

SAFER CORNWALL

Kernow Salwa



PARTNERSHIP PLAN 2016-2019

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What is community safety?

Community safety is a broad term, encompassing **all types of crime, anti-social behaviour and disorder** (including behaviour adversely affecting the local environment) and **problem use of drugs, alcohol and other substances**.

It refers to the **protection of local communities** from the threat and consequences of criminal and anti-social behaviour by **reducing both incidence of crime and the fear of crime**. It includes **involving the community** in identifying the nature of the threat and the crime, the problems and the solutions.

What is Safer Cornwall?

The Crime and Disorder Act 1998 made it a **statutory requirement** for every local authority area to have a Community Safety Partnership. Safer Cornwall is the **community safety partnership** for Cornwall.

We are made up of statutory organisations (referred to as **responsible authorities**) and a wide range of other public sector, voluntary, community and private organisations. The responsible authorities are Cornwall Council, Devon and Cornwall Police, Cornwall Fire and Rescue Service, National Probation Service, Dorset, Devon & Cornwall Community Rehabilitation Company and NHS Kernow.

We have a responsibility to work together to do all that we can to ensure that everyone who lives, works or visits Cornwall can do so in **security and safety**. Our Strategic Assessment and Partnership Plans clearly lay out what we must do to help **improve the quality of life** for the people of Cornwall.

Achieving safer communities depends on **everyone working together** to find local solutions to local problems.

Safer Cornwall supports and co-ordinates the work of all the partners across Cornwall through:

- Producing an **annual strategic assessment** to identify community safety priorities across Cornwall and set objectives;
- Developing a three year **Partnership Plan**, refreshed annually, to co-ordinate activities to address the community safety priorities across Cornwall;
- **Monitoring delivery** against our objectives and **driving good performance** through targeting resources to deliver efficient and effective outcomes for everyone who lives, visits and works in Cornwall.

Safer Cornwall meets on a six weekly basis and we **consult and engage with our communities** throughout the year to encourage, support and empower them to undertake local projects and initiatives.



Structure

Safer Cornwall is **relatively streamlined** in its structure, an approach supported by the Local Government Association¹. There are **two groups** that sit at the centre of Safer Cornwall - the **Strategic Board** and the **Management Group** – and their membership is set out in Appendix A. In addition, Safer Cornwall has a number of specific groups which are responsible for **overseeing key areas of work**.

The role of the Partnership has expanded this year to **take on the responsibilities of the former Drug and Alcohol Action Team (DAAT) Board and Joint Commissioning Group**. This has introduced the responsibility to oversee the commissioning of drug and alcohol services and delivery of the drug and alcohol strategies.

Formal scrutiny² of Safer Cornwall is provided by Cornwall Council Scrutiny Management Committee. The Scrutiny Management Committee provides the Partnership with constructive challenge at a strategic level. It carries out an **annual review of Safer Cornwall's Partnership Plan** (which satisfies the statutory responsibility). It also reviews Safer Cornwall's performance on an annual basis and from this identifies potential areas of challenge for the forthcoming year. It can call in partners to challenge poor performance and hold them to account.

In 2014/15 Cornwall Council's Scrutiny Management Committee identified **Domestic Homicide Reviews** (DHRs) as a focus area and held a two day Select Committee Review examining the engagement of Safer Cornwall Partners in DHRs. The concluding report and recommendations forms part of the **Communities Portfolio Advisory Committee's work plan** whereby they will **monitor and scrutinise progress** against the Select Committee's recommendations.

Working with other partnerships

Safer Cornwall is the **statutory partnership** with overall responsibility for community safety. There are three other statutory partnerships across Cornwall **that share our key issues** and have a role in delivering elements of community safety: the **Health and Wellbeing Board**, the Local Enterprise Partnership and the Local Nature Partnership.

There are a range of non-statutory boards/partnerships but four in particular through which the community safety objectives must be delivered: the **Children's Trust**, the **Together for Families Board** and the **Local Children and Adults Safeguarding Boards**.

Similarly, the priorities for these partnerships are taken forward through our Partnership Plan to ensure the **best response is provided** for the people of Cornwall. For example, community safety issues, in combination, form some of the most significant elements in Phase 2 of the Together for Families programme and in Serious Case Reviews for children and adults at risk.

The **Isles of Scilly Community Safety Partnership** works alongside Safer Cornwall, but as a unitary authority is required to produce a separate strategic assessment and partnership plan for the islands.

¹ The Lean Community Safety Partnership: guidance is available to download from the LGA website

² As set out in the Police and Justice Act 2006.

Safer Cornwall also works with all the community safety partnerships across the Devon and Cornwall Peninsula to develop the Peninsula Strategic Assessment that and identify where **joint approaches and co-ordination of partnership resources** may be most effective to address the common threats. This work supports the Office of the **Police and Crime Commissioner** and other partners operating at a Peninsula level or higher, such as Probation services.

In 2015, the Police and Crime Commissioners and Chief Constables for **Devon and Cornwall Police** and **Dorset Police** reached agreement for a large scale **strategic alliance between the two forces**.

The aim of the alliance is to maintain a high standard of policing services for the communities within both force areas, at a time when police budgets are reducing across the country.

Why do we have a Safer Cornwall Plan?

Every year Safer Cornwall completes an assessment of community safety in Cornwall, called the **Strategic Assessment**. The findings from this assessment, which includes findings from public consultation, are used to identify Cornwall's **community safety priorities**.

The Safer Cornwall Plan provides a **commitment** from all those involved to work together to address those priorities with clearly defined outcomes. It provides a clear single place setting out the **collective response of partners** and **other key strategies** that are intrinsic to delivering our outcomes effectively.

The Safer Cornwall Plan is a **statutory document**. The responsible authorities have a duty³ to work together, and with other local agencies and organisations, to **develop and implement strategies to tackle crime and disorder**, which includes anti-social and other behaviour adversely affecting the local environment, the misuse of drugs and alcohol and reducing re-offending.

The Police and Justice Act 2006 which came into effect on 1 August 2007 introduced two further requirements, which determine the **remit of this Plan**. These are:

An **annual strategic assessment** which must include:

- Analysis of the **level and patterns** of crime, disorder and problem drug and alcohol use and any changes since the last assessment;
- **Analysis of why** these changes have occurred;
- An assessment of the extent to which the **previous Plan was implemented**.

A **Partnership Plan** that:

- Covers the next **three years**, enabling short, medium and long-term priorities to be tackled;
- Is revised **annually**;
- **Contains the priorities** identified through the strategic assessment;
- Includes a **strategy for tackling crime and disorder** in the area;
- Contains information about the way in which the Partnership will **engage with communities**.

³ Section 6 Crime and Disorder Act 1998, as amended by Section 97 and Section 98 Police Reform Act 2002 and Section 1 Clean Neighbourhoods and Environment Act 2005

1: INTRODUCTION

A strategy for working together

To address the issues that really matter, it is important to understand not only what is happening and where, but what may be causing the problems and the best way to tackle them. We undertake an **annual strategic assessment** using evidence from a range of partners to assess the **nature and impact of crime and disorder** issues across Cornwall and review the **effectiveness of the responses** currently in place.

This is the first iteration of a new three year Partnership Plan, which will be effective from 1 April 2016 to 31 March 2019 and is based on the priorities identified in the 2015/16 Strategic Assessment.

Safer Cornwall has established its two top **priorities for 2016-2019** as:

- Domestic abuse and sexual violence
- Alcohol-related harm

These priorities are recognised as **significant cross-cutting themes** across the partnership landscape and in particular should be areas of shared interest between local community safety partnerships and **Health and Wellbeing Boards**.

In addition we recognise the following as **key focus areas for delivery**, placing high importance on providing effective, innovative and improving services:

- Drug-related harm and promoting recovery
- Anti-Social Behaviour
- Reoffending

There are a number of other areas of work where we have statutory responsibilities or that significantly impact on our priorities and focus areas. These include our action plan to **prevent violent extremism**, tackling **modern slavery** and **child sexual abuse and exploitation**, developing our knowledge about the impacts of **mental health** on crime and safety, reducing **road traffic collisions** and establishing opportunities for co-delivery within the **Together for Families** programme.

All other crime, disorder and community safety issues are rated as **standard risk** and this group includes a lot of **core business** for partners. It is important to note that **standard risk issues are not excluded** from partnership response. Trends will continue to be **monitored** and an effective escalation process will ensure that any significant increase in risk is referred to the partnership for multi-agency problem solving and response.

This approach allows the partnership to be **dynamic and responsive**, whilst **retaining the strategic focus** on the issues that present the greatest risk of harm.

The delivery landscape

Over recent years, changing national priorities, driven by a new government, evolving legislation, and the economic downturn have impacted partnerships and their delivery environment. This evolution is set to continue, with the following factors likely to shape the work of Safer Cornwall over the next three years:

The **Public Spending Review** announced further substantial cuts in public sector funding. The **cumulative impact of reduced resources** across all partner agencies is **increasing risk** and limiting our options for putting mitigating action in place.

Cornwall Devolution Deal and the delivery of the Case for Cornwall: £5 billion of devolved government funding, with key development areas including the **integration of health and social care** and co-location and sharing of resources by **blue light services**.

Cuts to police funding at a local level and **service transformation requirements** have the potential to impact on prevention of crime and escalation of harm – to be considered as the funding landscape becomes clearer in 2016.

The transition of the majority of **offender management services to the private sector**, alongside a much smaller public sector Probation service, requires partners to **rethink how we work together** to reduce reoffending.

The election of a **new Police and Crime Commissioner in 2016** creates uncertainty around future delivery and budgets if their policing plan identifies other priorities.

New partnership arrangements, such as the **strategic alliance**, hold the **potential for more integrated and efficient working** across agencies and across geographic borders.

Additional demands on local partnerships to contribute and respond to the new **Serious Organised Crime Local Profiles**, encompassing 8 new themes; the first two are **Child Sexual Exploitation and Abuse** and **Modern Slavery**.

Devolution of nationally commissioned **victim support services** and reallocation of funds to Police and Crime Commissioners to commission effective services for victims of crime.

Increasing **threat presented by on-line environments** as locations for criminality and the challenges that this presents for safeguarding people, detecting and investigating crime.

Wider use of **Restorative Justice processes** which bring those harmed by crime or conflict and those responsible for the harm, into communication, enabling everyone to play a part in repairing the harm and finding a positive way forward.

The **Care Act 2014** regulates the reforming of care and support in order to achieve the aspirations of the White Paper, "Caring For Our Future". A key element of the Bill is the introduction of **personalised budgets**; whilst this allows people greater control over their care, there is a potential risk for **vulnerable people to be financially exploited** through direct payments.

