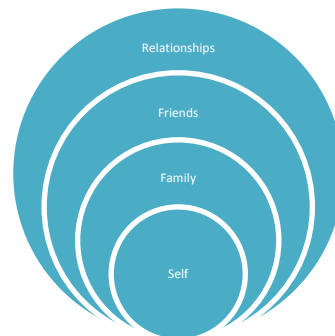Barnardo's and the NSPCC undertook two pilots in Coombe Dean and Tor Bridge secondary schools. Both pilots were delivered to a group of Year 9 students in each school over five sessions.

The content was chosen following the feedback from children and young people. The final session plans were then developed in partnership with the young people's participation group.

**Healthy Relationships Programme Outcomes - Secondary Schools**



| Session | Outcome |
| --- | --- |
| **1. Consent** | Young people have increased understanding of:<br>• Negotiation and agreement<br>• Communication of boundaries, wants and needs<br>• How ideas and preconceptions influence behaviour<br>• Consent and non-consent<br>And increased awareness of sources of information support |
| **2. Sexting** | Young people have increased understanding of:<br>• The consequences and impact of sexting<br>• Appropriate and inappropriate use of social media and sharing of images<br>• The potential for information and images to be shared/published/exposed<br>• Self-respect and associated behaviours<br>• Links between consent and sexting<br>And increased awareness of sources of information and support |
| **3. Healthy and unhealthy relationships** | Young people will have increased understanding of:<br>• The role of power within relationships<br>• Links between power and consent in relationships<br>• The difference between health and unhealthy behaviours<br>• Recognition of abusive behaviours<br>And increased awareness of sources of information and support |
| **4. Pornography** | Young people will have increased understanding of:<br>• The legal implications and ethics of pressuring others to watch porn<br>• The difference between pornography and 'real life' sexual relationships<br>• The difference between the sexual and emotional aspects of relationships<br>• Healthy decision-making about watching porn<br>And increased awareness of sources of information and support |
| **5. Resilience** | Young people have increased understanding of: |

- The pitfalls of comparison (e.g. media images)
- Labelling, stigma and stereotyping (LBGT focus)
- Sexual health and contraception
- The importance of positively valuing yourself

And increased awareness of sources of information and support

The practitioners from Barnardo's and the NSPCC were able to adapt each session plan to meet the needs of each group.

Initial feedback from young people from the two pilot groups was more centred on the environmental factors and the style of delivery; the relaxed and informal style was highlighted as a positive. Backing up the initial research undertaken, discussion-led activities where young people could ask pertinent questions in a safe space.

# Healthy Relationships Final Report

# *A healthy relationship is a relationship with friends, family or loved ones that is built on a solid foundation of respect, honesty, communication and trust.*

| 1.  Executive summary |
|---|

- This report recommends a definition for 'healthy relationships' which has been explored and defined by young people.
- The main purpose of this project is to develop a strategic approach for the delivery of a comprehensive healthy relationships education programme in schools. The project will set out a framework for providing quality information, advice and guidance and developing children and young people's resilience in respect of developing and maintaining healthy relationships.
- The Healthy Relationships Interim Report (produced January 2018) provides detail on needs of Young People from the Health-Related Behaviour Survey, national context, local drivers, research, emerging themes, and key messages from children and young people; all of which has informed the final report and recommendations.
- This report sets out recommendations that will meet the requirements of both the Safeguarding Children's Board and Safer Plymouth Board to have a quality assured schools-based offer that will be responsive to individual school need and enhance formal and informal education opportunities in specific areas of healthy relationships education.
- An audit tool (self-assessment) has been created to set out a baseline standard requirements in respect of a universal offer with opportunities for targeted interventions to be implemented to meet individual school needs.
- The proposal also aligns healthy relationships education to the current emotional health and wellbeing model operating across secondary and special schools. This follows direct feedback from children and young people and brings together two key themes linked to PSHE.

| 2.  What the evidence tells us |
|---|

- <u>Needs assessment</u> – gaps in knowledge of Children and Young People; previously there has not been a consistently applied policy on Sex and Relationships Education (SRE) in England so the quality and extent of its provision in schools has varied greatly. In 2013, Ofsted[1] reported that over a third of primary schools and almost half of secondary schools required improvement in SRE. In primary schools, this was because there was too much focus on friendships and relationships, rather than learning about physical and emotional changes during puberty. In secondary schools, it was because 'too much emphasis was placed on 'the mechanics' of reproduction and too little on

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[1] Ofsted, (2013) Not yet good enough: personal, social, health and economic education in schools in 2012.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413178/Not_yet_good_enough_personal__social__health_and_economic_education_in_schools.pdf

- relationships, sexuality, the influence of pornography on students' understanding of healthy sexual relationships, and dealing with emotions and staying safe' (Coram, 2017)[2].

- <u>National level</u> - The importance of RSE and PSHE is shared by children and young people. The HBSC (2015)[3] recently reported that among children and young people who completed their survey, 70% agreed or strongly agreed that PSHE lessons had improved their abilities and skills to care for other individual's health. Furthermore, the UK Youth Parliament made 'a curriculum for life', which includes comprehensive, statutory PSHE, their priority campaign in England in 2014 and 2017[4]

- <u>It's not (yet) statutory</u> - Under the Children Act (2004), schools maintain a statutory obligation to promote their pupils' wellbeing, and under the Education Act (1996), to prepare children and young people for the challenges, opportunities and responsibilities of adult life (Brook, the PSHE Association and the Sex Education Forum, 2014). In March 2017, the Department for Education announced that Sex and Relationships Education (SRE) is to be made statutory in all schools in England from the academic year 2019/2020. As part of the Children and Social Work Act (2017), SRE will be taught in all secondary schools, and Relationships Education in all primary schools, with an emphasis on *healthy relationships* (Coram, 2017).

- All maintained schools are required to have an up to date policy on RSE, and whilst there is no requirement for academies to have such a policy, most academies do. All schools must include information on their PSHE provision when they publish their curriculum[5].

- <u>Balancing priorities</u> – schools are being asked to add more into the teaching day. Recommendations set out in Future In Mind have been adopted in some Plymouth Schools, and the impending SRE requirements adds a further element to incorporate. Staff capacity to own, lead and deliver Healthy Relationships work is a risk as they must balance competing priorities.

- <u>Workforce does not feel equipped</u> – A survey conducted by NAHT (2017)[6] exploring how Government proposals could work best for schools found that 90% of over 900 professionals said that PSHE (including RSE) should have the same status as other school subjects, and 91% of respondents want the subject to have a regular place in the school timetable and curriculum. Very similar results were reported by the National Education Union (NEU, 2018) from their survey about the proposed changes to the teaching of RSE and PSHE[7], with the addition that 96% of respondents stating that high-quality RSE has a role in keeping children safe from harm. However, in the same survey, almost 70% (68.6%) or respondents said that staff within their school had not had sufficient training to deliver high-quality RSE or PSHE, with 56% believing that the main barrier to delivering such high-quality RSE or PSHE is having inadequate resources[8].

  A 2017 survey conducted by Coram collected the views of teaching professionals about SRE provision and received similar results. More than a third of schools said they needed additional support in teaching in this area and 1 in 3 schools need more help with identifying the needs of young people. Involving parents is another issue for consideration, as interestingly, three quarters of schools say they need more advice on consulting parents on the topic.

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[2] Coram (2017) 'The sex and relationship education needs of young people: a review of research and school survey findings'. http://www.coram.org.uk/sites/default/files/resource_files/CLE%20Ecclesiastical%20SRE%20research%20report%20and%20findings%20July%20202017%20FINAL.pdf

[3] HBSC (2015) HBSC England National Report: Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study

[4] Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015) School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews.*

[5] PSHE Association (2018) New DfE requirement for schools to publish details of their PSHE education provision

[6] PSHE Association (2017) NAHT survey shows overwhelming support for statutory PSHE from 2019

[7] National Education Union (2018) Are you ready for Relationship and Sex Education?

[8] ibid

- o Local research also indicates that there is a deficit across the schools' workforce in terms of having the confidence to deliver healthy relationships education, which aligns with national data and research from the PSHE Association
- <u>Pupil awareness</u> **–** Pupils engaged in a local consultation process[9] told us they felt there is no consistent offer for Plymouth children and young people which means understanding is mixed. Healthy relationships awareness is experienced in the main as being focused on sex education delivered as a one-off session via an assembly or tutor group. Evidence of good practice with regular timetables slots are infrequent.
- <u>Parent / carer awareness</u> – Programmes are more effective where they encourage the involvement of parents and guardians. Public Health England guidance (2014)[10] recommends building links between home and school and supporting positive parenting practices; children and young people are clear that they want to talk to their parents and carers about sex and relationships. However, many parents and carers feel they lack the ability to talk about this confidently and look to schools for support. Schools and parents need to work together to make sure children and young people get the information and support they need from all areas. Parents are eager for Children and Young People to access prevention education, (age appropriate). 88 per cent of parents of school-aged children believe that sex education and lessons on adult and peer relationships should be mandatory in schools (NAHT 2013).
- <u>Prevalence</u> – We are only scratching the surface; as few as 1 in 8 victims of child sexual abuse come to the attention of statutory authorities. The burden of responsibility to speak out is on victims (Smith et al, 2015)[11].
- <u>Length of time before disclosure</u> – There are significant delays between the onset of all forms of abuse and children 'disclosing' (Allnock and Miller, 2013). A national survey of nearly 400 survivors found that the length of time between abuse starting and the disclosure of abuse varied widely but was an average of 16 years. Almost half of the respondents did not disclose their abuse until they were aged 20 or older. The average duration of CSA was 7 years[12].
  - o An international Cochrane Study reported that students who were exposed to child sexual abuse prevention programmes had greater odds of disclosing their abuse, than those who had not been exposed. Furthermore, the same review reported that participant's skills in protective behaviours and knowledge of sexual abuse prevention concepts were increased following school-based sexual abuse prevention programmes[13]. The review notes that the long-term benefits of programmes with the aim of reducing the incidence and/or prevalence of child sexual abuse have not yet been adequately measured, and further research in this area is needed[14].
- <u>Interventions</u> - Whole school approach is most likely to achieve positive change (Beckett *et al*, 2013) and there is evidence school-based sexual abuse prevention programmes were effective in increasing knowledge of how to protect oneself, sexual abuse prevention concepts and possibly the likelihood of disclosure (Walsh *et al* 2015).

