

Brighton & Hove

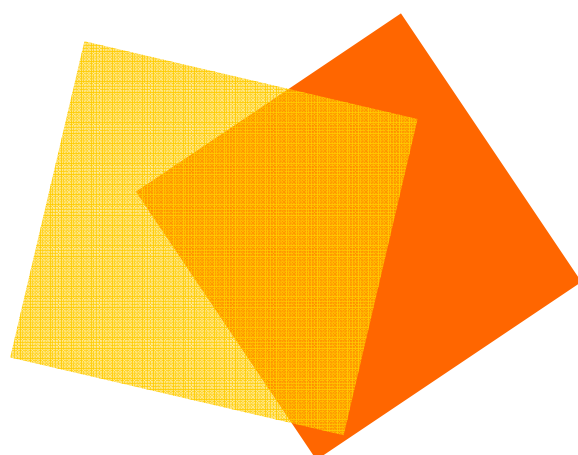
# Community Safety, Crime Reduction and Drugs Strategy

2011 – 2014

**Updated 2012**

**Safe in the city**

Brighton & Hove Community Safety Partnership



Brighton & Hove

## Community Safety, Crime Reduction and Drugs Strategy

2011 – 2014

First Revision – Updated 2012

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

**First revision – updated 2012**

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# Foreword

### 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;
- take early action to prevent and 'design out' crime;
- tackle underlying causes of offending and reduce harm from drugs and alcohol; 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 on the list of what people think are the most important issues that face Britain<sup>1</sup>. 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

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<sup>1</sup> Ipsos MORI Issues Index

we have been successful in reducing crime with 1.4% fewer total police recorded crimes – that's 332 fewer crimes – in 2010/11 compared with 2009/10. This continues a downward trend starting from 2006/7. However, we need to sustain this progress and be able to respond to the changing circumstances of current times. While the statutory duties remain for Community Safety Partnerships and their 'Responsible Authorities', we will also be responding in the coming year to required new proposals and ways of working as well as to the important priorities for Brighton & Hove.

The introduction of Police and Crime Commissioners and Police and Crime Panels marks 'a fundamental change to the way policing has been delivered for 150 years'<sup>2</sup>. The election of the Commissioner (November 2012) will, for the first time, place a single elected representative for Sussex in a potentially key role in influencing community safety priorities.

Representation on the Police and Crime Panels will be by our lead elected Member for community safety and he will work alongside representatives from Sussex, undertaking a range of tasks including scrutiny of the Policing Plan which is to be prepared by the Commissioner and submitted to the Home Office.

Facilitating people in localities to have a greater say in how resources are used is also a priority and one which fits well with approaches already developed within community safety. Community-led Forums (the Racial Harassment and Domestic Violence Forum are examples) have long been important members of the Community Safety Partnership. More recently, we have encouraged the growth and influence of Local Action Teams (LATs) who aim to represent the community safety interests and concerns of the residents and businesses in their neighbourhood. These Forums and LATs are members of the Community Safety Forum and therefore able to have a direct dialogue with elected Members as well as officers who represent all the statutory services in the Partnership. Council plans for Neighbourhood Councils fit well with this model and in the coming year, we look forward to further developments of the localism approach within the council and wider community safety partnership. We will work towards making more information and data regularly available in order to better equip people to play a greater role in crime prevention and community safety.

### **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 within 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

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<sup>2</sup> Policing in the 21<sup>st</sup> Century: Reconnecting the Public and the People, Home Office 2010

## **Community Safety, Crime Reduction and Drugs Strategy 2011-14**

engagement mechanisms. There is a close alignment with Brighton & Hove Council's Equalities and Inclusion Policy and the Community Engagement Framework. 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 Sustainable Community Strategy.

In the coming year the Community Safety Partnership will be developing its relationship with the Health and Wellbeing Board, an important initiative which will particularly assist in the achievement of outcomes for those priorities where health, wellbeing and crime are most closely connected. Examples are in the areas of substance misuse and safeguarding of children, young people and adults. Progress in this initiative will be further assisted by the developing joint commissioning framework in the city which will harness the combined resources of services to achieve city-wide outcomes and priorities.

### **Achieving more with combined resources**

Cuts in public spending continue to deepen and will impact on the ability of our Partnership to keep pace with new demands. We will 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 8.

### **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 2011<sup>3</sup> 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 was 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 were 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

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<sup>3</sup> Crime and Disorder Strategic Assessment 2011 Brighton & Hove Safe in the City Partnership, to be found on the Partnership's website: [www.safeinthecity.info](http://www.safeinthecity.info)

programmes. These lead officers work closely with partnership strategic/operational groups whose members have particular expertise. These groups also help ensure work is progressed. Appendix 3 on page 126 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 processes which monitor outputs, targets, milestones and timescales, and who is responsible for individual actions.

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](http://www.safeinthecity.info)).

## Ensuring 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. They represent good practice and they continue for Brighton & Hove as standards we seek to achieve. The Hallmarks help us identify some activities that we will be undertaking to maximise capacity and performance during the course of this Strategy.

### **Hallmark 1. Empowered and effective leadership**

Brighton & Hove's Safe in the City Partnership Board, 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, Primary Care Trust and other health providers and brings together work on alcohol and drugs misuse with that which focuses on crime and disorder. The Board, which meets quarterly, includes senior representation from the 'responsible authorities'<sup>4</sup> as well as from other key experts and partners in the city, including the lead Member for Communities, Equalities and Public Protection and the Community and Voluntary Sector Forum. The Safe in the City Partnership Board 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 Brighton & Hove Strategic Partnership and Public Service Board and our work is aligned to their priority setting and business planning decisions through the Sustainable Community Strategy and City Performance Plan.

<b>Empowered and effective leadership: Direct work to address current concerns while also building up sustainable solutions</b>
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Further actions to support Hallmark 1
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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
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<sup>4</sup> 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.



1.2 Improve joint working with Pan Sussex Forums and Boards, including the Criminal Justice and Integrated Offender Management Boards and agencies

### **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. Also, the Intelligence Analyst within the new Safe in the City Delivery Unit described under Hallmark 3 is to bring together community intelligence with statistical information from partnership sources to direct the work of the Delivery Unit.

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 from lead officers on progress on the action plans and monitors performance targets. This is shared with partners and presented to the Safe in the City Partnership Board 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 as required 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

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

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 Target work to reduce fear of crime at those most concerned, including towards older people
2.11 Monitor the Partnership's performance in relation to that of other comparable partnerships and learn from best performers
2.12 Contribute partnership data to <a href="http://www.BHLIS.org">www.BHLIS.org</a> (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: <a href="http://www.police.uk">www.police.uk</a> .

### **Hallmark 3. Effective and responsive delivery structures**

The Community Safety, Crime Reduction and Drugs Strategy 2011-14 sets out the priorities that are to be the focus of the Partnership's resources, the outcomes sought and the actions that will be undertaken to achieve outcomes, and identifies indicators against which performance will be measured. 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 the Partnership's 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 operational working or action groups which are mobilised around a particular issue, or through the city's network of Local Action Teams and community of interest groups.

The Partnership is aware of the added value of integrating all available resources to successfully manage delivery. A key development from April 2012 is an organisational change to bring police neighbourhood policing teams into a closer working relationship with those in the Partnership Community Safety Team (PCST) through the formation of the joint Safe in the City Delivery Unit. Led by the Chief Inspector for Neighbourhood Policing, the initiative integrates the work of the area Inspectors, neighbourhood police officers and PCSOs together with the Community Safety Casework Team (anti-social behaviour and hate crime) and the Community Safety Projects Team (including the former environment improvement and communities against drugs teams) from the Partnership Community Safety Team. (The Family Intervention Project may also become part of the new Unit). The new Delivery Unit will work closely with Local Action Teams, community champions and private and voluntary sector organisations. This will further progress the multi-disciplinary approach that the Partnership Community Safety Team has historically taken to achieve outcomes that would otherwise have not been possible. There also remains the future potential for extending involvement in the joint Delivery Unit to other partners and this is to be explored.

#### **Effective and responsive delivery structures: A robust performance management framework and maximisation of resources**

Further actions to support Hallmark 3

3.1 Review the Community Safety, Crime Reduction and Drugs Strategy annually

## Ensuring an Effective Partnership

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
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
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
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)
3.7 Increase transparency by including 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 36 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

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

4.1 Encourage and support participation by local residents 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
4.7 Target measures to increase reporting at those least likely to report

### 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, ‘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 frontline 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. Links between the work of the Partnership and the council and police communications teams are strong and there is a regular flow of information released through press releases.

## Ensuring an Effective Partnership

The communications teams have also been assisting with a redesign of the Safe in the City website ([www.safeinthecity.info](http://www.safeinthecity.info)) and the new version will be live from early in 2012/13. Improvements include make it more user-friendly, with on-line reporting facilities and links to new social media.

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

#### Further actions to support Hallmark 5

5.1 Provide 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

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 further within Partnership processes and ensure recommendations from individual reviews are implemented

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

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](http://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

## All 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 2010/11 there were 23,628 police recorded crimes in Brighton & Hove. About 30% of these crimes related to theft (not including motor vehicles), 23% were violence against the person offences and 15% were criminal damage.

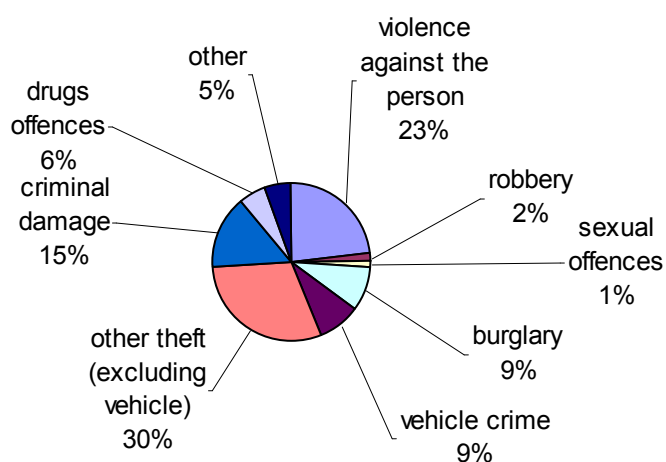
In 2010/11 there were 1.4% (792) fewer total crimes recorded in the city than in 2009/10. Compared with other partnerships in our

'benchmarking group' of fifteen areas with similar characteristics and demographics, the number of crimes per head of population is slightly 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 36.

**Crime breakdown, Apr 2010 - Mar 2011  
(n=23,629)**



### Key performance indicators

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



## 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 knowledge<sup>5</sup>
- 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 this is 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. In 2008/9 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

#### Main Partners

Brighton & Hove City Council including Cityclean, Environment Improvement, Planning, Sustainable Transport, Communities against Drugs, Communities and Equality, Press, Communications and ICT Teams

Local Action Teams, residents and local businesses

Community Engagement 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

Local transport providers

<sup>5</sup> Adapted from the commissioned outcomes for the Communities and Equality Team

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anti-social behaviour and for those who have experienced crime in the last year. Other factors which may cause people to have 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 (including older and/or disabled people), being at risk of hate crime (eg: racially or religiously motivated hate crime, homo/bi/trans-phobic hate crime, or disability hate crime), or being surrounded by physical evidence of crime and disorder (eg. criminal damage, litter).

Local levels of police recorded criminal damage and other measures of environmental disorder including street appearance measures of graffiti and flyposting, have continued in their downward trend. However, non-accidental fires recorded by the fire service and levels of litter in street appearance surveys are showing stabilised levels or a slight increase during 2011/12. Data from the 2008 Place Survey, Brighton & Hove compared 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. Neither the Place Survey nor Citizen Panel surveys are to be continued, but there is a new telephone 'City Tracker' survey instigated in 2012 and this will bring certain perception measures (where not captured in the Sussex Police telephone survey) more up to date.

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. Community cohesion is also a key component of increasing trust. This is about improving relationships between people from different groups (which might be age, ethnicity, religion, or different neighbourhoods), increasing their understanding of one another and their confidence in socialising and working together.

### **Current context**

In accordance with the ongoing nation-wide drive towards a 'bottom up' rather than a 'top down' approach, local people are in a better position 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 the approach, while the Community



## Physical Environment, Infrastructure and Quality of Life

Engagement Framework sets out mechanisms to enable this to be achieved. Local Action Teams (LATs) 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 Equality Team. This team enables grant funding to be made available for community development work and for locally organised events to link people within and between neighbourhoods (eg: community festivals and clean-up events, 'friends of parks', groups, etc.) There is LAT coverage across most areas of the city. Over the last few years each police beat/ward has been covered by named police officers/PCSOs within local Neighbourhood Policing Teams, enabling their relationships with local communities and local knowledge to build over time. The national website [www.police.uk](http://www.police.uk) provides a portal where residents can view police-recorded crimes and incidents which have happened in their neighbourhood. There are proposals for the information available through this website to be further developed so that local people can also find out whether perpetrators of these crimes have been identified and, if so, how they have been dealt with.

The Safe in the City Partnership is to be one of 5 areas in the country piloting the 'community trigger' in advance of new legislation expected to be introduced nationally at a later date. This will enable residents to flag up persistent anti-social behaviour problems which they feel they have not had an adequate response from the authorities. This will provide a further example where community safety improvements can be driven by local communities and where working relations between residents and statutory agencies can be strengthened.

### Where next?

The 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 its work with local residents in neighbourhoods, and improving intelligence to help in focus on local problems. There is a proposal to integrate the work of Neighbourhood Policing and the Partnership Community Safety Team on a trial basis from April 2012. If adopted, the 'Safe in the City Delivery Unit' will result in closer joint working and management arrangements for the support of communities. Funding for neighbourhood policing has been allocated to police forces for 2012/13, and after this time the allocation of funding will be in the hands of the Sussex Police and Crime Commissioner who will be in post from November 2012.

Themes in this action plan are around improving the quality of the local environment through planning, local improvements or maintenance, supporting local neighbourhoods to achieve community safety improvements needed in their area and providing people with the information they need to focus their resources appropriately. Good systems for information and intelligence sharing across local people and services is key.

### Links to other priority areas

This priority area cuts across many of the other themes in this Strategy. If people feel safe, this will ensure local areas are utilised more frequently, providing more 'natural surveillance' to deter potential acts of anti-social behaviour or crime. Partnership work with the probation service around community payback meets a number of objectives related to reducing reoffending and community justice, as well as achieving environmental improvements. The community payback scheme delivers work for the city to a value of over £100,000 per annum.

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

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, some groups of people may have a sense of being weaker or more vulnerable. Being a member of one or more of the Equalities Act 2010 'protected characteristics' groups (eg. related to age, gender, ethnicity, disability, religion/belief) may increase fear of, and possibly the likelihood of, experiencing crime. 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. Better community cohesion can lead to increased involvement in and contribution to communities, neighbourhoods and the city. Greater confidence in the police and other statutory agencies can lead to potentially increased co-operation in relation to crime, preventing violence extremism and increased civic engagement. They may be more inclined to use sustainable modes transport rather than private vehicles which is good from both health and environmental aspects.

### Parallel plans

<ul style="list-style-type: none"><li>• Brighton &amp; Hove Community Strategy – especially Strengthening Communities and Involving People section</li><li>• Brighton &amp; Hove Strategic Partnership's Community Engagement Framework</li><li>• Local Development Framework, City Plan (previously the Core Strategy) and Supplementary Planning Documents</li><li>• Brighton &amp; Hove Local Policing Plan</li><li>• CityClean Strategy</li></ul>	<ul style="list-style-type: none"><li>• Communities and Equality Team Plan 2012-15</li><li>• Brighton &amp; Hove Volunteering Strategy 2010-15 and Action Plan</li><li>• East Sussex Fire Authority Strategic Plan 2010/11-2014/15 and Brighton &amp; Hove Borough Plan</li><li>• Brighton &amp; Hove Road Safety Plan</li></ul>
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### 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
<b>Area of work 1</b>
<b>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</b>
<b>Actions</b>
1.1 Section 17 of the Crime and Disorder Act 1998 (which requires the local authority and police authority 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. Develop the concept of 'Street Focus' to respond to localised concerns by involving partners at the precise point of need for their services.
1.3 To contribute to processes around the proposal to work within the joint Safe in the City Delivery Unit, bringing together Neighbourhood Policing Teams and the Partnership Community Safety Team in an integrated unit, with improved information and intelligence sharing.
1.4 Support LAT Chairs events, introducing key partners and agencies who can deliver changes that will reduce crime and anti-social behaviour in local areas
1.5 Review the 'Guidance for Local Action Teams' document and ensure it is kept up to date and addresses equality and community engagement issues.
1.6 Ensure communication flows operate smoothly between LATs and the wider 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. Ensure a link to the 'We Live Here' online project which aims to provide new platforms for communication through technology.
1.7 Ensure a link to additional activities focussed on engaging communities of interest and identity (BME, LGBT and Disabled People), including work led by the Communities and Equality Team
1.8 Develop the Safe in the City website to become better focused towards the needs of local communities. Include a facility to report incidents online.
1.9 Maintain the ability to analyse crime and disorder information (including with mapping capability) and present findings in a user-friendly, accessible manner
1.10 Give consideration to the needs of all communities of interest when devising publicity/communication materials and media to ensure they are accessible
1.11 Enable the work of Local Action Teams to be communicated between areas to enable successful initiatives and ideas to be shared
1.12 Continue to share information around community safety issues on public transport, taking forward projects to deal with new issues as they arise
1.13 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

<b>Area of work 2</b>
<b>Integrate community safety and crime reduction into the planning and design of new developments and redevelopments</b>
<b>Actions</b>
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
2.2 Ensure the requirements of the Safer Places Statements are met in relation to major developments
2.3 The Safe in the City Partnership to proactively seek the prioritisation of a Supplementary Planning Document on community safety
2.4 The Safe in the City Partnership to input to the council's long term planning strategy (City Plan). The Partnership Community Safety Team to continue involvement in the planning of major projects such as Brighton Station, the Level and Lewes Road
2.5 Monitor crime and disorder levels before and after planning developments to learn any lessons
<b>Area of work 3</b>
<b>Prevent or solve neighbourhood crime and disorder problems and make people are safer through partnership working, community engagement and stronger community structures</b>
<b>Actions</b>
3.1 The police, Partnership Community Safety Team (incl. the Environment Improvement and Casework Teams) and other partners to continue to support Local Action Teams
3.2 The Environment Improvement Team to maintain its involvement with other council's departments and partner agencies to identify crime or community safety issues and ways of dealing with them. Introduce neighbourhoods to possible solutions, and engage with residents and service providers to identify and deliver actions. Pursue opportunities available through the community payback scheme.
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
3.4 Further strengthen local community structures through the work of the council's Communities and Equality Team, the Trust for Developing Communities and other community and voluntary sector partners and support the development of volunteering.
3.5 Ensure that, where appropriate, LATs are linked into and are part of any proposals for neighbourhood council pilots
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.
3.7 Tackle cycle theft through partnership working using education, environmental/engineering and enforcement approaches.
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
3.9 Explore opportunities for working in partnership to increase road safety while strengthening communities in residential areas

## 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
<b>Area of work 4</b>
<b>Reduce criminal damage and arson, and improve feelings of safety, through a well maintained physical environment</b>
<b>Actions</b>
4.1 Undertake analysis of criminal damage against vehicles and respond to the findings through partnership work with different parties with relevant roles and interests
4.2 Continue partnership work to tackle graffiti through removal, physical barriers to access, murals, prosecution, etc.
4.3 CityClean to continue work on containerisation, flyposting, flytipping, waste enforcement, etc.
4.3 Continue community environmental action days which co-ordinate the activities of a range of partners to improve and maintain public spaces in local neighbourhoods
4.5 Fire and Rescue Service to pro-actively identify premises at risk of arson and work with owners/occupiers to reduce risk of fire
4.6 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.
4.7 Continue Fire & Rescue Service engagement with firesetters to prevent arson through the Learning Not to Burn Programme.

## Drugs 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 this is a priority

Reducing the supply and availability of drugs and promoting recovery from drug related harms are 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 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 in 2009-10 there were approximately 306,000 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. In Brighton & Hove, 45% of those people in treatment in the period Oct 2010 to Sep 2011 were

parents, with 14% living with some or all of their children. Drugs misuse 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 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.