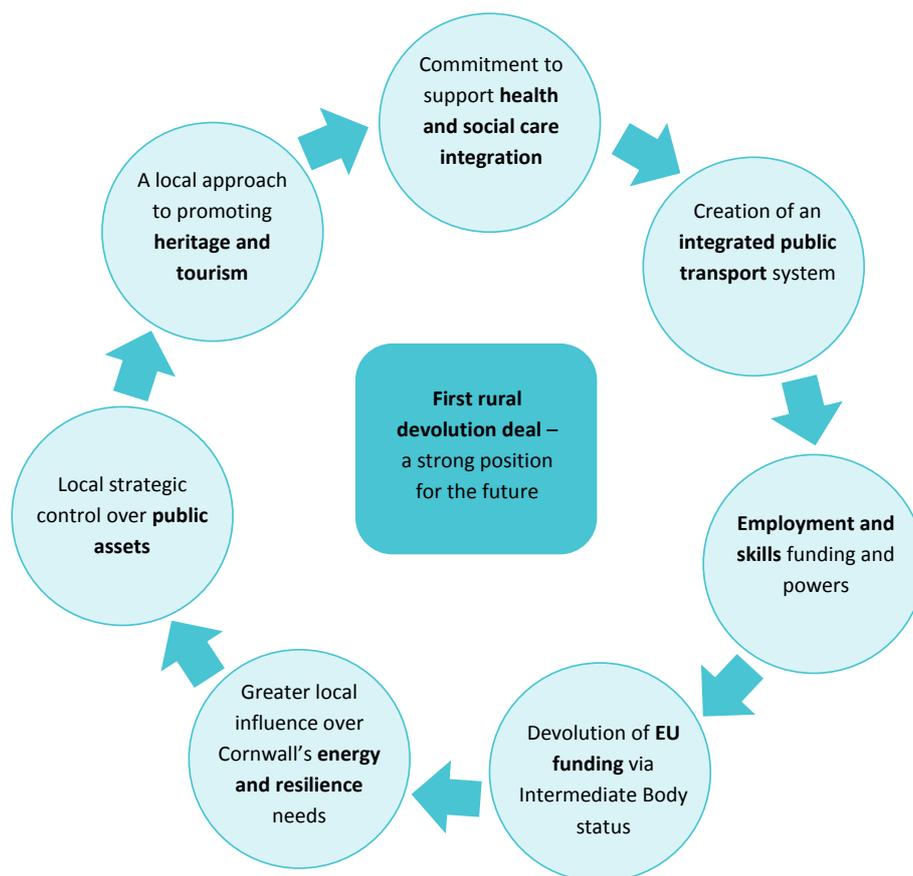
Local context

Cornwall Devolution Deal

The Case for Cornwall⁴ submission to Government set out the **increased powers and freedoms** that we wanted to secure from the Government to enable Cornwall to take greater control over its own affairs. It set out a range of proposals for devolved powers including transport, housing, energy, health and social care, heritage and planning.

In 2015 Cornwall became the **first rural authority in the country** to gain historic new powers with the signing of the Cornwall Devolution Deal and this is the first stage of a longer journey towards delivering the full Case for Cornwall.

The Devolution Deal gives us many of the things that were asked for in the Case for Cornwall and means that more than **£5 billion of government funding will now be managed in Cornwall** in the key areas that we identified as important locally.



The Council has already started working with partners to develop an integrated health and social care system, and deliver significant economic growth, with enhanced business support, greater access to **employment and training** opportunities, together with a much improved **public transport network** and more efficient use of **public sector buildings**.

Safer Cornwall will be actively engaged in supporting delivery of key elements of the Deal and this will be reflected in future iterations of the Partnership Plan.

⁴ See Cornwall [Council's web pages](#) for more information

Cornwall, a brief description...

Cornwall is the **second largest local authority area** in the South West, covering an area of 3,559 km², and has the longest coastline of all English counties at 697 km. It is an area of **many contrasts**; with varied landscapes including remote rural, coastal and environmentally sensitive areas, interspersed with villages and historic market towns; where **affluence sits alongside some of the most disadvantaged areas** in England

Cornwall's population is growing but growth isn't consistent across all areas of Cornwall

- Cornwall's population is **545,335**¹, 20% are under 18, 56% aged 19-64 and 24% are 65 and over
- Cornwall has a dispersed settlement pattern with over **40% of the population** living in settlements of **less than 3,000 people**³
- Our population density is one of the lowest in the England at 1.5 persons per hectare
- Latest Government projections² indicate that, the population is likely to reach **640,200 in 2037**, an increase of over 94,800 (17%) over 22 years
- In-migration is predominately for **economic and lifestyle reasons**, not retirement purposes

Housing need in Cornwall is high with housing unaffordable for many

- Cornwall has over **230,400 households**⁶ with an average household size of 2.27
- Around 55% are couples living together and 30% are households with only one person. The rest are single-parent families (9%) or people living in shared accommodation (6%)⁷
- **8,800** live in **communal establishments** (1.7%)⁷
- In 2014 the average price of a property in Cornwall was £194,000, **over 10 times the average income** (median) of £18,3548. The Cornwall average does however, mask large variations across communities
- Cornwall **Homechoice** Register sees around **9,000 new registrations per year**, indicating increasing demand⁹
- Cornwall has one of the **highest rates in the country of rough sleeping** per head of population⁹
- In 2013 approximately **34,998** households (14%) in Cornwall were calculated to be in **fuel poverty**¹⁰

Deprivation is a persistent problem

- Cornwall as a whole is not deprived but there are areas where there are very high levels of deprivation and this has not changed for some years

- Around **68,600 people** (12.7% of the population of Cornwall) **live in the 20% most 'deprived' communities in England**.⁴ This equates to approximately 34,400 households
- **15.9% of children** in Cornwall live in low income families⁵
- **Hidden rural deprivation** is not identified by national measures due to the dispersed nature of rural population

Health inequalities continue in areas of deprivation - higher rates of obesity, teenage pregnancy and levels of sickness and disability benefit claimants are closely linked to areas where there is known inequality.

- **Average life expectancy** continues to be generally **higher** than the national average
- **One in ten** residents (53,166 people) say their **day to day activities are 'limited a lot'** due to a long term health problem or being disabled⁷
- **More than one in ten** residents (63,192 people, 11.9%) **provide unpaid care** to a family member, friend or neighbour⁷
- 13.1% of people in Cornwall and Isles of Scilly suffer from **depression**, higher than both the South West and England rates (12.8% and 11.7%)
- Cancer, respiratory disease, musculo-skeletal problems and cardiovascular disease cause the majority of deaths in Cornwall
- **7,002 people admitted to hospital** for alcohol-related conditions / 1,218 per 100,000 population (2013/14)¹¹

Cornwall's environmental assets are extremely valuable - and are a key contributor to the economy and quality of life.

- **Emissions from housing and transport account for over 60% of CO₂ emissions¹²** - 33% is from domestic fuel consumption (electricity, gas and other fuels) and over a quarter (29%) by transport

- **Cornwall has a diverse maritime environment** and has a number of nature and landscape conservation area designations
- **30%** of Cornwall is within an **Area of Outstanding Natural Beauty**
- Cornwall has the **largest World Heritage Site in UK**
- **28,000** households have been assessed as **at risk from flooding**

Strengthening Cornwall's economy is an ongoing challenge - low economic output (per capita), low wages, low productivity, a lack of big companies have been persistent challenges

- Cornwall has **low numbers of people without qualifications¹³ (6%)**, low numbers (but growing) with high level qualifications¹³ (33% with NVQ4 and above) and **high levels of part-time employment¹⁴ (31%)**
- **13.3%** of residents aged 16-64 (43,110 people) **were claiming key out of work benefits** compared with 12.1% in England and 10.9% in the South West¹⁵
- **Businesses in Cornwall are smaller** in terms of employee numbers than the national average; **97%** were **small or micro level**, employing less than ten people in 2015¹⁶
- **23%** in employment are self-employed; above the national average (14%)¹³

Crime in Cornwall is generally low and is a safe place in which to live and work - despite rises in some areas, crime in Cornwall continues to be low, although fear of crime remains an issue.

- Cornwall experiences **seasonal fluctuations in crime** with more offences in the summer months and fewer in winter¹⁷
- Violence (including Domestic Abuse crimes) and Sexual Offences are higher than other similar areas and increasing. **Consequences of these crimes are far-reaching and long-lasting¹⁷**
- Overall **16% of crime** is recorded as **alcohol related¹⁷**
- Each year the **fire and rescue** service respond to more than **5,600 emergency calls¹⁸**
- In 2014 there **were 1,309 road traffic injury collisions** in Cornwall¹⁹

Cornwall's geographical shape and position make infrastructure delivery challenging - dispersed and sparsely populated settlement pattern combined with our coastline present issues of accessibility and challenges for equal provision of services

- **Car ownership in Cornwall is not a sign of wealth** - high proportions of car ownership reflects Cornwall's rural nature where conventional public transport is often not viable. Over 68% of cars in Cornwall are over 6 years old²⁰ reflecting the fact that for many the car is an expensive necessity rather than a luxury.
- 17.3% of households do not have access to a car⁷
- **64%** of people in employment **travel to work by car**, 3% use public transport⁷

Kindly reproduced from Cornwall's **Joint Strategic Needs Assessment**. For further information see <http://www.cornwall.gov.uk/jsna>

References: 1. 2014 Mid Year Population Estimates, ONS, 2. 2012 based population projections, ONS, 3. Mid-2014 Population Estimates for Census Output Areas, ONS, 4. Indices of Multiple Deprivation 2015, DCLG, 5. Personal tax credits: Children in low-income families' local measure: 2013 snapshot as at 31 August 2013, HMRC, 6. Council Tax Database, Cornwall Council, Sept 2015 7. 2011 Census, ONS, 8. Housing Statistics Portal, Housing Summary Measures, 5 Aug 2015, ONS 9. Cornwall Strategic Housing Framework, Evidence base, 06 March 2014. 10. 2013 sub-regional fuel poverty data: low income high costs indicator, DECC 11. Local Alcohol Profiles for England, PHE, June 2015 12. UK local authority and regional carbon dioxide emissions national statistics: 2005-2013, DECC 13. ONS Annual Population Survey, Jan 2014- Dec 2014 14. ONS Annual Population Survey, Jan 2014- Dec 2014 15. Benefit claimants - working age client group, February 2015, ONS Crown Copyright Reserved [from Nomis on 21 October 2015] 16. Inter Departmental Business Register (ONS), UK Business Counts 2015, workplaces, 17. Safer Cornwall Strategic Assessment 18. Cornwall Fire and Rescue Service, Risk Based Evidence Profile, 2014 19. Road Safety - Accidents 2014, DFT 20. Vehicles licensed by body type in Cornwall Unitary Authority as at 30 June 2015, DFT

Crime in Cornwall: an overview

The police performance website iQuanta allows us to compare levels of crime and general trends with the average for partnerships with similar characteristics nationally (known as our 'most similar family group' or MSF). Family groups are made up of 15 partnership areas and ours includes comparable areas such as South Devon and Dartmoor, West Somerset, Shropshire and Wrexham.

There are two main ways in which we measure our performance against our most similar family – **incidence of crime** (crime rate) and **crime reduction performance** (change in level of crime over time). If our performance is significantly different from our most similar family group, this indicates **that local factors**, rather than national trends, are driving the changes.

For ease of presentation and understanding, criminal offences are organised into types and groups. The Office for National Statistics describe these in terms of categories of **victim-based crime** and **other crimes against society**, aligning with the "crime tree" used by Her Majesty's Inspectorate of Constabulary (HMIC). More information on the HMIC crime tree is available from their website.

Recorded crimes and incidents	Trend	Rate per 1000	2014/15	2013/14	Annual change	Comparison 'Most similar family'	Trend 'Most similar family'
All crime	▼	41.1	22,437	24,228	-7%	Below average	▶
Anti-social behaviour	▶	25.3	13,774	13,969	-1%	Below average	▼
Road traffic collisions [1]	▶	177.2	1,309	1,285	2%	Above average	▶
Deliberate fires [2]	▲	0.7	373	338	10%	Below average	▼
Arson [3]	▶	0.3	166	165	1%	Above average	▲
Criminal damage	▼	7.3	3,960	4,251	-7%	Above average	▼
Domestic abuse (total incidents)	▶	15.1	8,233	8,405	-2%	High	▶
Drug offences	▼	2.0	1,106	1,444	-23%	Above average	▼
Dwelling burglary [4]	▼	1.4	739	846	-13%	Low	▼
Hate crime (total incidents)	▲	0.5	297	273	9%	Low	▶
Non-dwelling burglary	▼	2.2	1,187	1,452	-18%	Low	▶
Other non-vehicle theft	▼	6.6	3,579	3,982	-10%	Below average	▼
Other sexual offences	▲	0.9	489	402	22%	Below average	▲
Possession of weapons	▼	0.2	112	128	-13%	Below average	▶
Public order offences	▼	1.9	1,051	1,500	-30%	Above average	▶
Robbery	▲	0.2	88	79	11%	Low	▶
Rape	▲	0.5	256	235	9%	High	▲
Shoplifting	▶	3.8	2,091	2,152	-3%	Below average	▶
Vehicle offences	▼	2.3	1,246	1,385	-10%	Low	▶
Violence with injury	▶	5.8	3,155	3,153	0%	Above average	▲
Violence without injury	▲	5.3	2,892	2,749	5%	Above average	▲

[1] Rate is number of RTCs per 1000 road kilometres

[2] Suspected arsons attended by Cornwall Fire and Rescue Service

[3] Crimes of arson reported to the police

[4] Rate is number of burglaries per 1000 households

We have seen **crime levels rise and fall** over the course of the outgoing three year partnership cycle. Over the same time period, we have seen **significant change across the public sector**, largely driven by the government's spending review and resulting massive budget cuts.

