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Date: 6 July 2011

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Dear Councillor

COMMUNITY SAFETY FORUM - MONDAY, 4TH JULY, 2011

Please find enclosed the following reports that were unavailable when the agenda was printed.

Agenda No Item

9. **Community Safety, Crime Reduction and Drugs Strategy 2011-2014
(Pages 1 - 112)**

Report of the Lead Commissioner Community Safety (to follow)(copies to be circulated separately)

10. **East Sussex Police Authority, Minutes**

Minutes of the meeting held on 26 May 2011 (to follow)

Yours sincerely

Penny Jennings

Encs

Please ask for:

Brighton & Hove

Community Safety,
Crime Reduction
and Drugs Strategy

2011 – 2014

Safe in the city

Brighton & Hove Community Safety Partnership

Brighton & Hove

Community Safety, Crime Reduction and Drugs Strategy 2011 – 2014

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Our thanks go to:

All partners who have contributed to the development of this Strategy

All residents and organisations who have participated in the consultation process

110705

**Brighton & Hove
Community Safety, Crime Reduction and Drugs Strategy 2011-14**

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Aim of the Strategy

This document describes Brighton & Hove Safe in the City Partnership's plans to reduce crime and disorder and improve safety. Its aims are to:

- reduce crime and anti-social behaviour, especially around issues that matter most to people;
- improve feelings of safety and meet the needs of victims of crime
- tackle underlying causes of offending and reduce harm from drugs and alcohol;
- take early action to prevent and 'design out' crime; and
- reduce reoffending and achieve visible justice, including offenders participating in restorative justice and community payback

.... and so improve the quality of life for all those who live in, work in or visit the city. The city is much better placed to tackle all these issues if all parties – local residents and businesses, community and voluntary groups, and city services – work together in a co-ordinated way and this the main reason why this Strategy has been produced.

Community safety and crime affects people's lives

Although concerns about the economy have predominated in recent years, crime and disorder remain high in the list of the most important issues that face Britain¹. For residents in Brighton & Hove participating in the 2008 Place Survey, a low level of crime was the factor most frequently chosen as making somewhere 'a good place to live'. The 2010 Citizens Panel Community Safety Survey showed that there was a significant level of support for continuing to prioritise the areas of work in our last strategy (2008-11).

In neighbourhoods, Local Action Teams set priorities which identify what most needs to be done to improve their area in terms of crime and disorder. Common themes identified include actions to address anti-social behaviour, issues concerning children and young people, and improvements to the local physical environment. How streets and public spaces look and feel has an impact on how safe people feel, their perception of crime, their quality of life, and the confidence they have in the police, council and other agencies to keep people safe.

For other people in the city – for example, victims of hate incidents, domestic or sexual violence survivors, and people who misuse drugs or alcohol – community safety or crime issues have a more direct effect and can severely impair their quality of life and have knock-on effects in other ways.

Changing contexts

The landscape against which we have been working has significantly changed since the Crime and Disorder Act 1998 first introduced the requirement for partnerships to produce a strategy and work together to reduce crime and disorder. In Brighton & Hove we have been successful in reducing crime with nearly 3% fewer total police recorded crime in 2009/10 compared with 2008/9, and this continues a downward trend starting from 2006/7. However, we need to sustain this progress and be able to respond to the

¹ Ipsos MORI Issues Index, Feb 2011

changing circumstances of current times. Community Safety Partnerships were well supported by central government in the years since the 1998 Act, enabling our local partnership and community safety services to develop. However, the national context has changed significantly in recent times, especially with the economic situation and the change of approach from the Coalition Government.

At the heart of current government policy is the concept of the 'Big Society', which aims to give more power and responsibility to local communities. The Home Office 'Policing in the 21st century' consultation document published in the summer 2010 outlines some of the ways the 'Big Society' is relevant to policing and community safety, and states that it sees neighbourhoods as 'a key building block'. It talks of encouraging people to become more involved in the issues that affect them, with everyone, including individuals, contributing to tackling crime by making decisions that affect their communities. By publishing regular information for citizens (for example, by providing street-level crime data) and achieving greater levels of accountability, citizens should be better informed and equipped to play a greater role in crime prevention and community safety². From May 2012, the appointment of a Sussex-wide Police and Crime Commissioner will further alter the context for community safety partnerships.

A further consequence of 'localism' has meant replacing the Brighton & Hove Local Area Agreement, which was determined in negotiation with the Government Office for the South East, by locally determined plans and targets in the City Performance Plan (CPP). The CPP is being developed to align with the city's Sustainable Community Strategy and will be overseen by the Brighton & Hove Strategic Partnership.

Links with other strategies and policies

The work of a wide range of agencies and strategic partnerships contributes to delivering the crime reduction and safety priorities set out in this Strategy. Action plans and work programmes of those partner agencies which overlap most closely with those set out in this Strategy, are identified in each priority area section in this document.

In the delivery of this Strategy, the Brighton & Hove Community Safety Partnership (known locally as the Safe in the City Partnership) pays attention to the findings of the Inequality Review and Joint Strategic Needs Assessment for the city. These identify key issues and inequalities across the city as well as for particular neighbourhoods and communities. Particularly relevant findings for our Partnership are around the changing demography of the city. This includes a projected population increase, a changing population profile with an increase in the number of people with in the Black and minority ethnic category, and a significant variation in the levels of deprivation across the city with some areas having among the highest levels of deprivation in England.

The work in this Strategy helps to address inequalities that exist within the city's different communities in a range of different ways. The Strategy draws on the knowledge and concerns of different communities through a range of community engagement mechanisms. There is a close alignment with Brighton & Hove Council's Equalities and Inclusion Policy. Attention is also given throughout our Strategy to the way in which our work supports environmental, social and economic sustainability and other aspects of the city's Sustainable Community Strategy.

Achieving more with combined resources

Cuts in public spending are likely to continue to deepen over the course of the current Strategy and will have an impact on the ability of our partnership to keep pace with new

² Local Government Association 'Reshaping the Partnership Landscape: Coalition Plans for Policing and Community Safety', November 2010

Community Safety, Crime Reduction and Drugs Strategy 2011-14

demands. There will be a need to be increasingly adept at making resources stretch further and working in new ways. It will be more important than ever that the Safe in the City Partnership works together effectively. Section 17 of the Crime and Disorder Act continues to underpin the requirement that public services take into account crime and disorder implications across all areas of work within their remit.

We are continuing to work broadly within the guidance provided by the Home Office around how to achieve effective partnership working. More information about how we are ensuring that we work effectively is found in the section that starts on page 7.

Identifying our priority areas and activities – an evidence-based approach

Continually striving to improve performance and outcomes is the job of the Safe in the City Partnership. Each year we undertake a Strategic Assessment and analysis of latest crime and disorder data, including intelligence and information from local people. The Strategic Assessment of Crime and Disorder 2010³ on which the present Strategy is based is available on the Safe in the City website. We assess what matters are of the greatest concern for the city and the priority areas and activities we have laid out in this partnership plan, the Community Safety, Crime Reduction and Drugs Strategy, have been derived using this approach. This is our fifth three year strategy since 1998 and it covers the period from April 2011 to March 2014.

From 2010, this evidence-based approach has been further embedded into the Local Strategic Partnership's approach to commissioning of services through the Intelligent Commissioning process. The Partnership Community Safety Team and Drug and Alcohol Action Team have been involved in the three Intelligent Commissioning pilots during 2010/11 (relating to alcohol, domestic violence and drug related deaths) and the action plans in this document align with the work undertaken through the Intelligent Commissioning pilots.

Achieving our aims and monitoring progress

This Strategy is divided into priority areas as mentioned above. Lead officers have been assigned to each area and they co-ordinate and 'progress chase' actions in the work programmes. These lead officers work closely with partnership 'support' groups whose members have particular expertise. These groups also help ensure work is progressed. Appendix 3 identifies those individuals with particular responsibilities.

Measures of success help us monitor and track progress against targets and stated outcomes for each area. The action plans in the different sections of this document describe the work planned to achieve outcomes. While the action plans presented only provide brief descriptions of the work planned, they are backed up by more detailed documents which list outputs, targets, milestones and timescales, as well as identifying who is responsible for each action.

Progress on key performance indicators related to the work in the Strategy is reported to the Safe in the City Partnership board on a quarterly basis. A summary report is also presented to the Community Safety Forum and is available on the Partnership's website (www.safeinthecity.info).

³ Crime and Disorder Strategic Assessment 2010 Main Report, Brighton & Hove Safe in the City Partnership, http://www.safeinthecity.info/files/Crime%20and%20Disorder%20Strategic%20Assessment%202010_0.pdf

E nsuring an Effective Partnership

Outcome: Delivery of Brighton & Hove’s crime reduction and safety priorities is maximised

The Safe in the City Partnership needs to ensure that it has the capacity and capability to deliver the priorities and objectives that are set out in this Strategy. Our Partnership in Brighton & Hove is regarded as mature and effective – we were awarded a Green Flag by the Audit Commission for the high quality of our partnership working in 2009. However, it is important that we sustain our understanding of the full breadth of crime and community safety issues in the city and that we can demonstrate effective action to deal with them.

The ‘Hallmarks for an Effective Partnership’, which were issued in 2007 by the Home Office and are listed below, may no longer formally be a requirement in the future. However, we believe that they represent good practice and that we should continue to use them to guide the way we work. Against these Hallmarks we identify some activities that we will be undertaking to maximise capacity and performance in the coming three years.

Hallmark 1. Empowered and effective leadership

Brighton & Hove’s Safe in the City Partnership, led by the Chief Executive and Divisional Police Commander is the responsible authority which ultimately signs off and commits to the implementation of this Strategy. The Partnership includes the Drug and Alcohol Action Team and brings together work on alcohol and drugs misuse with that which focuses dealing with crime and disorder. The Partnership, which meets quarterly, includes senior representation from the ‘responsible authorities⁴’ as well as from other key experts and partners in the city including the Lead Cabinet Member for community safety and the Community and Voluntary Sector Forum. The Partnership is focused on ensuring that, strategically, all partners are working towards shared priorities and outcomes, that performance is evaluated and problem solving is shared across the partnership. We seek to sustain strong links with Children and Young People’s Services and the Local Safeguarding Children and Adult Boards. Our Partnership is integrated with the Local Strategic Partnership and Public Service Board and our work is aligned their priority setting and business planning decision with the Sustainable Community Strategy and City Performance Plan.

Empowered and effective leadership: Direct work to address current concerns while also building up sustainable solutions
Further actions to support Hallmark 1
1.1 Ensure that protocols and arrangements for information sharing, including for sharing personal information where necessary and proportionate, are in place and being utilised to full effect for all delivery partners, including, for example, registered social landlords and RISE
1.2 Improve joint working with Sussex Criminal Justice Board and Criminal Justice agencies

⁴ The responsible authorities are: Sussex Police Authority; Surrey and Sussex Probation Trust; East Sussex Fire and Rescue Service; Brighton & Hove Police Division; NHS Brighton & Hove and Sussex Partnership Trust; and the Local Authority.

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Hallmark 2. Intelligence-led business processes

The Partnership is required to produce an annual strategic assessment. Strategic assessments must include community intelligence, as well as recorded crime and information from a broad range of other sources (including from the police, demographic information sources, Accident and Emergency and ambulance data, community surveys, public meetings, Local Action Teams and so on). A 'stock take' on delivery of previous community safety activities is also included. The findings of the strategic assessments provide the basis for informing community safety priorities within the Sustainable Community Strategy and City Performance Plan and also inform the allocation of resources across the Partnership and partner agencies. The new Intelligent Commissioning procedures adopted in the city from 2010 also ensure work is planned on a sound evidence base.

A quarterly partnership performance report is produced which describes local trends and patterns of crime and disorder across all areas of the strategy, provides an update on progress on the action plans and monitors performance targets. This is shared with partners and presented to the Safe in the City Partnership meeting so any problems identified can be dealt with through shared partnership resources and multi-agency approaches. Themed data reports on specific priorities are also produced on a regular basis to assist with the work of operational and strategic steering groups. We also provide a performance report to the Community Safety Forum where community members can help interpret data and assist with solutions to problems.

Day to day operational practice accords with the National Intelligence Model and arrangements are in place to deliver an intelligence-led, problem solving approach to enable accurate identification of problems and develop targeted solutions.

Intelligence-led business processes: Work is prioritised and targeted according to the findings of analysis, proven best practice and the views of local people

Further actions to support Hallmark 2

2.1 Further increase sources of community intelligence. Develop and embed arrangements for analysing and utilising this and other local data in the identification of problems and targeted solutions

2.2 Consult, listen and respond to the views of local communities and communities of interest. Those communities who are usually under-represented in consultation to be targeted where possible.

2.3 Ensure the Partnership has flexibility to be able to respond to new analysis and findings

2.4 Support and encourage information/intelligence sharing between members of the partnership, ensuring compliance with legal requirements.

2.5 Distribute information on crime and disorder hotspots and victim profiles between all partners who can contribute to developing solutions through multi-agency groups and information sharing procedures

2.6 Learn about best practice through published material and adopt successful methods where they might translate to local circumstances

2.7 Monitor performance against targets and actions in the Partnership's Strategy and keep track of other performance indicators.

2.8 Carry out annual strategic assessments to check priorities against new information, emerging trends and the views of communities and manage risk.

2.9 Evaluate and explore lessons learned from previous projects and interventions, including those that have been successful, and use this information to inform the future direction of work

2.10 Monitor the Partnership's performance in relation to that of other comparable partnerships and learn from best performers
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2.11 Contribute partnership data to www.BHLIS.org (the local information part of the Local Strategic Partnership's website), enabling public access to neighbourhood level information to supplement that provided on the national police website: www.police.uk .
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Hallmark 3. Effective and responsive delivery structures

The Community Safety, Crime Reduction and Drugs Strategy 2010-14 sets out the priorities that are to be the focus of the Partnership's resources, identifies indicators against which performance will be measured, the outcomes sought and the actions that will be undertaken to achieve outcomes. More detailed action plans sit behind the individual priority areas of the Strategy and a performance management framework is in place which enables the Partnership to review and monitor progress against targets and indicators. The Strategy is published through our website and a summary is to be available.

Delivery of the priority areas of the Strategy and 'fast time' responses to new crime and disorder problems are managed through a structure of working or action groups which are mobilised around a particular issue, or through the city's Joint Action Group and a network of Local Action Teams and community of interest groups.

The Partnership is aware of the added value of drawing on all available resources to successfully manage delivery. Consolidating neighbourhood policing arrangements with those of targeted partnership work in localities together with multi-disciplinary services of the Partnership Community Safety Team have significantly increased effectiveness. This has achieved outcomes that would otherwise have not been possible. The close working with Local Action Teams, community champions and private and voluntary sector organisations is achieving the same excellent results.

Effective and responsive delivery structures: A robust performance management framework and maximisation of resources
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Further actions to support Hallmark 3

3.1 Review the Community Safety, Crime Reduction and Drugs Strategy annually
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3.2 Seek to integrate community safety concerns into service priorities, planning and work programmes of all agencies. In particular, develop our mainstreaming and Section 17 duties of the Crime and Disorder Act ensuring that all responsible authorities are doing all that they reasonably can to prevent crime and disorder, anti-social behaviour, drug/alcohol misuse, and behaviour adverse to the environment
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3.3 Develop further the opportunities for problem solving, joint approaches and sustainable solutions which come from neighbourhood policing and partnership work with local communities and communities of interest
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3.4 Develop further, including through Intelligent Commissioning processes, opportunities for pooled budgets, particularly to achieve delivery of activities that achieve shared priorities across services

3.5 Continue to access external sources of funding for specific projects wherever possible
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3.6 Develop further monitoring of the cost benefit and cost effectiveness of our work and the extent to which specific projects and areas of activity are economic, efficient and effective (value for money)

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3.7 Increase transparency by developing a financial information section of the Strategy which states how resources are being applied to deliver the Strategy and how the Partnership ensures that resources are being applied to good effect

3.8 Increase the visibility of the Partnership so that communities and partners further understand the role and added value that it brings and the good outcomes that are achieved

Hallmark 4. Community engagement

The city's Community Engagement Framework has been agreed by the Brighton & Hove Strategic Partnership and lays out citywide commitment to community engagement through working to agreed standards.

There are particular statutory requirements to 'consult and involve' communities within the crime and disorder arena, not only about what priorities the partnership should tackle and how delivery affects them, but also to consider the way in which communities can help support the delivery of the priorities in the partnership Strategy. The Safe in the City Partnership considers that the level of joint working that is embedded within its practices provides a constant dialogue with many of its communities of interest and with those in neighbourhoods. The local audits carried out by the Community Against Drugs and Environment Improvement Teams, the network of meetings with the Black and minority ethnic and faith based communities and those with the LGBT communities all go a considerable way to achieving and sustaining high levels of community engagement.

The 37 Local Action Teams in the city are also an excellent way of directly engaging with local people about their day to day experiences. The LATs, together with the neighbourhood policing arrangements described above, provide a framework for dialogue and consultation. Though integrating our community engagement work undertaken under the banner of the Safe in the City Partnership with that undertaken by Sussex Police, the council's Communities and Equality Team, community development commissioning and other work, the Partnership's work will be informed by ongoing city wide consultation.

Community engagement: Further development of communities' involvement in the work of the partnership and ensuring provision is accessible and suitable for all groups of citizens

Further actions to support Hallmark 4

4.1 Encourage and support participation by local people and businesses in community safety and crime prevention work

4.2 Utilise all available mechanisms to enable local communities – geographical communities and communities of interest – to inform and contribute to the work of the Partnership, for example by making links through community development and community engagement partners

4.3 Maintain our engagement with and support to Local Action Teams, providing a consistent framework through which local people and the Partnership can jointly identify problems and deliver solutions. Provide practical support to those who are prepared to 'take a stand' and to those who give their time and expertise to assist the Partnership with enforcement to make communities safer

4.4 Take into account the Equalities Act 2010, the detailed findings of the Inequality Review and the Joint Strategic Needs Assessment ensuring that the delivery of this Strategy is targeted towards those groups and communities who are identified as most vulnerable, at risk or excluded

4.5 Ensure training, publicity, resources, services standards, etc. take into account the needs of all communities of interest

4.6 Incorporate within the work programme for ‘building resilience to extremism’, positive initiatives and events which build community engagement and cohesion, taking the learning from that work into the mainstream of community safety work
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4.7 Target measures to increase reporting at those least likely to report

4.8 Target work to reduce fear of crime at those most concerned, including towards older people

Hallmark 5. Visible and constructive accountability

We are aware that an effective partnership is one that is visible and accountable to its community for the decisions and actions it takes on their behalf. Arrangements are already in place for people in neighbourhoods and communities of interest to meet with key decision makers from the partnerships. The quarterly public meetings of the Community Safety Forum which also provide the opportunity for dialogue with elected members, the ‘Face the People’ meetings, and the multi-agency Forums which enable open information sharing and joint decision making are all well established in day to day community safety practice. In many contexts, that openness and accountability has developed to city-wide community-led and partnership multi-agency working (as with the Racial Harassment Forum) and targeted work in neighbourhoods (as with the Local Action Teams). In that way, and through direct feedback to individuals and groups within communities from front line staff and caseworkers, we are letting people know about problems solved and actions taken.

The 2008 Place Survey drew attention to the fact that residents in Brighton & Hove did not feel particularly well informed or consulted about the work that the partnership is doing to tackle crime and anti-social behaviour. It also showed that there was room for improvement around the extent to which residents are confident that the police and council are dealing with crime and disorder issues that matter in their local area. This finding could be interpreted as either that we are not addressing issues that matter to local people, or that we might be addressing them but that this isn’t successfully communicated. In response to this, we particularly examined how we might address shortfalls around communication. Initial work during 2009, included a city-wide poster campaign to draw attention to the work of the Partnership, in particular how there are many and varied people, whether from agencies or local communities, whose work contributes to tackling crime and disorder. This publicity drew people to the Partnership website. Closer links between the work of the Partnership and the council’s communications team were also established.

Visible and constructive accountability: Effective communication of the work and outcomes of the partnership

Further actions to support Hallmark 5

5.1 Increase and improve outward and visible performance management of the priorities and targets that are being delivered by the Partnership in order to further increase feelings of public confidence and reassurance amongst communities
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5.2 Produce an accessible summary of the work in this Strategy that encourages understanding within communities and supports improved visibility and accountability

5.3 Embed Community Safety Overview and Scrutiny arrangements within Partnership processes and ensure recommendations from individual reviews are implemented

5.4 Apply branding arrangements which better identify and raise awareness of work carried out by the Partnership, including that which is targeted towards communities as well as throughout the city

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5.5 Continue working with the council's Communications Team to develop and promote campaigns targeted at particular initiatives with a view to reducing crime and improving public confidence. Use a variety of ways to publicise the work of the partnership, including the media, websites and local neighbourhood networks. Endeavour to ensure that messages reach out to populations in the city who are most fearful of crime or who are most vulnerable to crime.

5.6 Improve and maintain the Safe in the City Partnership website (www.safeinthecity.info) and encourage its use

5.7 Help to deliver responsive, visible justice through offenders facing the consequences of their crimes through community resolution, community payback and restorative justice

Hallmark 6. Appropriate skills and knowledge

The Partnership needs to have the necessary skills and knowledge to support effective partnership management, analysis, problem solving and the delivery of the Community Safety, Crime Reduction and Drugs Strategy 2011-14.

Appropriate skills and knowledge

Further actions to support Hallmark 6

6.1 Reference the National Occupational Standards identifying any gaps in the skills and experiences of Partnership members and arranging for individual and partnership learning programmes.

6.2 Ensure elected members are kept abreast of key information to assist in decision making

A ll Crime and Disorder in the City

Outcome: Crime and disorder in the city is reduced

All crime and disorder – whether serious crimes or low level incidents – directly or indirectly impacts upon individuals and communities and damages quality of life.

In 2009/10 there were 24,421 police recorded crimes in Brighton & Hove. About 30% of these crimes related to theft (not including motor vehicles), 20% were violence against the person offences and 16% were criminal damage.

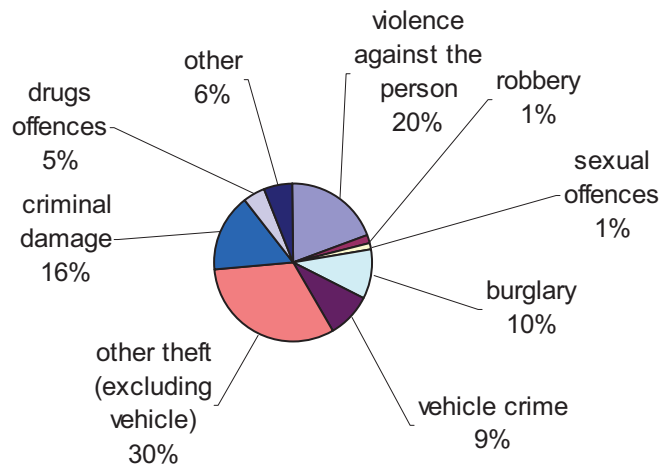
In 2009/10 there were 2.9% (725) fewer total crimes recorded in the city than in 2008/9. Compared with other partnerships in our

'benchmarking group' of fifteen areas with similar characteristics and demographics, the number of crimes per head of population is fewer than average.

Although our partnership focuses on the particular priorities as dictated by our Strategic Assessment and the priorities of local people, we continue to monitor total crime as a performance indicator locally so we can keep a check on any displacement of criminal activity away from those areas being prioritised and monitored closely by the partnership.

We also monitor levels of social disorder and anti-social behaviour. Anti-social behaviour is a priority area in this Strategy and further information is found on page 31.

Total crime breakdown, 2009/10
(n=24,421)



Key performance indicators

- Reduction in the number of total police recorded crimes
- Reduction in the number of police recorded incidents of social disorder

Physical Environment, Infrastructure and Quality of Life

Outcome: Neighbourhoods are more crime-resistant, communities are stronger, and people feel safer

Sub-outcomes:

- Local communities play a key role in determining community safety priorities. They are able to access information to enable this to happen effectively
- The local environment is well maintained
- New developments and environmental redesigns are built to be crime resistant
- Local community structures are strengthened through i) increased opportunities for individuals and communities to take control over the crime and disorder issues that affect their lives and ii) individuals and communities, including seldom heard sections of the community, are supported to ensure they are provided with the information, advice and support needed to develop their confidence, skills and knowledge⁵
- People feel safer and make more use of outdoor spaces by day and especially at night
- There is less anti-social behaviour and crime

Why is this a priority?

The physical and social attributes of our local neighbourhoods affect how safe we feel – and feeling safe has a significant impact on quality of life. The British Crime Survey found 35% of adults reported that fear of crime had a moderate or high impact on their quality of life. This was greater than the impact of crime itself which affected 25% of people.

Background information

The British Crime Survey found that the impact of fear of crime on quality of life is higher for those who perceive higher levels of anti-social behaviour and for those who have experienced crime in the last year. Other factors which may cause people to have

Main Partners

Brighton & Hove City Council including Cityclean, Environment Improvement, Planning, Sustainable Transport, Communities against Drugs, Communities and Equalities, and Press Office Teams

Local Action Teams, residents and local businesses

Stronger Communities Partnership

Other Community and Voluntary Sector organisations including, Trust for Developing Communities, Volunteer Centre, and others

East Sussex Fire and Rescue Service

Sussex Safer Roads Partnership

Sussex Police

British Transport Police

⁵ Adapted from the commissioned outcomes for the Communities and Equalities Team

Physical Environment, Infrastructure and Quality of Life

heightened fear of crime may include: hearing about crime from neighbours/friends or through the media, having a sense of being physically weaker or vulnerable, or being surrounded by physical evidence of crime and disorder (eg. criminal damage, burned out cars).

Local levels of police recorded criminal damage and other measures of environmental disorder (incl. street appearance measures, fire service recorded non-accidental fires and police recorded incidents of physical disorder) have seen year on year declines. Furthermore, according to the 2008 Place Survey, Brighton & Hove compares very favourably with our 'benchmarked' local authorities in respect of how safe people feel both during the day and after dark. However, in the 2010 Citizens Panel survey, a notable proportion of the city's residents do not feel safe, especially after dark. Most respondents (93%) reported feeling safe in their local area during the day, while 62% felt safe after dark. The main reasons given for not feeling safe in their local area at night were groups of young people, drinking/drunkenness and poor street lighting. In the city centre 89% of people felt safe during the day and 50% felt safe at night (up from 36% in 2007), with the main reasons cited for people feeling unsafe being drinking/drunkenness, groups of young people, fear of violence, and noisy, rowdy and other forms of anti-social behaviour.

From the planning and design perspective, aspects such as lighting, access, activity and physical protection (and other considerations referenced in the Safe Places Statement which applications for new planning developments in the city are required to complete) are important. Also, signals of neglect in a neighbourhood can be an invitation to anti-social behaviour, vandalism and other types of crime and give a message that no-one cares.

The social infrastructure in a neighbourhood encourages people to get to know their neighbours and to access information and support. High levels of 'social capital' in an area have been shown to be associated with lower crime rates. Citizenship, neighbourliness, social networks and civic participation are key elements of social capital. It operates by impacting on the precursors of crime: levels of trust; respect; and self esteem within and between community members. The development of volunteering in local areas is a positive contribution to these ends. Communication networks are needed so local people are provided with key information and can access the community safety information and services they need.

Current context

The Coalition Government has moved clearly away from providing central direction around what areas of work should be prioritised and the emphasis is firmly on a 'bottom up' rather than a 'top down' approach, with local people being better positioned to determine for themselves what is important in their neighbourhood. The Brighton & Hove Community Strategy, especially the section on Building Communities and Involving People, underlines this approach, while the Community Engagement Framework sets out mechanisms to enable this to be achieved. Local Action Teams involving the police, fire service, Environment Improvement Team and other services are set up to engage directly with residents at a local level to help facilitate improvements, and links are made with the council's Communities and Equalities Team. There is LAT coverage across most areas of the city.

At the time of writing there is a Sussex Police review of neighbourhood policing looking at the way in which Neighbourhood Policing Teams operate. Over the last few years each police beat/ward has been covered by named police officers/PCSOs, enabling their relationships with local communities and local knowledge to build over time. One aim of the review is to have more neighbourhood policing resources targeted at areas of

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enhanced need while other resources may be used in a more flexible manner in terms of being able to respond to problems where they arise, or to engage more closely with the voluntary sector or other partners. One outcome of this may be a change in the relationships and information flows in some communities. Funding for neighbourhood policing has been allocated to police forces for 2011/2 and 2012/3, after which time the allocation of funding will be in the hands of the Sussex Police and Crime Commissioner who will be in post from May 2012.

Where next?

The positive progress we have made around environmental crime and disorder and feelings of safety described above suggest that the approaches taken across the city up to now have been successful. The way forward at this point is, aligned to the government's drive towards 'localism', for the Partnership to further work with local residents and support local structures to continue to pursue these objectives. The main themes addressed in this action plan are around improving the quality of the local environment through planning, local improvements or maintenance, supporting local networks to drive community safety improvements in their area, and maintaining two-way information flows between local people and services to ensure people can access the information they need and to help direct resources effectively.