#### Main Partners

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

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### Key findings from the Strategic Assessment

**Young people.** The findings of the October 2011 Safe and Well at School Survey regarding drug use trends are expected in April 2012. The number of young people in drug treatment with the specialist service, ru-ok?, has been below the baseline [162]



during the first three quarters of 2011-12. This may reflect, for example, a reduced problem population via universal and targeted prevention, or weaknesses in the identification and referral system. Nationally the number of young people using drugs is falling.

**Adults.** The number of adults in effective drug treatment has been below the baseline [1401] in the first half of 2011-12. This is similar to the national trend, [where numbers peaked in 2008-09], and may reflect a reduction in the estimated levels of problematic drug use [where numbers peaked in 2005-07] indicated by national survey. The proportion of the treatment population successfully completing treatment in Brighton & Hove has been below the national average during the last three years and measures to improve this include targeting those who have been in treatment for over four years with a view to achieving planned exits.

**Drug related deaths.** Fluctuations [between 38 and 51] in the number of drug related deaths over the last seven years [2003-09] for which data is available are difficult to ascribe to specific causes. Nationally the trend has been flat over this period, despite the injecting population, which is most at risk, growing older and being more vulnerable. The roll out of naloxone antidote administration and training, and the reduction of inappropriate benzodiazepine prescribing, are amongst a range of measures being taken locally.

**Community resilience.** With regard to public perception of drug use and drug dealing, year on year trend comparisons are difficult to make. The DAAT Communities Against Drugs Team conducts targeted street surveys to increase public reassurance regarding the effectiveness of reporting concerns to the police and alleviates those concerns by publicising measures that have been taken.

**Reducing availability.** Performance data related to numbers of stop searches and drug offences can be difficult to interpret, tending to reflect levels of policing activity rather than providing an accurate picture of the illegal drugs market in Brighton & Hove, but enforcement via Operation Reduction indicates a degree of successfully sustained drug market disruption since it was initiated in 2005.

### Current context

The national 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.

During 2011-12, local interest has been stimulated by the holding of two events by local MPs, one attended by invited stakeholders, the other open to all-comers. Within the drug treatment arena, several meetings have been attended by the National Treatment Agency to promote improvements in recovery outcomes and renewed collaborative relationships. Work has focused on aligning services towards recovery and reintegration, with an action plan covering: workforce development and service pathways; post treatment peer support and relapse prevention; families and carers interventions; employment, training and education access; and accommodation support.

A service user and carers consultation highlighted priorities for 2012-13, including:

- improved access to appropriate accommodation, to dual diagnosis services (which cover a broad spectrum of mental health and substance misuse problems), to

## **Community Safety, Crime Reduction and Drugs Strategy 2011-14**

inpatient detoxification and residential rehabilitation, and to complementary therapies and gyms;

- increased provision of recovery mentors and buddying, of childcare support, and of mutual aid group support; and
- more information/advice on education and training, and on sexual health.

### **Where next?**

Delivery of the Drugs Misuse Action Plan in 2012-13 will be influenced by emerging new structures within and between partnership organisations. For example: work with young people will be affected by the new arrangements for Youth Service provision; Communities Against Drugs work with families and local neighbourhoods will form part of the activity of the new Joint Community Safety Delivery Unit, but will also have Public Health and Health Promotion links; and treatment services will be commissioned through the Public Health led team based in the Local Authority. For young people, there will be an emphasis on sustaining the well established role and positive outcomes of the specialist treatment service, and on assessing the level of need of the 18-25 year old group and how best to respond. As well as working to the emerging Joint Community Safety Delivery Unit agenda, the work of the Communities Against Drugs Team will also be driven by the requirements of the European funded Interreg CAFTA Project, (Communities and Families Tackling Addiction). Adult drug treatment will be reviewed to ensure services maximise the recovery and reintegration of clients; on developing a “golden thread” across the treatment system that gives a shared understanding of aims and intended outcomes; and on taking further steps to develop a robust commissioning process that will contribute to the Public Health Outcomes Framework. Operation Reduction, focusing on enforcement and reducing demand for drugs, will remain a partnership priority.

### **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 (which will now be reported under the Children, Youth and Families chapter), as well as having a negative influence on the quality of the environment. Drug users may often have alcohol misuse issues so illicit drugs is also linked to the alcohol misuse section of this Strategy.

### **Implications for equalities and sustainability**

Work to achieve a culturally competent workforce, in order to have a positive impact on different equality groups who use services, has been sustained, and service managers are expected to be competent in the recruitment and retention of appropriate staff to support this aim. During 2011-12, the DAAT has funded multi-agency training for 156 staff on a range of courses: understanding LGBT substance misuse; positive engagement with disabled service users and with BME service users; working with DV perpetrators; and working with witnesses and survivors. Dual diagnosis was the subject of a Scrutiny Report in 2008, but progress towards addressing its main recommendations and those of a subsequent Provider Trust led Strategy has been slow. However, the NHS Brighton & Hove is currently working with the Provider Trust on a multi-agency action plan.

The local young people’s population is more ethnically diverse than the Brighton and Hove population as a whole and is under-represented in service presentation. This brings challenges in being able 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. Specialist equalities groups within Brighton & Hove will be commissioned to provide specialist youth work activities and work with the Youth Council to ensure youth provision across the city is accessible and inclusive. As part of this, the identification and interventions attached to substance misuse amongst young people will form a component of the training and quality assurance system.

### Parallel plans

- |  |   |
|--|---|
| • Adult Drug Needs Assessment 2012-13                    | • Public Health Substance Misuse Commissioning Plan |
| • Young People Substance Misuse Needs Assessment 2012-13 | • Sussex Policing Plan                              |

### Measures of success

- Number of drug related deaths (maximum 38 p.a. 2012-14)
- Number of people 18 or over in effective treatment (1.5% increase)
- Successful completions: percentage of people 18 or over in treatment who overcome dependency and do not re-present for treatment within six months
- Percentage of people 18 or over leaving treatment who do so in a planned way (50%)
- Percentage of people 18 or over who have been in treatment over four years (25%)
- Successful completions: percentage of people under 18 in treatment who overcome dependency and do not re-present for treatment within six months
- Percentage of people under 18 leaving treatment who do so in a planned way
- Number of Key Stage 4 school students reporting drug use in annual the Safe and Well School Survey

Drugs Misuse Action Plan
<b>Area of work 1</b>
<b>Promote universal prevention (young people)</b>
<b>Actions</b>
The young people substance misuse universal education and prevention agenda will be reported as part of the Children, Youth and Families Section.
<b>Area of work 2</b>
<b>Ensure identification processes and intervention packages are in place for young people, with appropriate referral systems to specialist treatment, and monitor treatment service impact.</b>
<b>Actions</b>

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

2.1 Conduct ongoing reviews of substance misuse treatment pathways and modalities, in order to assess effectiveness, and to develop recommendations for improved outcomes.

2.2 Conduct a needs assessment attached to youth crime and develop a transitional plan that will be implemented as part of the Youth Justice Plan. This will include reviewing substance misuse pathways, assessment, interventions and discharge packages.

2.3 Review the engagement and participation of young people within ru-ok? and implement an improvement plan.

2.4 Revise the internal compact with the Children and Families Delivery Unit for ru-ok? integrating outcomes.

### 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 Delivery Unit's 'Communities Team', with closer collaboration between Communities Against Drugs, Environmental Improvement and Neighbourhood Policing Teams in response to local drug and alcohol issues.

3.2 Continue to support the Local Action Teams by responding to issues raised by local residents and workers in targeted hotspot areas, and implement tasks identified by Drugs Intelligence Group meetings.

3.3 Develop and implement the 'Communities and Families Tackling Addiction' [CAFTA] European Project, by setting up a project working group and communicating project progress to provide a platform for communities to shape project activities.

3.4 Incorporate restorative elements to existing youth disposals delivered by Targeted Youth Support, using the experiences of local residents to inform young people of the impact this has on communities.

3.5 Design and develop a restorative justice community conferencing model to address problems in local neighbourhoods caused by drugs or alcohol.

3.6 Implement recommendations from the Public Injecting Evaluation and Response [PIER] consultation to reduce the impact that drugs litter has on local communities in two pilot areas.

3.7 Build upon the current Neighbourhood Liaison model and programme of activities using a community guided bottom-up approach to concentrate this work on smaller geographical communities/areas.

### 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.

4.2 Develop family training and mentoring previously identified within European Funding bids to improve outcomes of both the drug/alcohol user and their family.

4.3 Develop a skills programme for professionals on ways of working, use of language and understanding the needs of families and affected by addiction.

4.4 Disseminate 'Post Warrant Pack' to family members through PATCHED Service, Family Intervention Project, Police and Courts.

4.5 Co-ordinate and facilitate the annual Sussex Families Conference in June 2012, which will launch the CAFTA project, based on the theme of communication between professionals and families.
4.6 Share European partners' innovative educational activities to increase young people's awareness of drug related harm and consult young people to develop activities to implement locally.
4.7 Review and implement a joint working protocol across children's and adult services when working with families where substance misuse is an issue and support year one with training, with review of learning via action learning sets aimed at managers.
<b>Area of work 5</b>
<b>Improve access to, and effective engagement with, drug treatment services</b>
<b>Actions</b>
5.1 Successfully completed. Satellite Services are now available at three different locations in the central, east and west areas. The Single Assessment Process has become well established, whereby staff from all agencies deliver comprehensive assessments for entry into the treatment system from a variety of settings.
5.2 Work with Equality and Diversity Manager has been initiated to identify the most appropriate ways of reaching diverse communities within Brighton and Hove
5.3 Continue work on developing a system-wide Dual Diagnosis (mental health and substance misuse) action plan to support the Dual Diagnosis Strategy and Operational Policy, together with dialogue between Public Health, Primary Care and Mental Health leads to ensure mental health services address dual diagnosis issues.
5.4 Consider the options available for developing an effective substance misuse treatment intervention for young people aged 18-25 where the primary substances of choice are alcohol and cannabis, and whether there is a need to develop a Transitions Service.
5.5 Continue to 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 such as Living Without Violence. In consultation and collaboration with key agencies, to develop and implement an action plan to improve access and engagement of victims and perpetrators of domestic violence in substance misuse treatment
5.6 Continue to 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.
<b>Area of work 6</b>
<b>Improve treatment effectiveness and successful outcomes for substance misuse treatment services</b>
<b>Actions</b>
6.1 Conduct ongoing review of substance misuse treatment pathways and modalities, in order to assess effectiveness, and to develop recommendations for improved outcomes. To develop an improvement action plan and implement treatment system changes, integrating outcomes with future commissioning plans.
6.2 Sustain improvements in the effectiveness of the care-co-ordination function and care planning process by monitoring the impact and outcomes of the BTEI model (Birmingham Treatment Effectiveness Initiative) across all tiers/services.

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

6.3 Sustain the implementation of the Employment, Training and Education action plan for substance misusers, focusing on priority aims and objectives
6.4 Continue the excellent work of the peer led Recovery Focused Mutual Aid Groups and to evaluate impact and outcomes.
6.5 Sustain the implementation of recommendations from the Tier 4 Review Commissioner and Provider action plans aimed at improving outcomes for abstinence focused treatment interventions
6.6 Build on the NTA led workshop in October 2011 to promote a Golden Thread approach to performance management, whereby partnership aims are translated into collectively agreed measures and targets, underpinned by ownership and accountability at the point of delivery and rigorous review and reinforcement of good practice.
<b>Area of work 7</b>
<b>Reducing Supply: protection of communities through robust enforcement to tackle drug supply, drug related crime and anti-social behaviour.</b>
<b>Actions</b>
7.1 Sustain the resourcing of Operation Reduction, which remains a high priority for the Community Safety Partnership.
7.2 Sustain the work of the Communities Against Drugs Team's contribution to the process of engaging and involving local communities in tackling local substance misuse issues and reporting drug dealing and drug related activity, bolstered in 2011-12 by the award of Interreg funding [see paragraph 3.3 above] to support this work.
7.3 Assess the justification for, and viability of, continuing a pan Sussex Reducing Supply Group, which has yet to be determined, following the postponement of a stakeholder conference scheduled for 13.1.12, convened by Sussex Police.
7.4 Consider, in the light of the demise of the previously well supported South East Regional Availability Group in 2010, whether aspects of the regional Reducing Supply Action Plan - including improved drug detection and identification; reduced supply in prisons; effective use of seized assets; and enhanced publicising of enforcement activity – should be picked up at a Sussex wide rather than Divisional level.

## 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 from the night-time economy is reduced
- There is effective early identification/screening, treatment and aftercare for alcohol misusers

### Why this is 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 data as of December 2011 show that that alcohol-related problems in Brighton & Hove remain matters of concern. We continue to have a poorer profile than the average of all 324 local authorities in England on 24 (out of a total of 25) measures related to crime, health and drinking levels, although across the board the position has slightly improved over the last year<sup>6</sup>. Our position was better than average in just one area (alcohol-related land transport deaths). Alcohol-related hospital

#### 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)  
 CRI  
 Sussex Partnership Foundation Trust  
 Young People's Substance Misuse Service (RU-OK)  
 Sussex Police  
 Mind  
 Surrey and Sussex Probation Trust  
 Brighton Oasis Project  
 Brighton Housing Trust

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

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

admissions, while remaining mostly within the poorest 25% of local authorities, are showing some signs of improvement relative to other areas. Latest available data indicate that the number of alcohol-related deaths overall remains a significant issue, but there are some signs of an improvement for males, while the position for females has deteriorated.

Alcohol-related violence occurs both in a public place and a domestic setting. When compared with our 14 'most similar community safety partnerships' benchmarked for crime and disorder risk, we rank at the average position for violence against the person offences per head of population (while remembering that Brighton & Hove has a significant number of visitors in the city). 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 (1,880 in 2010/11) and criminal damage (3,629 in 2010/11) continue to show long term downwards trends. These encouraging results are backed up by 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).

However, alcohol remains easily affordable and accessible for many young people and underage consumption of alcohol is a problem. The most recent survey data (TellUs4 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.

### Current context

An Alcohol Programme Board, chaired by the Director of Public Health, with senior input from across the city (health, licensing, police, probation, universities, community safety) was established in 2011 to better co-ordinate strategic efforts to tackle the adverse consequences of alcohol consumption in Brighton and Hove. The Alcohol Programme Board had initial project management support from the NHS Healthy Places, Healthy Lives initiative and was also able to capitalise on commissioning developments with the Public Health Directorate assuming responsibility for commissioning for alcohol and substance misuse, and local authority Intelligent Commissioning work which included a pilot on alcohol. As a result of this work the Alcohol Programme Board agreed an Action Plan with targets in 4 domains:

1. Addressing the drinking culture
2. Availability of alcohol
3. Night time economy
4. Early identification, treatment and aftercare

The Big Alcohol Debate was a key action under Domain 1 (Addressing the Drinking Culture) and started in October 2011 finishing in the first week of January 2012. The Debate used a number of media in an attempt to capture the range of opinions about the role alcohol plays in the city as expressed in the opinions of local residents and visitors. A number of themes have emerged from the debate:

- Alcohol is too available in the city
- Low cost alcohol is an issue
- 'Pre-loading' before going out
- Cheap deals in bars
- Perception that the rules around alcohol are not being enforced eg. serving of drunks
- Education – need to start at an early age



## Alcohol Misuse and Crime and Disorder

- Avoidance of the city centre at certain times due to the culture of drinking in some areas
- A lack of places to socialise where alcohol isn't a main focus.

Domain 2 focuses on the 'availability of alcohol'. The key objective of this domain is to *'reduce the consumption of alcohol across the city focusing in particular on young people and heavy drinkers'*. In keeping with the results of the Big Alcohol Debate, the boundaries of the cumulative impact zone were reviewed. The initial boundary covered 0.8% of the city area, although the area included 20% of all alcohol retail outlets and was the area where 40% of alcohol-related crime occurred. Within the cumulative impact zone there is a presumption of refusal for all new licence applications whether for on-sales or off-sales alcohol retailing. Following the Big Alcohol Debate and approval by the Licensing Committee, the cumulative impact zone was extended to cover 1.5% of the city area.

Domain 2 also focuses on minimum pricing issues. The Alcohol Programme Board chair together with the elected member chair of the Licensing Committee have written to the Home Secretary on two occasions asking for consideration of a minimum price for alcohol per unit, and asking for consideration of differential VAT ratings for local pubs and off-sales to encourage the development of community pubs and discourage cheap off-sales which are used by young people to pre-load and by other residents, sometimes older people, to drink to excess alone at home. Following the debate, the Programme Board has also agreed to pursue work with the consortia of primary care trusts in Greater Manchester calling for collective bye-law action on minimum pricing.

Domain 3 focuses on 'night time economy'. The key objective in this domain is *'to reduce the impact of alcohol harm arising out of the night time economy'*. The Alcohol Programme Board helped facilitate a project to capture better information on the location of assaults on A&E data systems to supplement that recorded by the police. This model of working, first developed in Cardiff and hence known as the 'Cardiff Model', has been found to reduce assaults. This improved level of information is being used to help target operational policing and other partnership work and inform licensing reviews. Another area for focus has been 'Safe Space', which helps those who have become distressed or injured as a result of alcohol use. It delivers advice, medical interventions, practical and emotion support to visitors and residents partaking of the city's busy nightlife scene.

Domain 4 focuses on 'early identification, treatment and aftercare'. The key objective in this domain is *'to reduce the risk from consumption of alcohol through effective early identification and screening, and onward referral to appropriate treatment and aftercare'*. A range of alcohol health promotion and treatment services are commissioned across the various tiers of services in Brighton and Hove. The overarching aims of these services are to identify at risk and dependent drinkers, and provide information, advice and support to them. Services are provided in partnership, with both statutory and voluntary sector substance misuse services. Non-specialist front line workers are offered training to enable them to identify individuals and signpost them to appropriate services.

Domain group 4 considers the needs of people with alcohol related issues in the city with a view to ensuring that the right services are commissioned going forward. Strong partnership working enables this to happen. A focus for the future will be developing aftercare support services so that those who successfully complete treatment are supported to prevent relapse. To ensure proper scrutiny, greater attention will be given

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to discussing performance related issues with providers of alcohol misuse services as is already the case with drugs misuse services.

### Where next?

In 2012/13 the work of the Alcohol Programme Board, and the four associated domain groups will continue. A joint commissioning plan across all domains will be developed to outline priority areas for development.

A national Alcohol Strategy is expected to be published in March 2012. This will be implemented locally where appropriate.

### 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

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Children and Young People's Substance Misuse Plan</li><li>• Brighton &amp; Hove Divisional Policing Plan</li><li>• Local Transport Plan</li></ul> | <ul style="list-style-type: none"><li>• Brighton &amp; Hove Statement of Licensing Policy</li><li>• NHS Brighton &amp; Hove Strategic Commissioning Plan</li><li>• Public Health Annual Report</li></ul> |
|---|--|

### Key performance indicators

Outcome indicators for 2012/13 still need to be confirmed by commissioners, but are likely to be:

- Percentage of patients leaving alcohol treatment who completed successfully (no longer requiring structured alcohol treatment) – 50%
- No. of alcohol related hospital admissions/1000 population – 2665 per 100,000 population (2% lower growth relative to trend)

In line with outcome indicators that may be developed for substance misuse services, the following may also be developed:

- Percentage of successful completions (planned exits as a proportion of the treatment population)
- Percentage of those in treatment who overcome dependency and do not re-present to treatment within six months.