The impacts are **far reaching** – from response on the ground and new organisational structures to changes in recording practice to new legislation and governance arrangements – and this is creating a **complex picture** in terms of understanding underlying trends in criminal behaviour. These are national as well as local issues and crime trends in Cornwall broadly mirror the national picture.

- Overall levels of **crime in Cornwall are low** – the number of recorded crimes continues to reduce over the longer term and our overall crime rate is consistently amongst the lowest in the country;
- There are some differences, however, by crime type. Acquisitive and property crime are low compared with the average for other similar areas in the country but **Violence (including Domestic Abuse crimes) and Sexual Offences** are comparatively high and increasing;
- An important implication of this changing picture is that we are increasingly dealing with a lower volume of crime, but one which is much **more complex in nature and impacts on the most vulnerable** in our communities;
- Reported incidence of **anti-social behaviour is comparatively low** in Cornwall and the **trend has been flat for the last three years**, following a sustained period of year on year reductions;
- Crime follows a **pronounced seasonal pattern that is predictable** and can be planned for but nonetheless places **significant pressure on local communities** and partner resources, particularly in popular tourist destinations like Newquay;
- The proportions of offenders that reoffend, amongst both adult and young offenders in Cornwall, are lower than both national and Peninsula averages;
- We have seen the **offender cohort diminish in size** significantly, particularly over the last three years, but **rates of reoffending have stayed the same**.

The need to put more effective measures in place to identify and support those who are **most vulnerable in our communities** cuts across all thematic areas.

- **Some people experience multiple problems** which have a cumulative impact on their ability to make positive life choices and avoid criminal, anti-social behaviour or other behaviour that has a negative impact on others. The "**toxic trio**" of domestic abuse, mental health and drug and alcohol problems in particular is a **recurrent theme**;
- Based on areas where we can establish a link to problem drug and alcohol use, for example as a factor in offending, we can establish that **substance use is a common feature in criminality and family breakdown**;
- **Young people are most affected by crime**, both as victims and offenders. They are especially vulnerable to the impacts of problems within the family environment, such as **domestic abuse, problem drug and alcohol use and parental or sibling offending**, which can lead to intergenerational cycles of behaviour such as abuse, drug use and offending.

More detailed findings on our priorities and focus areas are included in the relevant sections. Please also refer to the 2015/16 **Safer Cornwall Strategic Assessment**, available to view and download from the Safer Cornwall website.

What the public think

It is important to Safer Cornwall to ensure that residents have an opportunity to **tell local services what matters** to them on a day to day basis in their local area and to get involved in finding solutions to specific problems.

The Safer Cornwall website hosts **Have Your Say**, our on-line survey conducted annually, and Facebook and Twitter also form part of our Communications Strategy. We have put extra effort into conducting surveys in the larger towns, through face-to-face interviews and circulating the survey to local groups and agencies.

The survey findings are considered as part of the priority setting process for Safer Cornwall. Fortunately the lives of most of our residents are not affected by the issues that present the greatest risk of serious harm, and the survey tends to highlight **low level nuisance**, such as parking and dog fouling as top concerns. Issues are referred appropriately to other partner agencies rather than being prioritised by Safer Cornwall to address.

Note that the response rate to the survey was much lower in 2015⁵ compared with the previous two years so results should be interpreted with caution.

- More than half of respondents said that they **had not heard of Safer Cornwall** and/or **did not know anything** about we do. Our **communications strategy** seeks to address the challenges of publicising our work and our successes and associating those successes with the Partnership;
- Overall the level of respondents feeling safe outside the home during the day was similar to previous years at 89% but there was a **small drop** in the proportion of people **feeling safe at night** (from 74% to 67%);
- Respondents indicated significant concerns about **environmental and vehicle-related anti-social behaviour**. The most commonly cited problems were dog fouling which was identified by 38% of all respondents as an issue in their local area and speeding, identified by a third;
- A much lower proportion of respondents perceived the **types of crime** that we asked about as problematic in their local area – we asked about burglary (8%), thefts (7%) and people being attacked (2%);
- Despite crime not being perceived as a particular problem, a comparatively **high proportion of people thought that they might become a victim of acquisitive crime** and this is against a backdrop of massive drops in actual crime. **13%** of respondents thought it was likely or very likely that they would be **burgled** in the next 12 months and **19%** thought it was likely or very likely that they would have **items stolen from their vehicle**;
- **A third of respondents had witnessed some form of alcohol-related violence** and more than half of those assaults were either inside or in the vicinity of a pub or club. Only 7% thought it was likely that they would be a victim of violence in the next twelve months;
- 13% of respondents said that they thought **Drunk or Rowdy Behaviour** was a problem in their local area, which is similar to last year (15%). A further 8% were concerned about **Street Drinking** and this again was similar to last year’s result (11%). People who said that drunk or rowdy behaviour were a problem locally were much **more likely to say that they felt unsafe** out in their local area at night (38% compared with 13%).

⁵ The crude confidence interval is around 4%, which means that none of the differences noted can be considered significant

2: WHAT WE PLAN TO DO

Partnership Development

Priorities:

Domestic Abuse and Sexual Violence

Alcohol-related harm

Focus Areas:

Drug-related Harm and Promoting Recovery

Anti-Social Behaviour

Reoffending

Other areas of work:

Serious and Organised Crime Local Profiles

Mental Health Project

Hate Crime and Preventing Violent Extremism

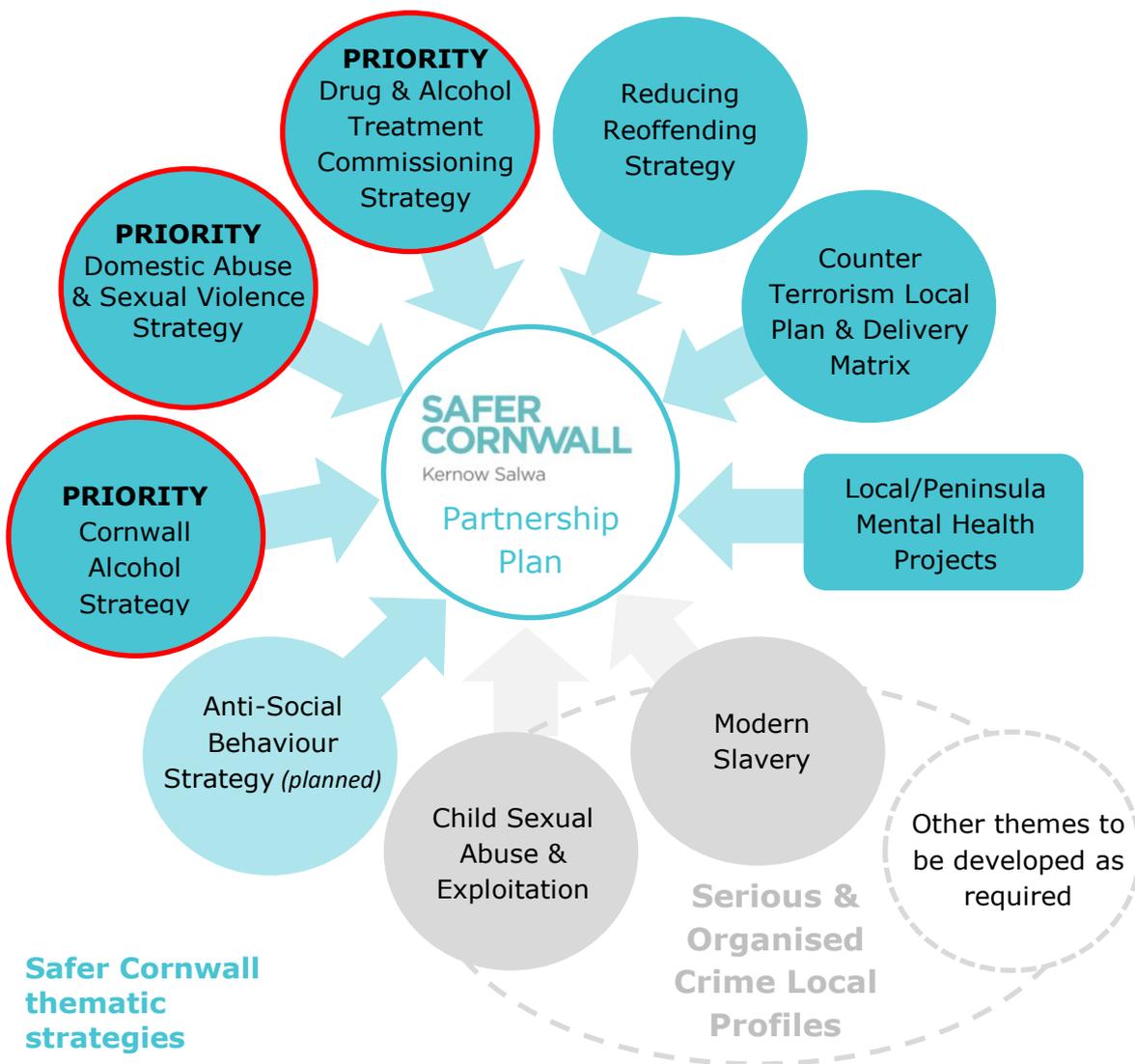
Together for Families Phase 2

Road Traffic Collisions

Working together to make Cornwall safer

The Safer Cornwall Partnership Plan sits at **the centre of a range of Safer Cornwall thematic strategies** that cover all aspects of partnership delivery – our priorities, focus areas and statutory responsibilities. Implementation of these strategies and their respective delivery plans sits within the overarching plan, along with the key activities identified for the coming year.

Other strategies that influence the Plan (and vice versa) but are not led by Safer Cornwall, include the **Road Casualty Reduction Strategy**, the **Together for Families Commissioning Plan** and the **Joint Strategic Needs Assessment**.



Partnership Development

Key outcome:

- Improved **partnership effectiveness**

In times of reducing resources and increasing challenges, we are making a commitment to a number of activities that will **support partners to meet their own priorities and goals** as well as deliver the Partnership priorities in a **mutually beneficial way through existing partnership arrangements** which also ensure that we meet our **statutory responsibilities**:

1	Implement the Section 17 Crime and Disorder Framework across Cornwall Council, which requires the Council and all other responsible authorities to consider crime and disorder in the exercise of all their duties, activities and decision-making. This means that the development of all policies, strategies and service delivery must consider the likely impacts on crime and disorder.
2	Improve integrated working across partnerships by continuing to strengthen our relationships with other local partnerships, such as the Health and Wellbeing Board and Local Safeguarding Boards, and exploring options for co-delivery of key elements of the Together for Families programme
3	Continue to improve integrated working across geographical boundaries by strengthening our relationships with other community safety partnerships across the Devon and Cornwall Peninsula.
4	Recognise and enhance the contribution of the voluntary, community and business sectors and local residents in addressing crime and disorder, by involving them in local planning and delivery.
5	Continue to develop our use of intelligence and evidence-based commissioning to prioritise our work and ensure that we make the most effective use of resources, including exploring Value for Money and Social Return On Investment models to demonstrate effectiveness.
6	Implement the Safer Cornwall Communications Strategy and Delivery Plan , providing both planned and reactive communications to the public, elected members and stakeholders to raise awareness about key issues, promote the work of the partnership and minimise fear of crime .
7	Using our existing robust performance management framework, monitor crime and disorder trends across all risk levels and implement an escalation process to respond to increasing risk/emerging threats.

Our Equality objectives

Safer Cornwall is also committed to achieving the nine Equality Objectives shared by key public and voluntary sector organisations across Cornwall and Isles of Scilly.

