

# SAFER CORNWALL

Kernow Salwa



## STRATEGIC ASSESSMENT 2018/19

# Acknowledgements

Safer Cornwall Strategic Assessment prepared by:

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# 1: INTRODUCTION

## Who are we and what do we do?

Safer Cornwall is the **community safety partnership** for Cornwall.

We are made up of six statutory organisations (referred to as **responsible authorities**), working alongside a wide range of other agencies to ensure that **we are doing all we can to keep the people of Cornwall safe**.

The responsible authorities are:



In April 2019, we will publish a new three year Plan which sets out how we will **tackle crime and disorder** in Cornwall, based on the evidence presented in the strategic assessment.

In preparation for this new plan, all of the partners came together to review and assess all aspects of community safety and **agree which [issues are impacting most](#)** on the safety of people in Cornwall and cause the most harm.

We **assessed our performance** as a partnership against the priorities from our last Plan and **listened to what people are telling us** are the issues that matter in their local area.

We also examined **how well we are responding** to the issues that cause the most harm and identified some ways in which we need to **[work together better](#)**.

This is the first strategic assessment to fully utilise the [MoRiLE](#) methodology to undertake a review of **strategic threat, risk and harm**.

# The delivery landscape

## What is happening nationally?

Safer Cornwall **operates in a constantly shifting environment**, with national and international priorities being driven by changing **political focus and new legislation**.

### Welfare Reform and Housing

The impacts of the **economic downturn and austerity** measures bring particular challenges for the most **vulnerable people** in our communities, particularly welfare reform, changes to housing legislation and affordability issues.

This is resulting in more families in temporary accommodation, having to live in poor conditions or becoming homeless, adding to the challenges of trying to support people with complex and multiple problems.

The importance of getting **suitable housing** and accessing timely and appropriate **mental health support** are common cross-cutting themes and recognised as priorities by all partners.

**New Housing legislation** – including the Housing and Planning Act, Welfare Reform and Work Bill, reforms to Local Housing Allowance, Universal Credit and the Immigration Bill – is starting to **increase demand** for housing support.

This is alongside a **decline in housing stock, reduced operating budgets** for services and potential for **adverse responses in the rental market**, particularly for our key client groups who are highly vulnerable but perceived as more challenging to house.

This has started to impact on **rough sleeping** and use of temporary accommodation with anticipated knock on effects on **crime and reoffending**

and increased demands on **health and social care services**.

The predicted drop in income for **supported housing** providers, due to Government plans announced last year to **cap housing benefit** in the social sector at the same levels paid to private landlords, puts **future service provision at risk**.

### Homelessness Reduction Act

The new **Homelessness Reduction Act** presents the biggest change in homelessness legislation in 50 years.

The Act comes into effect in April 2018 and places a legal duty on local authorities to give people **meaningful support** to try to resolve their homelessness, as well as introducing **measures to prevent people becoming homeless** in the first place.

Cornwall is receiving additional funding of £1.15 million over three years to **restructure, reshape and resource** to meet the series of new responsibilities under the act.

With **disinvestment in community services** already impacting across our most vulnerable individuals and families, however, providing **the wraparound support** required to resolve the more complex cases will be **challenging**.

### Brexit

The **decision to leave the European Union** has created widespread financial uncertainty, particularly with regard to the future of equivalent EU funding coming to Cornwall.

**£300 million of investment at risk** that has been earmarked for growing businesses, creating jobs and boosting

skills, **including work programmes** for those furthest from the workplace.

Other risks, such as **rising costs of medications** used to treat drug dependency, are predicted, adding to the costs of delivering local services.

Concerns have been raised about the potential for **civil unrest** in the case of a 'no deal' Brexit.

### A new Domestic Abuse Bill

There is a new [Domestic Abuse Bill](#) on the horizon, which has a much **stronger focus on perpetrators** than in previous strategies, and is intended to support an improved response to domestic abuse at every stage from **prevention through to rehabilitation**.

This improved response is **expected to drive up reporting** so we are likely to see a rise in the number of people coming forward to report abuse and seek support, as well as changes in the way services respond to domestic abuse.

### Violent extremism

The UK faces a **severe and continuing threat from terrorism** that has escalated and evolved over the last couple of years. This has increased demands on local partners to ensure that we are doing all we can to spot and prevent violent extremism.

### Climate change

Climate change is an issue **of global concern** – but also something which affects Cornwall. It is already with us and there's lots of research linking adverse weather events and climate change. We've seen the impact of this in Cornwall with flooding at Coverack, and the significant late snow last year.

## What's happening locally?

Pressures on **budgets and resources** alongside the **increasing volume and complexity** of demand across many of our partner agencies have been key factors in shaping this Plan.

As well as managing the potential negative impacts on the community, this presents opportunities to explore a **more efficient, more joined up approach** and move more resources into prevention and early intervention.

### Providing accessible and environmentally friendly services

Our **geography and dispersed population** (60% of the people in Cornwall live in settlements of 3,000 or less) presents particular challenges around **access to services and rural isolation**, as there are distinct variations between the demographic profile and risks facing our communities.

In planning how we meet these challenges, we also have a responsibility to consider the **weather-vulnerability and climate-sensitivity** of the services we deliver, and also to play our part in **reducing our impacts**.

**Outreach and mobile services** can improve service accessibility and flexibility, alongside making effective use of **technology** and **upskilling staff already based in localities**.

### Police strategic alliance

**Devon and Cornwall Police** and Dorset Police formally agreed to go into a [strategic alliance](#) in 2015.

The alliance has brought together almost 40% of the total activity of the two forces to date and planning continues to design and bring together organisation structures, processes and technology.

As well as saving money, working in an alliance will have other benefits as the organisations share more assets, resources, expertise and best practice.

### Probation reform programme

**Services that manage offenders** are provided through the public sector National Probation Service and through contracts with Community Rehabilitation Companies. The way in which this is done has seen some big changes over the last 5 years and **more changes are planned**.<sup>1</sup>

### Transforming health and social care

All **health and care systems** in England are focused on transforming services through their five year **Sustainability and Transformation Plans** (STPs).

Cornwall's STP, called [Taking Control, Shaping Our Future](#), aims to improve the quality of local services, deliver financial stability and improve the health and wellbeing of the local population, which includes **addressing health inequalities**.

The **underlying factors of poor health are the same factors that increase risk of crime** (both for victims and offenders) – poverty, vulnerability, previous experience of crime, unemployment and low education levels – reinforcing the importance of a joined-up approach.

Linked to this, the transformation of children and young people's services is being delivered through the [One Vision Partnership Plan](#), with similar cross-cutting themes and an overarching ambition to **embed whole family working** across all services.

HeadStart Kernow (HSK) is an £8.9m Big Lottery funded Initiative aimed at developing Emotional Health, Wellbeing and Resilience in young people aged 10-16 across Cornwall.

One outcome of this will be a **common understanding and language** around the **emotional health and wellbeing** of young people. This aims to **facilitate early intervention**, which can help **prevent any escalation** into criminality, problem use of drugs and alcohol, domestic abuse and long term mental ill health.

### Devolution

Under the **Cornwall Devolution Deal**, signed in 2015, Cornwall has greater powers over areas of public spending that were previously controlled by Whitehall. This includes transport, housing, energy, health and social care, heritage and planning.

One of the key focus areas is the **integration of health and social care**, and a system approach that aligns with and supports the Safer Cornwall priorities.

### Local governance review

As of the next elections in 2021, there will be **87 councillors** serving on Cornwall Council, **36 fewer than there are now**.

This is following the review carried out by the [Local Government Boundary Commission for England](#) to **provide 'good electoral equality'** across Cornwall.

Over the next three years, the Council will lead on **community governance reviews** of some town and parish councils.

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<sup>1</sup> [Strengthening Probation, Building Confidence](#), Ministry of Justice consultation published July 2018. The findings are expected in 2019.

## Cornwall, a brief description...

Cornwall is the **second largest local authority area** in the South West, covering an area of 3,559 km<sup>2</sup>, 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.

### About the area: Key Statistics



#### People

**Current population is 553,685** and projected to **increase by 3%** to 571,000 by 2025

6% across England

**27%** are aged **under 25**  
30% across England

**24%** are aged **over 65**  
19% across England

4% **BAME** (not White British)  
20% across England



#### Vulnerable groups

**68,100** live in the **20% most deprived LSOAs** in England

**16% of children** are living in poverty

17% across England



#### Housing

**7%** of households **lack central heating**

3% across England

**31,000** households in **fuel poverty**



#### Education & skills

**22%** of people have **no qualifications**

22% across Great Britain



#### Economy

**32%** of people aged 16-74 are **economically active**

39% across Great Britain



#### Health & wellbeing

**21%** of people have a **limiting long-term illness**

18% across England



#### Access & transport

**17%** of households **do not have a car**

26% across England





We have **2,665 users of heroin and crack** [6a]; of which 1,413 (53%) are receiving treatment [6b]

There were **245 fatal and serious injury** road traffic collisions [10] on Cornish roads



**60%** of all recorded crime took place in an **urban area** (population 10k or above) [12]



**45%** of residents say that **drug use and/or dealing is a problem** in their local area [4]



**232,400 residents** (44%) live in **rural areas**; in England overall the average is 10% [9]

We had **26 drug-related deaths** in 2017 [7]



In Cornwall, did you know...



We have **6,600 dependent drinkers** [5a] of which 1,320 (20%) are receiving treatment [5b]



An estimated **3,000 people experienced sexual violence** [2a]; 1,300 sexual offences were reported to the police, **48% involved a child** victim [2b]

**68,100 residents** live in the 20% **most deprived** areas in England [8]



**12,500 anti-social behaviour incidents** were reported to the police [11]



An estimated **21,000 people experienced domestic abuse** [1a]; 8,600 incidents were reported to police [1b]



[1a][2a] 2017/18 estimates, Crime Survey for England & Wales; [1b][2b][10][11][12] Devon & Cornwall Police 2017/18; [4] Cornwall Council Residents' Survey 2017; [5a][6a] Public Health England estimates; [5b][6b] Drug and Alcohol Action Team 2017/18; [7] Drug and Alcohol Action Team 2017; [8] English Indices of Multiple Deprivation; [9] Office for National Statistics

## 2: WHAT HAVE WE ACHIEVED?

At the time of putting together this assessment, we are entering the **third and final year of delivery** against the 2016-2019 Partnership Plan.

Over the last two years, Safer Cornwall has **commissioned services**, implemented **new ways of working** and delivered **innovative partnership projects** to progress towards achieving the 6 key outcomes:

- Reduced risk of serious harm through providing the right response to safeguard individuals and their families from **violence and abuse**;
- **Reduced impact of alcohol-related harm** on individuals, their families and the community and reduced risks of violent crime;
- **Reduced impact of drug-related harm** on individuals, their families and the community and improved health and recovery outcomes for people in treatment;
- **Effective resolution of anti-social behaviour**, including the diversion of perpetrators and supporting the most vulnerable individuals in our communities;
- Reduced crime and prevention of further victims, through achieving **positive life changes for offenders** and their families; and
- Improved outcomes for local communities and **an increase in public confidence**, by working more effectively together.

The Partnership **demonstrates continued success** in bringing partners together to deliver effective multi-agency responses to tackle crime and disorder, reduce risk and achieve positive outcomes for residents.

Key achievements include:

- Redesign and procurement of **community drug and alcohol services with the contract awarded to existing provider Addaction**, further to an innovative bid that offers significant savings and added value for money. The service has **improved performance** in the proportion of people completing treatment free of dependence against a backdrop of **rising demand**;
- Redesign and procurement of **domestic abuse and sexual violence services, bringing 14 contracts together under one provider** with a national partnership, supported by a £2 million pooled budget;
- **Successful pilot of the weekly pan-Cornwall MARAC**, which is supported by a web-based case management system that allows 22 agencies to contribute on-line and have live access in the meeting. The proportion of repeat incidents for high risk cases at MARAC continues to be within the **best practice benchmark**;<sup>2</sup>
- The DAAT have supported the embedding of **a rapid response Hospital Outreach Team (HOT)** in the Royal Cornwall Hospital in Truro, supported by a successful bid to the Government's Life Chances Fund. The team have **engaged more than 50 frequent attenders** with drug and alcohol problems, using the Blue Light Approach, to help meet their needs and reduce the burden on the hospital and other services;

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<sup>2</sup> For an established MARAC the expected level would be in the range of 28-40%, [Reviewing Your MARAC data](#) SafeLives guidance

- Over 500 people have **received the multi-agency community safety training programme**, including sessions in Basic Drugs Awareness, Alcohol and drug screening for adults and young people, Mental Health First Aid, Motivational interviewing and Dual Diagnosis;  
Cornwall Council's Anti-Social Behaviour (ASB) Team has **maintained good performance in preventing repeat anti-social behaviour** with 82% of people that received stage 1 or 2 warnings being de-escalated. Victims surveyed have consistently indicated **very high levels of satisfaction** with the service provided;
- Successful transition of Designated Public Place Orders to **Public Space Protection Orders**;
- **National recognition of our use of Criminal Behaviour Orders** to address behaviour linked with alcohol. 35 orders have been issued in year on the most persistent offenders.
- Building on the successes of multi-disciplinary team approaches in St Austell, Truro and Penzance to address rough sleeping, street drinking and anti-social behaviour, the Partnership has **re-established the Safer Towns programme**, which officially launched in ten towns over ten days in April;
- Safer Cornwall is also leading on the **introduction of Routine Enquiry<sup>3</sup>** about **Adverse Childhood Experiences** and has completed Phase 1 (Organisational Readiness for Change);
- The Community Safety Intelligence Team (Amethyst) and DAAT have achieved **national recognition** for an innovative small-area tool that they developed as part of the national HaLO pilot (PHE's Health as a Licensing Objective), supporting **greater health involvement in licensing** decisions;
- In February 2018, the Safer Cornwall Serious and Organised Crime Operational Group assisted in the **co-ordination and successful execution of the largest Modern Day slavery operation in the UK** to date, involving the assessment of 200 individuals. 14 people identified themselves as victims of modern day slavery and were referred through the National Referral Mechanism;
- All **measures of youth reoffending are low** (better) in Cornwall compared with the rest of the UK.

A table of **key performance measures** is provided in the [Appendices](#).

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<sup>3</sup> Routine enquiry of abuse involves asking direct questions in relation to abuse of a specified population group when they present to a service.

## 3: ANALYSIS FINDINGS

Crime in Cornwall

What issues impact most on communities?

Understanding complex needs

Drug-related Harms

Focus on Serious Violence and Gang Activity

Alcohol-related Harms

Domestic Abuse and Sexual Violence

Modern Slavery, Terrorism and Hate Crime

Road Traffic Collisions

Anti-social behaviour and Violence

Acquisitive crime

# Crime in Cornwall

Devon and Cornwall Police, along with other forces across the country, is **recording much higher levels of crimes** than in previous years.

**Crime in Cornwall is low**, however, compared with national rates and other similar partnership areas across the country. It is still **a safe place in which to live and work**.