Links to other priority areas

This priority area cuts across many of the other themes in this Strategy. If local areas are utilised more frequently, this provides more 'natural surveillance' to deter potential acts of anti-social behaviour or crime.

This priority area also feeds into a number of the themes in the Sustainable Community Strategy, including: *promoting enterprise* and *enhancing the environment* through work to improve the quality of the environment, and around *strengthening communities and involving people* through support to local community networks.

Implications for equalities and sustainability

As mentioned above, those who are more liable to feeling less safe are those who have a sense of being weaker or more vulnerable. If people feel safer when outdoors, they will be more disposed to use outdoor areas. This affords opportunities for getting acquainted with others in the local community and reducing isolation. They may be more inclined to use more sustainable modes transport rather than private vehicles which is good from both health and environmental aspects.

Parallel plans

- Brighton & Hove Community Strategy – especially Strengthening Communities and Involving People section
- Brighton & Hove Strategic Partnership's Community Engagement Framework
- Local Development Framework, Core Strategy and Supplementary Planning Documents
- Brighton & Hove Local Policing Plan
- CityClean Strategy
- Communities Team Plan 2011/12
- Brighton & Hove Volunteering Strategy 2010-15 and Action Plan
- East Sussex Fire Authority Strategic Plan 2010/11-2014/15 and Brighton & Hove Borough Plan
- Brighton & Hove Road Safety Plan

Physical Environment, Infrastructure and Quality of Life

Key performance indicators

- % of people feeling safe in their neighbourhood and in the city centre both in the daytime and after dark
- % of people who believe that the police and partners are dealing with issues that matter in their local area
- % of roads with unsatisfactory levels of graffiti and litter
- Number of police recorded criminal damage offences

Physical Environment, Infrastructure and Quality of Life Action Plan	
Area of work 1	
Maintain an effective structure, co-ordination and targeting of crime reduction and community safety resources in neighbourhoods and across the city. Ensure good communication between communities (both geographical communities and communities of interest) and services	
Actions	
1.1 Section 17 of the Crime and Disorder Act 1998 (which requires the local authority and police to carry out their work with due regard to preventing crime and disorder) to be promoted and monitored for compliance	
1.2 Maintain and develop the work of the city's Local Action Team network, with the continued participation of local officers from partnership agencies, including neighbourhood police, council and fire and rescue service.	
1.3 Support LAT Chairs events, introducing key partners and agencies who can deliver changes that will reduce crime and anti-social behaviour in local areas	
1.4 Review the 'Guidance for Local Action Teams' document and ensure it is kept up to date	
1.5 Ensure communication flows operate smoothly to and from LATs, the multi-agency Joint Action Group and others in the Safe in the City Partnership. Develop and support the use of appropriate communication such as twitter, flickr and social networking media to attract interest and new membership of Local Action Teams.	
1.6 Use the Safe in the City website to assist communication and information sharing and enable direct reporting of incidents	
1.7 Maintain the ability to analyse crime and disorder information (including with mapping capability) and present findings in a user-friendly, accessible manner	
1.8 Give consideration to the needs of all communities of interest when devising publicity/communication materials to ensure they are accessible	
1.9 Enable the work of Local Action Teams to be communicated between areas to enable successful initiatives and ideas to be shared	
1.10 Continue to share information around community safety issues on public transport, taking forward projects to deal with new issues as they arise	
1.11 Disseminate Community Safety, Crime Reduction and Drugs Strategy, including to key persons across public sector agencies	

Community Safety, Crime Reduction and Drugs Strategy 2011-14

<p>Community safety and crime reduction is integrated into the planning and design of new developments and redevelopments</p>	
<p>Actions</p>	
<p>2.1 Continue to integrate community safety and crime reduction objectives within the work of the council's planning department. Investigate options, and a requirement for all planning applications to have Design and Access Statements which include crime prevention measures, and seek changes that will routinely ensure these objectives are achieved city-wide</p>	
<p>2.2 Ensure the requirements of the Safer Places Statements are met in relation to major developments</p>	
<p>2.3 The Safe in the City Partnership to proactively seek the prioritisation of a Supplementary Planning Document on community safety</p>	
<p>2.4 The Safe in the City Partnership to input to the council's long term planning strategy (Core Strategy)</p>	
<p>2.5 Monitor crime and disorder levels before and after planning developments to learn any lessons</p>	
<p>Area of work 3</p>	
<p>Neighbourhood crime and disorder problems are prevented or solved and people are safer through partnership working, community engagement and stronger community structures</p>	
<p>Actions</p>	
<p>3.1 The police, Partnership Community Safety Team (incl. the Environment Improvement and Anti-Social Behaviour Teams) and other partners to continue to support Local Action Teams</p>	
<p>3.2 The Environment Improvement Team to maintain its involvement with other council's departments and partner agencies to identify new ways of dealing with crime or community safety issues. Introduce neighbourhoods to possible solutions, and engage with residents and service providers to identify and deliver actions which address areas of need and concern</p>	
<p>3.3 Undertake with residents local scale street appearance and design projects which address issues raised by residents. Work on city-wide initiatives to reduce the likelihood of crime/anti-social behaviour and reduce fear of crime. Encourage and support the involvement of local residents and businesses in making improvements to the physical environments</p>	
<p>3.4 Further strengthen local community structures through the work of the council's Communities and Equalities Team, the Trust for Developing Communities and other community and voluntary sector partners and support the development of volunteering.</p>	
<p>3.5 Ensure that, where appropriate, LATs are linked into and are part of any proposals for neighbourhood council pilots</p>	
<p>3.6 Further integrate community safety, crime reduction and community building objectives within the work of the council's highways, transport and road safety departments.</p>	
<p>3.7 Tackle cycle theft through partnership working using education, environmental/engineering and enforcement approaches. Work to be based on local data and best practice, to include the findings of recent research work commissioned through previous Civitas funding.</p>	
<p>3.8 The Sussex Safer Roads Partnership, including Brighton & Hove City Council, Sussex Police and East Sussex Fire and Rescue Service, to improve road safety through education, engineering and enforcement as laid out in the Brighton & Hove Road Safety Strategy</p>	
<p>3.9 Explore opportunities for working in partnership to increase road safety while strengthening communities in residential areas</p>	

Physical Environment, Infrastructure and Quality of Life

3.10 East Sussex Fire and Rescue Service to carry out free home fire safety visits and offer a range of solutions, including the fitting of smoke detectors and domestic sprinklers	
3.11 Where appropriate, ensure that improvement projects are identifiable as initiatives of the city council, other partners and local residents/businesses as part of the Safe in the City Partnership	
Area of work 4	
There is less criminal damage and arson, and improved feelings of safety, through a well maintained physical environment	
Actions	
4.1 Involve local communities in identifying areas at risk and taking steps to find solutions	
4.2 Undertake analysis of criminal damage against vehicles and respond to the findings through partnership work with different parties with relevant roles and interests	
4.3 Continue partnership work to tackle graffiti through removal, physical barriers to access, murals, prosecution, etc.	
4.4 CityClean to continue work on containerisation, flyposting, flytipping, waste enforcement, etc.	
4.5 Continue enforcement work around abandoned vehicles	
4.6 Continue community environmental action days which co-ordinate the activities of a range of partners to improve and maintain public spaces in local neighbourhoods	
4.7 Pro-actively identify premises at risk of arson and work with owners/occupiers to reduce risk of fire	
4.8 Fire & Rescue Service and other agencies to share resources and knowledge to identify hot spots for arson and proactively work together to reduce such incidents.	
4.9 Continue Fire & Rescue Service engagement with firesetters to prevent arson through the Learning Not to Burn Programme.	

D rugs Misuse

Outcome: Individuals are supported to lead drug-free lives and the harms to families and communities associated with the misuse of drugs are minimised

Sub-outcomes:

- There are fewer young people starting to use drugs
- There are fewer young people and adults misusing drugs
- There is more support to families and communities
- Disruption of drug markets through targeted enforcement is increased

Why is this a priority?

Promoting recovery from drug related harms is both a national and local priority. The misuse of drugs has a direct impact on other priority areas within this Strategy. It causes physical, psychological and social harm to the individuals concerned, as well as giving rise to significant disruption and cost to families and communities. Over 600 different illicit substances are now covered by the Misuse of Drugs Act 1971, comprising: class A drugs - cocaine [powder and crack], ecstasy, hallucinogens and opiates; class A and B drugs - amphetamines [including methamphetamine]; class B drugs - cannabis, mephedrone and other cathinones; and class C drugs - anabolic steroids, benzodiazepines, GBL, GHB, ketamine, and piperazines. It is estimated that there are approximately 320,000 heroin and/or crack cocaine users in England and that offenders who use these drugs commit between a third and a half of all acquisitive crime. A third of the adult drug and alcohol treatment population have parental responsibility for a child.

The 2010 Drug Strategy describes the harms caused by the use of illicit drugs: “from the crime in local neighbourhoods, through families forced apart by dependency, to the corrupting effect of international organised crime, drugs have a profound and negative effect on communities, families and individuals.” Two overarching aims are identified: to reduce illicit and other harmful drug use and to increase the numbers recovering from their dependence. The Strategy acknowledged that drug use can have a major impact on young people’s education, health, families and long term life chances. Department for Education commissioned research by Frontier Economics gives a conservative estimate that for every £1 invested in young

Main Partners
Drug and Alcohol Action Team
Communities Against Drugs Team
NHS Brighton & Hove
Sussex Police
Surrey and Sussex Probation Trust
SPFT Substance Misuse Service
CRI
Brighton Oasis Project
Brighton Housing Trust
RU-OK?

people's substance misuse services, there will be a £2 saving within two years in crime and health costs and up to £8 savings over a lifetime in adult dependency costs.

For young people in Brighton & Hove, it is estimated that 16% [2,957 people] of the population aged 10-16 years are vulnerable to drug use. The scope of this estimate ranges from young people who have ever taken a drug, through more frequent use, to Class A consumption. Most use is associated with experimentation, with only a very small proportion involved in frequent use of Class A substances. The Tellus3 study, undertaken in 2008, asked children and young people in Years 6, 8 and 10 [aged 10 to 14] from 3,114 schools in 145 local authorities in England how they viewed their lives and how good local authorities are at providing services for young people. Findings from the survey indicated slightly higher levels of consumption of both drugs and alcohol in Brighton & Hove when compared with the national dataset. With regard to measurement of National Indicator 115: "to reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances" the analysis indicated that 13.7% of young people who participated in the survey in Brighton & Hove had either been drunk, or taken drugs or solvents, at least twice in the past four weeks, or had been drunk and experimented with drugs at least once in their lives. These findings place Brighton and Hove in the top quartile, ranked 26 out of 150 local authorities, and second highest in the South East region, below Portsmouth.

With regard to adult drug users, population estimates for the Problematic Drug Using population in 2008-09 were published during 2010. This dataset indicated an opiate and/or crack cocaine using population [including some under 18s] of 2,109, which is 38% less than the first published estimate of 3,380 in 2004-05. However, the estimated number of crack users increased by 60% for the same period. Brighton & Hove appears to have comparatively high numbers of users who inject, with 61% of those referred into treatment being current or previous injectors, compared with 49% in the South East region. The high number of injecting drug users represents a sizeable at risk population vulnerable to drug related deaths, of which there were 50 cases [or 23.6 per 100,000 population] reported in 2009 aged over 16, the highest rate of drug related deaths in the UK.

The impact of illicit drug use is felt particularly in families and communities. The Communities Against Drugs (CAD) team has been working to address the direct and indirect harms that drugs cause, by recognising the wider impact, and has been involved with 14 different communities during 2010-11, most intensively in Moulsecomb and Whitehawk, as well as promoting the development of family support services.

Drug enforcement has been reflected in extensive work via Operation Reduction to examine and tackle the crack and heroin markets in Brighton & Hove, with a good level of understanding of the main supply routes, networks operating and commodities involved.

Current context

The national Drug Strategy 2010, published in December, sets a shift in direction, including a greater emphasis on drug free recovery than reducing harm; possible financial benefit sanctions for those deemed not to be sufficiently addressing their drug dependence; temporary bans on newly developed psychoactive substances whilst health risks are assessed; and increased promotion of recovery networks via families and carers, mutual aid groups and community champions.

Most existing workstreams will be sustained in the context of substantial budgetary restrictions. There will be a continued focus on improving the early identification and

Community Safety, Crime Reduction and Drugs Strategy 2011-14

screening for young people at risk of substance misuse by the services responsible, including social care teams, the youth support service, housing teams, schools, Child and Adolescent Mental Health Service (CAMHS), A&E, the Anti-Social Behaviour Team and the Youth Offending Service. The demand for specialist substance misuse treatment interventions has continued to increase, creating a particular challenge for the maintenance of high quality service provision without any change in workforce capacity. An evaluation of the Parents of Children at Risk (POCAR) service for families with substance misusing parents has been completed.

Where next?

In 2010-11, drug related deaths was selected as one of three Intelligent Commissioning Pilots. This related to the ongoing rate of deaths in the city compared with the rest of the UK, a matter which has been addressed locally by multi-agency groups since national data was first published in 1997, a reflection of how seriously such deaths are regarded. A needs analysis was undertaken, drawing on information from the Coroner's Inquest files, together with other local and comparative data, leading to 25 recommendations for action all aimed at achieving an outcome of fewer drug related deaths. These recommendations form part of the work programme of the Harm Reduction Strategy Steering Group, chaired by the Director of Public Health, and are included in an action plan also covering improved intelligence sharing; reducing harm from blood borne viruses; enhanced needle exchange service provision; workforce development; and improved general healthcare.

Links to other priority areas

The use and misuse of illicit drugs is a significant cross-cutting factor in work with a number of other strategy priority areas, including anti-social behaviour, domestic violence, preventive and support work with young people, as well as having a negative influence on the quality of the environment. Drug users can often also have alcohol misuse issues, and therefore illicit drugs is also linked to the alcohol misuse section of this Strategy.

Implications for equalities and sustainability

The work to achieve a culturally competent workforce, in order to have a positive impact on different equality groups using services, has been sustained, led by the DAAT Workforce Development Manager. Service Managers are expected to be competent in the recruitment and retention of appropriate staff to support this aim. In 2010-11, a programme of LGBT training for all treatment service staff was completed and two BME training sessions provided, to be continued in 2011-12 together with disability training. Dual diagnosis, which covers a broad spectrum of mental health and substance misuse problems, was the subject of a Scrutiny Report in 2008. Progress towards the formulation of a local action plan to address its main recommendations and those of a subsequent Provider Trust led Strategy has been slow, but is expected to reach fruition in 2011-12. The Count Me in Too LGBT research indicated that sexual orientation and gender identity can act as a contributory factor affecting drug use, which is higher amongst the young LGBT population than in the general population. The young people's population is more ethnically diverse than the Brighton and Hove population as a whole and is under-represented in service presentation, and thus brings challenges to the co-ordination of services to support different minority ethnic groups. Disability, whether physical or in respect of learning difficulties, has the potential to act as a predisposing factor for substance misuse. There is a relatively high incidence of young people with Special Educational Needs within mainstream education, highlighting the

importance of information and support about substance misuse within the school environment.

Parallel plans

- | | |
|---|---|
| <ul style="list-style-type: none"> • Young People Substance Misuse Needs Assessment 2011-12 • Adult Drug Needs Assessment 2011-12 | <ul style="list-style-type: none"> • Homelessness Strategy 2008-13 • Drug Related Deaths Needs Assessment 2011-12 |
|---|---|

Key performance indicators (to be confirmed)

- Drug-related (Class A) offending rate (previously NI38)
- Number of drug users in effective treatment (previously NI40)
- Percentage of those leaving treatment who do so as planned exits [i.e. opiate and crack users [OCUs] - drug free; and non OCUs - drug free or occasional drug use]
- Public perceptions of drug use or drug dealing as a problem
- Self reported drugs use by young people

Drugs Action Plan	
Area of work 1	
Promote universal prevention (young people)	
Actions	
1.1 Publicise key messages which challenge local cultural norms about substance misuse and equip young people to make sensible, informed decisions.	
1.2 Support all secondary schools, and post-16 education providers, to develop effective education and policies on drugs [and alcohol].	
1.3 Enhance provision in secondary schools for those most at risk of failing to realise their potential because of substance misuse.	
1.4 Provide an outreach youth service that undertakes preventative drug [and alcohol] work with young people in formal and informal educational settings.	
1.5 Provide parents and families information, advice and support around drugs and alcohol.	
Area of work 2	
Ensure identification processes and intervention packages are in place for young people, with appropriate referral systems to specialist treatment	
Actions	
2.1 Assess vulnerable young people for substance misuse at the earliest opportunity and provide them with targeted interventions or referral to specialist treatment as appropriate.	
2.2 Improve the utilisation by social workers of screening and referral pathways to brief interventions and specialist treatment, with quarterly monitoring of numbers screened against targets set.	
2.3 Provide and maintain a young person's substance misuse treatment service that meets the needs of young people.	

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2.4 Provide all staff working with young people with the appropriate skills, competencies and resources to address substance issues among young people by undertaking interventions or by referring to specialist treatment.

Area of work 3

Minimise the harmful impact of drugs on communities

Actions

3.1 Support the development and operation of the new Safe in the City Partnership's Communities Team, with closer collaboration between Communities Against Drugs, Environmental Improvement and Neighbourhood Policing Teams.

3.2 Formulate and prioritise a programme of neighbourhood based activity, incorporating support for Local Action Teams and implementing tasks identified by Drugs Intelligence Group meetings.

3.3 Develop drug related criminal justice work identified in the "Breaking The Cycle" Green Paper and develop opportunities to promote Restorative Justice community based interventions.

3.4 Develop communications work to promote neighbourhood activities, including those of communities of interest.

3.5 Share the findings of the UK Drugs Policy Commission research [2010]: "The Impact of Drugs on Different Minority Groups: a Review of the UK Literature", alongside locally generated data from neighbourhood liaison work, with communities of interest.

Area of work 4

Minimise the harmful impact of drugs on families

Actions

4.1 Maintain and support the CRI PATCHED Families Service and sustain links with the Families of Prisoners' Group and Parenting Strategy Group

4.2 Develop family training and mentoring previously identified within European Funding bids.

4.3 Pursue further European Funding Bids: [1] Interreg Two Seas project on Cross Border Co-operation, revitalising deprived neighbourhoods through integrated approaches; [2] resubmission of Drug Prevention and Information bid, building and re-building the social fabric around the lives of drug and alcohol users and their families and carers.

4.4 Develop drug related criminal justice work, including Post Warrant Pack work and other initiatives identified in Around Arrest Beyond Release

4.5 Co-ordinate and facilitate the annual Sussex Families Conference in June 2011: "Whole Family Recovery".

Area of work 5

Improve access to, and effective engagement with, drug treatment services

Actions

5.1 Develop satellite drug treatment services in the east and west of the city and embed a Single Assessment Process across all agencies.

5.2 Establish a BME Steering Group which will lead the development of an action plan addressing issues of access and engagement for BME substance misusers.

5.3 Develop a system-wide Dual Diagnosis (mental health and substance misuse) action plan to support the recently produced Dual Diagnosis Strategy and Operational Policy with a view to improving access and engagement of Dual Diagnosis service users.	
5.4 Establish young people's leads officers in adult substance misuse services to support the development of appropriate and effective substance misuse treatment services for young people transitioning from the dedicated young people's service (RU-Ok?) into adult services.	
5.5 Provide training in relation to domestic violence for all substance misuse staff to improve identification of victims/perpetrators of DV and onward referral into relevant programmes eg. Living Without Violence. In consultation/collaboration with key agencies, develop and implement an action plan to improve access and engagement of victims/perpetrators of domestic violence in substance misuse treatment.	
5.6 Improve commissioning processes to enable the needs of communities of interest to be recognised and responded to, in full compliance with the six strands of equality legislation; ethnicity, gender, disability, age, sexual orientation and religion or belief.	
Area of work 6	
Improve treatment effectiveness and successful outcomes for substance misuse treatment services	
Actions	
6.1 Conduct a comprehensive review of substance misuse treatment pathways and modalities to assess effectiveness and develop recommendations for improved outcomes. Develop improvement/action plan and implement treatment system changes.	
6.2 Improve the effectiveness of the care-co-ordination function and care planning process by implementing nationally-recognised, evidenced-based BTEI model (Birmingham Treatment Effectiveness Initiative) across all tiers/services. Evaluate impact of BTEI treatment outcomes.	
6.3 Produce an Employment, Training and Education action plan for substance misusers with specific aims and objectives (derived from refreshed Substance Misuse/Job Centre Plus strategy)	
6.4 Develop and implement Recovery Focused Mutual Aid Groups (peer-led) and evaluate impact/outcomes.	
6.5 Implement key recommendations from Tier 4 Review Commissioner and Provider action plans to improve outcomes for abstinence focused treatment interventions.	
Area of work 7	
Reducing Supply: protection of communities through robust enforcement to tackle drug supply, drug related crime and anti-social behaviour.	
Actions	
7.1 Sustain the resourcing of Operation Reduction at a level commensurate with the continued achievement of successful outcomes achieved in the last six years of the project.	
7.2 Sustain activity through the Neighbourhood Policing Team priorities to empower communities to report drug dealing and drug related activity.	
7.3 Implement, as appropriate, measures identified by the pan Sussex Reducing Supply Group, emanating from the South East Regional Availability Group Action Plan: improved drug detection and identification; reduced supply in prisons; effective use of seized assets; and enhanced publicising of enforcement activity.	

Alcohol Misuse and Alcohol-related Crime and Disorder

Outcome: There is less health and social damage caused by alcohol use, and alcohol-related crime and disorder is reduced

Sub-outcomes:

- There is a city-wide cultural shift which challenges and changes tolerance to problematic drinking
- There is a reduction of alcohol consumption across the city through measures to reduce its availability, especially to young people and heavy drinkers
- The impact of alcohol harm arising out of the night-time economy is reduced
- There is effective early identification/screening, treatment and aftercare for alcohol misusers

Why is this a priority?

A number of aspects which characterise the nature of the city of Brighton & Hove are linked with alcohol consumption. There are economic and social benefits to be had from the leisure and tourism industry, but in contrast, the financial cost of alcohol misuse in the city attributed to health, crime and economic loss, is estimated at over £100 million per year. At the individual's level, alcohol misuse can impact severely on quality of life and wellbeing by affecting health or relationships. Individuals can also suffer from alcohol-linked crime and disorder such as violence, sexual violence and abuse, criminal damage, late night noise and other anti-social behaviour.

Local Alcohol Profiles England data show that Brighton & Hove has a significantly worse profile than the average of all local authorities in England on 16 (out of a total of 24) measures related to crime, health and drinking levels. It was significantly better in one area (alcohol-related land transport deaths). The comparative position in 2010⁶ has, overall, worsened since 2008. When compared with our 14 'most similar community safety partnerships' benchmarked for crime and disorder risk, we perform a little below the average for violent crimes per head of population (although this does not take

Main Partners
NHS Brighton & Hove
Brighton & Sussex University
Hospitals NHS Trust
Licensees
Drug and Alcohol Action Team
Brighton & Hove City Council
(Housing; Licensing; Trading Standards,
Anti-Social Behaviour Team)
Crime Reduction Initiatives
Young People's Substance Misuse
Service (RU-OK)
Sussex Police
Mind
Surrey and Sussex Probation Trust

⁶ Local Alcohol Profiles tend to report data with a time lag of about two years

Alcohol Misuse and Crime and Disorder

account of the high number of visitors to our city). Alcohol-related violence occurs both in a public place and a domestic setting. However, we have good evidence that work over recent years has been successful in tackling alcohol-related crime and disorder. Levels of police recorded injury assaults (2,014 in 2009/10) and criminal damage (3,932 in 2009/10) are showing long term downwards trends and this is backed up from survey information which show that fewer people feel that drunk and rowdy behaviour is a problem in their local area (a drop from 64% in 2003 to 34% in 2008).

Alcohol remains easily affordable and accessible for many young people and underage consumption of alcohol is a problem. The most recent survey data (2009) showed that the number of young people under 16 drinking 3 times a week or more showed no signs of decreasing and was worse than the national average.

The number of hospital admissions linked to alcohol (which are most commonly related to acute intoxication, dependence syndrome, harmful use and the toxic effect of ethanol) rose by 21% between 2005/6 and 2008/9, although it has shown signs of stabilising since then.

Current context

The Licensing Act 2003 resulted in a number of changes to the availability of alcohol, including extended opening hours for licensed premises. Also, increased competition from off-licences and supermarkets has made it cheaper to buy alcohol for consumption other than in licensed premises. There are national data to show that two-thirds of all alcohol is sold through the off-licence trade. One of the consequences of these changes has been an increase in people drinking before visiting clubs later in the evening ('frontloading').

The Police Reform and Social Responsibility Bill proposes some changes to legislation around alcohol licensing and the operation of licensed premises, including around the introduction of a late night levy to assist with the costs of policing, and other measures concerning the controls which can be exercised by the local authority. Certain measures are being considered around increasing the minimum unit cost of alcohol.

One area where particular progress has been made locally is through the Alcohol Brief Interventions work which has accessed a large and increasing number of people as they come into contact with a wide range of services, including GPs and A&E, the police, domestic violence services, probation, youth settings, and so on. It involves offering them brief advice in relation to their drinking and has been shown to be one of the most effective types of intervention in successfully getting people to address their drinking patterns.

Where next?

During 2010/11 it was agreed that alcohol should be the subject of one of three 'intelligent commissioning' pilots to trial a process around the evidence-based commissioning of future service provision. A needs analysis was produced bringing together information around: local need from the crime/disorder and health perspectives; what sort of services have been proven from national evidence to be effective; and how our current services/initiatives need to be adjusted to ensure we are using our resources to best effect. Many partner agencies have contributed to this process and the action plan which follows is taken from the outcome of this work. Work is to be overseen by the multi-agency Alcohol Programme Board and will be taken forward within four 'strategy domain groups' which focus i) on prevention of alcohol misuse, ii) availability and cost of alcohol, iii) the night-time economy, and iv) early identification and effective treatment.

Community Safety, Crime Reduction and Drugs Strategy 2011-14

Links to other priority areas

Work to tackle alcohol misuse will impact positively on work around domestic violence, sexual violence and abuse, the physical environment and quality of life, and the hate crime areas in this Strategy. In addition to the Reducing Crime and Improving Safety priority in the Sustainable Community Strategy, other priorities which are most directly supported by our work in this area are: Improving Health and Wellbeing; and Promoting Enterprise.

Implications for equalities and sustainability

Men are more likely than women to be admitted to hospital and to attend A&E for alcohol-related reasons. They are also more likely to be a victim of violence, except for domestic violence or sexual violence when females are more often the victim. Groups who are particularly vulnerable to misusing alcohol and at risk of social exclusion include: people with mental health and complex needs (dual diagnosis); users of other substances; rough sleepers; street drinkers; people in need of housing support; offenders; and victims of domestic violence. As mentioned above, the cost to public services to deal with the consequences of alcohol misuse is significant.