Other indicators:

- Number of police-recorded assaults with injury



## Alcohol Misuse and Crime and Disorder

- The percentage of people who believe that drunk and rowdy behaviour is a problem

<b>Alcohol Misuse Action Plan –</b>
Summarised from the Alcohol Programme Board’s full Alcohol Action Plan
<b>Area of work 1 (Alcohol Programme Board)</b>
<b>Strong strategic leadership to reduce alcohol-related harm through providing appropriate governance and infrastructure to enable effective partnership working</b>
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
<b>Area of work 2 (Strategy Domain Group 1)</b>
<b>Achieve a city-wide cultural shift which challenges and changes tolerance to problematic drinking</b>
Actions
2.1 Continue the work of The Big Debate for Alcohol. Feedback on views collected and how these will be acted upon.
2.2 Develop a city-wide media and communications strategy
2.3 Developed and evaluate targeted social marketing programmes to reach identified priority audiences (e.g. men <35, young people aged 10-15yrs)
2.4 Identify ways of intervening with young people to provide appropriate advice and support around drugs & alcohol
2.5 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
<b>Area of work 3 (Strategy Domain Group 2)</b>
<b>Reduction of alcohol consumption across the city through measures to reduce its availability, especially to young people and heavy drinkers</b>
Actions

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3.1 Take forward revised Cumulative Impact Zone boundaries and use Matrix Model to review existing/future licensing decisions
3.2 Stakeholder event held to improve community engagement in licensing decisions
3.3 Strengthen links between licensed trade (pub watches etc.) and local action teams
3.4 Public health to be a licensing consideration
3.5 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)
3.6 Neighbourhood plans developed under Localism Act
3.7 Seek integration of council policies as commercial landlord, planning authority and licensing authority
3.8 Continue to lobby for minimum unit pricing (Home Office). Rethink using duty + VAT as “below costs”
3.9 Continue to lobby for lower differential VAT rate on alcohol for on licences (Treasury with EU dispensation)
3.10 Counterfeit, smuggled alcohol investigations to reduce availability of illegal alcohol
3.11 Proxy purchase and test purchasing investigations to reduce availability to young people
<b>Area of work 4 (Strategy Domain Group 3)</b>
<b>Reduction in the impact of alcohol harm arising out of the night-time economy</b>
<b>Actions</b>
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 night-time economy
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 Cardiff Model to continue in A&E 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 service 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

<b>Area of work 5 (Strategy Domain Group 4)</b>
<b>Effective early identification/screening, treatment and after care for alcohol misusers</b>
<b>Actions</b>
5.1 Provide alcohol awareness and identification/screening training packages and support for Tier 1 and 2 workforce, eg. ante/post natal staff (midwives, health visitors), mental health staff, housing/hostel workers, domestic violence workers, social workers
5.2 Restructure community brief interventions service to focus on extended interventions.
5.3 Continue to work on improving uptake and outcomes through Brief Intervention Services within A&E and Primary Care settings
5.4 Understand need for transition services for young people, and develop services accordingly.
5.5 Continue with Frequent Flyers: Assertive Outreach and Engagement pilots focusing on A&E/Hospital and hostel residents
5.6 Continue to review commissioning of tier 4 Residential Rehab treatment services
5.7 Consider other areas for development in 2012/13, dependent on need and funding available, eg. Women's Group Aftercare Programme, aftercare/recovery/relapse prevention service, additional Health Promotion support and training, etc.

## Anti-Social Behaviour

**Outcome: Harm caused to individuals and communities by anti-social behaviour and hate crimes/incidents 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 this is a priority

Anti-social behaviour and hate motivated incidents are a serious issue which can have a detrimental impact on the lives of the individuals and communities who are exposed to it. The impact on individuals can cause significant harm and affect their quality of life and 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.

The number of anti-social behaviour incidents recorded by the police in 2010/11 was nearly 20,000 and this is a similar number to that in each of the preceding two years. Recorded numbers in the first half of 2011/12 are showing an increase of 17%, although changes to recording processes may, at least in part, provide an explanation for this increase. In 2009/10 635 reports of anti-social behaviour were made to council housing and 213 cases of anti-social behaviour were dealt with by the Partnership Community Safety Team.

A needs analysis undertaken in 2011 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 a range of anti-social behaviour services in place since 2003. The city's overall approach between the police and city council is to work 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.

In September 2011 the anti-social behaviour team and hate crime team merged and integrated their services to become the Community Safety Casework Service focused firmly on implementing good practice casework approaches to reduce risk and harm. (The sections in this Strategy which focus on hate crime issues other than the casework aspect are to be found from page 88 onwards.)

The Casework Service 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 and hate incidents. 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. A 2010 HMIC report identified failings nationally 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 and degree of risk 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. Following this, in February 2011 a consultation paper *More effective responses to anti-social behaviour* was published highlighting the government's intention to introduce new tools and powers to assist front line practitioners in tackling anti-social behaviour.

Brighton & Hove has made steady progress in implementing some of the key 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

### Main Partners

Communities  
 Community Safety Casework 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  
 Sussex Partnership NHS Trust

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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 and hate incidents, which measures the harm caused 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, although this practice still needs to be rolled out consistently across the city. The introduction of new tools and powers will present a challenge to local agencies that will be looking to adapt their working practices and train front line staff in their use.

Being able to maintain an overview of levels and patterns of anti-social behaviour and hate crime in the city is also important to inform service delivery and the best way of achieving this needs to be agreed and taken forward.

Following the consultation which ended in May 2011 and the Home Office have committed to publishing draft legislation by Spring 2012. The consultation described eighteen powers being replaced by five new simplified measures, one of which is a new statutory duty on local community safety partnerships to respond to issues raised through a 'community trigger'. Brighton & Hove is to be one of five areas around the country to pilot local implementation of the community trigger.

### **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 in the Casework Service 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. Another cross cutting priority area of work is that with children and young people who are worked with both as victims and perpetrators of anti-social behaviour. Also, the Family Intervention Project is key to tackling anti-social behaviour and improving outcomes for families through intensive support.

The condition of the physical environment is also a factor. The needs analysis highlighted the appearance of an area as an important aspect in preventing anti-social behaviour. Finally, anti-social behaviour links with those aspects of this Community Safety Strategy which deal with more serious crime. Research identifies 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 will go on to commit more serious crime in the future.

### **Implications for equalities and sustainability**

The Community Safety Casework Service 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.



In September 2011 the anti-social behaviour team and hate crime team merged and integrated their services to become the Casework Service focused firmly on implementing good practice casework approaches to reduce risk and harm. During 2012/13 there will be further consolidation and development of a robust service on offer to communities (including communities of interest).

The Casework Service 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. Services to support these groups may be offered to them 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 incidents 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.

### Parallel plans

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

Anti-Social Behaviour Action Plan
<b>Area of work 1</b>
<b>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</b>
<b>Actions</b>
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. In particular, continue to develop our collective partnership focused on victim and witness risk assessment tool, in particular with registered social landlords, Sussex Police, environmental health (noise) and adult safeguarding agencies.

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1.2 With partner agencies develop qualitative data regarding the feelings of victims and witnesses of anti-social behaviour within Brighton & Hove and utilise this information in staff training and to develop city-wide services to support victims.
1.3 Collect and analyse relevant information to enable levels, types and patterns of incidents to be monitored, and the effectiveness of work undertaken to be measured. Use this information to inform future service development.
1.4 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 third sector organisations supporting high risk groups and increase reporting by raising awareness within the city and publicising successful outcomes.
1.5 The council's Road Safety Team to seek to reduce anti-social driving/speeding through working with relevant drivers on New Driver Awareness workshops.
<b>Area of work 2</b>
<b>Reduce anti-social behaviour and re-offending through partnership working and the provision of high quality casework services</b>
<b>Actions</b>
2.1 Resource and continue to develop high quality anti-social behaviour & hate incident casework services within Brighton & Hove in line with good practice and incorporating learning points from local and national serious case reviews.
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 Ongoing and continual review of current partnership meetings and processes to ensure that they are fit for purpose and that the tackling of anti-social behaviour and hate incidents.
2.4 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. Continue to provide training and support to front line staff tackling anti-social behaviour and hate incidents across Brighton & Hove.
2.5 Support registered social landlords and other partners within Brighton & Hove in the delivery of anti-social behaviour services to both victims and perpetrators.
2.6 Utilise data from Sussex Police and Brighton & Hove City Council to identify hotspot areas and target resources accordingly. 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.
2.7 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.
2.8 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.
<b>Area of work 3</b>
<b>Work in partnership with agencies across Brighton &amp; Hove to ensure that the use of new tools and powers and recognised good practice is embedded city-wide.</b>
<b>Actions</b>
3.1 In partnership develop city-wide procedures for using new anti-social behaviour tools/powers and including an ongoing and effective dialogue with the Magistrates and County Court users groups.



## Anti-Social Behaviour

3.2 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 third sector organisations are briefed on any changes taking place in the way anti-social behaviour is being tackled within Brighton & Hove.

3.3 Ensure that publicity and the showcasing of work to tackle anti-social behaviour is co-ordinated with partner agencies.

### 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. Including active involvement in a community trigger pilot.

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 third 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, third 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 Ensure that the CAF process is embedded within anti-social behaviour casework services, including any emerging work arising from work with troubled families or families in multiple deprivation.

## 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, and the joint commissioning and delivery of services

### 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 this is 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 often '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 brings about changes in the behaviour and drug misuse and improved life opportunities for individual perpetrators, but also brings 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.

#### 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  
Sussex Partnership NHS Foundation Trust  
NHS Brighton & Hove  
Crime Reduction Initiatives  
Housing Services  
Business Crime Reduction Partnership  
Sussex Criminal Justice Board  
Inspire

## Reducing Reoffending

The PPO scheme has been the foundation for the development of a fully 'Integrated Offender Management' (IOM) approach to the 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, eg. substance misuse, mental health needs, homelessness, unemployment, finance and debt. The Safe in the City Partnership (SITCP) aims 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 SITCP provide them with an opportunity for successful reintegration in the community. In this way the SITCP 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. 60% of offenders also had alcohol needs. However for the most high risk offenders drugs misuse was more of an issue than

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

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

alcohol. Overall, needs were greater for Brighton and Hove offenders than for those across the rest of Sussex. In 2012-13 a full 'intelligent' commissioning exercise will be completed on IOM to inform the direction of future investment in services.

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 (SITCP's) work in this area was well established before the legislation came into force.

### Current context

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.

In March 2012 the government published consultative documents in two key areas of justice reform. These are '*Punishment and Reform: Effective Community Sentences*' and '*Punishment and Reform: Effective Probation Services*'. Sentence reform includes proposals that every community order includes a punitive element. Reform of probation includes proposals to extend competition of offender services.

The election of the Sussex Police and Crime Commissioner (PCC) in November 2012 will transform the commissioning of a wide range of community safety and criminal justice interventions. The PCC will produce a 5 year Police and Crime plan. There will be a period of transition as we move from Police Authorities to Police and Crime Panels. The latter will scrutinise the work of the PCC. The PCC will set the budget for Sussex Police and determine the precept. PCCs will be able to use a percentage of their budget for wider community safety activities. The IOM needs assessment will be used to inform the PCC's future commissioning decisions. We will work with our colleagues in IOM schemes in East and West Sussex to ensure that this work is understood by the PCC and that wherever possible we collaborate on initiatives to improve our efficiency and outcomes. A Sussex IOM Steering Group has been established by the Sussex Criminal Justice Board and will assist this process.

The Health and Social Care Bill received parliamentary assent in March 2012. Locally GP led clinical commissioning groups have been created and will assume most of the commissioning responsibilities previously held by Primary Care Trusts (PCTs). The public health aspects of PCTs will be undertaken nationally by a National Commissioning Board and by Brighton & Hove City Council through the creation of a Health and Wellbeing Boards. Our local reducing re-offending strategy will include arrangements for the exchange of information with the Health and Wellbeing Board and Clinical Commissioning Groups on offender needs as it remains our priority to link

## Reducing Reoffending

resource allocation of health and social care to local re-offending levels. Information about offenders gained from OASys and other offender related data will be fed into the Joint Strategic Needs Assessment. Our IOM Intelligent Commissioning will assist with this process.

Information exchange between the Health and Wellbeing Board, Clinical Commissioning Groups and the Police and Crime Commissioner must be a key priority for the future in order to link resource allocation of health and social care to reoffending levels locally.

### Where next?

The Integrated Offender Management team is now established at its delivery site in SSPT Probation Office in Grand Parade Brighton. The team 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.

The Safe in the City Partnership will extend the principles attached to integrated working by establishing a Safe in the City Delivery Unit in North Street Brighton. This will bring together Neighbourhood Policing Teams and the Partnership Community Safety Team. The anticipated radical changes to the delivery of public services provides us with opportunities for greater collaboration to improve outcomes for both citizens and offenders. The key opportunities identified for the next twelve months are:

- Intelligent Commissioning of Integrated Offender Management
- The introduction of integrated mental health, substance misuse and learning disability assessments at the Brighton Custody Suite and Magistrates Court and the development of pathways for associated interventions
- Restorative approaches to increase victim satisfaction and deal more effectively with perpetrators
- Tackling intergenerational crime in partnership with the Troubled Families Programme
- Adopting the 'recovery approach' in working with drug and alcohol misusers
- Increased community engagement.

### Links to other priority areas

Considerations of crime and disorder are at the heart of decision making across all local authority functions. Work to prevent offending and reoffending integrates with most other areas of this Strategy. The key areas are:- alcohol misuse, drugs misuse; anti-social behaviour and youth crime.

### Implications for equalities and sustainability

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

High risk offenders can be some of the most socially excluded members of our community, and suffer from multiple disadvantages around health and wellbeing, 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

<ul style="list-style-type: none"><li>• SSPT Brighton &amp; Hove Local Delivery Unit Plan</li><li>• Children and Young Peoples Action Plan</li><li>• Alcohol Action Plans</li><li>• Drugs Misuse Action Plan</li><li>• Sussex Policing Plan</li></ul>	<ul style="list-style-type: none"><li>• Sussex Criminal Justice Board Strategic Plan</li><li>• Sussex Partnership Trust Dual Diagnosis Strategy</li><li>• Suicide Prevention Action Plan</li><li>• Anti Social Behaviour Action Plan</li><li>• FIP Business Plan</li></ul>
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### Measures of success

- Adult proven reoffending rate (based on 12 month rolling cohort)
- Reoffending by PPOs (previously NI30) – number of re-offences from those in cohort over 12 months
- Youth proven reoffending rate (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

Reducing Reoffending Action Plan
<b>Area of work 1</b>
<b>Set a strategy for the development of Integrated Offender Management</b>
<b>Actions</b>
1.1 Consider the findings from Sussex Universities comparative study between Kent Probation Trust and Surrey & Sussex Probation Trust (SSPT) to better understand the NI18 measure in respect of adult re-offending and act on the recommendations as agreed by the Reducing Reoffending Board.
1.2 Consider the findings of Sheffield Hallam University research and evaluation project on Integrated Offender Management provision across Sussex and implement the agreed recommendations.
1.3 Develop the stakeholder management and communication plan prepared by the Sussex Health and Criminal Justice Liaison and Diversion Steering Group.



## Reducing Reoffending

1.4 Further develop the strategic and operational links between Brighton IOM Team and HMP Lewes Offender Management Unit and HMP Bronzefield Resettlement Unit IOM teams.
1.5. Explore options for a Payment by Results pilot in conjunction with the 'Troubled Families' initiative.
1.6 Undertake an IOM needs assessment and draw up an IOM Commissioning Strategy.
1.7 Review the INSPIRE women's project.
<b>Area of work 2</b>
<b>Pathways Development: Accommodation – Enable offenders to access and maintain suitable accommodation</b>
<b>Actions</b>
2.1 Consider the findings of the Sheffield Hallam University evaluation of Prevention of Accommodation Loss (POAL) scheme in HMP Lewes and implement the agreed. Recommendations.
2.2 Monitor and evaluate the contribution of providers to accessing and supporting offenders into accommodation:- Brighton Housing Trust; Sussex Pathways; POAL.
<b>Area of work 3</b>
<b>Pathways Development: Health – The health and well-being of offenders is improved and maintained</b>
<b>Actions</b>
3.1 Introduce health trainers into the Integrated Offender Management Team and monitor agreed outcomes.
3.2 Work in partnership with Sussex Police, Sussex Partnership NHS Trust, HMCTS to deliver on the objectives of the Sussex Criminal Justice Health Liaison and Diversion Scheme.
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, eg. Positive Practice, Positive Outcome 2011.
3.5 Increase confidence and skills amongst staff/frontline workers/practitioners to work with offenders with identified needs in the following areas: learning disability ;autism; personality disorder.
<b>Area of work 4</b>
<b>Pathways Development: Drug and alcohol misuse – Offenders are assessed and supported to recover from drug and alcohol problems</b>
<b>Actions</b>
4.1 Implement "'test on arrest' in Hollingbury Police Custody Suite from April 2012.
4.2 Check progress on the continuity of care for female prisoners leaving HMP Bronzefield and returning to Sussex.
4.3 Review the delivery of substance misuse programmes to ensure they focus on recovery and reintegration.

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<b>Area of work 5</b>
<b>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</b>
<b>Actions</b>
5.1 Monitor and review the 'postcard' scheme at Brighton Magistrates through which families may be signposted to local Children's Centre services, and offer a consent-based referral for one to one support for partners/families.
5.2 Contribute to the development, implementation and oversight of the 'Problem Families' programme.
<b>Area of work 6</b>
<b>Pathways Development: Support the development of a productive, stable, offence-free lifestyle with non-offending associates</b>
<b>Actions</b>
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.
6.3 Explore the extent of overlapping services via sample case information and service mapping.
6.4 Pilot an intervention with male offenders in partnership with 'abandofbrothers' focusing on mentoring and manhood.
6.5 Work in Partnership with East Sussex Fire and Rescue Service to develop programmes for intervention with offenders from the IOM cohort.

## Children, Young People and Families

**Outcome:** A city where teenage years are safe and rewarding, and where young people are supported to achieve their full potential.

### Sub-outcomes:

- Family and community stability is improved through early intervention services that enable parents, carers and young people to develop their relationships and behave in a responsible way.
- The resilience of young people, especially those who are vulnerable or at risk, is improved through advice and targeted early intervention services that increase their confidence, self-esteem and motivation, and also their ability to communicate and deal with conflict, adversity and the challenges of adult life.
- Young people have the opportunity to be active citizens, participate in community activities and shape the services that affect their lives so that values, expectations and responsibilities are shared and understood.
- Young people are able to enjoy their leisure time, using the opportunities on offer through open access youth provision and cultural, sports and other positive activities across the city, so that they are inspired and challenged.
- The harm caused to young people from misuse substances or involvement in crime and/or antisocial behaviour is reduced.

### Why this is a priority

Brighton & Hove values its young people. The city's strategies aim to create a safe environment to support young people to be successful learners, confident individuals and help them navigate the challenges they may encounter whilst making a successful transition into adulthood. The vast majority of young people in Brighton & Hove make a valuable contribution to their communities and to the city as a whole. Young people are the future community and city leaders.

In Brighton and Hove there are 55,100 children and young people aged 0-19 of which a third (18,000) are aged 13-18. The 2012 City, Equalities and Neighbourhood Profiles analysis estimates that around 4,320 (31%) of this 13-18 cohort, are at risk of poor outcomes due to substance misuse issues, an offending background, being a young carer, involvement with social care teams, teenage pregnancy, living in a deprived area or being not in Education, Employment or Training (NEET) (Aspire database).

The proportions of young people who are involved in different specialist services are small but significant:

- In 2011/12, 270 young people aged 11-17 were either First Time Entrants to the Criminal Justice System or repeat offenders over a 12 month period, a reduction from 400 in 2010/11

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

- In 2011/12, a marginal projected reduction of 177 (1%) young people under 18 received substance misuse interventions compared with 170 (less than 1%) in 2010/11
- As of December 2011, 514 (3%) young people were either identified as having an initial assessment, being a Child in Need (CIN), being on a Child Protection Plan (CPP) or being Looked After in Care (LAC).

National evidence confirms that growing up in poverty, within intergenerational family unemployment, or being affected by social exclusion, are often the causal factors behind young people's behaviour. It can often be a young person's involvement in anti-social behaviour (ASB), crime or misuse of substances that brings these conditions to the attention of practitioners who can provide and support change.