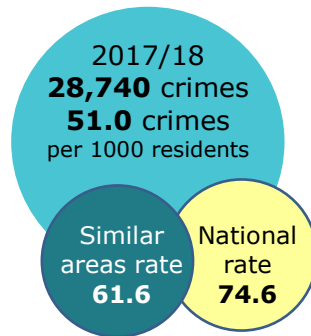
Levels of crime follow a **predictable seasonal pattern** with on average 10% more crimes recorded per month over the summer.

Consistent with elsewhere in the UK, **crime rates are highest in our main towns** and concerns about crime are high on the public agenda.

## Crime recording has improved

**Improvements in crime recording** are the main reason for the rise in crime, reflecting the police response to recommendations from the national crime data integrity inspections.<sup>4</sup>

- Recorded crime has **increased significantly in Cornwall**, rising by 10% in 2016/17 and by a further 23% in 2017/18;
- Recording improvements have focused on **violence and sexual offences**, which is where we are seeing the greatest impact on crime numbers;
- More public order incidents** are being recorded as crimes, rather than as anti-social behaviour;
- There was a large increase in domestic **abuse** crimes (up by 45%) and this also reflects a



**greater proportion of incidents being recorded as crimes**, in line with recording standards.

## Increased reporting of more hidden crimes

- The drive to **raise awareness** about sexual violence, exploitation and abuse, and **improve victims' confidence** in the support available, has resulted in more crimes being reported;
- The level of recorded **cyber-crime has also increased** as we get better at identifying and reporting it and some **new offence types** have been added;
- Demands on the police and partners to respond to these crime types are more complex and longer term, which means a **stronger focus on risk and vulnerability**.

## Some genuine rises in crime

Increases in types of crime that are generally well-reported by victims and well-recorded by the police, are likely to reflect a genuine increase in crime.

- Vehicle offences** are seeing a rising trend, with an increase of 23% last year, although the rate of crime **remains relatively low**;
- Most serious violence** has increased by 20% over the last year but it is a **low volume crime**. Our crime rate is in line with similar partnership areas nationally;
- We are **not seeing the same rises in homicides and knife crime** that have been reported nationally, however, and links to organised crime groups and gangs are less clear.

<sup>4</sup> In 2016 Devon and Cornwall were rated "inadequate" but had improved to "good" when re-inspected in 2018. [D&C Police: Crime Data Integrity re-inspection](#), HMICFRS 2018

## Recorded crime – the numbers

The national **Crime Survey for England and Wales** reports that whilst crime has fallen over the long-term, the short-term picture is more stable with **most types of crime staying at similar levels to 2016**. Conversely **police recorded crime has continued to increase**, reflecting police focus on the quality of crime recording and improved compliance with the National Crime Recording Standard (NCRS).

The table below provides a quick glance at all crime and incidents recorded by the police in Cornwall, describing whether the trend is increasing (▲), decreasing (▼) or stable (▶) and how this area compares with the average for most similar family (MSF) group<sup>5</sup> of CSPs nationally - high ●, above average ●, average or lower ●.

Crime / Incident type	Trend	Rate per 1000	2017/18	2016/17	Annual Change	MSF Compare Rate	MSF Trend
<b>All crime</b>	▲	<b>51.0</b>	<b>28,640</b>	<b>23,495</b>	<b>22%</b>	●	▲
Domestic Abuse [1]	▲	15.3	8,598	7,597	13%	-	-
Domestic Abuse Crimes	▲	8.3	4,685	3,226	45%	-	-
Rape	▲	0.8	464	406	14%	●	▲
Other Sexual Offences	▲	1.4	795	554	44%	●	▲
Alcohol-Related Crime	▲	6.3	3,538	2,877	23%	-	-
Anti-social behaviour (total)	▼	22.3	12,504	13,634	-8%	-	-
ASB Street Drinking	▼	1.5	823	908	-9%	-	-
Homicide	▶	0.01	4	4	0%	●	▶
Violence with Injury	▲	7.4	4,173	3,436	21%	●	▲
Violence without Injury	▲	10.6	5,950	3,978	50%	●	▲
Violence - Night Time Economy	▲	1.5	854	691	24%	-	-
Possession of Weapons	▲	0.4	225	163	38%	●	▲
Possession of Drugs	▲	1.3	714	653	9%	●	▼
Trafficking of Drugs	▲	0.3	187	131	43%	●	▲
Arson [2]	▶	0.3	196	169	16%	●	▶
Criminal Damage	▶	7.7	4,333	4,214	3%	●	▶
Public Order Offences	▲	3.2	1,822	1,261	44%	●	▲
Hate Crime	▲	0.5	305	208	47%	●	▶
Burglary	▶	3.1	1,748	1,767	-1%	●	▶
Robbery	▲	0.2	106	93	14%	●	▲
Vehicle Offences	▲	2.4	1,331	1,079	23%	●	▲
Shoplifting	▲	4.3	2,414	1,954	24%	●	▶
Other Theft	▲	6.5	3,641	3,404	7%	●	▲
Other Offences	▲	1.0	541	367	47%	●	▲
Road Traffic Collisions (total) [3]	▶	3.7	2,092	2,193	-5%	●	▼
Fatal & Serious RTCs	▼	0.4	245	287	-15%	●	▶

[1] Crimes and non-crime incidents  
 [2] Arsons recorded by Devon & Cornwall Police [3] RTC data provided by Devon & Cornwall Police

<sup>5</sup> The police performance website iQuanta allows us to compare crime rates and trends with other CSPs with similar characteristics (known as our 'most similar family group'). Family groups contain 15 CSPs and Cornwall's includes areas such as Somerset, Herefordshire, Shropshire and Northern Devon.

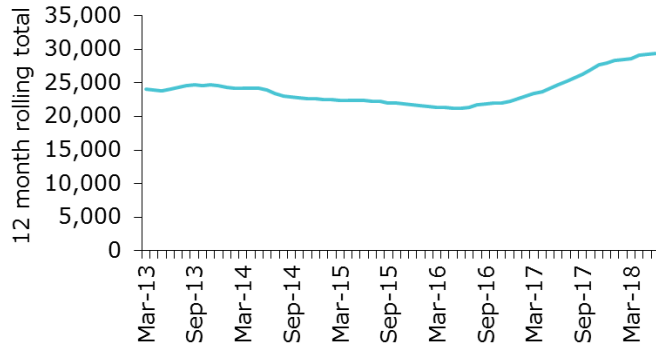
# QUICK FACTS: ALL RECORDED CRIME

Time period reported refers to the 12 months to 31 March 2018 unless stated otherwise

## KEY FACTS

- 28,640 crimes / 51.0 crimes per 1,000 resident population
- 18% **lower than the average** for our 'most similar family' of partnerships (61.6 crimes per 1000 resident population, iQuanta)
- **Increased** by 5,145 crimes / 22% compared with 2016/17

## TRENDS

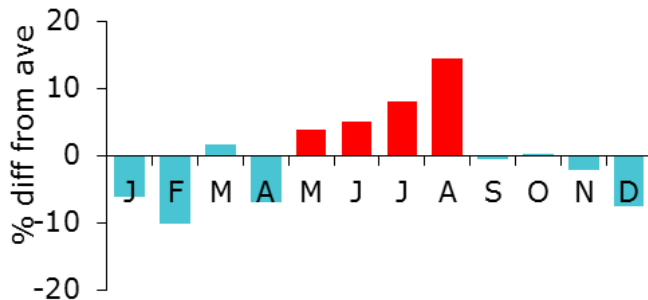


Key trends:  
**Reduction** over the long term.

Significant increases over the past two years due mainly to **improved reporting and recording** of crime. Rises in violence, public order and sexual offences.

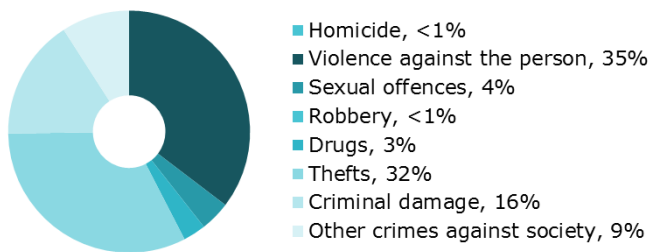
Long term fall in **theft offences** but signs of an **adverse trend** developing in the last year.

## SEASONALITY



Clear **seasonal bias** with more offences in the summer months and fewer in winter (based on the last 3 years of data)

## CRIMES

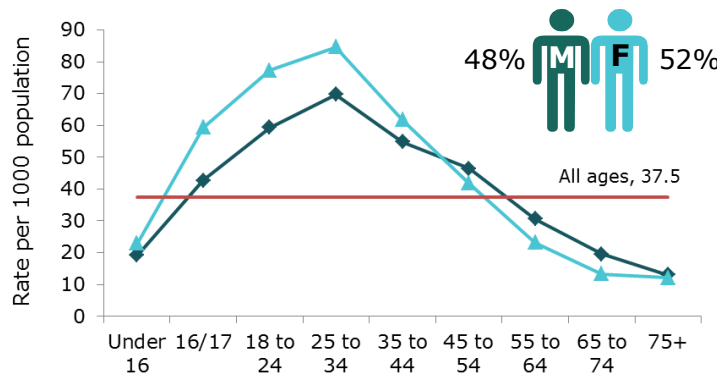


Across all crime types:

- 16% domestic abuse
- 12% alcohol-related
- 1% hate crime

57% in urban areas (pop >10k)  
21% in rural areas

## VICTIMS

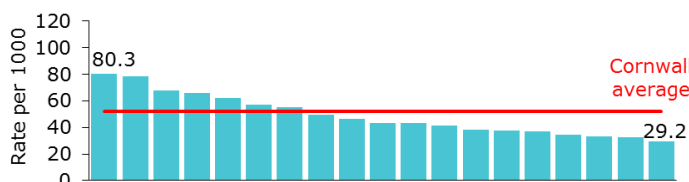


Young people are most at risk of being a victim of crime; risk declines with age

Gender split almost 50/50 but: **Men** are more likely to be victims of **property crime** (particularly vehicle offences and robbery) and **non-domestic violence**.

**Women** are more likely to be victims of **domestic abuse** and **sexual violence**

## PLACE



Rates by community network<sup>1</sup> area:  
Highest – Bodmin 1,645 crimes / 80.3 per 1,000 population  
Lowest – Camelford 376 crimes / 29.2 per 1,000 population



## What issues impact most on communities?

Further **to gathering and examining all the data** available to inform this assessment, all of the partners came together to review and assess the different aspects of crime and other community safety issues and **agree which issues have the greatest impact** on the safety of people in Cornwall and cause the most harm.

We examined **how well we are responding** to the issues that cause the most harm with the aim of identifying any **common themes** or areas where we need to focus our efforts to **get better outcomes**.

We also **assessed our performance** as a partnership against the priorities from our last Plan and **listened to what people are telling us** are the issues that matter in their local area.

This process provided **recommendations for priority areas** of focus, based on level on risk.

### High Level Risks

**The high level risks** should be prioritised appropriately by Safer Cornwall and all partners, and feature strongly in all strategies and plans.

Anti-Social Behaviour linked to Street Drinking	Drug trafficking, including County Lines
Problem drug use, including Drug Related Deaths	Problem drinking and alcohol-related harms
Domestic Abuse, including Domestic Homicide	Rape and Sexual Assault
Child Sexual Abuse and Exploitation	Modern Slavery, including human trafficking
Terrorism and Violent Extremism	Fatal and serious injury road traffic collisions

The supporting evidence highlights that high level risks have the following features:

- **Significant physical and psychological impacts** on victims and their families, including lasting developmental impacts on children. **Financial impacts** such as lost work time and problems getting and keeping a home and a job;
- The **more visible issues**, such as street drinking, anti-social behaviour and drug dealing, have a **major impact on how happy residents feel** about their local area and can attract negative **attention from the media** and community groups;
- Harm linked to issues like **domestic abuse, however, is more hidden**, and people in the community, other than the victim and their family, are less aware;
- **Incidents happen often** (at least weekly), some are also high volume (like domestic abuse) or low volume but very serious (like rape offences). Reported levels have increased over the last year and expected to increase further;
- **National and/or regional as well as local priorities** to tackle, with **significant reputational risk** to one or more partners if we fail;
- **Economic costs are long term and impact across all services**, including police, offender management services, health services, community support and treatment services, housing and social care;
- **Some issues exist with capacity**, particularly as funding in most areas of the public sector continues to reduce, but partners were keener to see **services work**



**together as a system** – with better co-ordination and appropriate training in place.

- Some thorny issues were raised around changing **organisational culture** and **community perceptions**.

### Moderate Level Risks

Safer Cornwall partners should **continue to be proactive** in these areas, working together to **manage the risks** and prevent any **problems developing**.

This band includes:

- **Hate** crime
- **Alcohol-related crime** (such as violence, thefts, criminal damage)
- Killed and Serious Injury **road traffic collisions**
- **All types of violence**, from serious physical assaults through to verbal assaults that do not cause injury. This also includes **violence linked to night time drinking** in public places
- **Cyber Crime**, including frauds committed on-line and crimes directly attacking computer systems, such as sending out viruses, putting a service or services out of action and hacking

### Standard Level Risks

Standard Level Risks are areas that are **being managed as “business as usual”** and/or not placing much additional demand on services.

Safer Cornwall partners should **monitor** these areas to ensure that we continue to manage them well.

- Low level **anti-social behaviour**
- Burglary
- Robbery
- **Fraud** (non-Cyber)

- **Thefts** – Shoplifting, Thefts of and from Vehicles, Other Thefts
- **Criminal Damage** and Arson
- **Public Order** Offences
- Possession of **Drugs**
- Slight Injury **Road Traffic Collisions**
- Possession of **Weapons**

### Key themes to improve local responses

The MoRiLE workshops highlighted four common themes:

- Improving **engagement with local communities**, building knowledge and awareness about the issues in their local area, and **supporting and empowering** them to get involved in designing and delivering solutions;
- Enhancing the skills of the wider workforce to build more capacity to **identify those who need support at the earliest opportunity**, assess their needs correctly and help them to access the right services. This will **increase the reach of specialist services**, particularly in areas where traditional services may not be located, such as **rural areas**, and with **harder to engage** groups;
- Better co-ordinated and more effective support for **people with complex needs**, ensuring that services come together to help people when they are most at risk. **Particular challenges** were highlighted in getting suitable **housing** and accessing timely **mental health support**;
- Improving our response to **offenders**, ensuring that we are providing the right **support to prevent and change abusive behaviours**, whilst at the same time ensuring that we get the **best outcomes for victims** and their families.

## Understanding complex needs

Complex needs means **multiple problems occurring together** and each problem can make the others worse. People with complex needs have to access **multiple services** to get the help that they need, which means that **no single agency will hold all the solutions**.

Across the board services are reporting that the **people seeking help are more complex** and that numbers are growing. This is a **recurring theme** that cuts across all areas of partnership work.

There are particular challenges in getting **suitable housing** and accessing timely **mental health support**, both in terms of finding the right type of support and how services can **come together to help people** when they are **most at risk**.

