

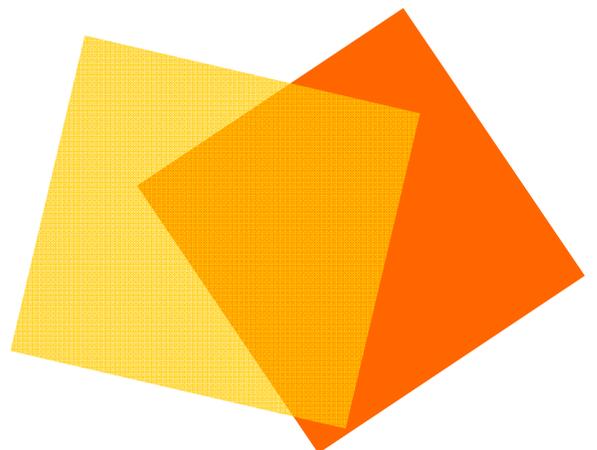
Brighton & Hove

**Community Safety,
Crime Reduction and
Drugs Strategy**

2011 – 2014

Updated 2013

Safe in the city
Brighton & Hove Community Safety Partnership



Brighton & Hove

Community Safety, Crime Reduction and Drugs Strategy
2011 – 2014

Second Revision – Updated 2013

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

Second revision – updated 2013

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Foreword

Aim of the Strategy

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

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

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

Community safety and crime affects people's lives

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

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

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

Changing contexts

The landscape against which we have been working has significantly changed since the Crime and Disorder Act 1998 first introduced the requirement for partnerships to produce a strategy and work together to reduce crime and disorder. In Brighton & Hove we have been successful in reducing crime with 1.6% fewer total police recorded crimes – that's 384 fewer crimes – in 2011/12 compared with 2010/11. This continues a

¹ Ipsos MORI Issues Index

downward trend since 2006/7. We need to sustain this progress while responding to the changing and challenging circumstances of current times. Statutory duties remain for Community Safety Partnerships and their 'Responsible Authorities', and we need to explore opportunities for working differently so we can continue to achieve the important priorities for Brighton & Hove.

The election of the first Sussex Police and Crime Commissioner (PCC) took place in November 2012 and places a single elected representative in the key role of determining her priorities for policing and community safety across the whole of Sussex. Brighton and Hove is represented on the Police and Crime Panel by two of our elected Members, one of whom is our lead elected Member for community safety and the second leads the council's scrutiny process. They work alongside representatives from Sussex, undertaking a range of tasks including scrutiny of the PCC's Police and Crime Plan. The Plan is then submitted to the Home Office.

National government policies are continuing to open services to the private and voluntary sector where they have previously been covered by the public sector. One area which is resulting in a significant reshaping is around offender management services. Partnership relationships and links need to be responsive to such changes.

Achieving more with combined resources

Up to now there has been funding from central government to Community Safety Partnerships which, together with funds allocated from the city council, have been directed at partnership priorities. From 2013/14 onwards funding streams previously provided directly to partnerships have been replaced by a single – and smaller – community safety grant to the PCC. The PCC has been able to find funding from an alternative source to maintain funding to partnerships at 2012/13 levels and for 2013/14 has this has helped partnerships to maintain continuity with existing work. However, as cuts in public spending continue to deepen, this will impact on the ability of our Partnership to keep pace with new demands. Local partner agencies have less funding available from other sources during 2013/14 and this is expected to contract further in subsequent years.

We will need to be increasingly adept at making resources stretch further and working in new ways. Opportunities to develop Sussex-wide structures and commissioning of services continue to be explored, for example in the areas of offender management and services for victims of sexual abuse. It will be more important than ever that the Safe in the City Partnership works together effectively within the city. Section 17 of the Crime and Disorder Act continues to underpin the requirement that public services take into account crime and disorder implications across all areas of work within their remit. Joint commissioning in the city will harness the combined resources of services to achieve citywide outcomes and priorities. We are continuing to work broadly within the guidance provided by the Home Office around how to achieve effective partnership working. More information about how we are ensuring that we work effectively is found in the section that starts on page 8.

Responding to the needs of our communities

Particularly relevant for our Partnership is the changing demography of the city, confirmed by the findings of the 2011 Census. Over the last 10 years the Brighton and Hove's population has increased by 10%. The city's population profile over this period has changed, with a greater proportion of residents in the 16 to 49 age group than ten years ago and the proportion of the city's younger and older residents decreasing. There has also been an increase in the number of Black and Minority Ethnic people (ie.

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other than White British) – this has increased from 12% of the city's resident population in the 2001 census to 19.5% in 2011.

There is also a significant variation in the levels of deprivation across the city with some areas having among the highest levels of deprivation in England. The Welfare Reform Act 2012 which will take effect during 2013/14 may have consequences for the financial and living circumstances of a number of the city's residents and may alter the dynamics for some areas of the Partnership's work.

Facilitating people in localities to have a greater say in how resources are used is a priority and one which fits well with approaches already developed within community safety. Community-led Forums (the Racial Harassment and Domestic Violence Forum are examples) have long been an important mechanism of engagement for the Community Safety Partnership. More recently, we have encouraged the growth and influence of Local Action Teams (LATs), who aim to represent the community safety interests and concerns of residents and businesses in their neighbourhood. These Forums and LATs are members of the Community Safety Forum and therefore able to have a direct dialogue with elected Members as well as officers who represent all the statutory services in the Partnership. Two city areas (Whitehawk, Manor Farm and Bristol Estate neighbourhood and Hollingdean & Stanmer ward) were allocated as pilot Neighbourhood Councils during 2012/13 and this is consistent with the government's localism agenda, and we look forward to further developments within the council and wider Community Safety Partnership. We will work towards making more information and data regularly available in order to better equip people to play a greater role in crime prevention and community safety.

Links with other strategies and policies

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

The priorities and objectives laid out in the [PCC's Police and Crime Plan for Sussex 2013 – 2017](#) are described as combining commitments made in the PCC's election manifesto with priorities of local partnerships. The four overall priorities are listed as: crime and community safety; victim focus; public confidence; and value for money. Appendix 5 on page 131 lists the objectives and targets contained under these priorities.

In the delivery of this Strategy, the Brighton & Hove Community Safety Partnership, known locally as the Safe in the City Partnership, pays attention to the findings of the Inequality Review and Joint Strategic Needs Assessment for the city. These identify key issues and inequalities across the city as well as for particular neighbourhoods and communities.

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

Links between community safety and health are being increasingly strengthened. The shadow Health and Wellbeing Board, led by the Director of Public Health, was set up in

2012/13 and from April 2013 commissioning for public health services becomes a responsibility of the local authority. This allows local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding, and the wider local authority and partnership agenda, including community safety. The work of the Safe in the City Partnership will contribute to public health outcomes, including around offenders, domestic and sexual violence, alcohol and drugs. Through council restructuring, the Commissioner for Community Safety now reports to the Director of Public Health.

Identifying our priorities and achieving our aims

Continually striving to improve performance and outcomes is the job of the Safe in the City Partnership. Each year we undertake a Strategic Assessment and analysis of latest crime and disorder data, including intelligence and information from local people. The Strategic Assessment of Crime and Disorder 2012² on which the present Strategy is based is available on the Safe in the City website. We assess what matters are of the greatest concern for the city and the priority areas and activities we have laid out in this partnership plan have been derived using this approach. This is our fifth three year strategy since 1998 and it covers the period from April 2011 to March 2014. This is the second annual revision since the current three year strategy was originally produced, assuring adjustments can be made according to recent developments.

Lead officers have been assigned to each priority area and they co-ordinate and 'progress chase' actions in the work programmes. These lead officers work closely with partnership strategic/operational groups whose members have particular expertise. These groups also help ensure work is progressed. Appendix 3 on page 125 identifies those individuals with particular responsibilities.

Measures of success help us monitor and track progress against targets and stated outcomes for each area and these are found in Appendix 4 on page 126. The action plans in the different sections of this document describe the work planned to achieve outcomes.

Progress on key performance indicators related to the work in the Strategy is reported to the Safe in the City Partnership Board on a quarterly basis. A summary report is also presented at each meeting of the Community Safety Forum and is available on the council's website.

² Crime and Disorder Strategic Assessment 2012 Brighton & Hove Safe in the City Partnership, is to be found on the Partnership's website: www.safeinthecity.info

Ensuring an Effective Partnership

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

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

The 'Hallmarks for an Effective Partnership' were issued by the Home Office in 2007 and are listed below. They represent good practice and remain standards we seek to achieve in Brighton & Hove. The Hallmarks help us identify some activities that we will be undertaking to maximise capacity and performance during the course of this Strategy.

Hallmark 1. Empowered and effective leadership

Brighton & Hove's Safe in the City Partnership Board, led by the council's Chief Executive and police Divisional Commander is the body which ultimately signs off and commits to the implementation of this Strategy. It is focused on ensuring that, strategically, all partners are working towards shared priorities and outcomes, that performance is evaluated and problem solving is shared across the partnership. The Board, which meets quarterly, includes senior representation from the 'responsible authorities'³ as well as from other key experts and partners in the city, including the lead councillor with responsibility for community safety and a representative of the Community & Voluntary Sector Forum.

The Partnership Board includes the Director of Public Health (with links to the Brighton & Hove Clinical Commissioning Group) and other health service representatives (including the Drug and Alcohol Team). This brings together work where health and crime and disorder issues overlap, strengthening work on public health outcomes. Strategic links with health are recently enhanced with the introduction of the Health and Wellbeing Board (shadowed during 2012/13 and in place fully from April 2013) and community safety management structures in the council report up through public health, which now sits as part of Brighton & Hove City Council. We seek to sustain strong links with children, young people and family services and the Local Safeguarding Children and Adult Boards. Our Partnership is integrated with the Brighton & Hove Strategic Partnership and Public Service Board and our work is aligned to their priority setting and business planning decisions through the Sustainable Community Strategy and City Performance Plan.

³ The responsible authorities are: the Local Authority; Sussex Police; Surrey and Sussex Probation Trust; East Sussex Fire and Rescue Service; Health (Brighton & Hove Clinical Commissioning Group).

Empowered and effective leadership: Direct work to address current concerns while also building up sustainable solutions

Further actions to support Hallmark 1

1.1 Ensure the Sussex Police and Crime Commissioner is kept apprised of key issues for the city and there are regular channels of communication between the Safe in the City Partnership and the SPCC Office.

1.2 Continue and develop joint working with pan-Sussex forums and boards, including the Criminal Justice and Integrated Offender Management boards and agencies

Hallmark 2. Intelligence-led business processes

Every year we are required to produce a strategic assessment and the partnership Strategy is refocused and brought up to date based on its findings. Strategic assessments draw on and analyse information from a broad range of other sources (including from the police, health agencies, voluntary sector, specialist forums and groups, community surveys, public meetings, and demographic information sources). A 'stock take' on delivery of previous community safety activities is also included. The findings of the strategic assessments provide the basis for informing community safety priorities within the Sustainable Community Strategy and City Performance Plan and also inform the allocation of resources across the Partnership and partner agencies. The assessments and local priorities will also be considered by the Police and Crime Commissioner. Also, the work of the Intelligence Analyst within the Safe in the City Delivery Unit described under Hallmark 3 includes the collation of community intelligence with statistical information from partnership sources to direct the work of the Delivery Unit.

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

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

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

Further actions to support Hallmark 2

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

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

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

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2.4 Support and encourage information/intelligence sharing between members of the partnership, ensuring compliance with legal requirements. Ensure that protocols and arrangements for information sharing, including for sharing personal information where necessary and proportionate, are in place and being utilised to full effect for all delivery partners, including, for example, registered social landlords and RISE.
2.5 Distribute information on crime and disorder hotspots and victim profiles between all partners who can contribute to developing solutions through multi-agency groups and information sharing procedures
2.6 Learn about best practice through published material and adopt successful methods where they might translate to local circumstances
2.7 Monitor performance against targets and actions in the Partnership's Strategy and keep track of other performance indicators.
2.8 Carry out annual strategic assessments to check priorities against new information, emerging trends and the views of communities and manage risk.
2.9 Evaluate and explore lessons learned from previous projects and interventions, including those that have been successful, and use this information to inform the future direction of work
2.10 Target work to reduce fear of crime at those most concerned, including towards older people
2.11 Monitor the Partnership's performance in relation to that of other comparable partnerships and learn from best performers
2.12 Contribute partnership data to www.BHLIS.org (the local information part of the Local Strategic Partnership's website), enabling public access to neighbourhood level information to supplement that provided on the national police website: www.police.uk .

Hallmark 3. Effective and responsive delivery structures

The Community Safety, Crime Reduction and Drugs Strategy 2011-14 sets out the priorities that are to be the focus of the Partnership's resources, the outcomes sought and the actions that will be undertaken to achieve outcomes. Each priority area has a named lead officer and is supported by partnership groups (see Appendix on page 125). Indicators against which performance will be measured are identified and key measures are listed in Appendix 5 on page 126. A performance management framework is in place which enables the Partnership to review and monitor progress against targets and indicators. The Strategy is published through the Partnership's website and a summary document is available.

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

The Partnership is aware of the added value of integrating all available resources to successfully manage delivery, both across partners within Brighton & Hove and within wider partnerships across Sussex and beyond. A key development in April 2012 involved bringing police neighbourhood policing teams into a closer working relationship with the Partnership Community Safety Team (including the Community Safety Anti-Social Behaviour and Hate Crime Casework Team and Community Safety Projects Team) through the formation of the joint Safe in the City Delivery Unit. The Delivery Unit works closely with Local Action Teams, community champions and private and voluntary sector organisations progressing the multi-disciplinary approach that the Partnership Community Safety Team has historically taken to achieve outcomes that

Ensuring an Effective Partnership

would otherwise have not been possible. A review of its first year of operation has found that there have been particular benefits around shared intelligence and joint deployment of resources, while making particular recommendations, including around improved performance management. The potential of extending involvement to other partners (eg. housing and regulatory services) remains to be explored.

Effective and responsive delivery structures: A robust performance management framework and maximisation of resources
Further actions to support Hallmark 3
3.1 Review the Community Safety, Crime Reduction and Drugs Strategy annually
3.2 Seek to further integrate community safety concerns into service priorities, planning and work programmes of all agencies. In particular, develop our mainstreaming and Section 17 duties of the Crime and Disorder Act ensuring that all responsible authorities are doing all that they reasonably can to prevent crime and disorder, anti-social behaviour, drug/alcohol misuse, and behaviour adverse to the environment
3.3 Develop further the opportunities for problem solving, joint approaches and sustainable solutions which come from neighbourhood policing and partnership work with local communities and communities of interest
3.4 Develop opportunities for pooled budgets, particularly to achieve delivery of activities that achieve shared priorities across services, or through joint commissioning with other agencies across Sussex
3.5 Continue to access external sources of funding for projects wherever possible
3.6 Develop further monitoring of the cost benefit and cost effectiveness of our work and the extent to which specific projects and areas of activity are economic, efficient and effective (value for money)
3.7 Increase transparency by including a financial information section of the Strategy which states how resources are being applied to deliver the Strategy and how the Partnership ensures that resources are being applied to good effect
3.8 Increase the visibility of the Partnership so that communities and partners further understand the role and added value that it brings and the good outcomes that are achieved

Hallmark 4. Community engagement

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

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

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

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

Further actions to support Hallmark 4

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

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

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

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

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

4.6 Incorporate within the work programme for 'building resilience to extremism', positive initiatives and events which build community engagement and cohesion, taking the learning from that work into the mainstream of community safety work

4.7 Target measures to increase reporting at those least likely to report

Hallmark 5. Visible and constructive accountability

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

The 2008 Place Survey drew attention to the fact that residents in Brighton & Hove did not feel particularly well informed or consulted about the work that the partnership is doing to tackle crime and anti-social behaviour, and more recent survey results obtained

Ensuring an Effective Partnership

by the police suggest that this remains an issue. The partnership has sought to raise awareness that there are many diverse people, whether from agencies or local communities, whose work contributes to tackling crime and disorder and this is a message we need to continue to deliver. Links between the work of the Partnership and the council and police communications teams are strong and there is a regular flow of information released through press releases.

In addition, the redesigned Safe in the City website (www.safeinthecity.info) went live in December 2012 and has improved the accessibility of information about the partnership's work. Other improvements to the website include making it more user-friendly, with on-line reporting facilities and links to new social media.

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

Further actions to support Hallmark 5

5.1 Provide outward and visible performance management of the priorities and targets that are being delivered by the Partnership in order to further increase feelings of public confidence and reassurance amongst communities

5.2 Produce an accessible summary of the work in this Strategy that encourages understanding within communities and supports improved visibility and accountability

5.3 Contribute to Overview and Scrutiny reviews and ensure community safety related recommendations resulting from the reviews are implemented.

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

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

5.6 Maintain and continue to develop the Safe in the City Partnership website (www.safeinthecity.info) and encourage its use

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

Hallmark 6. Appropriate skills and knowledge

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

Appropriate skills and knowledge
Further actions to support Hallmark 6
6.1 Reference the National Occupational Standards identifying any gaps in the skills and experiences of Partnership members and arranging for individual and partnership learning programmes.
6.2 Ensure elected members are kept abreast of key information to assist in decision making
6.3 Continue to understand and raise awareness, across the Partnership as well as citywide, of the particular community safety needs of the many different communities within the city.

All Crime and Disorder in the City

Outcome: Crime and disorder in the city is reduced

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

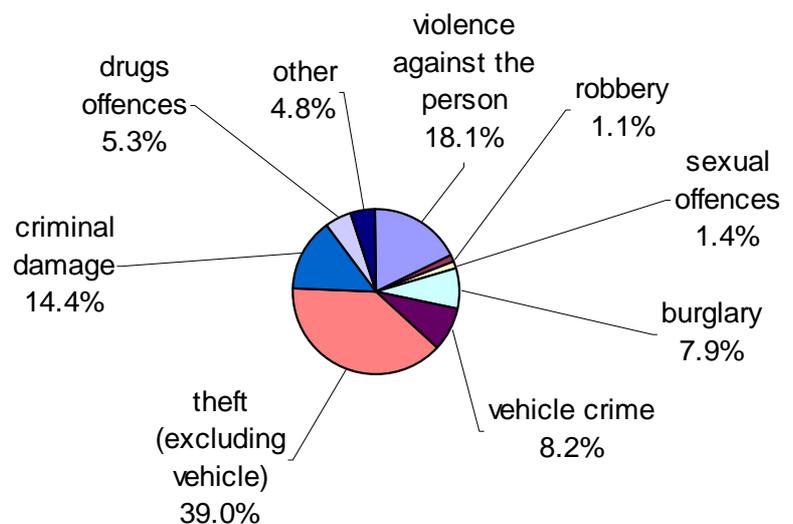
In 2011/12 there were 23,668 police recorded crimes in Brighton & Hove. Nearly 40% of these crimes related to theft (not including motor vehicles), 18% were violence against the person offences and 14% were criminal damage.

In 2011/12 there were 380 fewer crimes recorded by the police than in 2010/11 (down by 1.6%). Compared with other partnerships in our 'benchmarking group' of fifteen areas with similar characteristics and demographics, the number of crimes per head of population is slightly fewer than average.

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

We also monitor levels of anti-social behaviour. Anti-social behaviour is a priority area in this Strategy and further information is found on page 38.