### The local picture

Local intelligence, findings from the Intelligent Commissioning Alcohol Pilot Needs Assessment, Child Poverty Joint Strategic Needs Assessment (JSNA), Substance Misuse Needs Assessment, the needs assessment for the Services for Young People Joint Commissioning Strategy 2012-15 and the 2010/11 and 2011/12 performance reports of our specialist services show that:

- Brighton & Hove contains areas of significant deprivation and low ranking scores in the Child Well-being Index. In general these areas align to those in which youth offenders or young people within the Ru-ok substance misuse treatment services live.
- The young people involved in specialist services have a cluster of complex or multiple problems which include a combination of poor mental health, substance misuse, low or no educational attainment, homelessness, poverty, or that they are teenage parents and/or have experienced neglect or abuse and have had previous or current social services involvement.
- Young people's exposure to alcohol is above the levels recommended by the Department of Health who advise that no-one under 15 should have alcohol. In the 2011 Safe and Well School Survey (SAWSS Survey) 82% of young people age 14-16 reported that had tried alcohol and 37% had a drink in the last week. Of those who drink, 18% said they often drink to get drunk and 18% said they drink to get drunk every time. This is a reduction from the 2010 survey where 85% confirmed they had tried an alcoholic drink and 49% has a drink within the last week, although levels remain above national recommendations.
- In the same survey (SAWSS 2011), 25% of the young people said they had taken drugs that were not prescribed. Of these, 82% had used cannabis and of these 26% use cannabis most weeks (130 young people out of a sample of 500). This is a slight increase from the SAWSS 2010, survey, where 23% of the young people had taken drugs that were not prescribed and 26% had taken cannabis most weeks.
- Alcohol remains easily affordable and accessible and the concern now is that young people are drinking at homes and with parental / relative's awareness. In the SAWSS 2010 survey, 49% of the young people aged 14-16 drank at home, 39% drank at a friend's house, 34% drank at a party and 10% drank at a relative's house. In the 2011 SAWSS Survey, this question was changed to show who the young people were drinking with. For example, of those drinking at home, 39% drank with a relative and 10% drank on their own. Of those drinking at a friend's

## Children, Young People and Families

house 69% drank with a friend their own age and of those drinking at a relative's house, 31% drank with a relative. 67% of those drinking at a party drank with friends their own age.

- During the school year 2010/11 (September 2010 - July 2011) there were 52 smoking, drugs and alcohol fixed term exclusions with no permanent exclusions.
- There were 113 young people in Ru-ok, the Young People's Substance Misuse Treatment Service, from April to December in 2011, a slight drop from the same period in 2010 which was 127. Between October and December 2011, 42% used cannabis and 36% used alcohol as their main drug. The impact of this service showed that 84% of young people left treatment in a planned way and 28% of these young people were referred on to other services for on-going support and 29% referred back to original referrer. At the same time, there has been a parallel increase in the average length of time in treatment. So although there have been slightly lower numbers entering treatment, they have had more complex needs. These young people are more likely to be NEET (not in education, employment or training) and leave school without qualifications
- A national report '*Right time, right place: alcohol-harm reduction strategies with children and young people*', indicates that A&E attendances nationally have increased over recent years. Locally in 2011/12, 216 people attended A&E with drug/alcohol related incidents and were offered support, a slight decrease from 2010/11 where 223 young people attended A&E. Of the 2011/12 cohort, 33 received 'tier 2' support and 14 were offered specialist treatment, while in the previous year, 28 received 'tier 2' support and 12 received specialist treatment. So whilst the national picture appears to be increased, locally the figures have remained fairly static over this two year period.
- Between 2007/8 and 2010/11 the number of First Time Entrants (FTE) has reduced by 66% (from 498 to 170). Provisional data for 2011/12 anticipates roughly a further 50% reduction compared to the 2010/11 with around 90 FTEs. This is largely attributable to effective working relationships between the Youth Offending Service, Youth Service and the police. Of the crimes committed by children and young people under the age of 18, about three-quarters were committed by males. Theft is the most commonly committed type of offence which accounts for 25% of offences in 2011, with violence against the person the next prevalent (22%). 'Youth on youth' crime most frequently involves violence. In 2011/12, the anticipated number of custodial sentences is 13, a reduction on the previous year and 5% of all sentences. A measure of re-offending is now produced quarterly by the Ministry of Justice. The most recent statistical release (up to March 2010) shows that Brighton & Hove performs well regarding the proportion of young people re-offending, 30%, and the proportion of the young people population in the youth justice system. However, Brighton & Hove has a high average number of re-offences per re-offender at 3.7 offences per person compared to the national average of 2.7 offences, ranking poorly on this measure compared with other youth offending services in the country.
- The Youth Crime Prevention Team has reached nearly 600 young people since 2008, and the impact for 450 young people who have received a 1-1 intervention has been consistently monitored over the last 4 yrs. During 2010/11, 84% of young people who were referred as non FTEs did not go into the youth justice system, and 76% of the young people who had been referred as FTEs have not re-offended. The young people in cohort 2011/12 will be tracked for their re-offending rate. 52

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young people have been screened for substance misuse, 30 young people have received a CRI Drug Awareness intervention, 29 young people completed the sexual health screening tool and over 100 young people have taken part in the Positive Futures Programme of diversionary activities since October 2011.

### Current context

The UK is one of the world's most developed economies but nearly 4 million children are living in poverty, moving children and young people away from living in poverty is a priority. The Department of Health, Home Office and Ministry of Justice are encouraging a joint response locally to enhance the opportunities across police, local authorities, health and probation to work together to improve outcomes and use resources more effectively to reduce substance use and involvement in crime (including payment by results) and this is reflected in the local work described below.

#### **Education and personal, social and health education (PSHE)**

All schools (with the exception of the Academies) have Healthy Schools Status. However, there is local agreement that the quality of teaching and learning in drugs, alcohol and tobacco needs to be improved as do the systems for identifying vulnerable young people for the targeted prevention programmes. As a result, during 2011/12 a core programme of quality drug and alcohol education for Years 9 and 10 was agreed across all secondary schools, ACE, Patcham House, the Cedar Centre and 4 engagement programmes and its implementation has begun. As part of this programme, students who don't receive 50% of this program or who are identified as vulnerable are referred to the Reflect Group Work Program delivered by the council's Youth Service for targeted support.

There are some key health promotion messages and information to support the delivery of effective PSHE in schools for young people and families. Schools have also agreed to deliver every other year sessions directly to parents called '*Talking to your teens about...drugs and alcohol*'. All schools work jointly with the Healthy Schools Team to develop and deliver anti-bullying programmes, particularly focusing on reducing bullying which is motivated by racist/religious prejudice or homophobia/transphobia.

#### **Substance Use**

Local intelligence shows inconsistency between schools' policies on responses to the discovery of substances on school sites. Schools determine their own drug and alcohol policies, but it is a good time to explore with schools a city-wide policy on this as part of the work of the Behaviour Partnership.

Sustaining the effective delivery of treatment services is a priority. A cost benefit analysis report for the Department for Education found that the immediate and long-term benefits of specialist substance misuse treatment for young people are likely to significantly outweigh the cost of providing the treatment. In particular, it estimated a benefit of between £4.66-£8.38 for every £1 spent on young people's drug and alcohol treatment.

#### **Targeted Youth Support**

Since 2008, the Targeted Youth Support Service Crime Prevention Team has received referrals for young people raised for crime and anti-social behaviour (ASB) concerns. Young people are identified through the six Early Intervention Groups which have been established to cover local communities, and areas of ASB concern in Brighton and Hove. These partnerships include police, education services, housing, the Partnership Community Safety Team (including ASB Team and Family Intervention Project), youth services, and social care. This partnership has been effective in identifying young people at risk of becoming 'First Time Entrants', agreeing actions to address ASB where



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appropriate and monitoring their offending behaviour. Early intervention programmes are agreed to address individual risk factors and reduce offending behaviour.

The Youth Crime Prevention Team operates on 3 levels: personal, family and community. Youth Crime Prevention workers focus the interventions on the individual needs of the young person (offending behaviour programmes, diversionary activities, Restorative Justice, ABCs and ABC plus), their family (Parenting Programmes, Break for Change, CAF/TAF (Common Assessment Framework/Team Around the Family), and Parenting Contracts/Orders), and the wider Community (Restorative Justice and the Positive Futures Programme).

To support the city's Youth Justice Plan, the commissioners and providers will undertake a Service Commissioning Review of the Youth Offending Service and the Youth Crime Prevention agenda.

### **Youth Offending**

The police and YOS are working together to develop a better aligned partnership approach to 'Deter Young Offenders', ie. to target those young people who are at highest risk of re-offending. Improved intelligence sharing on these high risk young offenders has led to joint planning and delivery around vulnerability and public safety as well as re-offending.

There has been an important culture change in the police response to low level crime through the introduction of Community Resolution. This disposal is victim-focused and restorative and takes place outside of court so the young person is diverted from receiving a criminal conviction. Community Resolution activities involve an apology that may take the form of a letter, a mediated meeting or even repairing damage which helps the young person to increase their own community and personal responsibility. This intervention is firmly embedded as a suitable diversionary outcome and has impacted positively on reducing the number of young people entering the youth justice system.

Involvement in substance misuse, crime or anti-social behaviour can cause physical, psychological and or social harm to the young people themselves, as well as to individuals, families and communities. It is also a negative cost to our city through the costs attached to police call outs, enforcement actions and implementing statutory social care responses. The young person's difficulties can spiral as their behaviours are often linked with criminal activity to fund illicit substance use. There is strong evidence from national studies that building resilience and increasing protective factors for young people and families reduces crime and substance misuse.

These factors and approached will be covered by the Services Review described above.

### **Sexual assault and sexual exploitation**

Drug facilitated sexual assault, including rapes in which drugs are mixed with alcohol, is a significant problem as confirmed by the Advisory Council on the Misuse of Drugs. Sexual assault and sexual exploitation remain a priority for the city and there is now an

### **Main Partners**

BHCC Commissioning teams  
Public Health Team  
Children & Families Delivery Unit  
Health Promotion  
Police  
Anti-Social Behaviour Team  
B & H City Council Housing  
Temporary Accommodation Team  
Education  
Healthy Schools  
Job Centre Plus  
Substance Misuse Services  
CAMHS and Adult Mental Health Service  
Probation  
Various community and voluntary sector providers  
Residents and communities  
Young people and their families / carers

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established multi-agency steering group for sexual exploitation currently working with Sussex Central YMCA. Sussex Police also lead the work to deal with serious sexual assaults with the CPS supporting and commissioning the development of local support services for victims of sexual assault.

### ***Families***

National reports confirm that parental or guardian problematic drug use causes serious harm to children and young people at every age. In Brighton and Hove, the complex needs of families are addressed by a range of 'tier 3' services including social work, Functional Family Therapy (FFT), Family Intervention Project (FIP) and the Parents Of Children At Risk project (POCAR). The needs of families will often include a complex mixture of domestic violence, substance misuse, poor parenting, mental health issues, adult learning difficulty, worklessness, poverty, child neglect, and behavioural difficulties. Often a family member will be in prison or hospitalised for mental health issues for a period of a young person's life. Some children or young people growing up within these families will meet safeguarding thresholds, and are therefore subject to formal children in need, child protection plans or care proceedings. Some young people themselves are likely to become involved in offending or misusing substances.

Local safeguarding information shows a steep increase in past years in the numbers of children on a Child Protection Plan. However, more recently, the number of children subject of a child protection plan has fallen from a peak of 440 in March 2011, to 335 in February 2012, a 24% decrease, with service managers attributing this decrease to Children in Need Plans being seen as a more robust option. Domestic Violence/Abuse and Physical Care/Neglect issues were the most frequent underlying causes for the plans.

Local intelligence from practitioners and service user groups suggest that families in fact delay seeking treatment for their substance use because of the fear attached to social work intervention. A proactive response to engage families where the risks are potentially high for the children has been implemented with the work at Oasis and the young carer's project. Here, support is provided directly to the children of women in treatment. There is also a multi-agency response to reduce offending linked to Integrated Offender Management (IOM) for families of prisoners, which include family days out and family support in children centres and the community.

National evidence confirms that family-based approaches implemented in line with the family CAF improve family stability and functioning. There are a number of successful evidence based family interventions available in the city. The FIP project works with families engaged in ASB, children and young people at high risk of offending, women offenders and children entering or at risk of entering the care system. FFT provides intensive family support to reduce offending, ASB and prevent children coming into care. POCAR is a joint partnership approach to working with families where the adult is in substance misuse treatment and the children are involved with social care teams. These projects are consistently achieving positive outcomes for the families with specific reductions in children entering care, and in the parent's involvement in crime and substance misuse. The Children's Services Value for Money (VfM) project is focusing on prevention and strengthening processes in respect of the number of Looked After Children needing high cost and/or long-term interventions. The Prevention workstream's objective is to manage preventative services effectively in order to reduce referrals to social work and the number of Looked after Children. A robust VfM action plan is in place which includes a multi-agency response across the social work, school nursing, health visiting services and youth services to strengthen the CAF process and to manage cases that redirected at the entry and exit points from the social work to community services. In 2010/11 the Prevention workstream exceeded its savings target

by 199% and saved the council £740k and in 2011/12 it is projected to exceed its target by 137% equating to savings of £1.35 million.

Break4Change is a Brighton & Hove multi-agency city-wide programme for families where young people are abusive towards their parent(s)/carer(s), eg. hitting, name calling, making threats, stealing money or damaging possessions in the home. The project focuses on changing the values, beliefs and actions of participants by; improving internal control, offering clear alternative strategies, increasing critical reasoning and enhancing empathy. The programme is currently undergoing an evaluation in order to become a fully accredited youth programme.

### Where next?

Joint commissioning and partnership working between Brighton & Hove City Council, health, police, the Safe in the City Partnership and Community Voluntary Sector is successfully improving the outcomes for children and young people through reducing crime and substance use amongst young people and families.

During 2012/13, there will be two priorities

- Completion of the Service Review of the Youth Offending Service and Youth Crime Prevention agenda with recommendations implemented via the Youth Justice Plan
- Implementation of the Services for Young People: Joint Commissioning Plan 2012-15.

### Links to other priority areas

The work described here around young people and families will also have an impact on safeguarding children and young people and domestic violence within families.

### Implications for equalities and sustainability

Young people and their families who misuse substances and need treatment or who become involved in crime or ASB are often some of the most socially excluded members of our community and suffer from multiple disadvantages including employment, health, finance and accommodation. The work in the following action plan seeks to support young people and their families to overcome these problems.

Preventing young people from entering the criminal justice system or misusing substances and concentrating resources on those young people and adults who are committing high numbers of crimes has the potential to divert them from offending, reduce the impact on their health from misusing substances and improve their life opportunities and enhance the quality of life for residents and visitors in the city.

### Parallel plans

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Youth Justice Plan (includes: music mentoring scheme, arrest diversion scheme and partnership work on release from custody.</li></ul> | <ul style="list-style-type: none"><li>• Domestic Violence Action Plans</li></ul>   |
| <ul style="list-style-type: none"><li>• Services for Young People: Joint Commissioning Strategy 2012-15.</li></ul>  | <ul style="list-style-type: none"><li>• Recommendations of the Local Children Safeguarding Board and Review findings</li></ul> |
| <ul style="list-style-type: none"><li>• Anti-Social Behaviour Action Plans</li></ul>  | <ul style="list-style-type: none"><li>• Schools improvement strategy</li></ul>   |
| <ul style="list-style-type: none"><li>• Young People's Substance Misuse Treatment Internal Compact</li></ul>  | <ul style="list-style-type: none"><li>• Workability strategy</li></ul>   |
| <ul style="list-style-type: none"><li>• 14-19 Partnership (including plans attached to raising the age of</li></ul>   | <ul style="list-style-type: none"><li>• Young people's risk and resilience business plan to be developed during</li></ul>      |

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

education).	2012
<ul style="list-style-type: none"> <li>• Family Intervention Project Action Plan</li> <li>• Parents of Children at Risk (POCAR)</li> <li>• Child and Adolescent Mental Health Services (CAMHS) Strategy</li> <li>• Healthy schools work in secondary schools</li> </ul>	<ul style="list-style-type: none"> <li>• Joint working on parental substance misuse and its impact on families.</li> <li>• Alcohol Strategy and Action Plan</li> </ul>

### Key performance indicators

- Number of children/young people entering the care system
- The numbers of first time entrants to the criminal justice system
- The percentage of YOT offenders who re-offend in a 12 month period
- The number of young people within the criminal justice system receiving a conviction in court who are sentenced to custody
- Number of Key Stage 4 school students reporting that had 'ever taken drugs that were not prescribed for you or available at a chemist'.
- Planned exits from substance misuse treatment as a proportion of the total treatment population for under 18s
- Number of vulnerable young people screened for substance misuse across youth services, hostels, social care and CAMHs
- EET amongst young people engaged in YOT / substance misuse treatment
- Youth Crime prevention compared to general youth population.

### Children and Young People Action Plan

This action plan is the commissioning business plan and performance will be reported against each area of work using a score card

#### Area of work 1

#### Implementation of a city-wide Services For Young People Joint Commissioning Strategy

##### Actions

1.1 Jointly commission services for young people across the council's commissioning teams, the community safety partnership and health to ensure that resources are pooled and targeted effectively via the Youth Joint Commissioning Group.

1.2 Commission youth work and youth provision across the city. Address any issues that arise as part of the review of the Youth Offending and Youth Crime Prevention Services.

1.3 Revise and amend the care pathway across services for young people at risk, improve resilience and increase protective factors.

1.4 Agree and implement a consistent standard and quality of approach across all commissioned / delivered services for young people, attached to participation and engagement.

1.5 Procure services in a fair and transparent way.

#### Area of work 2

#### Reduce the harm caused to young people by substances use

##### Actions

## Children, Young People and Families

2.1 Continue to deliver an effective treatment service that ensures young people have left treatment in a planned way when their treatment is completed.
2.2 Improve resilience amongst young people, especially those who are vulnerable or at risk due to substance use.
2.3 Identify service and information gaps and issues regarding dual diagnosis in conjunction with commissioner for mental health and seek to address these.
2.4 Consider the options available for developing an effective substance misuse treatment intervention for young people aged 18-25 where the primary substances of choice are alcohol and cannabis, and consider whether there is a need to develop a Transitions Service
<b>Area of work 3</b>
<b>Improve the outcomes for young people involved in crime or ASB</b>
<b>Actions</b>
3.1 Implement the Youth Justice Plan 2011/12
3.2 Conduct a service needs assessment for Youth Offending and Youth Crime Prevention Services
3.3 Implement a transformational plan through the Youth Justice Plan and include in the 2012/13 plan
<b>Area of work 4</b>
<b>Improve formal and informal education for young people attached to substance use and sexual health (as part of implementing the Teenage Pregnancy and Substance Misuse Action Plan)</b>
<b>Actions</b>
4.1 The Healthy Schools programme to support schools to deliver a core programme of quality drug and alcohol education and to monitor attendance and referral to targeted support of the PSHE programme across all secondary schools, ACE, Patcham House, Cedar Centre and 4 engagement programmes for Year 9 and 10
4.2 Healthy Schools to support schools to deliver 'Talking to your teens about...drugs and alcohol' sessions every two years
4.3 Healthy Schools to revise and disseminate guidance on dealing with drug related incidents and searching in schools.
4.4 All schools to complete a Safe and Well at School Survey annually
4.5 Transfer this core program delivery approach to the provision of youth services in the community, whether contracted with or delivered by the council.
<b>Area of work 5</b>
<b>To reduce the harm caused to families where substance misuse is an issue</b>
<b>Actions</b>
5.1 All delivery of secondary schools Triple P Parenting program to deliver a model on talking to young people and sexual health and substance misuse.
5.2 Implement the VFM agenda across children services.
5.3 Review and implement a joint working protocol across children's and adult services for working with families where substance misuse is an issue. Support year one with training across services and review learning via action learning sets aimed at managers.

## 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 this is 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.. Of the 60 referred families accepted by the FIP between Jan 2010 and Dec 2011, 90% (53/60) had had some involvement with children's social services. Within these families, there were 166 children of whom 55.4% were on Child Protection

#### 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  
Various health agencies  
Adult Social Care



## Children, Young People and Families (FIP)

Plans either at referral or at some point during the intervention.<sup>7</sup>

Our evidence-based approach looks at: 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.