Complex needs commonly include **drug or alcohol** problems, criminal or anti-social behaviour, **mental and physical health** problems, learning difficulties, poor family and other **relationships, poverty** and debt. The root of these problems is often linked to **violence, abuse and neglect experienced in childhood** (described as Adverse Childhood Experiences or ACEs).

Since 1998 much academic research<sup>6</sup> has been dedicated to examining the **impact of ACEs on the long-term health of adults** and the evidence base is well established. High ACE scores are linked to chronic disease, frequent mental distress, morbid obesity, sexually transmitted diseases,

Children and young people who have **experienced 4+ ACEs** are significantly more likely to:

- Develop **mental health conditions**, such as anxiety, depression and psychosis
- Adopt **health harming behaviours** such as smoking, harmful drinking, or use of illicit drugs and risky sexual behaviour
- Become a victim of **violence** or commit acts of violence

homelessness<sup>7</sup> and greater risk of premature mortality.

There is also a **growing evidence base linking ACEs to criminal behaviour**, although the links here are less well defined. High ACE scores have been linked to anti-social behaviour, violence, substance abuse and sexual risk-taking. There are **generally observed differences between males and females**:

- **Females** tend to experience a higher number of ACEs before they start acting in an anti-social or criminal way. They are **more likely to internalise the impact** of ACEs, leading to anxiety, self-esteem issues, self-harm, risky sexual and other health-harming behaviours;
- **Males** are more likely to **respond to ACEs with anger and aggression**, leading to charges of assault or criminal damage, and they can also appear to lack empathy for others' pain or suffering, which may be caused by the early trauma of the ACEs.

Children who experience multiple ACEs are **more likely to be taken into care**, due to abuse or neglect. Children in care tend to **go missing**

<sup>6</sup> Recent studies include the [Welsh Adverse Childhood Experiences Study](#), Public Health Wales, 2015

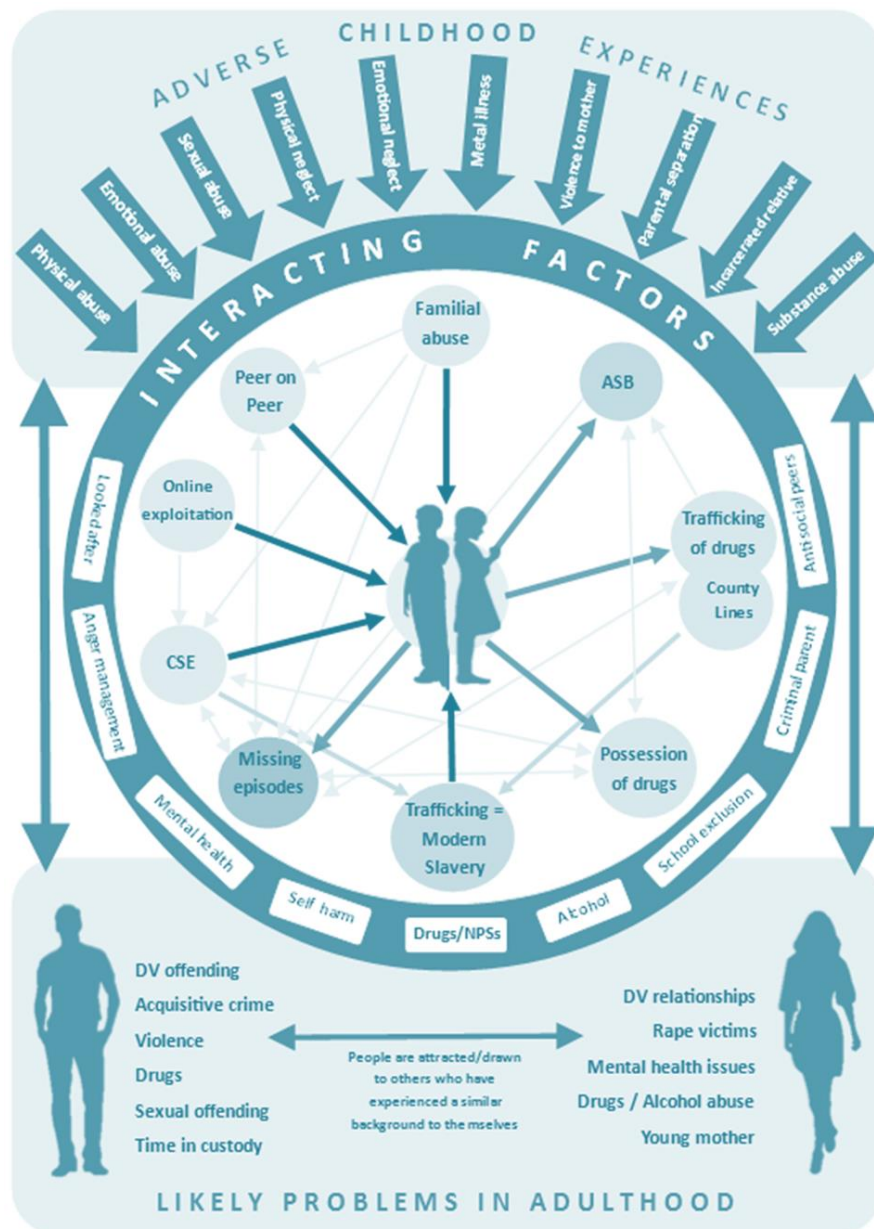
<sup>7</sup> Cited in the [Rough Sleeping Strategy](#), Ministry of Housing, Communities and Local Government, 2018

**more often** than other children and this exposes them to a much **greater level of risk and harm**. They also may form friendships with other young people with similar backgrounds, which may be **unhealthy relationships** and escalate their risk taking behaviour.

Research into the reoffending of young people in Cornwall highlighted that **young people with 4 or more ACEs were more likely to reoffend** and to be charged with a higher number of reoffences, with the "toxic trio" of domestic abuse, parental substance use and mental health problems having the greatest impact.

A review of case studies of young people in South Devon that are linked to gang activity demonstrates that **virtually all of the young people at the core of the group are known to have experienced ACEs**, including witnessing domestic abuse, substance abuse and mental health problems, and some of them have also experienced neglect and/or abuse.

Putting **more resources into early intervention and prevention** now will have long term economic benefits that will be felt across all partners, but particularly health, social care and police.



## Drug-related Harms

An individual's **drug use or dependency can significantly impact** the people around them, including their **children, families, friends, communities and society**.

The drugs shown to be most likely to cause difficulties are **heroin and crack cocaine**, which are also linked to economic deprivation, crime and poor health. **Drug dependency rarely exists in isolation** from other issues.

National surveys<sup>8</sup> indicate that drug use is reducing, including class A drugs, but our **local trends show a different picture**.

**Drug markets and use have changed** locally. There is evidence of increased availability of higher purity **heroin, crack cocaine and methamphetamine**. Crack use has escalated quickly through our local population, bringing with it a **greater risk profile** of more crime and health related harms, particularly related to injecting.

The numbers of **people accessing specialist treatment** for help with drug problems is **increasing**.

There are increasing reports of more **vulnerable adults with complex needs, homeless drug and alcohol users** and associated problems with **drug litter and anti-social behaviour**. There have been local cases of **vulnerable people being targeted** for exploitation by Organised Crime Groups (OCGs), including using them and their home to sell illicit drugs.

## Threat, risk and harm assessment

Drug-Related Harms	Risk to Public	Risk to Partnership	Knowledge Gaps
County Lines/Dangerous Drug Networks	High	High	Major
Problem drug use - opiates/crack	High	Significant	Significant
Drug related deaths	Significant	Significant	Minor
Trafficking Drugs - class A	Significant	Moderate	Significant
Possession of Drugs	Minor	Minor	Significant
Trafficking Drugs - other drugs	Low	Minor	Significant

### Key statistics

- **26 drug related deaths** (2017), ▼-19% (6 fewer deaths than 2016)
- **2,665 users of heroin and crack**, of which 1,413 (53%) are receiving treatment<sup>9</sup>
- **714 drug possession** offences, ▲+9%; **21% class A** drugs
- **187 drug trafficking** offences, ▲+43%; **36% class A** drugs
- **228 serious violence** offences, ▲+11%
- Devon & Cornwall – **398 knife crimes**, ▼-7%
- Devon & Cornwall – **98 gun crimes**, ►-5%

<sup>8</sup> [Crime in England and Wales: year ending September 2017](#), ONS statistical bulletin

<sup>9</sup> Public Health England estimate; local treatment data

## Drug Trafficking/Dangerous Drug Networks

<p><b>Risk to public</b></p>	<ul style="list-style-type: none"> <li>• Substantial <b>physical harm</b> with associated violence including physical and sexual violence, homicide, suicide, abduction, CSE and substance misuse; severe <b>psychological harm</b> due to control and coercion of vulnerable targets – cuckooing, threats of violence/blackmail/exploitation of victims and family members; severe <b>financial impact</b> – loss of home/income for individuals targeted by cuckooing, particularly if they themselves are prosecuted;</li> <li>• Increased concern in communities where activity is visible; potential <b>impacts on fear of crime and quality of life</b> of local residents; crack houses; OCGs (multi-agency response required to disrupt); increased risk to local vulnerable young people and adults who may be recruited/blackmailed into engaging in criminal activity;</li> <li>• Expectation of a <b>joined up regional/national</b> disruption activity to act upon situation requiring co-ordination across multiple agencies; <b>lack of knowledge in community</b> about cuckooing and links with trafficking, vulnerability and exploitation;</li> <li>• <b>Increasing trend</b>, the estimated number of operational county lines nationally has quadrupled since 2012, 1000 in England, Wales and Scotland.</li> </ul>
<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• <b>National</b> focus on organised crime groups, increased violent crime associated with gangs drives up level of fear amongst public – higher priority than treatment/prevention of drug use; priority for Home Office and local partnerships.</li> <li>• <b>Economic cost to deal with threat is very high</b> and felt across multiple services, particularly when you take into account geographical dimensions of response (national and can be international); complex and dynamic cases involving networks of people; responding to people with <b>complex and multiple needs</b> is done in silos, lacks co-ordination and a system approach.</li> <li>• Capacity – resources exist across agencies but they are <b>not sufficiently co-ordinated</b> to provide an effective response.</li> <li>• <b>Capability</b> – <b>lack of knowledge in services</b> about cuckooing and links with drug/people trafficking and with vulnerability and exploitation; <b>workforce development</b> is needed to understand and reduce risk; vulnerable people often unwilling to engage with services; still a <b>covert culture around new risks</b> and information is not shared; system clunky and not working well.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• <b>Serious and Organised Crime Group</b> in place but membership, terms of reference and commitment requires review; <b>Operation Engage pilot</b>, but receiving minimal referrals; development of the Missing and Child Sexual Exploitation (MACSE) Panel to consider cases of criminal and other exploitation.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• <b>Intelligence picture is patchy</b>; covert culture means that there is a <b>reluctance to share information</b> between agencies; not enough knowledge about how to share intelligence anonymously; unknown elements around <b>sexual exploitation, risk of disappearance, suicide</b>.</li> </ul>



## Focus on Serious Violence and Gang Activity

**Most serious violence** has **increased by 11%** over the last year, although it remains a low volume crime. National rises in most serious violence have been linked to **organised crime groups and gangs**, with problems strongly concentrated in metropolitan areas.

Various types of violence were reviewed using the MoRiLE methodology and assessed as **moderate level threats**. The rise in serious violence, whilst a concern should be viewed in the context that it is a **very low volume crime** – there were 228 crimes in 2017/18, making up only 2.2% of all recorded violence against the person.

The rise was not unique to Cornwall – serious violence increased by 20% overall across the Peninsula, with **increases in all CSP areas except Torbay** (where there was no notable change).

Trends in serious violence were reviewed by Devon and Cornwall Police in 2018 and this highlighted that:

- Most serious violence impacts **predominantly on male victims** (3 in every 4 crimes) aged between **18 to 36 years old**;
- **Female** victims are much more likely to experience most serious violence in a **domestic context** (50%) than males (11%);
- Around a third of offences appear to have been **aggravated by alcohol**, and three-quarters of offences occur between 6pm and 6am, so it is likely that the **Night Time Economy plays a role**

There have been concerns that the **increase in County Lines** in the Peninsula has contributed to a rise in most serious violence. This is difficult to quantify, but a recent review of offences found that a **significant proportion of violence is connected to drugs** - approximately 13% of Grievous Bodily Harm and wounding offences, 28% of murders and 23% of attempted murders (but the volumes are much smaller). Around a quarter of the offences involve **multiple suspects/offenders**.

Identifiable **'youth gang' violence does not appear to have contributed** to the rise in recorded offences of most serious violence. In Cornwall, 13% of serious violence involved a victim and/or offender under the age of 18.

Intelligence linked to knife carrying in Cornwall was more commonly **connected to young adults** (18-35 years) rather than children. Submissions were linked to drugs, carrying "for protection" and threatening behaviour, but did not show any specific patterns or recurring themes.

Partners working with children and young people have reported **increases in disclosures of knife carrying**, however, with "for protection" often cited as the reason and more use of 'gangster' style language.

Partners working in the areas most affected by gang issues, in South Devon, are concerned that **assaults are not being reported to the police**, including a couple of cases that have resulted in serious injuries; police data therefore may underestimate the impact of the problem.

## Problem Drug Use (including Drug Related Deaths)

<p><b>Risk to public</b></p>	<ul style="list-style-type: none"> <li>• <b>Acute and chronic life limiting health impacts</b> requiring multiple hospital stays, both immediate and longer term treatments; dependency requires specialist intervention; <b>severe psychological impacts</b> requires specialist intervention; lasting impacts on affected others, <b>particularly children</b> (Adverse Childhood Experiences); <b>greater harm profile due to uplift in crack use</b>; risk of and actual <b>drug-related death</b>;</li> <li>• Employment prospects and opportunities may be limited with increasing potential for a chaotic lifestyle to develop, <b>financial instability</b>, exacerbating underlying <b>mental health</b> issues and <b>addiction</b> threat to recovery capital (secure housing, support network, regular income etc.);</li> <li>• <b>Visual impact</b> in community related to drug use and litter, anti-social behaviour and rough sleeping; increased concern in communities where drug use and dealing is visible; co-ordinated multi-agency approach required;</li> <li>• An <b>increasing trend</b> in estimated number of users with PHE prevalence estimates suggesting 2,600 opiate/crack users in Cornwall in 2017/18; <b>2-3 deaths per month</b> in Cornwall (one of the highest in the South West), rates are increasing nationally with current deaths at the highest since records began.</li> </ul>
<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• <b>National strategy</b> exists but less political push than for alcohol, priority for NHS and Home Office; scrutiny of treatment system effectiveness by Public Health England;</li> <li>• <b>Costs to respond</b> - treatment services are <b>expensive</b> but Cornwall's deliver a higher than average 'cost to outcome' ratio; <b>increasing economic impacts</b> upon wider services, housing, social care, health, criminal justice are significant with funding decreasing.</li> <li>• <b>Capacity</b> - difficulty around working with <b>schools</b> to support young people with the emphasis on exclusion – there is capability with external organisations to offer support; <b>lack of funding</b> for preventative programmes in schools such as 'Mind and Body'; reduced capacity in community treatment services due to <b>cuts in Public Health Grant</b>; lack of housing support and difficult to mobilise fast response.</li> <li>• <b>Capability</b> - emphasis on symptoms rather than cause, limits prevention and building resilience; lack of <b>routine enquiry</b> to uncover substance misuse; <b>hidden harm</b> within family units – many users will not access the services they need as they fear their children will be taken from them; <b>results driven</b> approach and <b>reduced funding</b> means that more complex clients are <b>marginalised</b> and not picked up; drug use continues to be a <b>significant barrier to accessing mental health services</b>; no move-on/wraparound support, <b>risks increasingly held by community treatment services</b> – unsustainable with reducing funding to services.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• <b>National problem drug users estimates</b> uses a consistent methodology for all local areas and over time; <b>comprehensive information on drug users engaged with services</b> and higher</li> </ul>

## Knowledge gaps

than average proportion engaged locally; recording, reporting and investigative **process around DRDs** is robust and thorough around illicit drugs.

