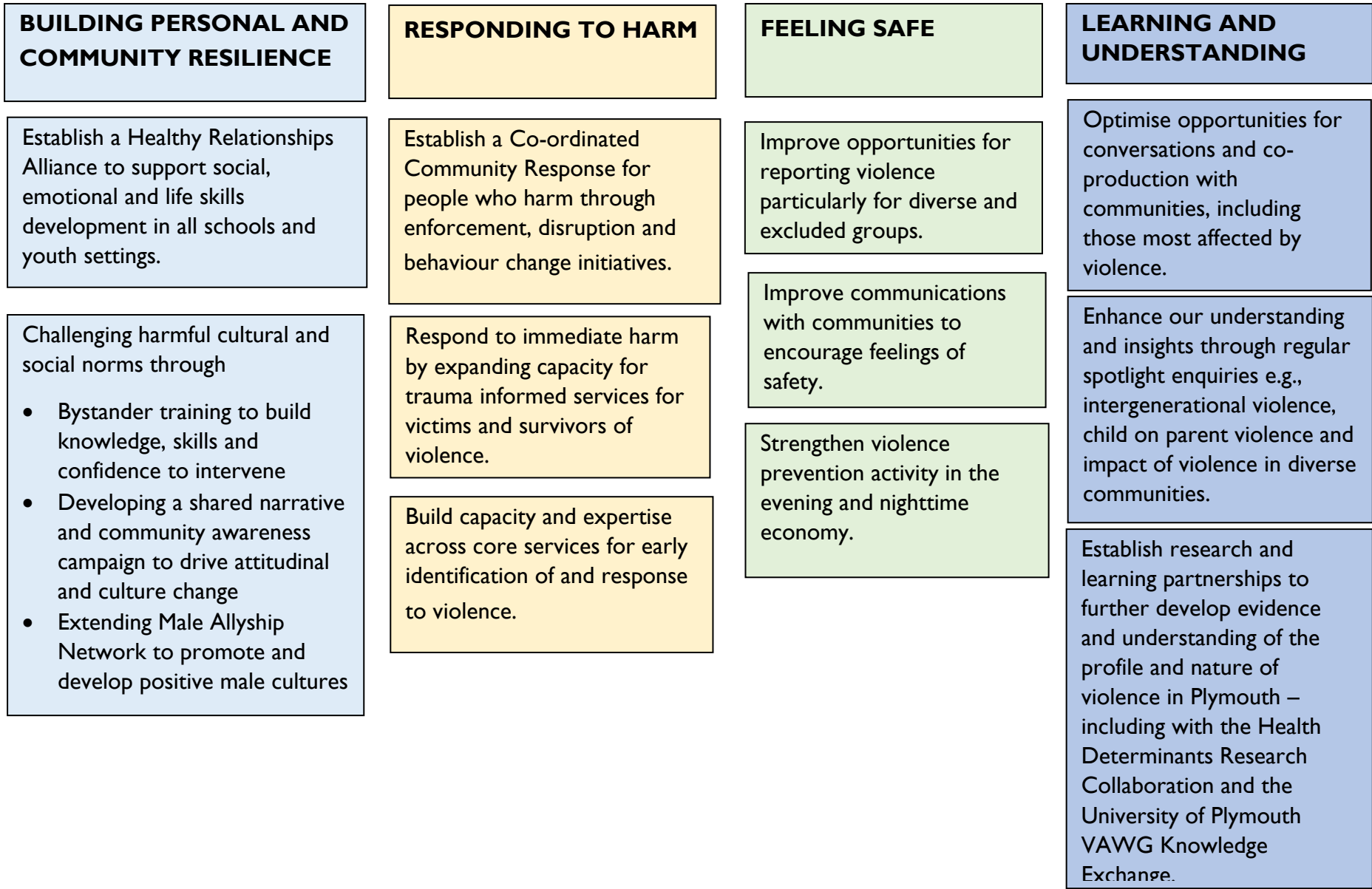
**You Belong Here - School Attendance Matters**

City wide campaign to highlight the impact of lost days of learning and remind families that every day in school matters.