These are due to be reviewed and consulted on by partners in March 2016.

1	Develop consistent protocols and standards around accessible information
2	Increase the involvement of the voluntary and community sector in the design of equality services and the delivery of public sector, voluntary and community sector equality training
3	Improve the under-representation of protected characteristics in Cornwall's public, private and third sector workforce
4	Increase the dialogue and working with schools to respond more confidently to incidents of bullying experienced by children and young people and to deliver the Public Sector Equality Duties
5	Increase the confidence around reporting domestic abuse and the support offered to those with protected characteristics
6	Improve the experience of those in transition from children to adult services
7	Develop a co-ordinated approach to the recording of hate incidents/crime.
8	Develop shared standards around equality in procurement and commissioning
9	Increase and improve the standard and collection of equalities monitoring data amongst public and voluntary sector organisations

PRIORITY: Domestic Abuse and Sexual Violence

Key outcome:

- Reduced **risk of serious harm** through providing the **right response** to safeguard individuals and their families from violence and abuse



Why is it a priority?

In the UK, it is estimated that **8.5% of women and 4.5% of men experienced domestic abuse** in the last 12 months and this level of prevalence has been fairly stable since 2008/09. This equates to **18,800** victims in Cornwall and Isles of Scilly.

Police recorded domestic abuse has been increasing; in 2014/15 there were 50% more incidents reported to the police than there were 10 years ago and 22% more than there were 5 years ago. **Better recording** by the police and **improvements in victim confidence** to report to the police and access specialist services are key factors in this trend.

Reported incidence of domestic abuse and sexual violence is **higher locally** than the average for similar areas elsewhere in the country. Domestic abuse continues, however, to be **significantly under-reported**. It is estimated that actual incidence of domestic abuse was in the region of 30,000 incidents for 2014/15 but only **8,233 were reported** to the police.

The consequences of domestic abuse **are far-reaching and long-lasting**. Aside from **physical injuries**, the **psychological harm** can be complex and challenging. Responding to abuse to protect victims and children from further harm **impacts across multiple services**, including social care, safeguarding, health and housing – estimated costs to society of domestic abuse in 2014/15 is **£99.1 million**.

In some cases groups of victims are less visible to services or are given less priority – for example, victims **without dependent children** and victims of **interfamilial violence**. People who have a **disability**, are **lesbian, gay or bisexual, transgender** or **pregnant** are also at greater risk of victimisation and may be under-represented in services.

Agencies need to be proactive in identifying these groups, with **clear referral pathways into support** that take into account any additional or different needs. **Financial hardship and homelessness** are frequently barriers to fleeing abuse.

At its extreme, **domestic abuse results in death** – nationally, 2 people are killed each week. Safer Cornwall has been notified of 9 potential domestic homicides since the new legislation was first introduced in April 2011 and has instigated **Domestic Homicide Reviews in 5 cases**.

What we plan to do

A new strategy for Cornwall

Over the next 4 years we will deliver an **ambitious new strategy** to tackle domestic abuse and sexual violence in Cornwall and the Isles of Scilly, including undertaking a **robust, evidence-based commissioning** process to provide services in line with the strategy and needs assessment by the end of 2016/17.

In 2015/16 in response to the **continued high risk to communities** from domestic abuse and sexual violence, coupled with the need for a robust evidence base on which to develop a new Strategy, for the first time we produced a dedicated **comprehensive Domestic Abuse and Sexual Violence Needs Assessment**.

The Needs Assessment covers:



The main aim of the needs assessment was to examine, as systematically as possible, what the relative needs and harms are for people affected by domestic abuse and sexual violence and to establish whether current responses are meeting these needs.

The impact of the document should be two-fold:

1. To **underpin the next round of commissioning** of domestic abuse and sexual violence services and **inform commissioning decisions in other areas** that impact on this area of work;
2. To **influence how organisations respond** to domestic abuse and sexual violence and their **development of policy and practice**.

The Needs Assessment response (Strategy and Delivery Plan) will follow 12 key areas of work under the **four national principles**: Prevent, Provide, Risk Management and Criminal Justice, Partnership.

Prevent

- Early identification and help
- Workforce development
- Intelligence, quality assurance and performance management

Provide

- Commissioning & Service Delivery
- Funding & Income Generation
- Joint approach to the 'Toxic Trio' – domestic abuse, mental health, drugs/alcohol

Risk Management and Criminal Justice

- Processes
 - MARAC, Specialist Domestic Violence Courts, Restorative Justice
- Lessons Learnt
 - Domestic Homicide Reviews, Serious Case Reviews and Serious Untoward Incidents
- Perpetrator identification, management and support

Partnership

- Digital infrastructure and interoperability
 - IT, case management systems and databases
- Interfaces
 - Multi-Agency Referral Unit, Multi-Agency Safeguarding Hub, Safeguarding Adults, Early Help Hub, Victim Care Unit
- Community Based Intelligence and Response

Champion an evidence-led approach

A **refresh of the needs assessment will be undertaken annually** to ensure that we continue to evaluate what works, listen to and act on the views of our service users and service providers and respond appropriately to emerging trends and risks. This will include **working in partnership with academic bodies** to develop new strands of research to improve and shape service design.

Deliver better outcomes by working together

The needs assessment clearly evidences **the cross-cutting nature of domestic abuse and sexual violence** and the extent of the impacts right across the public sector, from police response and offender management to health, social care and safeguarding. Recognition of domestic abuse and sexual violence as a **shared priority** will be an important factor in the successful implementation of the Strategy and Delivery Plan, **with all partners having key contributions to make**.

This is firmly reinforced by the findings of the **Cornwall Council's Select Committee Review** examining the engagement of Safer Cornwall Partners in Domestic Homicide Reviews. The Select Committee concluded that it is fundamental to the reputation of Safer Cornwall and individual partners that make up its membership that Safer Cornwall drives forward the implementation of the recommendations from Domestic Homicide Reviews and ensures that **all partner organisations fully commit to and engage in this process**.

Safer Cornwall will report back to the Select Committee at the end of 2015/16 on our collective progress to implement the 12 overarching recommendations and 12 agency specific recommendations that came out of the review (available on request as a separate action plan). This will be an area which we will **continue to monitor closely** and ensure that **partners are called to account** over the coming year.

Phase 2 of the government's Troubled Families programme, called [Together for Families](#) in Cornwall, has a **strong focus on domestic abuse** with the majority of eligible families expected to be experiencing domestic abuse within the family. This was something that we anticipated in Cornwall at the start of Phase 1 and we are already working on **developing the interface** between Together for Families and the domestic abuse pathway. This is part of a developing approach to address the needs of families with complex and multiple needs in a holistic, care-planned way.

What will happen in the next year?

1	Commence implementation of the Strategy and Delivery Plan, developed around the 12 key areas described
2	Commission services in line with the Needs Assessment and Strategy
3	Champion an evidence-led approach to addressing domestic abuse and sexual violence, through working in partnership with academic bodies and continuing to develop the needs assessment
4	Ensure that domestic abuse and sexual violence is recognised as a priority by other partnerships working in the areas where it impacts most, such as Health and Wellbeing Board and Local Safeguarding Boards
5	Review and monitor the implementation of the recommendations from Domestic Homicide Reviews and hold partners to account for their actions. This includes DHRs undertaken jointly with Mental Health Inquiries and Coroners' inquests.
6	Develop the interface between Together for Families and the domestic abuse pathway Phase 2 of the Together for Families programme , supporting families with multiple and complex needs

Challenges that could impact on delivery in the next 3 years

- We expect the **demand on domestic abuse services to continue to rise**, particularly as vulnerable families struggle to cope with the financial and emotional pressures of unemployment, reduced household income and increased indebtedness. Against a backdrop of cuts in budgets and resources, this will put an additional strain on services and the risks are a **reduction in the quality of service** delivered and potential **missed opportunities to provide early intervention** with families perceived as presenting lower risks of harm, allowing problems to escalate;
- When introduced⁶, it is currently planned that Universal Credit is paid monthly and as a single payment to the "head of the household". Both these factors may place **pressure on household budgeting and reinforce financial abuse**. This limits opportunities for engagement with services and access to early intervention for victims of domestic abuse and increases risk of serious harm;
- As of April 2014, new migrant jobseekers from the European Economic Area (EEA) are not eligible for **Housing Benefit**. This builds on new rules introduced in January 2014 which means that EEA migrants cannot claim income-based Jobseeker's Allowance until they have been in the country for three months. This puts vulnerable people, particularly those with children more at risk; **refuges** for family members of EEA jobseekers who are victims of domestic abuse would be **unable to provide support** if their residents were unable to access funds.

Find out more

- Michelle Davies, Strategy Lead for Domestic Abuse, Sexual Violence and Serious and Organised Crime, Community Safety Team, Cornwall Council;
mdavies1@cornwall.gov.uk

⁶ In Cornwall UC started to be phased in from May 2015; currently available to single claimants only

PRIORITY: Alcohol-Related Harm

Key outcome:

- **Reduced impact of alcohol-related harm** on individuals, their families and the community and **reduced risks of violent crime**



Why is it a priority?

Of the total 444,000 population aged 16 and over in Cornwall, **just under a quarter** (102,000) are drinking **above the recommended safe levels**, according to public health estimates; in addition, an estimated **84,000 are 'binge drinkers'**.

Excessive drinking is a **major cause of disease and injury**, both short term due to alcohol poisoning, alcohol-related violence and the consequences of risk taking behaviour, and longer term due to the effects of regular alcohol misuse on **mental and physical health**. Identifying problems with alcohol **at an early stage** and providing information and advice to help reduce drinking risk will potentially have the greatest long term impact on reducing alcohol-related harm, including crime.

People with alcohol problems come from **all sectors of the community**. A problem with alcohol can act as a **barrier to getting help** for wider issues for the person affected and their family, such as addressing abusive, aggressive or anti-social behaviour or finding suitable housing and employment.

Alcohol is a **risk factor in reoffending for 56% of adult offenders** and a third of the offender population are assessed as having "significant" or "some" problems with alcohol. Research shows that daily and heavy drinking pre-prison is more common amongst short sentence prisoners, who are the most likely to reoffend on release.

The **majority of offenders with an alcohol-related need do not seek help** through community treatment services and for those that do, they are less **likely to complete treatment successfully**, indicative of the additional challenges in engaging offenders effectively.

Alcohol is associated with a range of crimes but plays a particular factor in violent crime. It is most **strongly associated with night time violence** and in **assaults resulting in injury**. **Young males** are the highest risk group, particularly those aged from **18 to 24 years**.

We have seen year on year reductions in **alcohol and night time violence**. We are seeing some problems arise at other times of day, however, that are less easy to categorise and target effectively. **Pedestrians impaired by alcohol** are an emerging at-risk group for being **involved in road traffic collisions** at night.

What we plan to do

Over the next 3 years we will deliver our updated **Alcohol Strategy for Cornwall “Taking Responsibility for Alcohol”** which will support people, services and communities to reduce the risk and impact of alcohol-related harm

The strategy draws on evidence compiled for the Alcohol Needs Assessment and has three overarching objectives:

1. To enable **people to make informed choices** about alcohol
2. To **improve services** to reduce the harm caused by alcohol
3. To **promote partnerships** to reduce alcohol's impact on the community

This strategy describes the ways in which we will promote a **common sense attitude to alcohol** in Cornwall. This includes its **manufacture and retail**, our ability to make **sensible choices** of how and when to drink alcohol, our planning and **responses when our communities could be disrupted** by its effects, and how we develop the right **services and pathways** to help people and families that suffer harm as a result of alcohol problems.

It also outlines our response to the most extreme problems connected to alcohol, whether these are visible problems such as **anti-social behaviour** and the annually increasing **numbers of people hospitalised** as a result of alcohol, or **hidden problems** such as domestic abuse or the large numbers of people drinking at levels that put their own health at increased risk.