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[9] Healthy Relationships Interim Report January 2018
[10] Public Health England (2014) 'Local Action on Health Inequalities: Building Children and Young People's Resilience in School'. Institute of Health Equity/Public Health England.
[11] Smith, N., Dogaru, C. and Ellis, F. (2015) 'Hear me. Believe me. Respect me. #Focusonsurvivors'. Healthwatch England.
[12] Smith, N, Dogaru, C., Ellis, F. (2015) Hear Me. Believe Me. Respect Me.
[13] Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015) School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews.*
[14] Ibid

- The Public Health England 'Promoting children and young people's emotional health and wellbeing[15]' outlines a comprehensive whole school approach based on the following 8 principles:



- The 8 principles enables a holistic approach to supporting emotional health and wellbeing that could be transferred to other subject areas.
- The Barnardo's report (July 2016)[16] identifies the following factors that increase the likelihood of intervention having an impact;

| Factors that increase likelihood of intervention having impact | Reference |
|---|---|
| A school's readiness and commitment | Stanley et al (2015) |
| Integrated 'whole school' approach that involves active parent engagement and effective local multi-agency working. | Beckett et al (2013) Rawden (2015) Humphreys et al (2008) Topping and Barron (2009) |
| A programme based on a needs assessment and tailored to the specific audience and context. | Humphreys et al (2008) |
| Duration of intervention- ideally sustained over months. | REaDAPt (2012) Topping and Barron (2009) |
| Regular sessions with repeat sessions to sustain impact. | Barter and Berridge (2011) |

- Programmes teaching parents and carers: should play key role (Wurtele & Kenny, 2010)- should teach them how they can be involved in CSA prevention- but little progress in this area (Wurtele, 2009)

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[15] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf
[16] Barnardo's 'A Rapid Review 2016 http://www.barnardos.org.uk/cse_exploitation_education_rea.pdf

- Parents want their children to learn about preventing sexual abuse in school (Deblinger et al, 2010; Wurtele and Kenny, 2010), and many parents want more information themselves about how to discuss these issues with their children (Walsh et al, 2012).
- McElearney et al (2011)- survey found that the majority of parents "reported very positive attitudes to their children being taught 'keeping safe' messages through preventative education.
- Quality and comprehensive PSHE programmes (within which RSE is taught) contribute to "a better understanding of diversity and inclusion, a reduction in gender-based and homophobic prejudice, bullying and violence and an understanding of the difference between consenting and exploitative relationships"[17].
- Both young men and women have cited that school was their main source of information on sexual matters, and those who cited school as their main source of information had their first sexual intercourse experience later than those who received their information from other sources. Furthermore, receipt of information from school, as opposed to other sources, was associated with lower reporting of a wide range of sexual health risk behaviours and outcomes. Finally, young women who cited school as their main source of information were less likely to have had an abortion, experienced sex against their will or to have felt distressed about their sex life in the past year, and were more likely to be sexually competent at their first sexual intercourse[18].
- A US prevention programme which has been evaluated to be particularly effective in a randomly-controlled trial is Safe Dates. Safe Dates is a school-based dating violence prevention programme for 11-18 year olds and is administered in ten sessions lasting 20-50 minutes in length. The evaluation found positive changes in attitudes towards dating violence norms, communication skills and responses to anger. A follow up evaluation four years later found that adolescents who took part in the Safe Dates programme reported significantly less physical and sexual dating violence than those in the control schools[19].
- Findings from Kirby's (2007)[20] study of 48 US based RSE programmes state that young people who have taken part in a comprehensive RSE programme are more likely to feel that the timing of when they first had sex was right and that both partners were equally willing. Similarly, Lindberg and Maddow-Zimmet's (2012)[21] study found that females in the US who had received comprehensive sexual education, compared to those who received abstinence only or no RSE education, were less likely to have a partner with a large age difference (+-3 years) at the first time they had sex and were more likely to describe their first time having sex to be wanted.
- Quality Assurance – Children and Young People have told us (2018)[22] the following 5 key themes are important in delivery of interventions:
  - Confidence in delivery
  - Relevance
  - Keeping it real
  - Interesting and interactive
  - Wrap around support

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[17] Brook, the PSHE Association and the Sex Education Forum (2014) 'Sex and relationships education (SRE) for the 21st century'.

[18] MacDowell et al. (2015) Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) *BMJ Open.*

[19] Foshee VA, Bauman KE, Ennett ST, Linder F, Benefield T and Suchindran C (2004) Assessing the long-term effects of the Safe Dates Program and a booster in preventing and reducing adolescent dating violence victimization and perpetration, American Journal of Public Health, 94 (4) 619 – 24

[20] Kirby, D (2007) 'Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases'. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy

[21] Lindberg, L and Maddow-Zimet, I (2012) 'Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes'. Journal of Adolescent Health, 51, 4, 332–338.

[22] Healthy Relationships Project Interim Report January 2018

## 3. Recommendations

**The recommendations below are made by the Healthy Relationships Advisory Group:**

**Recommendation 1** – A whole school approach to healthy relationships work is adopted (founded on and building on the same eight key principles developed by PHE in relation to 'embedding a whole school approach to emotional health and wellbeing').

**Recommendation 2** – schools undertake a self-assessment (draft audit tool available in appendix 1, based on Progeny self-assessment for whole school approach to emotional health and wellbeing[23]) linked to evidencing their whole school approach to Healthy Relationships to inform individual school and strategic strengths and gaps[24].

**Recommendation 3** – a bank of existing quality assured resources will be made available to schools (potentially via School Room, Plymouth City Council site for schools) as a live document to be utilised by schools to provide effective delivery and evidence against self-assessment. Gaps in resources to be identified in Year 2 of the project and production of new evidence-based resources to be developed.

**Recommendation 4** – all activity undertaken should be quality assured. A quality assurance methodology should be developed in Year 2 and will be added as subsequent appendix to this report. The quality assurance criteria will include voice of the child to inform delivery, requirement to demonstrate impact and delivery style (environmental factors).

**Recommendation 5** – Co-commissioning options are explored for ensuring quality assurance, for funding universal offer and to explore funding for targeted delivery. Co-commissioning to explore integration of Healthy Relationships and Progeny work (for emotional health and wellbeing) including funding, delivery and sustainability.

**Recommendation 6** – healthy relationships work in other specific populations are explored, such as with early years and elective home educated children and young people.

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[23] Formal agreement has been confirmed from The Zone who developed the Progeny Self-Assessment Tool
[24] Note, if recommendation agreed, the audit will be piloted with learning utilised to inform next steps, including exploration of pre-work required in schools such as initial awareness raising.

## Self-Assessment Tool

A standardised self-assessment tool for use by 'whole school communities' for designing, delivering and evaluation a healthy relationships education programme.

| School: | Neighbourhood/Ward: |
|---|---|
| Address: | Telephone Number: <br> Website: |
| Date of Last Ofsted: | School Population/Number on roll: |

| Nominated Lead: | Assessment Completion Date: |
|---|---|
| Headteacher: | |

**Purpose:** An Assessment Tool that compiles and complements data already received to assess Emotional Health and Wellbeing across the Student Body in Secondary Education Providers encompassing 8 guiding principles (set out by PHE Document 'Promoting children and young people's emotional health and wellbeing – A whole school Approach') and 21 standards to be met aiding the compilation of School Delivery Plans.
(*Assessment Tool Criteria and Evidence Links with Required Standards and Guidelines Set Out By Ofsted, DfE and PHE).*

**Instructions:**

1. Gather information and evidence as required throughout the assessment tool. The tool should be completed by the designated **Lead** for each school.
2. Complete all sections of the assessment Tool with evidence / details as required – including an indication of your current status via the RAG rating column (red/amber/green) to assist as a control for measuring and monitoring progress. Green can only be awarded if the standard is <u>fully</u> it is anticipated that schools will initially rate as amber/red for most standards.
3. Where the term Healthy Relationships is used, this refers to the definition created by the Young People Participation Group: "*A healthy relationship is a relationship with friends, family or loved ones that is built on a solid foundation of respect, honesty, communication and trust*"

**The self-assessment tool comprises of 8 principles covering the key areas that schools need to address in order to ensure the best possible outcomes for the emotional health and well-being of students. The Principles are as follows;**

### Principle 1:
- Evidence of effective use of pupil premium, effective partnerships and of social and emotional wellbeing featuring in any improvement and development plans, policies, systems and activities.

### Principle 2:
- Evidence of records, analysis and data in relation to social and emotional issues, effective and available spaces and/or inclusive environments to communicate openly about emotional health and wellbeing, and evidence of social and emotional schemes of support.

### Principle 3:
- Evidence of specific allocated time within timetables with a focus on emotional health and wellbeing as well as being embedded across the curriculum, effective promotion of positive behaviours and relationships with a focus on skill development.

### Principle 4:
- Evidence of student input and opinion and of a variety of ways that pupils can feed into the school system.

### Principle 5:
  Evidence of staff support and professional development including that all staff have sufficient knowledge of the necessary skills to develop young people's social and emotional wellbeing, evidence of performance management and improvement strategies.

### Principle 6:
- Evidence of clear policies and procedures, effective and available channels of communication between staff and senior leaders/governors, evidence of effective monitoring and evaluation of systems and procedures.

### Principle 7:
- Evidence of communication and interaction between school staff and parents/carers in regards to emotional health and wellbeing,  evidence of clear regard for parent/carers views and opinions.

### Principle 8:
- Evidence of effective processes and monitoring to ensure that young people with identified needs are targeted with effective and appropriate interventions and access to pastoral care and support. Evidence of students having clear and consistent information regarding opportunities for them to discuss personal issues and emotional concerns.

## Principle One: Leadership and Management

Schools must have leadership and management that supports and champions efforts to promote emotional health and wellbeing of the wider school community.