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. On the 15<sup>th</sup> December 2011 the Prime Minister and Communities Secretary announced plans to radically transform the lives of 120,000 of the country's most 'troubled families' by the end of this Parliament. Almost £450 million has been made available. A new Troubled Families Team based within the Department for Communities and Local Government has been established. Funding has also been provided for a national network of Troubled Family 'trouble-shooters' who will be appointed by local councils.

Complaints of anti-social behaviour are collated and reviewed regularly. The number of ASB complaints against FIP families<sup>8</sup> in the three months prior to their case being closed reduced by 97% compared with the three month period prior to the families' initial referral. Data are now being collated on offending by FIP 10-17 year olds both during the intervention and in the months following the closure of a case and will be reporting in the coming months. FIP work will have contributed to the ongoing drop in the number of first time entrants to the youth justice system (from 171 in 2010/11 to 64 in the period from April to December 2011). 74% of families and 100% of agencies reported that the overall situation for the FIP family had improved as a result of the FIP intervention.

### Where next?

The Government has introduced a Troubled Families programme which is a 'payment by results' model for local partnerships to improve the lives of those families who have long standing problems and which can lead to children repeating the cycle of disadvantage. The families that are expected to be within the target group, are characterised by there being no adult in the family who is working, children not being in school and a family member being involved in crime and/or anti-social behaviour. It is expected too, that other problems will also need to be addressed – domestic violence, mental and physical health problems, isolation, and so on. The way of working that is recommended, recognises the success of the model of interventions pioneered by Family Intervention Projects, and the Community Safety Partnership is therefore fully involved in the scoping and development exercise for the new Troubled Families initiative. The outcome of this will also determine the future positioning of the Family Intervention Project, its vision and the service it delivers.

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<sup>7</sup> The FIP referral process changed during 2011 and it is now FIP policy to accept only referrals from CYPT (with a small number of exceptions). This means that this percentage of children with a CPP will increase over time, although there are still a number of long-standing cases open where there is no child protection element.

<sup>8</sup> For those cases closed during the first six months of 2011/12

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This group will take into consideration the continued successful outcomes achieved by using the FIP model and the evidence of providing 'value for money'.

### 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/Hate Crime Casework 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 Casework 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 (eg. 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

<ul style="list-style-type: none"><li>• Brighton &amp; Hove Children &amp; Young People's Plan</li><li>• Brighton &amp; Hove Youth Justice Plan</li><li>• Brighton &amp; Hove Parenting Support Strategy</li></ul>	<ul style="list-style-type: none"><li>• Brighton &amp; Hove Housing Strategy</li><li>• Brighton &amp; Hove Turning the Tide Strategy</li></ul>
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### Key performance indicators

NB. The following indicators may change depending on the outcome of the forthcoming work linked to Families with Multiple Disadvantages.

- % of families and referring agencies who feel that the situation with the family has improved as a result of the work of the Family Intervention Project
- Percent change in ASB complaints against FIP families

## Children, Young People and Families (FIP)

- Percentage of children and young people of families entering the care system during the FIP intervention
- Percentage of FIP children and young people who have offended

Family Intervention Project Action Plan
NB. The following Action Plan may change depending on the outcome of the forthcoming work linked to Families with Multiple Disadvantages.
Area of work 1
<b>Effective structures and processes in place that enable staff to confidently deliver FIP interventions within a supportive framework that safeguards them and their clients</b>
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 performance reviews
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
<b>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)</b>
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

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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
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
<b>Area of work 3</b>
<b>A varied, evidence based group work programme that meets the needs of families with complex/acute needs</b>
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
<b>Area of work 4</b>
<b>Support family members that are perpetrating or affected by domestic violence</b>
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
<b>Area of work 5</b>
<b>A robust pathway in place for family members working with FIP that are not in education, employment and training</b>
Actions
5.1 The assessment to include identification of family members needs around education, training or employment

## Children, Young People and Families (FIP)

5.2 Where required a plan/pathway back into education, training or employment negotiated with family members, supported by partner agencies
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
<b>Area of work 6</b>
<b>Improving the health of families working with FIP</b>
<b>Actions</b>
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
<b>Area of work 7</b>
<b>Ensure the views of family members involved with FIP and stakeholders are heard and findings inform the development of the service</b>
<b>Actions</b>
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
<b>Area of work 8</b>
<b>Ensure FIP are properly servicing the community's diverse population and that services are accessible to all</b>
<b>Actions</b>
8.1 In addition to data already collected, collect data and monitor family member's sexual orientation, gypsies/travellers and religion/beliefs.
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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

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: 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

#### **Definition:**

The local and national definition of domestic violence, 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'<sup>9</sup>, female genital mutilation (FGM)<sup>10</sup> and forced marriage<sup>11</sup>.

<sup>9</sup> Forced marriage affects people from many communities and cultures: Black, minority ethnic and refugee communities; lesbian, gay, bisexual and transgender people; and disabled people. It involves a marriage in which

### Why this is a priority

Domestic violence in the city, as elsewhere, is widespread. It occurs across all communities, irrespective of 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 occurs in heterosexual, lesbian, gay and bisexual relationships.

If not prevented, domestic violence often escalates in intensity and severity, and can lead to the victim's death. Nationally, two women a week on average 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. In 2009/10 in the city, 125 victims were assessed as being at very high-risk of homicide, and in 2010/11 197 referrals were considered at a Multi-Agency Risk Assessment Conference where the victims were assessed as being at high-risk of homicide.

The British Crime Survey 2010/11 found that 7.4% of women and 4.8% of men aged 16-59 reported being a victim of domestic abuse<sup>12</sup> in the last year. If extrapolated to the Brighton & Hove population, this equates to an estimate of 6,200 women and 4,100 men within this age group. However, this estimation does not take into account the pattern of ongoing, repeat violence which often characterises the coercive nature of domestic violence. Research shows that women are much more likely to experience repeat domestic violence than men. It is therefore estimated that over 25,000 women

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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.

<sup>10</sup> 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 or 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.

<sup>11</sup> 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, 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.

<sup>12</sup> includes partner or family non-physical abuse, threats, force, sexual assault or stalking

### 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

Health & Wellbeing Board

Stronger Communities Partnership

and nearly 2,000 men living in Brighton & Hove could, at some point in their lives, experience 4 or more repeat incidents of domestic violence as adults. From limited national research, the estimated prevalence for lesbians, gay men, bisexual and trans people is thought to roughly the same as that for the heterosexual population.

In 2010/11, 3,671 domestic violence crimes and incidents were reported to the police in Brighton & Hove, an increase of 312 on 2009/10. Of these, 1,259 were recorded as crimes, and 391 (31%) resulted in a charge. In the same period, there were 341 finalised domestic violence prosecutions, of which 227 (67%) were successful, compared with 71% success rate in 2009/10.

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 2010/11 Rise provided services to 1,120 survivors (an increase of 12% on 2009-10), of which 779 were from the Brighton and Hove area. Between April - December 2011, 859 referrals were made to RISE services in Brighton & Hove and support was provided to 835 local survivors; of these, 225 survivors were assessed as high risk of serious harm/homicide. In the same period, RISE domestic violence helpline received 1769 contacts with or on behalf of 529 clients, and a further 617 contacts were made with professionals and members of the public.

Other consequences of domestic violence include poverty, unemployment and homelessness. In 2010/11 358 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 also harms children and young people. Three quarters of children living with domestic violence witness it and half are directly abused. As of March 2011 in Brighton & Hove, 36% of child protection plans identified domestic violence as an underlying cause 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 with 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*

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

The government’s 2012/13 action plan ‘*Call to End Violence Against Women and Girls: Taking Action – the next chapter*’ sets out the following outcomes:

- Society believes violence against women and girls is unacceptable and is empowered to challenge violent behaviour
- Fewer victims of sexual and domestic violence
- Frontline professionals (like teachers, doctors, police and prosecutors) are able to identify and deal with violence against women and girls
- Employers recognise and support victims of domestic and sexual violence
- VAWG victims receive good and consistent levels of service
- Statutory agencies and NGOs get the response right the first time
- High quality commissioning and service provision at a local level
- Better support for victims and their families in statutory and voluntary sectors
- Working together to share information and agree practical action
- Improved life chances of victims overseas
- VAWG is an international priority
- Increase confidence of women and girls to access the criminal justice system
- Improve criminal justice outcomes for victims of VAWG, including conviction rates
- Rehabilitate more offenders
- Reduce multiple incidents of violence by using appropriate risk management tools

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

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 and their partners; 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 found more work needs to be done.

Domestic violence continues to be significantly under-reported locally. It is estimated that 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 they welcomed and highly valued the support offered by specialist domestic violence services in the city. However, there was room for improvement in the way in which a number of public services identified and responded to their needs and ways needed to be found to increase the confidence that survivors had in these services.

The 2010/11 service mapping found that specialist independent 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 the extent to which service users are experiencing or perpetrating domestic violence. Comprehensive systems are not yet 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 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. We need to focus on reinvestment and resource pooling so that prevention and early intervention is prioritised alongside crisis and high-risk responses. During 2011/12, in addition to prioritising the strengthening of specialist independent support services for survivors, the foundations have also been laid to deliver, from 2012, a coordinated work programme on domestic and sexual violence prevention in schools; a multi-agency Domestic Violence Coordinated Community Group programme for children and young people; work to increase the capacity of Black and minority women's groups in the city, and deliver a modular training programme and revise procedures to improve the responses of public services. In 2012 we also aim to roll out the Identification & Referral to Improve Safety (IRIS) early intervention programme with GPs; improve responses to domestic violence amongst Gypsy and Traveller communities; coordinate a publicity strategy; and deliver targeted service improvements across children's services, adult services, housing services and health services.

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.



## **Community Safety, Crime Reduction and Drugs Strategy 2011-14**

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.

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 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. Belonging to one or more of the aforementioned groups makes help-seeking more complex and can 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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Brighton &amp; Hove Domestic Violence Needs Assessment and Commissioning Strategy 2011</li> <li>• Brighton &amp; Hove Joint Strategic Needs Assessment 2012</li> <li>• Brighton &amp; Hove Alcohol Needs Assessment 2010/11</li> <li>• Brighton &amp; Hove Drug Related Deaths Needs Assessments</li> <li>• Brighton &amp; Hove Child Poverty Needs Assessment</li> <li>• Brighton &amp; Hove Sustainable Community Strategy</li> </ul> | <ul style="list-style-type: none"> <li>• Brighton &amp; Hove Divisional Policing Plan 2010-13</li> <li>• Brighton &amp; Hove Housing Strategy 2009-14</li> <li>• Single Homeless Strategy 2009-14</li> <li>• Brighton &amp; Hove Turning The Tide Strategy 2009-2014</li> <li>• NHS Brighton &amp; Hove Strategic Commissioning Plan</li> <li>• Brighton &amp; Hove Children and Young People's Plan 2009-12</li> <li>• Safeguarding Adults Board Plan</li> </ul> |
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## Key performance indicators

- Percentage of referrals to a Multi-Agency Risk Assessment Conference (MARAC) who are repeat clients
- Percentage of domestic violence crimes solved
- Percentage of finalised prosecutions with resulting in a conviction
- % of MARAC domestic violence victims reporting feeling safer at the point of leaving the IDVA service

<b>Domestic Violence Action Plan</b>
Summarised from the Domestic Violence Commissioning Plan
<b>Prevention</b>
<b>Area of work 1</b>
<b>Measures designed to raise awareness and knowledge of local communities, and enhance the capacity of communities, family and friends, to respond effectively.</b>
<b>Actions</b>
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 the capacity of community groups to respond to domestic violence.
1.3 Support and build capacity of Black and minority women's groups locally to improve responses to women's safety and well-being and improve community responses to domestic violence
1.4 Support the development of community-led awareness raising of forced marriage through professional and community engagement and outreach programmes.
1.5 Support the development of community-led outreach work on issues of female genital mutilation with young people and women from communities at risk.
1.6 Raise awareness of the support needs of Gypsy and Traveller communities and how to meet these needs effectively
1.7 Continue to explore how culture and arts organisations, and how commissioning for cultural activity, can help contribute to prevent domestic violence

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

1.8 Integrate domestic violence awareness raising work amongst communities with actions to achieve the 'white ribbon city status' as part of the Violence Against Women and Girls Strategy

### 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). Promote national guidance for journalists on reporting violence against women across local press and media.

2.2 All services 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.

2.4 Review and publicise the council Domestic Violence Workplace Policy and Procedures to ensure it incorporates best practice and incorporate into the council's new People Strategy for 2012/13, and roll out training for managers on its delivery.

2.5 Coordinate and support the annual *Brighton & Hove 16 Days* programme of events to mark the international 16 Days to end violence against women (November 25<sup>th</sup> - December 10<sup>th</sup>), to include supporting a *Stand-Up to End Violence Against Women* organised by *Charity Chuckle*.

### 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) and to include independent domestic violence support for children and young people.

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 deliver healthy relationships work with children, young people and families 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; and work on child-to-parent abuse (Break4Change programme) through multi-agency partnership with specialist domestic violence services.

3.5 Develop and deliver a survivor involvement programme to encourage co-production at all stages of the commissioning and service delivery process and includes training survivors in the development and review of services, training and research.

#### 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 Develop and train local trainers to deliver a modular training programme on domestic and sexual violence awareness and skills for intervention, for all front line professionals (housing services, adult services, children’s services, schools and education services, health services, criminal justice services) which includes risk assessment, effective response and safety planning, and referral on disclosure.
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 Promote delivery and monitor take-up of the new national e-learning training course for GPs on violence against women and children.
4.4 Organise and secure attendance at training on domestic and sexual violence for local dental clinicians (as recommended by B&H LINK)
<b>Area of work 5</b>
<b>Fully accessible universal/targeted/specialist services so that survivors and perpetrators face minimal barriers to seeking help and to accessing the support they need.</b>
<b>Actions</b>
5.1 Implement policies on the safe use of interpreting services in cases of domestic and sexual violence for all agencies, and support specialist services to enable access to interpreting services.
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.
5.5. Monitor the impact on domestic violence survivors of changes to housing benefit rules in terms of access to safe, secure and affordable housing in the city (single people aged from 25 to 34 will only be entitled to the Housing Benefit shared accommodation rate)
<b>Area of work 6</b>
<b>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.</b>
<b>Actions</b>
6.1 Review and update (and develop where there are gaps) domestic violence service delivery procedures across council and health services that adhere to national occupational and service standards
6.2 Safe, selective enquiry to be implemented in healthcare settings, children’s services and adult services, in accordance with national best practice models.
6.3 Audit services that exercise public functions in relation to safeguarding children and adults with support needs to ensure implementation of the national statutory guidance on forced marriage, and national multi-agency guidance on FGM.
6.4 Building on the LES 2011/12, ensure GP practices/Optometrists/Pharmacists to deliver selective enquiry and response to domestic violence.

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

6.5 Develop targeted early intervention in GP practices by delivering the nationally evaluated IRIS (Identification and Referral to Improve Safety) programme to enable targeted GP practices to deliver early help through training, selective enquiry and improved responses with clear pathways for referral to an independent domestic violence advocate/educator and domestic violence support and advocacy services on disclosure.

6.6 Increase resilience by developing and delivering the nationally evaluated multi-agency DV Coordinated Community Group programme for children and young people and concurrent group for mothers who have experienced domestic violence (to be delivered through multi-agency partnership).

6.7 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.

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 Young people's services to embed the importance of healthy relationships and respect and to use materials on teenage relationship abuse in their work with young people, teachers and schools

### Area of work 8

**Improve identification of and response to domestic and sexual violence amongst Gypsy and Traveller communities**

#### Action

8.1 Ensure any new site development addresses the safety needs of women and children in its design, development and management

8.2 Dedicated Gypsy & Traveller domestic and sexual violence advocacy post co-located in local specialist services; to be co-designed with Gypsy and Traveller women and expertise from Gypsy and Traveller DV/SV services.

8.3 Domestic and sexual violence procedures to be reviewed to ensure they address Gypsy and Traveller needs; and new procedures and training programme developed for Traveller Liaison Team, Traveller Education Team, early years/children's services, Traveller site staff.

8.4 Consult with Gypsy and Traveller women about their health, support and safety needs; and develop community capacity building to facilitate and support the promotion of gender equality, to bring about greater educational, health, economic and social inclusion.

8.5 Integrate work of Traveller Education Team with Healthy Schools Team work on gender equality and domestic and sexual violence whole school prevention work,

8.6 Domestic and sexual violence awareness campaigns to be publicised amongst Gypsy and Traveller communities; communications should include targetting perpetrators about the criminal justice penalties associated with domestic violence, rape and sexual violence

8.7 Explore how to deliver targeted interventions for Gypsy and Traveller perpetrators alongside required partner safety work; and identify and engage with Gypsy and Traveller male ‘champions’ to challenge the acceptance of gender-based violence and influence change

### Provision

#### Area of work 9

**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

9.1 All public services to integrate domestic violence training and procedures (see 6.1) and appropriate interventions to ensure any agency is able to deal with identification, risk assessment and management, and provide safe and appropriate interventions – with a focus on children & family services; adult social care services; housing services; community safety services; health and substance misuse services; and criminal justice services.

9.2 All public services and delivery units to appoint a lead professional to hold expertise on domestic violence, to advise on implementing the procedures and on identification, safe interventions and referral routes, monitoring requirements for victims and perpetrators.

9.3 Ensure domestic violence services and interventions are central to the holistic model for intervention for families with multiple and complex needs, involving mental health and substance misuse approaches, which also includes clear identification and referral pathways to community perpetrator programmes to ensure safety and reduce risks for non-abusing family members and children.

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

#### Area of work 10

**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

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

10.2 Sustain Rise’s refuge based support and resettlement service, and safe housing options including the Sanctuary Scheme; review LGBT survivors’ access to safe housing options in the city; and include safety measures for domestic violence survivors in the commissioning framework for emergency and temporary accommodation contracts.

10.3 Sustain and develop the Rise IDVA service to ensure city-wide independent domestic violence advocacy for all survivors irrespective of risk, which includes targeted and intensive advocacy for high-risk survivors linked to the MARAC and SDVC; 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. Develop advocacy services for survivors using the family justice system.

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

10.5 Sustain and develop Rise’s community outreach support, counselling and advocacy services for survivors needing a range of support within the community, in their own home or through drop-in centres; and build the capacity of the Inspire Project domestic violence pathway to enable improved access to support from domestic violence services.

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10.6 Sustain and develop Rise's specialist domestic violence support service for children and young people.
10.7 Develop and deliver safe, supervised child contact facilities for domestic violence survivors, children and young people and their non-resident parents.
10.8 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.
10.9 Continue to support accredited interventions with domestic violence perpetrators and associated partner support, within and outside the justice system.
10.10 Integrate the Living Without Violence (LWV) Programme within the Family Intervention Project Team, maintaining two annual group work programmes and retaining Respect accreditation in 2012.
10.11 Ensure domestic violence interventions within other targeted services (like Brighton Oasis Project and the Family Intervention Project) work closely (seeking advice and joint working where appropriate) with RISE services and the Living Without Violence Programme.
<b>Area of work 11</b>
<b>Improved health service response to domestic violence</b>
11.1 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 safeguarding mechanisms to enable accountability for reducing and preventing domestic violence.
11.2 Sustain and develop the health-based independent domestic violence advocacy service partnership between BSUH and Rise in A&E, midwifery and urgent treatment service and ensure this links to early intervention work with GP services to be developed (IRIS Programme – see 6.5).
11.3 Domestic and sexual violence interventions to be mainstreamed into teenage pregnancy services, policy and practices.
11.4 Continue training midwives, health and early years visitors to ensure they are skilled to recognise domestic violence, respond and offer support, and signpost to other services.
11.5 Provide information to mothers from communities which practise FGM, during the antenatal assessment, as part of an integrated local pathway of care for FGM.
11.6 Mental health services should provide specialist targeted psychological support for survivors 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 in specialist agencies. Include domestic violence within Improving Access to Psychological Therapies training and competencies.
11.7 Continue (in readiness for Care Quality Commission registration) to embed the lead safeguarding role in GP practices with responsibility for maintaining awareness of child protection, adult safeguarding and domestic violence, and ensure domestic violence policies and procedures are understood and followed.
<b>Area of work 12</b>
<b>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.</b>
<b>Actions</b>
12.1 Support the continued delivery of the specialist DV court programme; and national and pan-Sussex guidance on SDVCs continue to be implemented.