- **Hospital Outreach Team** in RCHT supporting frequent hospital attenders; **Dual Diagnosis Strategy** in place; good **community treatment** services; national and local focus on **Adverse Childhood Experiences** and development of routine enquiry; robust and thorough process for investigating and learning from **Drug Related Deaths**; **Naloxone** programme saving lives in supported accommodation provision.
- **Gaps identified** – engagement with schools and understanding the drinking/drug using behaviour of **young people**; focus on causes of drug use rather than symptoms; drug use continues to be a **significant barrier to mental health treatment services**; older people, prescription drugs, hidden harms – impacts on children and families; suicides linked to drug trafficking.

### Focus on young people

Getting a better understanding of the **drinking and drug using behaviour of young people** has been flagged as a knowledge gap, which is critical to the delivery of **prevention activity** – not only preventing young people from developing issues with **dependency**, but also protecting them from the **risks of exploitation and abuse** that they may be exposed to through problematic use of drugs and alcohol.

A national poll commissioned for the Children’s Inquiry<sup>10</sup> reveals that **young people perceive cannabis to be easier to purchase than alcohol**, facilitated by the rise of social media platforms and the ease of access through peer networks.

There are indicators of an increase in **cannabis-related mental health problems**, linked to the high potency genetically-modified cannabis, but that these risks may **not be identified or recorded well** by services and anecdotal reports suggest that young people are **facing barriers to accessing mental health** support.

This research suggests that young people are **increasingly being groomed by adults** (with explicit or implicit coercion present) to deal cannabis on their behalf and also selling or giving it to their peers ‘socially’. There has been a rise nationally in **young people being criminalised** for offences involved in the supply of cannabis, contrary to the trend for adults.

**Cuts to young people’s services** offering support and intervention, a lack of opportunities, a desire for money and social status, as well as social media easily connecting young people with dealers, have been proposed as reasons that make **young people increasingly vulnerable to being involved in drug dealing**.

The Children’s Inquiry argues that education and awareness around cannabis is not being prioritised, which is a by-product of a lack of direction from the Government.

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<sup>10</sup> The Children’s Inquiry “How effectively are the UK’s cannabis policies safeguarding young people?” McCulloch, Matharu and North (Volteface, September 2018).



In the **absence of good quality drugs education in schools**, parents and guardians are not adequately equipped to educate their children on cannabis.

The 2018 Organised Crime Local Profile on the Exploitation of Children and Young People highlights a **rise of 14% in the number of drug related crimes committed by young people** (up to the age of 25 years), with the majority being young males (4 out of every 5 crimes).

We have seen cases of Organised Crime Groups sending young people into Cornwall to form local drug supply networks. **Vulnerable young people are targeted**, for example, those who are street homeless, being looked after in care or those using services such as Addaction to help with a drug or alcohol problem. Professional judgement indicates that young people are being drawn into **drug running**, but it is difficult to evidence this.

## Alcohol-related Harms

Alcohol is one of the **5 lifestyle behaviours that cause 75% of premature death and disability** (smoking, alcohol, physical inactivity, diet and social isolation).

Problem drinking is one of the **most common factors affecting the health, wellbeing and behaviour** of residents and impacts on the local economy.

Alcohol is a **persistent feature in criminality** and particularly strongly linked to violent crime. **Alcohol-related violence recorded by the police is increasing**, but this should be seen in the context of an overall rising level of recorded crime.

Less serious violence has seen the greatest increase in volume, accounting for over half the rise seen in this measure, but **increases in violence resulting in actual and serious harm** are also noted and these are of greater cause for concern.

Concerns about **street drinking and associated anti-social behaviour** are consistently **high on the public agenda**, particularly in our **larger town centres**, such as Truro and Penzance.

## Threat, risk and harm assessment

Alcohol-Related Harms	Risk to Public	Risk to Partnership	Knowledge Gaps
ASB linked to street drinking/drugs	<b>Very High</b>	Moderate	Significant
Problem drinkers	<b>High</b>	Significant	Minor
Alcohol-related hospital admissions	Moderate	Significant	Minor
Alcohol-related crime	Significant	Significant	Significant
<b>Key statistics</b>			
<ul style="list-style-type: none"> <li>• <b>6,600 dependent drinkers</b> of which 1,320 (20%) are receiving treatment <sup>11</sup></li> <li>• <b>4,266 alcohol-related hospital admissions</b> (broad estimate), ▲+2%</li> <li>• <b>3,538 alcohol-related crimes</b>, ▲+23%, 59% violence against the person</li> <li>• <b>823 incidents of street drinking</b>, ▼-9%, 7% of all reported ASB incidents</li> </ul>			

<sup>11</sup> Public Health England estimate; local treatment data

## Problem drinking and associated harms

<p><b>Risk to public</b></p>	<ul style="list-style-type: none"> <li>• Acute and chronic <b>health impacts</b> upon vulnerable individuals, potential for multiple hospital admissions and ongoing health care requirements; lasting impacts on affected others, <b>particularly children</b> (Adverse Childhood Experiences);</li> <li>• Severe underlying <b>psychological trauma</b> associated with dependency, associated complex multiple needs requiring specialist intervention;</li> <li>• <b>Financial</b> impact on individuals critical with significant hardship, homelessness and lack of regular income, chaotic lifestyles, mental health and addiction increase threat to recovery;</li> <li>• <b>Highly visible impact of street drinking in local communities</b> – alcohol-related litter, anti-social and criminal behaviour, vandalism, links to rough sleeping and associated environmental issues (food waste, fires, urination etc.); impacts negatively on residents' fear of crime and satisfaction with local area - changes behaviours (area avoidance etc.);</li> <li>• Dependency believed to affect <b>6,600 individuals in Cornwall</b> with a further 22,000 regularly drinking at levels with a higher risk of harm. <b>New and existing problems</b> with street drinking/drug using cohorts proliferating/escalating in all of our major towns.</li> </ul>
<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• <b>National/regional/local priority</b> to tackle effectively – STP, Local Alcohol Action Areas, partnership priority; <b>national scrutiny</b> on alcohol greater than drugs due to the extent of the population at risk but national alcohol strategy did not translate into effective action; risks are beginning to be better expressed within the public domain (e.g. Identification and Brief Advice (IBA) training, Minimum Unit Pricing in Scotland, Chief Medical Officers Low Risk Drinking Guidelines);</li> <li>• <b>Economic cost is vast and impacts across all services</b>, including health (one of the 5/5/75), mental health, police and Criminal Justice organisations, community treatment, housing and social care; <b>cost to business sector</b> of lost productivity and sickness absence; responding to people with <b>complex and multiple needs</b> is often done in silos, lacks co-ordination and a system approach;</li> <li>• <b>Capacity - huge numbers</b> involved compromises effectiveness of response with resources geared to treatment (when problem well established); capacity for prevention/identification and response is limited; people with <b>complex and multiple needs</b> places demands on resources across the system; wraparound care is not there to support people leaving hospital; reduced capacity in community treatment services due to <b>cuts in Public Health Grant</b>;</li> <li>• <b>Capability</b> – key gaps in IBA/screening in social care, housing, criminal justice (lack of referrals from Pathfinder and Liaison and Diversion Service); barriers perpetuate for <b>dependent drinkers trying to access mental health support</b>; lack of referrals from Mental Health services into Tier 4 treatment.</li> </ul>

<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• There is capacity to respond to complex cohorts of street drinkers/drug users but <b>culture</b> needs to be changed, <b>better co-ordination</b> needed between mental health, housing and community treatment services; fast changing transient communities require a <b>dynamic mobilisation of response</b> (which is often lacking, particularly in housing); volunteer services often seen as exacerbating the problem by providing support and “attracting” problems;</li> <li>• There is a <b>conflict between removal of the “problem” and safeguarding</b> affected individuals, public perception and lobbying by elected members and other community representatives frequently focuses on the former; dispersal of individuals makes it harder to engage and retain clients in services.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• Early intervention through <b>IBA training well established</b> across services; <b>Hospital Outreach Team</b> in RCHT supporting frequent hospital attenders; <b>Dual Diagnosis Strategy</b> in place; good <b>community treatment</b> services; national and local focus on <b>Adverse Childhood Experiences</b> and development of routine enquiry;</li> <li>• <b>Assertive outreach work</b> has proved that it is possible to work effectively with street drinkers/drug users that are resistant to engagement with traditional services;</li> <li>• Established <b>Night Time Economy response and controls</b> with good engagement with Licensing through use of the Assault Related Injuries Database and Health Impact Licensing Tool.</li> <li>• <b>Older drinkers</b> (hospital admission for falls etc.), exacerbated by bereavement, retirement, life changes; <b>ambulance data</b> on alcohol-related call-outs not currently shared; <b>'silent drinkers'</b> not picked up by services (social care, housing) if they don't disclose problem alcohol use.</li> </ul>

# Domestic Abuse and Sexual Violence

## Threat, risk and harm assessment

Domestic abuse and sexual violence	Risk to Public	Risk to Partnership	Knowledge Gaps
Domestic abuse	High	Significant	Major
Domestic homicide	Very High	Significant	Minor
Child sexual abuse/exploitation	High	Significant	Major
Rape & sexual assault	High	Significant	Major
Other sexual offences	Minor	Minor	Significant

### Key statistics

- **21,000 people** estimated to have **experienced domestic abuse in the last year**, 2/3 women and 1/3 men; **3,000 people** estimated to have **experienced sexual assault**<sup>12</sup>
- **8,595 reported incidents** of domestic abuse, ▲ +13%
- **669 high risk** domestic abuse cases discussed at **MARAC**, ▼ -16%
- **9 domestic homicides** formally notified to Safer Cornwall since 2011
- **10,600 children** estimated to have experienced **some form of sexual abuse** (15% of girls and 5% of boys)<sup>13</sup>
- **706 reported sexual offences** involving a **victim under 18**, ▲ +55%
- **1,009 total reported crimes of rape and sexual assault**, ▲ +28%; 250 other sexual offences, ▲ +45%

## Domestic abuse, including Domestic Homicide

Domestic abuse covers a **broad spectrum of abusive behaviours** and includes psychological, physical, sexual, financial and emotional abuse, stalking, 'honour'-based or 'honour' violence, forced marriage and female genital mutilation.

Domestic abuse is **commonly referred to as a 'gender-based issue'** because the majority of reported crime consists of violence by men against women but **it occurs across society**, regardless of age, gender, race, sexuality, wealth, and geography.

The consequences of domestic abuse are **far-reaching and long-lasting**, for the victim and for family members, particularly children. Aside from physical injuries, the psychological harm can be complex and challenging. It can result in death.

Witnessing violence /abuse is one of the **Adverse Childhood Experiences (ACEs)** that significantly impacts on outcomes for children but also **longer term on the health, wellbeing and mortality** of the wider population.

**Reported levels of domestic abuse have increased.** This reflects a combination of a strong **police focus on improving recording**, more **active encouragement** for victims to come forward to report these crimes and **greater confidence of victims** in the services there to help and support them.

Despite the rise in reports, an estimated **two thirds of domestic abuse victims do not report** the incident to the police, with higher under-reporting rates for men than women.

<sup>12</sup> Crime Survey for England and Wales 2016/17

<sup>13</sup> Centre of Expertise on Child Sexual Abuse (July 2017)

## Risk to public

- **Victim** – short and long term physical impacts requiring medical assistance and potential for hospitalisation; long term psychological impacts requiring specialist intervention, risk of self-harm and suicide; loss of earnings/financial control; developmental impacts on children in the household (Adverse Childhood Experiences - ACEs) and future life outcomes; potential for loss of life – domestic homicide (worse-case scenario).
- **Community/public expectation** – multi-agency response required but little awareness in wider community due to hidden nature of behaviours;
- Domestic abuse is **high frequency, high volume**; crimes are increasing at a rapid rate (+46% on last year.) but non-crime incidents are reducing (-5%); net impact +15%.

## Risk to Partnership

- **National/regional/local priority** – Violence Against Women and Girls Strategy, Istanbul Convention, focus in national inspections (HMIC, JTAI etc.); associated reputational risks – loss of public/victim confidence, failure to respond to DHR recommendations carries a risk of corporate manslaughter.
- **Costs to respond** - Routinely takes 2 or more partner agencies to respond (police, specialist services, housing, social care, mental health), long term engagement with specialist and other family services; long term costs to all partners associated with impact of ACEs; specialist staff/teams in place but operating in silos, duplication and additional costs, would benefit from better co-ordination; each death estimated to cost £1.5m to society.
- **Capacity** – Specialist services working above capacity and **support to victims and families is time limited** due to financial constraints; shortage of **mental health workers** (acute services) and **waiting lists** for specialist therapy and counselling; complex homicide cases may require mutual aid to investigate (police); capacity pressures on all parts of the system for agencies who participate in **Domestic Homicide Reviews**, limited resources to progress recommendations.
- **Capability** – Reliance on **disclosure rather than routine enquiry** - more training required in early identification and intervention for non-specialist services (GPs, primary care, social care); **health services** (such as GPs) treat symptoms rather than identifying DASV as cause, **weaknesses around routine enquiry** in partner agencies, difficult to embed and monitor;
- **DHRs repeatedly identify training/ knowledge gaps** and missed opportunities to identify, but learning is not embedded into changed/improved practice; **criminal justice outcomes persistently low** and not improving; difficulty in identifying and engaging with **perpetrators**.

## Risk mitigation

- Specialist services in place to work with victims through **commissioned services and wider network**, system response with effectiveness measured through the outcomes framework – **new contracts** in mobilisation; **response for children improving** with Healthy Relationships Programme and Operation Encompass in place; **pooled budget arrangements** to commission services and undertake Domestic Homicide Reviews.