Breakdown of total police recorded crime, 2011/12 (n=23,668)



Key performance indicators

- The number of total police recorded crimes
- The number of police recorded anti-social behaviour incidents

Physical Environment, Infrastructure and Quality of Life

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

Sub-outcomes:

- Local communities play a key role in determining community safety priorities. They are able to access information to enable this to happen effectively
- The local environment is well managed and maintained
- New developments, public realm projects and environmental redesigns are built to be crime resistant
- Local community structures are strengthened through i) increased opportunities for individuals and communities to take control over the crime and disorder issues that affect their lives and ii) individuals and communities, including seldom heard sections of the community, are supported to ensure they are provided with the information, advice and support needed to develop their confidence, skills and knowledge⁴
- People feel safer and make more use of outdoor spaces by day and night
- There is less anti-social behaviour and crime

Why is this a priority?

The physical and social attributes of our local neighbourhoods affect how safe we feel. Feeling safe has a significant impact on our quality of life. In 2008/9 the British Crime Survey found 35% of adults reported that fear of crime had a moderate or high impact on their quality of life. This was greater than the impact of crime itself which affected 25% of people⁵.

Background information

National data from the Crime Survey for England and Wales 2011/12 found that fear of crime is higher for those who perceive higher levels of anti-social behaviour and for those who have experienced crime in the last year, as well as those who live in areas with a high level of physical disorder, those living in deprived areas, or in social or privately rented accommodation.

⁴ Adapted from the commissioned outcomes for the Communities and Equality Team

⁵ This question is no longer asked in the latest Crime Survey for England and Wales

Physical Environment, Infrastructure and Quality of Life

Local levels of police recorded criminal damage and other measures of environmental disorder including street appearance measures of graffiti and fly posting, have continued in their downward trend. There has also been an overall decline in fire service recorded non-accidental fires. However, levels of litter in street appearance surveys are showing a slight increase during 2011/12.

90% of respondents to the Sussex Police local neighbourhood telephone survey in the 12 months ending Mar 2012 reported they had never felt unsafe in their neighbourhood in the last year. However, when asked “how safe or unsafe do you feel” in the new City Tracker telephone survey in Sep/Oct 2012, 98% reported feeling safe outside in their local neighbourhood during the day and 81% after dark. Outside in the city centre 97% also felt safe, but this figure dropped to 61% after dark. 99% felt safe in their home during the day and 98% after dark. Women, older people, younger people, and those with a limiting long-term illness or disability were all less likely to feel safe outside after dark.

Good design, management and maintenance of public places leads to a reduction in crime and the fear of crime, leading to an improvement in quality of life. The Designing Out Crime Association provides a forum for the promotion of safer communities, the reduction of anti-social behaviour and the enhancement of quality of life through the concept, application and practice of ‘designing out crime’. Through its membership at Board level, Brighton and Hove City Council keep abreast of, and helps develop and research national best practice on these issues.

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

Community cohesion is also a key component of increasing trust. This is about improving relationships between people from different groups (which might be age, ethnicity, religion, or different neighbourhoods), increasing their understanding of one another and their confidence in socialising and working together. The City Tracker survey in 2012 found that 76% of respondents felt that they belonged very or fairly strongly to their immediate neighbourhood, with White British people and those over the age of 65 being more inclined to say they belonged that BME or people under 65. Ninety percent of respondents agreed that their local area was somewhere where people from different backgrounds got on well together.

Main Partners

Brighton & Hove City Council
including Cityclean, Community Safety Projects
Team, Planning, Sustainable Transport,
Communities against Drugs, Communities and
Equality, Press, Communications and ICT Teams

Local Action Teams, residents and local
businesses

Community Engagement Partnership

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

East Sussex Fire and Rescue Service

Sussex Safer Roads Partnership

Sussex Police

Surrey and Sussex Probation Trust

British Transport Police

Local transport providers

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Current context

In accordance with the ongoing national drive towards localism, those that live and work in an area are in a better position to determine for themselves what is important in their neighbourhood. Local Action Teams (LATs) involving the police, fire service, the city council and other services are set up to engage directly with residents at a local level to help facilitate improvements, and links are made with the council's Communities and Equality Team. This team enables grant funding to be made available for community development work and for locally organised events to link people within and between neighbourhoods (eg: community festivals and clean-up events, 'friends of parks', groups, etc.). There is LAT coverage across most areas of the city. Each police beat/ward is supported by named police officers/PCSOs within local Neighbourhood Policing Teams, enabling their relationships with local communities and local knowledge to build over time. The national website www.police.uk provides a portal where residents can view police-recorded crimes and incidents which have happened in their neighbourhood. This website now enables local people to find out whether perpetrators of these crimes have been identified and, if so, how they have been dealt with.

The Sussex Police and Crime Commissioner's Police and Crime Plan identifies road safety as an area of focus. Work with road safety objectives can support work with community safety or crime reduction objectives and vice versa and there are opportunities for progressing work which supports both objectives.

New anti-social behaviour legislation expected to be enacted during 2013 will enhance the contribution of communities in driving forward work to tackle anti-social behaviour in their neighbourhood. Communities will be given the opportunity to work with police to develop tailored community remedies that could be applied to ASB perpetrators in their locality. The legislation is also expected to enable residents to flag up persistent anti-social behaviour problems which they feel they have not had an adequate response from the authorities via the 'community trigger' which Brighton & Hove have been involved in piloting during 2012/13.

Where next?

The progress we have made around environmental crime and disorder and feelings of safety described above suggest that the approaches taken across the city up to now have been successful. The following areas of work will shape the direction and focus of our approach over the coming year.

- Identify new opportunities for working together which have been enabled by the formation of the new Safe in the City Delivery Unit
- Communicate more effectively with local communities the reduction in criminal damage, and improvement in street appearance indicators
- Review the LAT structure and guidance to enable LATs to better respond to issues in their neighbourhood and work more effectively with service providers
- Continue to strengthen links with Planning and Highways to ensure that public realm developments are crime resistant
- Maintain current service delivery against a background of reduced budget and resources
- Develop good systems for information and intelligence sharing between local people and services

Links to other priority areas

This priority area supports the delivery of key council priorities such as tackling inequality, creating a more sustainable city, and engaging people who live and work in the city. It also links with many of the other themes contained within this Strategy. If people feel safe, this will ensure local areas are utilised more frequently, providing more 'natural surveillance' to deter potential acts of anti-social behaviour or crime. Partnership work with the Probation Service around Community Payback meets a number of objectives related to reducing reoffending and community justice, as well as achieving environmental improvements.

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

Addressing inequalities

As mentioned above, different groups in terms of age, gender, ethnicity, disability, or religion/belief will experience their physical environment differently and will vary in their experiences of both crime and fear of crime. Through consultation, community engagement, analysis of data and local audits within the community we can understand more about communities who are experiencing particular problems and how we can help them.

Sustainability

If people feel safer outside in their neighbourhoods, this will lead to greater opportunities for getting acquainted with others in the local community and reducing isolation. Better community cohesion can lead to increased involvement in and contribution to communities, neighbourhoods and the city. Greater confidence in the police and other statutory agencies can lead to potentially increased co-operation in relation to crime, preventing violent extremism and increased civic engagement.

With a reduced fear of crime, people may be more inclined to use sustainable modes of transport, benefiting the city environmentally.

Parallel plans

- Brighton & Hove Community Strategy – especially Strengthening Communities and Involving People section
- Brighton & Hove Strategic Partnership's Community Engagement Framework
- Local Development Framework, City Plan (previously the Core Strategy) and Supplementary Planning Documents
- Brighton & Hove Local Policing Plan
- Brighton & Hove Local Transport Plan and Road Safety Strategy
- Communities and Equality Team Plan 2012-15
- Brighton & Hove Volunteering Strategy 2010-15 and Action Plan
- East Sussex Fire Authority Strategic Plan 2010/11-2014/15 and Brighton & Hove Borough Plan
- CityClean Strategy
- Sussex Police and Crime Commissioner's Police and Crime Plan 2013-17

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Key performance indicators

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

Physical Environment, Infrastructure and Quality of Life Action Plan
Area of work 1
Maintain an effective structure, co-ordination and targeting of crime reduction and community safety resources in neighbourhoods and across the city. Ensure good communication between communities (both geographical communities and communities of interest) and services
Actions
1.1 Section 17 of the Crime and Disorder Act 1998 to be promoted and monitored for compliance. Section 17 requires the local authority and police to carry out their work with due regard to preventing crime and disorder.
1.2 Maintain and develop the work of the city's Local Action Team network, with the continued participation of local officers from partnership agencies, including neighbourhood police, council and fire and rescue service. Develop the concept of 'Street Focus' responding to local concerns by partners focusing their services at the precise point of need.
1.3 Support LAT Chairs events, introducing key partners and agencies who can deliver changes that will reduce crime and anti-social behaviour.
1.4 Review the 'Guidance for Local Action Teams' document, ensuring it is kept up to date in relation to current legislation and policy issues, and ensuring it addresses equality and community engagement issues.
1.5 Ensure communication flows operate smoothly between LATs and relevant partners. Develop and support the use of appropriate communication mechanisms which are tailored to the target audience and new membership of Local Action Teams. Ensure all communities of interest and identity (eg. BME, LGBT and disabled people) are included in this work.
1.6 Support and develop work around neighbourhood councils and other central government initiatives to empower local communities.
1.7 Maintain and develop the Safe in the City website to meet the needs of local communities in particular.
1.8 Maintain the ability to analyse crime and disorder, and ensure that appropriate information is presented in a user friendly format which is accessible to all.
1.9 Enable the work of Local Action Teams to be communicated so that successful initiatives and ideas can be shared.
1.10 Continue to share information around community safety issues on and around public transport, taking forward projects to deal with new issues as they arise.
1.11 Disseminate the Community Safety, Crime Reduction and Drugs Strategy, including to key persons across public sector agencies.

Physical Environment, Infrastructure and Quality of Life

Area of work 2
Community safety and crime reduction is integrated into the planning and design of new developments and redevelopments
Actions
2.1 Continue to integrate community safety and crime reduction objectives within the work of the council's planning department. Investigate options, and a requirement for all planning applications to have Design and Access Statements which include crime prevention measures, and seek changes that will routinely ensure these objectives are achieved citywide.
2.2 Ensure the requirements of the Safer Places Statements are met in relation to major developments.
2.3 The Safe in the City Partnership to proactively seek the prioritisation of a Supplementary Planning Document on community safety.
2.4 The Safe in the City Partnership to input to the council's long term planning strategy (City Plan). The Partnership Community Safety Team to continue involvement in the planning of major projects such as Brighton Station, the Level and Lewes Road.
2.5 Ensure that analysis is undertaken to measure the success of crime and disorder recommendations which have been incorporated into projects. Encourage successful initiatives to be used on future projects.
Area of work 3
Neighbourhood crime and disorder problems are prevented or solved and people are safer through partnership working, community engagement and stronger community structures
Actions
3.1 Through effective partnerships, the Projects Team will focus on identified crime and disorder hotspots using a range of measures to guide the work of the team. Introduce neighbourhoods to possible solutions, and engage with residents and service providers to identify and deliver actions.
3.2 Work closely with residents and businesses to identify and improve locations where the reality or perception is that levels of crime or anti-social behaviour are high, thereby reducing the fear of crime.
3.3 Undertake with residents local scale street appearance and design projects which address issues raised by residents. Work on citywide initiatives to reduce the likelihood of crime/anti-social behaviour and reduce fear of crime. Encourage and support the involvement of local residents and businesses in making improvements to the physical environment.
3.4 Strengthen community structures by working with the council's Communities and Equality Team and community and voluntary sector partners.
3.5 Further integrate community safety, crime reduction and community building objectives within the work of the council's highways, transport and road safety departments and the Sussex Safer Roads Partnership.
3.6 Work in partnership with ESFR, identifying residents who would benefit from a "home fire safety visit". Offer a range of solutions, including the fitting of smoke detectors and domestic sprinklers.
3.7 Tackle cycle theft through partnership working using education, environmental/engineering and enforcement approaches.
3.8 The Sussex Safer Roads Partnership, including Brighton & Hove City Council, Sussex Police and East Sussex Fire and Rescue Service, to improve road safety through education, engineering and enforcement, including work described in the Brighton & Hove Road Safety Strategy.

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3.9 Identify and explore opportunities for work where road safety and community safety objectives are mutually supportive.

3.10 Explore opportunities for working in partnership to increase road safety while strengthening communities in residential areas.

3.11 Where appropriate, ensure that improvement projects are identifiable as initiatives of the city council, other partners and local residents/businesses as part of the Safe in the City Partnership.

Area of work 4

There is less criminal damage and arson, and improved feelings of safety, through a well maintained physical environment

Actions

4.1 Work with partners to implement effective strategies and solutions in areas that suffer from criminal damage.

4.2 Continue partnership work to tackle graffiti through removal, physical barriers to access, murals, prosecution, etc.

4.3 CityClean to continue work on containerisation, flyposting, flytipping, waste enforcement, etc.

4.4 Advise, support and inform on community safety issues the services and other enforcement agencies that manage, maintain and serve our public spaces and built environment on a day to day basis. For example those that deal with “enviro-crimes”, city economic development, tourism, planning enforcement and conservation.

4.5 Continue community environmental action days which co-ordinate the activities of a range of partners to improve and maintain public spaces in local neighbourhoods.

4.6 In partnership with the Fire & Rescue Service, pro-actively identify premises at risk of arson and work with owners/occupiers to reduce risk of fire.

4.7 Fire & Rescue Service and other agencies to share resources and knowledge to identify hot spots for arson and proactively work together to reduce such incidents.

4.8 Continue Fire & Rescue Service engagement with firesetters to prevent arson through the Learning Not to Burn programme.

Drugs Misuse

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

Sub-outcomes:

- There are fewer young people starting to use drugs
- There are more people recovering from drug misuse
- There is more support to families and communities
- There is increased disruption of drug markets through targeted enforcement

Why this is a priority

Reducing the supply and availability of drugs and promoting recovery from drug related harms are both a national and local priority. The misuse of drugs has a direct impact on other priority areas within this Strategy. It causes physical, psychological and social harm to the individuals concerned, as well as giving rise to significant disruption and cost to families and communities. Over 600 different illicit substances are now covered by the Misuse of Drugs Act 1971, comprising: class A drugs - cocaine [powder and crack], ecstasy, hallucinogens and opiates; class A and B drugs - amphetamines [including methamphetamine]; class B drugs - cannabis, mephedrone and other cathinones; and class C drugs - anabolic steroids, benzodiazepines, GBL, GHB, ketamine, and piperazines.

The DAAT Needs Assessment for 2013-14 estimates a Brighton & Hove population of approximately 2,061 opiate and/or crack cocaine users, of whom 981 [48%] were in treatment at the end of March 2012. Offenders who use these drugs are estimated to commit between a third and a half of all acquisitive crime. Moreover, in Brighton & Hove, 15% of those people in treatment were parents living with some or all of their children. The adverse consequences for children are typically multiple and cumulative, varying according to the stage of development. They include early substance misuse and

offending behaviour, as well as: failure to thrive; blood-borne virus infections; incomplete immunisation and otherwise inadequate health care; a wide range of emotional, cognitive, behavioural and other psychological problems; and poor educational attainment. Substance misuse can have, therefore, a major impact on young people's long term quality of life and opportunities. Department for Education commissioned research by Frontier Economics in 2008-09 gave a conservative estimate that for every £1 invested in young people's substance misuse services, there

Main Partners

NHS Brighton & Hove

Surrey and Sussex Probation Trust

Sussex Police

Drug and Alcohol Action Team

Communities Against Drugs Team

Brighton Housing Trust

Brighton Oasis Project

CRI

ru-ok?

SPFT Substance Misuse Service

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would be a £2 saving within two years in crime and health costs and up to £8 savings over a lifetime in adult dependency costs.

Key findings from the Strategic Assessment

- Young people. Estimates of levels of drug use amongst young people, based on data from service providers or local surveys, suggest they are higher than the national average but, in tandem with national trends, they have been on a downward trajectory during the last decade. The most recent findings of the annual Safe and Well at School Survey [2012] indicated that 77% of 14-16 year olds had never used non-prescribed drugs. Of the 23% who had used, 80% had used cannabis and 42% other drugs [up from 21% in 2010]. This may reflect the increasing number of new psychoactive substances that have appeared on the market and, anecdotally, a significant local level of social acceptability, amongst both young people and parents, of teenage cannabis [and alcohol] use. Of the 162 under 18s in treatment with the young people's specialist service at the end of September 2012, 84% were for cannabis, 61% for alcohol and 15% for ecstasy.
- Adults. The number of adult drug misusers in effective treatment increased from 1401 in 2010-11 to 1421 in 2011-12. A target to increase numbers by 1.5% had been exceeded by December 2012 [at 3.4%]. The proportion of people leaving treatment who did so as a planned exit averaged 57%, above the target of 50% set for 2012-13. Successful completions as a percentage of the total number in treatment has steadily increased and in December 2012, at 8.7% for opiate and/or crack users, moved into the top quartile range for the first time. During the first half of 2012-13, the proportion of people in treatment for over four years averaged 34%, still short of the target of 25%, although better than the national average of 37%. [Between 2009 and 2012, national data showed an increase in the proportion who have been in treatment continuously for six years or more, from 12% to 19%, reflecting an ageing cohort of opiate and crack users]. Local measures by service providers to influence what is potentially the more intransigent section of the treatment population have included an audit of care plans, and segmentation of the treatment population via a complexity score in order to target those people more likely to achieve a successful treatment outcome.
- Drug related deaths. The number of drug related deaths varied between 38 and 51 between 2003 and 2009, but showed a decline of 35% in 2010 [32 deaths], compared with a national reduction of 14%. In 2011, a local audit indicated 28 reported deaths, and this downward trend appears to have been sustained in 2012, which would meet the first year of the local target of a maximum of 38 deaths per annum for the three year period 2012-2014. Follow-up by an A&E nurse of hospitalised near miss drug overdose cases; extended roll out of naloxone antidote mini-jets and administration training; and the reduction of inappropriate benzodiazepine prescribing are amongst a range of measures that have been taken locally.
- Community resilience. The percentage of those who responded to the Sussex Police Local Neighbourhood Survey in the 12 months ending Sep 2012 who felt that drug use or drug dealing was a problem in their local area was 4.1%, a slight increase on those responding in the nine month period ending Mar 2012 [3.7%]. The Communities Against Drugs Neighbourhood Liaison Officers continue to undertake targeted street surveys, aimed at increasing public reassurance regarding the effectiveness of reporting concerns to the police and to assuage those concerns by publicising measures that have been taken.
- Reducing availability. The number of drug offences recorded by Sussex Police is closely linked to police activity. In 2011-12, there were 760 arrests under the drug

laws, of which 9% were for supply; 24% for possession of cannabis; 24% for possession of other controlled drugs; and 43% for other offences, including importation, production and allowing premises to be used. With regard to offences which may be drug related, Sussex Police have, since 2010, had a system of flagging drugs [and alcohol] as being implicated for both victims and suspects. However, this is not a mandatory field and only 20% of records had this information recorded regarding the suspect, and 18% regarding the victim. Better recording of these details would enable more robust analysis of the extent to which drugs misuse is implicated in both offending and in becoming a victim of crime. Operation Reduction, a police led initiative to divert those arrestees whose offences were driven by their drug dependence into treatment services, continues to be an effective approach to reducing drug related crime.

Current context

The national response to drugs misuse in 2012 has been shaped by the Drug Strategy 2010 Annual Review, published in May 2012, which reinforced the policy emphasis on a greater proportion of people leaving treatment drug free and sustaining recovery via improved support from employers, landlords, educational establishments and others who can have an impact on the success of recovery, all within a climate of continuing austerity and fiscal restraint. In addition, particular emphasis was given to reducing demand and supply in respect of what the Review describes as New Psychoactive Substances [NPS], often referred to as Legal Highs, via a Government Action Plan. Methoxetamine and its simple derivatives became the first drugs to be controlled under the provisions within the Police and Social Responsibility Act, 2011, allowing the Home Secretary to invoke a Temporary Class Drug Order (TCDO).