## Quality Statement

Effective leadership and management is the central principle which underpins the framework for promoting children and young people's emotional health and wellbeing in schools. The senior leadership team and the Board of Governors have an essential role to play in making this a priority for the school, ensuring it is embedded in all planning and development and in supporting staff to deliver initiatives across the curriculum. Effective leadership and management will ensure that the school community benefit from an informed and coordinated approach to the improvement of healthy relationships education.

| 4 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 1.1The senior leadership team and the Board of Governors have knowledge and understanding of healthy relationship issues and demonstrate commitment to addressing them and supporting the whole school community. | | |
| 1.2 School policies and improvement plans make clear reference to supporting the delivery of healthy relationships education using progressive messaging across the different key stage groups. | | |
| 1.3 The School have an appointed lead responsible for the delivery of Healthy Relationships education who has the full support of the senior management team. | | |

| 1.4 School leaders contribute to local strategic planning, advocate for learners, have excellent links with relevant local providers within the field of healthy relationships education. | | |
| --- | --- | --- |

## Principle Two: School Ethos and Environment
Schools must have an ethos and environment that promotes respect and values diversity.

## Quality Statement:
The physical, social and emotional environment in which staff and students spend a high proportion of every week day has been shown to affect their physical, emotional and mental health and wellbeing as well as impacting on attainment. It is necessary to create an environment which is safe, inclusive and respectful whereby students are both allowed and encouraged to thrive, develop and feel supported. An environment such as this promotes independence, individuality, responsibility and open and honest dialogue between staff, students and parents and carers, all of which enables positive healthy relationships.

| 3 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 2.1 There is a positive and universal focus on healthy relationships which emphasises strengths, capacities, attitudes, beliefs and a supportive culture across the whole school community building feelings of acceptance, respect and belonging in pupils. | | |
| 2.2 Ethos/culture of the school supports the development of a supportive and accepting environment whereby stigma is challenged, communication, asking for help and discussion is encouraged leading to young people feeling listened too and understood. | | |
| 2.3 The skills and knowledge of staff are evidenced in their practice and approach towards students, positive behaviour is promoted, conflict is managed appropriately and students feel they are supported. | | |

## Principle Three: Curriculum, Teaching and Learning
The school's curriculum, teaching and learning should promote resilience and support social and emotional.

## Quality Statement:
Through embedding healthy relationships education within the curriculum, teaching and learning, a whole school approach can promote the development of positive and confident pupils. Such an approach allows and encourages pupils to develop skills, both academically and emotionally, in order to be ready and prepared for managing relationships as well as opening avenues for communication and support where and if necessary.

| 2 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 3.1 The school should have a curriculum in place for healthy relationships that is framed around progressive messaging and clearly sets out what will be achieved across each of the key stages within the school. | | |
| 3.2 The PSHE curriculum of the school promotes resilience and is linked to key transition periods. Healthy relationships education is also incorporated into the wider curriculum reflecting a whole school approach. All lessons are taught in a manner that engages with students. | | |

## Principle Four: Student Voice
Schools must enable student voice to influence decisions.

## Quality Statement:

Involving students in decisions that impact on them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community as well as having some control over their lives, enabling feelings of empowerment, developing accountability, responsibility and independence.  On an individual level, benefits include helping students to gain belief in their own capabilities including building the knowledge and skills necessary to make healthy relationships, increase confidence and self-esteem, risk assess and understand consequences. Collectively, students benefit through having opportunities available to them which can influence decisions across the school encouraging the expression of views to develop strong social networks with their peers and staff. An environment which allows students to be heard encourages young people to develop integral life skills.

| 3 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 4.1 The school has a policy including: statement of commitment to consulting with and acting on the views of students, the process by which the views and opinions of young people will be gathered, how this informs the decision making and how decisions are then reflected upon. | | |
| 4.2 The school will encourage a culture whereby the views of students are actively sought and encouraged to give their opinions. Students can and do often report that their views are sought, that they feel they have a voice in the decision making processes of their school and that they are valued as contributors. | | |
| 4.3 The school has a peer mentoring programme which holds its own aims and objectives relevant to the whole school community supportive of both mentors and mentees with identified staff as supporters and champions of the programme. | | |

## Principle Five: Staff Development, health and wellbeing
Staff development to support their own wellbeing and that of students.

## Quality Statement:

All staff need to have knowledge of healthy relationships in order for them to be capable of identifying difficulties their students might be facing, recognising distress and responding accordingly. They need also to be aware of the impact of their own relationships on their emotional wellbeing with knowledge of how to improve their own mental health, including the management of stress and work-life balance. Mentally healthy staff are better placed to support young people with understanding healthy relationships.

| 2 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 5.1 All staff in the school have completed basic healthy relationships training, either through e learning or in a classroom setting, within the last three years. All staff in the school have completed training on children and young people's development and behaviours in the last three years.  At least one member of staff per year group has received in depth training on healthy relationships education and they are able to act as an advisor to other staff. | | |
| 5.2 The school must promote staff health and wellbeing as an integral principal of the whole school approach to healthy relationships education. | | |

## Principle Six: Identifying need and monitoring impact
Methods which support the identification of emotional health and wellbeing needs.

## Quality Statement
Senior management team, governors and staff have a clear understanding of their school and students, are capable of identifying and recognising need. Early recognition, rapid response and intervention to presenting needs are standard practice as is the monitoring and evaluation of interventions in terms of impact and efficiency. Such monitoring can produce information/evidence which can then inform the schools overall response to need.

| 3 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 6.1. The school has a range of systems that are regularly used to measure emotional health and wellbeing of Pupils in relation to healthy relationships. | | |
| 6.2 Schools use this information to inform curriculum and scheme of work for planning of responses to meet identified needs including the commissioning of services. | | |
| 6.3 Impact measures are in place to assess the efficiency of interventions to improve healthy relationships. | | |

## Principle Seven: Working with parents and carers

The school should work in partnership with parents and carers to promote emotional health and wellbeing.

## Quality Statement

It is imperative that the school recognises and acknowledges the importance of the role that parents/carers have in supporting healthy relationships education in their pupils. Through such recognition a combined and varied approach can be delivered to pupils in relation to their understanding of healthy relationships both in school and home environment. A close working relationship opens communication and fosters an holistic approach towards the pupil promoting and supporting positive healthy relationships. It also adds recognition and values the knowledge and understanding that parents and carers have of their children and young people.

| 2 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 7.1 The senior management team and the board of governors demonstrates a commitment to engaging with and supporting parents and carers to promote healthy relationships delivering high quality information, advice and support for parents/carers around the parenting of young people. | | |
| 7.2 The school offers training sessions for parents/carers to provide information and practical skills to support children and young people to develop healthy relationships and ensures that parents/carers living in disadvantaged circumstances are given the support they need to participate fully in activities. | | |

## Principle Eight: Targeted Support
Targeted Support and appropriate referral.

## Quality Statement:
The ability to recognise higher levels of vulnerability in certain pupils allows for timely responses and interventions with the aim of encouraging and promoting pupils full potential and life chances. Relevant and workable policies and procedures along with trained and knowledgeable staff fosters an environment whereby vulnerabilities are recognised rapidly reducing the potential level of risk and minimises the effects on pupils as they develop. Such an approach allows for both preventative action and crisis response.

| 2 standards required to meet principle | Evidence including Documentary Verification | RAG |
|---|---|---|
| 8.1 Staff within the school are sufficiently well trained and knowledgeable in identifying those pupils who are at greater risk of experiencing poorer relationships and measures are in place to regularly monitor their wellbeing with staff confident about the support services available to young people and how to make appropriate and timely referrals. | | |
| 8.2 The school supports pupils to access resources to enable them to understand and improve their own relationships in a timely way. The school has received accreditation for healthy relationships education e.g. PSHE quality mark for self-developed resources. | | |

# SAFER PLYMOUTH AWARENESS RAISING
Service Specification

## 1. Introduction

1.1 Safer Plymouth is the brand name for the statutory Community Safety Partnership for Plymouth. It is made up of representatives from the 'responsible authorities', which are:

- police
- local authorities
- fire and rescue authorities
- probation service
- health

It sets the strategic direction for partnership work between agencies in Plymouth. In 2016 it identified its priorities as Domestic Abuse and Sexual Violence, Hate Crime, Child Sexual Exploitation, Modern Slavery, Cyber Crime including Fraud and Prevent.

1.2 There are subgroups or theme leads aligned to these priorities and a common objective throughout has been the need to ensure key themes are kept high profile in Plymouth with the public and professionals. In particular, for those emerging areas of crime.

## 2. Purpose

2.1 The main purpose of the service is to develop a strategic approach to way in which Safer Plymouth and its partners raise awareness of key priorities and communicate with the public and other professionals.

2.2 The service will work with and support Safer Plymouth and its partners to ensure priority themes are kept high profile in Plymouth with the public and professionals via campaigns, awareness raising events and training.

2.3 The service will support achievement of the strategic outcomes as set out in the Plymouth Plan; Wellbeing Commissioning Strategy and Children and Young People Commissioning Strategy:
- Delivering strong and safe communities
- Improvement in health and wellbeing
- People and communities feel safe
- Reducing harm
- Children are protected from sexual exploitation

2.4 It aims to impact on strategic objectives including, but not limited to, the Safer Plymouth performance framework, example indicators:

- Number of Modern Slavery Referrals to the National Referral Mechanism
- Number of hate crime incidents reported via the Police and Local Authority
- Number of referrals to the Channel Panel

## 3. Service Description and Key activities

3.1 To work with Safer Plymouth to develop a coordinated 12 month plan of activity to include priority themes as directed by the Board and commissioners. It will require a flexible response depending on the need, profile and partnership engagement and this will be advised by theme leads.

3.2 To lead the co-ordination of relevant events as determined by Safer Plymouth which may be delivered by other partners

3.3 To organise and deliver relevant events as determined by Safer Plymouth partners e.g. a Prevent conference

3.4 Many local and national organisations and partners are all working to address community safety issues including with high profile national and local campaigns. Where appropriate, link into national campaigns to ensure best use of existing resources to deliver and provide consistent messaging.