Parallel plans

- | | |
|---|--|
| • Children and Young People's Substance Misuse Plan | • Brighton & Hove Statement of Licensing Policy |
| • Brighton & Hove Divisional Policing Plan | • NHS Brighton & Hove Strategic Commissioning Plan |
| • Local Transport Plan | • |

Key performance indicators (to be confirmed)

- Number of alcohol-related hospital admissions/1,000 population
- Number of A&E attendances related to alcohol/assaults
- The percentage of people who believe that drunk and rowdy behaviour is a problem
- Other measures

Alcohol Misuse Action Plan –

Summarised from the Alcohol Programme Board's full Alcohol Action Plan

Area of work 1 (Alcohol Programme Board)

Strong strategic leadership to reduce alcohol-related harm through providing appropriate governance and infrastructure to enable effective partnership working

Actions

1.1 Alcohol Programme Board provides leadership

1.2 A clear communications plan drawn on by other strategic partnerships

1.3 Resources protected to support the work in this action plan

1.4 Effective and timely performance monitoring

1.5 Effective partnership working

Alcohol Misuse and Crime and Disorder

Area of work 2 (Strategy Domain Group 1)	
Achieve a city-wide cultural shift which challenges and changes tolerance to problematic drinking	
Actions	
2.1 The Big Debate for Alcohol: city-wide survey to develop insights and pre-test possible interventions	
2.2 City-wide media and communications strategy is developed	
2.3 Targeted social marketing programmes developed & evaluated, to reach identified priority audiences (e.g. men <35, young people aged 10-15yrs)	
2.4 To identify ways of intervening with young people to provide appropriate advice and support around drugs & alcohol	
2.5 To promote sensible drinking messages to enable employers to make informed choices and ensure access to specialist services as required	
2.6 Implement a consistent & effective drugs & alcohol workforce policy across the city	
2.7 Training for priority workforces in early identification is promoted & encouraged	
2.8 Work with managers of key services to implement a new system of consistently screening, intervening and referring to appropriate services for those at increased risk who are pregnant or have children under 5yrs	
2.9 Work with managers to improve existing screening, intervention and referral process for young people at increased risk of substance misuse, particularly those aged 13-18yrs	
Area of work 3 (Strategy Domain Group 2)	
Reduction of alcohol consumption across the city through measures to reduce its availability, especially to young people and heavy drinkers	
Actions	
3.1 Review Cumulative Impact Zone boundaries and use Matrix Model to review existing/future licensing decisions	
3.2 Clarify the Cumulative Impact process for councillors	
3.3 Stakeholder event held to improve community engagement in licensing decisions	
3.4 Strengthen links between licensed trade (pub watches etc.) and local action teams	
3.5 Public health to be a licensing consideration	
3.6 Influence planning policy to alter the number of new off-licences through reclassification of off licenses from A1 (retail) to its own use class (DCLG) and seeking greater restrictions on A1 (off licences) and A5 (pubs and bars)	
3.7 Neighbourhood plans developed under Localism Act	
3.8 Seek integration of council policies as commercial landlord, planning authority and licensing authority	
3.9 Minimum unit pricing (Home Office). Rethink using duty + VAT as “below costs”	
3.10 Lower differential VAT rate on alcohol for on licences (Treasury with EU dispensation)	
3.11 Counterfeit, smuggled alcohol investigations to reduce availability of illegal alcohol	

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3.12 Proxy purchase and test purchasing investigations to reduce availability to young people	
Area of work 4 (Strategy Domain Group 3)	
Reduction in the impact of alcohol harm arising out of the night-time economy	
Actions	
4.1 Work with the local authority arts team to develop alternative events throughout the year which encourage responsible drinking and promote the city as a focus for cultural activity which is attractive to all groups	
4.2 Encourage alternative activities for children and young people through the effective oversight of collective services as directed by the youth service review	
4.3 Support a scheme developed by businesses selling alcohol for consumption on and away from the premises, which encourages the highest standards of practice and community responsibility	
4.4 Work within the partnership to ensure that any late night levy is used to best effect in managing the reduction of alcohol-related harm within the NTE	
4.5 Control and influence behaviour in public areas through planning and development opportunities. Protect existing people-calming measures while exploring new opportunities to shape attitudes	
4.6 Continue the development of the Cardiff Model with A&E staff to reduce the risk of assaults and injuries occurring within licensed premises	
4.7 Support a reduction in serious assaults within licensed premises by encouraging the development of viable serve alternatives	
4.8 Protect existing measures and initiatives which already prevent harm. Ensure that effective interventions are in place and stakeholders recognise their role in reducing alcohol-related harm.	
4.9 Support the existing Park and Marble operations with opportunities to divert, refer and manage persistent and high risk offenders e.g. curfews	
4.10 Support co-ordinated health campaigns by offering opportunities to publicise key messages as well as promote alternatives to binge drinking	
Area of work 5 (Strategy Domain Group 4)	
Effective early identification/screening, treatment and after care for alcohol misusers	
Actions	
5.1 Provide alcohol awareness and identification/screening training packages and support for Tier 1 and 2 workforce e.g. ante/post natal staff (midwives, health visitors), mental health staff, housing/hostel workers, domestic violence workers, social workers	
5.2 Improved uptake and outcomes through Brief Intervention Services within A&E and Primary Care settings	
5.3 Improve effectiveness of transition services for young people	
5.4 Evaluate & continue with Frequent Flyers: Assertive Outreach and Engagement pilots focussing on A&E/Hospital and hostel residents	
5.5 Review commissioning of tier 4 Residential Rehab treatment services	
5.6 Evaluate & maintain Women's Group Aftercare Programme pilot initially funded via the SE Regional Alcohol Innovation Fund.	

A nti-Social Behaviour

Outcome: Harm caused to individuals and communities by anti-social behaviour is prevented and reduced

Sub-outcomes:

- There is less harm caused to individuals and communities by anti-social behaviour
- There is less anti-social behaviour in Brighton & Hove
- There is increased confidence and satisfaction in communities
- There are lower levels of perceived anti-social behaviour

Anti-Social Behaviour (ASB) is defined by the Crime and Disorder Act 1998 as “*acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as (the defendant)*”. This behaviour is broken down into four main categories; the misuse of public space, disregard for community/ personal wellbeing, acts directed at people, and environmental damage.

Why is this a priority?

Anti-social behaviour is a serious issue which has a detrimental impact on the lives of the individuals and communities who are exposed to it. Anti-social behaviour impacts on individuals, causing significant harm and affecting their quality of life and mental wellbeing. Within a community, anti-social behaviour can lead to the deterioration in the appearance of an area and fuel fear amongst residents who become reluctant to go out at night or utilise community spaces.

In 2011 a needs analysis was undertaken into anti-social behaviour within Brighton & Hove, which identified anti-social behaviour as a priority both locally and nationally. The volume of anti-social behaviour being reported in the city has fallen over the last three years. However, in 2009/10 there were still 20,249 calls made to Sussex Police to report anti-social behaviour, 635 reports of anti-social behaviour made to council housing and 213 cases of anti-social behaviour dealt with by the Partnership Community Safety Team’s Anti-Social Behaviour Team.

- Main Partners**
- Anti-Social Behaviour Team
 - Partnership Community Safety Team
 - Sussex Police
 - Children & Young People’s Services
 - Family Intervention Project
 - Council Housing and Housing Strategy
 - Registered Social Landlords
 - Business Crime Reduction Partnership
 - Local Action Teams
 - Youth Offending Service
 - Targeted Youth Support Service
 - East Sussex Fire and Rescue Service
 - Surrey & Sussex Probation Trust
 - HM Courts Service
 - Crime Reduction Initiatives (CRI)
 - Adult Social Care
 - Parenting pathfinders team
 - Mental health services

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The needs analysis identified that certain groups of people within a community are at higher risk of becoming victims of anti-social behaviour. These groups include those who are living in high density housing, those living in deprived areas of the city or those who have an illness or disability. There are also risk factors which contribute to the likelihood of a person becoming a perpetrator of anti-social behaviour such as poverty and inadequate housing, poor parenting, school exclusions and a lack of education and employment.

Current context

Brighton & Hove has had an anti-social behaviour team since 2003. This joint council and police team works in conjunction with partner agencies to support individuals and communities who are suffering anti-social behaviour, while undertaking casework with the perpetrators. The casework model uses a mixture of support, diversion and enforcement to reduce an individual's anti-social behaviour and ensure that the underlying factors which contribute to a person's behaviour are being addressed.

The anti-social behaviour team is one of a number of teams working to tackle anti-social behaviour across the city including Sussex Police, housing strategy and housing management, the Targeted Youth Support Service, the Family Intervention Project, the Business Crime Reduction Partnership, CRI (Crime Reduction Initiatives) and registered social landlords. These agencies work together to improve services and to develop innovative ways of working with victims, perpetrators and communities. The strong partnership between these agencies has placed Brighton & Hove at the forefront of work to tackle anti-social behaviour; however there is always a need for agencies across the city to develop and improve their services in line with good practice and new legislation.

Reducing anti-social behaviour has been identified as a priority for the government and in February 2011 a consultation paper was released highlighting the government's intention to introduce new tools and powers to assist front line practitioners in tackling anti-social behaviour. This follows closely behind the 2010 HMIC report which identified failings in the way that the police and partner agencies tackled anti-social behaviour. The report recommended a more harm centred approach to tackling anti-social behaviour which includes assessing the vulnerability of victims and witnesses of anti-social behaviour, understanding what works and ensuring that partnership processes do not cause a delay in the tackling of anti-social behaviour.

Brighton & Hove has made steady progress in implementing the HMIC recommendations, as well as the recommendations which followed the tragic suicide of Fiona Pilkington in Leicestershire in 2007, who suffered serious and prolonged anti-social behaviour and hate crime. In line with these recommendations Brighton & Hove has introduced service standards for victims and witnesses and a victim and witness vulnerability assessment, which is used as a method for identifying and supporting the most vulnerable victims in the city.

Where next?

The shift to a victim-centred approach to tackling anti-social behaviour, which measures the harm that it causes to individuals and communities is already well underway in Brighton & Hove. However, this work will continue to be developed with victim feedback and monitoring being key to developing the service in the future. Good practice such as identifying vulnerable victims and ensuring they are adequately supported is in place within a number of agencies, however this practice still needs to be rolled out consistently across the city. The introduction of new tools and powers will also present a challenge to local agencies that will be looking to adapt their working practices and train front line staff in their use.

Links to other priority areas

Anti-social behaviour is closely linked with a number of priority areas contained within the Community Safety Strategy. The needs analysis identified alcohol use as key to some of the work being undertaken in the city to tackle anti-social behaviour, including Operation Park which aims to reduce underage use of alcohol and anti-social behaviour and the work undertaken by CRI with street drinkers committing anti-social behaviour. A number of clients worked with by the ASB team will also be alcohol or drug dependent or have problematic use of substances which contribute to their anti-social behaviour.

The teams tackling anti-social behaviour within Brighton & Hove will often work directly with clients suffering from or perpetrating hate crimes or domestic violence, linking those priority areas closely to anti-social behaviour. Other key priority areas which are strongly connected to anti-social behaviour are children and young people who are worked with both as victims and perpetrators of anti-social behaviour and the work of the Family Intervention Project which is key to tackling anti-social behaviour and improving outcomes for families through intensive support.

The physical environment is also connected to anti-social behaviour, the needs analysis highlighted the appearance of an area as key to preventing anti-social behaviour becoming accepted and commonplace within a community. Finally, anti-social behaviour links with those aspects of the Community Safety Strategy which deal with crime. Research included in the needs analysis identified that minor crime and disorder is a clear driver for more serious criminality and by tackling anti-social behaviour we can reduce the risks that a perpetrator of anti-social behaviour will go on to commit more serious crime in the future.

Implications for equalities and sustainability

The anti-social behaviour team and its partner agencies play an integral part in the work taking place within Brighton & Hove to tackle hate crime. The team works with both victims and perpetrators of hate crime to reduce the harm caused by anti-social behaviour which is targeted at individuals because of their race, religion, gender, sexuality or disability.

The anti-social behaviour team also works with a number of vulnerable individuals including alcohol and drug users, homeless people, victims of domestic violence and people with mental health problems. Anti-social behaviour services within Brighton & Hove exist to support these groups when they become involved in anti-social behaviour either as victims or perpetrators. In the case of perpetrators the team works to address the underlying causes of their anti-social behaviour and in the case of vulnerable victims the team support them to report anti-social behaviour and to access services which will reduce the harm caused to them and their families by anti-social behaviour.

Sustaining work to tackle anti-social behaviour, and the serious harm it causes to communities and individuals within Brighton & Hove is vital. Services that make the city a safer place to live, enable individuals to peacefully enjoy their own homes and allow communities to make full use of their local amenities without fear are key to making Brighton & Hove a desirable place to live.

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Parallel plans

- Brighton & Hove Housing Strategy 2008-13
- Brighton & Hove Turning The Tide Strategy 2009-2014
- Brighton & Hove Parent Support Strategy 2008-11
- ESFRS Strategic and Borough Action Plans
- Youth Justice Plan
- Single Homeless Strategy 2009-14
- Local Policing Plan 2010-13
- Safeguarding Adults Board Plan 2011-13

Key performance indicators

- A comprehensive range of performance management and quality assurance measures are developed.
- The number of police recorded incidents of anti-social behaviour.
- Public confidence in police and local council are dealing with anti-social behaviour and crime issues
- Percentage of people who think that ASB is a problem in their local area (ex NI17)

Anti-Social Behaviour Action Plan	
Area of work 1	
Reduce the harm caused to victims and witnesses of anti-social behaviour and ensure that measures are in place city-wide to identify and protect vulnerable individuals	
Actions	
1.1 Work with partner agencies and community groups to continue to develop the victim and witness service standards in line with good practice and feedback from victims and witnesses.	
1.2 Continue to develop and roll out the victim and witness risk assessment tool to registered social landlords within Brighton & Hove.	
1.3 Develop monitoring systems which will evaluate the service being provided to victims and witnesses and which include the measuring of victim's feelings of safety and mental wellbeing at defined stages within a case.	
1.4 With partner agencies develop qualitative data regarding the feelings of victims and witness of anti-social behaviour within Brighton & Hove and utilise this information in staff training and to develop city-wide services to support victims.	
1.5 Encourage the reporting of anti-social behaviour by high risk groups including those with long term illness or disabilities. Work to develop and build on relationships with agencies and 3rd sector organisations supporting high risk groups and increase reporting by raising awareness within the city and publicising successful outcomes.	
1.6 Continue to develop and roll out the training programme for front line staff working with victims and witnesses of anti-social behaviour in partnership with Housing Strategy and Sussex Police.	
1.7 The council's Road Safety Team to seek to reducing anti-social driving/speeding through working with relevant drivers on New Driver Awareness workshops	

Area of work 2	
Reduce anti-social behaviour and re-offending through partnership working and the provision of casework services	
Actions	
2.1 Resource and continue to develop anti-social behaviour casework services within Brighton & Hove in line with good practice.	
2.2 Continue to develop and sustain work to tackle anti-social behaviour among the street population through the continued commissioning of anti-social behaviour street outreach services.	
2.3 Review current partnership meetings and processes to ensure that they are fit for purpose and that the tackling of anti-social behaviour and responses to the local community are not being slowed down by the partnership process.	
2.4 Develop a method of monitoring the service being provided to perpetrators of anti-social behaviour including client satisfaction surveys and outcome measurements.	
2.5 Ensure that staff within the anti-social behaviour team receive regular training in equalities issues and that strong partnerships are maintained with agencies and community groups working with and representing minority groups.	
2.6 Continue to provide training and support to front line staff tackling anti-social behaviour across Brighton & Hove	
2.7 Support registered social landlords and other partners within Brighton & Hove in the delivery of anti-social behaviour services to both victims and perpetrators.	
2.8 Identify and monitor factors which contribute to anti-social behaviour amongst the anti-social behaviour team client group to aid early identification and the targeting of city-wide resources.	
2.9 Utilise data from Sussex Police and Brighton & Hove City Council to identify hotspot areas and target resources accordingly.	
2.10 Continue to develop work with the BCRP and partner agencies including Sussex Police to tackle anti-social behaviour targeted at local businesses and within the night-time economy.	
2.11 Where appropriate utilise restorative justice and community resolution with adults and young people committing anti-social behaviour, to assist perpetrators in understanding the harm their behaviour is causing and to provide positive outcomes for victims.	
Area of work 3	
Work in partnership with agencies across Brighton & Hove to ensure that the use of new tools and powers and recognised good practice is embedded city-wide.	
Actions	
3.1 Investigate and scope the need for a partnership IT system with the aim of reducing the number of meetings for front line staff and enabling the quick and effective sharing of information with partner agencies.	
3.2 In partnership develop city-wide procedures for using new anti-social behaviour tools/powers.	
3.3 Ensure front line staff are trained in the use of the new tools and powers to tackle anti-social behaviour and that partner agencies and 3 rd sector organisations are briefed on any changes taking place in the way anti-social behaviour is being tackled within Brighton & Hove.	
3.4 Ensure that publicity and the showcasing of work to tackle anti-social behaviour is co-ordinated with partner agencies.	

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Area of work 4	
Ensure community concerns regarding anti-social behaviour are identified and addressed	
Actions	
4.1 Continue to liaise with communities and communities of interest through Local Action Teams, city-wide forums and community meetings.	
4.2 Feedback key performance monitoring information to local communities and communities of interest	
4.3 Work to strengthen relationships with minority groups and forums working to support minority groups within Brighton & Hove.	
4.4 Engage local residents, community groups and 3 rd sector organisations in the development of anti-social behaviour services across Brighton & Hove.	
4.5 Support individuals and communities to build the skills and capacity to work with agencies, 3 rd sector organisations and each other to tackle anti-social behaviour within their communities and to identify and provide support to victims and witnesses.	
Area of work 5	
Reduce anti-social behaviour by young people and prevent first time entrants into the youth justice system	
Actions	
5.1 Continue to work with partners such as the Family Intervention Project, Targeted Youth Support Service and Youth Offending Service to tackle anti-social behaviour by young people and prevent first time entrants into the youth justice system.	
5.2 Continue to utilise parenting interventions within families where young people are causing anti-social behaviour or at risk of offending.	
5.3 Continue to deliver the Family Intervention Project intensive support to households where anti-social behaviour is being committed or where young people are at risk of offending.	
5.4 Work to strengthen relationships with schools to identify and target young people who are exhibiting anti-social behaviour at school or at risk of exclusion due to anti-social behaviour	
5.5 Continue to deliver targeted youth support service interventions to young people to tackle anti-social behaviour	
5.6 Ensure that the CAF process is embedded within anti-social behaviour casework services.	
5.7 East Sussex Fire and Rescue Service to run LIFE courses for at risk young people referred to them to divert them from anti-social behaviour and crime	

Reducing Reoffending by Integrated Offender Management

Outcome: Reoffending by those offenders at high risk of repeat offending is reduced through a co-ordinated approach involving strengthened relationships between statutory and voluntary agencies

Sub-outcomes:

- The nature and volume of crimes committed by the most prolific and priority offenders is reduced
- Those at risk of being prolific offenders in the future are prevented from becoming so
- There is less reoffending by offenders who are sent to prison for less than twelve months

Why is this a priority?

Nationally, it is estimated that 50% of crime is committed by 10% of offenders; the most prolific 0.5% commit 10% of crimes. Reducing the number of juvenile and adult repeat offenders and their rate and seriousness of offending is a central government requirement and a priority for Brighton and Hove.

The type of offences committed are largely ‘acquisitive crimes’ (most frequently, burglary, theft and shoplifting) and the proceeds from these crimes often fund illicit drug use. These crimes have a significant impact on actual and perceived levels of safety by individuals and communities (including businesses). Reductions from successful actions to both prevent and reduce high rates of offending by prolific offenders not only bring about changes in the behaviour and drug misuse and improved life opportunities for individual perpetrators, but also bring significant benefits to communities in Brighton and Hove.

The Prolific and Priority Offender (PPO) scheme will continue to be managed so that the intensity of intervention matches the need of the individual PPO and maximum benefit is derived. Membership on the scheme is under regular review so that the scheme provides the most intensive management for those offenders who require it, increasing the positive impact on crime and local reoffending rates.

The PPO scheme has been the foundation for the development of a fully ‘Integrated Offender Management’ (IOM) approach to the

Main Partners

Reducing Reoffending Board
 Surrey & Sussex Probation Trust
 Sussex Police
 Partnership Community Safety Team
 Youth Offending Service
 Crown Prosecution Service
 Court and Prison Services
 Drug and Alcohol Action Team
 Public Health
 Primary Care Trust
 Crime Reduction Initiatives
 Housing Services
 Business Crime Reduction
 Partnership
 Sussex Criminal Justice Board
 Inspire

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management of those offenders who cause the most 'trouble' in the community. IOM is targeted at offenders who are at high risk of reoffending and whose needs profile justifies targeted interventions by a range of agencies with the purpose of reducing reoffending. These include those targeted from the following groups:

- Adult male and female prisoners who have been sentenced to less than 12 months custody and who sign an 'offender compact' accepting supervision for a period of up to six months post release
- Offenders aged 18-25 years (including those on Young Offenders Institution Licence)
- Women Offenders
- Other offenders who meet agreed targeting criteria. These include offenders presenting with one or more of the following factors: drug misuse; alcohol misuse; prolifically arrested; frequently breached.

There are five key principles of IOM. These are:

- All partner agencies tackling offenders together
- Delivering a local response to local problems
- Offenders facing up to their responsibilities or facing the consequences
- Making better use of existing programmes and governance
- All offenders at high risk of causing serious harm* and/or reoffending are in within the scope of IOM

Every offender who becomes an ex offender means safer streets and fewer victims. Turning people away from crime means less pressure on the resources of the criminal justice system and its delivery partners. Offenders who stop reoffending get the opportunity to repay their debt to society and improve their own life chances as well as those of their children and families.

Repeat offenders are often some of the most socially excluded in society. They will typically have chronic and complex health and social problems, e.g. substance misuse, mental health needs, homelessness, unemployment, finance and debt. The Community Safety Partnership (CSP) aim to tackle these issues in a targeted and informed way and to provide 'pathways' out of offending, breaking the inter-generational cycle of crime and associated family breakdown. By engaging with offenders in order to punish, help, change and control the CSP provide them with an opportunity for successful reintegration in the community. In this way the CSP seek to reduce reoffending and the harm this causes to their victims, their families and residents in the Brighton and Hove area.

Surrey & Sussex Probation Trust collects data on the profile and needs of offenders in Brighton and Hove. Of those offenders in the city in contact with the Probation Trust in 2009/10, 64% demonstrated needs around their thinking behaviour and 60% had needs around education, training and employment. Sixty percent of offenders also had alcohol needs. However, for the most high risk offenders drugs misuse was more of an issue than alcohol. Overall, needs were greater for Brighton and Hove offenders than for those across the rest of Sussex. In 2011-12 the CSP anticipate a full intelligent commissioning exercise being completed on IOM to inform the direction of future investment in services.

*There are separate governance arrangements for serious high risk offenders under the auspices of Multi Agency Public Protection Arrangements (MAPPA)

Current context

The Policing and Crime Act 2009 formalised the requirements for Community Safety Partnerships to have statutory responsibility to develop and implement a strategy to reduce reoffending, although the Brighton & Hove Community Safety Partnership's work in this area was although well established before the legislation came into force.

In December 2010 The Ministry of Justice published a Green Paper on Rehabilitation and Sentencing Reform (*Breaking the Cycle*). The key points from the Green Paper include:

- Criminals should face robust and demanding punishments, with local communities directly benefiting from the hard work of offenders.
- Reforms must result in a better deal for victims, with more offenders making financial reparation.
- There must be rehabilitation of criminals to reduce reoffending in order to protect the public and reduce the number of victims.
- Those intervening with offenders should be paid by results.
- Tackling offending by young people is crucial to stop them becoming the career criminals of tomorrow.
- Community Safety Partnerships local people, voluntary and community sector all have a role to play in criminal justice.

The Green Paper has been widely consulted upon and it is anticipated that the government will publish its response to the consultation ahead of the publication of a White Paper in the summer of 2011.

Where next?

Integrated Offender Management was introduced into Brighton and Hove in 2009/10. The Brighton and Hove Reducing Reoffending Board was set up to develop strategic guidance and direction on the development, implementation and operation of Integrated Offender Management in the city. Membership is drawn from the key strategic leads in the statutory and voluntary sector. Members are asked to focus on high level policy, performance and delivery issues.

The IOM Team is based in the Probation Office in Grand Parade Brighton. The teams benefits from being multi-agency and co-located for all or part of each week. The advantages of this approach are:-

- the opportunities it gives as a forum for multi-agency communication;
- adoption of an investigative approach to information sharing;
- the shared ownership of processes;
- a shared investment in outcomes;
- the effective matching of offenders with resources to maximise the impact of interventions and networking across all sectors to promote role clarity and inter-agency understanding.

Over the next twelve months there will be a strong focus on the further development of relationships with our local prisons HMP Lewes (male prisoners) and HMP Bronzefield (female prisoners) with a view to improving our work with prisoners' families and strengthening safeguarding arrangements.

The Reducing Reoffending Board's priorities for 2011-14 are contained within the Action Plan below.

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Links to other priority areas

Work to prevent offending and reoffending integrates with most other areas of this strategy, but in particular with work in the alcohol misuse, drugs misuse and anti-social behaviour sections.

Integrated Offender Management work cuts across many of the key strategic priority areas for the Brighton and Hove Strategic Partnership. These include those around reducing crime and improving safety; improving health and wellbeing; strengthening communities and involving people; improving housing; and enhancing the environment.

Implications for equalities and sustainability

As mentioned above, high risk offenders can be some of the most socially excluded members of our community, and suffer from multiple disadvantages around health, finance, accommodation etc. The work in the following action plan seeks to support offenders to overcome these problems. Preventing young people from entering the criminal justice system and concentrating resources on those young people and adults who are committing high numbers of crimes has the potential to divert them from offending, improve their life opportunities and enhance the quality of life for residents and visitors in the city.

Parallel plans

- SSPT Brighton & Hove Local Delivery Unit Plan
- Children and Young People Action Plan
- Alcohol Action Plans
- Drugs Misuse Action Plan
- Sussex Policing Plan
- Sussex Criminal Justice Board Strategic Plan
- Sussex Partnership Trust Dual Diagnosis Strategy
- Suicide Prevention Action Plan
- Anti Social Behaviour Action Plan

Key performance indicators

- The rate of adult reoffending (previously NI18)
- Reoffending by PPOs (previously NI30) – number of re-offences from those in cohort over 12 months
- Youth reoffending rate (new measure based on 12 month rolling cohort)
- Successful completion of statutory offenders
- Successful engagement of non-statutory offenders
- Accommodation status at termination of order/licence
- In employment, training or education at termination of order/licence

NB. New reducing reoffending measures are due for release in October 2011 and an IOM evaluation project is being undertaken across Sussex. The above measures are therefore subject to review.

Reducing Reoffending Action Plan	
Area of work 1	
Set a strategy for the development of Integrated Offender Management	
Actions	
1.1 Commission Sussex University to undertake comparative study between Kent Probation Trust and Surrey & Sussex Probation Trust (SSPT) to better understand the NI18 measure in respect of adult re-offending.	
1.2 Commission Sheffield Hallam University to undertake a research and evaluation project which will examine existing Integrated Offender Management provision across Sussex and seek to identify key outcome measures for Integrated Offender Management.	
1.3 Draft a multi-agency Reducing Reoffending Communication Plan.	
1.4 Establish formal linkages of local IOM initiatives with HMP Lewes and HMP Bronzefield IOM teams.	
1.5 Hold a Children and Families of Prisoners Conference for key Strategic Leads.	
1.6 Explore options for a Payment by Results pilot.	
1.7 Introduce as part of the National Diversion Scheme (Offender Health) mental health assessments in custody suites and Magistrates Courts. (Take this work forward through the Sussex Mental Health Court and Police Custody Steering Group).	
1.8 Ensure the sustainability and the achievement of key outcomes of the INSPIRE women's project.	
1.9 Ensure IOM is subject to an Intelligent Commissioning exercise.	
1.10 Conduct a feasibility study on the set up of a Brighton Criminal Justice Centre.	
Area of work 2	
Pathways Development: Accommodation – Enable offenders to access and maintain suitable accommodation	
Actions	
2.1 Evaluate the Prevention of Accommodation Loss (POAL) scheme in Lewes Prison and introduce a rent deposit element to the scheme.	
2.2 Monitor and evaluate the contribution of providers to accessing and supporting offenders into accommodation:- Brighton Housing Trust; Sussex Pathways; POAL.	
Area of work 3	
Pathways Development: Health – The health and well-being of offenders is improved and maintained	
Actions	
3.1 Identify, recruit and train health trainers and locate them with the Integrated Offender Management Team.	
3.2 Explore the feasibility of combined mental health and drug and alcohol assessments in Magistrates Courts.	

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3.3 Develop pathways into primary care for offenders with mental health needs.	
3.4 Commissioners to work in partnership with local and regional teams to ensure that people with learning disabilities in the criminal justice system have access to a full range of healthcare provision in line with legislation, policy and best practice, e.g. Positive Practice, Positive Outcome 2011.	
3.5 Increase confidence and skills amongst staff/frontline workers/practitioners about identification, training and communication through training and awareness raising around learning disability within all parts of CJS.	
Area of work 4	
Pathways Development: Drug and alcohol misuse – Offenders are assessed and supported to recover from drug and alcohol problems	
Actions	
4.1 Consider the case for “testing on arrest”. Drugs Intervention Programme.	
4.2 Investigate the continuity of care for female prisoners so that practices can be improved. A further investigation to then take place 12 months after the initial investigation to check progress.	
Area of work 5	
Pathways Development: A Think Family approach is adopted by individuals working with offenders and services are mapped and aligned to ensure that gaps and duplication is eliminated wherever possible	
5.1 Identify offenders with children, signpost to local Children’s Centre services, and offer a consent-based referral for one to one support for partners/families.	
5.2 Explore the extent of overlapping services via sample case information and service mapping.	
5.3 Explore practical ways in which staff from different agencies can work together on the ground, with individual families, to enhance the impact of services and support, e.g. Think Family programmes.	
5.4 Deliver Think Family Awareness Training for Probation and IOM staff.	
5.5 Exploration of the scope for increased/collective investment in early intervention.	
Area of work 6	
Pathways Development: Support the development of a productive, stable, offence-free lifestyle with non-offending associates	
6.1 Provide mentoring services to offenders who are sentenced to less than 12 months and are subject to a compact upon release from prison.	
6.2 Support offenders into education, employment or training.	

C children, Young People and Families

Outcome: Children are protected from risk and their safety increased

Sub-outcomes:

- There is less youth disorder and anti-social behaviour
- There is less youth offending and fewer first time entrants into the youth justice system

(HOLDING PAGE)

It is a local priority to protect children and young people from harm, and reducing the risks which are linked to children and young people becoming looked after, becoming perpetrators of crime/anti-social behaviour, or using substances to a level that has a negative impact on their lives or that of others.

This section will make reference to the partnership which keeps children and young people safe.

This section will emphasis the holistic nature of all work around children, young people and families which ensures they are safe, their lives are rewarding, they achieve their full potential and they experience a successful transition to adulthood.