Locally, the profile of the drugs misuse agenda in 2012-13 has been heightened by the deliberations of the Independent Drugs Commission, which has examined four areas of work in the form of challenging questions:

- Are the current strategies to prevent drug related deaths sufficient to achieve a significant reduction in the coming years?
- Are the policing, prosecution and sentencing strategies currently pursued, effective in reducing drug related harm?
- Are we doing enough to protect young people and to enable them to make informed decisions around drug use and involvement in drug markets?
- To what extent does the treatment system meet the treatment and recovery needs of the citizens of Brighton & Hove?

The Commission's Report, to be published in March 2013, included consultation with local people; young people; those who take drugs, attend treatment and support services or have family members with drug problems; and those who are affected by the presence of drug markets in their city.

Where next?

The challenge for 2013-14 is again to sustain the demonstrable progress that has been made during the first two years of the Strategy. It will also entail responding to the recommendations of the Independent Drugs Commission. Future achievements will need to include:

- preventing and treating drug misuse amongst young people, through universal, targeted and specialist interventions, with particular emphasis on rapid responses in

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the provision of information about newly emerging drugs and improved continuity between young people and adult services.

- working effectively with families and communities in responding to their concerns and needs and promoting empowerment and problem-solving capability. Follow-up neighbourhood hotspot audits will take place to complete the work on the five pilot areas already underway, with a target of 16 audits by September 2014, commissioned as part of the CAFTA Project. In addition, there will be completion of a Youth Work DVD project to provide a resource for the YOS and potentially youth centres and schools; delivery of 12 Community Conferences and roll out of the model to other professionals via a training programme; and a new learning pack for primary school teachers to use in their drug and alcohol education based on Rotterdam's Parent Contracts model.
- the continued delivery of an integrated recovery orientated treatment system. This will need to include a more flexible response to the changes in patterns of drug use as more new psychoactive substances emerge, and as problematic use of performance and image enhancing drugs, over the counter medicines and prescription only drugs continues to increase. This is being addressed by the Substance Misuse Domain Group 3, focusing on emerging trends and new psychoactive drugs, which was established in December 2012 with a remit to improve local knowledge and service delivery.
- sustaining the successful impact of Operation Reduction in providing a dual approach to drug enforcement, which both disrupts local drug markets through apprehending dealers and reduces demand through diversion of level one offenders into effective treatment with the longer term objective of achieving self-funding via assets seized under the Proceeds of Crime Act.

Links to other priority areas

The use and misuse of illicit drugs is a significant cross-cutting factor in work with a number of other strategy priority areas. These include anti-social behaviour, domestic violence and abuse, preventive and support work with young people [which is reported under the Children, Youth and Families section]. It also has a negative influence on the quality of the environment. Drug users often experience problematic alcohol use, so illicit drugs is also linked to the alcohol misuse section of this Strategy.

Addressing inequalities

Brighton Oasis Project, now entering its twentieth year, is one of relatively few organisations in the country providing a gender specific substance misuse service to meet the needs of women and their families. With regard to other areas, during 2011-12 the DAAT commissioned multi-agency training for over 150 staff from specialist treatment and related services on a range of courses aimed at improving the workforce response to inequality: understanding LGBT substance misuse; positive engagement with disabled service users and with BME service users; working with DV perpetrators; and working with witnesses and survivors. Further training sessions for more recently appointed staff will need to be considered. With regard to mental health, delivering improved support to those people with complex needs, including dual diagnosis, remains a challenge and a priority, in response to which the Service User Involvement Worker has established a well attended dual diagnosis peer support and implementation group. The annual DAAT Needs Assessment monitors demographic data relating to ethnicity, gender and sexual orientation, which can highlight possible areas of concern, such as the apparent under-representation of those from Asian communities in treatment services.

Sustainability

Drugs misuse self-evidently has a deleterious impact on the health and happiness of both the individuals concerned and on their families and the local community, thereby militating against the One Planet principle of encouraging active, sociable, meaningful lives to promote good health and wellbeing. Local drug services have embraced the Recovery Agenda and agreed a local definition of recovery as: “voluntarily sustained control over alcohol and substance misuse to maximise health and wellbeing and to participate in the community and in society”.

Parallel plans

- Adult Drug Needs Assessment
- Young People Substance Misuse Needs Assessment
- Golden Thread Implementation Plan
- Harm Reduction Action Plan
- Sussex Police and Crime Plan

Key performance indicators

Outcome indicators and targets for 2013-14 have not yet been confirmed, but are likely to comprise those agreed for 2012-13.

- Number of drug related deaths
- Increase in percentage of people over 18 in effective treatment since 2012-13
- Percentage of people over 18 leaving treatment who do so in a planned way
- Percentage of people over 18 leaving treatment who do so in a planned way and do not represent within six months
- Successful completions as a proportion of all in treatment [opiates and crack]
- Successful completions as a proportion of all in treatment [non opiates and crack]
- Percentage of people over 18 who have been in treatment over four years

Drugs Misuse Action Plan
Area of work 1
Promote universal prevention (young people).
Actions
The young people substance misuse universal education and prevention agenda is reported in the Children, Young People and Families section.
Area of work 2
Ensure identification processes and intervention packages are in place for young people, with appropriate referral systems to specialist treatment. Monitor treatment service impact.
Actions
Treatment services for young people are reported in the Children, Young People and Families section.
Area of work 3
Minimise the harmful impact of drugs on communities.

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Actions
3.1 Continue to support the Local Action Teams by responding to issues raised by local residents and workers in targeted hotspot areas, and implement tasks identified by Drugs Intelligence Group meetings.
3.2 Continue to oversee and progress the Activity Delivery phase [Apr 2012-Jun 2014] of the 'Communities and Families Tackling Addiction' [CAFTA] European Project, co-ordinated via the Project Working Group and informed by Cross Border meetings and conferences.
3.3 Sustain the incorporation of restorative justice elements in existing youth disposals delivered by Youth Services, using the experiences of young people, local residents and families affected to inform young people of the impact this has on those who surround them.
3.4 Pilot, evaluate and develop a model and training programme for a restorative justice community conferencing model to address problems in local neighbourhoods caused by drugs or alcohol.
3.5 Finalise the implementation of viable recommendations from the Public Injecting Evaluation and Response [PIER] consultation aimed at reducing the impact that drugs litter has on local communities.
3.6 Continue to build on the current Neighbourhood Liaison model and programme of activities using a community guided bottom-up approach to concentrate this work on smaller geographical areas and communities of interest.
Area of work 4
Minimise the harmful impact of drugs on families.
Actions
4.1 Pilot family training and mentoring previously identified within European Funding bids to improve outcomes for non-substance misusing parents or kinship carers of children affected by a family member's substance misuse.
4.2 Continue to develop a skills programme for professionals on ways of working, use of language and understanding the needs of families affected by addiction.
4.3 Co-ordinate and facilitate the annual Sussex Families Conference in July 2013, one of the outputs of the CAFTA project, based on the theme of: "Families Recovering Together".
4.4 Continue to draw on European partners' innovative educational activities to increase young people's awareness of drug related harm and consult young people to develop activities to implement locally.
4.5 As a part of the CAFTA project, develop an education pack for use in primary schools, to focus on being safe and feeling safe in the community.
Area of work 5
Improve access to, and effective engagement with, drug treatment services.
Actions
5.1 Implement the provision of evening and weekend clinics to enhance accessibility for, and engagement of, non opiate and crack users, reflecting the increasing problematic use of new psychoactive substances and club drugs, particularly amongst younger age groups.
5.2 Sustain consideration and implementation of measures to identify the most appropriate ways of reaching diverse communities within Brighton and Hove and attract into treatment services those who are under-represented.

5.3 Continue to work towards the provision of adequate support to those people with complex needs, including dual diagnosis, delivered by competent and person-centred staff.
5.4 Monitor the measures in place to improve the engagement of 18-25 year olds in substance misuse treatment interventions, where the primary substances of choice are not opiates or crack cocaine.
5.5 Sustain training in domestic violence and abuse to ensure substance misuse staff are able to identify victims and perpetrators, refer to specialist services as appropriate, and successfully engage into treatment.
5.6 As part of the re-tendering of services to be delivered from April 2014, include specifications which reflect the need for communities of interest to be recognised and responded to, in compliance with the six strands of equality legislation: ethnicity, gender, disability, age, sexual orientation and religion or belief.
Area of Work 6
Improve treatment effectiveness and successful outcomes for substance misuse treatment services.
Actions
6.1 Continue to implement the Golden Thread Action Plan in order to: support effective commissioning; improve service delivery; develop the workforce; promulgate a shared vision of recovery; and promote reintegration through the development of wraparound services. Thereby partnership aims to be translated into collectively agreed measures and targets, underpinned by: ownership and accountability at the point of delivery; rigorous review; and reinforcement of good practice.
6.2 Sustain improvements in the effectiveness of care co-ordination and care planning and promote the achievement of outcome targets via service provider in-house audit; dissemination of monthly performance data; and regular contract reviews.
6.3 Maintain the progress made in reducing the rate of drug related deaths and continue to implement the Harm Reduction Action Plan, including also to: improve intelligence sharing and awareness of lessons learned; reduce blood borne virus prevalence; and provide general healthcare.
6.4 Sustain the work of the recently established Emerging Trends and New Psychoactive Substances Domain Group to ensure that arrangements are in place to enable commissioners and service providers to respond speedily and flexibly to the changing needs and presentations of the drug using population.
6.5 Respond to the recommendations of the Independent Drugs Commission Report following its publication in March 2013, specifically those in relation to the challenge of meeting the treatment and recovery needs of the local population.
6.6 Plan and deliver an effective procurement process for the re-tendering of drug and alcohol services, with a contract commencement date of 1.4.14.
Area of Work 7
Reduce supply via protection of communities through robust enforcement to tackle drug dealing, drug related crime and anti-social behaviour.
Actions

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7.1 Continue to maintain the level of investment in, and quality of service delivery of, Operation Reduction, a high priority for the Safe in the City Partnership, based on ongoing evidence of its impact on disrupting drug markets, on levels of acquisitive crime, and on reducing demand for drugs by diversion into treatment, as well as its ability to generate a significant degree of self-funding via proceeds of crime.

7.2 Continue the Communities Against Drugs Team's contribution to the process of engaging and involving local communities in tackling local substance misuse issues and reporting drug dealing and drug related activity, bolstered in 2011-12 by the award of European funding [see paragraph 3.2 above] to support this work.

Alcohol Misuse and Alcohol-related Crime and Disorder

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

Sub-outcomes:

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

Why this is a priority

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

Local Alcohol Profiles data as of December 2012 (data presented in 2012 is based mostly on data from 2010), show that alcohol-related problems in Brighton & Hove remain of concern. We continue to have a poorer profile than the average of all 326 local authority areas in England on 24 out of 25 measures related to crime, health and drinking levels. Our position was better than average in just one area (alcohol-related land transport deaths). While Brighton & Hove remains mostly within the poorest 25% of local authority areas, the relative position has improved over the last year on 13 measures, while slipping back on 6 measures.

Alcohol-related violence occurs both in a public place and a domestic setting. When compared with our 14 'most similar community safety partnerships' benchmarked for

Main Partners

Brighton & Hove CCG
Brighton & Sussex University Hospitals
NHS Trust
Licensees
Drug and Alcohol Action Team
Brighton & Hove City Council (Housing;
Licensing; Trading Standards, Anti-
Social Behaviour Team)
CRI
Sussex Partnership Foundation Trust
Young People's Substance Misuse
Service (RU-OK)
Sussex Police
Mind
Surrey and Sussex Probation Trust
Brighton Oasis Project
Brighton Housing Trust

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crime and disorder risk, we rank just better than average for violence against the person offences per head of population (while remembering that Brighton & Hove has a significant number of visitors in the city). There is evidence that work over recent years has been successful in tackling alcohol-related crime and disorder. Levels of police recorded injury violence (1,552 in 2011/12) and criminal damage (3,394 in 2011/12) continue to show long term downwards trends. 6% of respondents to the Sussex Police Local Neighbourhood Survey in Brighton & Hove reported that they felt that drunk or rowdy behaviour was a problem in their neighbourhood.

However, alcohol remains easily affordable and accessible for many young people and underage consumption of alcohol is a problem. The most recent national survey data (TellUs4 2009) showed that the number of young people under 16 drinking 3 times a week or more showed no signs of decreasing and was worse than the national average. Locally, the 2012 Safe and Well at School Survey has found that while the percentage of school pupils who had ever tried an alcohol drink had decreased (35% in 2012 compared with 60% in 2010 for pupils aged 11-14 and 79% in 2012 compared with 85% in 2010 for pupils aged 14-16), the percentage of older pupils who reported drinking to get drunk had increased (23% in 2010 to 38% in 2012) with about a third of older pupils having had an alcoholic drink in the last 7 days.

Current context

In 2012 the government published a new alcohol strategy. The 'Government's Alcohol Strategy 2012' looks at how excessive and dangerous drinking can be reduced by focusing on minimum pricing and bans on multi-buy alcohol discounting. The strategy also highlights the need for strong health promotion messages, and evidenced based identification and treatment services. The focus is on 'recovery' and how an individual can move beyond their alcohol issues.

Consideration is being given to undertaking a procurement exercise for drug and alcohol services in Brighton and Hove. As the last procurement exercise took place in 2007, and given the recent national strategy developments, it is timely to review drug and alcohol services available locally, and undertake a re-tendering exercise to shape the future delivery of services. This would be with a view to having new contracts awarded and services operational from 1st April 2014.

In late 2010 a city Alcohol Programme Board was established. The Board was jointly founded on the NHS Healthy Places Healthy Lives initiative and the Local Authority Intelligent Commissioning process. The purpose of the Board was to bring together senior leaders with a shared responsibility for tackling the problems that alcohol brings whilst seeking to minimise any impact on related benefits. Membership of the Programme Board is diverse. It is chaired by the Director of Public Health with senior input from across health, licensing, the police, probation and community safety. To cover the breadth of issues that are encountered when looking to address alcohol related harm, there is also membership from the two universities situated in Brighton and Hove, and from all organisations commissioned to provide support and treatment to people with alcohol related issues. In the last year representatives from the retail industry have joined the Programme Board, and now the Chair of the Brighton and Hove Licensees Association and the Licensing Manager from Sainsbury's are members.

There are four 'domains' of work within the Programme Board Action Plan:

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

The key developments within the four strategy domain groups (SDGs) for 2012/13 are described below.

Domain 1: Addressing the drinking culture

As a result of the Big Alcohol Debate, developing an extended programme of specific alcohol free events for young people including 'dry' club nights at city venues, and for older residents and families to promote more people participating in a more diverse night-time economy is a priority for the Alcohol Programme Board. The 'Pink Fringe' is an example of an alcohol free event which was run alongside the annual St James' Street Party at Pride. Organisers applied for an Arts Council Grant and set up a number of events including historic walks and talks on the history of Brighton as a spa town. These events took place alongside the traditional 'Pride' events, and the aim was to offer an alternative to people visiting the area. Anecdotal feedback was positive and the hope is that the Pink Fringe, and other alcohol free events, will expand in 2013.

Domain 2: Availability of alcohol

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

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

Domain Group 3: Night-time economy

After positive feedback from pilot sites, the Alcohol Diversion Scheme was launched in Brighton and Hove. The scheme is delivered by Druglink and backed by the Home Office and Ministry of Justice. All adults arrested and given a Penalty Notice for drunk and disorderly, drunk and incapable or a Section 5 Public Order (Section 5) are offered the opportunity to attend a three hour educational course for the fee of £40, with the £80 penalty notice fee waived. The model is similar to the 'speed awareness' course offered when a person is caught speeding. The course is interactive and encourages offenders to face up to the reality of their behaviour as well as the very real danger to their own health by over indulgence in alcohol. Participants are also encouraged to think of the consequences of alcohol fuelled violent behaviour to others around them.

In a move away from the traditional drinking 'environment', work has been taken forward in conjunction with the council arts team to develop alternative events throughout the year which help to encourage responsible drinking and promote the city as a focus for cultural activity. 'White Night' is one example of this. This work will continue with a view to developing a wider range of activity options and alternatives, for all age groups. The aim is to establish a new 'norm' for people participating in the night-time economy in Brighton and Hove.

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Domain Group 4: Identification, treatment and aftercare

A recent needs assessment focusing on alcohol use in 18 to 25 year olds identified that increasing numbers of students are drinking at high risk levels. Some of these students may be inappropriately using health care services as a result of their alcohol consumption. In January 2013 a project will commence, using students in their volunteer placement post. These students will undertake a health promotion campaign, focusing on students and young people and the use of alcohol. It is anticipated that the outcome of the project will be the development of a 'tool' to be used by young people to better equip them with the information needed to inform their safe alcohol use. This could be something like an 'app' to be used on a smart phone, or using another form of social media to deliver the information. It is hoped that an associated reduction in alcohol related A&E attendances will be seen.

Joint work between children's social services and adult drug and alcohol treatment services has been taking place. A substance misuse worker will be seconded to children's social care, with a view to training social workers to undertake appropriate interventions which can intervene earlier, with a hope that fewer children will be placed at risk. It is also anticipated that referrals to adult treatment services will increase as a result.

Where next?

In 2013/14 the Board will continue to build on the work streams being implemented. It will also be necessary to ensure that services are delivered in line with recent national policy developments. This will feed in to the re-tender work programme, so that new contracts can be in place from 1st April 2014.

Links to other priority areas

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

Addressing inequalities and sustainability

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

Parallel plans

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

Key performance indicators

Outcome indicators and targets for 2013-14 have not yet been confirmed, but are likely to comprise those agreed for 2012-13.