3.5 As a minimum, to create and deliver in partnership with existing partners and mechanisms:

- A 12 month programme, incorporating direct delivery of:
  - o 2 conferences – for 2017 Prevent and one other in collaboration with the commissioner and Safer Plymouth
  - o 1 Week of Action
  - o 3 campaigns – to be informed by commissioner and Safer Plymouth in collaboration with Plymouth City Council corporate communications team

## 4. Governance and Networks

4.1 The Service will work as part of the Safer Plymouth partnership utilising a whole system approach to ensure direct delivery compliments existing services and interventions offered

4.2 The Service will participate in appropriate operational and strategic group meetings to enable the sharing of intelligence on need, outcomes and whole system delivery.  In particular, the service will ensure appropriate read across to the Safeguarding Boards

4.3 The Service will report Safeguarding concerns and share appropriate information with partners in line with Safeguarding policies

## 5. Management Information and Quality Requirements

5.1 Performance information and review meetings will be agreed with the Commissioning Officer and the Supplier's representative

5.2 The Service maybe asked to provide information and intelligence to the Commissioning Officer as and when required

5.3 The Service will have a process in place to access up to date information about changes in legislation or policy affecting the Service area

5.4 The Service will hold its own safeguarding policy and maintain their own safeguarding records even where cases have been escalated

5.5 The Service staff and volunteers will be appropriately qualified to deliver specific elements of the specification

## 6. Performance

6.1 As previously stated, this service will ultimately contribute to the long term outcomes of the city to:
- Delivering strong and safe communities
- Improvement in health and wellbeing
- People and communities feel safe
- Reducing harm
- Children are protected from sexual exploitation

6.2 Each campaign, training or other activity will provide an opportunity to measure impact and an evaluation will be requested. The following targets have been set to measure the outcomes of this service:

**Key Performance Indicators**

| Key Performance Indicator | Measure | Annual Target | Evidence Source | Reporting mechanism |
|---|---|---|---|---|
| A coordinated plan of activity | 12 month plan | 1 | Plan | To commissioner by mid - December 2017 |
| Direct delivery of:<br>■ 2 conferences – for 2017 Prevent and one other in collaboration with the commissioner and Safer Plymouth<br>■ 1 Week of Action<br>■ 3 campaigns – to be informed by commissioner and Safer Plymouth in collaboration with Plymouth City Council corporate comms team | Number of sessions offered and % take up | To be agreed with commissioner and theme leads<br><br>90% take up | Number of sessions offered<br>% Attendance | Written report after each activity followed by an annual return by April 2018 |
| | % of attendees who have had their learning outcomes met | 90% | Evaluation forms | As above |
| | numbers successfully engage with/reached at events and/or website hits/retweets | 100% | Attendance figures, website or social media data | As above |

**Outcomes**

| Outcome | Measure | Annual Target | Evidence Source | Reporting mechanism |
|---|---|---|---|---|
| Plymouth citizens will have improved awareness of community safety issues/priorities | Report they have increased awareness<br><br>Increased uptake of services | 90% of attendees<br><br>5% increase | Stakeholder feedback<br><br>Citywide services | Written report after each activity followed by an annual return by April 2018 |
| People will have improved confidence to report, | Numbers of people reporting:<br>improved understanding of community safety issue<br>who know how to seek help or advice<br>who would seek help or advice if they required | 90% of attendees/ people | feedback – of those receiving intervention | Written report after each activity followed by an annual return by April 2018 |
| Professionals will have increased knowledge | Increases in understanding of issues among participants after receiving awareness training | | | |

| Outcome | Measure | Annual Target | Evidence Source | Reporting mechanism |
|---|---|---|---|---|
| | Increased confidence and ability of people to address discrimination | | | |
| Increased timely access to early intervention and specialist support as appropriately required | Number of people Self-reported increase (priority groups to be agreed with Commissioner) | 5% increase | Citywide system data on referrals and disclosures received: EG<br><br>National Referral mechanisms<br><br>PDAS<br><br>SARC<br><br>Schools | Written report after each activity followed by an annual return by April 2018 |

# Safer Plymouth Communication Plan 2018/19
# v0.1 May 2018 (Draft)

## Contents

## Introduction

Safer Plymouth is the Community Safety Partnership for Plymouth. Safer Plymouth sets the strategic direction for partnership work between agencies in Plymouth to protect the communities from crime and to help people feel safer.

## Who we are

The 'responsible authorities' are the Police, Plymouth City Council, Fire and Rescue Authorities, The Probation Service and Health Authorities, working together with other such as the Universities and our Community Partners

## Overview of the Plan

This plan will outline proposed communication activity for the coming year across all the Safer Plymouth priorities. Activity has been identified through consultation with the Safer Plymouth sub-group leads to develop a framework that will enable Safer Plymouth to raise awareness of the work undertaken by the partnership and to enhance communication with identified key audiences.
The plan looks to increase community engagement and to influence behaviours and issues which impact on community safety.

The success of the plan will be dependent upon consideration of inclusive and clear processes which enable two way dialogue with the identified audience. This includes the recognition that different audience groups may require targeted methods as there is no 'one size fits all' approach given the complex and fast moving nature of modern communications.

In order to avoid duplication of activity and effective prioritisation of resources to support this plan there needs to be a carefully considered alignment to the communications plans of the Safer Plymouth strategic partners and peninsula neighbours. The intention of the communication plan is to consider how best Safer Plymouth can add value to existing campaigns and events and to identify and address any potential gaps which can be prioritised over the coming year.

## Safer Plymouth priorities

The identification of Safer Plymouth priorities have been drawn from the findings of annual Crime Strategic Assessment, the Organised Crime Local Profiles and the Police and Crime Commissioner's Police and Crime Plan.

It identifies the following headline priorities:
- Domestic Abuse and Sexual Violence
- Child Sexual Abuse and Exploitation
- Alcohol harm
- Prevent and Hate Crime
- Drug related harm
- Modern Slavery
- Responding to Anti-Social Behaviour

Safer Plymouth have responsibility to take a lead role in ensuring as a city we better understand issues raised by Organised Crime Local Profiles and these inform emerging areas or issues as a priority such as:

- Cyber Crime including Fraud

We will prioritise community safety issues that evidence shows pose the greatest threat, risk and harm, taking account of things which are most important in making our communities feel safe and secure.

## Plymouth Strategic Crime Assessment

- Overall recorded crime in Plymouth increased by 23% or 4,250 crimes in the 12 month period to November 2017 compared with the same period the previous year. This is similar to trends across Devon and Cornwall and other police forces nationally. Although improvements in crime recording are a key factor, largely driven by recommendations from the national 2016 crime data integrity inspection.

- 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

- Sexual offences and violence with injury provide the only exceptions, where rates of reported offences are escalating more quickly than the trends for the most similar family group (particularly for sexual offences) and the city's crime rates are significantly higher than the family average

- Alcohol-related crime has been fairly static over the last 12 months, despite the adverse trends in violence against the person. This triangulates with a small reduction in Night Time Economy violence over the same time period. Alcohol has a significant impact on the health of the city's population, and rates of alcohol-related hospital admissions are significantly higher than the national average. The rising trend has stabilised in recent years, however, whereas for England it has continued to increase

- The volume of anti-social behaviour incidents reported remained relatively static overall. Reported incidents were up for street drinking with rowdy/nuisance behaviour and begging/vagrancy although it should be noted that these types of behaviour make up only 10% and 2% respectively of all reported incidents

## Safer Plymouth Vision:

*"A city where people and communities feel safe and secure"*

## Purpose and Values

The purpose of Safer Plymouth is to realise its vision by working co-operatively to promote the following values:
- Democratic: making Plymouth a place where people can have their say and change things to ensure communities feel safe and secure;
- Responsible: taking responsibility for our actions, caring about their impact on feelings of safety and security, and holding others to account for delivering their bit towards this;
- Fair: championing honesty and openness and treating everyone with respect and so that the whole community benefits from feelings of safety and security;
- Partners: working effectively together as strong community leaders to deliver our vision.

## Safer Plymouth - What we want to see

- Every citizen of Plymouth, no matter how young or old feels safe
- Every person who lives in or visits the city will be treated fairly and with respect

- Connected communities where people feel safe and lead fulfilling lives
- Children, young people and adults feel safe and confident in their communities, with all people treated with dignity and respect
- Reduced opportunities for crime and the fear of crime by requiring all new development to incorporate good design principles
- Services and facilities that promote equality and inclusion

## Communication Aims of Safer Plymouth

- To raise the profile of Safer Plymouth, it's purpose, priorities and achievements
- To improve community engagement and participation  and to gain support in identifying and addressing our priorities
- To communicate in such a way as to present an accurate picture of community safety issues in a way which reassures the community and decreases fear of crime
- To offer clear and effective community safety advice and signposting to appropriate and timely support
- To raise awareness of behaviours that improve safety and community cohesion and how to challenge and respond to offending and unacceptable behaviours

**Communication Objectives of Safer Plymouth**

**Internal**
- To develop the Safer Plymouth brand so that it is clear how it relates to the activity and branding of our constituent partners and better promotes the partnership sense of purpose and ownership
- To co-ordinate communication activity across the partnership so that all Safer Plymouth partners use consistent messages with shared aims and objectives
- To support the professional development of our key communicators to act as ambassadors for community safety
- To ensure that Safer Plymouth partnership communication channels are fit for purpose and allow us to realise our ambitions

**External**
- Safer Plymouth recognises that there is often a balance to strike between communities 'perception of crime' and the 'reality' and will ensure that there is meaningful and appropriate communication which provides reassurance to Plymouth residents through positive messaging and good news stories.
- Ensuring that the community is fully informed of Safer Plymouth activities, how activity is prioritised and the impact of what we have achieved
- Be able to demonstrate that we listen to and consult with the community with participation activity which is tailored to the needs of different priority groups
- Establish a clear framework for community communications both through developing Safer Plymouth channels (website, virtual groups) and promoting the communications mechanisms of our partners.