These policies, programmes and services have the potential to be part of system wide improvements in recognising and responding to violence as well as modelling the behaviour and cultural change needed to prevent violence. Specifically they have a role in preventing violence through the following.

- **Challenging harmful cultural and social norms** that promote and sustain violence. This means developing opportunities for bystander approaches that equip us to take action when we see unacceptable language and behaviours – reflecting a ‘See it, Say it, Stop it’ approach. It also means recognising the gendered nature of violence and challenging harmful stereotypes and inequalities. Through intervening in these ways we act as ambassadors and model the changes we want to see. When these changes are consistently reinforced we collectively shift the boundaries of what is acceptable and work together to prevent violence and to keep each other safe.
- **Adopting trauma responsive approaches and practice.** This means recognising and responding to the impact of trauma on people’s lives. It means preventing further re-traumatisation and ensuring people’s safety. Trauma informed practice takes a shame-sensitive, strengths-based approach that supports understanding and accountability as well as encouraging a sense of control and empowerment. Taking this respectful person-centred approach helps us to build mutual trust and understanding at an individual and collective level.
- **Sharing the responsibility for supporting victims and people who cause harm.** This involves balancing the safety and recovery of victims and survivors of violence with ensuring the visibility and accountability of perpetrators. This means collectively improving how we identify and intervene with perpetrators as early as possible to prevent escalation and support behaviour change. It also means prioritising multi-agency practice to share information, manage risk and prioritise safety.
- Maximising opportunities to **expand relational based programmes and initiatives** such as mentoring, sports and activity programmes and evidence-based therapies across the system. This has the potential to support the development of language and communication skills, positive social skills and relationships, to connect young people to trusted adults and peers and help process trauma and harmful experiences.

We will also develop the priorities detailed in the table below to ensure that we strengthen our approach with an enhanced focus on primary prevention over time.



**System Enablers**

Integrated commissioning and investment

Population focus to ensure investment reaches groups most affected and impacts positively on reducing inequalities

Co-production – design by experience

Co-ordinated communications

Sharing of data and intelligence

Workforce development and capacity building



## **Implementing the strategy**

The Community Safety Partnership Safer Plymouth will oversee the implementation of this strategy. It will link with the Violence against Women and Girls/Domestic Abuse/Sexual Violence Local Partnership Board, Plymouth Safeguarding Adults Board, Plymouth Safeguarding Childrens Partnership and Harm to Hope Drugs Partnership to ensure shared leadership of the priority areas. Safer Plymouth will also strengthen links with schools and education settings to ensure that they are supported to collaborate in local efforts to reduce and prevent serious violence.

Safer Plymouth partners will further develop specific areas for action, manage and challenge progress and communicate achievements and learning. They will refresh the focus of the strategy annually.

Safer Plymouth partners will create opportunities for ongoing conversations and co-production with local communities, particularly with communities and groups most affected by violence.

## **How will we know we are making a difference?**

Given the approach being taken and the focus on the wider determinants of serious violence the main impact of this work will be seen over the medium to longer term. In order to observe changes over time and demonstrate progress we will develop a framework to reflect the priority areas in this strategy and model for violence prevention. This will include the following indicators.

### National indicators

- Reduction in hospital admissions for assaults with knife or sharp object
- Reduction in knife and sharp object enable serious violence recorded by the police
- Reduction in homicides recorded by the police

### Local indicators

- Improved perceptions of safety (with a specific focus on protected characteristics)
- Reduction in number of recorded violent crimes
- Reduction in first time entrants to the youth justice system
- Reduction in re-offending of violent crimes
- Reductions in school exclusions and persistent absence
- Reduction in number of 16-17 year olds not in education, employment and training