- Percentage of people 18 and over leaving treatment who do so in a planned way – 50%
- No. of alcohol related hospital admissions per 100,000 population
- Percentage of successful completions (planned exits as a proportion of the treatment population)
- Percentage of those in treatment who overcome dependency and do not re-present to treatment within six months.
- Number of police-recorded assaults with injury
- The percentage of people who believe that drunk and rowdy behaviour is a problem

Alcohol Misuse Action Plan
Area of work 1
Strong strategic leadership to reduce alcohol-related harm through providing appropriate governance and infrastructure to enable effective partnership working
Actions
1.1 Alcohol Programme Board provides leadership
1.2 A clear communications plan drawn on by other strategic partnerships
1.3 Resources protected to support the work in this action plan
1.4 Effective and timely performance monitoring
1.5 Effective partnership working
Area of work 2
Achieve a citywide cultural shift which challenges and changes tolerance to problematic drinking (Strategy Domain Group 1)
Actions
2.1 Understand and act upon key findings from the Big Alcohol Debate by providing alternatives to drinking, shifting the emphasis away from just alcohol by highlighting the potential opportunity to local business.
2.2 Targeted marketing campaigns developed and evaluated to reach identified priority audiences e.g. pregnant women, young people aged 10 to 15 and older people
2.3 Quality of secondary school drug and alcohol education practice is improved with a particular focus on an entitlement for year 9 and 10 students
2.4 Equip parents to be able to provide young people with appropriate advice and support around drugs and alcohol
2.5 Promote sensible drinking messages to enable employers to make informed choices and ensure access to specialist services as required
2.6 Training for priority workforces in early identification is promoted & encouraged

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2.7 Work with managers to improve existing screening, intervention and referral process for young people at increased risk of substance misuse, particularly those aged 13-18yrs

Area of work 3

Reduction of alcohol consumption across the city through measures to reduce its availability, especially to young people and heavy drinkers (Strategy Domain Group 2)

Actions

3.1 Continue to follow national policy decisions relating to Late Night Levy and Early Morning Restriction Orders

3.2 Business support training to business to reduce the supply of alcohol to children and young people

3.3 Improve community involvement in licensing decisions by presentations at LATs, weekly lists to Ward Councillors, etc

3.4 Strengthen links with the local licensed trade by presentation at business association meetings

3.5 Continue to lobby for minimum unit pricing (Home Office). Rethink using duty + VAT as “below costs”

3.6 Counterfeit, smuggled alcohol investigations to reduce availability of illegal alcohol

3.7 Proxy purchase and test purchasing investigations to reduce availability to young people

3.8 Continued implementation of Cumulative Impact Zone

Area of work 4

Reduction in the impact of alcohol harm arising out of the night-time economy (Strategy Domain Group 3)

Actions

4.1 Work with the local authority arts team to develop alternative events throughout the year which encourage responsible drinking and promote the city as a focus for cultural activity which is attractive to all groups

4.2 Encourage alternative activities for children and young people through the effective oversight of collective services as directed by the youth service review

4.3 Support a scheme developed by businesses selling alcohol for consumption on and away from the premises, which encourages the highest standards of practice and community responsibility

4.4 Work within the partnership to ensure that any late night levy is used to best effect in managing the reduction of alcohol-related harm within the night-time economy

4.5 Control and influence behaviour in public areas through planning and development opportunities. Protect existing people-calming measures while exploring new opportunities to shape attitudes

4.6 Cardiff Model to continue in A&E to reduce the risk of assaults and injuries occurring within licensed premises

4.7 Support a reduction in serious assaults within licensed premises by encouraging the development of viable service alternatives

4.8 Protect existing measures and initiatives which already prevent harm. Ensure that effective interventions are in place and stakeholders recognise their role in reducing alcohol-related harm.

Area of work 5
Effective early identification/screening, treatment and aftercare for alcohol misusers (Strategy Domain Group 4)
Actions
5.1 Provide alcohol awareness and identification/screening training packages and support for Tier 1 and 2 workforce, eg. ante/post natal staff (midwives, health visitors), mental health staff, housing/hostel workers, domestic violence workers, social workers to increase the number of people being screened and offered appropriate alcohol treatment services
5.2 Review Primary Care LES with a view to improving identification and outcomes for patients with increasing and higher risk drinking patterns presenting to primary care
5.3 Monitor restructured Community Extended Brief Interventions service
5.4 Review SPFT A&E Alcohol Liaison Nurse service
5.5 Overall alcohol pathway improvement programme to ensure that services are as effective as possible. NTA providing support on this.
5.6 Explore potential to develop Safe Space
5.7 Improve effectiveness of service for young adults (18 to 25)
5.8 Monitor the Frequent Attenders Assertive Outreach worker and the Hostel Alcohol Nurse
5.9 Develop support for families affected by Substance Misuse
5.10 Continued focus on engaging and sustaining LGBT community in treatment services
5.11 Monitor Health Trainer service for people successfully completing drug and alcohol treatment services
5.12 Proposal for re-tender for drug and alcohol treatment services

Anti-Social Behaviour

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

Sub-outcomes:

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

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

Why this is a priority

Anti-social behaviour and hate motivated incidents are serious issues which can have a detrimental impact on the lives of the individuals and communities who are exposed to it. There were over 19,000 police recorded anti-social behaviour incidents in Brighton & Hove recorded by the police in 2011/12, demonstrating the scale of the issue (changes to recording processes make it difficult to identify trends with any certainty). The impact on individuals can cause significant harm and affect their quality of life and wellbeing. Within a community, anti-social behaviour can lead to the deterioration in the appearance of an area and fuel fear amongst residents who become reluctant to go out at night or utilise community spaces.

The 2012 City Tracker telephone survey found that 17% of respondents felt that people not treating others with respect and consideration in their local neighbourhood was a fairly big or very big problem. This was higher in the BN2 area (25%) than in the BN1 (12%) or BN3/41 (15%) areas. A needs analysis undertaken in 2011 identified that certain groups of people within a community are at higher risk of becoming victims of anti-social behaviour. These groups include those who are living in high density housing, those living in deprived areas of the city or those who have an illness or disability. There are also risk factors which contribute to the likelihood of a person becoming a perpetrator of anti-social behaviour such as poverty and inadequate housing, poor parenting, school exclusions and a lack of education and employment.

In November 2012 Police and Crime Commissioners were elected for the first time. Most, including the elected Sussex Commissioner Katy Bourne, prioritise anti-social behaviour in their Police and Crime Plans.

Current context

Reducing anti-social behaviour has been identified as a priority for the government. A 2010 HMIC report identified failings nationally in the way that the police and partner agencies tackled anti-social behaviour. The report recommended a more harm-centred approach to tackling anti-social behaviour which includes assessing the vulnerability and degree of risk of victims and witnesses of anti-social behaviour, understanding what works and ensuring that partnership processes do not cause a delay in the tackling of anti-social behaviour. Following this, in February 2011 a consultation paper '*More effective responses to anti-social behaviour*' was published highlighting the government's intention to introduce new tools and powers to assist frontline practitioners in tackling anti-social behaviour.

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

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

In September 2011 the anti-social behaviour team and hate crime team merged and integrated their services to become the Community Safety Casework Team, focused firmly on implementing good practice casework approaches to reduce risk and harm. (The sections in this Strategy which focus on hate crime issues other than the casework aspect are to be found from page 82 onwards.)

Since May 2012 the Casework Team has operated a reporting service for anti-social behaviour and hate incidents with a dedicated phone line and email address, through

Main Partners

Communities
Community Safety Casework Team
Sussex Police
Children & Young People's Services
Integrated Team for Families
Council Housing and Housing Strategy
Registered Social Landlords
Business Crime Reduction Partnership
Local Action Teams
Youth Offending Service
Targeted Youth Support Service
East Sussex Fire and Rescue Service
Surrey & Sussex Probation Trust
HM Courts Service
Crime Reduction Initiatives (CRI)
Adult Social Care
Parenting Pathfinders Team
Sussex Partnership NHS Trust

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which all cases are triaged and dealt with⁶. In the first 8 months of operation they received 248 contacts in relation to anti-social behaviour incidents, of which 23% resulted in a casework being taken forward by the team itself while other cases were referred on to council housing, the police or other agencies.

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

Where next?

The government has published an Anti-Social Behaviour Bill and Brighton & Hove have been at the forefront of consultation and have piloted the 'Community Trigger' which enabled victims to get rapid action and hold agencies to account. The Bill is expected to be enacted later in 2013 and implemented in 2014. The legislation will fundamentally change the way ASB is dealt with, with fewer tools and powers but making them more effective, with an emphasis on reducing risk and harm for victims.

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

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

Links to other priority areas

Anti-social behaviour is closely linked with a number of priority areas contained within the Community Safety Strategy. The needs analysis in 2010 identified alcohol use as key to some of the work being undertaken in the city to tackle anti-social behaviour, including Operation Park which aims to reduce underage use of alcohol and anti-social behaviour and the work undertaken by CRI with street drinkers committing anti-social behaviour. A number of clients in the Casework Service will also be alcohol or drug dependent or have problematic use of substances which contribute to their anti-social behaviour.

The teams tackling anti-social behaviour within Brighton & Hove will often work directly with clients suffering from or perpetrating hate crimes or domestic violence and abuse.

⁶ Reports can be made directly to the Casework Team via the duty desk which has a dedicated phone line staffed between 09.00 and 17.00 on weekdays, an answer machine service is in operation out of office hours. (Call on 01273 292735 or email communitysafety.casework@brighton-hove.gov.uk, or via the SITC website www.safeinthecity.info)

Another cross-cutting priority area of work is that with children and young people who are worked with both as victims and perpetrators of anti-social behaviour. The work of the Integrated Team for Families is key to tackling anti-social behaviour and improving outcomes for families through intensive support.

The condition of the physical environment is also a factor. The needs analysis highlighted the appearance of an area as an important aspect in preventing anti-social behaviour. Finally, anti-social behaviour links with those aspects of this Community Safety Strategy which deal with more serious crime. Research identifies that minor crime and disorder is a clear driver for more serious criminality and by tackling anti-social behaviour we can reduce the risks that a perpetrator will go on to commit more serious crime in the future.

Addressing Inequalities

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

The Casework Team also works with a number of vulnerable individuals including alcohol and drug users, homeless people, victims of domestic violence and abuse and people with mental health problems. Services to support these groups may be offered to them either as victims or perpetrators. In the case of perpetrators the team works to address the underlying causes of their anti-social behaviour. In the case of vulnerable victims the team support them to report incidents and to access services which will reduce the harm caused to them and their families by anti-social behaviour.

Sustainability

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

Parallel plans

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

Key performance indicators

- The number of police recorded incidents of anti-social behaviour.
- Public confidence in police and local council to deal with anti-social behaviour and crime issues
- Percentage of people who think that ASB is a problem in their local area
- The development of a comprehensive range of performance management and quality assurance measures.

Anti-Social Behaviour Action Plan
Area of work 1
Reduce the harm caused to victims and witnesses of anti-social behaviour and ensure that measures are in place citywide to identify and protect vulnerable individuals
Actions
1.1 Work with partner agencies and community groups to continue to develop the victim and witness service standards in line with good practice and feedback from victims and witnesses. In particular, continue to develop our collective partnership focused victim and witness risk assessment tool, in particular with registered social landlords, Sussex Police, environmental health (noise) and adult safeguarding agencies.
1.2 With partner agencies develop qualitative data regarding the feelings of victims and witnesses of anti-social behaviour within Brighton & Hove and utilise this information in staff training and to develop citywide services to support victims.
1.3 Collect and analyse relevant information to enable levels, types and patterns of incidents to be monitored, and the effectiveness of work undertaken to be measured. Use this information to inform future service development.
1.4 Encourage the reporting of anti-social behaviour by high risk groups including those with long term illness or disabilities. Work to develop and build on relationships with agencies and third sector organisations supporting high risk groups and increase reporting by raising awareness within the city and publicising successful outcomes.
1.5 The council's Road Safety Team to seek to reduce anti-social driving/speeding through working with relevant drivers on New Driver Awareness workshops and diversion courses.
Area of work 2
Reduce anti-social behaviour and re-offending through partnership working and the provision of high quality casework services
Actions
2.1 Resource and continue to develop high quality anti-social behaviour & hate incident casework services within Brighton & Hove in line with good practice and incorporating learning points from local and national serious case reviews.
2.2 Continue to develop and sustain work to tackle anti-social behaviour among the street population through the continued commissioning of anti-social behaviour street outreach services.
2.3 Ongoing and continual review of current partnership meetings and processes to ensure that they are fit for purpose and that the tackling of anti-social behaviour and hate incidents is effectively addressed.
2.4 Ensure that staff within the anti-social behaviour team receive regular training in equalities issues and that strong partnerships are maintained with agencies and community groups working with and representing minority groups. Continue to provide training and support to frontline staff tackling anti-social behaviour and hate incidents across Brighton & Hove.
2.5 Support registered social landlords and other partners within Brighton & Hove in the delivery of anti-social behaviour services to both victims and perpetrators.
2.6 Utilise data from Sussex Police and Brighton & Hove City Council to identify hotspot areas and target resources accordingly.

Anti-Social Behaviour

2.7 Record and analyse improved casework data to help understand risk factors for perpetrator and victim client groups which link to the occurrence of anti-social behaviour and hate incidents to aid prevention and the targeting of resources. To include better information from service users on the impact of the service provided by the Casework Team.

2.8 Continue to develop work with the BCRP and partner agencies including Sussex Police to tackle anti-social behaviour targeted at local businesses and within the night-time economy.

2.9 Where appropriate, utilise restorative justice and community resolution with adults and young people committing anti-social behaviour, to assist perpetrators in understanding the harm their behaviour is causing and to provide positive outcomes for victims.

Area of work 3

Work in partnership with agencies across Brighton & Hove to ensure that the use of new tools and powers and recognised good practice is embedded citywide.

Actions

3.1 In partnership develop citywide procedures for using new anti-social behaviour tools/powers and including an ongoing and effective dialogue with Magistrates and County Court users groups.

3.2 Ensure frontline staff are trained in the use of the new tools and powers to tackle anti-social behaviour and that partner agencies and third sector organisations are briefed on any changes taking place in the way anti-social behaviour is being tackled within Brighton & Hove.

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

Area of work 4

Ensure community concerns regarding anti-social behaviour are identified and addressed

Actions

4.1 Continue to liaise with communities and communities of interest through Local Action Teams, citywide forums and community meetings.

4.2 Feedback key performance information to local communities and communities of interest.

4.3 Strengthen relationships with minority groups and forums working to support minority groups within Brighton & Hove.

4.4 Engage local residents, community groups and third sector organisations in the development of anti-social behaviour services across Brighton & Hove.

4.5 Support individuals and communities to build the skills and capacity to work with agencies, third sector organisations and each other to tackle anti-social behaviour within their communities and to identify and provide support to victims and witnesses.

Area of work 5

Reduce anti-social behaviour by young people and prevent first time entrants into the youth justice system

Actions

5.1 Continue to work with partners such as the Integrated Team for Families, youth services and Youth Offending Service to tackle anti-social behaviour by young people and prevent first time entrants into the youth justice system.

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

Reducing Reoffending by Integrated Offender Management

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

Sub-outcomes:

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

Why this is a priority

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

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

There are five key principles of Integrated Offender Management (IOM). These are:

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

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

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

Local approaches

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

The PPO scheme has been the foundation for the development of a fully 'Integrated Offender Management' approach to the management of those offenders who cause the most 'trouble' in the community. IOM is targeted at offenders who are at high risk of reoffending and whose needs profile justifies targeted interventions by a range of agencies with the purpose of reducing reoffending. These include those targeted from offenders presenting with the following:

- Drug misuse (including those subject to a Drug Rehabilitation Requirement)
- Alcohol misuse (including those subject to Alcohol Treatment Requirements)
- Prolifically arrested
- Frequently breached

The IOM team has recently included mechanisms for the identification of cases suitable for face to face restorative interventions involving victims and their perpetrator. Suitable cases are risk assessed and allocated to trained facilitators from the statutory and voluntary sector. Restorative Justice is the process whereby those harmed by a specific crime and those responsible for it are brought into communication. This enables those affected by a particular incident to play a part in repairing the harm caused and find a positive way forward.

The aims of this programme are to:

- give victims a better service and enable them to have a voice;
- give offenders the opportunity to take responsibility for the harm they have caused;
- enable offenders to make reparation to both their victims and the community; and
- reduce CJS costs by reducing reoffending

From April 2013 we will establish two new services which may be seen as the further refinement of interventions for offenders being

Main Partners

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

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managed under IOM. These are a **Community Reintegration Team** which incorporates a dedicated multi-agency **Health Hub**. The Community Reintegration Team will take on responsibility for the following groups previously contained within IOM.

- Adult male and female prisoners who have been sentenced to less than 12 months custody and who sign an 'offender compact' accepting supervision for a period of up to six months post release.
- Women Offenders managed in partnership with Inspire
- Adult male and female offenders with identified mental health, substance misuse and/or learning difficulties

The Community Reintegration Team will be supported by a dedicated volunteer service managed by a co-ordinator from 'Just People (PACT)'. This is a new pan-Sussex service commissioned by Surrey and Sussex Probation Trust to offer bespoke support agreed in partnership with an offender based on their individual needs and circumstances.

The associated Health Hub will be staffed by four administrator/co-ordinators (one of whom will be a dedicated Inspire worker), two YOS workers and a mental health nurse. The Health Hub has been established to support the Sussex-wide Liaison and Diversion Service which offers a preventative approach by engaging with Sussex offenders at the point of arrest through police custody and into courts. Mental health nurses provide a preliminary screening for wider health issues focusing on mental health, substance misuse and learning disabilities. Where appropriate, individualised packages of support will be developed and the Hub staff will support and track their access to suitable services as identified by the health professional.

These fresh additions may be seen as further developments in our overall strategy to reduce reoffending through integrated partnership working.

Current context

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

Following the consultative document '*Punishment and Reform: Effective Community Sentences*' published on the 27th March 2012, the government are currently proceeding with proposals through parliament which are expected to become law later in 2013. When brought into law, every adult community sentence will have to include some form of punishment, such as:

- A fine
- Unpaid work
- Curfew or exclusion from certain areas

The Justice Secretary has also made clear his intention to take forward plans to give judges powers to defer sentencing so that restorative justice can take place between victims and offenders. The proposals will also give judges access to benefits and tax information from Department of Work and Pensions and Her Majesty's Revenue and Customs, so financial penalties can be set at level that will impact on offenders and be more effectively enforced.

Reducing Reoffending

The government are continuing with their plans for reform of probation services through their 'Transforming Justice' programme. Reform of probation includes proposals to extend competition of offender services. The Ministry of Justice's plans were published on 9th January 2013 for wider consultation. If proceeded with they would see the restructure of the organisation of services so that:

- a slimmed down public probation service would deal with risk assessment, court advice, advice to the Parole Board, allocation of all offenders on community sentences, sentence enforcement and supervision and management of high risk of harm offenders;
- up to 16 area 'Payment by Results' contracts with private or voluntary sector providers would supervise and rehabilitate medium and low risk offenders. A 'significant' component of payment would be dependent on a reduction of reconviction rates in this group;
- short sentence prisoners (less than 12 months) released from prison would in future have supervision and interventions under statutory licence conditions, set out in new legislation.

We await the government's formal response to the consultative period. Further announcements in this respect are anticipated in May 2013.

Police and Crime Commissioner

The first Sussex Police and Crime Commissioner (PCC) Katy Bourne was elected in November 2012. Funding for community safety initiatives, youth offending services, and drug intervention and rehabilitation has been transferred to the Office of the Sussex Police & Crime Commissioner. The Commissioner has published a Police and Crime Plan 2013-14 and outlined her key community safety priorities. These include:

- Keeping Sussex a low crime area, prioritising the crimes which cause the most harm
- Reduce re-offending and encourage sustainable preventative initiatives
- Tackle priority crime types: Anti-Social Behaviour, Domestic Abuse and Hate Crime
- Enhance, develop and commission initiatives to bring justice for victims

The Commissioner is committed to working with our local Community Safety Partnership to address concerns regarding crime and to proactively address the long term causes of crime.

Pan-Sussex Developments

Community safety leads from East Sussex, West Sussex and Brighton & Hove are meeting regularly to identify commissioning areas which would benefit from a more pan-Sussex approach. So far three areas have been identified

- Integrated Offender Management
- Violence against women and girls
- Anti-Social Behaviour

Members have agreed an approach to conducting a joint strategic needs assessment for the IOM cohorts. The IOM needs assessment will be used to inform future commissioning decisions. We will work with our colleagues in IOM schemes in East and West Sussex to ensure that this work is understood by the PCC and that wherever possible we collaborate on initiatives to improve our efficiency and outcomes.

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The Health and Social Care Bill received parliamentary assent in March 2012. Locally GP-led clinical commissioning groups have been created and will assume most of the commissioning responsibilities previously held by Primary Care Trusts (PCTs). The public health aspects of PCTs will be undertaken nationally by a National Commissioning Board and by our local Health and Wellbeing Boards. Our local reducing re-offending strategy will include arrangements for the exchange of information with the Health and Wellbeing Board and Clinical Commissioning Groups on offender needs, as it remains our priority to link resource allocation of health and social care to local re-offending levels. Information about offenders gained from OASys and other offender related data will be fed into the Joint Strategic Needs Assessment.