**Key Messages**

Safer Plymouth will identify 3 key messages annually based on the priorities identified by the partnership. The messages should adhere to the following criteria:

- Inform the community about positive measures in place or activity they can undertake to improve community safety
- Raise awareness of the work undertaken by Safer Plymouth and improve brand recognition
- Have clearly stated success measures which can be monitored and evaluated by the partnership and target audience

Each priority sub-group will have their own identified key messages within their delivery plans. Some of these are outlined in the action plan and will be subject to updating throughout the year.

**Target Audience**

Messages about specific Safer Plymouth activities will be targeted according to the identified needs in the sub-group delivery plans. It is recognised and understood that different audiences are receptive to different communication channels and different communicators. Safer Plymouth will draw on the expertise of the partnership to facilitate communication with' harder to reach' groups, with a particular emphasis on making more effective links with Plymouth's voluntary and community sector groups. Audiences identified include young people, elderly people, targeted employment sectors such as the forces and schools (see action plan for detail).

**Key communicators**

Developing the confidence and capacity of key communicators to deliver on the communication plan will be key to the success of the delivery. To this end a series of themed action learning sets are proposed in the plan to enable focus on identified communication 'wicked issues'. Ensuring that key communicators are well briefed on Safer Plymouth vision, purpose and priorities requires additional focus. Induction packs will be developed to give new members a clear overview of all key partnership information.

| Communicator | Role and responsibilities |
|---|---|
| Chair of Board | Establish close working relationships with and influence key policy and decision making organisations |
| Board Members | Raise awareness of the importance and role of Safer Plymouth at local, sub-regional, regional and national levels |
| Executive Group members | Promote community safety issues and best practice and raise awareness |

| | of Safer Plymouth core priorities |
|---|---|
| Priority Sub-group Leads | Promote best practice and provide multi-agencies with support on issues relating to community safety into City wide policies and procedures |
| Priority Sub-group members | Promote community safety issues and inform and influence frontline working |
| Safer Plymouth Commissioner | Raise awareness of community safety at local, sub-regional, regional and national levels. Promote opportunities to receive funding which support a whole system response. |

## Brand/ Identity

Consultation with the sub-group leads has given consistent priority to the need to develop a clear and consistent identity for Safer Plymouth, with a clear reference to the partnership vision and purpose. The contract with Harbour provides the partnership with an opportunity to review branding decisions around logo and straplines. Safer Plymouth will be the agreed 'over-branding' for all community safety activity undertaken under the aegis of the priority sub-groups so that we can build recognition of the work of the partnership and confidence in partnership approaches.

## Communication Methods

### Website

The development of a Safer Plymouth website was highlighted as a priority by a number of the sub-group leads. It is seen as having a key role in improving communications to both professionals and the wider community and as supporting the development of a Safer Plymouth brand identity. Suggested models of good practice to explore include looking at the website developed by PCSB and Safer Devon. One option for consideration is that sub-group leads can co-ordinate and populate website content for their respective priority areas, this would be a genuine partnership response to ownership of the site and associated resource implications. A new website could provide a useful focal point for a Safer Plymouth re-launch and can be seen as a key mechanism for addressing the communication ambitions across the partnership sub-groups. A Safer Plymouth working group will be set up to lead on the development of the website championed by Candice Sainsbury and Tracey Watkinson (see actions)

### Social Media (Twitter, Youtube)

Exploring the potential application of social media was prioritised by some sub-group leads and is of direct relevance to Safer Plymouth's ability to interrelate to the communication strategies of partners, although it should be noted that resourcing and governance were raised as potentially problematic and needing further exploration by others. In the first instance the recommendation is that a social media working group consider:

A. The potential for sub-group leads to manage Twitter feeds to share key information relevant to their themes and to explore training options for ensuring that the sub-group leads have the skills and confidence do this effectively.
B. The potential use of podcasting / video clips on Youtube, particularly to reach younger audiences. This would include looking at how we can use community voices to provide high impact narrative on key Safer Plymouth messaging and whether the technical media skills could be obtained from linking with the University/ PCAD.

## Virtual Groups/ Email and text messaging

A Safer Plymouth stakeholder list has been developed by Harbour, this could be refined and built upon to develop virtual stakeholder groups for each sub-group to enable targeted messaging. Promoting the use of DCC Neighbourhood Alert system should be considered as a communication mechanism within the sub-group delivery plans.

## Training/ e-learning

Training and awareness raising sessions form a key aspect of the Safer Plymouth communication channels. Development of the website would enable a centralised information point for training available and could include future development of e-learning modules or top-tips guides. Safer Plymouth has had input into the Plymouth City Council commissioned survey on workforce development for people working with complex individuals and families which should provide new data on the effectiveness and reach of Safer Plymouth themed training modules.

## Events and campaigns

Safer Plymouth has a draft events calendar which can be used to help priorities awareness raising campaigns and events over the coming year. There is a wealth of partnership campaign activity across the city which supports the Safer Plymouth priorities which we will look to promote. Recommendations made by the sub-group leads are contained in the action plan for consideration. Some dedicated resource is available through the contract with Harbour to support 3 awareness raising campaigns and 2 conference type events, this should focus on identified gaps or the key messages contained in this plan.

## The City-Wide Conversation

One of the suggestions from the sub-group consultation was for Safer Plymouth to promote the use of a city-wide, simple conversation programme to support the identified communication priorities. This might include asking all partners to look at raising key messages identified in this plan with their client base during a specified campaign period, for example raising awareness of what is meant by coercive control and passing on information about where to go for help.

## Community/ Youth Work

People working for our organisations will work with community based organisations to decide together the best way to get things done. Safer Plymouth recognises the value of community based approaches to disseminating key messages and will provide a range of training events and awareness raising sessions to VCS providers to support community based approaches.

## Traditional Media

The statutory board members will be responsible for oversight of press releases and media activity through co-ordinating messages with their respective corporate communication channels.

## Essential Partnership Communications Plans

Consistent messaging is high priority for the Safer Plymouth Communication Plan. Where appropriate activity may be linked to National campaigns or be part of a co-ordinated peninsula wide approach to maximise effectiveness. Key communication documents which have been identified as critical to align with include:

- Plymouth Safeguarding Boards Communication Strategy (draft)
- Safer Devon Communication Strategy (under development)
- Safer Cornwall Communication Strategy
- Safer Torbay Communication Strategy
- OPCC Communication Plan
- Devon and Cornwall Police Corporate Communications Strategies
- Fire service
- Livewell
- PHE
- CCG
- NHS England

## Evaluation

Efficacy of the plan with be evaluated through the following:
- Partner feedback from training/ action learning sets
- Referral rates to key community safety services (see appendices)
- Website hits
- Social media reach and engagement
- PR coverage
- Community safety performance indicators

Each campaign, conference and event promoted by the partnership will have individually identified success criteria which can be monitored and evaluated.

**Communication Plan Activities (Internal)**

| Area of activity | Purpose | Method | Key dates | Resources | Audience |
|---|---|---|---|---|---|
| Website development | To host all Safer Plymouth information and raise awareness of activity undertaken by the partnership | Working group led by Candice Sainsbury and Tracey Watkinson | Working group plan May 2018<br><br>Live website by November 2018 | Some resource identified by CS<br><br>Design consultant Harbour | Areas for professionals and general public |
| Social Media Seminar | To inform decision making on a Safer Plymouth social media plan | Safer Plymouth Members Action learning set<br><br>Training input from social media professional | June 2018 | External facilitator (Jan Teague DCC?) | Sub-group leads, Board members |
| Branding and Identity seminar | To consider options for re-branding Safer Plymouth (review vision/ purpose logo)<br><br>Raise collective aspirations | SP Action Learning Set | July 2018 | Logo options- Harbour design consultant<br><br>Is this something CS wants to lead on? | Sub-group leads, Board members |
| Participation and Engagement Seminar | To consider how Safer Plymouth can maximise VCS engagement.<br><br>To look at ways of improving the engagement of young people in | Action learning set | October 2018 | POP – links through board, could facilitate part of session<br><br>Young Safeguarders | Sub-group leads, board members |

| | Safer Plymouth activities. | | | | |
|---|---|---|---|---|---|
| Safer Plymouth Re-launch event | Launch of Safer Plymouth Website

New branding reveal

Re-statement of vision and purpose | Information / networking event | November 2018 | Venue/ refreshments

Sub-group leads to lead on thematic areas

Media plan | Safer Plymouth partners am/

Wider community pm |

## Communication Plan Activities (External)

| Communication Priority | Outcomes | Target Audience | Key dates | Preferred methods | Roles/ Resources |
|---|---|---|---|---|---|
| Development of virtual stakeholder groups

All subgroups | Information platform to disseminate best practice, good news stories, receive intelligence, respond to FAQs | Professionals/ community members with expressed interest in sub-group theme | N/A | Email / possible text | Sub-group leads working with ST at Harbour |
| Promotion of DCC | Increase sign up to | Partnership members | N/A | Website | Contingency on website |

| | | | | | |
|---|---|---|---|---|---|
| Neighbourhood Alert Scheme

All sub-groups | scheme

Embed scheme into SP comms as appropriate | General public | | Partnership meetings | Sub-group leads |
| General Awareness raising and improving profile of Safer Plymouth

All sub-groups | Consistent messaging for each sub-group

Increased reporting to through the appropriate channels | General public with focussed activity for vulnerable or priority groups | Ongoing | Website

Lanyard Information Cards

Safer Plymouth Relaunch event | Sub-group leads and members

Harbour contract |
| Promoting Safer Plymouth Activity and Sharing Good News stories

Best Bar None scheme



Opening of Crisis Café



Community bus | Community is advised of activity taking place in their local area

Community is reassured that positive activity is being undertaken to improve their safety | General public



licensed premises?