These objectives will be **delivered across eight areas**:

1	Advice and Information Helpful preventative and early intervention activities, including Identification and Brief Advice, population level marketing and targeted social marketing
2	Children, Young People, Parents and Families Education, youth and family interventions, including Together for Families
3	Community Safety Schemes Reducing the harmful impacts of alcohol on Cornish streets, including Anti-Social Behaviour (ASB), and Fire and Rescue
4	Criminal Justice Interventions Appropriate interventions to reduce alcohol-related offending, including diversionary and sentencing pathways
5	Domestic abuse and sexual violence Good pathways between alcohol, domestic abuse and sexual violence services, including MARAC referrals and sentencing pathways
6	Employment, Deprivation and Inclusion Interventions to reduce alcohol-related employment problems, including Social Care, Homelessness and Housing
7	Health, Treatment, Aftercare and Recovery Easy access to treatment and effective care throughout, including hospital admissions, mental health and the treatment system
8	Licensing, alcohol retail and the Night Time Economy Promoting and supporting a safe, responsible, successful alcohol trade, including Best Bar None and bar staff training

The Alcohol Strategy is a closely aligned to the **Drug and Alcohol Treatment Commissioning Strategy** '*Reducing Harm, Promoting Recovery*' – this sets out how we intend to tackle the priorities for improving community treatment services for **both drugs and alcohol** and addressing the wider needs of people moving through treatment into recovery and rehabilitation.

The strategy is a key delivery mechanism for achieving the **Public Health Outcome: reduced rates of hospital admissions for alcohol.**

Identifying problems at an early stage

Evidence⁷ shows that for every **eight at-risk drinkers who receive advice, one will reduce their drinking to within low-risk levels**, leading to improved health and reduced demand on hospital services.

Identification and Brief Advice (IBA) – providing more help to encourage people to drink less – is identified by Public Health England as one of seven **High Impact Changes** in addressing alcohol-related harm. We have trained over 2,000 front line staff in IBA over the last three years and our extensive plan for the next three years includes more staff in **community and criminal justice settings** as well as **targeted health care settings** and within all healthcare commissioning.

We know that problems with alcohol and/or drugs can be **barrier to accessing wider support**. So, in particular, we are encouraging routine alcohol screening in children and family services, including the Together for Families programme, to ensure that families are given the earliest opportunity of help.

We will also continue to educate the public about safer drinking choices through **population level marketing** and **targeted social marketing**.

Reducing alcohol-related crime

Alcohol is the most prevalent risk factor amongst young and adult offenders, increasing the likelihood of further offending. 16% of all crime is recorded as linked to alcohol. We have **a ladder of different alcohol interventions** at different stages of the criminal justice system, with the goal that **enforcement should offer a diversionary intervention** wherever possible.

Further to the transformation of probation services and restructuring in the police and other agencies, we will **review these interventions** to ensure that they are effective at prompting referrals and helping to achieve **good outcomes for offenders** and their families. This will include exploring how alcohol interventions sit within a wider framework to respond to offenders with complex needs.

Although we have seen alcohol-related crime reduce on our streets and in pubs and clubs at night, we will continue to work proactively to **promote safer drinking** and **embed best practice standards**.

Data that is collected in our hospitals provides valuable insight into assaults that do not come to the attention of the police and we will continue to improve how we use this information to help **target operational activity**.

⁷ The Government's Alcohol Strategy, Home Office 2012, taken from (Moyer et al, 2002) Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment - seeking and non-treatment seeking populations, *Addiction*, 97, 279-292.

Challenges that could impact on delivery in the next 3 years

- The impacts of the austerity measures and Welfare Reform are still unfolding. The current **economic climate** means that drinkers are choosing to **drink more at home** and this presents some real **challenges about how we influence their behaviour** to prevent alcohol-related violence and disorder;
- In July 2013 the government **rejected their earlier commitment** to introduce a **minimum unit price** (MUP) for alcohol, saying there was not enough "concrete evidence" that it would reduce harm. We must continue to **lobby strongly** for the evidence-based policy of connecting the price of alcohol to strength (by MUP or targeted taxation) in policy debates and consultations;
- **Trade sponsorship**, whether for public messaging, interventions or partnership support, is **difficult to access** in the current economic climate.

What will happen in the next year?

1	Implement the refreshed Strategy and Alcohol Action Plan across the eight themes described, focusing upon actions which have the highest impact on reducing harm
2	Continue our focus on early intervention and prevention by delivering our extensive programme of Identification and Brief Advice training and educating the public through population level and targeted social marketing
3	Review the range of interventions available to target problem drinking in offenders
4	Improve use of data gathered through the Assault Related Injuries Database in Emergency Departments and Minor Injuries Units, to improve practice in licensed premises and safeguard staff and customers
5	Support partners, including the Licensed Trade, in the delivery of targeted alcohol campaigns/interventions and promote best practice in the Night Time Economy
6	Improve identification, referral and engagement of offenders in community treatment services, in particular working closely with the new Community Rehabilitation Company and 'through the gate' services
7	Develop a co-ordinated and integrated response in the community for offenders with complex needs , including family interventions addressing the 'toxic trio' (drugs/alcohol, mental health problems and domestic abuse)
8	Encourage the introduction of drug and alcohol screening into children and family services , using accredited tools, and secure a clear referral pathway between treatment services and Together for Families

Find out more

- Jez Bayes, Alcohol Strategy Lead, Drug and Alcohol Action Team, Community Safety Team, Cornwall Council; jbayes@cornwall.gov.uk

Focus area: Drug-Related Harm and Promoting Recovery

Key outcome:

- **Reduced impact of drug-related harm** on individuals, their families and the community and **improved health and recovery outcomes** for people in treatment

Why is it important?

Drug use and the associated crime, health and social problems are assessed as presenting a **moderate risk and threat** to our communities. Heroin and crack cocaine are most likely to cause difficulties and their use is linked to **economic deprivation, crime and poor health**. Drug dependency rarely exists in isolation from other problems.

Prevalence of opiate and crack use in Cornwall is lower than the national average but remains a **costly burden on society**. It is estimated that we have 1,882 opiates/crack cocaine users in Cornwall and every one not in treatment is estimated to **commit crime costing society £26k per year**.

There were **16 drug related deaths** in 2014. Nearly all cases, with 2 exceptions, involved a **combination** of illicit drugs, prescribed drugs and/or alcohol.

Nationally it is reported that drug use is changing, with less use of heroin and crack cocaine (particularly amongst young people) and more use of powder cocaine, ketamine, ecstasy and LSD. There are **emerging concerns** about New Psychoactive Substances ("legal highs"), image and performance-enhancing drugs, and prescribed and over-the-counter medicines.

Locally the number of people treated by drug services has fallen since 2012, reflecting national trends. In the first half of 2015/16, however, **numbers started to rise again** and there are early signs of an **upwards trend in the availability and use of heroin**. This is being monitored by the Drug and Alcohol Action Team.

We have seen the drug treatment cohort **increasing in complexity** with **wider issues around employment, housing and mental health**. This cohort is more likely to continue to engage in risky behaviours whilst in treatment and require **more intensive interventions** in order to achieve successful outcomes.

Drug use is a risk factor in reoffending for around a **third of offenders**. The **majority of offenders with a drug-related need do not seek help** through community treatment services and for those that do, they are less **likely to complete treatment successfully**, indicative of the additional challenges in engaging offenders effectively.

Drug-using offenders are three times more likely to reoffend and have **complex and multiple needs**. They usually commit **acquisitive crimes** (burglary, vehicle crime, and other thefts) to **provide funds for their addiction**. Despite a significant number of offenders having some kind of drug-related need, **acquisitive crime is low in Cornwall** and trends are reducing.

What we plan to do

As part of restructuring in 2015, the responsibilities of the former Drug and Alcohol Action Team Board and Joint Commissioning Group have been adopted by Safer Cornwall and this means that the Partnership now oversees and signs off the Drugs and Alcohol Needs Assessments, Commissioning Strategies and processes.

The **Drug and Alcohol Treatment Commissioning Strategy** '*Reducing Harm, Promoting Recovery*' draws on evidence provided in the Adult Drugs Prevention, Treatment and Recovery Needs Assessment. This process has moved to a three year cycle, in line with the Partnership Plan, with the 2015/16 needs assessment and strategy being the first of the new cycle. The **commissioning priorities** are:

1	Increase recovery and reintegration through successful completions of drug treatment
2	Increase recovery and reintegration through housing and employment pathways for people in recovery from alcohol and drug treatment
3	Reduce Drug Related Deaths (DRDs)
4	Reduce reoffending related to dependent drug use
5	Identify and prevent hidden harm to children and families through problematic drug and alcohol use
6	Prevent the spread of blood borne viruses through needle and syringe provision, vaccination and treatment
7	Address complex needs together- where drugs, alcohol, domestic abuse and mental health problems co-exist
8	Develop an inspiring, prevention and recovery-oriented workforce across partner agencies
9	Deliver more and better for less in alcohol and drug related prevention and treatment

The Strategy delivers key outcomes in the **Public Health Outcomes Framework** and contributes to improving and protecting the health and wellbeing of some of the most vulnerable people in our community. It sets out how we intend to tackle the priorities for improving community treatment services for **both drugs and alcohol** and addressing the wider needs of people moving through treatment into recovery and rehabilitation.

It also includes **co-ordinated partnership approaches** to preventing and addressing **problem drug use linked to offending**. There is a strong focus on achieving positive outcomes for offenders through supporting **harm reduction, recovery and community reintegration**.

Challenges that could impact on delivery in the next 3 years

In the last couple of years we have seen the **reorganisation of the NHS**, including the **transition of Public Health into local authorities**, the development of **regional commissioning** of health services in criminal justice settings by NHS England⁸ and new **Clinical Commissioning Groups** taking up the statutory health role on community safety partnerships. These changes continue to provide

⁸ This includes health services in custody suites, prisons and Sexual Assault Referral Centres

challenges in meeting the healthcare needs of people with drug and alcohol problems, including offenders, but potentially also provide some opportunities.

- The majority of **funding for drug and alcohol treatment** has now been transferred into the Public Health Grant, against which a 10% saving is required in 2016/17;
- Links with Cornwall’s **Health and Wellbeing Board** are still being established and it **has yet to reflect community safety priorities**;
- **Devolution of health commissioning** will see primary care health services brought under new arrangements, which could enhance early engagement and increase prevention activity and increase accessibility to alcohol and drug treatment;
- Austerity and efficiencies may make it **possible to embed prevention and early identification** across mainstream provision, thereby reducing the impact and costs on more costly services.

What will happen in the next year?

1	Implementation of the refreshed Drug and Alcohol Treatment Commissioning Strategy across the 9 commissioning priorities identified
2	Increase opportunities for early identification and intervention for problem drug use through delivering training in using accredited drug use screening tools to frontline practitioners in a range of community settings
3	Improve identification, referral and engagement of offenders in community treatment services, in particular working closely with the new Community Rehabilitation Company and ‘through the gate’ services
4	Develop a co-ordinated and integrated response in the community for people with complex needs , including family interventions addressing the ‘toxic trio’ (drugs/alcohol, mental health problems and domestic abuse)
5	Encourage the introduction of drug and alcohol screening into children and family services , using accredited tools, and secure a clear referral pathway between treatment services and Together for Families
6	Establish a joint commissioning approach where there is a shared responsibility for commissioning and planning (e.g., local authorities/clinical commissioning groups) for hospital-based services pathways

Find out more

- Kim Hager, Joint Commissioning Manager and Safer Cornwall lead for Reducing Reoffending and Mental Health, Drug and Alcohol Action Team, Community Safety Team, Cornwall Council; khager@cornwall.gov.uk

Focus area: Anti-Social Behaviour

Key outcome:

- **Effective resolution** of anti-social behaviour, including the **diversion of perpetrators** and supporting the **most vulnerable individuals** in our communities

Why is it important?

Anti-social behaviour is assessed as presenting a **moderate risk and threat** to our communities.

Police recorded Anti-Social Behaviour has followed a **fairly consistent reducing path since 2008/09**, some of which is influenced by changes in recording over the years. This trend has plateaued over the last three years. Our local rate of police reported anti-social behaviour is **lower than the average of similar areas elsewhere in the country**.