12.2 Convene a Scrutiny Panel 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.
12.3 Continue to support the Multi-Agency Risk Assessment Conference (MARAC) system to reduce harm to survivors of domestic violence, supported by a full-time MARAC Coordinator, and ensure high-risk victims have access to independent DV advocacy and that there are effective links to MAPPA, safeguarding children and vulnerable adults.
12.4 Improve family court monitoring and outcomes where domestic violence is prevalent.
12.5 Implement the domestic violence homicide review process and align with serious case reviews.
12.6 Guidance on Stalking and Harassment, on prosecuting FGM, on Investigating and Prosecuting Rape and Domestic Violence should be implemented effectively and be subject to compliance monitoring by the police and CPS.
12.7 Local arrangements are in place so that those who report to the police 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 survivors who have decided to report the rape to the police; that measures are introduced to routinely measure and review victim satisfaction with the CJS.
<b>Area of work 13</b>
<b>Workable structure for co-ordination and delivery of a domestic violence strategic action plan, including improved workforce skills and knowledge.</b>
<b>Actions</b>
13.1 The city domestic violence strategy to be aligned with a strategic approach addressing all forms of violence against women and girls crime types; and its delivery to be supported by a DV Commissioners Group and Operational Group for delivery, reviewing progress and making recommendations for improvement (alongside a process for involving survivors – see 3.5).
13.2 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
13.3 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.
13.4 Ensure B&H DV Forum and associated working groups are resourced and supported.
13.5 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.
<b>Area of work 14</b>
<b>Agreed recording and reporting against city-wide minimum data sets on domestic violence, within and across partner agencies.</b>
<b>Actions</b>
14.1 Consistent and practical data standards to underpin the analysis of quality, activity, outcomes and performance management by commissioners, NHS and third sector providers.
14.2 Record and monitor domestic violence data on victims and offenders by gender (male, female, transgender people) and relationship, ethnicity, disability and sexuality (lesbian, gay, bisexual).
14.3 Ensure compliance with statutory and legislative requirements in relation to domestic violence.

## Sexual Violence, Abuse, Exploitation, 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

#### Definition:

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 and 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 United Nations definition of trafficking, which includes trafficking for prostitution or sexual exploitation, is as follows: *Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.*

### Why this is 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. The Safe in the City Partnership has an important role to play in the prevention of rape and sexual violence, by providing services to better protect victims in bringing perpetrators to justice.

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, it is estimated that about 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 estimates that in the region of 3.7 million women in England and Wales have been sexually 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 suggests that as many as 85% of women in prostitution report physical abuse in the family, with 45% reporting familial sexual abuse. Between 50-75% of women in prostitution entered before they were 18, and up to 75% of women in prostitution began when they were under 18 years of age.

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; women's routine decision making is organised around personal safety and minimising the risk of rape and other forms of violence, and this can significantly constrain their lives and restrict their ability to fully participate in society. Locally, the 2010 Citizens Panel survey showed that 13% of women, compared with 2% of men 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. This does not mean that we are not concerned with other types of sexual

#### Main Partners

Survivors Network  
Mankind (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  
Sussex Criminal Justice Board

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violence that do not come under the definition of gender-based violence. We recognise the complexity and different ways in which sexual violence is perpetrated in other groups such as men, young people, LGBT and BAMER communities. We are committed to tackling all forms of sexual violence through linking with partners who represent these diverse groups.

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.

### Local picture

In Brighton and Hove in 2010/11 there were 346 police recorded sexual offences, and 240 recorded between April – December 2011. The actual number of sexual offences in the city is likely to be far greater than police statistics show. 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, and those victimised by partners are less likely to report, as are men, disabled people, people from Black and minority communities, and those involved in the sex industry.

In Brighton & Hove in 2010/11 an estimated 2,085 women and 429 men aged 16-59 years are estimated to have experienced rape or sexual assault, and 3,419 women and 2,746 men are estimated to be victims of stalking. In the city 15,512 women and 2,145 men aged 16-59 years are estimated to have experienced sexual assault, and 15,095 women and 8,065 men are estimated to be victims of stalking since the age of 16<sup>13</sup>. These figures would be higher still if all the city's population and all types of sexual violence and abuse is considered.

Childhood sexual abuse and that experienced by young people is also included within the definition of sexual violence and abuse, but not in the above statistics. The *Cross Government Action Plan on Sexual Violence and Abuse, 2007* cites data from an survey of 18-24 year olds where 21% of females and 11% of males reported sexual abuse as a child. In Brighton & Hove during 2008 and 2009 45% of police recorded sexual violence offences against women were committed against 15-24 year olds. 11% of police recorded serious sexual offences between April and December 2011 in Brighton & Hove were committed against children under the age of 16.

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. Possible reasons for this association include perpetrators using alcohol as an excuse, the targeting of victims because alcohol consumption is perceived to make them more vulnerable and 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.

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<sup>13</sup> Prevalence data based on table 3.01 in Home Office report '*Homicides, Firearm offences and Intimate Violence 2010/11*', HOSB 02/10, and applied to Brighton & Hove 2010 mid-year population estimates

Nationally, conviction rates for sexual offences are too low, despite being at their highest level for ten years. The Sussex Sexual Assault Referral Centre (SARC) based in Crawley combines forensic and clinical services for people who have been raped or sexually assaulted. The SARC aims to increase the quality of evidence collected and victim's ability to support prosecutions against perpetrators. This statutory service is complemented by local independent rape crisis, advocacy and counselling services. In 2010/11, the SARC supported 70 Brighton and Hove clients. Between April - December 2011, Survivors Network supported 100 local survivors through its independent sexual violence advocacy service, 52 of whom were referred via the SARC.

Mankind, a local agency that offers support to men who have experienced sexual abuse, assault and/or rape reports that about 50 of their clients come from Brighton & Hove each year. This gives some idea of the amount of under reporting that exists in the male population. Sexual violence is traumatic regardless of gender, but due to the way men are socialised in our society, men can find it more difficult to acknowledge victimisation and its effects. This can make it more difficult for a man to come forward and seek help. Men face specific barriers to disclosing sexual violence including being believed, fears around confidentiality, being judged as gay and/or not being a real man for letting the incident happen. In order to make reporting for men a viable option, we need to understand more about the barriers and create specific services and pathways that are sensitive to these.

People 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 visible 'on street' prostitution, a significant number of women in prostitution are based in sex parlours in the city. A local survey revealed that 58% of those surveyed who were involved in the sex industry reported that they had experienced violence or abuse and, of those, only 13% had reported those incidents to the police.

### Current context

In November 2010, the 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.

The government's 2012/13 action plan '*Call to End Violence Against Women and Girls: Taking Action – the next chapter*' sets out the outcomes to be achieved. Details of these can be found in the section on domestic violence

In response to the 2007 Sussex-wide Barnardos '*Tipping the Iceberg*' and the University of Brighton '*Out on My Own*' reports, the WISE (What is Sexual Exploitation) 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 help young people to communicate messages to other young people.

Sexual violence and abuse has been a priority for our partnership since 2008. In June 2010, Brighton and Hove's overview and scrutiny panel highlighted gaps in the provision of support to victims and made a series of recommendations. Since this time, Sussex-wide joint commissioning arrangements established a Sexual Assault Referral Centre



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

### **Where next?**

This strategy and action plan seeks to sustain the progress made in the previous plan around the work of the Sexual Assault Referral Centre and local rape crisis and support service. At the same time it identifies 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 accord with good practice.

In 2011/12, in addition to prioritising the strengthening of specialist independent sexual violence services for survivors, foundations have also been laid to deliver a coordinated work programme on domestic and sexual violence prevention in schools; work to increase the capacity of Black and minority women's groups in the city, and deliver a modular training programme and revise procedures for public services. In 2012 we also aim to improve responses to domestic and sexual violence amongst Gypsy and Traveller communities; work more closely with the universities on addressing sexual and domestic violence amongst students and university staff; and coordinate a publicity strategy to contribute to early intervention.

### **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, 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 2012.

### **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
- Brighton & Hove Divisional Policing Plan 2010-13
- Sussex Police: Rape, Sexual Violence and Serious Sexual Offences Strategy
- 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](#)
- National Violence Against Women and Girls Strategy 2011

### Key performance indicators

- Number of police recorded serious sexual offences
- Percentage of sexual assault victims who are eligible for a SARC referral who go on to receive a service at the SARC
- Percentage of SARC referrals to independent support services who receive support
- Number of serious sexual offences detected/solved
- Percentage of finalised court cases resulting in a conviction
- 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. Draw on findings from the Strategic Assessments of Sussex Police and 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 partnership analysis documents to inform service development.

1.3 Improve partnership data on sexual violence and abuse by improving identification and data collection systems within adult social care services, health services, children's services and housing services.

1.4 Maintain a multi-agency data capture system that includes information from voluntary and statutory agencies including the police, sexual health and other appropriate services.

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1.5 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 Develop and implement a communications strategy that targets 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.

2.2 Raise awareness of rape and sexual violence and the help available amongst students in the city and on university campuses (utilising 'student nights' and fresher week events) which includes targeting perpetrators and promoting the consequences of rape in terms of sentencing.

2.3 Improve the universities' responses to rape, sexual violence and sexual harassment by: identifying routes for students to report sexual violence and improve their access to help and support; supporting the delivery of training for key university staff and student support services; developing methods for collating and analysing data on sexual violence from universities; and delivering a prevention programme which includes publicity targeting perpetrators and workshops challenging cultural attitudes that condone sexual violence.

2.4 Contribute to the work of the Sussex Rape Prevention Steering Group led by the police, and ensure local priorities and actions are reflected in its work programme.

2.5 Contribute to and ensure effective links with the LSCB sexual exploitation subgroup.

2.6 All strategy groups, including those which are addressing domestic violence, to incorporate information about rape and sexual violence in their publicity.

2.7 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 alcohol-related crime and disorder groups.

2.8 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; focus on effective arrangements around transition from child protection/youth justice to adult processes; identify inter-agency and multi-disciplinary training needs; and disseminate best practice information.

2.9 In recognition of the association between stalking/harassment and incidents of sexual violence and abuse, work with specialist third sector and criminal justice partners to develop an effective community based response stalking and harassment, linked to the domestic violence action plan.

2.10 Explore how culture and arts organisations and commissioning for cultural activity can contribute to preventing sexual violence. Support the coordination of the annual *Brighton & Hove 16 Days* programme of events to mark the international 16 Days to end violence against women (November 25<sup>th</sup> - December 10<sup>th</sup>), to include supporting a *Stand-Up to End Violence Against Women* organised by *Charity Chuckle*.

<b>Area of work 3</b>
<b>Increase reporting of sexual violence through improved public confidence in the criminal justice system and lower rate of attrition which is well publicised</b>
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 Safe in the City 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 Continue to publicise the national handbook: <i>'From Report to Court: a Handbook for Adult Survivors of Sexual Violence'</i> which meets the needs of victims and witnesses.
3.4 Target information towards 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.
<b>Area of work 4</b>
<b>Improved victim care and support services which meet survivor needs, and also assist police investigations and prosecutions and support improved attrition rates.</b>
Actions
4.1 Jointly commission <sup>14</sup> and participate in the Management Board of the Sussex Sexual Assault Referral Centre and ensure effective arrangements for the care and support of victims in the city.
4.2 Sustain support for and build capacity of the local independent rape crisis service which provides independent support, counselling and advocacy for victims, and which meeting national rape crisis service standards (published in 2012)
4.3 Sustain support to the Independent Sexual Violence Advisor service 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 Build the capacity of the Inspire project sexual violence pathway to enable improved access to specialist support from independent sexual violence services, according to national standards.
4.5 Raise awareness of the support needs of Gypsy and Traveller communities and how to meet these needs effectively in relation to rape and sexual violence. To include: ensuring any new site development addresses the safety needs of women and children in its design, development and management; a dedicated Gypsy & Traveller domestic and sexual violence advocacy post co-located in local specialist services; consulting with Gypsy and Traveller women about their health, support and safety needs; and publicising information on rape and sexual violence amongst Gypsy and Traveller communities including targeting perpetrators about criminal justice penalties
4.6 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).

<sup>14</sup> The joint commissioning and management arrangements also links with NHS sexual health strategies and public health delivery plans.

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4.7 Ensure compliance with gender and other equality duties, particularly around the provision of appropriate services for victims of crimes where the majority of victims are women. Pilot a service to identify appropriate approaches for male victims of sexual crimes which is delivered in an accessible and appropriate environment.

4.8 Ensure local arrangements are in place so that those reporting sexual violence to the police are linked to independent support agencies; make the CPS booklet *Policy for Prosecuting Cases of Rape* widely available to all victims and ensure it is given to all rape complainants reporting to the police as a matter of routine. Measure and review victim satisfaction with the CJS as a routine.

4.9 Integrate responses to sexual violence within work to address the support needs of families with multiple and complex needs (which often involve historical or current sexual violence), ensuring specialist sexual (and domestic) violence services are central to that model. Ensure clear identification and referral pathways to support services for survivors and criminal justice/offender programmes for perpetrators.

### Area of work 5

**Support for 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 take forward the Sex Workers Steering Group work programme and further develop a strategic approach to rape and sexual violence of those involved in the sex industry

5.2 Support and respond to police led operations to identify trafficked women and their traffickers. 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 by maintaining relationships with individuals in the sex industry, ensuring they get increased access into drug and alcohol services, domestic and sexual violence services, alternative housing and employment options in accordance with their needs.

5.5 Sustain support services for women in the sex industry and at risk of commercial sexual exploitation. Monitor the success of work that supports women to safely exit from prostitution.

5.6 Develop a programme of work to challenge demand by men who buy women for sex, which includes identifying offending associated with prostitution and bringing offenders to justice.

### 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 Ensure all work aimed at improving public perceptions of levels of crime and disorder and reduced fear of crime particularly addresses serious sexual offences, sexual assault and rape and others which are of most concern to women.

6.2 Ensure publicity and communications relating to rape and sexual violence avoids victim-blaming messages; avoids reinforcing a false distinction between 'genuine' and undeserving victims; recognises that women's routine decision-making is informed by the fear of sexual violence and that many victims who experience sexual violence do not report it; and that publicity needs to target communications to specific groups.

6.3 Raise awareness of and promote compliance with national guidelines on reporting sexual violence amongst local communications and press teams and the local media (violence against women guidelines for journalists due to be published in 2012).

### 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 to deliver the Every Child Matters outcomes particularly the 'Staying Safe' and 'Be Healthy' work programmes overseen by the Local Safeguarding Children Board. These include actions to reduce the risks linked to 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 targeted towards young people and in schools, which address alcohol/drug misuse, sex/relationship education, teenage pregnancy and other risks, to include awareness raising of the association with sexual violence, issues of coercion and consent, the consequences for perpetrators and services 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 Reference Group which receives reports from and co-ordinates the actions of individual working groups as identified in this Strategy.

8.2 The city sexual violence strategy to aligned with a strategic approach addressing all forms of violence against women and girls. The SV/VAW Commissioners Group and Operational Group to support delivery, monitor progress and make recommendations for improvement.

8.3 Deliver a programme to enable survivors to feed into all stages of the commissioning and service delivery process, including training survivors in the development and review of services, training and research.

8.3 Integrate sexual violence strategy and awareness raising work with actions to achieve the 'white ribbon city status' as part of the Violence Against Women and Girls Strategy.

## Hate Incidents and Crimes

**Outcomes: 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**

**Definition:**

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 criminal offence which is perceived, by the victim or any other person, as being motivated by a hostility or prejudice based on a

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.



- 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.

In 2010 the coalition's 'Programme for Government' made a commitment to improve the recording of hate crime. The government's Equality Strategy (December 2010) reiterated its commitment to tackle all hate crimes and violence. '*Challenge it, Report it, Stop it*', the government's plan to tackle hate crime published in March 2012, sets out three key objectives:

- prevent hate crime happening by challenging attitudes that underpin it, and early intervention to prevent escalation of incidents;
- increase the reporting of hate crime by building victims' confidence and improved access to support; and
- improving the operational response to hate crime.

The plan recommends a 'more effective end-to-end process, with agencies identifying hate crimes early, managing cases jointly, and dealing with offenders robustly'. The plan intends to:

- improve the evidence base regarding the scale, severity and causes of the problem;
- deal with hate crime in sport and on the internet; and
- promote good practice.

The government will provide appropriate advice and guidance to schools to tackle all forms of bullying, and through work with voluntary sector partners will provide resources and projects to schools to tackle prejudice based bullying.

The government has also launched a consultation in January 2012 '*Getting it right for victims and witnesses*'. This proposes that the forthcoming Police and Crime Commissioner may become the local commissioners of victims' services and, if so, when commissioning services they need to take account of the needs of victims of hate crime.

Locally, 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. Following the Pilkington case review, there has been a shifting emphasis to a harm-based approach, identifying and supporting vulnerable and repeat victims, individuals and communities.

### 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

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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 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.

Legislation and policy emphasise a human rights based approach to hate incidents and crime, which is what we have adopted in Brighton and Hove. 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

**Definition:**

*‘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 this is 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 under reporting of racist and religiously motivated 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 lowering confidence in the criminal justice system. This means that BME community

### 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, Youth and Families Services  
Social housing providers  
Crown Prosecution Service  
HM Court services  
Surrey & Sussex Probation Trust  
Adult Social Care  
Local Safeguarding Boards

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members who experience racist<sup>15</sup> 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.

The level of recorded racist incidents continues to decline locally, but it is difficult to be confident that the extent of the decline seen in the data reflects the numbers actually taking place and being reported in the city to various partners. 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 and under-reporting, include Gypsies, Irish travellers, Roma, refugees, asylum seekers, 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 Safe in the City 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. Risk-assessment tools have been trialled in the city to identify risk and harm to the victims, and a multi-agency case management system and risk assessment conferences are being used to deliver improved responses to high risk victims. Sussex Police have introduced new policies, procedures and training, to improve recognition, recording of and response to hate incidents. We continue to develop effective partnership responses to support victims city-wide (for example, protocols to protect vulnerable victims), integrate safeguarding work with the reporting of hate incidents, and disseminate good practice through training.

### **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, 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

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<sup>15</sup> From here onwards the term racist is used to encompass religiously motivated incidents too, for the sake of brevity.

## Racist and Religiously Motivated Incidents and Crimes

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. Additionally, consultation has identified further priorities of tackling rising Islamophobia, tackling under reporting of racist incidents by women, and tackling right-wing extremist groups' activities and marches in the city.

### Where next?

Whilst we are committed to reducing racist and religiously motivated incidents and crimes and the 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, bring the perpetrators to justice, and support victims and communities effectively. There is a strong case for maintaining and strengthening casework services to support victims and witnesses and work with perpetrators in the city.

The Safe in the City Partnership will build on its existing work and specifically respond to the recent consultations and concerns as outlined above. We aim to prevent and reduce racist incidents through developing effective partnership responses and will continue to support the Racial Harassment Forum in its review, in implementing the changes. We will also continue to work with communities to celebrate our commonality, and to reduce risks and community tensions.