## Knowledge gaps

- Some confidence in intelligence assessment but **under-reporting identified as a risk factor**, prevalence estimate 21,000 victims but only around 6,800 identified by police per year; good local data from specialist services; comprehensive information on homicides, but understanding of wider context of circumstances could be better;
- **Data weaknesses around adult safeguarding cases** (not identified/recorded as domestic abuse), **perpetrators**, hard to reach victims, **rural small communities** (a large proportion of population), **primary care** referrals; **Female Genital Mutilation and Honour Based Abuse** cases may be missed due to cultural/language barriers.
- Known knowledge gaps around **stalking and coercive control**, **adult safeguarding** issues and links to modern slavery and trafficking; local/national **learning from Domestic Homicide Reviews** understood but not always translated into improved practice;
- Emerging areas of concern around **social media and stalking**.

## Sexual abuse/exploitation of children

**Child sexual abuse and exploitation is under-reported** and successive revelations about historical abuse, in some cases highly organised, indicate that the **extent of the harm caused is far greater** than previously estimated.

**Recorded sexual offences against children rose by 55%** in 2017/18 compared with the previous year, although this should be considered against a backdrop of the overall rise in sexual offences. The most common relationships between victim and alleged abuser are **peer/friend, family member, stranger on-line** and **boy/girlfriend**.

**Peer to peer abuse and exploitation is likely to be an under-reported area** and there is a danger that both victims and authorities may view an act of abuse as "experimenting". **Children and young people** who engage in abusive behaviours require a **different response to adults**.

**Children who go missing** and particularly those who go missing from care are recognised as a **high risk group**.

A review of a large sample of cases showed that most children had **multiple vulnerabilities** including mental health problems, self-harming, truancy and using drugs and alcohol. A **history of childhood neglect or abuse**, including witnessing domestic abuse and parental substance use was also a common feature.

There is also a risk of **other types of exploitation**, particularly related to drug use and supply and other criminal behaviour, such as thefts.

## Risk to public

- **Significant, lasting physical and psychological impacts**; immediate and longer term medical assistance and potential for hospitalisation; **harm sustained over life course** (but recovery possible if agencies provide the right support at the right time); risk of self-harm and suicide; risk of exposure to sexually



<p><b>Risk to Partnership</b></p>	<p>transmitted infections and blood borne viruses; CSE – threats and actual violence related to OCGs, problem use of drug and alcohol.</p> <ul style="list-style-type: none"> <li>• <b>Community/public expectation</b> – rapid rise in reported offences and multiple high profile (Rotherham, Jimmy Savile) places CSA and CSE constantly in the media; expectation on services to respond effectively and protect children; public outrage when things go wrong, <b>reputational risk is severe</b>;</li> <li>• Sexual offences against children are <b>frequent but not high volume</b> (706 cases recorded 2017/18); adverse trends with rapid rise in all severities of offence, <b>predicted to rise further</b>.</li> </ul> <ul style="list-style-type: none"> <li>• <b>National/regional/local priority</b> to tackle effectively;</li> <li>• <b>Costs to respond felt in all agencies</b> - direct costs (police, health, social care) and indirect costs (mental and physical health impacts in later life). Responding to people with complex and multiple needs is often done in silos, lacks co-ordination and a system approach. Investment required to proactively prevent.</li> <li>• <b>Capacity</b> - focus has traditionally been very much on victims; disruption work-stream for CSE established but not mainstreamed activity, gaps remain around perpetrator response; <b>lack of capacity for co-ordinated and proactive preventative work</b>; ongoing gap in paediatric forensic provision (capacity and skills) for sexual abuse clinics.</li> <li>• <b>Capability</b> - sexual abuse is <b>not well understood</b> and existing knowledge may not be translated into practice; reliance on <b>disclosure rather than routine enquiry</b> - particular gaps flagged up for social care (adults and children); lack of understanding <b>of risk factors and vulnerability</b>; some issues of <b>organisational culture</b>, where risks and behaviours are rationalised (victim blaming) leading to lack of action; local and national drive to improve identification and response to CSE has resulted in a <b>perceived lack of action for CSA</b> although impact is likely to be greater in terms of numbers of children affected.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• <b>Specialist staff/services in place</b> for this area (police, social care, Sexual Assault Referral Centre and Independent Sexual Violence Advisors, therapy, other health support); <b>joint Missing and Sexual Exploitation Group</b> reporting to Safer Cornwall, Our Safeguarding Children Partnership (OSCP) and Safeguarding Adults Board (SAB) with strategy and delivery plan; developing OSCP Strategy to address CSA; <b>local and national focus on Adverse Childhood Experiences</b> and development of routine enquiry.</li> </ul>

## Knowledge gaps

- Identifying sexual exploitation in police and partners data is improving in police and social care but **less clear in other partners' data**. Reporting weakness (use of CSE flag) remains for police data and contributions to local evidence base from partners other than police minimal. Significant **under-reporting of sexual abuse**, but this continues to rise rapidly; very few children on Child Protection Plans for risk of sexual abuse with **Cornwall lagging behind other similar authorities**; failure to identify **peer-on-peer sexual abuse**;
- Victimisation may not become apparent until identified in later life; the **impact of Adverse Childhood Experiences** upon those appearing in drug services as adults, for example, is increasingly better understood;
- **Online/cyber offences** are less visible and not well understood with systems and platforms evolving rapidly.

## Rape and sexual assault

Police forces across the country have seen **rising trends in recorded sexual offences** over the last five years. The evidence suggests that a **greater willingness of victims** to report and **improvements in police recording** and response are key drivers of the increase.

**Reported rates of sexual offences are around average in Cornwall**, compared with other police force areas with similar characteristics.

Police data shows an **uplift in historical reporting** of offences (that took place more than a year earlier).

There are some **significant areas of hidden risk** around our more vulnerable populations, such as people who are **street homeless** or otherwise transient, people with **mental health problems and other vulnerabilities** and **sex workers**. The police are less likely to be aware of these crimes and services find it more **challenging to engage victims in support**.

## Risk to public

- **Significant, lasting physical and psychological impacts**; immediate and longer term medical assistance and potential for hospitalisation; **harm sustained over life course** (but recovery possible if agencies provide the right support at the right time); risk of self-harm and suicide; risk of exposure to sexually transmitted infections and blood borne viruses;
- **Community/public expectation** – multi-agency response required but little awareness in wider community due to hidden nature of behaviours; expectation by victim and family to bring the offender to justice; increased fear of crime in cases of stranger rape;
- Sexual offences are **frequent but low in volume**; adverse trends with rapid rise in all severities of offence; a greater proportion of historic cases.



<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• <b>National/regional/local priority</b> to tackle effectively; VAWG Strategy, focus in HMIC inspections, high profile <b>social media campaigns</b> such as #MeToo; associated reputational risks – loss of public/victim confidence; impacts on student recruitment for <b>educational establishments</b>;</li> <li>• <b>Costs to respond felt in all agencies</b> - direct costs (police, health, social care) and indirect costs (mental and physical health impacts in later life); lengthy and complex criminal justice process with a <b>high rate of attrition</b>.</li> <li>• <b>Capacity</b> - focus has traditionally been very much on victims; significant gaps around <b>perpetrator response</b> – small evidence base to draw on and a lack of community models; lack of capacity for co-ordinated and proactive <b>preventative work</b>; cases where <b>multiple issues</b> (such as homelessness and mental health) exist often go unresolved, as victims may be <b>too resource intensive</b> for individual agencies to work with but <b>collective, assertive responses are under-utilised</b>;</li> <li>• <b>Capability</b> - reliance on <b>disclosure rather than routine enquiry</b> - lack of understanding <b>of risk factors and vulnerability</b>; some issues of <b>organisational culture</b>, where risks and behaviours are rationalised (victim blaming) leading to lack of action; police focus on 'getting the right result' for the victim can lead to the perpetrator not being brought to account, risk of re-offending.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• <b>Specialist staff/services in place</b> (police, social care, Sexual Assault Referral Centre and Independent Sexual Violence Advisors, therapy, other health) but better co-ordination and a system response is needed; <b>local and national focus on Adverse Childhood Experiences</b> and development of routine enquiry.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• <b>Under-reporting identified as a massive risk factor</b>; good local data from specialist services;</li> <li>• <b>Knowledge gaps</b> related to the risks for transient populations (tourists, students), people with dual diagnosis, adults at risk especially those engaged in high risk behaviours, people who are street homeless, sex workers, Black, Asian and Minority Ethnic communities (potential cultural barriers); revenge porn, sexting, 'chemsex' and 'slamsex', date rape.</li> </ul>

# Modern Slavery, Terrorism and Hate Crime

## Threat, risk and harm assessment

Modern Slavery, Terrorism and Hate Crime	Risk to Public	Risk to Partnership	Knowledge Gaps
Modern Slavery	<b>Very High</b>	Moderate	<b>Major</b>
Terrorist incident	<b>Very High</b>	Significant	Minor
Preventing Extremism and Terrorism	Moderate	Significant	Minor
Hate crime	Significant	Significant	<b>Major</b>

### Key statistics

- **21 referrals** to the National Referral Mechanism for victims of Modern Slavery
- **Current threat level** for international terrorism in the UK is **severe**
- **342 reported incidents** of hate crime (crimes and non-crimes), ▲ +48%; 52% racially motivated
- **26% of Cornwall residents** had experienced or witnessed discrimination in the last year (Cornwall Council Residents' Survey 2017)

## Modern Slavery

Slavery continues today in every country in the world, but is **widely uncovered in the UK**. The National Crime Agency estimates that there are tens of thousands people in modern slavery in the UK.

The most common forms of modern slavery are Forced Labour, Debt Bondage or Bonded Labour, Forced and Early Marriage, Descent-based slavery (born into slavery), Child Slavery and Human Trafficking.

Modern slavery can affect people of any age, gender or race but **some people are much more vulnerable to slavery** than others, including people who live in poverty and have limited opportunities for decent work, and people who are discriminated against on the basis of race, caste, or gender.

Modern slavery cases identified locally include **labour exploitation and trafficking** for the purposes of labour and/or sexual exploitation. The extent to which **cases are identified is increasing**, as partners increase their knowledge and understanding of what to look for and how to respond.

<b>Risk to public</b>	<ul style="list-style-type: none"> <li>• Substantial <b>physical and psychological impacts</b> on victims - neglect, malnourishment, verbal abuse, coercion, threats of and actual violence; victim is enslaved - complete <b>deprivation of financial means</b> to support themselves, loss of personal items;</li> <li>• <b>Little impact felt in the wider community</b>, due to lack of public awareness but may be some concerns about more high profile cases;</li> <li>• Several reported cases locally and one large operation – <b>true extent, however, is unknown</b>, and requires greater awareness and a proactive approach to uncover.</li> </ul>
<b>Risk to Partnership</b>	<ul style="list-style-type: none"> <li>• <b>Modern Slavery has a national profile</b> driven by a <b>national strategy, legislation</b> (Modern Slavery Act) and specialist resources in central government; Devon and Cornwall Police are</li> </ul>

	<p>national lead on Modern Slavery;</p> <ul style="list-style-type: none"> <li>• Costs <b>to respond</b> – huge costs to <b>train workforce</b> in modern slavery awareness including the resource to undertake the training (limited currently); targeted <b>operations can be complex and costly</b> in order to provide victims with support, amenities, accommodation and ongoing welfare as well as the costs of criminal investigation;</li> <li>• <b>Capacity/capability</b> – basic <b>lack of understanding of risk</b> in the workforce and the general public; modern slavery awareness is <b>not a core element of workforce development</b> and this is required to extend across the public sector, Voluntary Community and Social Enterprise sector, education and the public; need to establish <b>the right resource and response</b> to deliver this effectively; <b>mobilisation of operational response</b> is reliant on advance notice to prepare, but the <b>recent large scale operation</b> provides confidence in our ability to respond effectively.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• Devon and Cornwall Police are <b>national lead on Modern Slavery</b> and we are seen as <b>well ahead of other areas</b> in developing and delivering our local response; established <b>Serious and Organised Crime Partnership</b> and robust processes in place; recent large scale operation provides confidence in our ability to provide an <b>effective multi-agency response</b>.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• <b>Good level of confidence</b> in the evidence base provided by the Organised Crime Local Profile in terms of providing key locations and areas to focus on, and <b>sharing of local intelligence</b> (for example, through Migrant Worker Action Group, MIGWAG); modern slavery cases <b>believed to be under-identified</b> currently but the extent to which this is the case is unknown;</li> <li>• <b>Locally there has been a focus on labour exploitation</b> but our knowledge of the broad range of modern slavery types is starting to expand, including <b>sex trafficking and exploitation, domestic servitude</b> and links to domestic abuse, coercion and control, <b>links to Organised Crime Groups</b>.</li> </ul>

### Terrorism/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.

In recent years there have been a number of **high profile terror attacks** in the UK, such as the incidents at the Manchester Arena and London Bridge, and this reflects an **escalation in terror related activity** internationally.

Those who encourage or get others to commit acts of violent extremism often **target vulnerable people** who are led into believing that violence or criminality can earn respect, riches or even glory.

In previous years, our most significant risk across the Devon and Cornwall Peninsula has been from **Extreme Right Wing Groups**. This has changed in the few years with an increase in the number of referrals relating to international terrorism.

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.

<p><b>Risk to public</b></p>	<ul style="list-style-type: none"> <li>• <b>A terrorist incident is a rare occurrence</b> but has the potential for mass casualties and loss of life and significant financial losses for local businesses affected; <b>major incident requiring co-ordinated multi-agency response</b> in immediate, medium and long term (blue light response, post-incident support, prevention); large and <b>long lasting impacts on community</b>.</li> <li>• Incidents/concerns leading to <b>Prevent referrals</b> and related activity occur regularly – there may be <b>significant psychological impacts</b> on the individual, family and friends but the wider community are usually not aware;</li> <li>• Public expectation of <b>visible governmental counter terrorism response</b> to protect residents and safeguard against future incidents;</li> <li>• Terrorist incidents are a rare occurrence. The <b>number of Prevent referrals is going up</b> as awareness increases. The number of cases referred on to Channel for intervention has remained relatively stable.</li> </ul>
<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• Terrorism and Violent Extremism has an <b>international profile</b>, driven by a <b>national strategy, legislation</b> and specialist resources in central government. <b>Massive reputational risk</b> if our local delivery of Prevent fails and a terrorist incident occurs (worst case scenario).</li> <li>• <b>Costs to respond – significant public sector investment</b> in Prevent and it is now business as usual across all agencies; <b>substantial ongoing costs</b> to public and community and voluntary sector – for all agencies in terms of <b>training</b> and planning for <b>public events</b> and for specific agencies providing <b>support and interventions</b> for individuals at risk; a terrorist incident would require an intensive multi-agency operation to investigate, clean up, <b>support victims and families etc.</b></li> <li>• <b>Capacity – high thresholds</b> for some services (safeguarding, mental health services) mean that <b>risks are held by the identifying agency</b>;</li> <li>• <b>Capability – movement of Prevent (Dovetail)</b> to Local Authority away from police will require training and an adequate IT system in order to respond to requirements;</li> <li>• <b>Training gaps</b> in Child and Adolescent Mental Health Services and children's social care, businesses and VCSE sectors.</li> </ul>

<b>Risk mitigation</b>	<ul style="list-style-type: none"> <li>• <b>Mainstreamed resources</b> in place across all agencies; comprehensive evidence base in <b>Counter Terrorism Local Profile</b>; vulnerabilities of minority groups are well understood by practitioners; <b>extensive WRAP (Workshop to Raise Awareness of Prevent) training programme</b> has reached more than 30k people;</li> <li>• <b>Raised awareness</b> has increased the number of Prevent referrals, particularly for international terrorism, although the number assessed as suitable for Channel intervention has remained stable; <b>Emergency Management contingency</b> to respond to a terrorist incident is <b>fit for purpose</b> and reviewed on a regular basis through Resilience Forum.</li> </ul>
<b>Knowledge gaps</b>	<ul style="list-style-type: none"> <li>• The <b>on-line gaming environment</b> is dynamic and constantly evolving; threats from <b>Cornish nationalist groups</b>; access to and use of <b>smart technology</b> in increasingly younger children.</li> </ul>

## Hate crime

National research provides clear evidence that being **targeted because of who you are has a greater impact on your wellbeing** than being the victim of a “non-targeted” crime. Low level **hate crimes can escalate quickly**, with victims often targeted repeatedly, and this escalation can have **tragic consequences**.