People experiencing mental distress



Users of NTE | Ongoing | Website

Press releases

Twitter? | Contingency on website and social media plan

Statutory board members through corporate comms |

| | | | | | |
|---|---|---|---|---|---|
| one-stop-shop<br><br>(All sub-groups) | | | | | |
| Exploring Potential of the Purple Flag Scheme<br>(Early stage development)<br><br>ARH/ WC | Raise awareness of scheme with stakeholders? | TBC | TBC | TBC | TBC |
| Publicising findings of the Healthy Relationships Project<br><br>SM, DASV | Ensure learning from project widely disseminated to inform best practice | General public<br><br>Schools | May 2018? | Website<br><br>Press release | Board |
| Schools Empathy Project 'Hope in the heart' WC | Promote wider uptake of project possibly transitioning to whole school approach | Primary Schools | TBC | TBC | TBC |
| Community Cohesion Project Bid (Darin Halifax)<br><br>WC | Project under development | 'Left behind' communities with poor integration | TBC | Youth and community work interventions | TBC |
| Understanding vulnerabilities and indicators that an individual may be engaging in activity/ affected. | Increased awareness of factors which influence vulnerability or put individuals at risk | Professionals<br><br>VCS groups | Ongoing, links to PCC WFD project June 2018 | Conference / Training events<br><br>Potential to link to Trauma Informed | Sub-group leads<br><br>Sub-group members<br><br>Potential resource Harbour contract |

| | | | | | |
|---|---|---|---|---|---|
| (Adverse Childhood Experiences link to drug and alcohol related harms, offending behaviour, increased risk of being a victim of DA, CSE)<br><br>Loneliness/ dementia vulnerability to scams<br><br>ALL sub-groups | Improved ability to identify those at risk<br><br>Increased awareness of risks to individuals/ affected others<br><br>Decreasing barriers to support | | | Practice/ ACE awareness initiatives (PCC)<br><br>Website | |
| Where to go for help/ understanding referral pathways<br><br>All sub-groups | Increased awareness of relevant provision (e.g. DASV mapping exercise)<br><br>Improved referral rates | Victims, frontline professionals supporting target groups, VCS | Ongoing | Website could host referral pathways and local support relevant to each sub-group<br><br>Community events/ training | Contingent on website<br><br>Sub-group membership and leads |
| Developing free Prevent Training for VCS groups | Improved access for smaller VCS groups | VCS | TBC | Training events | Sub-group |

| | | | | | |
|---|---|---|---|---|---|
| Introduction to and definition of County Lines  CL, MS, SM | Increased awareness that CL not just a gang issue from London – awareness of local gang activity and related harms | Professionals working with vulnerable adults and YP, community members, business owners | TBC | Conference/ training events | TBC  Relevant sub-group leads and membership  Promotional materials Home Office |
| Co-ordination of DASV messaging with DCC Peninsula Approach (K key messages over 3 months TBC) | Consistent messaging which ensure resources available are appropriately aligned | General public and professionals | TBC | Promotion of partnership activity (website) | Contingent on website  Potential key message?  Sub-groups Board Commissioners |
| Co-ordination of activity with PSCB | Consistent messaging which ensures resources available are appropriately aligned | General public and professionals  Some highly targeted activity/ events | Ongoing | Promotion of partnership activity (website) | Contingent on website  Sub-groups Board Commissioners |
| Emerging concept of Domestic Abuse Aware City | Improved confidence in reporting for victims | Local employers, HR personnel  General Public  Victims  People / VCS supporting victims | TBC | Campaign/ event  Press release  Website  Training sessions for HR | TBC – early stage initiative |

| | | | | staff? | |
|---|---|---|---|---|---|

Campaigns noted by Sub-group leads
Dementia Awareness Week May 2018
Scam Awareness Month July 2018 – co-ordinated activity by trading standards
Rogue Trader Week June 2018
DA during World Cup/ See also co-ordination of DASV messaging
Ideas for events or conferences
Cyber-crime conference to be supported by Safer Plymouth (possibly September) –potentially publicising work of new sub-group?
Understanding vulnerability conference (CL, CC, P)

**Appendices**
- **Safer Plymouth Events Calendar**

| Month | Date | Title | Type | Notes |
|-------|------|-------|------|-------|
| Jan-18 | 1-31 Jan | Dry January | Campaign | |
| Jan-18 | 08-Jan | National Obesity Awareness Week | Awareness | |
| Jan-18 | 11-Jan | National Human Trafficking Awareness Day | Awareness day | |
| Jan-18 | 05-Jan | Safer Internet Day | Awareness day | |
| Feb-18 | 5-11 Feb | Sexual Violence Awareness Week #ITSNOTOK | | |
| Feb-18 | 19-25 Feb | Western Balkans (including Albanians) | | |
| Feb-18 | 22-Feb | European Day for Victims of Crime | | |
| Mar-18 | 07-Mar | World Health Day 2018 | Awareness day | |
| Mar-18 | 08-Mar | International Woman's Day | Awareness day | |
| Mar-18 | 18-Mar | CSE awareness day #NoToCSE | | |
| Mar-18 | 21-Mar | International Day for the Elimination of Racial Discrimination (UN) | Awareness day | |
| Mar-18 | 26-Mar | World Autism Week | | |
| Mar-18 | 31-Mar | International Transgender Day of Visibility | Awareness day | |
| Apr-18 | | Sexual Assault Awareness Month | | |
| Apr-18 | 07-Apr | World Health Day | Awareness day | |
| Apr-18 | 22-28 Apr | National Stalking Awareness Week | | |
| May-18 | 02-May | Unity festival– all nations church | | |
| May-18 | 15-23 May | Labour Exploitation | | |
| May-18 | 14-20 May | Deaf awareness week | Light campaign | |
| May-18 | 14-20 May | Mental Health Awareness week | Light campaign | |
| | 17-May | International Day Against Homophobia (IDAHO) | | |
| May-18 | 21-May | World Day for Cultural Diversity for Dialogue and Development | | |
| May-18 | 21-27 May | Dementia Action Week | Awareness day | |
| May-18 | 25-May | International Missing Children's Day | | |
| Jun-18 | 4- 10 June | Child Safety Week | | |
| Jun-18 | 11-18 June | Men's Health Week | | |
| Jun-18 | 11-17 June | Carers' week | Light campaign | |
| Jun-18 | 18-Jun | Blue Light Day | | |
| Jun-18 | 18-24 June | Refugee Week | | |
| Jun-18 | 26-Jun | International Day against Drug abuse and illicit trafficking | | |
| Jun-18 | | Best Night Ever/Good consent guide | Light campaign | |

| | | | | |
|---|---|---|---|---|
| Jun-18 | | Pride awareness | | |
| Jul-18 | | Trading standards Scams Awareness | | |
| Jul-18 | 14-Jul | Respect Festival, Plymouth Guildhall | | |
| Jul-18 | 30-Jul | World day against Trafficking in person | | |
| Jul-18 | July/August | You Are Not Alone | Light campaign | |
| Aug-18 | 11-Aug | Plymouth Pride | | |
| Aug-18 | 19-Aug | World Humanitarian Day | Awareness day | |
| Aug-18 | 31-Aug | International Overdose Awareness Day TBC | Awareness day | |
| Sep-18 | 09-Sep | Foetal Alcohol spectrum disorders National Awareness Day | Awareness day | |
| Sep-18 | 09-Sep | National Dementia Carers day | Awareness day | |
| Sep-18 | 10-Sep | World Suicide Prevention Day | Awareness day | |
| Sep-18 | 21-Sep | World Alzheimer's Day | Awareness day | |
| Sep-18 | 23-Sep | Bi Visibility Day | Awareness day | |
| Sep-18 | 24-30 Sep | Sexual Health Week | | |
| Oct-18 | 10-Oct | World Mental Health Day | Awareness day | |
| Oct-18 | 11-Oct | National Coming Out Day | Awareness day | |
| Oct-18 | 13-20 Oct | National Hate Crime Awareness Week | | |
| Oct-18 | | "I didn't know" | Light campaign | |
| Oct-18 | 18-Oct | Anti Slavery day | Awareness day | |
| Nov-18 | | #OurDay | Light campaign | |
| Nov-18 | 13-19 Nov | Alcohol Awareness week | Light campaign | |
| Nov-18 | | Men's Health Awareness Month | Light campaign | |
| Nov-18 | 20-Nov | Trans Day of Remembrance | | |
| Nov-18 | 25-Nov | International Day for the elimination of domestic violence | Awareness day | 16 Days of action against domestic abuse 25/11- 10/12 |
| Dec-18 | | #InvisiblePeople | Light campaign | |
| Jan-19 | | Young Carers' day | Awareness day | |
| Feb-19 | 05-Feb | Safer internet day | Awareness day | |
| Mar-19 | 18-Mar | CSE awareness day #NoToCSE | Awareness day | |
| Apr-19 | | Clare's Law | Light campaign | |
| Apr-19 | | Disrespect No Body | Light campaign | |
| | | National Domestic Violence Awareness Month | Light campaign | TBC |
| | | #TackleAbuseTogether | Light campaign | TBC |

# Safer Plymouth: a strategic assessment of threat, risk and harm 2017/18

**SAFER CORNWALL**
Kernow Salwa

AMETHYST

# Introduction

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** and this document is intended to inform the development of the community safety element of the Plan.

This assessment was **commissioned by Plymouth City Council** and prepared by the Safer Cornwall's Community Safety Intelligence Team, **Amethyst**, in partnership with a **broad representation of public, voluntary and community sector organisations** working in Plymouth.

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 Somerset Fire and Rescue Service
- Dorset, Devon and Cornwall Community Rehabilitation Company
- National Society for the Prevention of Cruelty to Children
- Plymouth University Student Union
- First Light
- Engaging People in Positive Change
- The Harbour Centre

Amethyst is an **established community safety intelligence team** with more than ten years' experience in this field. The team is now based within the Community Safety Team in Cornwall Council. Safer Cornwall is the national lead for community safety partnerships on the national Management of Risk in Law Enforcement (MoRiLE) programme.