It will refer to work in the following areas:

- **Safeguarding of children and young people**
- **Social care**
- **Youth offending**
- **Targeted youth support**
- **Health (mental, physical and sexual)**
- **Healthy schools, including bullying**
- **Education, training and employment**
- **Parenting programmes**
- **Family Common Assessment Framework**

Many of the other priority areas in this strategy are relevant to the safety and risks of children and young people. The work undertaken by the Family Intervention Project is described in the following section, while the sections on drugs misuse, alcohol misuse, domestic violence, hate crimes, anti-social behaviour, sexual violence & abuse, and preventing violent extremism all include work related to children and young people.

Children, Young People and Families (Family Intervention Project)

Outcome: Reducing harm in neighbourhoods whilst improving outcomes for families with complex/acute needs

Sub-outcomes:

- There is improved quality of life in neighbourhoods that have experienced the impact of persistent anti-social behaviour
- The risk factors associated with young people's offending are reduced
- Families stay together (where safe to do so)
- There is improved health (mental, physical and sexual)

Why is this a priority?

There are a few families in the city that cause a disproportionate amount of disruption and damage within their neighbourhoods which can cause significant harm to individuals. These families have a complex range of issues themselves that can lead to them becoming socially excluded or homeless. There is increased risk of the children offending, becoming highly vulnerable, being placed on child protection plans or at times being taken into care by the local authority. Apart from the emotional and, at times, physical harm this behaviour has on individuals, it is hugely costly to our city – police call outs, enforcement actions, statutory social care interventions are all highly expensive.

The Family Intervention Project (FIP) works with families that have complex/acute needs often reflected in the prevalence of domestic violence, substance misuse, poor parenting, mental health issues, adult learning difficulty, worklessness, poverty, child neglect, poor school attendance and behavioural difficulties. 82% of FIP families have been involved with children's social services, with 44% of children on child protection plans either at time of the referral to FIP or during the intervention.

Our evidence-based approach looks at:

Main Partners

Family Intervention Project Team
Children & Families Social Care
Police
Parenting Team
Youth Offending Service
Anti-Social Behaviour Team
B & H City Council Housing
Temporary Accommodation Team
Registered Social Landlords
Inspire Project
RISE
Brighton Women's Centre
Targeted Youth Support Services
Education
Job Centre Plus
Probation

Children, Young People and Families (FIP)

children, young people and families who are engaging in persistent anti-social behaviour; children/young people at high risk of offending; women offenders; and children entering (or at risk of entering) the care system. This tells us which families to target and demonstrates the cost effectiveness of using the FIP model. Complaints of anti-social behaviour are collated and reviewed regularly. FIP are successful in reducing the number of complaints by on average 80% and the first 9 months of 2010/11 there were 150 First Time Entrants to the Youth Justice System, 21% fewer than in the same period in 2009/10.

Using a national model (the Family Saving Calculator) for the calculation of cost effectiveness, it is estimated that Brighton and Hove FIP team has saved organisations in the region of £243,000 through intensive work with just two families.

Current context

Targeted parent and family support continues to play an important part in delivering the Coalition Government's commitment to supporting families with multiple problems. The current Minister for Children and Families has stated that, *"No child's future should be predetermined by the decisions or mistakes of his or her parents, and I firmly believe that every child should have the chance to succeed, regardless of their background. Intervening earlier with troubled families can not only prevent children and their parents falling into a cycle of deprivation, anti-social behaviour and poverty but can save thousands if not millions of pounds in the longer term."* The Coalition Government's support for working with families with multiple problems is demonstrated through the provision of the Early Intervention Grant which is to support a full range of services for children, young people and families.

FIP has been operational in Brighton & Hove for five years and has built up a team of highly skilled workers capable of delivering a range of interventions to families with complex/acute needs. By working intensively with families using the nationally recognised FIP approach and working closely with our partner agencies the team has been successfully reducing or stopping families' persistent anti-social behaviour and has contributed to the reduction in young people entering the youth justice and care systems.

Where next?

Given the successful outcomes achieved by using the FIP model and the evidence of providing 'value for money', this approach will be sustained. FIP will continue to focus on families who have multiple problems and cause persistent harm within their neighbourhoods. FIP functions are identified within the *'Supporting Families in Brighton and Hove'* document as a level 3 service (ie. for families requiring specialist/statutory integrated support). Given the increasing demand on FIP and the intensity of the work, the threshold for entering the service will be reviewed to ensure maximum impact, while providing a cost effective service that will continue to save the council and other organisations money.

FIP have been actively supporting the embedding of Brighton and Hove's Family Common Assessment Framework (CAF). A Family CAF co-ordinator and team of Family CAF mentors from FIP have been available on request to support with any aspect of the Family CAF process. This may include, for example, the completion of a Family CAF Assessment or support with chairing a 'Team around the Family' meeting. Maintaining a Family CAF mentoring role within FIP will also (if budget allows) be given priority. This will support professionals in other organisations to work with families requiring level 2 services (ie. specialist/targeted support) and prevent the subsequent need for higher level services (eg. FIP and social care).

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Links to other priority areas

FIP is closely linked to a number of priority areas contained in this Community Safety Strategy, for example, targeting families who are engaging in persistent anti-social behaviour requires a close working relationship with the Anti-Social Behaviour Team. Sharing information and making use of enforcement tools where necessary plays a crucial role in FIP's work with families. In addition, domestic violence is a key issue for those families referred to FIP and for families with children on child protection plans. Alcohol and substance misuse are also an issue for family members, increasing the risk of (re)offending, committing anti-social behaviour and children entering the care system. FIP also have a link with the Hate Crime Team, with family members on occasions being a perpetrator or victim of a hate crime. FIP also targets families where a parent is offending, particularly mothers, where a high percentage of the children of women who enter prison are in care. Finally, FIP targets families where children who are at high risk of offending, and having a family member that is offending increases that risk, and therefore FIP have strong links with priority areas that are linked to crime.

Implications for equalities and sustainability

Families who are engaging in persistent anti-social or offending behaviour affect the quality of lives of a number of individuals living in the neighbourhoods where these families reside. By working with these families (who themselves have complex/acute needs) intensively, using an evidenced based model, getting to the root causes of the problems not only improves the lives of those individuals affected by their behaviour but improves the outcomes/life chances for all family members engaging in FIP, whilst providing a cost effective way of engaging and supporting families who make the highest demand on services.

Within their work FIP deal with a number of issues (e.g. domestic violence, poverty, debt, disability, substance/alcohol misuse, learning difficulties etc.) and priority has been given to training in order to ensure that workers are well equipped to address these effectively. FIP have undertaken an Equalities Impact Assessment and the identified actions are incorporated within the team's service delivery plan.

Parallel plans

- Brighton & Hove Children & Young People's Plan
- Brighton & Hove Youth Justice Plan
- Brighton & Hove Parenting Support Strategy
- Brighton & Hove Housing Strategy
- Brighton & Hove Turning the Tide Strategy

Key performance indicators (to be confirmed)

- Number of ASB complaints against FIP families
- Risk of offending by FIP children and young people
- Number of FIP children/young people entering the care system
- Number of evictions due to persistent ASB
- A measure of parenting capacity

Family Intervention Project Action Plan	
Area of work 1	
Effective structures and processes in place that enable staff to confidently deliver FIP interventions within a supportive framework that safeguards them and their clients	
Actions	
1.1 A clear entry and exit point for working with families set up and disseminated to all FIP staff and stakeholders	
1.2 Good quality, regular supervision in place along with individual personal development plans	
1.2 Good quality, regular supervision in place along with personal development plans	
1.3 Staff training needs are identified and addressed (including health & safety, child protection, lone working and personal safety)	
1.4 A FIP manager available to FIP Keyworkers during work hours and duty rota set up for evenings (for staff working later)	
1.5 Ensure all staff have knowledge of and use the Carelink lone working scheme	
1.6 Staff have access to regular peer supervision sessions	
1.7 Clear systems in place for recording work with families	
1.8 Keep staff up-to-date by holding regularly team meetings to disseminate information and share practice	
1.9 Ensure a multi-agency context at strategic and operational level	
Area of work 2	
FIP Keyworkers to effectively implement the FIP model for families who have complex/acute needs (and engaging in ASB, at high risk of offending or have children at risk or entering the care system)	
Actions	
2.1 All members of staff to have an excellent working knowledge of the FIP model and demonstrate this within their practice	
2.2 FIP staff to work in partnership with the family and collate information from multi-agency sources (including Initial/Core assessments and child protection reports) to inform the assessment of need (using the Family CAF) for the whole family – signed off by the keyworker’s line manager	
2.3 FIP staff to work alongside the social worker to ensure an holistic, wide-reaching child protection (CP) plan is in place and implemented for the families they are working with	
2.4 FIP staff to support the social worker in bringing together a ‘Team around the Family’ that will help meet the needs of the families worked with	
2.5 FIP staff to support the implementation of the CP plan by completing the FIP interventions established in the CP Conference/Review or core groups	
2.6 FIP staff to support the social worker in regularly reviewing progress made against targets via the families core group and CP conference reviews	
2.7 Where FIP families are coming off CP plans, the keyworker will ensure there is an updated Family CAF and plan in place and will support the identified lead professional and team around the family to sustain progress made	

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2.8 Within FIP staff's casework with families, provide a variety of interventions that will support the CP plan including those identified in area of work 3, 4, 5 & 6	
Area of work 3	
A varied, evidence based group work programme that meets the needs of families with complex/acute needs	
Actions	
3.1 Integrate the Living Without Violence (LWV) Programme within FIP, maintaining the two current group work programmes and ensuring it retains its Respect accreditation	
3.2 Continue to co-ordinate and support the facilitation and development of the Break for Change (B4C) programme alongside partner agencies	
3.3 Continue to work with Brighton Women's Centre to support the co-ordination, facilitation and development of the BOOST programme	
3.4 Continue to work with the Parenting Team and Senior Parenting Practitioner to support the co-ordination and facilitation of Triple P (level 4 & 5) programmes	
3.5 Continue to work in partnership with education and other agencies to facilitate and develop the ASDAN Boxing Awards for young people disengaged from education	
3.6 FIP staff to continue organising Art groups for families during school holidays	
3.7 FIP to work with partner agencies to regularly review the needs of families and endeavour to identify gaps in services which in turn will lead to supporting the development/facilitation of additional group work programmes	
3.8 Provide training for staff facilitating any group work programme supported by FIP	
3.9 Ensure there is adequate supervision/support available to staff facilitating group work programmes supported by FIP	
3.10 Ensure there are robust processes in place to record and monitor outcomes of any group work programme supported by FIP and regularly review their cost effectiveness	
Area of work 4	
Support families members that are perpetrating or affected by domestic violence	
Actions	
4.1 All FIP staff are at least CAADA trained and further develop skills and knowledge for working with family members around DV, working within the DV National Occupational Standards	
4.2 All families are consistently screened for domestic violence both current and historical	
4.3 DV risk assessment (DASH) completed and referral made to MARAC where appropriate	
4.4 FIP to work closely, seeking advice and joint working where appropriate with RISE, LWV manager and the Independent DV Advisors	
Area of work 5	
A robust pathway in place for family members working with FIP that are not in education, employment and training	
Actions	
5.1 The assessment to include identification of family members needs around education, training or employment	
5.2 Where required a plan/pathway back into education, training or employment negotiated with family members, supported by partner agencies	

Children, Young People and Families (FIP)

5.3 Further develop links within statutory education, further education programmes, Gateway projects and Job Centre Plus, joint working where appropriate	
5.4 With support from parents/carers provide interventions that will support children/young people to address behaviour difficulties within school	
5.5 Where required, attend multi-agency meetings at Brighton Aldridge Community Academy (BACA) for high risk pupils	
Area of work 6	
Improving the health of families working with FIP	
Actions	
6.1 The assessment to include identification of family members needs around health, including using agreed screening tools	
6.2 Further develop good links with a range of health services and negotiate fast track referral system where appropriate	
6.3 Ensure health services are represented on the FIP steering group	
6.4 Where necessary/appropriate, FIP staff to provide practical support to family members to enable access to health services	
6.5 Work with the FIP Health Trainer to identify and prioritise health related group work programmes (e.g. smoking cessation, health eating, fitness etc)	
6.6 FIP staff to support the FIP Health Trainer to develop and facilitate health related group work programmes	
6.7 FIP staff to refer appropriately onto specialist health related services	
Area of work 7	
Ensure the views of family members involved with FIP and stakeholders are heard and findings inform the development of the service	
Actions	
7.1 Develop a vigorous process that invites families and partner agencies to offer their views of the service they received and seek advice on any areas of development	
7.2 Collate views on the service and draw on these to review service delivery	
7.3 Ensure all families are aware of the council's complaints procedure	
7.4 Continue with the multi-agency FIP steering group where partner agencies and commissioners have an opportunity to offer advice, and guidance, in addition to feedback their views	
7.5 Invite two service users to attend the steering group	
Area of work 8	
Ensure FIP are properly servicing the community's diverse population and that services are accessible to all	
Actions	
8.1 In addition to data already collected, collect data and monitor family member's sexual orientation, gypsies/travellers and religion/beliefs.	
8.1 Collect data and monitor family member's sexual orientation, gypsies/travellers and religion/beliefs.	
8.2 Increase the team's knowledge around race/ethnicity, social power issues, women offenders, gypsies/travellers and religion/beliefs, learning difficulties and mental health issues	

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8.3 Increase knowledge and confidence in working with family members around diversity issues	
8.4 Consistently screen family members for domestic violence and learning difficulties	
8.5 Good access to translators	
Area of work 9	
Preventing evictions due to persistent anti-social behaviour	
Actions	
9.1 Ring-fenced provision for housing providers commissioning FIP, where families do not have children on CP plans but they are committing persistent ASB, causing disruption/harm to individuals/communities and their tenancy is at risk	
9.2 Clear referral route into the service and support housing providers to prioritise referrals	
9.3 FIP keyworker to take on the role of Lead Professional, initiate Family CAF process (if not already in place), working in partnership with the family and bring together the agencies that can support the family	
9.4 FIP keyworker to take a lead in negotiating a family CAF Plan	
9.5 FIP keyworker to work intensively with the family, provide a variety of interventions that will support the Family CAF plan including those identified in area of work 3,4,5 & 6	
9.6 FIP staff to review the Family CAF plan regularly	
9.7 FIP to ensure close working links with housing providers both strategic and operational	
Area of work 10	
Provide a service that prevents intensive services such as FIP and children and families social care team being required by supporting the embedding of the Family CAF process in the city	
Actions	
10.1 Family CAF mentor to be available to provide advice and guidance to any professional carrying out the CAF process.	
10.2 Family CAF mentors to provide an enhanced mentoring service in cases that fall below the threshold for social services but have complex aspects of support need. This enhanced mentoring will include sourcing the TAF, chairing initial meetings, liaising with families and assisting in completing the assessment and family plan.	
10.3 Family CAF mentoring co-ordinator to work alongside the family CAF team to embed successful practice in community services and agencies by attending team meetings and professional events, and providing team supervisions where applicable.	
10.4 Family CAF mentoring co-ordinator to have a role in development and delivery of training provision around the use of the Family CAF.	
10.5 A robust recording system to be put in place to evidence successful outcomes within the Family CAF process.	
10.6 Family CAF mentoring co-ordinator to co-ordinate use of FIP workers as Family CAF mentors.	
10.7 Family CAF mentoring co-ordinator to report to the Family CAF team, and the Value for Money prevention workgroup successes and challenges encountered in Family CAF mentoring delivery.	

Domestic Violence

Outcome: Brighton & Hove residents and communities to be free from domestic violence by increasing survivor safety, holding perpetrators to account, decreasing social tolerance and increasing people's ability to have healthy relationships.

Sub-outcomes:

Prevention

- Increased awareness and knowledge of domestic violence and its impact and a decrease in its tolerance and acceptance
- Increased knowledge and skills of children, young people and adults about forming and sustaining safe, equal and violence-free relationships
- Increased awareness of options and rights to access services by individuals and communities

Early intervention

- Adults, children & young people feel safe to disclose domestic violence, and are listened to, believed and not judged
- Survivors and perpetrators have improved knowledge of services available to access help when required
- Increased safety of survivors and increased responsibility by perpetrators to manage and reduce the risk they pose

Provision

- Improved physical safety and freedom from harm for survivors
- Improved emotional safety through improved supportive, violence-free relationships, resilience and self-esteem
- Safe and supportive contact arrangements for survivors and children, post-separation
- Reduced risk posed by perpetrators through timely safeguarding and justice system interventions

The local and national definition of domestic violence, introduced for monitoring purposes is:

'Any incident of threatening behaviour, violence or abuse, [psychological, physical, sexual, financial or emotional], between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to Black and minority ethnic (BME) and other communities such as so-called 'honour based violence', female genital mutilation (FGM) and forced marriage.

Why is this a priority?

Domestic violence in the city, as elsewhere, is widespread. It occurs across all communities, irrespective of poverty and deprivation, education, age, sexuality, ethnicity or ability. Originating from a sense of entitlement, and rooted in patriarchy, the vast majority of domestic violence is experienced by women, and perpetrated by men. A significant minority of men also experience domestic violence; it is experienced by transgender people, and it also occurs across heterosexual, lesbian, gay and bisexual relationships.

Forced marriage affects people from many communities and cultures: Black, minority ethnic and refuge communities; lesbian, gay, bisexual and transgender people; and disabled people. It involves a marriage in which one or both spouses do not, or cannot, consent to the marriage and duress is involved, which can include physical, psychological, financial, sexual and emotional pressure.

So-called 'honour-based violence', a term applied to different forms of violence, mainly but not exclusively against women, is used to control behaviour within families and communities to protect perceived cultural and religious beliefs and/or 'honour'. The concept of 'honour' is a motive for violence, or a constraining factor preventing victims from leaving the abuse, rather than a specific form of violence. It cuts across all cultures, nationalities, faith groups and communities, and transcends national and international boundaries.

Female genital mutilation (FGM) involves all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. The practice, which is illegal in the UK, is medically unnecessary and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age of mutilation ranges from girls a few days old to adolescence - before marriage - and occasionally on pregnant women and on widows.

If not prevented, domestic violence often escalates in intensity and severity, and can lead to the victim's death. Nationally, two women a week are killed by a current or former male partner. It is the gender of both victim and perpetrator that influences the type of violence used, the associated risk, and severity of harm caused. Additional factors that increase the risk of homicide include the presence of rape, stalking and controlling behaviour; the co-occurrence of child abuse; isolation and barriers to accessing services; separation, and child contact disputes. Last year in the city, 125 victims were assessed as being at very high-risk of homicide.

Main Partners

Rise
Living Without Violence Programme
Partnership Community Safety Team
Family Intervention Project Team
Sussex Police
Crown Prosecution Service
HM Courts Service
Surrey and Sussex Probation Trust
Brighton & Hove City Council
(Children, Youth and Families Service; Adult
Social Care Service; Housing Services)
NHS Brighton & Hove
Drug and Alcohol Action Team
Survivors Network
Inspire Project
Youth Offending Service
Domestic Violence Commissioners Group
Brighton & Hove Domestic Violence Forum
Domestic Violence & Housing Working Group
LGBT DV&A Working Group
Sexual Violence Reference Group
Local Safeguarding Children Board
Local Safeguarding Adults Board
Healthy City Partnership
Stronger Communities Partnership

Domestic Violence

In Brighton & Hove, over 25,000 women and nearly 2,000 men will experience repeat domestic violence as adults, at some point in their lives. Last year in the city, 10,984 women experienced physical and emotional violence; 2,736 women experienced sexual assault, and 6,682 women were victims of stalking (extrapolated from British Crime Survey data). 8,750 lesbians, gay men, bisexual and transgender people also experience abuse at some point in their lives, as adults or children (Count Me In Too).

In 2009/10, 3,359 domestic violence crimes and incidents were reported to the police in Brighton & Hove (8 in 10 were against women); of these, 1,132 were recorded as crimes, and 321 resulted in a charge. In the same period, there were 326 finalised domestic violence prosecutions, of which 234 were successful.

Domestic violence causes significant health problems, including physical injury, self-harm, eating disorders, sexually transmitted infections, attempted suicide, depression, anxiety, and other mental health problems. Women experiencing domestic violence are 15 times more likely to misuse alcohol and 9 times more likely to misuse drugs than non-abused women. In 2009/10, there were 2,292 calls made to the Rise domestic violence helpline, and 488 local survivors and 110 local children received direct support from Rise, the specialist domestic violence service.

Other consequences of domestic violence include poverty, unemployment and homelessness. In 2009/10, 277 people sought housing advice and 102 homeless applications were made due to domestic violence. Domestic violence also impacts on employers and the local economy by limiting victims' ability to access education, training and employment; decreasing the productivity of employees, and increasing absenteeism and staff turnover.

Domestic violence harms children and young people. Three quarters of children living with domestic violence witness it and half are directly abused. In 2009/10 in Brighton & Hove, 1 in 3 child protection plans identified domestic violence as the primary reason for having a plan. Teenagers also experience domestic violence in their own relationships, which disproportionately affects girls, and there are links between domestic violence, youth offending and teenage pregnancy.

Domestic violence has a serious and lasting impact on survivors' safety, health, wellbeing and autonomy, and can severely restrict survivors' ability to fully participate in society. In Brighton & Hove, the individual, economic and social cost of domestic violence is estimated to be £132 million per annum.

Current context

Nationally, reducing and preventing domestic and sexual violence is a government priority which has cross-party support. Its prevention is central to agendas on public health; reducing crime and the harm caused by serious violent crime; safeguarding children and adults with support needs; promoting education, learning and skills development; and promoting equality. Government recognises the gendered pattern of violence against women and girls needs to be understood and acknowledged, whilst also recognising that men and boys can be victims of violence and that it can affect whole families. Men also have a key role in challenging violence and helping to change the attitudes and actions of their peers. The vision of the government is for:

“.....a society in which no woman or girl has to live in fear of violence. To achieve this vision, society needs to **prevent** such violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it; **provide** adequate levels of support where violence does occur; work in **partnership** to obtain the best outcome for victims and their families; and take action to **reduce the risk** to women and girls who are victims

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of these crimes and ensure that perpetrators are brought to justice.” (HM Government, Call to End Violence Against Women and Girls, 2010)

In Brighton & Hove, during 2010/11, domestic violence was the subject of one of three ‘intelligent commissioning’ pilots. By working with partners across services and communities, the pilot has undertaken a comprehensive needs analysis, services and investment mapping, to provide a more informed understanding of the current and future needs of residents and local communities, the demand for services, what works, and what needs to change. This has informed the development of a domestic violence outcomes framework and joint commissioning strategy, to be delivered from 2011.

We have the foundation for delivering a coordinated community response to domestic violence locally: the city has independent domestic violence advocacy and support services for survivors and programmes for perpetrators; a Multi-Agency Risk Assessment Conference (MARAC) system; and an accredited Specialist Domestic Violence Court Programme, which is a model for effective criminal and civil justice intervention, working in partnership with public, community and voluntary sector services. However, the Needs Assessment indicates more work still needs to be done.

The Domestic Violence Needs Assessment 2010/11 found that domestic violence continues to be significantly under-reported locally. Only around a quarter of domestic violence is reported to the police, and whilst there are many victims and perpetrators in contact with services other than the justice system, many do not disclose that domestic violence is taking place. Consultation with survivors locally found that whilst they welcome and highly value the support offered by specialist domestic violence services in the city, they have little trust or confidence in many public services, which they said failed to identify and respond to their needs; made them feel excluded, isolated, judged and blamed for the violence, and further hampered their ability to seek help.

The Domestic Violence Needs Assessment 2010/11 service mapping found that specialist domestic violence services are most effective in meeting survivors’ holistic needs, but are unable to meet the increasing demand for their services. At the same time, statutory services do not know how many of their service users are experiencing or perpetrating domestic violence, and do not have systems in place to effectively identify, record, and respond, particularly if survivors have complex needs or if the abuse involves sexual violence, emotional abuse, forced marriage or female genital mutilation. Few services know if they are successful in increasing survivor and child safety and in holding abusers to account when they work with individuals and families affected by domestic violence.

The Domestic Violence Needs Assessment 2010/11 investment mapping found that in contrast to the significant cost of domestic violence to the city, the level of direct investment into prevention, early intervention, and the provision of specialist support services for survivors and perpetrators is relatively low. Money spent across universal and mainstream services is focussed on picking-up the pieces after domestic violence has happened, and responding to very high risk cases at the expense of investment into early intervention and prevention.

The Safe in the City Partnership is taking the lead in ensuring residents and communities are free from domestic violence in future, by prioritising activity focussing on increasing the safety of survivors (adults and children); reducing the risk posed by perpetrators and holding them to account; decreasing social tolerance and approval of domestic violence, and increasing people’s abilities to form and sustain healthy, equal, non-violent relationships.

Where next?

The Domestic Violence Intelligent Commissioning Pilot concluded that from 2011, domestic violence must be seen as ‘core business’ for city services and partnerships, because preventing domestic violence cannot be left to a single, statutory body or local partnership alone. The cost of domestic violence is significant and we now need to focus on reinvestment and resource pooling so that prevention and early intervention is prioritised alongside crisis and high-risk responses. It is important that future work to address domestic violence in the city is also integrated with strategic and operational responses to sexual violence and other forms of violence against women and girls in accordance with national priorities.

The Domestic Violence Commissioning Plan will focus on delivering the domestic violence outcomes framework, which includes city-wide strategic outcomes and service-level outcomes across three types of activity (prevention, early intervention and provision of ongoing support), for identified stakeholders (survivors, children and young people, perpetrators, and communities). Together this provides a framework of accountability that focuses on how well services are identifying, responding to and preventing domestic violence, and creating positive change for local people.

Links to other priority areas

In addition to the ‘reducing crime and improving safety’ priority in the Sustainable Community Strategy, other citywide priorities which are most directly supported by our work in this area are: improving health and wellbeing; strengthening communities and involving people; promoting enterprise and learning; improving housing and affordability, and providing quality advice and information services. Addressing domestic and sexual violence is a priority identified in the local Joint Strategic Needs Assessment 2011; in the Children and Young People’s Plan priority to strengthen safeguarding and child protection, early intervention and prevention; and in the City’s Housing Strategy priorities to create a healthy city, reduce inequality, improve neighbourhoods, partnership and deliver value for money. Work to address other areas in this Strategy, such as alcohol harm and drug misuse, sexual violence and abuse, anti-social behaviour, hate crime and integrated offender management, will also impact positively on reducing and preventing domestic violence.

Implications for equalities and sustainability

Domestic violence is both a cause and consequence of gender inequality; women and girls are more likely to be victims than men and boys, and young women in particular suffer higher levels of victimisation. It is rooted in patriarchal traditions and supported by sexist, racist, disablist, homophobic, biphobic, transphobic and other discriminatory attitudes, behaviours and systems that maintain and reproduce inequality. Addressing domestic violence effectively through delivery of this action plan is therefore central to the delivery of gender, as well as other equality duties.

Domestic violence is also a significant factor in promoting and sustaining health inequalities in the city. Reducing the incidence and preventing domestic violence from happening in the first place is therefore essential to ensuring the physical and mental health and wellbeing of Brighton & Hove residents.

The incidence of domestic violence varies only marginally when analysed by geography, class, age, ability, sexuality, ethnicity and nationality, although the experience of survivors from marginalised or excluded groups is compounded by additional barriers to seeking help. Many services are inaccessible and/or unable to respond effectively to survivors with diverse or complex needs, because of their identity or life experience. Survivors’ experiences are compounded by the additional

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discrimination faced by some groups, particularly women and those from Black, minority and refugee communities, including Gypsy and Traveller communities and amongst women seeking asylum; disabled people; older or younger people; LGBT people; and people with mental health needs or who have problematic substance use. While everyone experiencing domestic violence is unique and will have different needs that should be taken into account in service design and delivery, belonging to one or more of the aforementioned groups inevitably makes help-seeking more complex and in many instances it will reduce the number of services available.

Delivery of the action plan will also address sustainability issues by contributing to building sustainable communities; managing the environment and resources; contributing to the health and wellbeing of local residents; promoting a more sustainable local economy, social equity and opportunity for local residents.

Parallel plans

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| <ul style="list-style-type: none"> • Brighton & Hove Domestic Violence Needs Assessment and Commissioning Strategy 2011 • Brighton & Hove Joint Strategic Needs Assessment 2011 • Brighton & Hove Alcohol Needs Assessment 2010/11 • Brighton & Hove Drug Related Deaths Needs Assessments • Brighton & Hove Child Poverty Needs Assessment • Brighton & Hove Sustainable Community Strategy | <ul style="list-style-type: none"> • Brighton & Hove Divisional Policing Plan 2010-13 • Brighton & Hove Housing Strategy 2009-14 • Single Homeless Strategy 2009-14 • Brighton & Hove Turning The Tide Strategy 2009-2014 • NHS Brighton & Hove Strategic Commissioning Plan • Brighton & Hove Children and Young People's Plan 2009-12 • Safeguarding Adults Board Plan |
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Key performance indicators (to be confirmed)

- Detection rate of domestic violence crimes
- Percentage of finalised prosecutions with successful a outcome
- Number of repeat referrals to a Multi-Agency Risk Assessment Conference (MARAC).
- Number of domestic violence homicides.
- Worry about being physically attacked by a family member, partner or ex-partner

Domestic Violence Action Plan

Summarised from the Domestic Violence Commissioning Plan

Prevention

Area of work 1

Measures designed to raise awareness and knowledge of local communities, and enhance the capacity of communities, family and friends, to respond effectively.