### Parallel plans

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• The Equality Act, 2010, and the Equality Duty</li></ul>                             | <ul style="list-style-type: none"><li>• Challenge it, Report it, Stop it. The Government's Action Plan on Hate Crime, March 2012</li></ul>                 |
| <ul style="list-style-type: none"><li>• Equality Strategy, 2010</li><li>• National DCSF guidance: 'Safe to Learn'</li></ul> | <ul style="list-style-type: none"><li>• Safeguarding Adults Board Plan 2011 - 2013</li><li>• Brighton &amp; Hove's Equality and Inclusion Policy</li></ul> |

### Key performance indicators

- Number of racist and religiously motivated incidents recorded including those reported by at risk groups
- Number of police recorded incidents and crimes
- Percentage of police recorded crimes detected/solved
- Percentage of finalised prosecutions resulting in a conviction
- Number of repeat victims
- No. or % of victims who feel that their safety has increased, harm has reduced and who feel supported
- No of (effective) interventions with the offenders of racist incidents

<b>Racist and Religiously Motivated Incidents and Crimes Action Plan</b>
<b>Area of work 1</b>
<b>Increased reporting of racist and religiously motivated incidents and crimes, improved responses and services to those reporting</b>
<b>Actions</b>
1.1 Promote greater reporting and consistent recording of racist and religiously motivated incidents in the city. Improve identification of hate incidents within the Safeguarding Adults At Risk (SAAR) procedures and anti-social behaviour reporting. Mainstream reporting mechanisms amongst the partner agencies and communities. Monitor and keep under review changing practices to ensure that we meet our strategic objectives and provide equal access to victims, witnesses and minority communities.
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 casework service to those reporting incidents; provide a second tier of intervention and support to victims of: critical incidents, cases that have a high community impact, cases that are significant to sustaining the victims and communities confidence in the public services, and where there is an identified gap or unmet need.
1.6 Further develop and test suitability of the risk assessment tools vis-à-vis victims of racist and religiously motivated incidents, and monitor numbers. 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. Prioritise work with high risk victims to reduce risk and harm caused.
1.7 Further develop the capacity of the multi-agency risk assessment conference to improve responses to high risk, vulnerable and intimidated victims and witnesses of racist incidents, to take enforcement action against the persistent offenders, and monitor numbers. Explore how the Black and Minority Ethnic, faith and refugee communities will be informed and involved in the conference.
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. Undertake small research into victims' experiences of reporting racist incidents and adjust services according to findings.
1.9 Publicise reporting centres, reporting schemes and support services. Target distribution in response to the hotspot analysis, monitoring of trends, and according to needs. Review web-based information for accessibility and implement changes according to feedback. Translate information and make it widely available, as required.
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.



## Racist and Religiously Motivated Incidents and Crimes

<b>Area of work 2</b>
<b>Effective monitoring systems to develop crime reduction strategies and improved accountability / reporting to minority communities and partners</b>
Actions
2.1 Develop and maintain a city-wide 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, make reports available on our website, further address their concerns.
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.
2.4 All statutory partners including the Safeguarding Adults Board, police, social housing providers, and other key agencies to ensure that their systems are capable of disaggregating and monitoring number of different strands of hate incidents including racist and religiously motivated incidents, record and report information on the ethnicity, religion, age, gender ... or the protected characteristics under the Equalities Act.
<b>Area of work 3</b>
<b>Prevention and deterrence of offenders, reduced repeat offending and offenders brought to justice whenever appropriate through improved rates of detection, prosecution and court outcomes</b>
Actions
3.1 Monitor police and other criminal justice agency records to ensure early identification and tagging of racist and religiously motivated incidents, improved first response and quality of investigation. Monitor and assess the effectiveness of new procedures and training, and implement changes according to feedback to improve the experiences of victims and witnesses.
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 relation 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 Monitor and review effectiveness of the community resolution and other restorative justice interventions with regard to outcomes both for the victims and the perpetrators, report to the communities and act on their feedback to improve communities' confidence in the use of these remedies.
3.6 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.
3.7 Work towards developing an Early Intervention Programme with young people in young people's settings.

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

<b>Area of work 4</b>
<b>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</b>
<b>Actions</b>
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.
4.4 Set up a subgroup to assess the gap between experiences and reporting of racist and religiously motivated incidents by women in the community, take actions to narrow the gap between experience and reporting, monitor and evaluate the actions to assess its impact in terms of increased reporting.
4.5 In partnership with the colleagues from the Learning Partnership, set up a subgroup involving communities and key stakeholders to understand the implications of the national changes on reporting and tackling of racist and religiously motivated incidents in schools and make recommendations for the local arrangements (with regard to schools reporting to the Council, the Racial Harassment Forum and minority communities).
<b>Area of work 5</b>
<b>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.</b>
<b>Actions</b>
5.1 Develop and support the Racial Harassment Forum following the conclusion of its review, 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.
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.
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, help develop effective interventions, and link organisations to the multi-agency risk assessment conference (MARAC). Seek to involve communities in training wherever possible.
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.
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.

## Racist and Religiously Motivated Incidents and Crimes

5.6 Assess and respond positively to emerging tensions and potential conflicts. Monitor tension risk information in the city and carry out risk assessments as required, and particularly in response to international and national incidents or events. Engage BME, faith and refugee groups, voluntary and community organisations, respond to issues to minimise impact on communities and community cohesion, and prevent escalation, as appropriate.

5.7 Engage with refugees, asylum seekers, migrant workers, faith and BME communities and address their safety concerns.

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.

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.

## Building Resilience and Preventing Extremism

**Outcome: Build long-term resilience to all forms of extremism<sup>16</sup> 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 terrorism<sup>17</sup>'.

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**.

### Why this is a priority

The aim of the United Kingdom's strategy for countering international terrorism (Contest: July 2011) 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

<sup>16</sup> 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'.

<sup>17</sup> 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.

workstream requires a partnership approach between local authorities, a range of statutory and third sector organisations in localities and most importantly, local communities. The policy framework places communities at the heart of delivering this work. The local response to Prevent should be focused and proportionate, i.e. 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'. Greater emphasis is placed on evaluation of progress and monitoring of performance within a framework of value for money.

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 decision of an individual to become involved in violent extremism may reflect a complex interplay of the following causes: exposure to an ideology that seems to sanction violence; exposure to people who persuasively articulate that ideology and then relate it to an individual's life circumstances; a personal or identity crisis, including experiences of racism, discrimination, deprivation and other criminality (as victim or perpetrator); family breakdown or separation; and a range of perceived grievances, to which there may seem to be no credible and effective non-violent response. The Communities and Local Government Select Committee Report (March 2010) suggests that emphasis needs to be placed on politics, policy, and socio-economic factors rather than just ideological factors. The Home Affairs Committee (December 2011) found grievances and distrust in democratic institutions to be key drivers.

The nature of threat has diversified and is constantly evolving. The internet has emerged as a key resource in radicalisation process with some direct personal contact. Young people are found to be at an increased risk as digital content is made very attractive and persuasive that can be quickly and widely shared. The Home Affairs Committee identified education, greater awareness and interaction with other ethnic or religious groups, and economic stability as important factors in resisting involvement with *Al-Qaida* influenced terrorism. The Demos report, '*Inside the EDL*' (November 2011), found that significant English Defence League (EDL) activity takes place on-line. Its on-line supporters were predominantly men, older (28% over 30 years old), and further educated (30% with college/university and 15% with a professional qualification) than previously thought. People can be drawn to right-wing terrorist ideology through the

### 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 & Al Quds Mosques

Children, Youth & Families

BHCC Communications

Brighton & Hove Interfaith Group

Student Unions and Societies

NHS Trusts

Learning Partnership

Probation

Communities of Places and Interests

## **Community Safety, Crime Reduction and Drugs Strategy 2011-14**

rhetoric and language of apparently non-violent right-wing extremist groups. Recently, Islamophobia and immigration have become important mobilising planks of extreme right wing ideologies.

### **Current context**

The Prevent Strategy 2011, has widened its scope to address all forms of terrorism including the extreme right wing. However, resource allocation is according to the nature of threat; the government identifies that the most serious threats to the UK are from *Al Qa'ida* and its affiliates. Therefore, this remains a principal focus nationally. 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 a successful integration and community cohesion programme. However, it makes clear distinctions between measures to prevent terrorism from work to promote integration. Prevent and Integration strategies (work led by the Communities and Local Government) are linked through work to tackle extremism and intolerance by establishing a 'robust response to threats, whether discrimination, extremism or disorder, that deepen and increase tensions'. The Home Office will continue to develop Prevent centrally and continues to fund 25 priority local authority areas. Brighton and Hove is not a priority area, but we can draw upon wider Prevent infrastructure ie. the Sussex wide and Brighton & Hove Police Prevent lead, and dedicated Police Prevent Engagement officers in the city.

With dedicated staff and resources (local authority, police and key partners), we have built on and successfully expanded our engagement and outreach work to a wide section of the community and educational establishments including the universities. 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. A city-wide supporting vulnerable individual process that uses the existing mainstream processes has been developed in line with the changed strategy. Through our work on hate incidents we have been effectively dealing with the grievances and causes of extremism. A small scale study to understand the needs, concerns and priorities of local Muslim communities has been completed and findings disseminated to influence mainstream program. 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. Community members and key partners requested a clear communication strategy to proactively deal with negative publicity that adds to the grievances or causes of extremism or fuels prejudices. There is clear commitment amongst the statutory partners to take decisions in an informed, transparent and open manner, with clear accountability to local communities.

### **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, further develop risk assessment, information sharing protocols, and intervention. We will identify and support vulnerable institutions, work with the educational sector to develop 'safe' spaces, improve reporting of online extremist material and hate incidents, improve internet safety programme to



## Building Resilience & Preventing Extremism

highlight the dangers of online radicalisation, and to build resilience. We will revise our communication strategy, develop a shared understanding of the nature and causes of extremism and terrorism, including right wing terrorism, and identify solutions to mitigate risks and prevent its escalation. Jointly with our police colleagues, key partners and communities we will regularly identify levels of threat, risks and vulnerabilities and develop our action plan to be flexible and responsive to tackle specific risks and emerging threats. Next year, we will facilitate the Sussex Prevent Partnership Strategic Board, which will provide strategic oversight, monitor the action plan progress in the county, and develop and disseminate good practice.

### Links to other priority areas

There are connected concerns and services between Prevent 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

- |  |   |
|--|---|
| • CONTEST 3 Strategy, July 2011                                | • CLG Select Committee Review (March 2010)  |
| • Prevent Strategy, June 2011                                  | • Community Development Commissioning 2012  |
| • National DCSF guidance: 'Safe to Learn'                      | • Sussex Police Prevent Plan, 2012  |
| • DCLG, Creating the Conditions for Integration, February 2012 | • House of Commons Home Affairs Committee – Roots of Violent Radicalisation, January 2012 |

### 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	
<b>Area of work 1</b>	
<b>Understanding of, and engagement with, Muslim and other communities locally</b>	
Actions	
1.1 Identify and map vulnerable communities in order to inform and implement an effective and inclusive engagement and empowerment strategy.	

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1.2 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.
1.3 Revise our communication strategy. Strengthen our relation with influential community groups, key opinion formers, mosques, other places of worship, and institutions to share issues and concerns around extremism and grievances that drive them.
1.4 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. Feed back the findings of the needs assessment to communities and partners to develop priorities, and a shared vision.
1.5 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.
1.6 Continue to build the capacity of Muslim women and facilitate the delivery of the parenting project.
1.7 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 an enrichment and mentoring scheme.
1.8 Re-visiting and re-building the stakeholder structure and network to ensure that we have effective relationships and partnerships to take forward Prevent activity. Build the capacity of the Prevent Partnership Group so that it can fully represent the spectrum of community, faith and Inter-faith perspectives, support dialogue, initiatives and develop effective partnership responses.
<b>Area of work 2</b>
<b>Knowledge and understanding of the drivers and causes of extremism and the Prevent objectives to support work to tackle extremist ideology</b>
<b>Actions</b>
2.1 Keep abreast of and disseminate national good practice so that it informs the work of all partners and the Prevent Partnership Group.
2.2 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.
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.
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.

## Building Resilience & Preventing Extremism

<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><b>Area of work 3</b></p>	
<p><b>Development of a risk-based Prevent Action Plan, in support of delivery of the Prevent objectives</b></p>	
<p><b>Actions</b></p>	
<p>3.1 Jointly with our police colleagues, key partners and communities regularly identify level of threat, vulnerabilities and risks and include within the action plan activities which will target and reduce those specific risks. Police to review the Counter Terrorism Local Profile commissioning process to produce a reactive threat and vulnerability document for the county.</p>	
<p>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.</p>	
<p>3.3 Brighton &amp; Hove police to sustain opportunities for community and faith leaders to raise grievances and to manage partnership responses which effectively address those grievances.</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>3.7 Continue to develop the city-wide supporting vulnerable individual process for individuals at risk of radicalisation and being recruited to the causes of violent/extremism. 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.</p>	
<p>3.8 Identify vulnerable institutions; develop processes and activities that focus on strengthening them, creating a hostile environment for those who promote violent extremism, and building resilience. 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>Imams</i>, management committees and administrators of the mosques and Arabic school.</p>	
<p>3.9 Develop measures to effectively tackle cyber-terrorism and counter online propaganda and narrative. Work with the educational sector to develop 'safe' spaces, improve reporting of online extremist material and hate incidents, improve internet safety programme to highlight the dangers of online radicalisation, and to build resilience.</p>	
<p><b>Area of work 4</b></p>	

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

### 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.

4.4 Facilitate the Sussex Prevent Partnership Strategic Board to provide strategic oversight, monitor the action plan progress in the county, and develop and disseminate good practise.

## LGBT 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

**Definition:**

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 this is 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 may 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

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

negative behaviours<sup>18</sup> 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.

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. About 7 out of 10 victims of police recorded crimes were male. However, the Count Me In Too survey found that there was no difference in the likelihood of experiencing hate incidents between the genders. This suggests that there may be less likelihood that females are reporting to the police.

### Current context

The 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 government also commits to working with governing bodies of different sports to tackle transphobia and homophobia in sport.

#### Main Partners

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

<sup>18</sup> 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.



## LGBT Hate Incidents and Crimes

Following the Pilkington case review, there has been a shifting emphasis to a harm-based approach, identifying and supporting vulnerable and repeat victims, individuals and communities and this approach is being followed locally.

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.

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 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 is the weekly Trans drop-in sessions by The Clare Project, which are facilitated by LGBT PC officers and/or community safety officer to address issues for the Trans community.

During 2011 Partnership Community Safety Team casework services for hate crime and anti-social behaviour have been merged into a single team. As well as making effective use of resource, this has resulted in the availability of a PCST casework service to victims of LGBT hate incidents.

### 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 still insufficient information being reported on LGBT hate incidents, meaning that repeat victimisation is likely, whilst opportunities to introduce good practice measures which educate, prevent and deter perpetrators are lost. Improved reporting, 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. We will be training partners and groups in the new hate reporting forms and helping them to identify different forms of hate incidents and encouraging reporting of incidents. This will allow us to carry out analysis on data collected across all agencies, focussing on areas such as criminal justice and offending patterns.

Our work to identify vulnerable individuals and communities and support them will continue. We will also seek to increase the involvement of identified multi-marginalised LGBT groups (BME, disabled, older people, etc.) in new initiatives, and work with our partners to introduce further inclusive cultural initiatives and projects which build civic capacity.

We will strengthen the link with democratic processes through working with the newly established LGBT Community Safety Forum. When appropriate, or requested we can support them in the development of work which would benefit reporting mechanism in

## Community Safety, Crime Reduction and Drugs Strategy 2011-14

the city and exploring ways of increasing both transparency and feedback into the development of city services to victims of LGBT hate crime. Through working more closely with neighbourhood teams across services within neighbourhoods we can also strengthen these links.

We will continue to develop our community engagement processes and increase the level of community capacity encouraging smaller groups to build partnerships with community and business partnerships where possible. We will also continue to support the community and organisations who give their time and expertise to help deliver work around LGBT community safety, including the work programme set out within this Strategy and action plan.

With the introduction of the Sussex Police and Crime Commissioner, we need to make sure that potential candidates are aware of LGBT (and other hate crime) issues in Brighton & Hove and we will be making briefings available on the LGBT communities' history, the community's needs and expectations.

At a strategic level, we will continue to contribute to partnership work which helps build 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. We will report to communities on the levels and trends of hate incidents, and carry out reassurance work with communities to reduce risk. Targeted work for communities under duress or temporary tensions are also appropriate ways of reassurance and building trust. 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"><li>• Domestic Violence Strategy</li></ul>	<ul style="list-style-type: none"><li>• Brighton &amp; Hove's Equality and Inclusion Policy</li></ul>
<ul style="list-style-type: none"><li>• Housing Strategy</li></ul>	<ul style="list-style-type: none"><li>• CPS 'Delivering Simple, Speedy, Summary Justice' policy document</li></ul>
<ul style="list-style-type: none"><li>• Brighton &amp; Hove's Children and Young People's Plan (2009-12)</li></ul>	<ul style="list-style-type: none"><li>• Brighton &amp; Hove Strategy for the Visitor Economy 2008/18</li></ul>
<ul style="list-style-type: none"><li>• Brighton &amp; Hove Alcohol Strategy – SDG3</li></ul>	

### Key performance indicators

- Levels of confidence and satisfaction reported in bespoke online survey – devise measurement and collect baseline data

## LGBT Hate Incidents and Crimes

- Number of active and effective LGBT partnerships with a community safety element.
- Number of police recorded LGBT hate incidents and crimes
- Percentage of crimes detected/solved
- Percentage of finalised prosecutions resulting in a conviction

<b>LGBT Hate Incidents Action Plan</b>
<b>Area of work 1</b>
<b>Awareness raising and community capacity to respond to LGBT hate incidents</b>
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 and incidents through professional and community engagement and outreach programmes.
1.4 Support the development of community-led outreach work on LGBT hate crimes and 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.
1.6 Build new working partnerships each year, in a sustainable model to ensure both reengagement with the democratic process and inclusion of community safety elements in partnership working.
<b>Area of work 2</b>
<b>Directional and comprehensive communications</b>
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.
<b>Area of work 3</b>
<b>Work with younger LGBT people around safety and bullying</b>
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)

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<b>Area of work 4</b>
<b>Improve consistency and clarity in the monitoring of LGBT hate incidents</b>
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.
4.3 Development of partnership-wide agreed standards of recording of homophobic, biphobic and transphobic hate crime and incidents.
<b>Area of work 5</b>
<b>Increased reporting and improved responses and services to those reporting</b>
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 Working with the newly convened community city LGBT Community Safety Forum and LGBT HIP (Health Improvement Project), develop robust baseline indicators to measure levels of trust and confidence.
5.4 Increase reporting in the community, voluntary and statutory sector.
5.5 Enhance facilities to report and access services within neighbourhoods
5.6 Conduct client satisfaction surveys and act on feedback from the client in relation to the standards of service provided to them.
5.7 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.
5.8 Publicise reporting centres, reporting schemes and support services.
5.9 Increase reporting from vulnerable groups & provide targeted publicity and support to raise awareness about reporting and enable easy access to hate crime services.
5.10 Ensure clients are aware of statutory sector complaint procedures eg. Council, Police, NHS, CPS, Probation and learn from complaints made.
<b>Area of work 6</b>
<b>Prevention and deterrence of offending</b>
Actions
6.1 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.

## LGBT Hate Incidents and Crimes

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.

7.3 Targeted domestic violence resources for lesbians, gay men, bisexual and trans people continue to be distributed by the community safety team.

### 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.

## Disability 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 from carers
- There is a reduction in repeat victimisation and repeat offending
- There are improved outcomes for victims and witnesses
- There is improved trust and confidence of disabled people, their carers, and organisations supporting disabled people

**Definition:**

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 this is a priority

National evidence shows that targeting and harassment of disabled people is a serious issue, there is significant under-reporting, reported incidents are not appropriately recorded, and a culture of disbelief surrounds disability hate incidents. Disabled people are more likely to fear for their safety, are more likely to experience hate incidents and crimes and they are less likely to report it. It remains 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. They often restructure their lives to minimise risk: they avoid going to particular places, change their routines, move homes, transfer schools, and some change their jobs. Many come to accept it as 'inevitable' or 'part of 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.

Certain types of disabled people experience increased risk and victimisation. People with learning disabilities and/or mental health conditions have increased risk of hate incidents and experience higher levels of victimisation. Similarly, people with visible disabilities and those with an Autism Spectrum Condition are also 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 can experience hate incidents in the context of other abuse in domestic or residential care settings. Perpetrators can be 'friends' or 'carers', and people with learning disabilities are often 'befriended' by the perpetrators. Neighbours may be amongst those who harass people with mental health issues. The relationship between the victim and the perpetrator (including the power relationship) and a fear of reprisal may deter reporting of hate incidents. Criminal justice responses and satisfaction with the system have also been identified as barriers to reporting.