The Welfare Reform Act 2012 will bring into law the biggest changes to the benefits system since the 1940s. Areas affected include housing benefits, disability and employment related benefits and council tax benefits. There will also be changes to how benefits are received. Welfare reform could have an adverse impact on community safety as individuals become affected by the changes. This will need to be closely monitored and addressed in a way which ensures that individuals affected receive appropriate support to manage their affairs, retain their health and wellbeing and avoid homelessness.

Where next?

The newly established (March 2013) Sussex Criminal Justice Board Crime Reduction Subgroup is designed to provide a co-ordinated pan-Sussex approach to, and facilitate the sharing of best practice from, Integrated Offender Management, Restorative Justice and Neighbourhood Justice. Its remit takes account of the work and links with that of national and local criminal justice service agencies and partners, local authorities and the PCC. This group will have direct links with our local Reducing Reoffending Board.

The Brighton and Hove IOM team continues to benefit from being multi-agency and co-located for all or part of each week. The advantages of this approach are:

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

In 2013-14 we will seek a better alignment with the work of the Safe in the City Delivery Unit. The Safe in the City Delivery Unit already brings together Neighbourhood Policing Teams and the Partnership Community Safety Team. Exploring opportunities for greater collaboration should improve outcomes for both citizens and offenders. The key opportunities identified for the next twelve months are:

- Conducting a needs assessment for the IOM cohorts
- Establishment of a fully operational Health Hub which connects offenders with suitable community interventions
- Expansion of Restorative Justice Conferencing as part of the National Offender Management Service Pilot to increase victim satisfaction and deal more effectively with perpetrators
- Tackling intergenerational crime in partnership with the Troubled Families Programme

- Embedding the ‘recovery approach’ in working with drug and alcohol misusers
- Extending the reach of current services into communities by the effective use of volunteers attached to the Community Reintegration Team
- Enhance the management of young people in transition from the Youth Offending Service into adult services

Links to other priority areas

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

Addressing inequalities

High risk offenders can be some of the most socially excluded members of our community, and suffer from multiple disadvantages around health and wellbeing, finance, accommodation etc. The work in the following action plan seeks to support offenders to overcome these problems.

Sustainability

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

Parallel plans

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

Key performance indicators

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

Reducing Reoffending Action Plan
Area of work 1
Set a strategy for the development of Integrated Offender Management
Actions
1.1 Consider the findings of Sheffield Hallam University research and evaluation project on Integrated Offender Management provision across Sussex and implement the agreed recommendations.
1.2 Develop the stakeholder management and communication plan prepared by the Sussex Health and Criminal Justice Liaison and Diversion Steering Group.
1.3 Further develop the strategic and operational links between Brighton IOM Team and HMP Lewes Offender Management Unit and HMP Bronzefield Resettlement Unit IOM teams.
1.4 Engage with the successful delivery of Integrated Family Team work on offenders and their families who meet the agreed criteria.
1.5 Undertake an IOM needs assessment and draw up an IOM Commissioning Strategy.
1.6 Engage with Inspire to extend services to women offenders which are designed to prevent them coming into criminal justice.
1.7 Develop a local strategy for the implementation of Restorative Justice into the IOM model with outcomes to reduce reoffending and increase victim satisfaction.
Area of work 2
Pathways Development: Accommodation – Enable offenders to access and maintain suitable accommodation
Actions
2.1 Engage with DAAT Commissioners and the Pan-Sussex IOM Commissioning group to identify opportunities for the joint commissioning of suitable offender accommodation pathways
2.2 Monitor and evaluate the contribution of providers to accessing and supporting offenders into accommodation:- Brighton Housing Trust; Sussex Pathways; POAL.
2.3 Monitor and address the impact of welfare reforms on the IOM cohort
Area of work 3
Pathways Development: Health – The health and wellbeing of offenders is improved and maintained
Actions
3.1 Collate and report on outcomes data collected by Health Trainers in the Integrated Offender Management Team.
3.2 Work in partnership with Sussex Police, Sussex Partnership NHS Trust, HMCTS to deliver on the objectives of the Sussex Criminal Justice Health Liaison and Diversion Scheme.

3.3 Develop pathways into primary care for offenders with mental health needs.
3.4 Commissioners to work in partnership with local and regional teams to ensure that people with learning disabilities in the criminal justice system can access a full range of healthcare provision in line with legislation, policy and best practice, eg. Positive Practice, Positive Outcome 2011.
3.5 Increase confidence and skills amongst staff/frontline workers/practitioners to work with offenders with identified needs in the areas of learning disability, autism and personality disorder.
Area of work 4
Pathways Development: Drug and alcohol misuse – Offenders are assessed and supported to recover from drug and alcohol problems
Actions
4.1 Evaluate the success of ‘test on arrest’ which started in Hollingbury Custody Suite in April 2012
4.2 Enhance the delivery of recovery orientated, high quality protective treatment for substance misusers on transfer from prison DART teams and/or subject to statutory supervision
4.3 Review substance misuse service delivery to ensure it focuses on recovery and reintegration.
4.4 Seek opportunities for the joint commissioning of services for offenders as an identified vulnerable group with complex needs
Area of work 5
Pathways Development: A Think Family approach is adopted by individuals working with offenders and services are mapped and aligned to ensure that gaps and duplication is eliminated wherever possible
Actions
5.1 Monitor and review the ‘postcard’ scheme at Brighton Magistrates through which families may be signposted to local Children’s Centre services, and offer a consent-based referral for one to one support for partners/families.
5.2 Contribute to the development, implementation and oversight of the ‘Integrated Families Team’ and share the learning across partnership agencies
Area of work 6
Pathways Development: Support the development of a productive, stable, offence-free lifestyle with non-offending associates
Actions
6.1 Implement and evaluate mentoring services to offenders who are sentenced to less than 12 months and are subject to a compact upon release from prison.
6.2 Support offenders into education, employment or training in partnership with Job Centre + G4S and the Buck Project .
6.3 Explore the extent of overlapping services via sample case information and service mapping.
6.4 Delivery further intervention with male offenders in partnership with ‘abandofbrothers’ focusing on mentoring and manhood.

Children, Young People and Families

Outcomes: Children and young people have the best start in life

Sub-outcomes:

- Family and community stability is improved through early intervention services that enable parents, carers and young people to develop their relationships and behave in a responsible way.
- Risk taking behaviour such as offending, anti-social behaviour and misusing substances is reduced and the quality of life in neighbourhoods experiencing a negative impact is improved.
- The resilience of young people and their families, especially those who are vulnerable or at risk, is improved through advice and targeted early intervention services that increase their confidence, self-esteem and motivation, and also their ability to communicate and deal with conflict, adversity and the challenges of adult and family life.
- Young people and their families have the opportunity to be active citizens, participate in community activities and shape the services that affect their lives so that values, expectations and responsibilities are shared and understood.
- The harm caused to young people or their families from misusing substances is reduced and the health (mental, physical and sexual) of all is improved.
- Young people are able to enjoy their leisure time, using the opportunities on offer through open access youth provision and cultural, sports and other positive activities across the city, so that they are inspired and challenged.

Why this is a priority

Brighton and Hove is committed to securing sufficient services and positive activities which meet the health and wellbeing needs of our growing and varied population of young people. Young people thrive on strong and supportive relationships, strong ambitions and good opportunities. By providing these we can help them to realise their potential and be positive and active members of their families, their communities and society. Some young people need, and would benefit from, additional positive, preventative and early help to improve their wellbeing and we strive to provide this for all those who need it. Our focus in this Plan is on these vulnerable young people.

The 2011 census showed that our population estimate of 13-18 year olds has increased to 20,000 making up 7% of the city's residents. In 2010 20.4% of all children and young people in the city lived in relative income poverty. Of those, 25.6% were aged 11-15yrs and 13.2% were aged 16-19 yrs. The results from the 2012 City, Equalities and Neighbourhood Profiles analysis imply that around 2 out of 10 (over 4,000) young people are at risk of poor outcomes due to substance misuse issues, an offending background, being a young carer, involvement with social care teams, teenage pregnancy, living in a deprived area or being not in education, employment or training (NEET) (Aspire database).

The local picture

Below are some of the findings taken from local intelligence and reports⁷:

- The Department of Health advise that no-one under 15 should have alcohol. However in the 2012 SAWSS, 79% of young people aged 14-16 years reported that they had tried alcohol and 34% had had a drink in the last week. Of those who drink, 38% said they frequently drink to get drunk. This is a reduction from the 2011 survey where 82% confirmed they had tried an alcoholic drink and 37% had drunk within the last week.
- The 2012 SAWSS also revealed that 23% of 14-16 year olds said they had taken drugs that were not prescribed. Of these, 80% had used cannabis. This is a slight decrease from the 2011 survey where 25% had taken drugs that were not prescribed.
- Alcohol remains easily affordable and accessible and the concern now is that young people are drinking at home and with parental / relative's awareness. The 2012 SAWSS survey showed that over half (51%) of 14-16 year olds who drank had been given alcohol by a family member or friend; of those who reported trying drugs, 5% had been given them by a family member or friend.
- A total of 171 young people were in treatment for substance misuse in 2011/12 and 113 of these were new episodes. This was marginally lower than in 2010/11 where there were 177 in treatment. Just under a third (31%) had previously engaged in the service. Most frequently referrals came from youth justice services (36%). Children & Family Services have smaller referral rates (8%) possibly due to vulnerable young people being engaged with a number of support services where one has already made the referral. However, a review of young people who keep returning to A&E due to excessive alcohol use showed that most had historic involvement with social care but none had been identified as having a substance misuse issue or needing support. Those who re-presented to RU-OK? for treatment (at a rate of 14% compared to 8% nationally), or had long in-treatment times, were often those who had had social care involvement.
- There is growing awareness of the hidden harm to children of parents who have difficult and destructive relationships with alcohol. Historically the focus has been on families where parents are misusing illegal substances. In October 2012, there were 257 local children subject to a child protection plan (CPP). Of these, 100 (39%) were identified as having parents with substance misuse issues: 57 (22%) with alcohol and 43 with drugs (17%). In addition, between April and November, 79 out of the 449 (18%) assessments conducted by BH Adult Alcohol Services revealed that the adult had children living with them either all or some of the time. One in ten 14-16 year olds are concerned about their parents using drugs or alcohol currently or in the past (2012 SAWSS).
- The Brighton & Hove Youth Service youth activities programme is designed to engage 13-19 year olds who would benefit the most from youth work and youth provision. Since April 2012, the service has engaged around 3,000 young people of which 1,268 young people are regular service users (participants), 90 young people

⁷ Information taken from the 2012 Youth Offending Joint Strategic Needs Assessment (JSNA), Services for Young People Joint Commissioning Strategy 2012-15, the Substance Misuse JSNA 2011/12, the 2012 Safe and Well at School Survey (SAWSS), service evaluations and specialist services performance reports.

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have engaged in sexual health and substance misuse targeted group work (TP3 & Reflect) and 295 individual young people have received one-to-one support.

- The number of First Time Entrants to the youth justice system (FTEs) has been steadily declining over the past few years. In 2011/12, 87 young people aged 11-17 were FTEs and data for 2012 shows an average of 20 new FTEs each quarter. It is likely that future data will show a levelling out of performance. Brighton & Hove has the lowest rate of FTEs compared to its YOS (Youth Offending Service) benchmarking family. Reductions are in part attributed to the Community Resolution disposals diversionary scheme. There were 450 of these given out to young people in 2011/12.
- In 2010 around 34% of young offenders re-offended and the rate of offences per re-offender was 3.99 offences per person which was one of the highest figures nationally. Between April and December 2012 a total of 160 young people engaged with the YOS prevention team. Based on previous performance data, 30-50 young people from this cohort are expected to reoffend or enter the youth justice system.
- The number of sentences to custody has reduced from 21 in 2010/11 to 13 in 2011/12 accounting for 5% of all sentences. This is lower than the national average but higher than that for the South East. Performance data for April-December 2012 showed that 38% of those sentenced were Looked After Children.

Current context

Progress made during 2012/13 is described below:

Education and personal, social and health education (PSHE)

A total of 33 schools have Healthy Schools status and four have achieved health and wellbeing outcomes (emotional health of children, risky behaviour and aspirations, physical health and domestic violence and abuse) under the city priorities.

All secondary schools and a number of special schools and engagement programmes for young people in non mainstream education settings, have adopted a standardised PSHE programme complete with a system for checking attendance and ensuring that every pupil receives the package of learning at some point. Work has continued to improve the quality of teaching and learning in PSHE in these establishments.

Drug and alcohol core messages have been reviewed and disseminated to schools and a new drug flow chart on how to respond to drug and alcohol related incidents in schools, academies and colleges has been implemented and well received. A need has been identified to look at how club drugs, designer drugs, psychoactive substances and polydrug use should be included in future resources.

Results from the Safe and Well at School Survey are routinely disseminated to schools to help them to examine the challenges and opportunities posed, and to identify the priorities for change. More work is needed to establish whether there are gaps in the joint offer to pupils which could be met through new or existing development opportunities building on the success of strong partnership work.

Substance Use

The local treatment service continues to consistently perform well with high numbers leaving treatment in a planned way demonstrating a change in their behaviour, i.e. no longer being involved in unsafe drug use, self harm, offending, or unsafe sex. However, there still remains a small number who stay in treatment for a long time and a higher proportion who re-present. These young people have often previously come into contact with social care services.

There is now a better understanding that young people will re-engage at a time that is best for them and when they are more motivated to change. Re-engagement is not considered to be a negative behaviour pattern and a disengagement protocol has been put in place to support workers to minimise wasted resources.

Youth Offending

The Youth Offending Service has been through a period of review involving a full service needs assessment leading to the 2013-14 Youth Justice Strategy. This includes an already implemented restructure and a new delivery and partnership model to be in place from 1st April 2013.

The reprimand and final warning scheme which directly affects the number of new FTEs will change to a youth cautions system. In contrast to the current final warning scheme, there is no limit to the number of cautions a young person can receive and they can be applied to those who have previous convictions. It is uncertain how this system change will impact on the numbers of FTEs, but it is felt that they will increase.

Following the findings of the last two HM Probation Inspections, the redesigned service aims to be more outcome focused, reduce youth offending and increase the management of risk and safeguarding of young people. There will be guidance to identify who is at highest risk of entering the criminal justice system and what evidence based or best practice interventions should be implemented in order to reduce re-offending.

Other areas of improvement include addressing housing, education, employment and training need of young people who come into contact with the YOS and encouraging them to engage in positive activities.

The ways in which YOS works with Looked After Children and social care workers will also be reviewed to ensure that the needs of young people are being met and that social workers and carers are supported to do so.

Sexual assault and sexual exploitation

The Home Office reported that over a third (38%) of all rapes recorded by the police in England and Wales in 2010/11 were committed against children under 16 years of age. Brighton & Hove's service providers need to be confident to provide support and make full use of care pathways to the police, social care, specialist health and the community and voluntary sector organisations.

As part of the 'Every Contact Counts' agenda when young people come into contact with children's or health services as part of routine care and assessment, there are opportunities for identifying community safety issues, for example, non-consensual sex, coercion, domestic and sexual abuse and violence. Our services should be reviewed to establish how well each contact fits in with this guidance and how services are developing in line with recommendations from Brighton & Hove's Sexual Assault and Sexual Exploitation Steering Group.

The Violence Against Women & Girls Strategy was approved in 2012 and looks at a range of crimes including sexual assault, sexual exploitation and trafficking. The action plan for 2013 includes how to develop partnership work to improve outcomes for children, young people and families.

Families

Stronger Families, Stronger Communities Programme

The Stronger Families, Stronger Communities (SFSC) programme is a major new initiative tasked with improving the outcomes for families with issues around anti-social behaviour (with adults and/or young people), educational attendance/behaviour and

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worklessness. In Brighton & Hove prioritisation of work with eligible families is informed by a range of factors including safeguarding issues for children and young people; parental health issues including emotional and mental health problems; drug and alcohol problems; and domestic violence and abuse.

The SFSC programme delivers an effective whole family assertive outreach approach provided by the council together with key statutory and community/voluntary sector partners. It aims to improve the resilience, capacity and independence of families and households facing multiple disadvantages in order to improve their outcomes and significantly reducing public sector expenditure.

A key element of the SFSC programme is to diagnose where mainstream services can be changed to improve outcomes for families earlier, so informing the Early Help programme and the work of statutory and community/voluntary sector partners.

SFSC is charged to work with 675 families by 2015 to improve their outcomes in the three areas listed above. At 31st March 2013 183 families had been worked with.

A Menu of Interventions

The complex needs of families continue to be addressed by a range of 'tier 3' services including social work, Functional Family Therapy (FFT), Stronger Families, Stronger Communities, and the Parents of Children at Risk (POCAR) project. There is also a local commitment to improve and re-commission services for families that are involved, or at risk of being involved, within the social care pathway with the overarching aim of reducing the numbers and the costs involved.

The 2012 *'Silent Voices – supporting children and young people affected by parental alcohol misuse'* report from the Office of the Children's Commissioner (OCC) highlights the extent of this largely hidden problem. Over 2.5 million children across the UK are estimated to be affected with the majority never coming to the attention of children's social care services. Children try to cope with the impact it has on themselves as well as with their parents' alcohol problem. The OCC recommends that children whose lives are affected by parental alcohol misuse should be offered the same level of support as those whose parents have issues with illegal substance use. The needs of these families often include a complex mixture of poor parenting, child neglect, domestic violence and abuse, substance misuse, worklessness and poverty.

In response to the hidden harm agenda, a joint programme of support work for social workers and adult treatment workers is being developed for commission in 2013/14 to further improve the quality of assessments and interventions delivered to families. There will be a strong focus on those affected by adult drug or alcohol misuse, domestic violence and abuse, mental health or learning disability. Potential outcomes to prioritise for the child are: improved physical health, educational and cognitive ability, relationship and identity, emotional and behavioural development. Parental outcomes should concentrate on successful substance misuse treatment and ability to nurture.

Further to this, services for 8-13 year olds who are affected by parental substance misuse will be commissioned to help develop resilience and protected behaviours. The pathway from ACAS (Advice, Contact and Assessment Service), the school nurse service and SCSF to the 8-13 projects will be developed as part of this work.

A Family Group Conference (FGC) is a voluntary family-led process, based on evidence of good practice, which aims to keep families together where it is safe to do so. They are also a part of the pre-court proceedings pathway. The local FGC programme is currently being re-commissioned and this process will include a review of the efficacy of FGCs and the impact they have on social care.

Where next?

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

During 2013/14 the priorities are:

- To continue to implement the Joint Commissioning Strategy for services for Young People improving young people's participation and engagement
- To implement the Youth Justice Strategy
- To improve and re-commission services for families that are involved or at risk of being involved within the social care pathway
- To deliver the Stronger Families, Stronger Communities programme

April 2013 will see an announcement of the management changes to Children's Services. The focus for the 2012/13 actions plans is currently clear and unlikely to see dramatic change. However, the implications of the future changes on delivery are not yet known. Any significant changes under the new arrangements will be incorporated in any revised versions of this strategy when more information is available.

Links to other priority areas

The work described here around young people and families will also have an impact on safeguarding children and young people. There are links across many other areas of this strategy, including domestic and sexual violence and abuse, and alcohol and drugs misuse.