Actions

Domestic Violence

1.1 Increase knowledge through provision of information and resources targeting family and friends, and through workshops, meetings and outreach targeting communities.	
1.2 Support the development of discussion groups amongst different communities and build their capacity of community groups to respond to domestic violence.	
1.3 Support the development of community-led awareness raising of forced marriage through professional and community engagement and outreach programmes.	
1.4 Support the development of community-led outreach work on issues of female genital mutilation with young people and women from communities at risk.	
Area of work 2	
Targeted and universal domestic violence publicity campaigns, and workplace policies	
Actions	
2.1 Develop and sustain a city-wide media and communications strategy to deliver universal and targeted awareness campaigns targeted at perpetrators, survivors, young people and the public (informed by national best practice toolkits).	
2.2 Minimum standards for all agencies to publicise domestic and sexual violence, the help available, and how their agencies can respond, and to create safe environments to encourage disclosure.	
2.3 Develop workplace domestic violence policies and campaigns (informed by national best practice toolkits) and implement these across the private, public, community and voluntary sector.	
Area of work 3	
Prevention, education and skills development	
Actions	
3.1 Provide a whole school approach to domestic & sexual violence prevention across all schools in Brighton & Hove, in partnership with specialist services (informed by best practice evidence of what works).	
3.2 Incorporate domestic and sexual violence into sex and relationships education (SRE) and Personal Social and Health Education (PSHE) lessons.	
3.3 Ensure services that work with children, young people, and families deliver healthy relationships work that incorporate domestic and sexual violence as part of service delivery.	
3.4 Develop and deliver programmes to increase resilience of survivors, children and young people that includes: accredited women and girls self defence classes; programmes that address domestic violence in teenage relationships; programmes that involve and train survivors in the development, review of services, training and research; and work on child-to-parent abuse (Break4Change programme) through multi-agency partnership with specialist domestic violence services.	
Early Intervention	
Area of work 4	
Training for professionals and front line staff to spot early signs and risk factors of all forms of domestic and sexual violence.	
Actions	
4.1 Training for all front line professionals (housing services, adult services, children's services, schools and education services, health services, criminal justice services) on domestic violence and sexual violence awareness, and on early identification of domestic and sexual violence (which includes risk assessment, effective response and safety planning, and referral on disclosure).	

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4.2 CAF and PPP training to include identification of the presence and risk of domestic violence to children as well as to adults assessed, undertaken safely and separately with parents to ensure that the needs of both adult survivors and their children are fully met.	
4.3 Deliver the new national e-learning training course for GPs on violence against women and children.	
Area of work 5	
Fully accessible universal/targeted/specialist services so that survivors and perpetrators face minimal barriers to seeking help and to accessing the support they need.	
Actions	
5.1 Implement policies on the safe use of interpreting services in cases of domestic and sexual violence for all agencies.	
5.2 NHS and council services to publicise that services are accessible for survivors and children whatever their immigration status, if they have experienced violence and abuse.	
5.3 Local arrangements to ensure that survivors and their children with insecure or temporary immigration status are supported while they access safety and the violence is prevented, and/or while their case for indefinite leave to remain in the UK is developed and considered nationally.	
5.4 Build the capacity of BMER, disability and LGBT organisations to work alongside specialist domestic violence services to support survivors, children and perpetrators.	
Area of work 6	
Early identification and response procedures for all aspects of domestic violence through routine and selective (safe) enquiry and improved initial response to disclosure across public services – for survivors, children and perpetrators.	
Actions	
6.1 Safe, selective enquiry to be implemented in healthcare settings, children's services and adult services, in accordance with national best practice models.	
6.2 All services that exercise public functions in relation to safeguarding children and adults with support needs should comply with the national statutory guidance on forced marriage, and national multi-agency guidance on FGM.	
6.3 Building on the LES 2011/12, GP practices/Optometrists/Pharmacists to deliver selective enquiry and response to domestic violence (informed by the national evidence-based IRIS Model); and ensure GP practices are linked to independent domestic violence advocates to provide support and advocacy on disclosure of domestic violence at a GP service.	
6.4 Develop an inter-agency, collaborative, DV community group programme for children and young people (4-21years) and concurrent group for mothers who have experienced domestic violence, providing a community based setting for them to share and talk about their experiences (Canadian model, successfully evaluated in Sutton and across London, and being rolled out nationally).	
6.5 Healthcare, children's and adult services professionals to be trained in early identification and response to perpetrators.	
Area of work 7	
Targeted early identification and intervention work with groups who possess certain risk factors, across all forms of domestic violence.	
Action	
7.1 Targeted early intervention (routine enquiry and response) with clients at particular risk of repetitive and escalating violence and/or where it is known that domestic violence starts or escalates, based on clients' identify or life experience.	

Domestic Violence

7.2 Substance misuse services to services to develop domestic violence guidance in accordance with national best practice guidance, including ensuring awareness of domestic violence is part of the information provided to alcohol and drugs workers in custody suites.

7.3 Domestic and sexual violence to be mainstreamed into sexual health and teenage pregnancy services and policy, and all sexual health and genito-urinary medicine clinics should introduce routine enquiry with all young women under the age of 18.

7.4 Ensure that young people's services embed the importance of healthy relationships and respect and materials on teenage relationship abuse used to support young people, teachers and schools to tackle this issue.

Provision

Area of work 8

Fully accessible universal and targeted services by trained, skilled staff equipped to identify and respond effectively to all aspects of domestic violence, including supporting survivors and families with multiple and complex needs.

Action

8.1 Integrate minimum standards across agencies (incorporating routine enquiry and response procedures) to ensure any agency is able to deal with identification, risk assessment and management, and provide safe and appropriate interventions.

8.2 Develop a holistic model for intervention for families with multiple and complex needs, involving mental health and substance misuse approaches, ensuring specialist domestic violence services are central to that model, and clear identification and referral pathways to community based perpetrator programmes, to ensure safety and reduce risks for non abusing family members and children.

8.3 Improve the effectiveness of services working with 16 to 18 year old people who are or have been affected by domestic violence to support their transition from children to adult services

Area of work 9

Provision of independent, specialist domestic violence services for survivors, perpetrators, children and young people that ensure safe separate provision for men and women, and are accessible to deal with all forms of domestic violence.

Actions

9.1 Expand Rise's Domestic Violence Helpline making it more accessible for survivors and professionals to access specialist information, help and support.

9.2 Sustain Rise's refuge based support and resettlement service, and safe housing options including Sanctuary Schemes.

9.3 Sustain and develop the IDVA service to ensure city-wide advocacy for all survivors irrespective of risk, which includes targeted and intensive advocacy for high-risk survivors linked to the MARACs and SDVCs; and the development of the health-based advocacy service (see below) to ensure it links to acute, specialist and primary care services in the NHS, extending to mental health and GP practices.

9.4 Develop the domestic violence LGBT advocacy service, working with specialist domestic violence services and LGBT voluntary and community organisations.

9.5 Sustain and develop Rise's community outreach support and advocacy services for survivors needing a range of support within the community, in their own home or through drop-in centres.

9.6 Sustain and develop Rise's specialist domestic violence support service for children and young people.

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9.7 Develop and deliver safe, supervised child contact facilities for domestic violence survivors, children and young people and their non-resident parents.	
9.8 Ensure the continuation of sexual violence support services (including ISVAs) that provide a range of specialist services, including Sexual Assault Referral Centres, for victims of rape or other forms of sexual violence, whether as an adult or a child.	
9.9 Continue to support accredited interventions with domestic violence perpetrators and associated partner support, within and outside the justice system.	
9.10 Integrate the Living Without Violence (LWV) Programme within the Family Intervention Project Team, maintaining two annual group work programmes and retaining Respect accreditation.	
9.11 Ensure domestic violence interventions within the Family Intervention Project Team work closely, seek advice and joint working where appropriate, with RISE, the IDVA service, and the Living Without Violence Programme.	
Area of work 10	
Improved health service response to domestic violence	
10.1 Every NHS service should have a single designated person to advise on appropriate services, care pathways and referrals for all survivors of violence and abuse; and national evidence for domestic violence good practice in health care settings should be integrated into the local health economy safeguarding mechanisms to enable accountability and ownership for reducing and preventing domestic violence outcomes.	
10.2 Sustain and develop the health-based independent domestic violence advocacy service partnership between BSUH and Rise in A&E, midwifery and urgent treatment service.	
10.3 Domestic and sexual violence to be mainstreamed into teenage pregnancy policy and practices.	
10.4 Continue the work with midwives, health and early years visitors being skilled to recognise domestic violence, respond to the issue when raised, provide support and to signpost them to other services.	
10.5 Provide information to mothers from communities which practise FGM, during the antenatal assessment, as part of an integrated local pathway of care for FGM.	
10.6 Mental health services should provide specialist targeted psychological support in the context of current or past domestic violence, and integrate psychological support and treatment for survivors and their children into mainstream health services in primary and secondary care and specialist agencies, with domestic violence issues included within Improving Access to Psychological Therapies training and competencies.	
10.7 Continue (in readiness for Care Quality Commission registration) to embed the lead safeguarding role with responsibility for maintaining awareness of child protection, adult safeguarding and domestic violence issues across GP practice team and for ensuring policies and procedures are understood and followed.	
Area of work 11	
Effective specialist domestic violence court programme, Multi-agency risk management systems and integrated systems across other court services, including support for survivors using the criminal, civil and family court services.	
Actions	
11.1 National and pan-Sussex guidance on SDVCs continue to be implemented.	
11.2 Convene a Scrutiny Panels bringing members of the Voluntary and Community Sector together with CPS lawyers and independent legal advisors to jointly review and scrutinise a random selection of domestic violence cases to highlight good practice.	

Domestic Violence

11.3 Continue to support the Multi- Agency Risk Assessment Conference (MARAC) to prevent or reduce harm to survivors of violence ensuring the link to MAPPA, safeguarding children and vulnerable adults.	
11.4 Improve family court monitoring and outcomes where domestic violence is prevalent.	
11.5 Implement the homicide and domestic violence conferencing process to align with city's serious case review processes.	
11.6 Guidance on Investigating and Prosecuting Rape should be implemented effectively and be subject to compliance monitoring by the police.	
11.7 Local arrangements are in place so that those who report are linked in to independent support agencies; that the booklet CPS Policy for Prosecuting Cases of Rape should be widely available to all victims and should be given as a matter of routine to all rape complainants who have decided to report the rape to the police; that measures are introduced to routinely measure and review victim satisfaction with the CJS.	
Area of work 12	
Workable structure for co-ordination and delivery of a domestic violence strategic action plan, including improved workforce skills and knowledge.	
Actions	
12.1 City-wide domestic violence strategy to be aligned with addressing other forms of gender-based violence so it is integrated into a strategic approach to address all forms of violence against women.	
12.2 Domestic violence to be considered core business for city services and partnerships – domestic violence outcomes to be included in performance compacts and into partnerships strategies and action plans	
12.3 Effective joint commissioning and pooling of resources to achieve the co-ordinated community response model, and the outcomes framework and commissioning priorities identified in the DV Needs Assessment and Commissioning Plan, in adherence with the principles set out in the needs assessment and to national minimum standards for domestic violence services.	
12.4 Ensure B&H DV Forum and associated working groups are resourced and supported.	
12.5 Local domestic violence workforce strategy to ensure professionals across public services are appropriately competent; training needs to be mapped to the Domestic Violence National Occupational Standards (NOS) developed for practitioners working with survivors and perpetrators of domestic violence.	
Area of work 13	
Agreed recording and reporting against city-wide minimum data sets on domestic violence, within and across partner agencies.	
Actions	
13.1 Consistent and practical data standards to underpin the analysis of quality, activity, outcomes and performance management by commissioners, NHS and third sector providers.	
13.2 Ensure domestic violence data recorded and monitored is broken down for victims and offenders by gender (male, female, transgender people) and relationship between people, ethnicity, disability and sexuality (lesbian, gay, bisexual).	
13.3 Ensure compliance with statutory and legislative requirements in relation to domestic violence.	

Sexual Violence, Abuse and Exploitation, the Sex Industry, and Trafficking

Outcome: Sexual violence and abuse is reduced

Sub-outcomes:

- Increased awareness and knowledge of sexual violence and its impact
- Improved physical safety and freedom from harm
- Increased knowledge and skills of children, young people and adults about forming healthy relationships
- Raised public awareness about risk factors and promotion of personal safety; and healthy relationships based on mutual respect
- Victims feel safe to disclose, are listened to, believed and not judged
- Victims of sexual violence and abuse are supported through the criminal justice process and post sentencing
- Re-occurrence of offending behaviour is minimised by the strengthening of mechanisms and procedures for assessing and managing the risk posed by sex offenders
- Enhanced assessment of risk and therapeutic support services for children
- Enhanced and better integrated support services for victims and survivors of sexual violence and abuse
- Better information on services available and how to access them
- Improved physical, emotional, social and personal well-being

Work in this area covers issues of sexual violence and abuse, as well as sexual exploitation, the sex industry and human trafficking.

Definitions:

Sexual violence and abuse is **“any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding”**.

This includes:

- Rape and sexual assault
- Sexual violence and abuse (by partners, family members and by strangers).
- Sexual Harassment
- Sexual Exploitation
- Child sexual abuse

The definition includes all of those affected by such violence, including women, men and children, but also recognises the strong associations between sexual violence and gender-based violence which represent a significant cause and consequence of inequality for women.

The sex industry includes prostitution, pornography and other commercial sex-based activities such as lap-dancing, often - but not solely - associated with the ‘night time economy’.

Trafficking into and within the UK is internationally recognised to be linked to prostitution; facilitating the movement of women for prostitution within (as well as across) borders constitutes trafficking. State agencies have a responsibility to tackle the demand for prostitution (UN Optional Protocol on Trafficking in Human Beings).

Why is this a priority?

Sexual violence and abuse has a devastating impact on victims, families and society as a whole. The effects of sexual violence and abuse can be wide-ranging and can include long-lasting physical, mental and sexual health problems.

Much rape and sexual violence occurs in families, where children and young people are the victims, and most rapes are carried out by someone the victim knows. Nationally, around eight per cent of all recorded rape cases is a rape of a man, and research shows that men find it less easy to identify as victims and ask for help. Although men, women and children can all experience sexual violence, women are disproportionately victims, and as such sexual violence is recognised as both a cause and consequence of gender inequality.

Nationally, 10,000 women will be sexually assaulted and 2,000 women will be raped in one week. Nearly a quarter of women have been stalked since the age of 16, and 18% of stalking leads to rape or sexual assault. Home Office research shows that 3.7 million women in England and Wales have been sexually

Main Partners

Survivors Network
Mankind UK (Newhaven)
Sussex Police (Rape & Serious Sexual Assault Steering Group)
Crown Prosecution Service
HM Courts Service
Surrey and Sussex Probation Trust
Brighton & Hove City Council
(Children, Youth and Families Service;
Clermont Centre; Adult Social Care Service;
Housing Services)
NHS Brighton & Hove
Local Safeguarding Children Board
Adult Protection Board
Rise
Inspire Project
Brighton Women’s Centre
Brighton Oasis Project
Sussex Central YMCA
Sexual Violence Reference Group
Sex Workers Strategy Group
Sexual Exploitation Steering Group
Domestic Violence Commissioners Group
Domestic Violence Forum
Alcohol Strategy Group

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assaulted since the age of 16; and across the UK there are upwards of five million adult women who experienced some form of sexual abuse during childhood. Home Office research into prostitution also shows that 85 per cent of women in prostitution report physical abuse in the family, and 45 per cent report familial sexual abuse. Between 50-75 per cent of women in prostitution entered before they were 18; the average age women become involved in the sex industry is 12 years old. Other research into trafficking across Europe found that 95 per cent of women trafficked into prostitution suffered physical and sexual abuse, with the same number experiencing symptoms of trauma similar to those suffered by torture victims.

Research tells us that women have a greater fear of rape or sexual assault than any other crime, and this can significantly limit and constrain their lives. Women's routine decision making is organised around personal safety; and women of all ages spend their lives avoiding and minimising the risk of rape and other forms of violence which restricts women's ability to fully participate in society.

Locally, the 2010 Citizens Panel survey showed that 13% of women, compared with 2% of men in Brighton and Hove are very or fairly worried about being sexually assaulted. Preventing and reducing the incidence of sexual violence and abuse is therefore essential if we are to comply with gender equality duties.

The individual, economic and social cost of sexual offences is higher than any other type of crime. The overall cost of sexual offences in Brighton and Hove in 2009/10 was estimated to be in excess of £61 million.

As a Community Safety Partnership we have an important role to play in the prevention of rape and sexual violence, in providing services to better protect victims, and in bringing perpetrators to justice.

Local picture

In 2009/10 there were 328 police recorded sexual offences in Brighton and Hove. However, sexual violence and abuse is significantly under-reported to the police. In Brighton & Hove during 2008 and 2009 45% of police recorded sexual violence offences against women were committed against 15-24 year olds. The 2007/8 British Crime Survey found that just 11% of victims who had experienced serious sexual assault since the age of 16 had reported their most recent experience to the police and 40% had told no-one at all about it. Research suggests that those who have suffered rape are less likely to report than those who have suffered a sexual assault, those victimised by partners are less likely to report, as are men, disabled people, people from Black and minority communities, and those working in the sex industry. The actual number of sexual offences in Brighton and Hove is therefore likely to be far greater than police recorded statistics show.

In Brighton & Hove, it is estimated that nearly 55,000 women will at some point in their lives be a victim of violence including rape, sexual assault, sexual harassment, trafficking and sexual exploitation. In 2009/10, 2,736 women and girls locally aged 16-59 years experienced sexual assault, and 6,682 women were victims of stalking (extrapolated from British Crime Survey data). This number would be higher still if all the city's population is considered.

Nationally and locally, there is a strong correlation between sexual violence and alcohol. Victims of rape and sexual violence may experience problematic alcohol use as a response to the violence and as an early predictor of post-traumatic stress disorder development. Although rape and sexual violence happens at any time of day, local data of reported rape and sexual violence indicates links to the night time economy both in

terms of a city centre geographical hotspot and peaks in offences occurring on Friday and Saturday nights. There may be a number of reasons for this association, one of those being that perpetrators use alcohol as an excuse, and they may target victims because they perceive their alcohol consumption makes them more vulnerable, less likely to be able to consent to sex, or remember details of the attack. However, rape and sexual assault survivors are never responsible for the attack or the perpetrator's behaviour, no matter how much alcohol was consumed. Responsibility lies with the perpetrator.

Nationally, conviction rates for sexual offences are too low. However, it should be acknowledged that they are at their highest level for ten years. The Sussex Sexual Assault Referral Centre (SARC) (set up in September 2008) based in Crawley combines forensic and clinical services for people who have been raped or sexually assaulted as well as jointly delivering locally provided counselling and support services in the city. The integrated and victim focussed approach increases the quality of evidence collected, and victims' ability to support prosecutions against the perpetrators. In 2009/10, the SARC supported 71 Brighton & Hove clients. In November 2009, Brighton and Hove supported the development of an independent rape crisis centre – Survivors Network – which works with both current and childhood sexual abuse.

People working in the sex industry are amongst those who are at higher risk of victimisation of sexual violence and are less likely to report incidents. While Brighton & Hove does not have 'on street' prostitution, a significant number of women in prostitution are based in sex parlours in the city. A local survey revealed that of those surveyed, 58% of sex workers reported that they had experienced violence or abuse and, of those, only 13% had reported those incidents to the police.

Childhood sexual abuse and that experienced by young people is also included within the definition of sexual violence and abuse. 20% of all police recorded sexual offences in 2008 and 2009 were committed against children under the age of 16. This rises to 25% when including all historical reports to the police of childhood sexual abuse.

Current context

In November 2010, the Coalition Government launched their Violence Against Women and Girls Strategy, identifying sexual violence and abuse as a government priority. The strategy emphasises the importance of preventative work, challenging the attitudes and behaviour which foster violence against women and girls, and the importance of intervening at an early stage to prevent violence from occurring. The strategy's accompanying action plan emphasises the importance of partnership working so that the best outcomes for victims and families can be obtained.

As a response to the findings of the Barnardos Tipping the Iceberg Report 2007 and a University of Brighton Out on My Own Report, the WISE project has been funded to work with the safeguarding board to develop a support pathway, run assertive outreach with young people, train organisations and raise awareness in the local community about young people and sexual exploitation. It also runs the 'eyes and ears' campaign to enable young people to help communicate messages to other young people.

Sexual violence and abuse has been a priority for the Partnership since 2008. In June 2010, Brighton and Hove's overview and scrutiny panel investigated the level of support provided in the city for victims of rape, sexual assault and other serious sexual offences and highlighted gaps in the provision of support and it made a series of recommendations. Since this time, Sussex-wide joint commissioning arrangements have been put in place to establish a Sexual Assault Referral Centre and commission

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counselling, rape crisis and Independent Sexual Violence Advisor services which provide improved outcomes for victims.

Where next?

This strategy and action plan seeks to sustain the progress made in the 2010 plan, which jointly commissioned the Sexual Assault Referral Centre and provided a local rape crisis and support service, while at the same time identified important additional areas of work to deal with the seriousness of sexual violence. Those new areas include initiatives which will reduce related risk factors, increase confidence to report, provide support through the criminal justice process, enhance services for children and young people, and increase knowledge about how to form healthy and not abusive relationships. Targeted work is also included for those at particular risk such as those working in the sex industry. There are also actions aimed at reducing fear, especially among women. We recognise the added value of co-ordinating actions across city services to provide holistic services which provide the best service to victims and which accord with good practice.

Links to other priority areas

Work around sexual violence and abuse links to a wide range of other areas in this Community Safety Strategy. There are clear links with domestic violence, alcohol misuse, drugs misuse, preventing reoffending, vulnerable children and families and the physical environment, infrastructure and quality of life strategies and action plans.

Partnership work around sexual violence and abuse also contributes to a number of the priorities in the Brighton and Hove Sustainable Community Strategy, including: reducing crime and improving safety; improving health and well-being; strengthening communities and involving people; and providing quality advice and information services.

The work to address sexual violence and abuse will also be incorporated within a new Violence Against Women and Girls Strategy for the city from 2011.

Implications for equalities and sustainability

Reducing the incidence of sexual violence and abuse, as well as the fear of victimisation, is essential to the physical and mental well-being of Brighton and Hove residents, and therefore the social and economic sustainability of the city.

Sexual violence is both a cause and consequence of gender inequality; women and girls are more likely to be victims than men and boys, and young women in particular suffer higher levels of victimisation. Work towards achieving the prevention and reduction of sexual violence and abuse must address existing gender inequalities which can give rise to the behaviour of perpetrators. Vulnerable and marginalised groups are often at increased risk and are less likely to report sexual violence and access help. This work is therefore central to the delivery of gender, as well as other equality duties.

Parallel plans

- Brighton & Hove Domestic Violence Needs Assessment and Commissioning Strategy 2011
- Brighton & Hove Joint Strategic Needs Assessment 2011
- Brighton & Hove Alcohol Needs Assessment 2010/11
- Reports and Action Plans of the Adult Safeguarding Board
- Reports & Action Plans of the Local Children Safeguarding Board
- Sex Worker Strategy and Action Plan
- Brighton & Hove [Sustainable Community Strategy](#)

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| <ul style="list-style-type: none"> • Brighton & Hove Divisional Policing Plan 2010-13 • Sussex Police: Rape, Sexual Violence and Serious Sexual Offences Strategy | <ul style="list-style-type: none"> • National Violence Against Women and Girls Strategy 2011 |
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Key performance indicators (to be confirmed)

- Number of police recorded sexual offences
- Percentage of victims of a police recorded serious sexual offence receiving services at the SARC
- Percentage of SARC referrals to independent support services who receive support
- Percentage of finalised court cases with a successful outcome
- Percentage of referrals to i) the SARC or ii) other specialist agencies who are repeat clients

Sexual Violence, Abuse and Exploitation, the Sex Industry, and Trafficking Action Plan

Area of work 1	
Achieve an understanding of the nature and prevalence of sexual violence in Brighton & Hove and of actions that will decrease attrition rates	
Actions	
1.1 Continue to identify the nature and prevalence of sexual violence in Brighton & Hove, recognising the variety of contexts in which it can take place and the different profiles and circumstances of victims and offenders. Analytical and summary reports to be regularly updated from the six monthly Strategic Assessments of Sussex Police as well as drawing on the findings of the Sussex and Glasgow Caledonian Universities Research (2010)	
1.2 Strategies, working groups and services to gather information about the nature and prevalence of sexual violence within their domain and information to be aggregated within central Partnership analysis documents which inform service development.	
1.3 Implement a multi-agency data capture system that includes information from voluntary and statutory agencies including the police, sexual health and other appropriate services.	
1.4. Introduce integrated IT solutions which would enable extraction of information when a victim and offender is perceived 'Under the Influence' by the police.	
Area of work 2	
Prevent sexual violence through increased awareness of its nature and prevalence in all contexts and of the practical measures that can be taken to reduce risks and opportunities	
Actions	
2.1 Communications to perpetrators and potential perpetrators about the criminal justice penalties associated with rape and sexual violence, and incorporate the association between perpetrators drinking and sexual violence within alcohol prevention publicity/education programmes, which promote safe drinking practices and the message that alcohol is no excuse for perpetrating rape or sexual abuse.	

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2.2 Raise awareness of rape and sexual violence and the help available amongst young women and on university campuses, including the consequences of rape in terms of sentencing, utilising 'student nights'; and fresher week events.	
2.3 All Strategy Groups, including those which are addressing domestic violence, to incorporate information about sexual violence in their publicity.	
2.4 Incorporate preventative measures, targeting potential perpetrators of rape and sexual violence, within the good practice initiatives which are led by the Licensing Strategy Group and Violent Crime & Alcohol Related Crime and Disorder Groups	
2.5 Develop improved outcomes for young people who display sexually harmful behaviours through commencing a series of activities which identify and disseminate a model of inter-agency working based on existing practices and available research evidence; examine the transition from child protection/youth justice arrangements to adult processes and ensure the effective implementation of appropriate mechanisms; identify inter-agency and multi-disciplinary training needs; and develop and disseminate best practice information.	
2.6 In recognition of the association between stalking and harassment and incidents of sexual violence and abuse, work with specialist third sector organisations and criminal justice partners to develop an effective community based response to incidences of stalking and harassment, which is linked with the domestic violence action plan.	
Area of work 3	
Increase reporting of sexual violence through improved public confidence in the criminal justice system and lower rate of attrition which is well publicised	
Actions	
3.1 Support Sussex Police in the delivery of their Rape, Sexual Violence and Serious Sexual Offences Strategy which aims to improve the investigation, detection and prosecution of cases, identifying appropriate partnership and support action for the Community Safety Partnership	
3.2 Raise awareness of the role of the police Sexual Offence Liaison Officers and develop integrated response services with the Sexual Assault Referral Centre and independent rape crisis, counselling and Independent Sexual Violence Advisor services.	
3.3 Publicising the revised national handbook: 'From Report to Court: a Handbook for Adult Survivors of Sexual Violence ' which meets the needs of victims and witnesses.	
3.4 Target information towards those groups who are most at risk and/or least likely to report, recognising issues such as gender and gender identity, ethnicity, sexuality, disability, age, religion and belief.	
Area of work 4	
Improved victim care and support services which meet survivor needs, and also assist police investigations and prosecutions and support improved attrition rates.	
Actions	
4.1 Jointly commission and participate in the Sussex Management Board of the Sexual Assault Referral Centre (in Crawley) and establish effective arrangements for the care and support of victims in Brighton & Hove. The joint commissioning and management arrangements also links with NHS sexual health strategies and public health delivery plans.	
4.2 In partnership with the Third Sector organisations, sustain support for the provision of local rape crisis services providing immediate care and support as well as provision for sustained support and access to related services.	

Sexual Violence and Abuse

4.3 Sustain support to the Independent Sexual Violence Advisors who, together with SARC services, provide support, risk assessment and safety planning for victims of rape or other forms of sexual violence, whether as an adult or a child. Link with the specialist DV and criminal courts where appropriate and support clients through statement taking, pre-court visits and trials, also referring clients to health, housing and childcare services.

4.4 Training for professionals who may come in to contact with victims, including those who may deal with first disclosures (GPs, A&E providers, Health Visitors, Mental Health providers, youth workers, voluntary sector agencies, community groups).

4.5 Identify appropriate actions which will ensure compliance with Gender Equality duties, particularly those which require the provision of appropriate services for victims of crimes where the majority of victims are women. Also pilot a service to identify appropriate approaches for male victims of sexual crimes which is delivered in an accessible and appropriate environment.

4.6 Local arrangements are in place so that those who report are linked in to independent support agencies; that the booklet CPS Policy for Prosecuting Cases of Rape should be widely available to all victims and should be given as a matter of routine to all rape complainants who have decided to report the rape to the police; that measures are introduced to routinely measure and review victim satisfaction with the CJS.