Despite dramatic falls in the numbers of incidents reported to the police, it remains a **significant concern of local residents** – more than half of the respondents to the 2015 Safer Cornwall public survey identified some form of **vehicle-related or environmental anti-social behaviour** as an issue in their local area. 19% said that they thought it was very likely/likely that they would be a victim of **targeted anti-social behaviour** in the next year.

Anti-social behaviour in all its forms is a **very visible sign of disorder in our communities** and is closely linked to perceptions of safety, satisfaction with the local area as a place to live, and confidence in local services. In its most persistent and serious forms **it can have a significant impact on health and wellbeing**.

It is linked to a wide range of other issues including **hate crime**, the Night Time Economy, problem drug and alcohol use, mental health, family issues and housing.

Building a better evidence picture around **vulnerability** and exploring the **relationship between mental health and anti-social behaviour**, as a contributory factor to offending or victimisation and as a consequence of victimisation, are key development areas for the coming year.

What we plan to do

Under the Crime and Disorder Act, we have a **statutory duty to tackle anti-social behaviour** and Cornwall Council's Anti-Social Behaviour Team provides the primary mechanism for **prevention, response and enforcement**.

Anti-social behaviour caseworkers work out of police stations across Cornwall with this partnership model being **recognised nationally as best practice** by the Local Government Association.

The Anti-Social Behaviour Team is also part of the innovative **tri-service pilot**, a two-year project aimed at strengthening collaboration between blue light services.

The new tri-service safety operator, based in Hayle, is trained to deal with crime, anti-social behaviour, casualties and fire and rescue situations.

Currently there is no single strategy in place that defines our approach to tackling anti-social behaviour but our Anti-Social Behaviour Service Standard includes multi-agency responses to persistent offenders and consultation with communities.

In 2016, Safer Cornwall will **develop and publish a multi-agency strategy** to tackle Anti-Social Behaviour, which will include refreshing and incorporating the existing Service Standard.

The strategy will set out how partners will work together to tackle anti-social behaviour through **effective problem solving**, the use of **early intervention and preventative approaches** and how we will deliver a **proportionate response** to anti-social behaviour, in partnership with our communities, using the **tools and powers** provided by Government.

In particular, it will recognise that some people are more vulnerable to becoming victims and the importance of **challenging and changing behaviour** which is a **significant factor in hate crime**. Safer Cornwall will ensure that this strategy complements existing approaches to hate crime across partnerships and that **victims with protected characteristics are well supported** and receive an enhanced level of service.

Challenges that could impact on delivery in the next 3 years

- As for most areas of service delivery, there are **potential risks around budget cuts and restructuring** across the public sector. In particular, there is a risk that **statutory enforcement functions will be prioritised over prevention** as pressure on budgets increases;
- Currently **formal referral pathways** and arrangements for **joint working** are **limited**, which means that opportunities to address some of the underlying causes of anti-social behaviour may be missed. We also need to consider how this would assist in putting robust exit strategies in place following enforcement activity, at both a community and individual level, so that changes in behaviour are **sustainable**.

What will happen in the next year?

1	Develop and publish a multi-agency Anti-Social Behaviour Strategy and Delivery Plan
2	Maintain our best practice working model of anti-social behaviour casework and ensure that prevention rates and victim satisfaction remain high
3	Undertake a review of the current Victim Risk Assessment and scope the new Perpetrator Vulnerability Assessment to maximise opportunities to identify and support vulnerable people
4	Develop policy and processes for the new Community Protection Notices and Public Space Protection Orders

5	Develop the anti-social behaviour referral pathway for Phase 2 of the Together for Families programme, maintaining the current high levels positive outcomes through the embedding of dedicated PCSO attachments in the Anti-Social Behaviour Team
6	Develop referral pathways into diversionary activities for those at risk of being involved in further anti-social behaviour or criminal activity.

Find out more

- Natasha Mathews, Senior Anti-Social Behaviour Case Worker, Community Safety Team, Cornwall Council; natasha.mathews@cornwall.gov.uk

Focus area: Reoffending

Key outcomes:

- **Reduced crime and prevention of further victims**, through achieving positive life changes for offenders and their families
- **Improved outcomes for local communities** and an increase in public confidence, by working more effectively together

Why is it important?

Tackling reoffending underpins all of the work of the Partnership and is **at the heart of reducing crime** effectively and sustainably.

Offenders are amongst the most socially excluded in society and often have **complex and deep-rooted health and social problems**, such as substance misuse, mental health, homelessness and debt, family and financial problems.

Understanding and **addressing these underlying issues in a co-ordinated way** plays a key role in reducing crime in the long term and breaking the cycle of offending behaviour from one generation to the next.

For young people especially, this means identifying problems that may contribute to offending and providing an **early and effective response**. Young people are more likely than adults to reoffend.

The proportions of offenders that reoffend, amongst both adult and young offenders in Cornwall, are **lower than both national and Peninsula** averages. We have seen the **offender cohort diminish in size** significantly, particularly over the last three years, but **rates of reoffending have stayed the same**.

Offender management has undergone a **significant transition** under the Government's Transforming Rehabilitation programme, with delivery of Probation services now **split between the public and private sector** and new requirements introduced under the Offender Rehabilitation Act. The latter includes the **extension of supervision requirements** to a new cohort of short sentence prisoners (serving sentences of less than 12 months), who evidence shows is most likely to reoffend.

There is now a nationwide **network of resettlement prisons** with the aim that the majority of offenders are managed by the same provider in custody and the community, with a through-the-gate approach to rehabilitation.

The changes create both **new challenges and opportunities** and require partners to **rethink how we work together** to reduce reoffending.

What we plan to do

Section 108 of the Policing and Crime Act 2009 placed a **statutory duty on Community Safety Partnerships** (CSPs) to formulate and implement a **strategy to reduce reoffending** by adult and young offenders. Until now, reoffending has been addressed through the Safer Cornwall Partnership Plan and has not been the subject of a separate strategy.

We are currently developing a comprehensive new strategy to tackle reoffending that will support the development of the **new framework for offender management** further to the radical changes introduced by the government’s transforming rehabilitation agenda.

The Reoffending Strategy is closely inter-related with a range of other strategies, and contains a number of **cross-cutting themes, priorities and work-streams**. Some of those key strategies include the Homelessness Strategy, Adult Drug and Alcohol Treatment Commissioning Strategy, Cornwall Alcohol Strategy, Young People’s Specialist Substance Use Treatment Plan, Youth Justice Plan and Domestic Abuse and Sexual Violence Strategy.

To inform the development of the Reoffending Strategy and identify priorities, a range of information, research and analysis was brought together into a needs assessment – *Reoffending in Cornwall: An evidence base*.

In keeping with other strategic planning activity, the Reoffending Strategy will follow a three year cycle, with the 2015/16 needs assessment and strategy being the first year of the new cycle. The intention of the strategy is to reduce both the volume and the seriousness of offences i.e. to **address risk and harm**.

The commissioning priorities are:

1	Improve transition and planning of people engaged in the criminal justice system
3	Co-ordination and integration – encourage a holistic approach to the complex problems affecting offenders
4	Evidence value for money and successful outcomes
5	Increase accommodation options
6	Increase education, training and employment options
7	Address the mental health problems experienced by offenders
8	Address the impact of drugs and alcohol upon offending
9	Address attitudes, thinking and behaviour that impacts upon offending
10	Improve relationships and involvement with children and families
11	Make Restorative Justice available to all
12	Ensuring offender management is integrated and co-ordinated across all involved parties to secure positive outcomes.

Challenges that could impact on delivery in the next 3 years

- The move towards a **more integrated working model** with the new Community Rehabilitation Company and the National Probation Service is still very much work in progress and there are some key issues that have yet to be tackled such as **performance and evaluation** and **information sharing**;

- In developing the strategic alliance between Devon and Cornwall and Dorset police forces, there has been a review of delivery across the two forces of **Integrated Offender Management**, a programme that targets and works with the most prolific offenders. This has resulted in a rationalisation of the capacity and function of the programme, meaning a **reduction in staff and caseload**. We have yet to determine what the impact on reoffending will be;
- The **youth justice system is currently under review**, with a national 'stocktake' exercise recently completed by Deloitte on behalf of the Ministry of Justice and a qualitative report completed by the national Youth Justice Board. Both reports acknowledge the breadth and quality of work that Youth Offending Services/Teams are undertaking and identify the **close partnership working** as a real strength, encouraging the new programme of reforms to retain this;
- The critical pathways out of reoffending cover a **wide range of service areas** and in these times of diminishing budgets and resources, ensuring that reoffending is considered in **all of these different contexts** presents a significant risk to delivering the efficiencies and outcomes in the Strategy.

What will happen in the next year?

1	Commence implementation of the Reoffending Strategy and Delivery Plan, developed around the 12 key areas described
2	Work with the Community Rehabilitation Company (CRC) and National Probation Service to review and agree data requirements to support the new strategy, inform development of local services and manage performance
3	Review accommodation provision and housing pathway for offenders and, in particular, review the prolific offenders housing protocol to ensure it meets the needs of new offender management requirements
4	Develop new pathways and work programmes to secure improved employment, education and training outcomes for offenders
5	Deliver the Ministry of Justice and local Restorative Justice Plan , including ensuring that there is a consistent and comprehensive approach from police to promote restorative justice and Youth Offending Service refresh of restorative justice interventions
6	Work with partners to develop the range of interventions available for offenders with complex needs to access through the CRC Community Hubs
7	Develop a joint commissioning approach to mental health services for offenders and those with dual diagnoses (mental health and drug/alcohol problems)

Find out more

- Kim Hager, Joint Commissioning Manager and Safer Cornwall lead for Reducing Reoffending and Mental Health, Drug and Alcohol Action Team, Community Safety Team, Cornwall Council; khager@cornwall.gov.uk

Serious and Organised Crime Local Profiles

In 2010, the Government published the **National Security Strategy** that identified serious and organised crime as a threat to national security. The Strategy required an effective cross-government and law enforcement response. Serious and Organised Crime was defined as including:

- Child Sexual Abuse and Exploitation
- Modern Slavery
- Cyber Crime and Fraud
- Human Trafficking
- Drugs Trafficking and Supply
- Serious Acquisitive Crime
- Organised Immigration Crime
- Counterfeit Goods including medicines

The Serious and Organised Crime Strategy was published in October 2013 and set out a **Pursue, Prevent, Protect and Prepare approach**, to mirror that adopted in the Counter Terrorism Strategy. In November 2014, a requirement was created for **Serious and Organised Crime Local Profiles** to be created for each of the above crime areas and a Guide for their use by local partnerships⁹ was published.

The aims of the Local Profiles are to:

- Develop a **common understanding** among local partners of the threats, vulnerabilities and risks relating to serious and organised crime;
- **Provide information** on which to base local programmes and action plans;
- Support the **mainstreaming of serious and organised crime activity** into day to day policing, local government and partnership work;
- Allow a targeted and proportionate **use of resources**.

The Local Profile should be used to **brief local multi-agency partnerships** (which should include among others, representatives from local authorities, education, health and social care and Immigration Enforcement) and other policing and law enforcement teams on the threat from serious and organised crime in their area.

It should **provide clear recommendations** to deal with any identified threats, vulnerabilities and risks that can be translated by partners into an **agreed set of actions with timescales, milestones and named owners**. In practice, the local multi-agency partnerships that will develop and respond to the Local Profiles will be **thematic subgroups of Safer Cornwall**.

What we plan to do

Locally we have agreed that **individual Local Profiles for each of the 8 crime areas** would be prepared rather than having a single profile covering all of the areas in a single document. This enables a **staggered delivery** of the Local Profiles providing sufficient time for their production and consideration by partnerships.