Implications for equalities and sustainability

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

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

Parallel plans

- | | |
|--|--|
| • Youth Justice Plan 2013-14 | • Domestic Violence and Abuse Action Plan |
| • Services for Young People: Joint Commissioning Strategy 2012-15. | • Recommendations of the Local Children Safeguarding Board and Review findings |
| • Anti-Social Behaviour Action Plans | • Recommendations from the Sexual Exploitation Steering Group |
| • 14-19 Learning Partnership | • Workability strategy |
| • Stronger Families Stronger Communities programme | • Young People's Substance Misuse Treatment Internal Compact |

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- Parents of Children at Risk (POCAR)
- Partnership work with Adult SM treatment services and Children's Social Care
- Child and Adolescent Mental Health Services (CAMHS) Strategy
- Alcohol Strategy and Action Plan
- Healthy schools work in secondary schools
- Schools improvement strategy

Key performance indicators

- The number of Children in Need per 10,000
- The numbers of first time entrants to the youth justice system
- The percentage of YOS offenders who re-offend in a 12 month period
- The number of young people within the youth justice system receiving a conviction in court who are sentenced to custody
- Number of 14-16 year old school students reporting that had 'ever taken drugs that were not prescribed for you or available at a chemist'
- The number of 14-16 year old who drink to get drunk on a regular basis
- The number of vulnerable and at risk young people who engage with substance misuse treatment and targeted sexual health services through community and voluntary sector partnership work
- Percentage of clients who leave treatment meeting the goals on their care plan
- Percentage of clients who leave treatment in an agreed and planned way
- Number of families identified for the SFSC programme, and the number engaging and successfully completing the programme

Children and Young People Action Plan

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

Area of work 1

Implement a citywide Services for Young People Joint Commissioning Strategy

Actions

1.1 Continue to jointly commission services for young people across the council's commissioning teams, the Safe in the City Partnership and health to ensure that resources are pooled and targeted effectively via the Youth Joint Commissioning Group.

1.2 Commission youth work and youth provision across the city.

1.3 Work in partnership with communities and equalities teams who provide services for young people.

1.4 Work with community/voluntary sector youth services to develop a targeted work programme with young people who are involved in substance misuse/poor sexual health and explore scope to include those involved in crime/ASB.

1.5 Improve the preventative service to young people who are at risk of harm, but are not yet at significant risk, to reduce the likelihood of an increased risk.

Children, Young People and Families

1.6 Agree and implement a consistent standard and quality of approach across all commissioned / delivered services for young people, attached to participation and engagement.
1.7 Procure services in a fair and transparent way.
Area of work 2
Reduce the harm caused to young people by substances use
Actions
2.1 Continue to deliver an effective treatment service that ensures young people have left treatment in a planned way when their treatment is completed.
2.2 Improve resilience amongst young people, especially those who are vulnerable or at risk due to substance use.
2.3 Improve resilience amongst families and increase family/carer involvement in interventions.
2.4 Continue to improve the engagement and participation of young people in RU-OK? treatment services.
Area of work 3
Improve the outcomes for young people involved in crime or ASB
Actions
3.1 Improve service impact, particularly in reducing re-offending.
3.2 Ensure that the recommendations from the Short Quality Screening inspection results are implemented.
3.3 Work collaboratively with partners to improve young people's aspirations and engagement in education, employment and training.
3.4 Develop a new model of Restorative Justice which is underpinned by the needs of victims which is supported by a clear guidance policy and a robust delivery process.
3.5 Improve the focus on the quality of young people's interventions and measuring the efficacy and impact.
3.6 Develop the programme of young people's participation and feedback and use the information to help shape service delivery.
3.7 Develop quality assurance processes to ensure comprehensive management oversight and effective risk management.
Area of work 4
Improve formal and informal education for young people attached to substance use and sexual health (as part of implementing the Teenage Pregnancy and Substance Misuse Action Plan)
Actions
4.1 Continue to support secondary, special schools and engagement programmes to further improve the quality of teaching and learning in secondary sex & relationships education and drug, alcohol & tobacco education.
4.2 Continue to deliver ' <i>Talking to your teens about...drugs and alcohol</i> ' sessions every two years
4.3 Work with partners to provide support to parents and carers in school settings related to sexual health and substance misuse.
4.4 To update and review the HIV and Blood Born Viruses policy in partnership with Terrence Higgins Trust and RU-OK? and disseminate with staff training.
4.5 Review and update drug, alcohol and tobacco learning outcomes and resources to include club drugs, designer drugs, psychoactive substances and polydrug use.

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4.6 Work with schools to develop and implement changes as response to findings in the annual Safe and Well at School Survey and assess whether there are any support gaps and how these can be addressed.

Area of work 5

Reduce the harm caused to families where substance misuse is an issue

Actions

5.1 All delivery of secondary schools Triple P Parenting program to deliver a module on talking to young people and sexual health and substance misuse.

5.2 Implement the VFM (Value for Money) agenda across children services.

5.3 Improve and re-commission services for families that are involved or at risk of being involved within the social care pathway.

Area of work 6

Improve outcomes for anti-social behaviour, school attendance and worklessness in families eligible for the Stronger Families Stronger Communities Programme

6.1 Successfully engage 225 eligible families by September 2013.

6.2 Successfully engage 338 eligible families in 2013/14.

6.3 Develop and deliver an SFSC contract with the community and voluntary sector to deliver support to 45 eligible families. Start date July 1st 2013. Engage 45 families in 2013/14.

Domestic Violence and Abuse

Outcome: Residents and communities are free from domestic violence and abuse by increasing survivor safety, holding perpetrators to account, decreasing social tolerance and increasing people's ability to have healthy relationships.

Sub-outcomes:

Prevention

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

Early intervention

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

Provision

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

Definition:

A new definition of domestic violence and abuse was implemented by the UK Government from 31 March 2013⁸. The definition of domestic violence and abuse now states:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional.”

⁸ This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

“Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

“Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

Why this is a priority

Domestic violence and abuse in the city, as elsewhere, is widespread. It occurs across all communities, irrespective of age, ability, gender, gender identity, race, religion or belief, socio-economic status or sexual orientation. The UK government definition of domestic violence and abuse is outlined above. Although women, men and children can all experience domestic abuse and violence, women are disproportionately victims, and as such domestic abuse and violence is recognised as both a cause and consequence of gender inequality.

Experienced as an expression of power and control by one person over another, domestic violence and abuse are rooted in a sense of entitlement and male privilege and are most commonly gender-based. Consequently, the city’s approach to it, and a range of associated crime types⁹, sits within a broader strategy to prevent Violence against Women and Girls. This strategy reflects the United Nations (UN) Declaration (1993) on the elimination of violence against women, which identifies violence against women as *“any act of gender-based violence that is directed at a woman because she is a woman, or acts of violence which are suffered disproportionately by women, that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman or girl, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”*

While domestic violence and abuse are predominately experienced by women and girls and perpetrated by men, this crime type also affects a significant minority of men. Consequently, working with men and boys is

Main Partners

Brighton & Hove City Council (Children, Youth and Families Service; Adult Social Care; Housing Services)
Brighton & Hove Domestic Violence Forum
Brighton and Hove Clinical Commissioning Group
Brighton and Sussex University Hospitals NHS Trust
Brighton Oasis Project
Brighton Women’s Centre
Crown Prosecution Service
Domestic Violence & Housing Working Group
Domestic Violence Commissioners Group
Drug and Alcohol Action Team
Health & Wellbeing Board
HM Courts Service
Inspire Project
Integrated Team for Families
LGBT DV&A Working Group
Living Without Violence Programme
Local Safeguarding Adults Board
Local Safeguarding Children Board
NHS Sussex
Partnership Community Safety Team
RISE
Stronger Communities Partnership
Surrey and Sussex Probation Trust
Sussex Criminal Justice Board
Sussex Police
Victim Support
Youth Offending Service

⁹ Including: rape and sexual violence; stalking; female genital mutilation (FGM); forced marriage; crimes committed in the name of ‘honour’; trafficking; sexual exploitation, including commercially through prostitution and the sex industry, and sexual harassment in the workplace and public sphere.

essential, because the city needs to take actions to work with men who perpetrate violence against women and girls, as well as to support men who are victims of domestic violence and abuse, along with boys who witness or experience violence and abuse. Men are also included as part of a call to take more responsibility for ending violence and abuse, as part of the White Ribbon campaign.

Domestic violence and abuse also affects trans people, as well as lesbian, gay and bisexual people. Work with these communities is embedded within action plans.

Domestic violence and abuse are characterised by:

- Ongoing coercion and repeated incidents;
- Under-reporting;
- Escalation in intensity and severity, which can lead to the victim's death; factors that increase the risk of homicide including the presence of rape, stalking and controlling behaviour; the co-occurrence of child abuse; isolation and barriers to accessing services; separation, and child contact disputes;
- Significant health problems, including physical injury, self-harm, eating disorders, sexually transmitted infections, attempted suicide, depression, anxiety, and other mental health problems;
- Serious and lasting impact on survivors' safety, health, wellbeing and autonomy, which can severely restrict survivors' ability to fully participate in society. This includes experience of poverty, unemployment and homelessness;
- An adverse impact on children and young people. When there are children in the household, the majority witness the violence that is occurring, and in 80% of cases, they are in the same or the next room. In about half of all domestic violence situations, the children are also being directly abused themselves;
- Teenagers also experience domestic violence and abuse in their own relationships, which disproportionately affects girls, and there are links between domestic violence, youth offending and teenage pregnancy;
- At least 1 in 4 women experience domestic violence and abuse in their lifetime and between 1 in 8 and 1 in 10 women are estimated to have experienced it in the last year. Less than half of all incidents are reported to the police.

The local picture

The number of domestic violence crimes and incidents, although declining by 8% between 2010/11 and 2011/12, shows a fairly stable trend over the longer term. Alcohol is often a factor in domestic violence and abuse with clear peaks at the weekend and late at night; over 40% of domestic violence suspects and 30% of victims reported as being under the influence of alcohol. The percentage of repeat victims reporting to the police has been rising and was at a level of 60% during 2011/12, continuing to increase during the first half of 2012/13. This may mean that the previous report did not satisfactorily put an end to the problem, it may reflect the pattern of reoccurring behaviour by a perpetrator and/or it may also demonstrate a level of trust and confidence. Locally, there remains an on-going drive to encourage people to report.

Referrals to the Multi-Agency Risk Assessment Conference (MARAC) have steadily increased since 2007/8 and the capacity of MARACs was increased during 2011/12 when 263 high risk cases were considered and action plans put into place. Independent Domestic Violence Advisers (IDVAs) support victims to improve their safety, reduce risk and provide support around the criminal justice process through the courts where appropriate. The IDVA service supported 270 clients during 2011/12 with about 75% of

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those referred engaging with the service. In 2011/12 nearly 80% of finalised prosecutions resulted in a conviction, a particularly high rate. However the first half of 2012/13 has seen a drop in the conviction rate to 65%.

A domestic violence and abuse needs assessment, which provides further information on the prevalence, scope and impact of domestic violence and abuse, can be accessed via the Brighton and Hove local information service website at <http://www.bhlis.org/needsassessments#D>.

Current context

In November 2010, the UK government set out its vision and ambition to tackle domestic (as well as sexual) violence in 'A Call to End Violence against Women and Girls'. In 2013, the Home Office published a refreshed action plan to demonstrate an ongoing commitment to tackling domestic violence and abuse as part of the broader violence against women and girls (VAWG) agenda. Reflecting this national direction, in December 2013 the Safe in the City Partnership Board approved the strategy to prevent Violence against Women and Girls in Brighton & Hove, within which the response to domestic violence and abuse will sit.

Where next?

During 2013/14, the Domestic Violence Commissioning Plan will continue to focus on delivering the domestic violence outcomes framework, which includes citywide strategic outcomes and service-level outcomes across three types of activity (prevention, early intervention and provision of ongoing support) for identified stakeholders (survivors, children and young people, perpetrators, and communities). Together this provides a framework of accountability that focuses on how well services are identifying, responding to and preventing domestic violence and abuse, and creating positive change for local people.

The actions identified below to address domestic violence and abuse in the city, as well as the Commissioning Plan, will be integrated with strategic and operational responses to other associated crime types, as part of the new strategy to prevent Violence against Women and Girls. This will include identifying those areas of work that cross all associated crime types, as well as priority areas within each that need specific action.

Links to other priority areas

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

Addressing inequalities

Addressing domestic violence and abuse effectively through delivery of this action plan is central to the delivery of gender, as well as other equality duties. Domestic violence

and abuse is also a significant factor in promoting and sustaining health inequalities in the city.

Domestic violence and abuse is both a cause and consequence of gender inequality; women and girls are more likely to be victims than men and boys, and young women in particular suffer higher levels of victimisation. Work towards achieving the prevention and reduction of sexual violence and abuse must address existing gender inequalities which can give rise to the behaviour of perpetrators.

Survivors' experiences are compounded by the additional discrimination faced by some groups, particularly: women; those from Black, minority and refugee communities including Gypsy and Traveller communities and amongst women seeking asylum; disabled people; older or younger people; LGBT people; and people with mental health needs or who have problematic substance use. Belonging to one or more of these groups makes seeking help more complex and can reduce the number of services available.

Sustainability

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

Parallel plans

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

Key performance indicators

- Number and rate of police recorded incidents and crimes
- Percentage of domestic violence crimes solved
- Percentage of finalised prosecutions with resulting in a conviction
- Levels of repeat victimisation: for i) repeat victims referred to the MARAC (Multi-Agency Risk Assessment Conference) and ii) the percentage of crimes reported to the police where the victim has been a victim already within the previous 12 months
- Percentage of referrals to Independent Domestic Violence Advisor (IDVA) service who receive support

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- % of MARAC domestic violence victims reporting feeling safer at the point of leaving the IDVA service

Domestic violence and Abuse Action Plan
Summarised from the Domestic Violence Commissioning Plan
Prevention
Area of work 1
Measures designed to raise awareness and knowledge of local communities, and enhance the capacity of communities, family and friends, to respond effectively.
Actions
1.1 Increase knowledge through provision of information and resources targeting family and friends, and through workshops, meetings and outreach targeting communities.
1.2 Support the development of discussion groups amongst different communities and build the capacity of community groups to respond to domestic violence and abuse.
1.3 Support and build capacity of Black and minority women's groups locally to improve responses to women's safety and wellbeing and improve community responses to domestic violence and abuse
1.4 Support the development of community-led awareness raising of forced marriage through professional and community engagement and outreach programmes.
1.5 Support the development of community-led outreach work on issues of female genital mutilation with young people and women from communities at risk.
1.6 Raise awareness of the support needs of Gypsy and Traveller communities and how to meet these needs effectively
1.7 Continue to explore how culture and arts organisations, and how commissioning for cultural activity, can help contribute to prevent domestic violence and abuse
1.8 Integrate domestic violence and abuse awareness raising work amongst communities with actions to deliver the 'white ribbon city status' as part of the Violence Against Women and Girls Strategy
Area of work 2
Targeted and universal domestic violence and abuse publicity campaigns, and workplace policies
Actions
2.1 Develop and sustain a citywide media and communications strategy to deliver universal and targeted awareness campaigns targeted at perpetrators, survivors, young people and the public (informed by national best practice toolkits). Promote national guidance for journalists on reporting violence against women across local press and media.
2.2 All services to publicise domestic and sexual violence, the help available, and how their agencies can respond, and to create safe environments to encourage disclosure.
2.3 Develop workplace domestic violence and abuse policies and campaigns (informed by national best practice toolkits) and implement these across the private, public, community and voluntary sector.
2.4 Review and publicise the council Domestic Violence Workplace Policy and Procedures to ensure it incorporates best practice and incorporate into relevant strategies, and roll out training for managers on its delivery.

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

Area of work 3

Prevention, education and skills development

Actions

3.1 Continue to deliver a whole school approach to domestic and sexual violence prevention across all schools in Brighton & Hove, in partnership with specialist services (informed by best practice evidence of what works) and to include independent domestic violence and abuse support for children and young people.

3.2 Incorporate domestic and sexual violence into sex and relationships education (SRE) and Personal, Social and Health Education (PSHE) lessons.

3.3 Ensure services that deliver healthy relationships work with children, young people and families incorporate domestic and sexual violence as part of service delivery.

3.4 Develop and deliver programmes to increase resilience of survivors, children and young people that includes: accredited women and girls self-defence classes; programmes that address domestic violence and abuse in teenage relationships; and work on child-to-parent abuse (Break4Change programme) through multi-agency partnership with specialist domestic violence services.

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

Early intervention

Area of work 4

Training for professionals and frontline staff to spot early signs and risk factors of all forms of domestic and sexual violence.

Actions

4.1 Develop and train local trainers to deliver a modular training programme on domestic and sexual violence awareness and skills for intervention, for all frontline professionals (housing services, adult services, children's services, schools and education services, health services, criminal justice services) which includes risk assessment, effective response and safety planning, and referral on disclosure.

4.2 CAF and PPP training to include identification of the presence and risk of domestic violence and abuse to children as well as to adults assessed, undertaken safely and separately with parents to ensure that the needs of both adult survivors and their children are fully met.

4.3 Promote delivery and monitor take-up of the new national e-learning training course for GPs on violence against women and children.

4.4 Organise and secure attendance at training on domestic and sexual violence for local dental clinicians (as recommended by B&H LINK)

Area of work 5

Fully accessible universal/targeted/specialist services so that survivors and perpetrators face minimal barriers to seeking help and to accessing the support they need.

Actions

5.1 Implement policies on the safe use of interpreting services in cases of domestic and sexual violence for all agencies, and support specialist services to enable access to interpreting services.

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5.2 NHS and council services to publicise that services are accessible for survivors and children whatever their immigration status, if they have experienced violence and abuse.

5.3 Local arrangements to ensure that survivors and their children with insecure or temporary immigration status are supported while they access safety and the violence is prevented, and/or while their case for indefinite leave to remain in the UK is developed and considered nationally.

5.4 Build the capacity of BMER, disability, LGBT and heterosexual male organisations to work alongside specialist domestic violence and abuse services to support survivors, children and perpetrators.

5.5. Monitor the impact on domestic violence and abuse survivors of Welfare and Legal Aid reforms

Area of work 6

Early identification and response procedures for all aspects of domestic violence and abuse through routine and selective (safe) enquiry and improved initial response to disclosure across public services – for survivors, children and perpetrators.

Actions

6.1 Review and update (and develop where there are gaps) domestic violence and abuse service delivery procedures across council and health services that adhere to national occupational and service standards

6.2 Safe, selective enquiry to be implemented in healthcare settings, children's services and adult services, in accordance with national best practice models.

6.3 Audit services that exercise public functions in relation to safeguarding children and adults with support needs to ensure implementation of the national statutory guidance on forced marriage, and national multi-agency guidance on FGM.

6.4 Building on the LES 2011/12, ensure GP practices/optometrists/pharmacists to deliver selective enquiry and response to domestic violence and abuse.

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

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

6.7 Healthcare, children's and adult services professionals to be trained in early identification and response to perpetrators.

Area of work 7

Targeted early identification and intervention work with groups who possess certain risk factors, across all forms of domestic violence and abuse.

Action

7.1 Targeted early intervention (routine enquiry and response) with clients at particular risk of repetitive and escalating violence and/or where it is known that domestic violence and abuse starts or escalates, based on clients' identify or life experience.