4.7 Develop a holistic model for intervention for families with multiple and complex needs, which often involve historical or current sexual violence, ensuring specialist sexual violence (and domestic violence) services are central to that model, and clear identification and referral pathways to support services for survivors and criminal justice/offender programmes for perpetrators.

Area of work 5

To support the work programme of the Sex Workers Steering Group which seeks to reduce risks and provide routes out of prostitution and related circumstances.

Actions

5.1 Continue to support the Steering Group work programme which is delivered by the delivery organisations and which together further develop a strategic approach to rape and sexual violence.

5.2 Support the police led Operations which seek to identify and respond to trafficked women and their traffickers, and aim to ensure that local victims of trafficking from within the UK and from abroad, have access to safety, support and protection.

5.3 Encourage the active and increased use of the 'Ugly Mugs' or 'Dodgy Punter' schemes, and other national good practice initiatives, which include challenging demand for prostitution, increasing safety of and support for those in prostitution, providing safe routes out of prostitution, and identifying perpetrators and bring them to justice.

5.4 Continue to target those most at risk, through maintaining relationships with individuals in the sex industry, ensuring they get increased access into drug and alcohol services, alternative housing and employment options in accordance with their needs.

Area of work 6

Reduce fear and raise awareness of the reality of rape and sexual assault for women, increase women's ability to report and/or seek help, and publicise any improvements in attrition rates and sentencing

Actions

6.1 All work aimed at improving public perceptions of levels of crime and disorder and reduced fear of crime, to particularly address those crimes of serious sexual offences, sexual assault and rape and others which are of most concern to women.

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Area of work 7	
Safeguard and build the resilience of children and young people to sexual assault and exploitation and respond to the threat of it	
Actions	
7.1 Continue the delivery of the Every Child Matters outcomes and in particular, deliver the work programmes of the 'Staying Safe' and 'Be Healthy' work programme which are overseen by the Local Safeguarding Children Board. These programmes include actions to reduce the risks associated with unsupervised internet use by children and young people.	
7.2 Implement a whole school approach to sexual violence prevention (linked with domestic violence prevention approaches in schools). Education programmes within schools and those targeted towards young people - which address alcohol and drug misuse, sex and relationship education, teenage pregnancy and other risks - to also include awareness raising of the association with sexual violence, issues of coercion and consent, the consequences of rape and sexual violence for perpetrators and the help available for victims.	
7.3 Reduce sexual and sexist bullying in schools -Work with schools to prepare for Ofsted inspections by working on the key area of inspection that focuses more strongly on behaviour and safety, including bullying. Inspectors will look for evidence of how much bullying there is in schools and how well it is dealt with.	
7.4 Implement the findings of the Joint Agency Audit into the Incidence, Recording and Outcomes of Child Sexual Abuse Investigations in Brighton & Hove.	
7.5 Identify appropriate and effective early interventions for young people who sexually abuse or are at risk of abusing and support the delivery of those interventions.	
7.6 Explore how agencies undertaking generic work with children and young people, such as CAMHS, include classifications of sexual abuse in their initial assessments.	
7.7 Continue to support the WISE project and further implementation of the findings of 'Tipping The Iceberg' – A Pan-Sussex Study of Young People at Risk of Sexual Exploitation and Trafficking	
7.8 Support compliance as appropriate with 'Special Measures' in courts (compliance with 'Speaking Up for Justice' and Youth Justice and Criminal Evidence Act 1999) which offers enhanced protection for child witnesses	
Area of work 8	
Work towards the development of a holistic strategy for tackling rape and serious sexual offences and violence which accords to national good practice, builds on existing plans and expertise together with a structure which supports multi-agency delivery of an agreed work programme	
Actions	
8.1 Continue to support the multi-agency Sexual Violence and Abuse Reference Group which receives reports from and co-ordinates actions being taken forward by the individual working groups that are identified within this Strategy.	

Hate Incidents and Crimes

Outcome: A reduction in incidents and crimes which are motivated by hostility or prejudice and in the harm caused to individuals and communities

An improvement in the trust and confidence of all minority communities and disabled people in services

Hate incidents are defined as any non-crime incident which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on:

- a person's race or perceived race (includes colour, ethnic origin, nationality or national origins, and culture),
- a person's religion or perceived religion (includes lack of faith),
- a person's sexual orientation or perceived sexual orientation,
- a person's disability or perceived disability,
- a person's gender identity - i.e. against a person who is transgender or perceived to be transgender.

Hate crime is 'any incident which constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by a hostility or prejudice.'

Tackling harassment based on the grounds of race, religion, disability, sexual orientation and gender identity are amongst the various legal duties, which public bodies must comply with.

- The Equality Act 2010 provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all. Race, religion, disability, sexual orientation and gender identity are five of the nine identified 'protected characteristics'; people are protected from discrimination on any of these grounds.
- The equality duty (section 149 of the Equality Act) requires public bodies to eliminate unlawful discrimination, harassment & victimisation, actively promote equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not.
- The Crime and Disorder Act 1998 requires the Community Safety Partnership (CSP) to do all it reasonably can to prevent crime and disorder in its area. The Act also creates a number of specifically racially and religiously aggravated offences, which have greater maximum sentences than their non-racially or non-religiously aggravated equivalents.
- Section 146 of the Criminal Justice Act 2003 imposes a duty upon courts to increase the sentence for any offence aggravated or motivated by hostility based on the victim's actual or presumed disability, sexual orientation or gender identity.

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- Developments in legislation (The Autism Act, 2009) and policies (Valuing People Now, 2009; National Autism Strategy, 2010) mean that there is a requirement to ensure that people with learning disabilities or an Autism Spectrum Condition can live in safe environment free from hate crimes, have improved access to redress and justice, and live in a society where people understand, respect and accommodate difference.

The Cross Government Action Plan on Hate Crime, 2009, recommends a co-ordinated approach by all partners to tackle hate crime at all points in the cycle of crime from prevention, early intervention to stopping repeat offending.

The Coalition Government has made a clear commitment to promoting better recording of hate crime, and intends to publish a new Hate Crime Strategy during 2011. The government's Equality Strategy (December 2010) reiterates its commitment to tackle all hate crimes and violence; encourage reporting, improve responses, deal with internet crime, and promote good practice. The government will support schools to tackle all forms of bullying and build respect for all.

The Safe in the City Partnership is committed to dealing with and reducing levels of hate incidents and crimes and tackling prejudices that fuel such incidents. We are committed to building on our existing work and will address inter-sectionality (where people may be targeted for a number of identities), integrate considerations of gender and age within our work (older people scrutiny recommendations), and strengthen the inter-relationship between reporting of hate incidents and safeguarding of vulnerable adults and children. The Pilkington case review also highlighted the importance of gathering, recording and sharing information between agencies. Following the case, there has been a shifting emphasis to a harm-based approach, identifying and supporting vulnerable and repeat victims, individuals and communities.

Legislation and policy emphasise a human rights based approach to working with disabled people. This has been adopted locally and our work aims to improve outcomes in terms of social inclusion, empowerment (greater choice and control) and equality for disabled people, people with learning disabilities and autism, their families and their carers and all disadvantaged groups.

Links to other priority areas

Work around hate incidents and crimes cross cuts other priority areas contained in this Strategy. There are connected concerns and services between the different strands of hate incidents, as well as with domestic and sexual violence, anti-social behaviour, alcohol related crime and disorder, children and young people, and older people. Additionally, there are wider links to safeguarding children and vulnerable adults, adult social care, housing, healthcare, and mental health services, as well as feeding into broader work around equalities and community cohesion. Work to tackle racist and religiously motivated incidents also links to 'Building Resilience' or the Prevent strategy which aims to stop people becoming terrorists or supporting terrorism and is part of the counter-terrorism strategy, CONTEST.

Implications for equalities and sustainability

Hate incidents have a significant adverse effect on the health, wellbeing and quality of life of individuals and families. They also have a cumulative impact on minority communities, increasing fear of crime and undermining community cohesion. Community cohesion is achieved where cultural diversity is encouraged, strong and positive relationships exist between people from different backgrounds, and where people trust one another and have trust in local institutions to act fairly. It is important for

Hate Incidents and Crimes

the social and economic sustainability of the city that all communities feel safe and participate fully in the city life.

The economic cost of hate incidents is yet to be ascertained in terms of damage to property and the physical environment, health expenditure, potential loss of employee productivity, and policing. Research has shown that hate incidents, if unchecked escalate over time. Tackling incidents early therefore prevents more serious crimes occurring in the future.

By nature, our work is with individuals and communities whose quality of life and trust in public bodies is undermined due to targeted incidents, harassment and violence. Our work pursues equality, empowerment and social inclusion for minority and disadvantaged groups in our society. In working to reduce hate incidents, we promote equality of opportunities for victims, witnesses and minority communities. We undertake Equality Impact Assessments and have integrated actions arising from the assessments in our action plans as set out in the sections which follow.

Racist and Religiously Motivated Incidents and Crimes

Outcome: A reduction in racist and religiously motivated incidents and crimes and in the harm caused to the individuals and communities.

Sub-outcomes:

- There is increased reporting of racist and religiously motivated incidents, particularly from at risk and marginalised groups
- Repeat victimisation is identified, prevented and reduced
- There are improved outcomes for the victims and witnesses
- There is improved trust and confidence by minority communities in services

'A racist or religiously motivated incident is any incident which is perceived to be racist or religiously motivated by the victim, witness or any other person.'

This includes incidents that occur through association with a person of a racial/ religious group, as well as where an individual is targeted due to a presumption that they are from a racial/religious group. Religiously motivated incidents also include incidents based on lack of faith.

Why is this a priority?

It is estimated that the Black and Minority Ethnic (BME) population in the city has increased to 9% of the total population. Tackling racist and religiously motivated incidents is an important priority both locally and nationally. Evidence suggests that a majority of people who had experienced more than one racist and religiously motivated incident did not report these incidents. Evidence also suggests that anti-Muslim hate incidents have increased both in terms of numbers and severity, and continue to be under-reported.

The impact of racist and religiously motivated incidents is higher on Black and Minority Ethnic (BME) victims compared with victims of other crimes, and there is significant harm caused to the individuals and their families. Incidents may also impact collectively upon communities, increasing fear of crime and

Main Partners

- Racial Harassment Forum
- Refugee Forum
- BME, faith, and refugee community groups and businesses
- Gypsy and Traveller communities and support organisations
- Sussex Police
- Partnership Community Safety Team
- NHS Trusts
- Children and Young People's Services
- Social housing providers
- Crown Prosecution Service
- HM Court services
- Surrey & Sussex Probation Trust

Racist and Religiously Motivated Incidents and Crimes

lowering confidence in the criminal justice system. This means that BME community members who experience racist⁷ incidents do not always seek or receive the support they need. The most damaging effect is that these prejudices are 'normalised' which prevents the creation of inclusive, cohesive, and resilient communities.

There were 649 racist incidents reported to the Partnership Community Safety Team (henceforth, PCST) in 2009/10. Over a quarter of the victims reported repeat victimisation. The central area of the city, which is the focus for visitors and businesses, has the highest concentration of incidents. These are frequently connected to licensed premises. East Brighton also shows pockets of concentration, which tend to be incidents with repeat victims.

Analysis has identified that certain groups experience increased risk and that there is a strong link between risk and actual victimisation. Age, gender, ethnicity, religion, being visible or identifiable as a member of a minority community, type of occupation, and living in deprived areas, or areas where BME communities do not have a long history of residence are all found to be risk factors. Individuals, their property, and religious institutions were found to be targets of incidents. Communities also at an increased risk of targeted incidents or crimes, include Gypsies and travellers, refugees, migrant workers, overseas students, BME businesses, and those who work in front line occupations, particularly health service workers, food and retail outlets, and bus and taxi drivers. Disabled and LGBT members of BME communities may experience multiple disadvantages if they are targeted for reasons of their ethnicity as well as disability /sexual orientation. Analysis also shows that peaks in reported incidents correlate with international and national events and tensions, religious festivals, and racist discourse in the media, politics and public domain.

Current context

In Brighton and Hove, the Partnership has a lead responsibility for tackling and reducing hate incidents and has consistently prioritised work in this area. We have an established history of using a structured, victim-centred, and multi-agency approach to tackling racist and religiously motivated incidents and supporting victims and communities. These provide the full range of criminal and civil justice remedies to resolve safety issues, reduce harm, protect victims and, where appropriate, bring offenders to justice. Our focus has been to empower victims and communities to increase reporting through developing accessible information and accessible means of reporting by working in partnership with the BME, community, voluntary and statutory sectors. We have mainstreamed reporting mechanisms effectively to counteract under-reporting of incidents. We continue to centrally monitor levels of incidents in the city; this local perspective informs prevention, intervention, and partnership work. Our work has resulted in improved identification and support to repeat victims thereby reducing further victimisation. Mainstreaming good practice approaches has significantly progressed with expertise being shared from the PCST in the delivery of training programmes and through other engagement with key partners.

Community engagement, trust and confidence

The Partnership supports the Racial Harassment Forum (RHF), a multi-sector partnership identified as a key good practice initiative in the Stephen Lawrence Inquiry report. The RHF is consulted on and is a partner in developing the strategic priorities and comprehensive actions to reduce racist and religiously motivated incidents and crimes in the city as set out below. The RHF also monitors progress on the Strategy,

⁷ From here onwards the term racist is used to encompass religiously motivated incidents too, for the sake of brevity.

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scrutinises reports on levels and trends of incidents, and scrutinises the statutory agencies' responses to the victims of racist incidents through its four working panels. We continue to respond to the community safety concerns of at risk and excluded groups through specific projects. We continue to monitor, and analyse tensions and carry out reassurance work with communities to reduce risks, as appropriate. We have a variety of routes to engage with the community and link in with a number of faith-based, inter-faith and non-denominational forums as well as our diverse BME and refugee communities. Our aim is to access diverse sections of these communities including women, older people and younger people. These direct relationships enable us to address the concerns of communities and deliver solutions which further protect them. Tackling racist and religiously motivated hate incidents is identified as a high priority by the community to reduce harm and in maintaining trust and confidence.

Where next?

Whilst we are committed to reducing racist & religiously motivated incidents and crimes and their effects in terms of harm caused to individuals and communities, we recognise that many racist incidents are not reported and that religiously motivated incidents are on the rise. Only by increasing reporting from at risk and vulnerable groups and those subject to religiously motivated incidents, can we gain a better understanding of the extent of hate incidents and crimes so we can bring the perpetrators to justice and support the victims and communities effectively. There is a strong need and case to maintain and strengthen casework services to support victims and witnesses and work with perpetrators in the city.

The Partnership will build on its existing work. We aim to prevent and reduce racist incidents through developing effective partnership responses. We will continue to support the Racial Harassment Forum and work with communities to reduce risks and community tensions.

Parallel plans

- | | |
|---|--|
| • The Equality Act, 2010, and the Equality Duty | • Cross Government Action Plan on Hate Crime, 2009 |
| • Equality Strategy, 2010 | • Brighton & Hove's Children and Young People's Plan (2009-12) |
| • National DCSF guidance: 'Safe to Learn' | • Brighton & Hove's Equality and Inclusion Policy |

Key performance indicators

- Number of racist and religiously motivated incidents reported (through the Hate Incident Report Form) including those reported by at risk groups
- Number of agencies participating in the reporting scheme
- Number of reporting centres
- Number and percentage of victims who feel that their safety has increased, harm has reduced and who feel supported
- Number of repeat victims
- The detection and conviction rates of racist and religiously motivated hate crimes

Racist and Religiously Motivated Incidents and Crimes

Racist and Religiously Motivated Incidents and Crimes Action Plan	
Area of work 1	
Increased reporting of racist and religiously motivated incidents and crimes, improved responses and services to those reporting	
Actions	
1.1 Distribute widely and mainstream the use of multi-agency Hate Incident Reporting Form (HIRF) to increase reporting of racist and religiously motivated incidents.	
1.2 Increase reporting from at risk and vulnerable groups through targeted publicity, outreach work and support to raise awareness, through partnership work and specific initiatives. Translated information to be made available on support services and at first contact.	
1.3 Enhance facilities to report and access services by creating reporting centres.	
1.4 Increase reporting from the community, voluntary and statutory sectors, especially from the health sector and young people's settings. NHS Trusts to devise measures to increase reporting and embed it within their policies & practice. Statutory partners should integrate equality considerations in commissioning contracts and allocating funding that will promote reporting and tackling of all hate incidents by those contracted or funded.	
1.5 Deliver a consistent high quality service to those reporting, regardless of where they chose to report and where they access support.	
1.6 Further develop risk assessment tools. Prioritise work with repeat victims (people who have reported more than one incident in any 12 month period) to support them and their families to prevent further victimisation.	
1.7 Further develop the capacity of the multi-agency Casework Panel to improve responses to racist incidents and to support victims, particularly support to vulnerable and intimidated witnesses.	
1.8 Conduct client satisfaction surveys and act on feedback from the client in relation to the standards of service provided to them. Develop evaluation systems that will enable the services to measure the improvement in outcomes: increased feelings of safety, reduction in harm, incidents are prevented from escalation, and people feel supported etc.	
1.9 Publicise reporting centres, reporting schemes and support services. Target distribution in response to the hotspot analysis, database trends, and according to needs. Review web-based information for accessibility and implement changes according to feedback. Translate information and make it widely available.	
1.10 Ensure clients are aware of statutory sector complaint procedures e.g. Council, Police, NHS, CPS, Probation and learn from complaints made.	
1.11 Review, build on and mainstream learning from national and local research to ensure best practice.	
Area of work 2	
Effective monitoring systems to develop crime reduction strategies and improved accountability / reporting to minority communities and partners	
Actions	
2.1 Maintain the city-wide centralised monitoring system of racist incidents, this data will enable us to direct future prevention and development work.	
2.2 Produce regular reports on levels, trends and patterns and distribute them to the relevant forums and partners, further address their concerns.	

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2.3 Map and analyse hotspots for racist incidents to assist in problem solving, to assess the effectiveness of work undertaken, and to target resources appropriately.	
Area of work 3	
Prevention and deterrence of offenders, reduced repeat offending and offenders brought to justice whenever appropriate through improved rates of detection, prosecution and court outcomes	
Actions	
3.1 Monitor police and other criminal justice agency records to ensure early identification and tagging of racist and religiously motivated incidents. Monitor the racist incident reporting process within Sussex Police and the Crown Prosecution Service to identify gaps in the system and develop a plan to address them.	
3.2 Develop and monitor tracking of criminal cases to check progress and provide feedback to the victims and communities.	
3.3 Monitor the number of racist and religiously motivated crimes recorded and detected along with the number of arrests, cautions, prosecutions and convictions. Improve recording of outcomes in related to religiously motivated crimes. Increase the number of successful prosecutions and reduce the number of discontinued cases. Monitor the use of special measures to the victims of hate incidents. Monitor the sentence uplift in the courts.	
3.4 Develop a mechanism to identify and manage risk presented by offenders of racist & religiously motivated incidents. Review policies and practices relating to the recording and referral of issues relating to repeat offending, and prevent repeat offending.	
3.5 Work with known perpetrators and their families to address their prejudices by effective intervention and referral to appropriate services. Ensure that victims and those supporting victims and their families are able to input in the process and there is a two way flow of communication.	
3.6 Work towards developing an Early Intervention Programme with young people in young people's settings.	
Area of work 4	
Deliver targeted initiatives, including specific projects, which aim to increase the safety of those vulnerable to particular risks and which contribute to the wider aims and objectives within the Strategy	
Actions	
4.1 Council and Housing to continue to develop appropriate and specific policies and procedures and work with other social landlords and the private sector to minimise potential risk of vulnerable people from Black and Minority Ethnic, Faith and Refugee communities being housed in vulnerable locations.	
4.2 Housing to develop strategy action points to combat racist and religiously motivated incidents and harassment, and ensure consistent responses are delivered to all reported incidents.	
4.3 Develop specific projects/initiatives in partnership with communities and statutory partners to respond to specific concerns.	
Area of work 5	

Racist and Religiously Motivated Incidents and Crimes

<p>Promotion of an anti-racist/ anti-discriminatory attitude within communities, increased knowledge, skills and ability of the city’s workforce to respond. Promotion of local community cohesion and engagement between existing and new communities, building bridges and links across all ethnic groups and faiths.</p>
<p>Actions</p>
<p>5.1 Develop and support the Racial Harassment Forum, develop links with external agencies/individuals from around the UK to bring inspiration and expertise to the RHF. Explore ways of engaging youth with the RHF. Review RHF publicity and refresh accordingly.</p>
<p>5.2 Statutory providers to consult and engage with BME, faith and refugee communities in developing priorities, services, and good practice with regard to i) racist and religiously motivated incidents ii) other services.</p>
<p>5.3 Deliver a rolling programme of training to key statutory, voluntary and community partners to raise awareness, improve recognition, mainstream the use of reporting forms, clarify referral pathways and effective interventions, and link organisations to the Casework Panel and multi-agency working.</p>
<p>5.4 Prioritise promotion of clear and consistent anti-racist/discriminatory messages and raise awareness of racist bullying in young people’s settings, particularly schools, using a variety of young person friendly media and training.</p>
<p>5.5 Work with English language schools, higher education establishments, universities, and host families to raise awareness of risks and reporting mechanisms among students including overseas students and address their safety concerns. Examine this process and ensure that it is targeted at the right people.</p>
<p>5.6 Assess and respond positively to emerging tensions and potential conflicts. Collect tension risk information in the city and engage BME, faith and refugee groups, voluntary and community organisations with regard to community cohesion issues.</p>
<p>5.7 Engage with refugee, asylum seeker, migrant worker, faith and BME communities and address their safety concerns.</p>
<p>5.8 Ensure statutory sector staff are trained in RRMI and BME, faith and refugee issues (particularly CPS and Probation). Examine how to involve the community in training staff and offender intervention programme.</p>
<p>5.9 Develop a proactive communications strategy to raise the profile of the anti-racist/discriminatory work, respond to negative publicity, publicise successful prosecution and to promote respect for diversity.</p>
<p> </p>

B uilding Resilience and Preventing Extremism

Outcome: Build long-term resilience to all forms of extremism⁸ amongst individuals, institutions and communities, reduce harm and increase trust and confidence.

Sub-outcomes:

- Individuals vulnerable to being drawn into extremist activities are identified at an early stage and supported to reduce risk
- Vulnerable institutions (such as schools, colleges, universities, places of worship, community centres, internet cafés, etc.) are supported to help manage risk
- The risk of harm caused to individuals and communities is reduced

Definition –*The national Prevent Strategy aims to ‘stop people becoming terrorists or supporting terrorism⁹’.*

NOTE: Our previous local strategy and action plan were subject to consultation, but have subsequently been updated in line with the new national Prevent Strategy launched on 7th June 2011. The strategic outcomes and actions will therefore be subject to further consultation and will be amended as necessary in due course.

The new national Prevent Strategy has three main objectives:

1. respond to the **ideological challenge** of terrorism and the threat faced from those who promote it;
2. **prevent people from being drawn into terrorism** and ensure that they are given appropriate advice and support ; and
3. work with **sectors and institutions** where there are risks of radicalisation which we need to address.

These objectives are also described as the three I’s: Challenging **Ideology**, supporting vulnerable **Individuals**; and supporting vulnerable **Institutions**.

⁸ Extremism is defined in the Prevent Strategy as ‘vocal or active opposition to British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs’. In defining extremism, the Prevent Strategy also includes ‘calls for the death of the [UK] armed forces, whether in the UK or overseas’.

⁹ The current UK definition of terrorism is given in the Terrorism Act 2000 (TACT 2000). In summary this defines terrorism as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Why is this a priority?

The aim of the United Kingdom's strategy for countering international terrorism (Contest: March 2009) is 'to reduce the risk to the UK and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence'. The government's plans to achieve this aim are set out within four main workstreams which are: Pursue, Prevent, Protect, and Prepare. The Prevent workstream requires a partnership approach between local authorities, a range of statutory and third sector organisations in localities and most importantly, local communities. The local response to Prevent should be focused, and proportionate - based on an assessment of threat, vulnerability and risk, shared by partners and communities. With regard to its objective of challenging ideology, the strategy states, 'it must not pass judgement on faith or suggest only a particular kind of faith is acceptable'.

Although work on Prevent remains a national priority, the government's commitment to 'localism' gives greater flexibility to the local authorities and communities in making decisions. The Brighton & Hove approach has been to identify vulnerabilities and signs of extremism in order to support individuals who are at risk, and their families through care based interventions, to protect and divert them away from risks.

Analysis reveals that there is no single route to violent extremism/ terrorism nor is there a simple profile of those who become involved. The Communities and Local Government Select Committee Report (March 2010) has found that: alienation due to unreconciled identities resulting in a disconnection from family, community and state, a failure to address inequality and exclusion, hate incidents and crimes, real or perceived grievances including those relating to the UK's foreign policy, together with an absence of shared values, will increase vulnerability to extremist messages and may lead to people becoming involved in violent extremist activity. The report suggests that emphasis needs to be placed on politics, policy, and socio-economic factors rather than just ideological factors. It is important to support vulnerable individuals, to recognise their multiple identities rather than reducing identity to faith alone. Analysis of how people become involved in extreme right-wing terrorism is less developed. The limited evidence indicates that usually men, poorly educated (with some exceptions), often unemployed, often with previous involvement in criminal activity are drawn into right-wing terrorism. People can be drawn to right-wing terrorist ideology through the rhetoric and language of apparently non-violent right-wing extremist groups. Recently, Islamophobia has become part of extreme right wing ideologies. The nature of threat has diversified and is constantly evolving. The internet has emerged as a key resource and many individuals may be drawn into violent extremism/terrorism through online

Main Partners

Sussex Police

Partnership Community Safety Team

Brighton & Hove Muslim Forum

Brighton & Hove Muslim Women

Sussex Bangladeshi Association

Universities (Brighton & Sussex)

Further education colleges

Al-Medinah Mosque

Children & Young People's Services

BHCC Communications

Brighton & Hove Interfaith Group

Fellowship Dialogue Society

University of Brighton Muslim Society

Islamic Society, University of Sussex

NHS Trusts

Learning Partnership

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communities. Young people are found to be at an increased risk as digital content that can be quickly and widely shared between young people is made very attractive and persuasive.

Current context

Following a review of the Prevent announced on 09/11/2010, the Home Secretary launched the new Prevent Strategy on 07/06/2011. The revised Prevent strategy has widened its scope to address all forms of terrorism including terrorism from the extreme right wing. However, resource allocation and prioritisation will be according to the nature of threat, the government identifies that the most serious threat to the UK is from *Al Qa'ida* and its affiliates and this, therefore, will remain the principal focus. The strategy identified the complicated relation between terrorism and extremism whereby terrorist ideology often draws upon or exploits extremist ideologies, and some people engaged in terrorist related activity have previously participated in extremist organisations. Preventing people becoming terrorists will require a challenge to extremist (and non-violent) ideas. The strategy recognises that Prevent will depend on successful integration and community cohesion programme; however, it makes clear distinctions between measures to prevent terrorism from work to promote integration. The Home Office will continue to develop Prevent centrally and will fund a Prevent Coordinator's post in 25 priority local authority areas. Communities and Local Government will lead on the work on integration and intend to co-ordinate work across government to address the issues of non-violent extremism.

In the last two years, involvement of local Muslim communities and key partners in the design, delivery and scrutiny structures through the Prevent Partnership Group and finance subgroup has fostered a shared ownership of the Prevent agenda locally. There is clear commitment amongst the statutory partners to take decisions in an informed, transparent and open manner, with clear accountability to local communities. With dedicated staff and resources, we have successfully expanded our engagement and outreach work to a wide section of the community, and completed a small scale study to understand the needs, concerns and priorities of local Muslim communities. Significant progress has been made with regard to educational establishments with the locally developed Community Cohesion and Prevent toolkit, development of information sharing arrangements including referral, assessment and support for vulnerable young people and training of key staff members. Work with the universities has progressed successfully, with the development of a virtual Local Action Team. Through a series of events we have addressed community priorities of providing safe spaces, and created a dialogue on UK foreign policy with government officials. A number of community projects have been funded, providing activities and safe spaces for young people and women. We continue to increase communities' capacity, through training and delivering projects in partnership to promote a positive understanding of Islam and to challenge extremist ideologies.

Where next?

We intend to build on our existing best practice and ensure that Prevent work is mainstreamed. We will continue to support and build the capacity of communities and develop effective partnership responses. We will continue to prioritise supporting individuals vulnerable to extremism and terrorism, support institutions such as schools, prisons, internet café, places of worship, and work with the colleges and higher education sector to build their resilience. We will continue to expand the understanding we and our key partners have of the nature and causes of terrorism and extremism, and develop our action plan to be flexible and responsive to tackle specific risks and emerging threats.

Links to other priority areas

There are connected concerns and services between 'building resilience and preventing extremism' and other strands of hate incidents, youth crime, safeguarding children and vulnerable adults, healthcare, mental health services, schools, colleges, universities and policing. Work in this priority area also feeds into broader work around equalities and community cohesion.

Implications for equalities and sustainability

Stopping people from resorting to violence or terrorist action is fundamental to the security and wellbeing of all citizens. Whilst front line policing and intelligence are vital to countering terrorism, allocating resources exclusively to these activities alone will not address its root causes. That is why the communities themselves must be at the centre of an effective response to reducing violence, extremism and tackling disaffection.