The number of **police reported hate crimes represent the tip of the iceberg** in terms of the level of victimisation of minority groups, nationally and in Cornwall.

The number of hate crimes reported in the UK **rose by 57% in the week after the result of the EU Referendum**. Cornwall was a **strongly pro-leave area** and, although the reported number of incidents remains low, there has been a **marked upwards trend** since around that time.

This comes with an **increased risk of victimisation for our minority communities**, requiring agencies to work together proactively to **safeguard those who are most vulnerable**, build confidence to report and **promote unity and tolerance**. This is particularly important as **refugee families** are resettled in Cornish communities.

<b>Risk to public</b>	<ul style="list-style-type: none"> <li>• Most incidents relate to <b>verbal harassment</b> rather than physical; <b>repeat and persistent victimisation</b> may have enduring and life changing psychological impacts, some associated financial impacts, may require <b>victim and family to move away</b>;</li> <li>• Increased <b>concerns in community where offending is visible</b>; raised fear of crime; response expected from police and partners to reduce/remove threat, for example through a Cornwall-wide policy and communications (zero tolerance etc.), but there is also <b>increased hostility towards minority groups</b>, with the heightened profile of <b>far right groups</b>, and <b>media reporting of immigration</b> as aggravating factors;</li> <li>• <b>High frequency</b> but <b>low volume</b>; <b>increasing number</b> of reported incidents but <b>significant under-reporting</b>.</li> </ul>
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<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• <b>Hate crime has a national profile</b> and some local cases have reached the national arena (such as the murder of Stephen Hoskin); <b>significant risk of reputational damage</b> if not tackled effectively and a serious incident occurs (Stephen Lawrence); <b>hate incidents in schools/educational establishments</b> can impact on their reputation and ability to attract students – links to safeguarding and bullying priorities.</li> <li>• <b>Costs to respond</b> – immediate police and victim support response; repeat victimisation impacts on health and wellbeing, with <b>costs to health agencies, housing and social care</b>; the costs are currently carried by organisations and is unlikely to be prioritised unless through wider vulnerability.</li> <li>• <b>Capacity</b> – some <b>specialist resources</b> available across agencies (for example, police, Council) but has reduced and requirements placed in <b>more generalist roles</b>; training provided on hate crime is the responsibility of individual agencies - <b>no capacity to develop or deliver hate crime training</b>.</li> <li>• <b>Capability</b> – <b>training</b> provided on hate crime is the responsibility of individual agencies so quality of content and extent of delivery <b>highly variable</b>; <b>schools and colleges</b> in particular have identified that they need support around reporting incidents; <b>ability to respond to low level incidents</b> (rather than crimes) is a gap, missing opportunities for early identification and intervention.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• Specialist <b>expertise and resources</b> (although significantly reduced); good support available for victims that come forward (to the police or other agencies); specialist <b>support available through Voluntary, Community and Social Enterprise organisations</b> and opportunities to increase public confidence through improving <b>third party reporting routes</b>; positive culture change in colleges due to campaigns.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• <b>Poor levels of confidence</b> in the evidence base due to under-reporting and low public confidence, but also recording issues in police systems.</li> <li>• Incidents in some sectors (hospitals, schools) are <b>not reported to police and data is not shared</b>; <b>vulnerable victims</b> may not be aware that they have been targeted or may have been <b>desensitized</b> due to repeated victimisation or <b>normalisation of abuse</b>.</li> </ul>



# Road Traffic Collisions

Road traffic **collisions resulting in injury have significantly decreased** over the past five years despite an increase in traffic. The reduction in volume is entirely accounted for by slight injury collisions; **serious injuries appear to have seen a continuous rise** since 2009, but the way in which incidents are recorded has changed and this may be influencing some of this change

In 2016 the Police started **recording collisions using a new system called CRASH**. The Department for Transport has stated that collisions in 2016 have been correctly recorded and are working to **re-classify historical data**. We will not understand the full extent of the impact of the shift to CRASH until all data has been re-classified.

In 2016 around **60% of all injury collisions** in Cornwall involved people from the Priority Road User Groups (PRUGs) – for Cornwall, these have been identified as **motorcyclists, pedal cyclists, younger and older drivers and pedestrians**.

## Threat, risk and harm assessment

Road Traffic Collisions	Risk to Public	Risk to Partnership	Knowledge Gaps
Road Traffic Collisions - fatal	High	Moderate	Minor
Road Traffic Collisions – serious injury	High	Moderate	Minor
Road Traffic Collisions – slight injury	Low	Moderate	Significant

Key statistics	
<ul style="list-style-type: none"> <li>• <b>29 fatal</b> Road Traffic Collisions, ► no significant change</li> <li>• <b>216 serious injury</b> Road Traffic Collisions, ▼-16%</li> <li>• <b>943 slight injury</b> Road Traffic Collisions, ► no significant change</li> <li>• <b>904 damage only</b> Road Traffic Collisions, ▼-8%</li> </ul>	

<b>Risk to public</b>	<ul style="list-style-type: none"> <li>• <b>Broad range of harm</b> from death to minor injury but slight injury collisions outnumber KSIs by almost 4:1; <b>worst case scenario means loss of life</b> and potential for multiple casualties; loss of vehicle, loss of earnings related to time off work for recovery from injuries; can result in <b>enduring psychological impacts</b> on individual, family and friends.</li> <li>• <b>Fatalities are "signal" events</b> and have significant impact on local communities; stories around them are often highly emotive; <b>high expectations of local authorities and police</b> to remove/remedy the perceived threat;</li> <li>• Serious and slight injury collisions occur at <b>high frequency</b> but are <b>low volume</b>. Fatal collisions occur at a rate of around 2 per month; <b>persistent adverse trend</b> in serious injury collisions, with reporting changes through CRASH a known but currently unquantifiable factor.</li> </ul>
<b>Risk to Partnership</b>	<ul style="list-style-type: none"> <li>• <b>Regional/local priority</b> – our <b>Police and Crime Commissioner has a national lead</b> for road safety but currently no national strategy or reduction targets; fatal and serious incidents can make <b>regional and even national news</b>;</li> </ul>

	<p>local media reporting and social media can exacerbate public concerns – although <b>reputational damage is effectively moderated</b> through local controls; <b>statutory duty</b> on local authority to investigate fatal incidents and take appropriate action (engineering controls, signage etc.);</p> <ul style="list-style-type: none"> <li>• <b>Costs to respond</b> – places a <b>constant and substantial demand</b> on resources across a range of agencies; from a <b>Blue Light</b> perspective responding to incidents is business as usual, with more serious incidents requiring greater resources (including costs after the incident, such as diffusing and family liaison); cost of <b>road closures and traffic management</b>; knock on costs to businesses (service interruption, deliveries in/out, public transport networks); demand on health services beyond Blue Light response for <b>treatment of injuries and ongoing support</b>; <b>fatal incidents require investigation</b>, which can be lengthy and complex;</li> <li>• <b>Capacity</b> – resources are in place to respond to incidents, based on level of risk, and <b>demand is largely manageable</b> within this, but a large-scale incident would be a challenge and require <b>diverting resources</b>; <b>limited specialist resources</b> - road closures lengthened due to capacity of specialist officers to attend site; complex fatal incident investigations <b>may require Mutual Aid</b>; lack of capacity to research “<b>what works</b>” in prevention and develop learning from existing initiatives;</li> <li>• <b>Capability</b> – <b>shortage of specialist skills</b> in collision inspection and investigation, roads policing and Highways (civil engineers) and decline in the number of people going into or being trained in these areas; the <b>quality of collision reports</b> has declined due to a lack of expertise; <b>drink/drug driving messages</b> focus on legal limits rather than zero tolerance.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• <b>Comprehensive analysis</b> undertaken of road traffic collisions in terms of patterns, trends, causation and features; robust investigation of fatal incidents; <b>evidence-led improvements</b> in engineering, education and enforcement response; <b>dedicated road safety teams</b>, including in the Council, Cormac and police, with <b>very high levels of expertise</b>.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• Reasons for <b>persistent adverse trend</b> in serious injury incident unknown, with reporting changes through CRASH a known but currently unquantifiable factor (with potential for more change ahead when self-reporting introduced); more serious incidents are believed to be well reported but there is massive <b>under-reporting of slight incidents</b>.</li> <li>• <b>Suicides and medical episodes</b> as a causation factor, impacts of <b>mobile phone use</b> (harder to track phone activity with smart technology), deaths that occur outside of the “fatal” window; <b>data mismatch between police data and hospital data</b>, indicating that even <b>some serious incidents may not be reported</b>;</li> <li>• Lack of/poor quality information on slight injury and damage only incidents means that <b>collision blackspots may not be identified</b> until a more serious incident occurs.</li> </ul>



# Anti-social Behaviour and Violence

## Threat, risk and harm assessment

Anti-social behaviour and Violence	Risk to Public	Risk to Partnership	Knowledge Gaps
Anti-social behaviour	Significant	Minor	Minor
Public order offences	Moderate	Low	Minor
Arson	Moderate	Minor	Minor
Criminal damage	Minor	Low	Minor
Homicide	High	Moderate	Minor
Violence – Night Time Economy related	Significant	Moderate	Significant
Violence with Injury	Moderate	Minor	Significant
Violence without Injury	Minor	Minor	Significant
Possession of Weapons	Low	Minor	Significant

### Key statistics

- **12,504 anti-social behaviour incidents**, ▼-8%; 61% rowdy/nuisance behaviour
- **1,822 public order** offences, ▲ +44%
- **4,333 criminal damage** offences, ► no change; **196 crimes of arson**, ▲+16%
- **4 homicides**, ► no significant change
- **4,173 violence with injury** offences, ▲ +21%; 35% domestic, 16% Night Time Economy
- **5,950 violence without injury** offences, ▲ +50%; 46% domestic, 5% Night Time Economy
- **225 possession of weapons** offences, ▲ +38%

## Anti-social behaviour and low level disorder

The definition of **anti-social behaviour is open to interpretation** as what causes harassment, alarm or distress can be **quite different from one person to another**.

Anti-social behaviour is the **highest volume incident** that police and partners respond to but the **number of incidents reported has dropped year on year**. Rowdy or inconsiderate behaviour accounts for 3 out of every 5 incidents reported.

Despite the fall in incidents reported to the police, **anti-social behaviour remains a significant concern of local residents**.

In particular, concerns about **street drinking, drug use and associated anti-social behaviour** are consistently high on the public agenda in our larger town centres, but also impacts on smaller and more rural communities.

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 **anti-social behaviour can have a significant impact on health and wellbeing**.

## Risk to public

- Broad range of incidents covered under anti-social behaviour and **what constitutes anti-social is down to individual perceptions** and circumstances;
- Causes concern for those affected (witnesses/victims); may impact on fear of crime, feelings of safety; persistent/repeat victimisation can have a **cumulative impact on victims' wellbeing**; can be hate related;
- **Visible disorder in the community** with potential for significant negative impact on residents' satisfaction with the area to live in; **persistent issues** require medium term multi-agency response; pressure from local community groups to resolve; physical and economic impacts on **local businesses**;
- **High frequency** and **high volume** (except arson); some adverse trends. Significant increase in arson but volume of offences is small; **Street Drinking makes up 7% of all incidents reported.**

## Risk to Partnership

- Anti-social behaviour perceived as an issue across Cornwall; **strong local drivers in some communities** where there are persistent and more complex issues – homelessness/street attached, street drinking, drug use and other vulnerabilities (St Austell, Penzance, Truro); **social media** ramps up local concerns, “proxy” reporting; arson is a national priority for fire services;
- **Costs to respond** – places a **constant and substantial demand** on resources across a range of agencies; wraparound care and a multi-agency response is required in order to get the best outcomes for individuals.
- Capacity – resources are in place and **demand is largely manageable** within this; **intensive responses for complex localised issues** are much more resource intensive and require co-ordination of multiple agencies – capacity would be an issue if this was required across multiple towns at the same time or more frequently; capacity gap due to **reducing numbers of PCSOs** is expected to have an increasing impact.
- **Capability** – additional training about more **recent powers and tools** is needed but being addressed; implications of the new **Homelessness Reduction Act**; mental health services unable to work with people with problematic drug/alcohol issues; lack of awareness about **vulnerability and links to Organised Crime Groups** (although improving).

## Risk mitigation

- **Well established** expertise in this area, with resources in place across a range of agencies to provide a response; **whole time fire stations** can be called upon as an additional resource and fire watches are now involved in police TIMS meetings; **vulnerability of victims starting to be recognised and considered**, for example by social landlords and the police; awareness about **risks of hate crime.**

## Knowledge gaps

- Reporting of anti-social behaviour **influenced by perception** of what constitutes an anti-social act and tolerance; low level crime acknowledged as under-reported; **good quality data** for all crimes/incidents reported; Risk Based Evidence Profile (RBEP) provides good **evidence base for arson** – primary well reported, secondary under-reported; fire control project to cross-reference police and fire incidents;
- Knowledge gaps related to the impacts of **noise nuisance**, under-reporting in certain **vulnerable groups** (older people or other vulnerable adults, may not recognise that they have been targeted specifically); **link between PCSOs and social landlords has dwindled** due to drop in capacity, meaning some incidents are not being reported or addressed.

## Violence against the person

**Violent crime covers a wide range of offences** including minor assaults (such as pushing and shoving), harassment and psychological abuse (that result in no physical harm), through to physical assault, wounding and death.

Locally violent crime makes up just over a third of all recorded crime.

Over the last couple of years we have seen levels of **police recorded violence rise swiftly**, as the police have **improved recording** of less serious offences and a number of new offence types have established (including dangerous dogs and malicious communications offences). This trend has been evident locally and nationally.

Domestic violence has seen the greatest comparative increase in reported crime, but violence linked to the **Night Time Economy (NTE)** and other types of **non-domestic violence** have also increased.