# 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 over **23,000 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 75,000 city residents live in the most (20%) 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

**People**

Current population is **264,200** and projected to **increase by 3%** to 273,100 by 2025

6% across England

**32%** are aged **under 25**
30% across England

**18%** are aged **over 65**
19% across England

7% **BAME** (not White British)
20% across England

**Vulnerable groups**

**1 in 4** live in the **20% most deprived LSOAs** in England

**20% of children** are living in poverty

19% across England

**Housing**

**5%** of households **lack central heating**

3% across England

**13,800** households in **fuel poverty**

**Education & skills**

**6%** of people **aged 16-64** have **no qualifications**

8% across Great Britain

**Economy**

**80%** of people aged 16-64 are **economically active**

78% across Great Britain

**Health & wellbeing**

**20%** of people have a **limiting long-term illness**

18% across England

**Access & transport**

**28%** of households **do not have a car**

26% across England

# QUICK FACTS: PLYMOUTH RECORDED CRIME

Time period refers to the 12 months to 30 November 2017 unless stated otherwise

## Key Facts

- 22,357 crimes / 84.7 crimes per 1,000 resident population;
- Rate of crime is below average for Most Similar Family (MSF, 99.4);
- Increased by 23% compared with MSF increase of 12%;
- 10,159 Anti-Social Behaviour incidents recorded, of which 10% are related to Street Drinking. Reported incidence of Street Drinking has increased by 6% compared with previous year.

## Trends
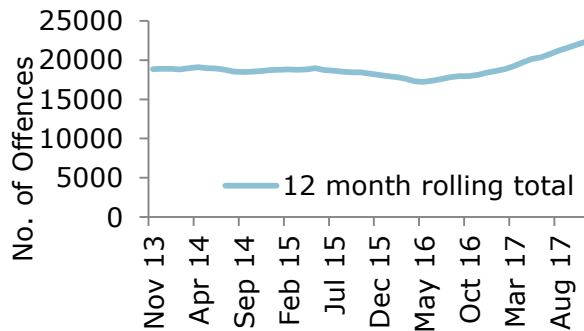


Since June 1016 the level of recorded crime has increased, following a period of relative stability.

## Seasonality
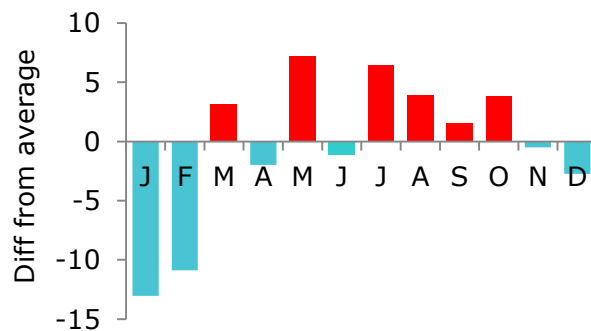


There is a light seasonal pattern of crime in Plymouth, with spring and summer months having higher numbers of recorded crime. There are also smaller peaks seen in March and October *(Freshers week)*.

## Crimes



- Violence 39%
- Sexual Offences 3%
- Thefts 20%
- Criminal damage 23%
- Burglary 6%
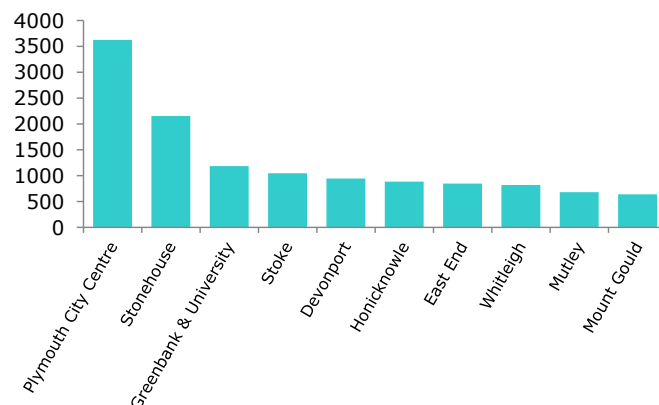- Vehicle crime 7%
- Other crime types 1%
- Drugs 5%
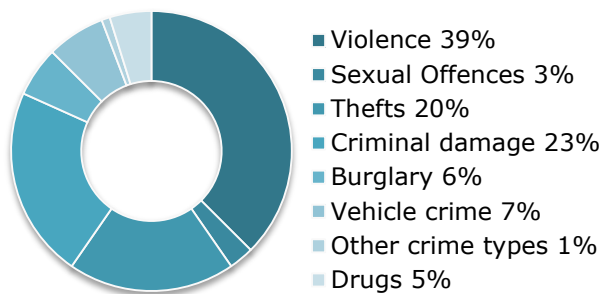
The chart shows the breakdown of crime by type

Across all crime types:

- 16% domestic abuse
- 13% alcohol-related
- 2% hate crime

## Location



The highest volume of crimes is seen in Plymouth City centre, followed by Stonehouse and Greenbank and University.

Please note that we are unable to compare rates per 1000 population due to population data not being available at this geography.

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# Crime trends

There have been **increases in most types of crime** across **Devon and Cornwall and other police forces** nationally. Although improvements in crime recording are a key factor, largely driven by recommendations from the national 2016 crime data integrity inspection,[1] there are **indications of adverse trends** emerging, particularly in **thefts**.

- Overall **recorded crime in Plymouth increased by 23%** or 4,250 crimes in the 12 month period to November 2017 compared with the same period the previous year;
- Most types of crime have increased but the majority of the volume is accounted for by rises in **violence against the person** (up by 32%/1,900 crimes), **thefts** (18%/1,000 crimes), **public order offences** (41%/440 crimes) and **sexual offences** (68%/410 crimes);
- The only crime type to see any notable reduction is **drugs possession offences** (a drop of 21%/225 crimes) and this usually reflects the extent and nature of targeted police action, rather than levels of drug-related activity;
- 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**;
- **Sexual offences and violence with injury provide the only exceptions**, where rates of reported offences are **escalating more quickly** than the trends for the most similar family group (particularly for sexual offences) and the city's crime rates are **significantly higher** than the family average;
- Domestic abuse incidents reported to the police increased by 6% but within this **crimes rose massively by just over a third** and non-crime incidents dropped by 20%. The vast majority of the rise in crime can be attributed to **violence without injury**;
- Alcohol has a **significant impact on the health of the city's population**, and rates of alcohol-related hospital admissions are significantly **higher than the national average**. The **rising trend has stabilised** in recent years, however, whereas for England it has continued to increase;
- 13% of all recorded crime is **flagged as alcohol-related**, rising to **21% for violence**. Alcohol-related crime has been **fairly static** over the last 12 months, despite the adverse trends in violence against the person. This triangulates with a small reduction in Night Time Economy violence over the same time period;
- The **volume of anti-social behaviour incidents reported remained relatively static** overall. Reported incidents were up for **street drinking with rowdy/nuisance behaviour** and **begging/vagrancy** although it should be noted that these types of behaviour make up only 10% and 2% respectively of all reported incidents;
- 2% of crime is **hate crime** and there has been a **increase** over the last 12 months in the numbers of **disablist, homophobic and racist** crimes reported.

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

# Crime Table

The table below provides a quick glance at all crime and disorder types in the Plymouth city area, describing whether the trend is increasing (▲), decreasing (▼) or stable (▶) and how this area compares with the average for most similar family group[2] of community safety partnerships nationally (high ●, above average ●, average or lower ●).

There have been increases in most types of crime across Devon and Cornwall and other police forces nationally. Although improvements in crime recording are a key factor, largely driven by recommendations from the national 2016 crime data integrity inspection,[3] there are **indications of adverse trends** emerging, particularly in **thefts**.

| Recorded crimes and incidents | Trend | Rate per 1000 | 12 months Nov 17 | 12 months Nov 16 | Annual change | Comparison 'Most similar family' | Trend 'Most similar family' |
|---|---|---|---|---|---|---|---|
| All crime | ▲ | 84.6 | 22,357 | 18,110 | 23% | Below average | ▲ |
| Domestic abuse (total incidents) | ▲ | 22.3 | 5,895 | 5,558 | 6% | above average | ▲ |
| Domestic abuse crimes | ▲ | 13.5 | 3,554 | 2,641 | 35% | above average | ▲ |
| Rape | ▲ | 1.4 | 367 | 237 | 55% | High | ▲ |
| Other sexual offences | ▲ | 0.7 | 193 | 84 | 130% | High | ▲ |
| Alcohol-related crime | ▶ | 10.6 | 2,812 | 2,947 | -5% | not available | not available |
| Public order offences | ▲ | 5.8 | 1,530 | 1,086 | 41% | Below average | ▲ |
| Anti-social behaviour | ▶ | 38.0 | 10,052 | 10,159 | -1% | not available | not available |
| ASB street drinking | ▲ | 3.7 | 990 | 936 | 6% | not available | not available |
| Hate crime (total incidents) | ▲ | 1.4 | 363 | 298 | 22% | Below average | ▲ |
| Homicide | ▶ | 0.0 | 5 | 1 | 400% | Low | ▼ |
| Violence with injury | ▲ | 12.1 | 3,189 | 2,769 | 15% | High | ▲ |
| Violence without injury | ▲ | 18.2 | 4,803 | 3,389 | 42% | above average | ▲ |
| Drug offences | ▼ | 3.3 | 867 | 1,092 | -21% | High | ▶ |
| Possession of weapons | ▲ | 0.8 | 208 | 155 | 34% | Below average | ▲ |
| Dwelling burglary [1] | ▶ | 6.1 | 667 | 663 | 1% | Low | not available |
| Non-dwelling burglary | ▲ | 2.2 | 591 | 504 | 17% | Low | not available |
| Robbery | ▲ | 0.7 | 180 | 126 | 43% | Low | ▲ |
| Vehicle offences | ▲ | 5.3 | 1,403 | 1,048 | 34% | Low | ▲ |
| Shoplifting | ▲ | 6.7 | 1,759 | 1,553 | 13% | Low | ▲ |
| Other theft offences | ▲ | 7.8 | 2,050 | 1,789 | 15% | Low | ▲ |
| Criminal damage | ▲ | 11.5 | 3,036 | 2,698 | 13% | Below average | ▶ |
| Arson | ▲ | 0.5 | 141 | 134 | 5% | Below average | ▲ |
| Road traffic collisions [2] | ▲ | 0.3 | 88 | 75 | 17% | not available | not available |