Parallel plans

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|--|---|
| <ul style="list-style-type: none"> • CONTEST 2 Strategy (March 2009) • Prevent Strategy, June 2011 • National DCSF guidance: 'Safe to Learn' • (Community Inclusion Strategy in development) | <ul style="list-style-type: none"> • CLG Select Committee Review (March 2010) and new Integration Strategy • Brighton & Hove's Children and Young People's Plan (2009-12) • Sussex Police Prevent Plan |
|--|---|

Key performance indicators

- Number of referrals
- Number of interventions
- Number of training sessions to increase understanding of extremism amongst frontline staff.
- Effectiveness of projects and partnerships supporting vulnerable institutions.

Building Resilience and Preventing Extremism Action Plan	
Area of work 1	
Understanding of, and engagement with, Muslim and other communities locally	
Actions	
1.1 Feed back the findings of the needs assessment to communities and partners to develop priorities, and a shared vision. The Partnership Community Safety Team to ensure that the needs and concerns of the Muslim community are disseminated throughout the Safe in the City Partnership and influence mainstream work programmes as necessary to affect improved service delivery.	

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<p>1.2 Continually work to develop shared values by initiating events which increase understanding of faiths and create inter-community dialogues, particularly of the positive perspectives of the Muslim faith and our local Muslim communities, and challenge Islamophobia. The People's Day event is one such initiative and is organised with the B&H Muslim Forum and other faith organisations. Taking the lead from community leaders in the city, and together with members of inter-faith groups, celebrate significant religious festivals.</p>	
<p>1.3 Further engage and improve our strategic communication with young people, women, men and other excluded and at risk groups in local communities. Support activities for young people and link them to mainstream services.</p>	
<p>1.4 Continue to build the capacity of Muslim women and facilitate the delivery of the parenting project.</p>	
<p>1.5 Work with Sussex and Brighton universities and with colleges to enhance the positive profile of Muslim communities within the student population. In particular, support the pastoral role of a dedicated Imam with a view to giving guidance and undermining extremist ideology, and develop of a mentoring scheme.</p>	
<p>1.6 Re-visiting and re-building the stakeholder structure and network to ensure that we have effective relationships and partnerships to take forward Prevent activity.</p>	
<p>Area of work 2</p>	
<p>Knowledge and understanding of the drivers and causes of extremism and the Prevent objectives to support work to tackle extremist ideology</p>	
<p>Actions</p>	
<p>2.1 Keep abreast of and disseminate national good practice so that it informs the work of all partners and the Prevent Partnership Group.</p>	
<p>2.2 Build the capacity of the Prevent Partnership Group so it can fully represent community/faith groups and support Inter-faith dialogue initiatives. Develop a shared understanding of the causes of extremism and terrorism, including right wing extremism, and solutions to prevent its escalation. Provide leadership to the city in this respect and particularly of shared values.</p>	
<p>2.3. Provide training for front line staff across all key partners and community members to help increase understanding of faiths and local communities, increase confidence and capacity to identify vulnerabilities, clarify referral pathways and support vulnerable individuals. Increase understanding of the narratives used by extremists and terrorists (including right wing extremists) and how to challenge those narratives.</p>	
<p>2.4 Agree clear risk assessment processes and further develop information sharing protocols, particularly with colleges and the higher education sector. Formalise the process and systems for record keeping and tracking risk assessment.</p>	
<p>2.5 Following national good practice (<i>Learning Together to be Safe</i> and others), develop and deliver a programme of work for schools, children and young people, which increases the confidence and capacity of schools to understand: how the extremist narrative and ideology can be challenged; how to prevent harm and manage risks; how to support vulnerable individuals; how to increase the resilience of pupils and school communities; and how to use curriculum opportunities to air and resolve grievances through conflict resolution and active citizenship.</p>	
<p>Area of work 3</p>	
<p>Development of a risk-based Prevent Action Plan, in support of delivery of the Prevent objectives</p>	
<p>Actions</p>	

Building Resilience & Preventing Extremism

3.1 Informed by Sussex and Brighton & Hove Police security review information, identify vulnerabilities and risks and include within the action plan activities which will target and reduce those specific risks.	
3.2 The Partnership Community Safety Team to monitor community tensions and carry out risk assessments, as required and particularly in response to international and national incidents or events. Respond to issues to minimise impact on communities and community cohesion, and prevent escalation, as appropriate.	
3.3 Brighton & Hove police to sustain opportunities for community and faith leaders to raise grievances and to manage partnership responses which effectively address those grievances.	
3.4 The Partnership Community Safety Team to continue to develop and deliver its work to address racist and religiously motivated incidents and crimes and to build trust and confidence within the Black and Minority Ethnic, Muslim and other faith-based communities.	
3.5 Provide opportunities and safe spaces for discussions and debates, particularly for young people, to address grievances that ideologues are exploiting. Continue the dialogue on foreign policy between the local communities and government officials.	
3.6 Build capabilities of the local communities, including young people and women, to develop leadership and confidence to challenge extremist ideologies. Ensure positive messages are targeted at vulnerable individuals to refute extremist messages.	
3.7 Identify and develop a range of care based interventions to support vulnerable individuals. Develop models of positive and productive partnership with local communities and other partners to support young people through one-to-one/interpersonal communication, mentoring opportunities and through other interventions.	
3.8 Develop processes and activities that focus on strengthening vulnerable institutions. Increase understanding of the needs of our diverse communities and pupils amongst school staff and other practitioners, including challenging Islamophobia. Support City College and local communities to work in partnership to address issues of under-achievement of Bangladeshi pupils. Training for <i>Imaams</i> , management committees and administrators of the mosques and Arabic school.	
3.9 Develop measures to effectively tackle cyber-terrorism and counter online propaganda and narrative.	
Area of work 4	
Effective oversight, delivery and evaluation of projects and actions	
Actions	
4.1 The Partnership Community Safety Team to manage monitoring of effectiveness of action plan delivery within the performance management frameworks of the Safe in the City Partnership. Put in place systems and processes to evaluate local projects and measure the impact of activities, assess what is working well and use findings to adjust future programme of action.	
4.2 The Prevent Partnership Group to maintain oversight of the delivery of the action plan and to assess progress.	
4.3 Continue to involve community members in scrutiny structures and take decisions in an informed, open and transparent manner with clear accountability to local communities. Prevent Finance subgroup to scrutinise performance reports of the Prevent funded projects and activities.	

GBT Hate Incidents and Crimes

Outcome: Hate incidents and crimes motivated by an offender's prejudicial views or hatred of sexual orientation or gender identity are reduced

Sub-outcomes:

- The safety needs of marginalised and vulnerable groups within the LGBT population are understood and reflected in the partnership's work
- Multi-agency and inter sector LGBT-led partnerships are strengthened and sustained
- Community engagement with LGBT groups, services and individuals is improved, building trust and confidence
- Awareness of best practice informed by research and service data is maintained and findings are further embedded and mainstreamed into the work of partners
- Joint working and capacity for responding to LGBT community safety issues among LGBT groups and services continues to develop
- LGBT community safety is mainstreamed across all services provided in the neighbourhoods where LGBT people live

Homophobic, transphobic and biphobic hate incidents are defined as any incident which is perceived by the victim, witness, or any other person to be motivated by a hostility or prejudice based on a person's sexual orientation or perceived sexual orientation, or a person's gender identity, or perceived gender identity.

Why is this a priority?

Brighton & Hove has an estimated LGBT population of 40,000 people, and the city presents culturally as being socially inclusive and tolerant of sexual diversity. LGBT residents and visitors migrate to Brighton & Hove believing it to be a safe and tolerant city, but some can be disillusioned to find that this is not always the case.

In response to the Count Me In Too survey conducted in 2006 almost three-quarters of lesbian, gay, bisexual or transgender respondents reported experience of crimes or

negative behaviours¹⁰ towards them in the previous five years (ie. between 2001 and 2006) because of their sexual or gender identities. (Not all of those experiences necessarily took place in our city.) At the time of the Count Me In Too study only 25% of those who had experienced an incident had reported it. In 2009/10 there were 88 hate incidents and crimes against lesbian, gay, bisexual or transgender people recorded by the police and this number has been declining steadily since 2006/7 when there were 218 recorded. Professionals working with the LGBT community do not perceive that there has been a decrease in trust and confidence which would account for this reduction.

Main Partners

Sussex Police
Partnership Community Safety Team
Crown Prosecution Service
Courts service
Primary Care Trust
Housing services
Children and Young People's Services
Terrence Higgins Trust
Brighton & Hove LGBT Switchboard

However, a level of under-reporting will still exist and the LGBT community needs to have trust and confidence in services to effectively deal with hate crime. Poor outcomes for victims will undermine trust in the whole criminal justice system and we need to continue to provide the services to victims that they require and also continue our work to encourage reporting through other means.

LGBT hate incidents have a significant effect on the health, wellbeing and quality of life of individuals, as well as impacting on the wider LGBT community, increasing fear of crime and undermining community cohesion. Furthermore, Count Me In Too research highlighted the disproportionate impact LGBT hate crimes and incidents can have on vulnerable, excluded or marginalised groups within the LGBT community.

The Count Me In Too research showed that transgender & bisexual people, as well as those who self defined in a category other than lesbian, gay, bisexual or 'queer', young people (under 26), people who are isolated, and those who live in social housing are more likely to experience certain types of hate crime.

Data recording mechanisms around LGBT hate crimes and incidents across partner agencies are insufficient to allow in-depth analysis, and improving reporting is therefore a key priority. Analysis of police recorded LGBT hate crimes, however, has shown that hotspots for reported crimes remain in the city centre wards, and there are late-night peaks in offences. There are a higher number of male victims, indicating a possible reluctance amongst LBT women to report to the police.

Current context

The Coalition Government has made a clear commitment to more effectively measure and tackle hate crime, promote better recording and encourage those who experience hate crime to report it. In specific relation to LGBT hate crime, the government's Equality Strategy states its commitment to supporting schools to tackle homophobic and transphobic bullying, including new forms of harassment such as that which occurs on-line. The Coalition Government also commits to working with governing bodies of different sports to tackle transphobia and homophobia in sport.

Locally, the previous Strategy saw the creation of multi-agency LGBT working groups, including a Casework Panel and an LGBT Community Safety Working Group, with

¹⁰ The list of negative behaviours respondents were prompted with included negative comments, verbal abuse, teasing, harassment, physical violence, bullying, criminal damage, sexual assault and other.

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standing groups around topics including mental health, housing and domestic violence and abuse. These groups have been instrumental in providing improved partnership solutions to reducing hate crime and incidents and mainstreaming LGBT concerns across front line services. One example of a specific development is the establishment of weekly trans drop-in sessions by The Clare Project, which are facilitated by LGBT PC officers and/or community safety officer to address trans community issues.

Efforts have been made to increase reporting of incidents, with specific initiatives focused at increasing capacity within third sector organisations, such as developing a third party reporting system with LGBT Switchboard and working closely with the Terrence Higgins Trust in public sex environments (PSEs). Operation Reagan, a successful multi-agency project which is specifically focused on reducing violent crime in hotspot areas during the summer months, continues to take place. This has been strengthened with targeted outreach sessions from LGBT identified police officers directed at geographical LGBT communities and hard to reach and at risk communities, such as younger LGBT people, and men who have sex with men.

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Where next?

Whilst we remain committed to reducing LGBT hate incidents and crimes, and making Brighton and Hove a safer place for LGBT people, it is critical that we address under-reporting, and encourage those from at risk and multi-marginalised groups to report. This will enable a better understanding of the extent of LGBT hate incidents and crimes so we can bring perpetrators to justice, and improve outcomes for victims and communities.

There is currently insufficient information about LGBT hate incidents (unlike crimes), meaning that repeat victimisation is likely, whilst opportunities to introduce good practice measures which educate, prevent and deter perpetrators are lost. Improved recording and monitoring of hate incidents is therefore identified as a key priority. We will seek to increase opportunities for third-party reporting through a common framework of shared reporting systems. This will allow us to carry out analysis on data collected across all agencies, focussing on areas such as criminal justice and offending patterns.

We will continue to identify vulnerable individuals and communities, monitor reporting from them and support them as appropriate. We will also seek to increase the involvement of identified multi-marginalised LGBT groups (BME, disabled, older people,

LGBT Hate Incidents and Crimes

etc.) in new initiatives, and work with our partners to introduce further inclusive cultural initiatives and projects which build civic capacity.

We will continue to provide support to the community and organisations who give their time and expertise to help deliver work around LGBT community safety, which includes the work programme set out within this Strategy and action plan. We will strengthen the link with democratic processes through developing an LGBT Community Safety Forum and through stronger links within neighbourhoods. We will continue to develop our community engagement processes and increase the level of community capacity. At a strategic level, we will continue to contribute to partnership work which help builds community cohesion.

Effective use of the education system, (through schools, colleges, universities, and youth service) to promote better understanding of LGBT issues will be progressed. We will also closely liaise with housing services from the perspective of the victims of LGBT hate motivated incidents and make recommendations for improved service delivery.

We will continue to support victims and witnesses with the delivery of good practice casework, co-ordinating effective multi-agency responses and remedies. The development of a single effective casework unit within the CSP to deal with all areas of ASB and hate crime is the most effective use of resources and available staffing levels. We will report to communities on the levels and trends of hate incidents, and carry out reassurance work with communities to reduce risk. We will respond to the safety needs of multi-marginalised people and support counselling services for survivors. This will also involve sustaining development work on LGBT mental health, domestic violence, anti-bullying and sexual offences. We will work to improve our services to individual victims in the transgender community to ensure there is comprehensive understanding on how to handle such cases.

Parallel plans

- | | |
|--|--|
| <ul style="list-style-type: none">• Domestic Violence Strategy | <ul style="list-style-type: none">• Brighton & Hove's Equality and Inclusion Policy |
| <ul style="list-style-type: none">• Housing Strategy | <ul style="list-style-type: none">• CPS 'Delivering Simple, Speedy, Summary Justice' policy document |
| <ul style="list-style-type: none">• Brighton & Hove's Children and Young People's Plan (2009-12) | <ul style="list-style-type: none">• Brighton & Hove Strategy for the Visitor Economy 2008/18 |
| <ul style="list-style-type: none">• Brighton & Hove Alcohol Strategy – SDG3 | |

Key performance indicators

- Levels of confidence and satisfaction reported in bespoke online survey
- Number of active and effective LGBT partnerships with a community safety element
- Number of LGBT hate incidents and crimes
- The detection and conviction rates of LGBT hate crimes

LGBT Hate Incidents Action Plan	
Area of work 1	
Awareness raising and community capacity to respond to LGBT hate incidents	
Actions	
1.1 Increase knowledge about LGBT hate incidents through provision of information and resources targeting family, friends and communities, and through workshops, meetings and outreach work.	
1.2 Support the development of specialist groups amongst different communities.	
1.3 Support the development of community-led awareness raising of LGBT hate crimes & incidents through professional and community engagement and outreach programmes.	
1.4 Support the development of community-led outreach work on LGBT hate crimes & incidents with young people and identified marginalised individuals from communities at risk	
1.5 Work closely with transgender groups to improve reporting of transphobic crime and the impact of transphobic abuse of all types.	
Area of work 2	
Directional and comprehensive communications	
Actions	
2.1 Develop a sustained city-wide media and communications strategy to deliver universal and targeted awareness campaigns targeting perpetrators; survivors; young people and the public	
2.2 Minimum standards for all agencies to publicise LGBT hate crime and incidents, the help available, and how agencies can respond, accompanied by creating safe environments to encourage reporting.	
2.3 Workplace homo, bi & transphobia policies and campaigns (informed by national best practice toolkits) to be developed and implemented across the public and community and voluntary sector	
2.4 Development of positive awareness campaign for visitors to the city in partnership with local businesses and transport providers.	
Area of work 3	
Work with younger LGBT people around safety and bullying	
Actions	
3.1 Ensure services that work with children, young people, and families deliver best practice work that incorporate LGBT hate crime and transphobia awareness as part of service delivery.	
3.2 Support a whole school approach to LGBT anti-bullying across schools in Brighton & Hove (informed by evaluated best practice)	
Area of work 4	
Improve consistency and clarity in the monitoring of LGBT hate incidents	
Actions	
4.1 Consistent and practical data standards to underpin analysis and performance management by commissioners, NHS and third sector providers.	
4.2 Compliance with statutory and legislative requirements in relation to LGBT hate crime recording.	

LGBT Hate Incidents and Crimes

4.3 Development of partnership-wide agreed standards of recording of homophobic, biphobic and transphobic hate crime and incidents.	
Area of work 5	
Increased reporting and improved responses and services to those reporting	
Actions	
5.1 Develop, distribute widely, and mainstream the use of the LGBT Hate Crime Reporting Form to increase reporting of incidents.	
5.2 Expand web-based and on-line reporting opportunities.	
5.3 Increase reporting in the community, voluntary and statutory sector.	
5.4 Enhance facilities to report and access services within neighbourhoods	
5.5 Conduct client satisfaction surveys and act on feedback from the client in relation to the standards of service provided to them.	
5.6 Deliver a consistently high quality service to victims from wherever they access support. Prioritise work with repeat victims to support and protect them and their families from further victimisation.	
5.7 Publicise reporting centres, reporting schemes and support services.	
5.8 Increase reporting from vulnerable groups & provide targeted publicity and support to raise awareness about reporting and enable easy access to hate crime services.	
5.9 Ensure clients are aware of statutory sector complaint procedures eg. Council, Police, NHS, CPS, Probation and learn from complaints made.	
Area of work 6	
Prevention and deterrence of offenders	
Actions	
6.1 To review policies and practices relating to the recording and referral of issues relating to repeat offenders.	
6.2 Monitor records to ensure early identification and tagging of LGBT hate motivated incidents.	
6.3 Monitor the LGBT hate reporting process within Sussex Police and the Crown Prosecution Service to identify gaps in the system and develop a plan to address them.	
6.4 Develop and monitor tracking of criminal cases to check progress and provide feedback to the victims and communities.	
6.5 Map and analyse hotspots for LGBT hate crime and incidents to assist in problem solving and to assess the effectiveness of work undertaken.	
6.6 Develop and support city-wide centralised monitoring system of LGBT hate crimes and incidents, produce regular updates on trends and patterns for monitoring to direct future preventative and development work.	
Area of work 7	
Targeted initiatives which aim to increase the safety of those vulnerable to particular risks and which contribute to the wider aims and objectives within the Strategy	
Actions	
7.1 Housing Management to continue to develop appropriate and specific housing policies and procedures and work with registered social landlords and the private sector to minimise potential risk of vulnerable people from LGBT communities being housed in unsuitable locations.	
7.2 Housing to ensure consistent response to all reports of LGBT hate crime and incidents.	

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Area of work 8	
Develop community cohesion and engagement	
Actions	
8.1 Develop links with external agencies/individuals from around the UK to bring inspiration and expertise to local LGBT communities.	
8.2 Judge and respond positively to emerging tensions and potential conflicts.	
8.3 Statutory providers to consult and engage with LGBT communities in developing good practice of priorities and services with regard to LGBT hate motivated crimes and incidents and other services.	
8.4 Develop links with other minority communities in the city and support the LGBT community to share their expertise & learn from the experiences of other marginalised communities.	
Area of work 9	
Support LGBT sexual assault victims and LGBT people at risk of sexual exploitation	
Actions	
9.1 Work in partnership with the LGBT Sexual Exploitation Working Group and partner agencies to support and develop services available to LGBT victims.	

D isability Motivated Incidents and Crimes

Outcome: A reduction in disability hate incidents and crimes and in the harm caused to the individuals and communities.

Sub-outcomes:

- There is increased reporting of disability hate incidents from all disabled people from at risk and marginalised groups and carers
- There is a reduction in repeat victimisation
- There are improved outcomes for victims and witnesses
- There is improved trust and confidence of disabled people, their carers, and organisations supporting disabled people

Disability hate incidents are defined as: *'Any incident which is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability.'*

The definition also includes incidents that occur through association with a disabled person, for example, where family members or carers are targeted due to their link with a disabled person; and where an incident is perpetrated on someone presuming that they are disabled.

The social model of disability distinguishes between 'impairment' (functional limitations of the mind, body or senses) and 'disability' (disadvantage or restrictions of activity placed by the society). A key concept of the social model is that society disables people by the way things are arranged. Organise things differently, and people are enabled – although the impairment hasn't changed.

Disabled people include:

- people with physical disabilities or who find it difficult to move around
- people with sensory disabilities or who cannot hear or see, or who find it difficult to hear or see
- people with a learning disability
- people with mental health illness, and
- people with long term conditions.

Why is this a priority?

National evidence suggests that disability hate incidents are a serious issue. Evidence suggests that disabled people are more likely to fear for their safety, are more likely to

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experience hate incidents and crimes, and are less likely to report it. The harm caused by hate incidents is greater with little redress. A needs analysis into the extent and nature of disability hate incidents in 2011 identified tackling disability hate incident as an important priority both locally and nationally.

Hate incidents can have a disproportionate impact on disabled people's daily lives, threaten their sense of wellbeing, and increase fear of crime. Disabled people restructure their lives to minimise risk: they avoided going to particular places, changed their routines, moved homes, transferred schools, and some changed their jobs. The most damaging effect of hate incidents is normalising and institutionalising these prejudices, an acceptance that 'it is a part of everyday life'; this in turn inhibits people from reporting hate incidents, seeking support and redress. Under-reporting of incidents also means that actions are not taken to address disabled people's needs and concerns and this has a significant impact on social inclusion, opportunities and freedom for all disabled people. The impact is wider still, as incidents also impact on family members, carers and cumulatively on other disabled people.

The needs analysis identified that certain groups experience increased risk and that there is a strong link between risk and actual victimisation for disabled people. People with learning disabilities and/or mental health conditions are at an increased risk of hate incidents and also experience higher levels of victimisation. Similarly, people with visible disabilities and those with an Autism Spectrum Condition are also found to be at an increased risk.

Disabled people may be targeted because of their other identities (for instance: ethnicity, faith, sexual orientation) or due to their age and gender. Disabled people may therefore experience incidents due to an intersection/ overlap of identities resulting in multiple-discrimination or compounding of harm. For example, a disabled person may be targeted due to their age and ethnic background. An accumulation of risks factors – for example, having learning disability, being South Asian, being LGBT, living in social housing or in a deprived area – heightens the likelihood of victimisation. Different identities interact in highly complex ways with demographic and situational characteristics to increase risk of hate incidents and harm caused.

Disabled people often experience hate incidents in the context of other abuse in domestic or residential care settings. Perpetrators are often 'friends' or 'carers', and people with learning disabilities are often 'befriended' by the perpetrators. Neighbours were found to be amongst those who harass people with mental health issues. Studies found the relationship between the victim and the perpetrator (including the power relationship) as well as fear of reprisal to be barriers in reporting of hate incidents. Responses of the Criminal Justice Agencies and satisfaction with the system were also identified as other barriers.

Main Partners

Advocacy groups of disabled people
Adult Social Care
Learning Disability Partnership Board
Sussex Police
Partnership Community Safety Team
NHS Trusts
Children and Young People's Services
Social housing providers
Crown Prosecution Service
HM Court services
Voluntary organisations supporting disabled people
Local Safeguarding Boards

Current context

The national context surrounding hate incidents and crimes in general is contained on page 71. However, with regards to disability hate incidents specifically, Crown Prosecution Service guidance (March 2010) distinguishes between hostility and vulnerability with regard to disabled people; disabled people are not inherently vulnerable, it is the situation or circumstances that make them vulnerable and can provide opportunity for an offender to demonstrate hostility based on disability. The investigation and prosecution focus therefore ought to be on enforcing disabled victim's rights and scrutinising the offender's behaviour.

Legislation and policy emphasise a human rights based approach to working with disabled people, and describe the support people should get to enact their rights, including right to complain, enjoy equal opportunities, dignity, and respect. In Brighton and Hove, the Hate Incident Team has adopted this approach and aims to improve outcomes in terms of social inclusion, empowerment (greater choice and control) and equality for disabled people, people with learning disabilities and autism, their families and their carers.

Local consultation with disabled people and support organisations points to significant under-reporting and under-recording. There is limited evidence on the nature and extent of hate incidents locally and nationally. Very low numbers (16 in 2009/10 and 26 in 2010/11 to date) of disability hate incidents were recorded on the central database in the city, additionally, schools and the Safeguarding Adults Board recorded a number of bullying and discriminatory abuses respectively. Sussex Police and the Crown Prosecution Service also have disability hate crime monitoring schemes, but very low numbers of disability hate crimes are recorded on the police database, while five successful prosecutions were recorded by the CPS for Brighton & Hove from 2009/10 to date. Both in terms of numbers of cases and case outcomes, disability hate incidents are a serious challenge.

A high priority for the Safe in the City Partnership was to increase reporting of disability hate incidents and provide a flexible and responsive casework service. Our focus has been to empower victims and communities to increase reporting through developing accessible information and accessible means of reporting. Casework support to victims and witnesses utilises a full range of civil and criminal justice remedies to increase victim's safety, reduce harm, and to bring offenders to justice. We continue to build the evidence base through improved data collection and monitoring of disability hate incidents; this local perspective informs prevention and intervention. We have launched a publicity campaign to increase public awareness and reduce social tolerance of hate incidents against disabled people in the city. We continue to develop effective partnership responses to support victims city-wide, integrate safeguarding work with the reporting of hate incidents, and disseminate good practise through trainings.

Community engagement, trust and confidence

The Safe in the City Partnership facilitates a 'Disability Hate Incident Steering Group' that includes disabled people, their carers, and support organisations, thus enabling ongoing engagement and consultation. This Group maintains an oversight of the Strategy and progress on agreed actions, scrutinises reports on levels and trends of incidents, and helps us to plan and deliver our work programme. The Learning Disability Partnership Board and its working groups are regularly consulted and receive performance and monitoring reports. We will continue to develop our community engagement processes outside of the steering group and build stronger relationships with disabled people, their carers and organisations supporting them to improve trust and confidence. We deliver outreach work to disabled people and their carers in order

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to understand and respond to their safety concerns, and will continue to do so. Tackling disability hate incidents is identified as a high priority by the community in maintaining trust and confidence.

Nationally, the Department of Work and Pensions estimates that there are over ten million people with a limiting long term illness, impairment or disability in the UK. Around one in twenty children are disabled, compared to around one in seven working age adults and almost one in two people over state-pension age. We also know that many young disabled people live with and are cared for by their elderly family members and may either be reporting hate incidents for the disabled people or may themselves be targeted due to their association with a disabled person. Reducing disability hate incidents will increase engagement with and impact on services for older people and carers in the city.

Where next?

Whilst we are committed to reducing hate incidents and crimes and the harm caused to individuals and communities, it is vital that we close the gap of under-reporting, and encourage reporting from at risk and marginalised groups. Only by increasing reporting can we gain a better understanding of the extent of hate incidents and crimes so we can bring the perpetrators to justice, support victims and communities better and improve outcomes.

Parallel plans

- Fulfilling & Rewarding Lives: the Strategy for Adults with Autism in England, 2010
- Government's White paper: Valuing People (March 2001) & Valuing People Now (January 2009)
- No Secrets – Department of Health and Home office statutory Guidance (2000)
- Brighton & Hove Multi-agency Carers' Development and Commissioning Strategy 2009 – 2012
- Brighton & Hove's Equality and Inclusion Policy
- Cross Government Action Plan on Hate Crime, 2009
- Brighton & Hove's Children and Young People's Plan (2009-12)
- National DCSF guidance: 'Safe to Learn'
- Safeguarding Adults Board Plan 2011 - 2013

Key performance indicators

- Number of disability hate incidents recorded through the Hate Incident Report Form, including those reported by at risk groups
- Number of agencies participating in the reporting scheme
- Number of reporting centres
- Number and percentage of victims who feel that their safety has increased, harm has reduced and who feel supported
- Number of repeat victims
- The detection and conviction rate of disability hate crimes

Disability Hate Incidents and Crimes Action Plan	
Area of work 1	
Increased reporting of disability hate incidents and crimes from all disabled people, including people with learning disabilities, autism, their carers, and others by developing a range of options to make reporting accessible to all.	
Actions	
1.1 Distribute widely and mainstream the multi-agency Hate Incident Report Form that all statutory, voluntary and community organisations can use to report disability hate incidents to the Partnership Community Safety Team. Integrate the Safeguarding Vulnerable Adults reporting with hate incident reporting. Statutory partners should integrate equality considerations in commissioning contracts and allocating funding that will promote reporting and tackling of all hate incidents by those contracted or funded.	
1.2 Develop and distribute reporting mechanisms suitable to the needs of people with visual impairments to increase reporting of disability hate incidents.	
1.3 Target distribution of easy read self-reporting form for people with learning disabilities to complete with support from carers / staff.	
1.4. Enhance facilities to report and access services by creating reporting centres in the statutory, community and voluntary sector with particular focus on organisations supporting disabled people and their carers.	
1.5 Further develop easy to read and accessible publicity material to inform people about reporting schemes, reporting centres, and support services. Target publicity and support to organisations working with disabled people and their carers. Review web-based information for accessibility and implement changes according to feedback.	
1.6 Increase reporting from marginalised and vulnerable groups within the disabled population through joint work with the Refugee Forum, Migrant Workers Steering Group and the Racial Harassment Forum. For instance, engage with and increase reporting from disabled people including people with learning disabilities and autism from the refugee, asylum seeker, LGBT, Black and Minority Ethnic communities, disabled people with mental health issues and people with compound or multiple disabilities.	
1.7 Translate information and make it widely available. Make the information available at public places.	
Area of work 2	
Deliver improved responses, casework support and services to those reporting disability hate incidents by working in partnership with key agencies.	
Actions	
2.1 Deliver a consistent high quality casework service to those reporting incidents, regardless of where they choose to report and wherever they access support.	
2.2 Further develop risk assessment tools. Prioritise work with repeat victims (people who have reported more than one incident in any 12 month period) to support them and prevent further victimisation.	
2.3 Further develop the multi-agency Casework Panel to improve the response to disability hate incidents and to support victims, particularly support to vulnerable and intimidated witnesses. Build up membership from organisations working with disabled people.	