**More harmful but less common violent offences** are generally well-reported by victims and well-recorded by the police, are likely to reflect a genuine increase in crime. National trends in police recorded crime show a large rise in knife or sharp instrument offences and in firearms offences, which is not reflected locally.

There has been a **rise in serious violence**; this is explored in [Focus on Serious Violence and Gang Activity](#).

## Risk to public

- **Broad range of harm** from murder to common assault; **three fifths** of violence against the person **does not result in physical injury**. **Night Time Economy/alcohol-related** violence sees a higher proportion of physical injury assaults than other types of violence; greater **physical/psychological impacts** associated with a violent attack, dependent on seriousness of injuries; potentially more enduring impacts on fear of crime and wellbeing;
- Public violence may create **heightened concerns** amongst people using the area/NTE, likely to change behaviours (avoidance of certain locations); wider community awareness in **hotspots** (town centres) particularly at night;

<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• <b>High frequency and moderate to high volume</b> (except homicide); significant <b>adverse trends</b> but greatly impacted by changes in police reporting practice; continuation of rising trends forecast.</li> <li>• Some <b>short term media coverage</b> for violence offences; some towns may receive adverse press for persistent issues (Newquay and alcohol-related violence); <b>murders are "signal" crimes</b>, significantly heightening concerns in the community, and any death has the potential to damage the reputation of agencies especially if a formal case review is required (vulnerable victim); <b>national Alcohol Strategy</b> exists but lacks any strong vision or drive; violence prevention <b>not a priority for health locally</b>, despite national guidance and best practice;</li> <li>• Costs to respond - places a <b>constant and mostly predictable demand</b> on resources, predominantly police and health; more joined-up working would be beneficial; high cost to respond to homicides and complex cases may require mutual aid.</li> <li>• Capacity – homicide investigations always prioritised; <b>police provide a limited presence</b> in town centres, but there is increasingly a need for <b>community initiatives</b> such as Pub Watch, Street Pastors and Safe Space / Bus; <b>fewer licensing officers</b> to do proactive work with licensed premises – relies on cooperative relationships to avoid hearings; lack of investment in prevention work by <b>Public Health</b> and <b>reduced funding</b> to alcohol treatment.</li> <li>• Capability - <b>lack of investment in prevention</b> work by Public Health; <b>inexperienced staff</b> in licensed premises due to high staff turnover; <b>mental health</b> factors in homicides.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• <b>Well established</b> expertise in this area, with limited but generally adequate resources in place across a range of agencies to provide a response, <b>targeted according to risk and vulnerability</b>; tools in place to help us understand and mitigate risks related to alcohol, i.e. Health Impact Licensing Tool, Assault Related Injuries Database (ARID) and Identification and Brief Advice training; <b>good schools programme</b> raising awareness of the risks of drugs and alcohol in regards to prevention of Night Time Economy violence.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• Intelligence picture clouded by <b>changes in police reporting practice</b>; higher and more stable reporting rates for more serious offences; ARID data indicates a significant proportion of violent assaults is not reported to the police.</li> <li>• Knowledge gaps around the risks and extent of <b>pre-loading; high strength alcohol</b>; effectiveness of <b>Pub Watch</b> and other community initiatives ("what works"); <b>under-reported assaults</b> in the Night Time Economy.</li> </ul>

# Acquisitive Crime

## Threat, risk and harm assessment

Acquisitive crime	Risk to Public	Risk to Partnership	Knowledge Gaps
Cyber dependent crime	Moderate	Significant	Major
Fraud - Personal	Significant	Moderate	Major
Fraud - Corporate	Minor	Moderate	Major
Fraud - Cyber-enabled	Moderate	Significant	Major
Burglary Dwelling	Moderate	Minor	Minor
Burglary Non-Dwelling	Low	Minor	Minor
Other Theft	Low	Low	Minor
Robbery	Moderate	Low	Minor
Shoplifting	Low	Low	Minor
Vehicle Offences - Theft From Vehicle	Low	Minor	Minor
Vehicle Offences - Theft Of Vehicle	Minor	Minor	Minor

**Key statistics**

- **1,748 burglaries**, ► no significant change
- **106 robberies**, ▲ +14%
- **1,331 vehicle-related thefts**, ▲ +23%
- **2,414 shoplifting** offences, ▲ +24%
- **3,641 other theft** offences, ▲ +7%
- **1 in 10 adults** fell victim to fraud and computer misuse in the last year (Crime Survey for England and Wales)

### Fraud (cyber, corporate and personal)

The Crime Survey estimates that **1 in 10 adults fell victim to fraud and computer misuse** in the last 12 months, making this the most prevalent crime covered by the survey. This equates to around **45,000 people** in Cornwall.

**Victimisation is estimated to have reduced by 15%**, however, compared with 12 months ago.

This type of crime is believed to be **massively under-reported**, with victims involving law enforcement agencies **only when there is a significant unrecoverable loss**.

The **majority of frauds affect individuals** rather than businesses.

**Cyber-enabled frauds outnumber traditional frauds** by more than ten to one. **Age is a key factor** in type of victimisation across all fraud types, with younger people most likely most likely to report frauds relating to Social Media and Email, Online Shopping and Auctions and Tickets and older people more likely to be a victim of Door to Door scams and Bogus Tradesmen.

People **vulnerable to high value frauds** tend to be in their 40s and 50s, more affluent and living in more rural areas – a **very different profile** to other traditional crime types.

<p><b>Risk to public</b></p>	<ul style="list-style-type: none"> <li>• <b>No physical harm</b>; however there can be significant psychological and financial harm for victims and their families, especially due to victimisation by rogue traders, abuse of a position of trust/exploitation and advance fee requests;</li> <li>• The <b>community may be aware</b> of high profile incidents, due to media amplification. In regards to cyber fraud the public are generally less aware or choose to ignore prevention guidance;</li> <li>• High frequency and volume of offences; we know they are <b>massively under reported</b>. True instance of cyber fraud is unknown but we are likely to only <b>know about less than 10%</b> - the majority of incidents is not reported or detected.</li> </ul>
<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>• <b>National priority</b>, driven by the media in regards to vulnerable people (day time television) – <b>protecting the vulnerable</b> is a priority for the Police, social media can drive public opinion. High risk of <b>reputational damage / embarrassment</b> for victims of corporate fraud (Lincoln, NHS); <b>prevention is key</b> as the crime is evolving quicker than our ability to respond;</li> <li>• Costs to respond - massive costs to respond associated with <b>protecting the vulnerable, safeguarding and victim support</b>, follow up multi-agency response (police, trading standards, social care). Investigations can take a long time especially if bank transactions need to be reviewed; incidents are <b>assessed based on level of harm</b> because it is impossible to respond to every incident and not in the public interest most of the time;</li> <li>• Capacity – Trading Standards volunteers assist in responding to cases where a vulnerable person has been targeted. Impossible to investigate all crimes so response <b>prioritises high risk and high vulnerability</b>. Knock on effect to social care agencies. Additional resources needed to investigate and uncover <b>hidden crimes</b> (e.g. tenancy fraud as a result of a proactive approach);</li> <li>• Agencies focus on day to day business, not their own security, <b>leaving themselves open for attacks</b>. There is an assumption by staff that safeguards are in place;</li> <li>• Capability – <b>currently lacking expertise / equipment to investigate cyber fraud</b>, in particular no forensic capability, IP tracker or sim card reader; <b>upskilling of team members</b> required to respond to vulnerability and deliver prevention messages, for example in public protection and social care.</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• Good expertise in dealing with <b>corporate and personal frauds</b> - although some new areas to learn; <b>fraud investigations are pretty much the same</b>; having the resource to deal with the sheer volume and number of potential investigations is the issue;</li> <li>• Agencies are pretty good at <b>protecting vulnerable people from becoming repeat victims</b>, although the track record for investigation is not as good - criminals' tactics change.</li> </ul>



## Knowledge gaps

- What we know is **the tip of the iceberg**; it is unclear to members of the public where incidents should be reported (Trading Standards, Action Fraud, Police);
- **Corporate bodies often investigate incidents** of cyber fraud themselves and do not make the investigations public knowledge;
- **Detection rates** are very low, which is linked to under-reporting and high attrition rates due to embarrassment.

## Cyber dependent crime

Note: Cyber-dependent crimes can only be committed using a computer, a computer network or other forms of Information Communication Technology. These crimes target the confidentiality, integrity or availability of data stored on computer systems or networks. Examples include Malicious Software (Malware), denial of service attacks and computer/network attacks (hacking). Attacks may steal personal identities for financial or other gains, financial information and/or be accompanied by extortion (blackmail demands).

## Risk to public

- **Low risk of physical violence**; short term stress and inconvenience to personal or business activity (hacking of social media and email, computer viruses, service interruption); a **very small proportion** may have significant impacts on **health or financial wellbeing**;
- Greater expectations from public that offender will be identified and brought to justice where there are **high numbers of victims/significant losses/high profile targets** (banks etc.);
- **High frequency** but **small volume**; **rapid rise** in reports, partly driven by better identification and reporting.

## Risk to Partnership

- **International profile** and links to terrorist groups; National Cyber Security Strategy 2016-21; **high profile cases** (WannaCry malware and TalkTalk data breach, Barclays, Paypal).
- **Business as usual** - direct costs to identify and investigate across all partners; Council has dedicated resources (corporate fraud, trading standards); victim **support and prevention**; frontline training for those working with **vulnerable people** (Adult Care and Support, Fire Prevention); **hidden costs** around safeguarding vulnerable people and cyber bullying;
- Capacity – resources are in place to **deliver prevention** work; Trading Standards have recruited **8 volunteers to see victims** and link into safeguarding processes; national Cyber Unit does not translate to resources on the ground – very limited dedicated teams **do not have resources to undertake investigation** work;
- Capability - dynamic environment with **new features and risks constantly emerging**; expertise in some specialist teams but not in the wider services; **no forensic capability** or ability to track IP addresses – nationally recognised weakness; focus is very much on **prevention and training** for vulnerable people (through Adult Care and Support).



<b>Risk mitigation</b>	<ul style="list-style-type: none"> <li>Some <b>specialist resources</b> in place; <b>frontline staff trained</b> to deliver prevention messages to vulnerable people; interventions in place for <b>young people</b> but limited (police Youth Intervention Officers, cyber bullying/social media awareness).</li> </ul>
<b>Knowledge gaps</b>	<ul style="list-style-type: none"> <li><b>What we know is the tip of the iceberg</b> - reports are usually only made when there is an unrecoverable loss so under-reporting continues to obscure the full impact. Action Fraud is thought to represent <b>less than 10% of all crimes</b> committed;</li> <li><b>Dynamic environment</b> with <b>new features and risks</b> constantly emerging; the development speed of <b>technology outpaces the controls</b> that can be put in place; criminality understood but <b>not how to investigate</b> effectively; web is vast and much is <b>untraceable</b>.</li> </ul>

## Burglary, Robbery, Shoplifting and Other thefts

In 2015/16 the number of thefts had **dropped by a half over the preceding ten years**, largely attributed to improvements in both vehicle and household security.

Over the last two years this trend has started to turn, as reported levels of shoplifting have climbed, and in the last year **adverse trends** have appeared in **vehicle related thefts** and most recently **burglary**. **Comparative rates of crime remain low**, however, in Cornwall.

Some people who use drugs, particularly heroin and crack cocaine, use **thefts to provide funds for their addiction** and offenders with drug-related needs are significantly more likely to reoffend than offenders who do not. The **rise in crack cocaine supply and use** in Cornwall brings with it a greater risk profile in terms of crime and it is likely that this is a contributory factor in local trends.

**Organised acquisitive crime**, such as vehicle and plant thefts to order and commercial robbery, is often linked to and helps fund **Organised Crime Groups**. Between a third and a half of all organised acquisitive crime is known to be drug-related and crimes can involve violence. Evidence of organised acquisitive crime in Devon and Cornwall is limited, however, and it is **not considered to be a significant threat in Cornwall**.

<b>Risk to public</b>	<ul style="list-style-type: none"> <li><b>Low risk of physical violence</b> (except robbery and aggravated burglary – small numbers); <b>short term stress</b> due to loss of items; dwelling burglary can cause/exacerbate depression and anxiety, violation of personal space, heightened fear of repeat victimisation, loss of sentimental and/or high value items; <b>robbery causes physical/psychological impacts</b> associated with being a victim of a violent attack; impacts on fear of crime and wellbeing;</li> <li>Increased <b>concern in immediate community</b> when burglaries are known to have occurred and this can be <b>particularly acute in rural communities</b> although risk of burglary is around half that of urban areas; <b>agricultural and plant thefts</b> may have greater impact in farming communities; impacts on fear of crime</li> </ul>
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<p><b>Risk to Partnership</b></p>	<ul style="list-style-type: none"> <li>- increased awareness and security measures;</li> <li>• <b>High frequency</b> but <b>small to moderate volume</b> (except shoplifting); <b>adverse trends</b> in all types of offence.</li> <li>• <b>Local/regional</b> response; <b>crimes against vulnerable victims</b> attract attention from local media; shoplifting is a priority for <b>BIDs</b>; local pressure from social media (particularly tools, items of sentimental value, vulnerable victims) – impacts on <b>public confidence in police</b>; some reputational risk to manufacturers through <b>vehicles with security weaknesses</b>.</li> <li>• A <b>constant but predictable</b> demand on resources; direct costs to identify and investigate (predominantly police) victim <b>support and prevention</b>; frontline training for those working with <b>vulnerable people</b> (ASC, Fire Prevention); most retailers have an <b>acceptable loss policy</b> for shoplifting but greater impacts on small businesses; shoplifting known to be the crime of choice for drug users – intensive community support, including wraparound care/services.</li> <li>• <b>Reduced capacity in police response, allocated based on risk and vulnerability</b>. Resources are in place and <b>demand is largely manageable</b> but will become more challenging if adverse trends continue; <b>reduced surveillance in the community</b> (fewer patrols in town centres, less Shop Watch activity, no funding for additional security);</li> <li>• <b>Capability</b> – well known area of criminality; increased awareness of <b>SCONE mnemonic</b> needed to support better quality reports of shoplifting (S = Selection, C = Concealment, O = Observation of shoplifter at all times since seeing the two above things, N = Non-payment and E = Escape).</li> </ul>
<p><b>Risk mitigation</b></p>	<ul style="list-style-type: none"> <li>• <b>Well established</b> expertise in this area, with <b>resources in place</b> across a range of agencies to provide a response; opportunities for local businesses and other partners to step up their response around <b>crime prevention</b> – Shop Watch (shoplifting), target hardening and support for vulnerable people/places, campaigns and other initiatives.</li> </ul>
<p><b>Knowledge gaps</b></p>	<ul style="list-style-type: none"> <li>• High degree of <b>confidence in the data for more serious crimes</b> - burglaries, thefts of vehicles and high value thefts are usually reported due to requirements of insurance agencies; <b>under-reporting of low value thefts</b> and damage; estimated only <b>10% of shoplifting reported</b> and what is reported tends to reflect policy of individual stores;</li> <li>• Gaps related to <b>low value thefts and damage</b> due to under-reporting; some more dynamic elements such as using <b>technology</b> to break into vehicles and <b>trends in demand for specific products</b>; tourists, students, people attending festivals and other events.</li> </ul>

## 4: MoRiLE: a local approach

**Three place-based workshops** were run in St Austell, Camborne and Redruth (jointly) and Bodmin - to gain a **local perspective** on how effectively partners are tackling these issues on the ground and to **highlight any pressures, new risks or gaps**. The workshops were run with the established Safer Towns multi-agency groups.