- **Peninsula Overviews** for each theme are being prepared by the Police using data and information gathered from the widest possible range of sources, before

⁹ Home Office (November 2014), Serious and Organised Crime Local Profiles: A Guide

being circulated to local partnerships for further **refinement into Local Profiles by specialists** in each CSP area over a three month period;

- Each Local Profile will then be considered by a **specially convened CSP Panel**, with additional invitees relevant to the Local Profile under consideration, for any **local action to be identified** with agreed ownership and timescales;
- Potentially, the Local Profiles could result in 8 new strands of work. Although it is hoped that the majority of the work will be co-ordinated through existing arrangements, this new requirements is expected to have **significant impact on partnership resources**.

The Peninsula Overviews for the first two themes in the series – **Child Sexual Exploitation and Abuse** and **Modern Slavery** – have been received by the partnership and **local specialists are working together to develop the local contexts and priorities**.

Safer Cornwall is leading on the development of **thematic strategies** for these two areas of work, which will then be supported by **multi-agency delivery plans** where the Local Profiles identifies local need. These are expected to be completed towards the end of 2015/16.

These strategies and delivery plans will sit alongside and complement the range of thematic strategies already in place under the umbrella of the **Safer Cornwall Partnership Plan**. Progress against the agreed actions, performance and risks against the delivery plan will **report through the Safer Cornwall governance structure**.

The Peninsula Overview for the next theme of **Cyber Crime and Fraud** is due for delivery in early 2016.

What will happen in the next year?

1	Commence implementation of the Modern Slavery Strategy and Delivery Plan, in line with the priorities identified in the Local Profile and utilising existing partnership arrangements and expertise
2	Commence implementation of the Child Sexual Abuse and Exploitation Strategy and Delivery Plan, in line with the priorities identified in the Local Profile and utilising existing partnership arrangements and expertise
3	Put the necessary resources in place to develop the remainder of the Local Profiles in the series of themes, as they are released, and to bring together a strategy and supporting delivery plan, as appropriate where the Local Profiles identifies specific need
4	Ensure that relevant key findings from the Serious and Organised Crime Local Profiles and the partnership's response are presented in future strategic assessments and activity incorporated into the Safer Cornwall Partnership Plan

Find out more

- Michelle Davies, Strategy Lead for Domestic Abuse, Sexual Violence and Serious and Organised Crime, Community Safety Team, Cornwall Council;
mdavies1@cornwall.gov.uk

Mental Health Project

Mental health is a continuous theme featuring across all areas of partnership delivery. The inter-relationship and impact of mental health on community safety is recognised as **important but has been difficult to impact upon**. It is a **complex area**, made more so because data is not always routinely collected and accessible.

Mental Health in community safety has four main areas for exploration:

1. As a direct factor in offending/reoffending
2. As a direct factor in victimisation
3. As a result of being a victim of crime
4. As a complexity factor impacting upon success and risk

The total cost of crime for all agencies in 2014/15 is estimated to be £537m, including costs of £301m for physical and emotional impact on direct victims and £63m in lost output. Domestic abuse and sexual violence, and alcohol-related harm are Cornwall's two highest, as well as **most costly and closely linked**, priorities with regards to crime. Co-morbidity of these issues is known as the "toxic trio".

The recent Mental Health Needs Assessment for Cornwall identified between **112,000 and 116,600 adults** (26-27% of the adult population) as potentially having a **diagnosed mental health problem** in Cornwall. **Risk factors for poor mental health** in adulthood include unemployment, lower income, debt, violence, stressful life events, inadequate housing, fuel poverty and other diversity. Risk factors are known to disproportionately affect the mental health of people from **disadvantaged and marginalised groups** of which there are plenty across the Devon and Cornwall Peninsula.

The current economic climate has not only affected people's quality of life but also service delivery with reducing budgets and resources has requiring a move towards **joint working and commissioning of services**. This makes a greater understanding of need, patterns and cost implications of mental health essential for Community Safety Partnerships.

With the aim of tackling this cross-cutting issue in an **evidence-based and comprehensive way**, Safer Cornwall were successful in obtaining funding from the Office of the Police and Crime Commissioner (OPCC) to undertake research in Cornwall and develop a range of options for commissioners and service providers that will meet the needs of our communities and fill the gaps identified.

To support development of our knowledge base around **mental health at a Peninsula level**, a broader intelligence project has been **jointly commissioned** by Safer Cornwall, Safer Communities Torbay and the police. This will take the form of an investigation of the impact of mental health on crime and disorder, including building a stronger data picture around vulnerability and complex needs for both victims and offenders and understanding how these impact on services. The project has a different focus in each area reflecting the approach of the CSPs.

What we plan to do

Phase 1 of the Cornwall project was to **review the data, evidence, guidance and provision, protocols and pathways** with priority accorded to the co-existence of domestic abuse, mental health and drug and alcohol dependencies. Early findings

from Phase 1 of the Cornwall project have been shared with the partnership and are also included within into *Domestic Abuse and Sexual Violence Needs Assessment*, due to be published in October 2015.

Phase 2 of the aims to deliver a **proposed action plan** that will enable local partners to **reduce the impact, improve delivery and outcomes**. It will also to provide a **headline assessment of the role of mental health** in Community Safety in Cornwall. This is expected to be completed towards the end of the financial year 2015/16.

The **Peninsula Mental Health Research project** is being developed and delivered by Amethyst Community Safety Intelligence Team. It started in September 2015 with the establishment of the project plan, stakeholders’ reference group and key contacts. Early findings from the project will be available in April 2016 to inform the next round of strategic assessment with the final report anticipated to be **published in August 2015**.

The aims of the project are to:

- Identify and clarify **the challenges and impact of mental health** on the delivery of positive community safety and offending outcomes;
- **Mapping and gapping** of mental health provision and pathways;
- Develop an **intelligence product to support and direct strategic planning** for Peninsula Community Safety Partnerships and their component partners in the area of mental health.

What will happen in the next year?

1	Deliver Phase 2 of the Cornwall Mental Health Research Project
2	Deliver the Peninsula Mental Health Research Project in collaboration with Safer Communities Torbay and the police

Find out more

- Erika Sorensen, Intelligence and Performance Strategy Manager, Community Safety Intelligence Team, Cornwall Council; esorensen@cornwall.gov.uk
- Kim Hager, Joint Commissioning Manager and Safer Cornwall lead for Reducing Reoffending and Mental Health, Drug and Alcohol Action Team, Community Safety Team, Cornwall Council; khager@cornwall.gov.uk

Hate Crime and Preventing Violent Extremism

Hate crime and violent extremism continue to be assessed as a comparatively **low risk and threat** to our communities but we know that the risk has increased. They are separate but linked issues in terms of identifying and responding effectively to **vulnerability, discrimination and radicalisation** in our communities.

Preventing Violent Extremism

The UK faces a severe and continuing threat from terrorism. The principal threat continues to come from militant Islamist terrorists, notably in Syria and Iraq where Islamic State of Iraq and the Levant (ISIL) and other terrorist groups are supported by foreign fighters from the UK and other European countries.

Developments during 2014 in this area, including the emergence of ISIL as the most prominent group, were the prime reason for the raising of the **threat level from substantial to severe**. At least 3 major terror plots were disrupted in the UK during 2014 and 7 plots during the last 12 months.

Following the recent terror attacks in France and the subsequent arrests in Belgium, Security Services and the Police will be reviewing security plans and contingencies particularly for high profile events.

There is no intelligence to suggest an attack is imminent in Cornwall and work is continuing within the **Safer Cornwall Prevent Sub-Group** to ensure that risks identified within the **Counter Terrorism Local Plan** are being mitigated. One such area of risk is the **vulnerability of young people** to radicalisation.

In response to this, the Prevent Lead Officer has ensured that staff within education settings, from Early Years right through to Higher Education have an awareness of Prevent, recognising the signs, symptoms, referral routes and what support is available locally. This academic year has seen between **5,500-6,000 staff trained across Cornwall** so that early intervention and support can be given to those who are susceptible to being drawn to violent extremism and terrorism.

Partners have a **statutory duty** to come together to co-ordinate **local delivery of Prevent**, the prevention element of the national Counter Terrorism Strategy, CONTEST. Cornwall Council and the Police are taking a lead in ensuring that local partnerships have been clearly tasked with driving delivery of a **jointly agreed programme of action**.

The **Safer Cornwall Prevent Sub-Group** ensures that the national Preventing Violent Extremism Strategy is delivered to minimise violent extremism impacting upon Cornwall's communities, especially vulnerable young people, locally, regionally and the UK. The group oversees the delivery of the **Cornwall Prevent Delivery Plan**, shares information to build resilience and prevent violent extremism and delivers WRAP training (Workshop to Raise Awareness about Prevent).

The main delivery mechanism is through the **Channel Programme** which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Across the Devon and Cornwall Peninsula, **Extreme Right Wing Groups** also present a significant risk, and in Cornwall account for around half of Channel referrals.

What we plan to do

1	Provide support and raising the awareness of radicalisation with at risk communities and individuals
2	Develop the Counter Terrorism Local Plan and Delivery Matrix
3	Implement and ensure compliance with the Counter Terrorism and Security Bill
4	Continue the programme of WRAP (Workshop to Raise Awareness about Prevent) training , to achieve 100% coverage of educational establishments in Cornwall
5	Ensure that all referrals into Channel Programme are afforded and given appropriate intervention and support
6	Conduct an end of year review of Channel cases to benchmark support and intervention standards, engagement of agencies, and best practice

Find out more

- Steve Rowell, Prevent and Serious and Organised Crime Lead, Community Safety Team, Cornwall Council; steve.rowell@cornwall.gov.uk Tel: 01736 336587

Hate crime

Safer Cornwall set up the **Hate Crime Sub-Group** in 2011 against a backdrop of concerns about poor reporting rates to the police and lack of any evidence base on which to base our response. Building a better understanding about hate crime and its impact in Cornwall was a priority throughout the last 3 year partnership cycle and we will continue to build on our positive work over the next 3 years.

The group has succeeded in **bringing partners together** to examine our response to hate crime and **raising awareness** through the We Say No To Hate campaign. With the national and international spotlight on the resettlement of Syrian refugees and the threat of further terrorist attacks, future delivery of the campaign will face some significant challenges.

Our primary focus has been on **building confidence** in local communities to report hate incidents, to provide the opportunity for partners to take action and to ensure that the victim can **access the support** that they need. To support this, we have secured funding for a Development Worker to map, strengthen and create support networks and a local "voice" for Black, Asian and other Minority Ethnic (BAME) Groups in Cornwall.

This area of work is closely aligned to anti-social behaviour and our aim to identify and **support vulnerable individuals** in our communities.

What we plan to do

1	Continue to deliver our communications plan for the We Say NO To Hate campaign, focusing on inclusion, challenging negative stereotypes and raising awareness about the support available
2	Develop training resources that support partners in identifying those who have been victims or may be vulnerable to hate crime, and promote the range of reporting and support options , including restorative practice ¹⁰
3	Provide support to the BAME Development Worker and promote their work with partners
4	Support partners in embedding best practice, policies and procedures through achieving compliance with the Multi-Agency Hate Crime Protocol

Find out more

- Erika Sorensen, Chair of the Safer Cornwall Hate Crime Subgroup, Community Safety Team, Cornwall Council; esorensen@cornwall.gov.uk

¹⁰ Restorative practice is a means of safe, supported, voluntary communication between a person harmed by a crime or conflict and the person causing the harm.

Together for Families Programme

The national Troubled Families Programme, known in Cornwall as the **Together for Families Programme**, is transitioning into Phase 2 of delivery which will involve a broadening of the eligibility criteria and a significant increase in the number of eligible families. The programme is currently co-ordinated through Cornwall Council's Education, Health and Social Care Directorate and governance sits with the Health and Wellbeing Board.

Cornwall will be expected to identify, engage and achieve positive outcomes for 4,050 families between April 2015 and March 2020.

Phase 1 of the Together for Families programme had **85% of families achieving successful outcomes** against the original government set target of 1,270 families. Phase 1 of the project worked with 1450 families.