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2.4 Routinely ask those reporting disability hate incidents for their feedback regarding services and respond accordingly to improve standard of services. Develop evaluation systems that will enable the services to measure the improvement in outcomes: increased feelings of safety, reduction in harm, incidents are prevented from escalation, and people feel supported etc.	
2.5 Ensure clients are aware of statutory sector complaint procedures; for instance, ensure that the Council, Police, NHS, CPS complaint procedures are accessible (available in easy read format) and learn from complaints made.	
2.6 Deliver a rolling programme of training to key statutory, voluntary and community agencies including staff from day centres, supported housing, social care, health care and organisations working with disabled people, people with learning disabilities and autism. The training programme will raise awareness and improve recognition of all hate incidents including disability hate incidents, mainstream the use of reporting forms and clarify referral pathways and effective interventions, and link organisations to the Casework Panel and multi-agency working. We will seek to involve disabled people in training wherever possible.	
2.7 Review, build on and mainstream learning from national and local research to ensure best practice.	
2.8 Safeguarding Adults Procedure to incorporate hate crime practice guidance, including analysis and provision of training to the relevant staff.	
Area of work 3	
Effective monitoring systems to develop crime reduction strategies and improved accountability / reporting to the disabled people and their organisations.	
Actions	
3.1 Develop and maintain a city-wide centralised monitoring system of disability hate incidents. Through this data we will be able to build a better picture, identify how big the problem is, and what we need to do to tackle this problem.	
3.2 Produce regular reports on levels, trends and patterns of disability hate incidents and distribute them to the relevant forums including the Disability Hate Incident Steering Group, and Learning Disability Partnership Board as well as make the report available on our website. This monitoring data will enable us to direct future prevention and development work.	
3.3 Map and analyse hotspots for disability hate incidents to assist in problem solving, to assess the effectiveness of work undertaken, and to target resources appropriately.	
3.4 Housing (in partnership with other social landlords) to develop appropriate policies and procedures to minimise potential risk of housing/placing disabled people and at risk groups such as people with learning disabilities in vulnerable locations.	
Area of work 4	
Prevent and deter offenders, bring offenders to justice wherever possible and reduce re-offending through improved rates of detection, prosecution and effective court outcomes	
Actions	
4.1 To review policies and practices relating to the recording and referral of disability hate incidents within Sussex Police and the Crown Prosecution Service, identify gaps and develop a plan to address them. Monitor police and other criminal justice agency records to ensure early identification and tagging of disability hate incidents.	

Disability Hate Incidents

4.2 Monitor and increase the number of disability hate crimes recorded and detected along with the number of arrests, cautions, prosecutions and convictions. Increase the number of successful prosecutions and reduce the number of discontinued cases. Monitor the use of special measures to the victims of disability hate incidents. Monitor the sentence uplift (use of section 146 of the CJA) in the courts.	
4.3 Work towards developing early intervention programmes with young people in young people's settings.	
4.4 Develop a mechanism to identify and manage risk presented by offenders persistently targeting disabled people.	
4.5 Develop and monitor tracking of criminal cases to check progress and provide feedback to victims and communities.	
4.6 Work with perpetrators and their families to address their prejudices against disabled people by effective interventions and referral to appropriate services.	
Area of work 5	
Increased public awareness and improved understanding of hate incidents against disabled people	
Actions	
5.1 Continue the city-wide awareness campaign relating to disability hate incidents. Promote greater understanding of hate incidents against at risk groups such as people with learning disabilities, and people with mental health illness in Brighton & Hove.	
5.2 Continue to distribute easy to read information and posters targeting the general public, as well as specifically targeting people with learning disabilities and other at risk groups. Translate the information and make it available in different formats.	
5.3 The Partnership Community Safety Team and statutory partners of the Safe in the City Partnership to regularly consult and engage with disabled people, their carers and organisations working with disabled people in developing priorities and services. Continue to facilitate the Disability Hate Incident Steering Group.	
5.4 Address safety concerns of disabled people and raise awareness of risks, reporting mechanisms and support available.	
5.5 Prioritise promotion of clear and consistent disabled friendly messages and raise awareness of disability hate incidents in young people's settings using a variety of young person friendly media and training.	

Older People

Outcome: Older people feel safer and are at less risk of victimisation

Sub-outcomes:

- Older people feel safer
- Older people are at less risk of victimisation of crime and anti-social behaviour
- Services are more responsive to the needs of older people
- Older people know about services available and can access them

Why is this a priority?

Locally and nationally, we know that despite lower levels of victimisation for most crime types, older people have a disproportionately high fear of crime. This can have a debilitating effect on older people, and impact upon their quality of life and ability to participate fully in society. Furthermore, when older people, and particularly those who are vulnerable, do experience crime and anti-social behaviour, the effect on their mental and physical wellbeing may be greater than it is for those from younger age groups.

National population estimates (2009) show that there are 73,400 people aged 50 or over living in Brighton and Hove, making up 29% of the population. Whilst the number of very old people in the city is projected to decline, the numbers of those aged 50-60 and 65-74 are projected to increase in the coming years, underlining the specific need for community safety work with this age group. For the purpose of this Strategy, older people are defined as those aged 50 or above.

Local analysis of crimes against older people shows that although this group are less likely overall to be victims of crime, older people are over-represented amongst victims of particular crimes, such as distraction burglary. Elder abuse, defined as a 'single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person', is also a significant community safety issue for older people. This also includes abuse which occurs between family members, partners or ex-partners and is considered domestic violence.

Feelings of safety also vary between different groups of older people. For example, older women feel less safe both in their local neighbourhoods and in the city centre at night than older men. Other factors

Main Partners
Older People's Council
Age Concern
Social Housing Providers
Adult Social Care
Trading Standards
Partnership Community Safety Team
Sussex Police
Neighbourhood Care Scheme
RISE

such as disability and limiting long-term illness can also affect older people's feelings of safety.

Current context

Following a scrutiny review into older people and community safety in August 2009, the Environment and Community Safety, Overview and Scrutiny Committee recommended that the particular needs of older people feature more prominently in the Community Safety, Crime Reduction and Drugs Strategy. Although some work around older people and community safety has previously been carried out as part of other strategy priority areas with in our earlier Strategy documents, this dedicated older people priority area and action plan, which draws together and builds on previous work, is a new theme in our Strategy.

Where next?

The Older People Action Plan organises the recommendations of the Community Safety Overview and Scrutiny Committee into four main areas of work. These include providing more information to older people about community safety issues, and enabling greater access to services; establishing better support networks and social structures for older people (with a view to decreasing isolation and improving feelings of safety); improving the information which services have about the needs of older people; and better co-ordination of existing services for older people. This will be new work for the Safe in the City Partnership during the period of this Strategy. We will be working closely with Adult Social Care, social housing providers and other specialist services to integrate safety initiatives within those services. Where appropriate, joint working will be undertaken within the oversight and approval of the Adult Safeguarding Board.

Links to other priority areas

Work with older people links to a number of other areas in this Community Safety Strategy. Improving feelings of safety, and reducing fear of crime amongst older people ties in closely with the physical environment, infrastructure and quality of life strategy area. Improving reporting by older people and awareness of services, particularly amongst minority or excluded groups, links into the hate crime and incidents priority area, as well as the domestic violence priority area.

Work with older people around community safety issues also links to the alcohol misuse strategy area, as a large proportion of violent crimes committed by older people occur whilst under the influence. Responding to crime and disorder issues related to alcohol misuse, as well as diversifying the night-time economy can have a positive impact on older people's feelings of safety, particularly in the city centre at night.

This area of work also contributes to a number of the eight priorities in the Brighton and Hove Sustainable Community Strategy, such as: reducing crime and improving safety; improving health and wellbeing; strengthening communities and involving people; and providing quality advice and information services.

Implications for equalities and sustainability

The full and active role of all older residents in the city is essential to the social, economic and environmental sustainability and wellbeing of Brighton and Hove. In order to achieve this, both the inequalities caused by older people's victimisation in relation to crime and anti-social behaviour, and those created by older people's fear of victimisation, must be addressed. Intergenerational initiatives, for example, will enable greater understanding between those of different age groups, promoting greater community cohesion and building resilience and feelings of safety amongst older people. Greater feelings of safety will mean that all older people, including minority or

Community Safety, Crime Reduction and Drugs Strategy 2011-14

excluded groups, feel more able to participate fully, and equally in the social and economic life of the city.

Parallel plans

- Revised Dementia Planning Framework 2010 -2013
- Alcohol Programme Board Commissioning & Action Plan
- Healthy Ageing Sub- Network: Development Programme
- Annual Report of the Director of Public Health: 2009.
- Adult Safeguarding Board: Action Plan
- Older People's Housing Strategy

Key performance indicators

- Total crime (per 1,000 pop) against older people
- No. of distraction burglaries against older people
- % of older people who had reported an experienced or observed crime to the police (Citizens Panel)
- % of older people who feel safe in their local neighbourhoods and the city centre during the day and after dark (Citizens Panel)
- Consultation with older people to find out if services are responsive to needs

Older People Action Plan	
Area of work 1	
Information for older people and access to services	
Actions	
1.1 Produce and disseminate a purpose designed booklet to engage and inform older people on community safety issues, with specific information around domestic violence/elder abuse and cold-calling/ distraction burglary. Promote and supply 'uninvited warning' stickers (through Trading Standards)	
1.2 The Alcohol Programme Board to target campaigns and interventions to those most at risk within the older population to reduce consumption and the harm caused by drinking to excess	
1.2 Initiatives which encourage older people to report crimes and incidents they have experienced to the police and Partnership Community Safety Team	
1.3 Reporting arrangements for racist/religiously motivated crimes and incidents by older victims of racial harassment to be extended to other vulnerable older victims of hate incidents, including LGBT and disabled older people	
1.4 Implement good practice casework standards which risk assess needs of vulnerable victims and provide support throughout the process, liaising with Adult Social Care where appropriate	
Area of work 2	
Support networks and social structures for older people	
Actions	

Older People

2.1 Establish further inter-generational initiatives, promoting a better understanding between age groups, and building resilience and feelings of safety amongst older people.	
2.2 Create a diverse night-time economy which is inclusive of older people and allows older people to feel safer in the city centre at night.	
2.3 Encourage licensed and unlicensed venues to offer good-value daytime activities for older people, maintaining social networks and decreasing feelings of isolation and fear of crime.	
2.4 Support, and where possible mainstream, programmes shown to be successful in working with isolated vulnerable older people, eg. the Neighbourhood Care Scheme	
2.5 Housing to consider prioritising wherever possible, moving older people near to family or friends where support would be available nearby.	
Area of work 3	
Better information to services	
Actions	
3.1 Carry out further consultation and analysis on older people's specific concerns about community safety, using the Community Engagement Framework.	
3.2 Additional research and analysis, including with service users, on the extent and nature of domestic violence involving older people and elder abuse, to help further develop preventative and support services.	
3.3 Where possible consistent data for issues such as alcohol-related harm and domestic violence be distinguished by age, gender, ethnicity, disability and sexuality for vulnerable older people.	
3.4 Extend the council's Customer Relationship Management system to include vulnerable older people	
3.5 Older People's Council to nominate an older person to serve on the Sussex Police Independent Advisory Group	
3.6 The ECSOSC to monitor the implementation of the recommendations of the Scrutiny Panel, and add community safety work regarding minority older groups to its work programme	
3.7 Wide consultation with older people on policies and strategies of the council and partner organisations as well as inclusion of older people in Equalities Impact Assessments to help eliminate or minimise adverse impact on the quality of life of older people and their ability to interact fully in society.	
Area of work 4	
Better co-ordination of improved services	
Actions	
4.1 Regular training be further developed for every professional carer and volunteer working with older people in looking for early signs of elder abuse and domestic violence	
4.2 Operational protocols between agencies regarding elder abuse in cases of mental illness be referred to the Select Committee on Dementia	
4.3 Trading standards to consider introduction of 'no cold-calling' zones in areas identified by intelligence	
4.4 Equality Impact Assessments to review policies and procedures for their effectiveness in meeting the needs of older people	

Appendix 1. Summary of Planned Expenditure

The following table provides a breakdown of Partnership expenditure during 2011/12. This includes partnership funding allocated by the Safe in the City Partnership, but does not include the costs of other community safety and crime reduction work where it are funded as part of the core business of individual agencies, or where the budget comes from another source.

Safe in the City Partnership planned expenditure, 2011/12 (£)

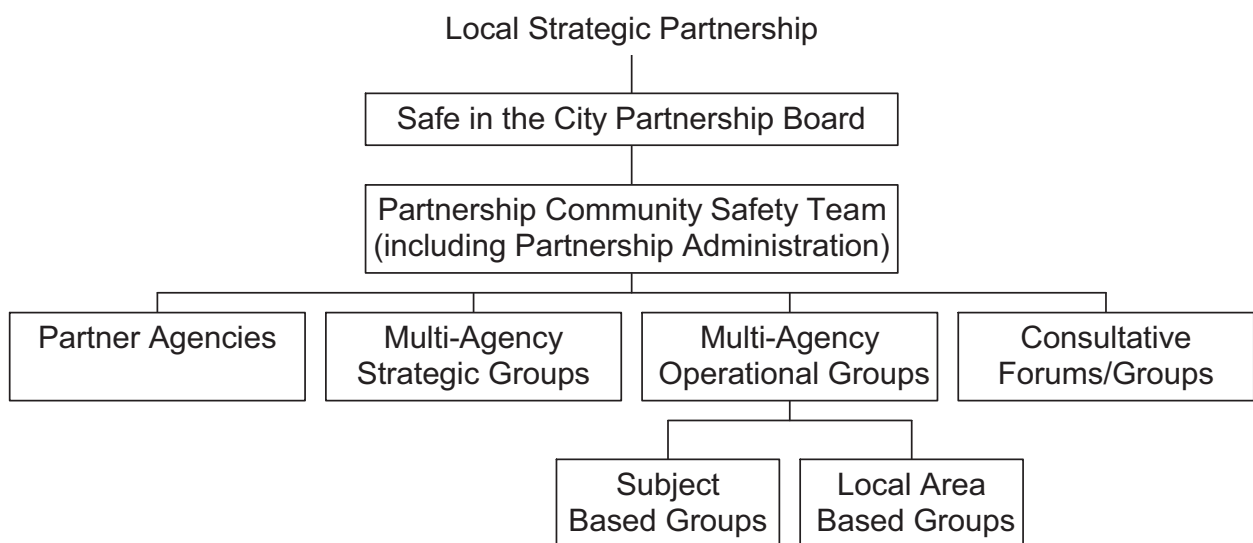
Strategy Priority Area	Staff costs: frontline workers	Projects and Initiatives	Staff costs: partnership co-ordination, management, strategic development and support	Partnership running costs/overheads	Total
Community Safety Partnership Management, Partnership Support, Capacity Building and general overhead costs	0	0	207,840	81,700	289,540
Physical Environment, Infrastructure and Quality of Life	123,720	0	0	8,920	132,640
Reducing Re-offending	419,450	0	0	0	419,450
Alcohol Misuse	40,250	0	0	0	40,250
Drugs Misuse ¹¹	214,920	16,320	138,420	24,930	394,590
Anti-Social Behaviour	283,340	0	45,120	0	328,460
Children, Young People and Families (Family Intervention Project)	484,320	48,460	75,320	2,750	610,850
Hate Incidents & Crimes and Preventing Extremism	176,580	139,020	83,460	0	399,060
Sexual Violence and Abuse	106,150	0	0	0	106,150
Domestic Violence	259,070	0	59,120	0	318,190
	2,107,800	203,800	609,280	118,300	3,039,180

¹¹ Some of the work in the partnership's Drugs Misuse Action Plan is funded through other budgets

Appendix 2. About the Partnership

The Crime and Disorder Act 1998 specifies that community safety strategies must be carried out through Community Safety Partnerships. The ‘responsible authorities’ who are required by legislation to participate in our Safe in the City Partnership are: Sussex Police Authority; Surrey and Sussex Probation Trust; East Sussex Fire and Rescue Service; Brighton & Hove Police Division; NHS Brighton & Hove and Sussex Partnership Trust; and the Local Authority. However, many other partners from the statutory, community/voluntary and business sectors are fully involved in the Partnership’s work. Local residents also play a key role.

Brighton & Hove Safe in the City Partnership Structure



The diagram above provides a basic organisational chart showing the way in which the Brighton & Hove Safe in the City Partnership is structured. (A more detailed version of this chart and further information is available on our [website](#).)

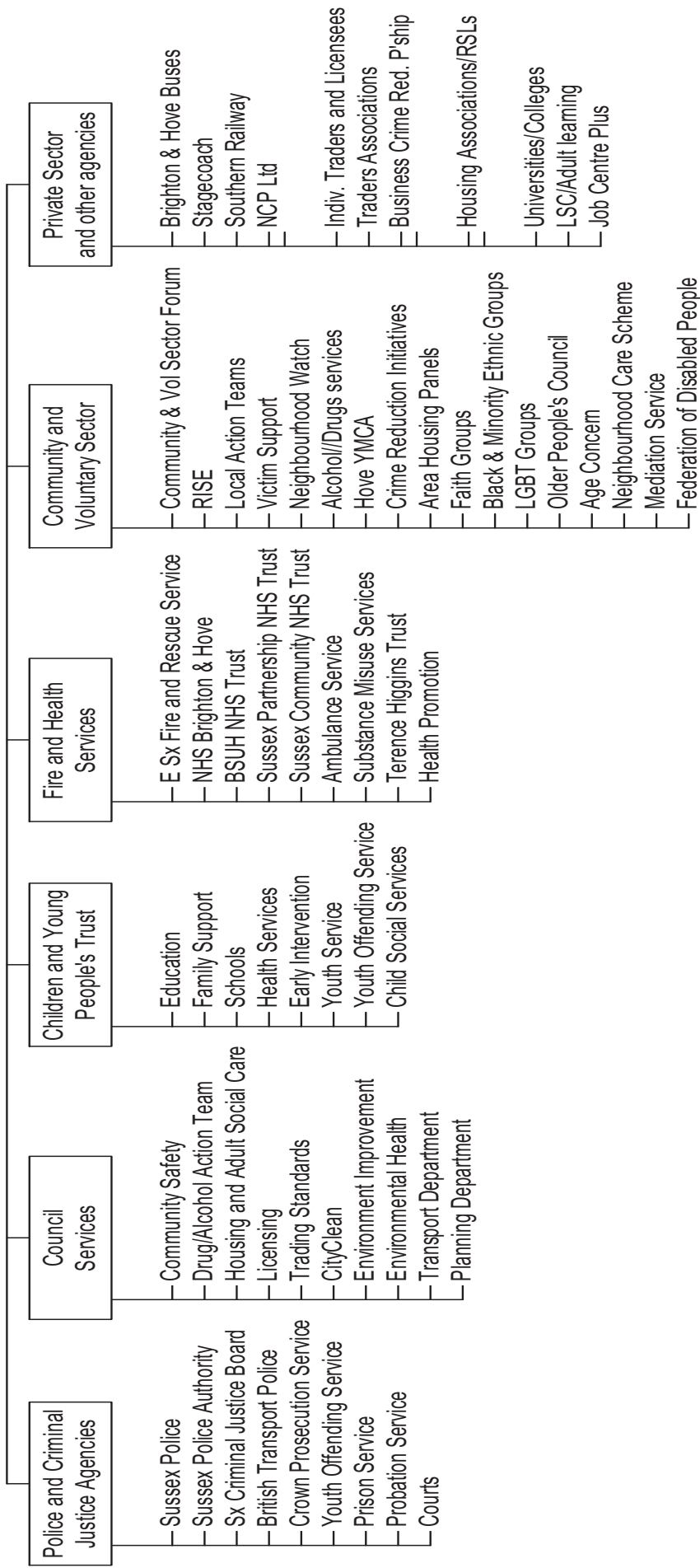
The Safe in the City Partnership Board has overall responsibility for the work of the Partnership, while the individual priority areas within this strategy are supported by multi-agency working groups made up of specialists in the relevant area. In some areas there are also dedicated staff to drive forward the work.

The Safe in the City Partnership links with the democratic process through the Community Safety Forum and the Environment and Community Safety Overview and Scrutiny Committee.

Community Safety, Crime Reduction and Drugs Strategy 2011-14

The diagram below shows the different service sectors with whom we work in partnership and lists the main partners involved.

Partner Agencies



There is more detail about the Partnership and how it functions on our website at the following link:
http://www.safeinthe city.info/?q=about_us

Appendix 3. Lead Officers for Strategy Priority Areas

Priority Area	Commissioner Lead	Senior Delivery Lead	Officer Lead	Steering Groups, etc.
Physical Environment, Infrastructure and Quality of Life	Linda Beanlands	Matt Eastaerl		Safer Streets Task Group
Drugs Misuse	Tom Scanlon PCT appointment from Aug 11	Graham Stevens		Communities and Families Steering Gp Health Protection Steering Group Joint Commissioning Group Treatment Performance Group
Alcohol Misuse	Tom Scanlon PCT appointment from Aug 11	Kerry Clarke/Leighe Rogers (Prevention) Tim Nichols/Linda Beanlands (Availability) Simon Nelson/Steve Barton (Night Time Economy) NHS lead/Graham Stevens (Treatment etc.)		4 Strategy Domain Groups
Anti-Social Behaviour	Linda Beanlands	Aaron Devereaux		ASB Steering Group
Reducing Reoffending	Linda Beanlands Leighe Rogers Supt. Steve Whitton	Amanda Radley Supt Steve Whitton		IOM Management Board
Children, Young People and Families	Steve Barton Kerry Clarke Linda Beanlands	James Dougan Debbie Corbridge (FIP)		Youth Justice Steering Group FIP Steering Group
Domestic Violence	Linda Beanlands Eleri Butler	DCI Nev Kemp; Leighe Rogers; Steve Barton; Denise D'Souza; Paula Murray; Jane Simmons; Jugal Sharma; Lydie Lawrence	Eleri Butler	DV Intelligent Commissioning Group Domestic Violence Forum
Sexual Violence and Abuse	Linda Beanlands	Sgt Peter Castleton	Eleri Butler	Sexual Violence Reference Group
Racist and Religiously Motivated Incidents and Crimes	Linda Beanlands	Nahida Shaikh Aaron Devereaux	Steve Springett	Racial Harassment Forum
Building Resilience to Violent Extremism	Linda Beanlands	Nahida Shaikh	Haroon Khalil	Prevent Steering Group
LGBT Hate Incidents and Crimes	Linda Beanlands	Sgt Peter Castleton	Eric Page	to be confirmed
Disability Hate Incidents and Crimes	Linda Beanlands	Nahida Shaikh Aaron Devereaux	Steve Springett	Disability Hate Incident Steering Group
Older People	Michelle Jenkins	Linda Beanlands		

Appendix 4. Key performance indicators

NB. Some of these indicators may be subject to change

All Crime and Disorder

- No. of total police recorded crimes
- No. of total police recorded incidents of social disorder

Physical Environment, Infrastructure and Quality of Life

- Percentage of people feeling safe in their neighbourhood during the day
- Percentage of people feeling safe in their neighbourhood after dark
- Percentage of people feeling safe in the city centre during the day
- Percentage of people feeling safe in the city centre after dark
- Percentage of people who believe that the police and council are dealing with issues that matter in their local area
- no. of criminal damage offences
- Percentage of streets assessed as unsatisfactory for graffiti, litter and flyposting

Drugs Misuse (to be confirmed):

- Drug-related offending rate (ex NI38)
- Drug users in effective treatment (rate) (ex NI40)
- Percentage of those leaving treatment who do so as planned exits
- Perceptions of drug use or drug dealing as a problem
- Drugs use by young people

Alcohol Misuse and Alcohol-related Crime and Disorder (to be confirmed)

- No. of alcohol-related hospital admissions/1000 population
- A&E attendances related to alcohol and/or assault
- % of people who believe that drunk and rowdy behaviour is a problem
- Other measures

Anti-Social Behaviour

- Police recorded incidents of anti-social behaviour
- Percentage of people who think that ASB is a problem in their local area (ex NI 17) - and its 7 subsections
- Public confidence that the police and local council are dealing with anti-social behaviour and crime issues
- The development of a comprehensive range of performance management and quality assurance measures

Reducing Re-offending (subject to change in Oct 2011)

- Adult reoffending (NI18)
- PPO reoffending (NI30)
- Youth reoffending
- Successful completion of statutory offenders
- Successful engagement of non–statutory offenders
- Offenders in accommodation at termination or order/licence
- Offenders in employment, training or education at termination or order/licence

Children, Young People and Families

- The number of ASB complaints against FIP families (where ASB is an issue at referral)
- A measure of risk of offending derived from ONSET tool
- No. of FIP children/young people on a (current) Child Protection Plan entering the care system
- A measure of parenting capacity
- Percentage of FIP families who are the subject of a Notice of Seeking Possession due to persistent ASB whose tenancies result in an eviction
- Other measures to be added

Domestic Violence

- Detection rate of domestic violence crimes
- Percentage of finalised prosecutions with successful a outcome

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- Number and percentage of repeat referrals to a MARAC.
- Number of domestic violence homicides.
- Percentage of responded very or fairly worried about being physically attacked by a family member, partner or ex-partner

Sexual Violence and Abuse

- Percentage of victims of a police recorded serious sexual offence receiving services at the SARC
- Percentage of referrals from the SARC to B&H independent support services who receive support
- Percentage of referrals to i) the SARC or ii) other specialist agencies who are repeat clients?
- No. of police recorded sexual offences
- Percentage of finalised court cases with a successful outcome

Racist and Religiously motivated Incidents and Crimes

- Number of racist and religiously motivated incidents reported (through the Hate Incident Report Form) including those reported by at risk groups
- No. of agencies participating in the reporting scheme (incl. nil reports)
- No. of reporting centres
- No. or percentage of victims who feel that their safety has increased, harm has reduced and who feel supported
- No. of repeat victims (RIRF)
- Percentage of RRMI crimes detected
- Percentage of finalised prosecutions resulting in a successful outcome

Preventing Violent Extremism

- Number of referrals
- Number of interventions
- Number of training sessions to increase understanding of extremism amongst frontline staff
- Effectiveness of projects and partnerships supporting vulnerable institutions

LGBT Hate Incidents and Crimes

- No. of police recorded LGBT hate incidents and crimes
- Percentage of hate incident service users who are 'satisfied' with the service they have received
- LGBT communities' levels of confidence in public services to deal with LGBT hate crimes and incidents
- No. of active and effective LGBT partnerships with a community safety element during the past year (report at end of March)
- Percentage of LGBT hate crimes detected
- Percentage of finalised prosecutions resulting in a successful outcome

Disability -motivated Incidents and Crimes

- No. of disability motivated incidents recorded including those reported by at risk groups (HIRF)
- No. of agencies participating in the reporting scheme
- No. of reporting centres (at end of Mar)
- No. or percentage of victims who feel that their safety has increased, harm has reduced and who feel supported
- No. of incidents where the victim has previously reported (to PCST or another agency) as a victim in the previous 12 months
- Percentage of disability-motivated hate crimes detected
- Percentage of finalised prosecutions resulting in a successful outcome

Older People

- Number of crimes against older people per 1,000 population
- Number of distraction burglaries against older people
- Percentage of older people who had reported an experienced or observed crime to the police
- Percentage of older people who feel safe in their local neighbourhood and in the city centre during the day and after dark
- Consultation with older people to find out if services are responsive to needs

Appendix 5. Feedback on this Strategy

While this Strategy has been developed with participation from specialist officers, steering groups, etc., and has been the subject of a consultation exercise, we welcome feedback at any time.

This document provides a level of detail intended for people/groups with a particular interest in community safety and a summary version is also available for those with a more general interest.

The Strategy is subject to annual reviews and the action plans are working documents are amended as necessary by those working on them.

We would be interested in any comments on aspects such as:

- the overall coverage
- the content of individual sections
- whether you have found the document useful, and if so, which sections you have found of most use
- the format of the document
- what improvements you would like to see
- any other comments.

If you would like to provide any feedback, you can do so by email: community.safety@brighton-hove.gov.uk

or by writing to:

The Partnership Community Safety Team
162 North St
Brighton BN1 1EA