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

7.3 Domestic and sexual violence to be mainstreamed into sexual health and teenage pregnancy services and policy, and all sexual health and genito-urinary medicine clinics should introduce routine enquiry with all young women under the age of 18.
7.4 Young people's services to embed the importance of healthy relationships and respect and to use materials on teenage relationship abuse in their work with young people, teachers and schools
Area of work 8
Improve identification of and response to domestic and sexual violence amongst Gypsy and Traveller communities
Action
8.1 Ensure any new site development addresses the safety needs of women and children in its design, development and management
8.2 Dedicated Gypsy & Traveller domestic and sexual violence advocacy post co-located in local specialist services; to be co-designed with Gypsy and Traveller women and expertise from Gypsy and Traveller DV/SV services.
8.3 Domestic and sexual violence procedures to be reviewed to ensure they address Gypsy and Traveller needs; and new procedures and training programme developed for Traveller Liaison Team, Traveller Education Team, early years/children's services, Traveller site staff.
8.4 Consult with Gypsy and Traveller women about their health, support and safety needs; and develop community capacity building to facilitate and support the promotion of gender equality, to bring about greater educational, health, economic and social inclusion.
8.5 Integrate work of Traveller Education Team with Healthy Schools Team work on gender equality and domestic and sexual violence whole school prevention work.
8.6 Domestic and sexual violence awareness campaigns to be publicised amongst Gypsy and Traveller communities; communications should include targetting perpetrators about the criminal justice penalties associated with domestic violence and abuse, rape and sexual violence
8.7 Explore how to deliver targeted interventions for Gypsy and Traveller perpetrators alongside required partner safety work; and identify and engage with Gypsy and Traveller male 'champions' to challenge the acceptance of gender-based violence and influence change
Provision
Area of work 9
Fully accessible universal and targeted services by trained, skilled staff equipped to identify and respond effectively to all aspects of domestic violence and abuse, including supporting survivors and families with multiple and complex needs.
Action
9.1 All public services to integrate domestic violence and abuse training and procedures (see 6.1) and appropriate interventions to ensure any agency is able to deal with identification, risk assessment and management, and provide safe and appropriate interventions – with a focus on children & family services; adult social care services; housing services; community safety services; health and substance misuse services; and criminal justice services.
9.2 All public services and delivery units to appoint a lead professional/champion to hold expertise on domestic violence and abuse, to advise on implementing the procedures and on identification, safe interventions and referral routes, monitoring requirements for victims and perpetrators.

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

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

Area of work 10

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

Actions

10.1 Continue to support RISE's Domestic Violence Helpline making it more accessible for survivors and professionals to access specialist information, help and support.

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

10.3 Sustain and develop the RISE independent domestic violence advisor (IDVA) service to ensure citywide independent domestic violence advocacy for all survivors irrespective of risk, which includes targeted and intensive advocacy for high risk survivors linked to the MARAC and SDVC; and the development of the health-based advocacy service (see below) to ensure it links to acute, specialist and primary care services in the NHS, extending to mental health and GP practices. Develop advocacy services for survivors using the family justice system.

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

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

10.6 Sustain and develop RISE's specialist domestic violence and abuse support service for children and young people.

10.7 Develop and deliver safe, supervised child contact facilities for domestic violence and abuse survivors, children and young people and their non-resident parents.

10.8 Ensure the continuation of sexual violence support services (including ISVAs) that provide a range of specialist services, including Sexual Assault Referral Centres, for victims of rape or other forms of sexual violence, whether as an adult or a child.

10.9 Continue to support accredited interventions with domestic violence and abuse perpetrators and associated partner support, within and outside the justice system.

10.10 Sustain and develop the Living Without Violence (LWV) programme, maintaining group work programmes and retaining Respect accreditation.

10.11 Ensure domestic violence and abuse interventions within other targeted services (like Brighton Oasis Project and the Integrated Team for Families) work closely (seeking advice and joint working where appropriate) with RISE services and the Living Without Violence programme.

Area of work 11

Improved health service response to domestic violence and abuse

Domestic Violence and Abuse

11.1 Every NHS service should have a single designated person to advise on appropriate services, care pathways and referrals for all survivors of violence and abuse; and national evidence for domestic violence and abuse good practice in health care settings should be integrated into the local health safeguarding mechanisms to enable accountability for reducing and preventing domestic violence and abuse.
11.2 Sustain and develop the health-based independent domestic violence advisor (HIDVA) service partnership between BSUH and RISE in A&E, midwifery and urgent treatment service and ensure this links to early intervention work with GP services to be developed (IRIS Programme – see 6.5).
11.3 Domestic and sexual violence interventions to be mainstreamed into teenage pregnancy services, policy and practices.
11.4 Continue training midwives, health and early years visitors to ensure they are skilled to recognise domestic violence and abuse, respond and offer support, and signpost to other services.
11.5 Provide information to mothers from communities which practise FGM, during the antenatal assessment, as part of an integrated local pathway of care for FGM.
11.6 Mental health services should provide specialist targeted psychological support for survivors of current or past domestic violence and abuse, and integrate psychological support and treatment for survivors and their children into mainstream health services in primary and secondary care and in specialist agencies. Include domestic violence and abuse within Improving Access to Psychological Therapies training and competencies.
11.7 Continue (in readiness for Care Quality Commission registration) to embed the lead safeguarding role in GP practices with responsibility for maintaining awareness of child protection, adult safeguarding and domestic violence and abuse, and ensure domestic violence and abuse policies and procedures are understood and followed.
Area of work 12
Effective specialist domestic violence and abuse court programme, multi-agency risk management systems and integrated systems across other court services, including support for survivors using the criminal, civil and family court services.
Actions
12.1 Support the continued delivery of the specialist DV court programme; and continue to implement national and pan-Sussex guidance on SDVCs.
12.2 Convene a Scrutiny Panel bringing members of the voluntary and community sector together to jointly review and scrutinise a random selection of domestic violence cases to highlight good practice, including a specific focus on the criminal justice system by inviting CPS lawyers and independent legal advisors
12.3 Continue to support the Multi-Agency Risk Assessment Conference (MARAC) system to reduce harm to survivors of domestic violence and abuse, supported by a full-time MARAC Co-ordinator, and ensure high risk victims have access to independent DV advocacy and that there are effective links to MAPPA, safeguarding children and vulnerable adults.
12.4 Improve family court monitoring and outcomes where domestic violence and abuse is prevalent.
12.5 Implement the domestic violence homicide review process and align with serious case reviews.
12.6 Guidance on Stalking and Harassment, on prosecuting FGM, on Investigating and Prosecuting Rape and Domestic Violence should be implemented effectively and be subject to compliance monitoring by the police and CPS.

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

Area of work 13

Workable structure for co-ordination and delivery of a domestic violence and abuse strategic action plan, including improved workforce skills and knowledge.

Actions

13.1 The city domestic violence and abuse strategy to be aligned with a strategic approach addressing all forms of violence against women and girls crime types; and its delivery to be supported by a VAWG Programme Board, Commissioning Group and Operational and Provider Forums for delivery, reviewing progress and making recommendations for improvement (alongside a process for involving survivors – see 3.5).

13.2 Domestic violence and abuse to be considered core business for city services and partnerships – domestic violence and abuse outcomes to be included in performance compacts and into partnerships strategies and action plans

13.3 Effective joint commissioning and pooling of resources to achieve the co-ordinated community response model, and the outcomes framework and commissioning priorities identified in the Domestic Violence Needs Assessment and Commissioning Plan, in adherence with the principles set out in the needs assessment and to national minimum standards for domestic violence and abuse services.

13.4 Ensure B&H Domestic Violence Forum and associated working groups are resourced and supported.

13.5 Local domestic violence and abuse workforce strategy to ensure professionals across public services are appropriately competent; training needs to be mapped to the Domestic Violence National Occupational Standards (NOS) developed for practitioners working with survivors and perpetrators.

Area of work 14

Agreed recording and reporting against citywide minimum data sets on domestic violence and abuse, within and across partner agencies.

Actions

14.1 Consistent and practical data standards to underpin the analysis of quality, activity, outcomes and performance management by commissioners, NHS and third sector providers.

14.2 Record and monitor domestic violence and abuse data on victims and offenders by gender (male, female, transgender people) and relationship, ethnicity, disability and sexuality (lesbian, gay, bisexual).

14.3 Ensure compliance with statutory and legislative requirements in relation to domestic violence and abuse.

Sexual Violence, Abuse, Exploitation, and Trafficking

Outcome: Sexual violence and abuse is reduced

Sub-outcomes:

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

Definition:

Sexual violence and abuse is *'any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding'*. This includes: rape and sexual assault; sexual violence and abuse (by partners, family members and by strangers); sexual harassment; sexual exploitation and child sexual abuse.

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

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

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Why this is a priority

Sexual violence and abuse in the city has a devastating impact on victims, families and society as a whole. Much sexual violence and abuse, including rape, occurs in families, where children and young people are the victims, and most rapes are carried out by someone the victim knows.

Although women, men and children can all experience sexual violence, women are disproportionately victims, and as such sexual violence is recognised as both a cause and consequence of gender inequality.

Consequently, the city's approach to sexual violence, abuse, exploitation, and trafficking, and a range of associated crime types¹⁰, sits within a broader strategy to prevent Violence against Women and Girls. This strategy reflects the United Nations (UN) Declaration (1993) on the elimination of violence against women, which identifies violence against women as *“any act of gender-based violence that is directed at a woman because she is a woman, or acts of violence which are suffered disproportionately by women, that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman or girl, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”*

As with domestic violence and abuse, while these crime types are predominately experienced by women and girls and perpetrated by men, they are also experienced by a significant minority of men. Consequently, working with men and boys is essential, because the city needs to take actions to work with men who perpetrate sexual violence, abuse, exploitation, and trafficking, as well as to support men and boys who are victims of these crime types. Men are also included as part of a call to take more responsibility for ending violence and abuse as part of the White Ribbon campaign.

Sexual violence, abuse, exploitation, and trafficking also affects trans people, as well as lesbian, gay and bisexual people. Work with these communities is embedded within action plans.

Sexual violence, abuse, exploitation, and trafficking have an extensive impact:

Main Partners

Alcohol Strategy Group
Brighton & Hove City Council
(Children, Youth and Families Service; Adult Social Care; Housing Services)
Brighton & Hove Domestic Violence Forum
Brighton and Hove Clinical Commissioning Group
Brighton and Sussex University Hospitals NHS Trust
Brighton Oasis Project
Brighton Women's Centre
Crown Prosecution Service
Domestic Violence Commissioners Group
Drug and Alcohol Action Team
Health & Wellbeing Board
HM Courts Service
Inspire Project
LGBT DV&A Working Group
Local Safeguarding Adults Board
Local Safeguarding Children Board
Mankind Counselling
NHS Sussex
Partnership Community Safety Team
RISE
Sex Workers Strategy Group
Sexual Exploitation Steering Group
Sexual Violence Reference Group
Surrey and Sussex Probation Trust
Survivors Network
Sussex Central YMCA
Sussex Criminal Justice Board
Sussex Police (Rape & Serious Sexual Assault Steering Group)

¹⁰ Including: rape and sexual violence; stalking; female genital mutilation (FGM); forced marriage; crimes committed in the name of 'honour'; trafficking; sexual exploitation, including commercially through prostitution and the sex industry, and sexual harassment in the workplace and public sphere.

- Nationally, it is estimated that about 10,000 women will be sexually assaulted and 2,000 women will be raped in one week.
- Nearly a quarter of women have been stalked since the age of 16, and 18% of stalking leads to rape or sexual assault.
- Home Office research estimates that in the region of 3.7 million women in England and Wales have been sexually assaulted since the age of 16; and across the UK there are upwards of five million adult women who experienced some form of sexual abuse during childhood.
- Home Office research into prostitution also suggests that as many as 85% of women in prostitution report physical abuse in the family, with 45% reporting familial sexual abuse. Between 50-75% of women in prostitution entered before they were 18.
- Other research into trafficking across Europe found that 95 per cent of women trafficked into prostitution suffered physical and sexual abuse, with the same number experiencing symptoms of trauma similar to those suffered by torture victims.
- Research tells us that women have a greater fear of rape or sexual assault than any other crime; women's routine decision making is organised around personal safety and minimising the risk of rape and other forms of violence, and this can significantly constrain their lives and restrict their ability to fully participate in society. Locally, the 2010 Citizens Panel survey showed that 13% of women, compared with 2% of men are very or fairly worried about being sexually assaulted. Preventing and reducing the incidence of sexual violence and abuse is therefore essential if we are to comply with gender equality duties. This does not mean that we are not concerned with other types of sexual violence that do not come under the definition of gender-based violence. We recognise the complexity and different ways in which sexual violence is perpetrated in other groups such as men, young people, LGBT and BAMER communities. We are committed to tackling all forms of sexual violence through linking with partners who represent these diverse groups.
- The individual, economic and social cost of sexual offences is higher than any other type of crime. The overall cost of sexual offences in Brighton and Hove in 2009/10 was estimated to be in excess of £61 million.

Current context

During 2012 there has been extensive coverage of childhood sexual abuse, rape and sexual assault in national and international media. This enhanced level of publicity appears to be reflected in increased reporting, including historic sexual abuse, given the increased awareness of the experience of adult survivors. However, while reporting in the media has included some positive coverage, it has also raised issues around the way in which services have responded. As a result, public narratives about the nature of victimisation, victim/survivor experience of the criminal justice system and outcome is likely to have variable impact on victim confidence locally about the support available.

Reflecting the UK government's direction in December 2012, the Safe in the City Partnership Board approved the strategy to prevent Violence against Women and Girls in Brighton & Hove, within which the response to sexual violence, abuse, exploitation, and trafficking will sit. In Brighton and Hove, there is also a Sex Worker Steering Group which has recently revised its objectives and action plan. The incoming Violence against Women and Girls (VAWG) Commissioner and the Community Safety Manager for Refugees and Migrants will be working to align this strategy with the actions taken in the strategy for preventing VAWG.

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Where next?

As discussed in the section on domestic violence and abuse, during 2013/14, the Domestic Violence Commissioning Plan will continue to focus on delivering the domestic violence outcomes framework, which includes citywide strategic outcomes and service-level outcomes across three types of activity (prevention, early intervention and provision of ongoing support) for identified stakeholders (survivors, children and young people, perpetrators, and communities). This Commissioning Plan, along with the actions identified below to address sexual violence, abuse, exploitation, and trafficking, will be integrated into the new strategy to prevent Violence against Women and Girls. This will include strategic and operational responses across all associated crime types.

Links to other priority areas

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

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

Addressing inequalities

Sexual violence is both a cause and consequence of gender inequality; women and girls are more likely to be victims than men and boys, and young women in particular suffer higher levels of victimisation. Work towards achieving the prevention and reduction of sexual violence and abuse must address existing gender inequalities which can give rise to the behaviour of perpetrators.

Survivors' experiences are compounded by the additional discrimination faced by some groups, particularly: women; those from Black, minority and refugee communities including Gypsy and Traveller communities and amongst women seeking asylum; disabled people; older or younger people; LGBT people; and people with mental health needs or who have problematic substance use. Belonging to one or more of these groups makes seeking help more complex and can reduce the number of services available.

Sustainability

Reducing the incidence of sexual violence and abuse, as well as the fear of victimisation, is essential to the social and economic sustainability of the city and its communities. Delivery of the action plan will address sustainability issues by contributing to the physical and mental health and wellbeing of local residents; managing the environment and resources; and promoting a more sustainable local economy, social equity and opportunity for local residents.

Parallel plans

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

2010-13

Girls Strategy 2011

- Sussex Police: Rape, Sexual Violence and Serious Sexual Offences Strategy

Key performance indicators

- Number of police recorded incidents and serious sexual offences
- Percentage of serious sexual offences solved
- Percentage of finalised prosecutions resulting in a conviction
- Levels of repeat victimisation: at i) the SARC or ii) other specialist agencies
- Percentage of sexual assault victims who are eligible for a SARC referral who go on to receive a service at the SARC
- Percentage of referrals to Independent Sexual Violence Advisor (ISVA) service who receive support
- % of victims reporting feeling safer at the point of leaving the ISVA service

Sexual Violence, Abuse and Exploitation, the Sex Industry, and Trafficking Action Plan
Area of work 1
Achieve an understanding of the nature and prevalence of sexual violence in Brighton & Hove and of actions that will decrease attrition rates
Actions
1.1 Continue to identify the nature and prevalence of sexual violence in Brighton & Hove, recognising the variety of contexts in which it can take place and the different profiles and circumstances of victims and offenders.
1.2 Strategies, working groups and services to gather information about the nature and prevalence of sexual violence within their domain and information to be aggregated within partnership analysis documents to inform service development.
1.3 Improve partnership data on sexual violence and abuse by improving identification and data collection systems within adult social care services, health services, children’s services and housing services.
1.4 Maintain a multi-agency data capture system that includes information from voluntary and statutory agencies including the police, sexual health and other appropriate services.
1.5 Introduce integrated IT solutions which would enable extraction of information when a victim and offender are perceived ‘Under the Influence’ by the police.
Area of work 2
Prevent sexual violence through increased awareness of its nature and prevalence in all contexts and of the practical measures that can be taken to reduce risks and opportunities
Actions

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<p>2.1 Develop and sustain a citywide media and communications strategy to deliver universal and targeted awareness campaigns targeted at perpetrators and potential perpetrators, survivors, young people and the public (informed by national best practice toolkits). Promote national guidance for journalists on reporting violence against women across local press and media. Incorporate the association between perpetrators drinking and sexual violence within alcohol prevention publicity/education programmes, which promote safe drinking practices and the message that alcohol is no excuse for perpetrating rape or sexual abuse.</p>
<p>2.2 Raise awareness of rape and sexual violence and the help available amongst students in the city and on university campuses (utilising 'student nights' and fresher week events) which includes targeting perpetrators and promoting the consequences of rape in terms of sentencing.</p>
<p>2.3 Support the universities to develop their responses to rape, sexual violence and sexual harassment by: identifying routes for students to report sexual violence and improve their access to help and support; supporting the delivery of training for key university staff and student support services; developing methods for collating and analysing data on sexual violence from universities; and delivering a prevention programme which includes publicity targeting perpetrators and workshops challenging cultural attitudes that condone sexual violence.</p>
<p>2.4 Contribute to the work of the Sussex Rape Prevention Steering Group led by the police, and ensure local priorities and actions are reflected in its work programme.</p>
<p>2.5 Contribute to and ensure effective links with the Local Safeguarding Children Board sexual exploitation subgroup.</p>
<p>2.6 All strategy groups, including those which are addressing domestic violence and abuse, to incorporate information about rape and sexual violence in their publicity.</p>
<p>2.7 Incorporate preventative measures, targeting potential perpetrators of rape and sexual violence, within the good practice initiatives which are led by the Licensing Strategy Group and alcohol-related crime and disorder groups.</p>
<p>2.8 Develop improved outcomes for young people who display sexually harmful behaviours through commencing a series of activities which identify and disseminate a model of inter-agency working based on existing practices and available research evidence; focus on effective arrangements around transition from child protection/youth justice to adult processes; identify inter-agency and multi-disciplinary training needs; and disseminate best practice information.</p>
<p>2.9 In recognition of the association between stalking/harassment and incidents of sexual violence and abuse, work with specialist third sector and criminal justice partners to develop an effective community based response to stalking and harassment, linked to the domestic violence and abuse action plan. Disseminate information on new stalking offences.</p>
<p>2.10 Continue to explore how culture and arts organisations, and how commissioning for cultural activity, can help contribute to prevent sexual violence. Support the co-ordination of the annual <i>Brighton & Hove 16 Days</i> programme of events to mark the international 16 Days to end violence against women (November 25th - December 10th), to include supporting a <i>Stand-Up to End Violence Against Women</i> organised by <i>Charity Chuckle</i>.</p>
<p>Area of work 3</p>
<p>Increase reporting of sexual violence through improved public confidence in the criminal justice system and lower rate of attrition which is well publicised</p>
<p>Actions</p>
<p>3.1 Support Sussex Police in the delivery of their Rape, Sexual Violence and Serious Sexual Offences Strategy which aims to improve the investigation, detection and prosecution of cases, identifying appropriate partnership and support action for the Safe in the City Partnership</p>
<p>3.2 Raise awareness of the role of the police Sexual Offence Liaison Officers and develop integrated response services with the Sexual Assault Referral Centre and independent rape crisis, counselling and Independent Sexual Violence Advisor services.</p>