The outputs of these workshops have been used to **enhance the evidence base for Cornwall** and to inform the **local delivery plans** through the Safer Towns Programme and understand what **additional support** might be needed locally. This is a pilot which we will build on in the future.

The questions asked to the groups focussed on **Local Knowledge, views, capacity and capability** with the key findings summarised below:

### Knowledge and Views

- On the whole, the groups think that there is **very good local knowledge** of visible crime and anti-social behaviour issues. This is mainly due to the **diverse range of backgrounds** in the groups. Knowledge has increased with the creation of new multi-agency groups in areas where the Safer Towns Programme did not previously exist;
- It was noted that there are **gaps in agency engagement** in the Safer Town groups, and the areas highlighted were **education, health and mental health services**. **Some problems with referrals to mental health services** were cited (unclear pathways, slow response, referrals not taken up due to thresholds), and community drug and alcohol services were seen as being relied on to **take some pressure off frontline health services**;
- The media and local residents are **concerned mainly with low level anti-social behaviour and more visible crimes**. Street drinking and rowdy/nuisance behaviour heighten the public's fear and perceptions of crime;
- The groups in general were **receptive in receiving information** and would like more real-time intelligence in order to respond to emerging issues. They acknowledge that **more hidden crimes** like the abuse and exploitation of children and modern slavery **need to be more widely understood**. The groups are **keen to undertake training** in these areas to aid understanding;
- The groups cited **adverse attention from social media** and local media as having negative impacts on the reputation of the town and attitudes of local residents, which are difficult to counteract:
  - The **homicide in St Austell** has had a lasting impact, with residents no longer wanting to use the park where it took place;
  - Publicising of **vandalism taking place in Camborne town centre**, such as the repeated incidents with the Christmas tree, is believed to have damaged the town's reputation;
  - **Negative views are being persistently amplified and promoted** by a small number of individuals, especially through social media. Some have filmed individuals without their consent and posted them on social media.
- Other issues include raised in the workshops included the need for **better signage** to promote the Public Space Protection Order, **parking** issues, **speeding** and other **vehicle-related nuisance**.

## Capacity and capability

- Services are seen to **have the specialist knowledge** to deal with the issues presenting in local communities but the **lack of capacity** across the board makes response difficult;
- There needs to be more **accessible signposting** for people with complex needs (local directory) where social care and mental health services are unable to help. **Better communication** is needed about third party reporting centres for **hate crime** and where to report **drug litter**;
- Improving **communications needs to be top priority** – both with the groups themselves and with the wider communities – **residents' perceptions** of the issues in their local area and what is being done about them **do not always reflect what is happening** on the ground. There is a need for **strong links** with local press, tourism office and an online social media presence;
- **Good news stories are not percolating through** to local / social media as the press tend to **favour sensationalist stories**. On-line media channels often publish stories without full facts as they can change them later when challenged;
- The groups did not feel that the **changes in neighbourhood policing** have been communicated well, which means that people's expectations cannot be managed. The apparent **absence of neighbourhood officers** as well as a perceived **poor 101 response** means that residents lack confidence in the police. Town centre businesses have started to look at employing private security firms to act as a deterrent for crime;
- There is currently **no night shelter in the east of Cornwall** and Safer Bodmin members said that there were substantial gaps in mental health services, including no outreach provision, meaning that **emergency services have to fill the gaps**. Gaps in **healthcare provision** for specialist and minor treatment were also highlighted, resulting in **long travel times** for appointments, and population growth was cited as likely to exacerbate the situation;
- There was some **concern about lack of CCTV coverage** and whether all the cameras are fit for purpose.

## 5: APPENDICES

[Table of performance measures 2016-2019](#)

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[The MoRiLE model](#)

[Further Reading](#)

[Glossary](#)

## Table of performance measures 2016-2019

Measure	Target 2017/18	2017/18	2016/17	Direction of Travel	Status
All recorded crime rate (rate per 1,000 population)	42.4	51.9	42.3	↑	Red
% of respondents who agree that the Police & Council are dealing with the ASB & crime	65%	43% (2017)	49% (2016)	↓	Red
% of recorded domestic abuse crimes reaching court that achieve a brought to justice outcome	85%	87%	86%	→	Green
% of Sexual Assault Referral Centre clients that receive follow-up support within 72 hours	95%	97%	97%	→	Green
Repeat incidents of domestic abuse	40%	31%	32%	→	Green
% of recorded domestic abuse crimes where a Positive Police Offender Outcome is achieved	TBC	14%	16%	→	Amber
DA cases % achieving an increase in empowerment star score of 1.5 across a min of 3 measures	80%	74%	81%	↓	Red
Percentage of repeat domestic abuse incidents (at MARAC) where risk is reduced	Q4 2017/18 65%	54%	55%	→	Red
Number of Domestic Homicides (cumulative count since 2011)	No Target	10	6	n/a	Monitoring
Number of people in specialist alcohol treatment	1000	1320	1348	→	Green
Percentage of successful completions of alcohol treatment	39%	44%	27%	↑	Green
Admission episodes for alcohol-related conditions (narrow), per 100,000 population* *latest figures published by Public Health England	2016/17 650 (South West)	2016/17 738	2015/16 735	→	Red
Alcohol-related violence against the person rate (excluding domestic violence)	1.8	2.2	1.7	↑	Red
Anti-social behaviour repeat offending - young people (not coming to attention)	80%	92%	85%	↑	Green
Anti-social behaviour repeat offending - adults (not coming to the attention)	75%	81%	73%	↑	Green
% of victims of anti-social behaviour surveyed who are satisfied with the service received	80%	100%	100%	→	Green
% of anti-social behaviour cases that do not commit further ASB within 3 months of intervention	77.5%	82%	78%	↑	Green

Measure	Target 2017/18	2017/18	2016/17	Direction of Travel	Status
Total number of non opiate users in effective treatment	600	778	704	↑	Green
Total number of opiate users in effective treatment	1000	1413	1310	↑	Green
Percentage of successful completions among all drug users that do not re-present within 6 months	15%	20%	13%	↑	Green
Number of drug related deaths	n/a	27 (2017)	29 (2016)	→	Monitoring
Percentage of offenders that reoffend within 12 months - TurnAround cohort	60%	December 2017 59%	63%	→	Green
Completing the Sentence Plan for Community Orders and Suspended Sentence Orders (NPS)	75%	75%	70%	→	Green
Completing the Sentence Plan following release from Custody on Licence (NPS)	97%	99%	95%	↑	Green
Completion of Community Orders and Suspended Sentence Orders (CRC)	75%	Q3 79%	Q3 83%	↓	Green
Completion of Licences and Post Sentence Supervision (CRC)	65%	Q3 82%	Q3 81%	→	Green
Completion of Community Orders and Suspended Sentence Orders (NPS)	97%	100%	96%	→	Green
Completion of Licences and Post Sentence Supervision Periods (NPS)	65%	80%	69%	↑	Green
Rate of proven re-offending by young offenders ages 10 - 17	41%	Q4 2015/16 25%	Q4 2014/15 33%	↓	Green
Rate of young people in Youth Justice System receiving a conviction who are sentenced to custody	0.18	Q3 2017/18 0.09	Q3 2016/17 0.02	↑	Green
Rate of young people who are First time entrants to the Youth Justice System aged 10 - 17	304	Q2 2017/18 224	Q2 2016/17 297	↓	Green
% of surveyed recipients of face-to-face road safety training who have committed to good behaviour	75%	93%	94%	→	Green
Number of fatal road traffic collisions	18	16 Q3 2017/18	18 Q3 2016/17	→	Green
Number of serious road traffic collisions	115	165 Q3 2017/18	174	→	Red
Number of MACSE referrals for children who have experienced CSE or at a risk of CSE	No Target	124	112	↑	Monitoring



Measure	Target 2017/18	2017/18	2016/17	Direction of Travel	Status
% of crimes recorded by the police with a CSE marker that achieve an offender outcome	No Target	2% (1/41)	Not reported	n/a	Monitoring
Children report that they know where to go for help about abuse (Healthy Relationships Programme)	n/a	7.5	7.7	➔	Monitoring
Number of Modern Slavery cases escalated to the National Referral Model	n/a	21	Q3 2	⬆️	Monitoring
Number of Modern Slavery referrals to Safer Cornwall SOC Operational Group	n/a	10	Q2 5	⬆️	Monitoring
Number of people receiving Modern Slavery awareness training	n/a	Over 4000	Q3 2952	⬆️	Monitoring

## Notes on the Data

Strategic assessment is an ongoing process and the **data is reviewed year on year** and all the available evidence from partners has been considered in as far as is practicable through this strategic assessment.

**Knowledge gaps** (due to under-reporting and/or lack of monitoring) were identified in a number of areas, including for **adults at risk**, people who are **lesbian, gay, bisexual or transgender (LGBT)**, people who are **homeless/rough sleeping/transient, minority ethnic groups** and **migrant workers**. These are flagged as risks in the strategic assessment.

To mitigate the risk of not considering the specific needs of these groups, **data analysis** in this assessment has been **supplemented with expertise and knowledge** from local subject experts (through a series of thematic workshops) and the findings of relevant national research, which in turn inform the local response. Risk is further mitigated through a **broad and inclusive consultation** process during the development of the Partnership Plan.

The Amethyst team collects, collates, analyses and stores all data in accordance with the **overarching Crime and Disorder Protocol** and underpinning Information Sharing Agreements with services and partner agencies. The data held include Special Category Data, as designated under the Data Protection Act 2018 and the principal legal gateway is provided by the **Crime and Disorder Act 1998**.

### Crime Data Integrity

In January 2014, the UK Statistics Authority withdrew the gold-standard status of "national statistics" from police crime data, further to concerns about reliability.

In 2014 HMICFRS carried out an inspection into the way the 43 police forces in England and Wales record crime data, reviewing over 10,000 records. This inspection was the **most extensive of its kind** that HMIC has undertaken into crime data integrity.

The final overview report [Crime-recording: making the victim count](#) was published in November 2014.

The key finding across all forces was that an **estimated 19% of crime went unrecorded**, equating to an annual estimate of around 800,000 crimes. The problem was found to be greatest for victims of violence against the person and sexual offences.

HMIC clearly stated that the failure to record such a significant proportion of reported crime was **wholly unacceptable**.

Following this, HMICFRS introduced a **rolling programme of inspections**<sup>14</sup> to assess the progress made by forces against recommendations set out in the 2014 reports.

The second inspection, published in February 2017 gave Devon and Cornwall Police an **overall judgment of inadequate** and made a series of recommendations and areas for improvement.

In 2017 the Force was re-inspected to assess progress made, focusing on violent crime and sexual offences. **This re-inspection rated Devon and Cornwall Police as Good.**

As a result of the national focus on improving the quality of crime recording and compliance with the National Crime Recording Standard (NCRS), **levels of recorded crime have dramatically increased**. Forces are improving at different rates and the impact is expected to go on for some time.

## The MoRiLE model

Community safety covers a **broad spectrum of crime and disorder issues** from low level nuisance and vandalism at one end of the scale to serious violence, rape and murder at the other.

It also includes tackling the harms of **problem drinking and drug use** and **reducing reoffending**.

The **strategic assessment** is used to gather and analyse information about the nature and impacts of all of these issues. This is the first strategic assessment to fully utilise the [MoRiLE](#) methodology to undertake a review of **strategic threat, risk and harm**.

This evidence is used to set our priorities in a **clear and fair way** so that all partners can agree on the important issues to address together.

### What is MoRiLE?

The **Management of Risk in Law Enforcement** (MoRiLE) programme was created in 2014 through the National Police Chiefs Council's Intelligence Innovation Group.

The programme developed a process for all law enforcement agencies that provides a **common framework and language** for understanding risk, involving more than 300 UK and international agencies.

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<sup>14</sup> HMICFRS Reports - Rolling programme of [crime data integrity inspections](#), last updated July 2018

In October 2016, MoRiLE became a **nationally accredited**<sup>15</sup> way of working for all police Forces and other law enforcement agencies such as National Crime Agency, to inform their Strategic Assessments.

**Safer Cornwall is the lead on the national programme** for developing the process to work for CSPs.

### How it works

The process is **easy to use and understand** and allows a range of different issues to be compared fairly against each other.

The process uses a **simple scoring tool** to combine a range of individual scores given in the following areas:

- **Impacts** on the victim, the local community, and the environment
- **Likelihood** – how often the issue happens, how much and whether it is getting better or worse
- **Organisational position** – risks to the partnership’s reputation if we don’t address the problem well, any political pressure (locally or nationally), and how effective our local response is (costs, the right number of people with the right skills).

The list of community safety issues was generated based on the Home Office crime groups and offence types, local priorities and wider community safety issues such as problem use of drugs and alcohol and RTCs.

The process was delivered in each area by **community safety analysts** in collaboration with a broad cross-section of specialists and community safety practitioners to provide **balance and insight**.

The resulting scores are grouped into **High, Moderate and Standard** level risks.

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<sup>15</sup> Police Authorised Professional Practice

## Further Reading

Key assessments, strategies and information sources are available from the Safer Cornwall website in our [library of publications](#).

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
- Drugs Needs Assessment
- Alcohol Needs Assessment
- Young People's Substance Use Needs Assessment
- Peninsula Strategic Assessment
- Domestic Abuse and Sexual Violence Needs Assessment
- Together for Families Needs Assessment

The detailed evidence base that underpins the Safer Cornwall Reducing Reoffending Strategy is available from Amethyst on request.

The following Organised Crime Local Profiles have been developed with partners and can be provided on request from the Serious and Organised Crime Sub-group:

- Child Sexual Abuse and Exploitation
- Modern Slavery
- Cyber Crime and Fraud (including Counterfeit Goods)
- Serious Acquisitive Crime
- Trafficking of People, Drugs and Weapons

The [Risk Based Evidence Profile](#) is produced each year to provide Cornwall Fire, Rescue and Community Safety Service with a comprehensive understanding of risks relating to fire, rescue and road safety.

It includes a wide range of information about incidents responded to by the service along with information about high risk groups for fires and road traffic collisions.

Additional information about road safety is contained within the [Connecting Cornwall: 2030 Strategy](#) – specifically with respect to objectives around supporting community safety and individual wellbeing.

All of these assessments form part of the evidence bank and online resource library of assessments and focus papers included in the [Joint Strategic Needs Assessment](#).

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# SAFER CORNWALL

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If you would like this information in another  
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