*[1] Rate is number of burglaries per 1000 households*
*[2] Calendar years, Jan-Dec 2016 compared with Jan-Dec 2015*

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[2] The police performance website iQuanta allows us to compare levels of crime and general trends with the average for partnerships with similar characteristics nationally (known as our 'most similar family group'). Family groups are made up of 15 partnership areas and Plymouth's includes comparable urban areas such as Bolton, Sheffield, Cardiff, Coventry, Northampton and Ipswich.
[3] Devon and Cornwall Police: Crime Data Integrity inspection 2016, Her Majesty's Inspectorate of Constabulary (HMIC, 2017)

# Analysis findings

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

## Recommendations

| | |
|---|---|
| **Alcohol-related harm** | • **CSP priority**, with the emphasis on problem drinking and complex needs than targeting alcohol-related crime. |
| **Domestic abuse and sexual violence** | • **CSP priority**, with the focus on domestic abuse and CSA/CSE. |
| **Drug-related harm** | • **Focus on protecting the vulnerable** – preventing drug related deaths and reducing risks to young people of illegal drugs trade. |
| **Hate crime and Prevent** | • **Statutory duty** to prevent terrorism, high level of inherent risk requires ongoing vigilance, especially around high risk sites;<br><br>• 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. |
| **Modern Slavery** | • **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. |
| **Road traffic collisions** | • **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. |
| **Anti-social behaviour** | • **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. |
| **Violence** | • No additional focus required; potential for escalation of risk due to **adverse trends in violence with injury** but local response well established and assessed as effective. |
| **Thefts** | • No additional focus required; potential for escalation of risk due to **adverse trends in thefts** but local response well established and assessed as effective. |

# Alcohol-related harm

| Alcohol-related harm | Harm | Likelihood & trends | Intelligence | Response | Threat, risk and harm assessment |
|---|---|---|---|---|---|
| Problem drinkers | 🟥 | 🟩 | | 🟧 | **High** |
| Alcohol-related hospital admissions | 🟧 | 🟧 | 🟩 | 🟧 | **High** |
| ASB street drinking | 🟧 | 🟧 | 🟩 | | Moderate |
| Alcohol-related crime | 🟩 | 🟩 | 🟩 | 🟩 | Standard |

| | |
|---|---|
| **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.<br><br>• **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. |
| **Likelihood** | • High **frequency, volume and adverse trends** in **problem drinking and hospital admissions**; small volumes for ASB street drinking; **alcohol-related crime has reduced year on year** but is predicted to rise due to recording improvements. |
| **Organisational response** | • **National/regional/local priority** to tackle effectively;<br><br>• **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.<br><br>• **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.<br><br>• **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'; alcohol needs in offenders are not being reflected in usage of Alcohol Treatment Requirements.<br><br>• **Mitigating factors** - new assertive outreach pilot; 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;<br><br>• **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 than targeting alcohol-related crime. |

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# Domestic abuse and sexual violence

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

| | |
|---|---|
| **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; sexual violence also presents risk of exposure to sexually transmitted infections and blood borne viruses; potential for loss of life – domestic homicide (worse-case scenario); developmental impact (ACE) upon child victims impacting upon future life outcomes (including employment). <br><br> • **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 low numbers; **adverse trends** across all areas. |
| **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. <br><br> • **Capacity** – Long waiting lists for PDAS, IDVA caseload under pressure, accommodation full. No commissioned community perpetrators programme (BBR and Positive Relationships only if sentenced); challenges around rising thresholds in other services (especially mental health). <br><br> • **Capability** – recommendations from DHRs identify capacity and capability amongst GPs as a gap. <br><br> • **Mitigating factors** - specialist services in place to work with victims, including Plymouth BASE working with victims of child sexual exploitation/trafficking; 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. <br><br> • **Gaps identified** – coercive control, strategic intelligence requirements around child sexual exploitation (intelligence about sexual abuse more established) and rape/sexual assault (rapidly increasing trend). |
| **Recommendation** | • **Recommended CSP priority**, with the focus on domestic abuse and CSA/CSE. |

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# Drug-related harm

| Drug-related harm | Harm | Likelihood & trends | Intelligence | Response | Threat, risk and harm assessment |
|---|---|---|---|---|---|
| Drug related deaths | Red | Green | Green | Yellow | Moderate |
| County Lines/Dangerous Drug Networks | Red | Green | Red | Yellow | Moderate |
| Opiate/crack use | Amber | Green | Green | Yellow | Moderate |
| Trafficking Class A Drugs | Amber | Green | Amber | Yellow | Moderate |
| Possession of Drugs | Green | Green | Amber | Green | Standard |
| Trafficking Other Drugs | Green | Green | Amber | Green | Standard |

| | |
|---|---|
| **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.<br>• **Community** – increased concern in communities where drug dealing is visible; potential impacts on fear of crime and quality of life. 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 **low volumes**; 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;<br>• **Costs to respond** are high across the system (housing, social care, health, police/CJS); costs of crime estimate £26k per heroin/crack user not in treatment; specialist services are costly but £4 social return on investment for every £1 spent.<br>• **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.<br>• **Capability** – Lack of consistency in definitions and methods to identify gang related risks, vulnerability and exploitation. 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.<br>• **Mitigating factors** - new co-ordinated response to avoidable deaths with improvements in sharing information and learning being implemented; Ending Gang Violence and Exploitation Project – improved co-ordination and awareness raising. |
| **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. |

# Other areas of risk

| Hate Crime and Prevent | Harm | Likelihood & trends | Intelligence | Response | Threat, risk and harm assessment |
|---|---|---|---|---|---|
| Terrorist incident | | | | | Moderate |
| Hate crime | | | | | Moderate |

| | |
|---|---|
| **Impact** | • **Victim/subject** – acts of terrorism hold the greatest potential risk – mass casualties/loss of life – but incidence at this level is rare; persistent/repeat hate crime can have long term psychological impacts and may require victim and family to relocate;<br><br>• **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). |
| **Likelihood** | • Reported **hate crime is frequent but low volume** with adverse trends apparent; terrorist incidents are rare but constant vigilance required; |
| **Organisational response** | • **National/regional/local priority** to tackle effectively;<br><br>• **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.<br><br>• **Capacity** – Third party reporting options for hate crime are limited; Prevent training requires ongoing commitment to deliver.<br><br>• **Capability** – Wider awareness of hate crime amongst partners needed.<br><br>• **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. |
| **Knowledge gaps** | • **Gaps identified** – Hate crime acknowledged as massively 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;<br><br>• 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. |

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| Serious and Organised Crime | Harm | Likelihood & trends | Intelligence | Response | Threat, risk and harm assessment |
|---|---|---|---|---|---|
| Modern Slavery | | | | | **High** |

| | |
|---|---|
| **Impact** | • **Victim/subject** – physical and psychological abuse with long term recovery implications; financial deprivation through enslavement. |
| **Likelihood** | • Numbers remain **low but are rapidly increasing** – 8 referrals to the National Referral Mechanism in 2017, approaching the same number in January 2018 alone. |
| **Organisational response** | • **National/regional/local priority** to tackle effectively; tied in with people trafficking both internationally and within UK. <br> • **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. <br> • **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 picture is improving but currently only "scratching the surface"; intelligence gathering remains a priority. |
| **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. |

| 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;<br>• **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;<br>• **Costs to respond** are managed within existing resources, significant implications for blue light services and health services.<br>• **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.<br>• **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. |

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| Anti-social behaviour | Harm | Likelihood & trends | Intelligence | Response | Threat, risk and harm assessment |
|---|---|---|---|---|---|
| Anti-social behaviour | | | | | Moderate |
| ASB street drinking | | | | | Moderate |
| 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; <br> • **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); **adverse trends**. |
| **Organisational response** | • **Local priority** to tackle effectively; <br> • **Costs to respond** are managed within existing resources and usually short term in nature; persistent cases may require a more intensive multi- agency response. <br> • **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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# 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.)[4]

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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[4] 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;<br>• May demand additional resources and funding to address;<br>• Review existing strategy and service provision – identify where we can improve/enhance/increase existing response framework to reduce the risk;<br>• Ensure that the risk is understood across the partnership and that partners are proactively taking action to reduce the risk;<br>• Set targets to evidence improvement in key areas. |
| **Moderate** | • Ensure that there is a clear strategy in place and adequate service provision to respond;<br>• Continue to maintain/support/improve existing response framework in place to reduce/control the risk;<br>• 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;<br>• 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;<br>• Maintain/support existing response framework in place to control the risk;<br>• Ensure that the risk is understood across the partnership and that partner actions do not increase the risk;<br>• Continue to monitor the level of risk and respond appropriately if adverse trends are identified. |

# Engaging & Working With Domestic Abuse Perpetrators
# Workforce Development Training

This is a two day training to equip workers who are already having direct contact with perpetrators to feel better resourced to engage effectively with perpetrators of domestic abuse. The aim is to increase workers knowledge and skills in this respect, so as to be able to gather information more effectively, and where appropriate, offer perpetrators basic cognitive-behavioural tools/techniques of self-management and safety.

The first day will focus on how to engage with perpetrators in a way that invites them to be more receptive and open, as well as encouraging in them a degree of motivation to change. It will be practice based, involving participants in role-playing exchanges between worker and perpetrator in different scenarios, where participants role play worker and perpetrator.

The second day will focus on the teaching and understanding of several basic cognitive-behavioural tools/techniques, all of which enable an individual to manage, defuse and change abusive behaviour and hostile attitudes. This will also involve practice, with participants in role-playing exchanges in which the worker has the opportunity to make use of these tools/techniques.

The training is for a maximum of twelve participants, all of whom must already have a knowledge of domestic abuse issues and be willing to participate in role plays.

Day one will take place on Wednesday 14th February from 9.30am until 4.30pm at Ahimsa. Day two will take place on Wednesday 7th March from 9.30am until 4.30pm at Ahimsa.

The training will be carried out by Paul Wolf-Light of Ahimsa.

Ahimsa is located at 14 The Square, The Millfields, Plymouth PL1 3JX. Telephone 01752 213535.