### Current context

The national context surrounding hate incidents and crimes in general is described on page 88. With regards to disability hate incidents specifically, Crown Prosecution

#### Main Partners

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

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Service guidance (March 2010) distinguishes between hostility and vulnerability; disabled people are not inherently vulnerable, it is circumstances that make them vulnerable and can provide opportunity for an offender to demonstrate hostility based on disability. The investigation and prosecution focus therefore needs to enforce disabled victims' rights and scrutinise the offender's behaviour.

Responding to the Winterbourne View case, in spring 2012 the government plans to set out measures in a cross government disability strategy to improve the protection of people with learning difficulties in care. Also, a disability hate crime action plan will be developed to respond to the Equality and Human Rights Commission's inquiry into disability related harassment. The government's action plan to tackle hate crime *Challenge it, Report it, Stop it*, has several specific actions to enhance sentencing for disability hate murders, to assess the need for new specific offences similar to racially or religiously aggravated offences, and to assess if there is a case for changing the law on incitement to hatred on the grounds of disability.

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. 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. Further, the use of public sector equality duties to foster good relations, challenge negative attitude and promote positive attitude towards disabled people is encouraged by the government.

There is limited evidence on the nature and extent of hate incidents locally. Changes to reporting and monitoring systems have constrained our ability to build the evidence base, monitor and disaggregate information on disability hate incidents and we are seeking improvement in these areas. Despite a local publicity campaign, very low numbers (33 in 2010/11 and 23 in 2011/12 up to December) 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 (9 recorded since April 2009 to date), while ten successful prosecutions (out of 12) 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. Local consultation with disabled people and support organisations identified the following priorities: improved safety for people with learning disability in the community; hate incidents and safety of disabled people on the public transport; and increased awareness amongst public, disabled people and staff of the public services of disability hate incidents.

Increased reporting of disability hate incidents and the provision of a flexible and responsive casework service remains a high priority. To empower victims and communities through developing accessible information, we launched a publicity campaign with the involvement of disabled people to increase public awareness and reduce social tolerance of hate incidents. In partnership with advocacy and support organisations of disabled people, we have created third party reporting centres to increase accessibility. Risk-assessment tools have been trialled in the city to identify risk and harm to the victims, and a multi-agency case management system and risk assessment conferences are being used to deliver improved responses to high risk victims. Sussex Police have introduced new policies, procedures and training, to improve recognition, recording of and response to disability hate incidents. We continue

to develop effective partnership responses to support victims city-wide (for example, protocols to protect vulnerable victims), integrate safeguarding work with the reporting of hate incidents, and disseminate good practice through training. Dedicated resources (police disability liaison officers and victim witness caseworker for people with learning disability from INTERACT) extend our reach, break down barriers, and increase capacity to support victims.

### 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 oversees the Strategy and progress on actions, scrutinises data levels and trends of incidents, and helps 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 will continue to deliver outreach work to disabled people and their carers to understand and respond to their safety concerns. 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 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?

We are committed to reducing hate incidents and crimes and the harm caused to individuals and communities, and 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. Our key priorities for the next year include: a review of publicity work and assessing its impact on reporting levels; progress work to tackle hate incidents on public transport; continue to raise awareness among disabled people on how to report and get support; develop a methodology to assess victims feeling of safety and support provided; research victims' experiences of reporting hate incidents; and monitor the impact and effectiveness of changes to partnership reporting and monitoring systems, and the application of risk management principles to hate incidents and adjust services if required.

### 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'
- Brighton & Hove's Equality and Inclusion Policy
- Challenge it, Report it, Stop it. The Government's Action Plan on Hate Crime, March 2012
- National DCSF guidance: 'Safe to Learn'
- Safeguarding Adults Board Plan 2011 -

## Key performance indicators

- No. of disability hate incidents recorded including those reported by at risk groups
- Number of police recorded incidents and crimes
- Percentage of police recorded crimes detected/solved
- Percentage of finalised prosecutions resulting in a conviction
- Number of repeat victims
- No. or % of victims who feel that their safety has increased, harm has reduced and who feel supported
- No of (effective) interventions with the offenders of disability hate incidents

Disability Hate Incidents and Crimes Action Plan	
<b>Area of work 1</b>	
<b>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.</b>	
<b>Actions</b>	
1.1 Promote greater reporting and consistent recording of disability hate incidents from statutory, voluntary and community sector organisations. Improve identification of hate incidents within the Safeguarding Adults At Risk (SAAR) procedures and anti-social behaviour 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. Mainstream reporting mechanisms amongst the partner agencies and communities.	
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 Review and adjust 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 Migrant and Refugee Forum, Lesbian, Gay, Bisexual, trans communities, 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 Work with transport providers and partners to improve reporting and recording of disability hate incidents on public transport, assess the extent and improve responses.	

## Disability Hate Incidents

1.8 Translate information and make it widely available, including in public places.	
<b>Area of work 2</b>	
<b>Deliver improved responses, casework support and services to those reporting disability hate incidents by working in partnership with key agencies to reduce the harm caused.</b>	
<b>Actions</b>	
2.1 Deliver a consistent high quality casework service to those reporting incidents; provide a second tier of intervention and support to victims of: critical incidents, cases that have a high community impact, cases that are significant to sustaining the victims and communities confidence in the public services, and where there is an identified gap or unmet need.	
2.2 Further develop and test suitability of the risk assessment tools vis-à-vis victims of disability hate incidents, and monitor numbers. 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. Prioritise work with high risk victims to reduce risk and harm caused.	
2.3 Further develop the multi-agency risk assessment conference to improve the response to high risk, vulnerable and intimidated victims and witnesses of disability hate incidents, to take enforcement action against the persistent offenders, and monitor numbers. Build up membership from organisations working with disabled people.	
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. Undertake small research into victims experiences of reporting disability hate incidents and adjust services according to findings.	
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 multi-agency risk assessment conference (MARAC). 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 Procedure to incorporate hate crime practice guidance, including analysis and provision of training to the relevant staff.	
<b>Area of work 3</b>	
<b>Effective monitoring systems to develop crime reduction strategies and improved accountability / reporting to the disabled people and their organisations.</b>	
<b>Actions</b>	
3.1 Develop and maintain a city-wide 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.	



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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.	
<b>Area of work 4</b>	
<b>Prevent and deter offenders, bring offenders to justice wherever possible and reduce re-offending through improved rates of detection, prosecution and effective court outcomes</b>	
<b>Actions</b>	
4.1 To monitor police and other criminal justice agency records to ensure early identification and tagging of disability hate incidents, improved first response and quality of investigation. Monitor and assess the effectiveness of new procedures and training, and implement changes accordingly.	
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.	
<b>Area of work 5</b>	
<b>Increased public awareness and improved understanding of hate incidents against disabled people</b>	
<b>Actions</b>	
5.1 Review and adjust the city-wide publicity campaign relating to disability hate incidents and assess its impact on the level of reported 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

#### Definition:

For the purpose of this Strategy, older people are defined as those aged 50 or above.

#### Why this is 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 (2010) show that there are 74,500 people aged 50 or over living in Brighton and Hove, making up 29% of the population. The size of the 50 and over population in the city is projected to increase to about 85,000 by 2020, underlining the need to address community safety concerns for people in this age group.

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.

The Citizens Panel survey in 2010 found that there was not much difference across all age groups in how safe people felt in their neighbourhoods or in the city centre during the day. However, after dark, people tended to feel less safe as they got older. In particular, older women report feeling less safe than

#### 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

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older men at night, both in their local neighbourhoods and also in the city centre. Factors 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 within 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 2011-14 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 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
- % of older people who feel safe in their local neighbourhoods and the city centre during the day and after dark
- Consultation with older people to find out if services are responsive to needs

Older People Action Plan
<b>Area of work 1</b>
<b>Information for older people and access to services</b>
<b>Actions</b>
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 LBGT 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
<b>Area of work 2</b>
<b>Support networks and social structures for older people</b>
<b>Actions</b>

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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.
<b>Area of work 3</b>
<b>Better information to services</b>
<b>Actions</b>
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.
<b>Area of work 4</b>
<b>Better co-ordination of, and improvement of existing services</b>
<b>Actions</b>
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 2012/13. 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, 2012/13 (£)

Area of work	Staff costs	Projects and Initiatives	Total
Community Safety Partnership (partnership support, management, research, monitoring, finance, rent, etc.)	414,920	0	<b>414,920</b>
Drugs misuse (Drugs Intervention Programme and outreach)	68,830	0	<b>68,830</b>
Community Safety Community Projects (substance misuse and environment improvements)	319,430	8,920	<b>328,350</b>
Operation Reduction (drugs enforcement and outreach)	126,000	0	<b>126,000</b>
Street drinking and begging enforcement and outreach	60,000	0	<b>60,000</b>
ASB and Hate Incident Casework Team	392,120	0	<b>392,120</b>
Hate incidents, targeted community engagement and preventing extremism	176,930	45,020	<b>221,950</b>
Family Intervention Project	464,560	38,410	<b>502,970</b>
Youth offending, youth support, alcohol misuse	163,870	0	<b>163,870</b>
Sexual Violence and Abuse (SARC, counselling and ISVA services for victims)	96,150	0	<b>96,150</b>
Domestic Violence:			
Services for victims (RISE incl. IDVAs, and MARAC)	411,620	0	<b>411,620</b>
Perpetrator programme (Living With Violence)	113,290	0	<b>113,290</b>
<b>Total</b>	<b>2,807,720</b>	<b>92,350</b>	<b>2,900,070</b>

## 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 Brighton & Hove City Council. 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 chart showing the way in which the Safe in the City Partnership is structured. 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.

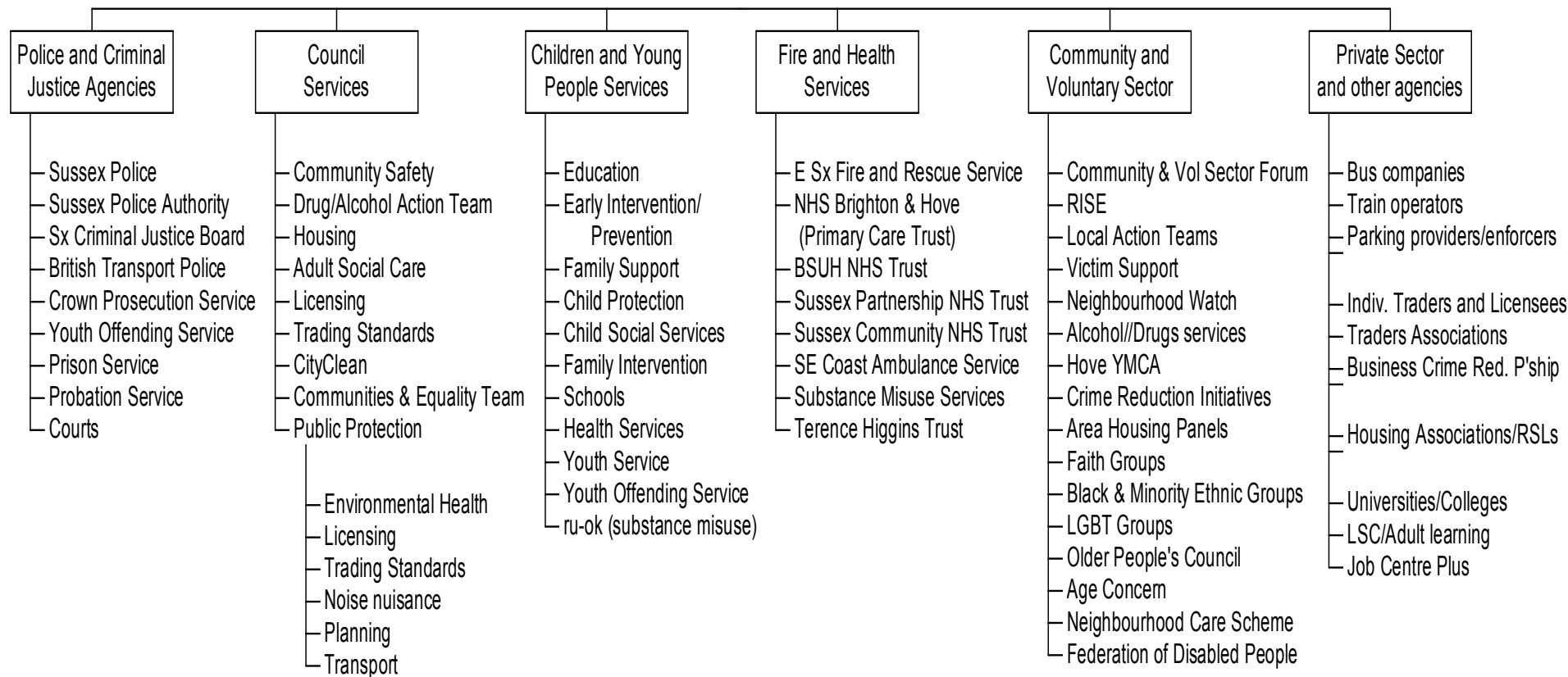
A network of Local Action Teams cover the city and these are an important part of the Partnership. These involve residents, local businesses and agencies working together and they provide a key route through which community safety issues for local neighbourhoods are taken forward.

The Safe in the City Partnership links with the democratic process through the Community Safety Forum which reports directly to the Policy and Resources Committee. During 2012, further changes will be made to the structure of partnership working, to reflect changes in the council's committee system and the new relationship with the Police and Crime Commissioner and Panel. Revised details will appear on the partnership's website [www.safeinthecity.info](http://www.safeinthecity.info) when available.



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 [www.safeinthecity.info](http://www.safeinthecity.info)

### 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 Easteal		Safer Streets Task Group
Drugs Misuse	Kathy Caley	Graham Stevens		Communities and Families Steering Group Health Protection Steering Group Joint Commissioning Group Treatment Performance Group
Alcohol Misuse	Kathy Caley	Kate Lawson (Prevention) Tim Nichols/Linda Beanlands (Availability) Simon Nelson/Steve Barton (Night Time Economy) Graham Stevens/Kate Lawson (Treatment etc.)		Alcohol Programme Board 4 Strategy Domain Groups
Anti-Social Behaviour	Linda Beanlands	Aaron Devereaux		ASB Steering Group
Reducing Reoffending	Linda Beanlands Leighe Rogers Supt. Steve Whitton	Martin Edwards 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 Troubled Families Steering Group
Domestic Violence	Linda Beanlands	Supt. Nev Kemp; DCI Jez Graves; Leighe Rogers; Steve Barton; Denise D'Souza; Paula Murray; Jugal Sharma; Lydie Lawrence	Eleri Butler	DV Intelligent Commissioning Group Domestic Violence Forum
Sexual Violence and Abuse	Linda Beanlands	Sgt Peter Castleton; DCI Jez Graves; Lucy Bryson	Eleri Butler	Sexual Violence Reference Group Rape and Serious Sexual Offences Management Group SARC Board
Racist and Religiously Motivated Incidents and Crimes	Linda Beanlands	Nahida Shaikh; Aaron Devereaux		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		Disability Hate Incident Steering Group
Older People	Michelle Jenkins	Linda Beanlands; Nahida Shaikh		

## Appendix 4. Summary of key performance indicators

### All Crime and Disorder

- No. of total police recorded crimes
- No. of total police recorded anti-social behaviour incidents

### Physical Environment, Infrastructure and Quality of Life

- % 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

### Drugs Misuse

- Number of drug related deaths (maximum 38 per year 2012-14)
- Number of drug users 18 years or over in effective treatment (1.5% increase)
- Percentage of people 18 or over leaving treatment who do so in a planned way (50%)
- Percentage of people 18 or over who have been in treatment over four years (25%)
- Percentage of successful completions: planned exits as a proportion of the total treatment population
- Percentage of people in treatment who overcome dependency and do not re-present for treatment within six months
- Number of Key Stage 4 school students reporting drug use in annual the Safe and Well School Survey.
- Number of under 18s who leave treatment in a planned way.
- Percentage of successful completions: planned exits as a proportion of the total treatment population for under 18s.

### Alcohol Misuse and Alcohol-related Crime and Disorder (tbc)

- Percentage of patients leaving alcohol treatment who completed successfully (no longer requiring structured alcohol treatment) – 50%
- No. of alcohol related hospital admissions/1000 population – 2665 per 100,000

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population (2% lower growth relative to trend)

- Percentage of successful completions (planned exits as a proportion of the treatment population)
- Percentage of those in treatment who overcome dependency and do not re-present to treatment within six months.
- Number of police-recorded assaults with injury
- The percentage of people who believe that drunk and rowdy behaviour is a problem

### Anti-Social Behaviour

- 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

### Reducing Re-offending

- Adult proven reoffending rate (based on 12 month rolling cohort)
- Reoffending by PPOs (previously NI30) – number of re-offences from those in cohort over 12 months
- Youth proven reoffending rate (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

### Children, Young People and Families

- Number of children/young people entering the care system
- The numbers of first time entrants to the criminal justice system
- The percentage of YOT offenders who re-offend in a 12 month period
- The number of young people within the criminal justice system receiving a conviction in court who are sentenced to custody
- Number of Key Stage 4 school students reporting that had 'ever taken drugs that were not prescribed for you or available at a chemist'.
- Planned exits from substance misuse treatment as a proportion of the total

treatment population for under 18s

- Number of vulnerable young people screened for substance misuse across youth services, hostels, social care and CAMHs
- EET amongst young people engaged in YOT / substance misuse treatment
- Youth Crime prevention compared to general youth population.
- % of families and referring agencies who feel that the situation with the family has improved as a result of the work of the Family Intervention Project
- Percent change in ASB complaints against FIP families
- Percentage of children and young people of families entering the care system during the FIP intervention
- Percentage of FIP children and young people who have offended

### Domestic Violence

- Percentage of referrals to a Multi-Agency Risk Assessment Conference (MARAC) who are repeat clients
- Percentage of domestic violence crimes solved
- Percentage of finalised prosecutions with resulting in a conviction
- % of MARAC domestic violence victims reporting feeling safer at the point of leaving the IDVA service

### Sexual Violence and Abuse

- Number of police recorded serious sexual offences
- Percentage of sexual assault victims who are eligible for a SARC referral who go on to receive a service at the SARC
- Percentage of SARC referrals to independent support services who receive support
- Number of serious sexual offences detected/solved
- Percentage of finalised court cases resulting in a conviction
- Percentage of referrals to i) the SARC or ii) other specialist agencies who are repeat clients

### Racist and Religiously motivated Incidents and Crimes

- Number of racist and religiously motivated incidents recorded including those reported by at risk groups
- Number of police recorded incidents and crimes
- Percentage of police recorded crimes detected/solved

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- Percentage of finalised prosecutions resulting in a conviction
- Number of repeat victims
- No. or % of victims who feel that their safety has increased, harm has reduced and who feel supported
- No of (effective) interventions with the offenders of racist incidents

### **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**

- Levels of confidence and satisfaction reported in bespoke online survey – devise measurement and collect baseline data
- Number of active and effective LGBT partnerships with a community safety element.
- Number of police recorded LGBT hate incidents and crimes
- Percentage of crimes detected/solved
- Percentage of finalised prosecutions resulting in a conviction

### **Disability -motivated Incidents and Crimes**

- No. of disability hate incidents recorded including those reported by at risk groups
- Number of police recorded incidents and crimes
- Percentage of police recorded crimes detected/solved
- Percentage of finalised prosecutions resulting in a conviction
- Number of repeat victims
- No. or % of victims who feel that their safety has increased, harm has reduced and who feel supported
- No of (effective) interventions with the offenders of disability hate incidents

### **Older People**

- Number of crimes against older people per 1,000 population



## Performance Indicators

- 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](mailto:community.safety@brighton-hove.gov.uk)

or by writing to:

The Partnership Community Safety Team  
Room 418 King's House  
Grand Avenue  
Hove BN3 2LS

**Safe in the city**  
Brighton & Hove Community Safety Partnership