There are **6 criteria identified for Phase 2** of the programme:

- Parent and children involved in crime and anti-social behaviour
- Children who have not been attending school regularly
- Children who need help
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems, including mental health and drug and alcohol problems
- Adults out of work/at risk of financial exclusion; young people at risk of worklessness

The financial framework¹¹ for the expanded programme (2015-2020) outlines the additional elements of the programme and includes new requirement to produce a Family Outcomes Plan and a framework by which to evidence positive outcomes.

What we plan to do

A **needs assessment** has been developed by Amethyst Community Safety Intelligence Team, **structured around the 6 criteria** for Phase 2 to underpin the new commissioning and outcomes framework. These will be published together in the autumn.

As well as building a picture of the needs of 'troubled families' in Cornwall and setting these within the relevant legislative and national policy context, the assessment will include analysis of what interventions work, based on the impact of local services, research and best practice.

The expanded criteria contain a number of significant community safety elements and in particular we are expecting to see a significant focus on the "toxic trio". There is yet to be a clear model or referral pathways that clarify how partners will work together to meet the needs of families as a whole. These will need further development to meet the requirements of Phase 2.

¹¹ Financial Framework for the Expanded Troubled Families Programme (Department for Communities and Local Government, last updated March 2015)

What will happen in the next year?

This Plan identifies the following key areas of work under priority themes/focus areas. Other opportunities may emerge, for example in reducing reoffending, as the model develops.

1	Improve integrated working across partnerships by continuing to strengthen our relationships with other local partnerships, such as the Health and Wellbeing Board and Local Safeguarding Boards, and establishing opportunities for co-delivery of key elements of Phase 2 of the Together for Families programme
2	Develop the interface between Together for Families and the domestic abuse pathway Phase 2 of the Together for Families programme , supporting families with multiple and complex needs
3	Encourage the introduction of drug and alcohol screening into children and family services , using accredited tools, and secure a clear referral pathway between treatment services and Together for Families
4	Develop the anti-social behaviour referral pathway for Phase 2 of the Together for Families programme, maintaining the current high levels positive outcomes through the embedding of dedicated PCSO attachments in the Anti-Social Behaviour Team

Find out more

- Laurie Magowan, Programme Officer, Together for Families Programme, Education, Health & Social Care, Cornwall Council; lmagowan@cornwall.gov.uk

Road Traffic Collisions

Road traffic collisions of all severities are assessed as presenting a comparatively **low risk and threat** to our communities.

There were 23 fatal collisions in 2014/15, the same number as the previous year – this stable trend is in line with the national average but not performing as well as the average for the South West, which saw a 12% reduction. In addition, we have observed a rising trend in the number of serious collisions, which is slightly above the average for the rest of the country.

Road traffic collisions are high on the public agenda and fatal and serious collisions have a **significant emotive impact in communities**. Public concern about speeding is consistently high. A third of respondents to the 2015 Safer Cornwall Survey identified speeding as a problem in their local area and this was the second most commonly identified issue, after dog fouling with 38%.

The Fire and Rescue Service's *Risk Based Evidence Profile* provides the evidence base for road traffic collisions and this area is **a priority for Cornwall Fire and Rescue Service** due to the high demand on their resources and collective risk to life compared with fire-related deaths and serious injuries.

The Council's **Casualty Reduction Strategy** 2013 identifies the priorities for improving road safety and reducing casualties and is owned by the Economy, Enterprise and Environment Directorate.

What we plan to do

1	Support the newly reinvigorated Road Casualty Reduction Partnership and ensure that there is sufficient representation from all partners to develop effective working between enforcement, engineering and education
2	Undertake further research/analysis of the contributory factors and vulnerable road user types to ensure that the delivery of education and training is targeted effectively

Find out more

- Paula Wellings, Casualty Reduction Manager, Community Safety Team, Cornwall Council; pwellings@cornwall.gov.uk

3: APPENDICES

A: Membership

Board membership	
Local Authority	<ul style="list-style-type: none"> • Elected Member, Cabinet Member • Elected Member, Scrutiny Management Committee • Senior Manager from each of the three Directorates within the Local Authority • Director of Public Health
Fire Authority	<ul style="list-style-type: none"> • Chief Fire Officer
Police	<ul style="list-style-type: none"> • Chief Superintendent
Office of the Police and Crime Commissioner	<ul style="list-style-type: none"> • Criminal Justice, Partnerships and Commissioning Manager
National Probation Service	<ul style="list-style-type: none"> • Assistant Chief Officer
Dorset, Devon and Cornwall Community Rehabilitation Company	<ul style="list-style-type: none"> • Assistant Chief Executive
Public Health England	<ul style="list-style-type: none"> • Deputy Regional Manager
Department of Work and Pensions	<ul style="list-style-type: none"> • Senior Partnership Manager
Cornwall Housing	<ul style="list-style-type: none"> • Director of Housing Options
Children's Safeguarding Board	<ul style="list-style-type: none"> • Independent Chair
Clinical Commissioning Group	<ul style="list-style-type: none"> • Head of Governance and Patient Experience
Voluntary and Community Sector	<ul style="list-style-type: none"> • Chief Executive of Voluntary Sector Forum
Business Sector	<ul style="list-style-type: none"> • Representative TBC

Management Group membership	
Local Authority	<ul style="list-style-type: none"> • Community Safety Manager • Community Safety Officers • Intelligence and Performance Strategy Manager • Community Safety analysts • Anti-Social Behaviour Senior Caseworker • DASV Strategy Manager • Area Manager (Trading Standards) • Manager representing Localism and Devolution • Group Manager - Fire and Rescue Service • Public Health Associate Director • Senior Manager Partnerships & Improvement - Education, Health, and Social Care • Together for Families Programme Officer • Casualty Reduction Manager (Fire and Road Safety) • Senior Commissioning Manager, Specialist and Complex - Education, Health, and Social Care • Strategy and Initiatives Manager - Cornwall Housing
Department for Work and Pensions	<ul style="list-style-type: none"> • Partnership Manager

Management Group membership	
Police	<ul style="list-style-type: none"> • Partnership Inspector and Sergeant • Detective Inspector (Child Sexual Exploitation)
National Probation Service	<ul style="list-style-type: none"> • Representative TBC
Dorset, Devon and Cornwall Community Rehabilitation Company	<ul style="list-style-type: none"> • TurnAround IOM and Change Manager Cornwall • Engage Manager Cornwall
Youth Offending Service	<ul style="list-style-type: none"> • Manager
Drug and Alcohol Action Team	<ul style="list-style-type: none"> • Alcohol Strategy Lead • Joint Commissioning Manager
Safeguarding Standards Unit	<ul style="list-style-type: none"> • Senior Manager (Safeguarding)
Local Criminal Justice Board	<ul style="list-style-type: none"> • Representative TBC
South West Ambulance Trust	<ul style="list-style-type: none"> • Health, Safety and Security Officer
Voluntary and Community Sector	<ul style="list-style-type: none"> • Two nominees
Diversity Network	<ul style="list-style-type: none"> • Two nominees
Isles of Scilly CSP	<ul style="list-style-type: none"> • Invitee

B: Further reading

Key assessments, strategies and information sources are shown below with links to their current locations.

The Safer Cornwall website holds a library of publications relevant to community safety and our priorities. These assessments provide the evidence that underpins all of our various strategies and commissioning activity, including the over-arching Safer Cornwall Partnership Plan as well as all of the individual thematic work.

You will find the latest versions of:

- Safer Cornwall Strategic Assessment
- Adult Drugs Prevention, Treatment and Recovery Needs Assessment
- Alcohol Needs Assessment
- Young Person's Substance Use Needs Assessment
- Peninsula Strategic Assessment

The following new assessments were developed in 2015 and are also available to view and download from the website:

- Domestic abuse and sexual violence: a needs assessment for Cornwall and the Isles of Scilly
- Reoffending in Cornwall: an evidence base
- Together for Families: Needs Assessment for Phase 2

Cornwall Fire and Rescue Service's *Risk Based Evidence Profile* is published in the Cornwall Fire and Rescue section of the Cornwall Council website.

The first two (in the anticipated series of eight) [Organised Crime Local Profiles](#) have been developed with partners and can be provided on request, to be read alongside the published Peninsula Overviews:

- Child Sexual Abuse and Exploitation
- Modern Slavery

The information presented in this needs assessment draws on all of these sources of evidence, alongside other relevant research and analysis, to ensure that there is a **clear read across** all of the strategies and that the **key messages** complement each other. These assessments are also provided for inclusion in the Health and Wellbeing Evidence Base (Joint Strategic Needs Assessment).

The Data and Research section of the Cornwall Council website holds a wide range of useful research papers and "bitesize guides" and also signposts to other relevant research by partners.

C: Glossary

Acquisitive crime	Crime grouping including burglary, vehicle offences and other types of thefts. Serious acquisitive crime refers only to dwelling burglary, robbery, thefts of and from vehicles
ARID	Assault Related Injuries Database (in hospital emergency departments)
ASB	Anti-Social Behaviour
BAME	Black, Asian and other Minority Ethnic (groups)
Channel	Multi-agency programme which identifies and provides support for people at risk of radicalisation.
(DDC) CRC	(Dorset, Devon and Cornwall) Community Rehabilitation Company - created as part of the transition of Probation in 2014. Private sector company responsible for managing offenders on Community Sentences.
CSEW	Crime Survey for England and Wales
CSP	Community Safety Partnership. Statutory partnership between Council, Police, Fire, Health and Probation to tackle crime and disorder issues
DASV	Domestic Abuse and Sexual Violence
DHR	Domestic Homicide Review; a statutory responsibility of CSPs
ED	Emergency Department (frequently still referred to as Accident and Emergency or A&E)
IBA	Identification and Brief Advice for alcohol problems
IDVA	Independent Domestic Violence Advocate or Advocacy (Service)
IOM	Integrated Offender Management. See TurnAround.
ISVA	Independent Sexual Violence Advocate or Advocacy (Service)
JSNA	Joint Strategic Needs Assessment. The JSNA is the evidence base that informs the Health and Wellbeing Strategy for Cornwall.
KSI	Killed or Seriously Injured (used to describe serious road traffic collisions)
LGBT	Lesbian, Gay, Bisexual and Transgender
LSOA	Lower Super Output Area. Statistical geography containing around 1500 people.
MARAC	Multi-Agency Risk Assessment Conference; high risk domestic abuse cases.
Modern Slavery	Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. It is an international crime involving a number of source and transit countries.
MSF	Most Similar Family. Grouping of police forces or CSPs that are closest in terms of characteristics such as population structure. Used by the Home Office, police forces and CSPs to compare performance.
Non-crime incident	An incident recorded by the police that does not constitute a criminal offence. Recorded for risk assessment and intelligence purposes particularly in domestic abuse, hate crime and incidents involving children or vulnerable adults.
NPS	(1) National Probation Service (2) New/Novel Psychoactive Substances ("legal highs")
NTE	Night Time Economy
(O)PCC	(Office of the) Police and Crime Commissioner
PPO	Prolific and Other Priority Offender
Prevent	Prevent is part of the Government's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism.
PSA	Peninsula Strategic Assessment
Rate	This is the number of incidents per 1000 population/households and is used to compare geographical areas of different population sizes.
RCHT	Royal Cornwall Hospitals Trust
RJ	Restorative Justice. RJ gives victims the chance to meet or communicate with their offenders to explain the real impact of the crime and it also holds offenders to account for what they have done and helps them to take responsibility and make amends.
RTC	Road Traffic Collision
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
SODAIT	Sexual Offence and Domestic Abuse Investigate Team (specialist Police team)
STRA	Strategic Threat and Risk Assessment matrix; used to quantify risk and identify priorities.
TurnAround	The delivery name for Integrated Offender Management in Devon and Cornwall; a multi-agency team to tackle those at highest risk of reoffending.
YOT/YOS	Youth Offending Team / Service

SAFER CORNWALL

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If you would like this information in
another format please contact:

Community Safety Team, Cornwall
Council

Fire and Community Safety Service HQ,
Boswithian Road, Tolvaddon, Camborne,
Cornwall TR14 0EQ.

Telephone: 0300 1234 100 email:
mail@safercornwall.co.uk

www.safercornwall.co.uk