3.3 Continue to publicise the national handbook: <i>'From Report to Court: a Handbook for Adult Survivors of Sexual Violence'</i> which meets the needs of victims and witnesses.
3.4 Target information towards groups who are most at risk and/or least likely to report recognising issues such as gender and gender identity, ethnicity, sexual orientation, disability, age, religion and belief.
Area of work 4
Improved victim care and support services which meet survivor needs, and also assist police investigations and prosecutions and support improved attrition rates.
Actions
4.1 Jointly commission ¹¹ and participate in the Management Board of the Sussex Sexual Assault Referral Centre and ensure effective arrangements for the care and support of victims in the city.
4.2 Sustain the local independent rape crisis service which provides independent support, counselling and advocacy for victims, with provision built around the national Rape Crisis Service Standards (published in 2012)
4.3 Sustain and develop the Independent Sexual Violence Advisor (ISVA) service who, together with SARC services, provide support, risk assessment and safety planning for victims of rape or other forms of sexual violence, whether as an adult or a child. Link with the specialist DV and criminal courts where appropriate and support clients through statement taking, pre-court visits and trials, also referring clients to health, housing and childcare services.
4.4 Build the capacity of the Inspire project sexual violence pathway to enable improved access to specialist support from independent sexual violence services, according to national standards.
4.5 Raise awareness of the support needs of Gypsy and Traveller communities and how to meet these needs effectively in relation to rape and sexual violence. To include: ensuring any new site development addresses the safety needs of women and children in its design, development and management; a dedicated Gypsy & Traveller domestic and sexual violence advocacy post co-located in local specialist services; consulting with Gypsy and Traveller women about their health, support and safety needs; and publicising information on rape and sexual violence amongst Gypsy and Traveller communities including targeting perpetrators about criminal justice penalties
4.6 Training for professionals who may come into contact with victims, including those who may deal with first disclosures (GPs, A&E providers, health visitors, mental health providers, youth workers, voluntary sector agencies, community groups).
4.7 Ensure compliance with gender and other equality duties, particularly around the provision of appropriate services for victims of crimes where the majority of victims are women. Build the capacity of BAMER, disability, LGBT and heterosexual male organisations to work alongside specialist sexual violence services to support survivors, children and perpetrators.
4.8 Ensure local arrangements are in place so that those reporting sexual violence to the police are linked to independent support agencies; make the CPS booklet <i>Policy for Prosecuting Cases of Rape</i> widely available to all victims and ensure it is given to all rape complainants reporting to the police as a matter of routine. Measure and review victim satisfaction with the CJS as a routine.
4.9 Integrate responses to sexual violence within work to address the support needs of families with multiple and complex needs (which often involve historical or current sexual violence), ensuring specialist sexual (and domestic) violence services are central to that model. Ensure clear identification and referral pathways to support services for survivors and criminal justice/offender programmes for perpetrators.

¹¹ The joint commissioning and management arrangements also link with NHS sexual health strategies and public health delivery plans.

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Area of work 5
Support for the work programme of the Sex Workers Steering Group which seeks to reduce risks and provide routes out of prostitution and related circumstances.
Actions
5.1 Continue to take forward the Sex Workers Steering Group work programme and further develop a strategic approach to rape and sexual violence of those involved in the sex industry
5.2 Support and respond to police led operations to identify trafficked women and their traffickers. Aim to ensure that local victims of trafficking from within the UK and from abroad have access to safety, support and protection.
5.3 Encourage the active and increased use of the 'Ugly Mugs' or 'Dodgy Punter' schemes, and other national good practice initiatives, which include challenging demand for prostitution, increasing safety of and support for those in prostitution, providing safe routes out of prostitution, and identifying perpetrators and bring them to justice.
5.4 Continue to target those most at risk by maintaining relationships with individuals in the sex industry, ensuring they get increased access into drug and alcohol services, domestic and sexual violence services, alternative housing and employment options in accordance with their needs.
5.5 Sustain support services for women in the sex industry and at risk of commercial sexual exploitation. Monitor the success of work that supports women to safely exit from prostitution.
5.6 Develop a programme of work to challenge demand by men who buy women for sex, which includes identifying offending associated with prostitution and bringing offenders to justice.
Area of work 6
Reduce fear and raise awareness of the reality of rape and sexual assault for women, increase women's ability to report and/or seek help, and publicise any improvements in attrition rates and sentencing
Actions
6.1 Ensure all work aimed at improving public perceptions of levels of crime and disorder and reduced fear of crime particularly addresses serious sexual offences, sexual assault and rape and others which are of most concern to women.
6.2 Ensure publicity and communications relating to rape and sexual violence avoids victim-blaming messages; avoids reinforcing a false distinction between 'genuine' and undeserving victims; recognises that women's routine decision-making is informed by the fear of sexual violence and that many victims who experience sexual violence do not report it; and that publicity needs to target communications to specific groups.
6.3 Raise awareness of and promote compliance with national guidelines on reporting sexual violence amongst local communications/press teams and the local media
Area of work 7
Safeguard and build the resilience of children and young people to sexual assault and exploitation and respond to the threat of it
Actions
7.1 Continue to deliver the Every Child Matters outcomes particularly the 'Staying Safe' and 'Be Healthy' work programmes overseen by the Local Safeguarding Children Board. These include actions to reduce the risks linked to unsupervised internet use by children and young people.

Sexual Violence and Abuse

7.2 Continue to deliver a whole school approach to sexual violence prevention (linked with domestic violence and abuse prevention approaches in schools). Education programmes targeted towards young people and in schools, which address alcohol/drug misuse, sex/relationship education, teenage pregnancy and other risks, to include awareness raising of the association with sexual violence, issues of coercion and consent, the consequences for perpetrators and services for victims.
7.3 Reduce sexual and sexist bullying in schools. Work with schools to prepare for Ofsted inspections by working on the key area of inspection that focuses more strongly on behaviour and safety, including bullying. Inspectors will look for evidence of how much bullying there is in schools and how well it is dealt with.
7.4 Implement the findings of the <i>Joint Agency Audit into the Incidence, Recording and Outcomes of Child Sexual Abuse</i> investigations in Brighton & Hove.
7.5 Identify appropriate and effective early interventions for young people who sexually abuse or are at risk of abusing and support the delivery of those interventions.
7.6 Explore how agencies undertaking generic work with children and young people, such as CAMHS, include classifications of sexual abuse in their initial assessments.
7.7 Continue to support the WISE project and further implementation of the findings of ' <i>Tipping The Iceberg – A Pan-Sussex Study of Young People at Risk of Sexual Exploitation and Trafficking</i> '
7.8 Support compliance as appropriate with 'Special Measures' in courts (compliance with 'Speaking Up for Justice' and Youth Justice and Criminal Evidence Act 1999) which offers enhanced protection for child witnesses
Area of work 8
Work towards the development of a holistic strategy for tackling rape and serious sexual offences and violence which accords to national good practice, builds on existing plans and expertise together with a structure which supports multi-agency delivery of an agreed work programme
Actions
8.1 Continue to support the multi-agency Sexual Violence Reference Group which receives reports from and co-ordinates the actions of individual working groups as identified in this Strategy.
8.2 The city sexual violence, abuse, exploitation and trafficking strategy to be aligned with a strategic approach addressing all forms of violence against women and girls crime types. Its delivery to be supported by a VAWG Programme Board, Commissioning Group and Operational and Provider Forums for delivery, reviewing progress and making recommendations for improvement (alongside a process for involving survivors – see 8.3).
8.3 Deliver a programme to enable survivors to feed into all stages of the commissioning and service delivery process, including training survivors in the development and review of services, training and research.
8.4 Integrate sexual violence strategy and awareness raising work with actions to deliver the 'white ribbon city status' as part of the Violence Against Women and Girls Strategy.

Hate Incidents and Crimes

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

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

Definition:

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

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

Hate crime is 'any criminal offence which is perceived, by the victim or any other person, as being motivated by a hostility or prejudice based on a personal characteristic' (five main strands listed above).

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

- The Equality Act 2010 provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all. Race, religion, disability, sexual orientation and gender identity are five of the nine identified 'protected characteristics'; people are protected from discrimination on any of these grounds. The equality duty (Section 149 of the Equality Act) requires public bodies to eliminate unlawful discrimination, harassment and victimisation, actively promote equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not.
- On 15th May 2012, the Home Secretary announced a review of the public sector equality duty, as part of the outcome of the Red Tape Challenge spotlight on equalities. The review will establish whether the 'equality duty' is operating as intended under the Act and a report is expected in June 2013. The review may impact on some of the available legal framework and context within which work to tackle and reduce hate incidents is carried out.
- The Crime and Disorder Act 1998 requires the public sector agencies do all they reasonably can to prevent crime and disorder in its area. The Act also created a number of specifically racially and religiously aggravated offences which have

greater maximum sentences than their non-racially or non-religiously aggravated equivalents.

- Following the government's Hate Crime Action Plan in March 2012, the Law Commission is conducting a review to explore the possibility of extending the aggravated offences in the Crime and Disorder Act 1998 to include offences where hostility is demonstrated towards people on the grounds of disability, sexual orientation or gender identity. The Law Commission will report in March 2014.
- The Law Commission will also examine if there is a case for extending inciting hatred offences on the grounds of race, religion or sexual orientation under the Public Order Act 1986 to include those on the grounds of disability or gender identity.
- Section 146 of the Criminal Justice Act 2003 imposes a duty upon courts to increase the sentence for any offence aggravated or motivated by hostility based on the victim's actual or presumed disability, sexual orientation or gender identity. The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) updated the Criminal Justice Act 2003 so that all five strands of hate crime will attract severe sentences where the offence is shown to be motivated by hostility towards the victim on any of the stated grounds/ characteristics.
- The LASPO Act, which received Royal Assent on 1st May 2012, amends the Criminal Justice Act 2003 so that murders aggravated on the basis of hostility towards the victim on the grounds of transgender identity or disability will attract a 30 year starting point creating parity with the sentencing for murders aggravated by race, religion and sexual orientation. This will have the effect of doubling the current starting point for the calculation of the minimum tariff for life sentences in such hate crime murders.
- Developments in legislation (The Autism Act, 2009) and policies (Valuing People Now, 2009; National Autism Strategy, 2010) mean that there is a requirement to ensure that people with learning disabilities or an Autism Spectrum Condition can live in a safe environment free from hate incidents and crimes, have improved access to redress and justice, and live in a society where people understand, respect and accommodate difference.

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

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

The plan recommends a "more effective end-to-end process, with agencies identifying hate crimes early, managing cases jointly, and dealing with offenders robustly". The plan intends to: improve the evidence base regarding the scale, severity and causes of the problem; deal with hate crime in sport and on the internet; and promote good practice. The government will provide appropriate advice and guidance to schools to

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

The newly elected Police and Crime Commissioner (November 2012) for Sussex has identified tackling hate crime as a priority in her Police and Crime Plan, and will be required to take into account the needs of victims of hate crime when commissioning victims' services.

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

Links to other priority areas

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

Implications for equalities and sustainability

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

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

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

Racist and Religiously Motivated Incidents and Crimes

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

Sub-outcomes:

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

Definition:

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

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

Why this is a priority

Racist and religiously motivated incidents are under-reported to authorities nationally, or miscategorised when reported. Nationally, anti-Muslim and anti-Semitic incidents are found to have increased both in terms of numbers and severity; however, they continue to be under-reported. A greater impact of racist and religiously motivated incidents is noted on Black and Minority Ethnic (BME) victims compared with victims of other crimes. Additionally, higher levels of repeat victimisation are recorded in the case of racist and religiously motivated incidents. Both of these denote significant harm to the individuals and their families. Victims may alter their behaviour, appearance, daily patterns and travel to minimise risk; may suffer an adverse impact on their mental health and interaction with other groups. Incidents may also impact collectively upon communities, increasing fear of crime, and lowering confidence in the criminal justice system. This

Main Partners

Racial Harassment Forum
Refugee Forum
BME, faith, and refugee community groups and businesses
Gypsy and Traveller communities and support organisations
Sussex Police
Partnership Community Safety Team
NHS Trusts
Children, Youth and Families Services
Social housing providers
Crown Prosecution Service
HM Court services
Surrey & Sussex Probation Trust
Adult Social Care
Local Safeguarding Boards

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means that BME community members who experience racist¹² incidents do not always seek or receive the support they need. The most damaging effect is that these prejudices are 'normalised' which prevents creation of inclusive, cohesive and resilient communities.

The 2011 census found that the Black and Minority Ethnic (BME) population in the city has increased to 19.5% of the total population with 'White Other' forming the largest BME group (7.1%). The Muslim community is the largest non-Christian faith group. The Buddhist population has increased, whilst the Jewish population has declined in numbers. With national and local demographic changes, a depressed economy and austerity measures, the voices of political parties and extremist groups who are hostile towards migrants and minorities resonate and are located in wider public discourses, stimulating concern over the impact on levels of racist and religiously motivated incidents and on community cohesion. Continuing to focus on racist and religiously motivated incidents remains important within this changing context.

The level of recorded racist incidents continues to decline locally, but it is difficult to be confident that the extent of the decline seen in the data reflects the numbers actually taking place and being reported in the city to various partners. Analysis has identified that certain groups experience increased risk and that there is a strong link between risk and actual victimisation. Age, gender, ethnicity, religion, being visible or identifiable as a member of a minority community, type of occupation, and living in deprived areas, or areas where BME communities do not have a long history of residence are all found to be risk factors. Individuals, their properties, and religious institutions were found to be targets of incidents. Communities also at an increased risk of targeted incidents or crimes and under-reporting include Gypsies, Irish travellers, Roma, refugees, asylum seekers, migrant workers, overseas students, BME businesses, and those who work in frontline occupations, particularly health service workers, food and retail outlets, and bus and taxi drivers. Disabled and LGBT members of BME communities may experience multiple disadvantages if they are targeted for reasons of their ethnicity as well as disability/sexual orientation. Analysis also shows that peaks in reported incidents correlate with international and national events and tensions, religious festivals, and racist discourse in the media, politics and public domain.

Current context

In Brighton and Hove, the Safe in the City Partnership has a lead responsibility for tackling and reducing hate incidents and has consistently prioritised work in this area. We have an established and successful history of using a structured, victim-centred, and multi-agency approach to tackling racist and religiously motivated incidents and supporting victims and communities. Locally, a harm-based approach has been adopted to support those reporting racist incidents; the application of risk management principles with enhanced processes for high risk victims in the city has received positive feedback from the Home Office. Restructuring within the Partnership Community Safety Team has meant a change in the entry level of casework, whereby partner agencies now provide support to their own clients. The Casework Team still provides support to people reporting to third sector organisations. However this has meant that second tier support and intervention structures have changed in the city for the victims and communities reporting racist incidents. Changes have also ensued in reporting mechanisms and monitoring. Various partner agencies have their own internal forms and IT systems to record and report racist incidents making analysis of information more complex. Although some uniformity in data collection is achieved through the

¹² From here onwards the term racist is used to encompass religiously motivated incidents too, for the sake of brevity.

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vulnerability and risk assessment forms across key statutory partners, the frequency and consistency of the completion of these forms is uncertain. Increased efficiency savings, and responding to the Equalities Act amongst other drivers, have led to restructuring across many partners and services, which meant that as a city we have interim arrangements and transitory structures and processes which still need to be effectively embedded in policy and practice. This has cumulatively impacted on the local context of work.

Our focus has been to empower victims and communities to increase reporting through developing accessible information and accessible means of reporting by working in partnership with the BME, community, voluntary and statutory sectors. Sussex Police have been revising their policies and procedures and training staff to improve recognition, recording of and response to hate incidents. We continue to develop effective partnership responses to support victims citywide, integrate safeguarding work with the reporting of hate incidents, and disseminate good practice through training. We have successfully expanded our engagement and partnership working between the schools, health sector, and the Racial Harassment Forum (RHF) to improve recording, responses to victims, analysis, and to inspire community confidence. A partnership project between BME organisations, schools and statutory partners is developing a model of work to address under-reporting from young people and improve their confidence in and satisfaction with school responses. The extent to which the statutory sector has implemented the recommendations of the Stephen Lawrence Inquiry, and its impact in the city, is to be examined and the findings may impact on service delivery to victims of hate incidents.

Community engagement, trust and confidence

The Partnership supports the RHF, a multi-sector partnership identified as a key good practice initiative in the Stephen Lawrence Inquiry report. The RHF is consulted on and is a partner in developing the strategic priorities and comprehensive actions to reduce racist and religiously motivated incidents and crimes in the city as set out below. The RHF also monitors progress on the Strategy, scrutinises reports on levels and trends of incidents, and also scrutinises statutory agencies' responses to victims.

We continue to monitor and analyse community tensions, and carry out reassurance work with communities and partners to reduce risks and impact on cohesion, as appropriate. We have a variety of routes to engage with the community and link in with a number of faith-based, inter-faith and non-denominational forums as well as our diverse BME and refugee communities. Our aim is to access diverse sections of these communities including women, older people and younger people. These direct relationships enable us to address the concerns of communities and deliver solutions which further protect them. Tackling racist and religiously motivated hate incidents is identified as a high priority by the community to reduce harm and in maintaining trust and confidence. Additionally, consultation has identified further priorities of:

- Continuing partnership work with the educational and health sectors, improved analysis, and information sharing with the RHF.
- Continuing work to increase safety of and reduce risks to frontline staff such as NHS staff, BME taxi drivers, and BME businesses.
- Tackling right wing extremist groups' activities and marches in the city, rising Islamophobia and prejudice against minorities and migrants.
- Maintaining specialism with regard to racist incidents in the design and delivery of services to victims. Also reviewing changing practices across partners to assess their impact and effectiveness and improved scrutiny.

Where next?

Whilst we are committed to reducing racist and religiously motivated incidents and crimes and the harm caused to individuals and communities, we recognise that many racist incidents are not reported and that religiously motivated incidents are on the rise. Only by increasing reporting from at risk, marginalised and vulnerable groups and those subject to religiously motivated incidents, can we gain a better understanding of the extent of hate incidents and crimes, bring the perpetrators to justice, work to address their behaviour, and support victims and communities effectively.

There is a strong case for maintaining and strengthening casework services to support victims and witnesses and work with perpetrators in the city. Future work needs to focus on:

- Resolving issues of identification of high risk victims of racist incidents, reducing repeat victimisation, better monitoring at the multi-agency risk assessment and tasking (MARAT) meetings and appropriate information sharing.
- Developing suitable monitoring and evaluation mechanisms across partners to assess the effectiveness of support to victims and to inform service delivery and the Strategy.
- Improving perpetrator analysis through recording and monitoring of work with offenders, identifying and reducing repeat offending and assessing effectiveness of interventions.
- Improving data and analysis on the extent, nature and severity of racist incidents; improved performance monitoring and reporting to communities.

The Safe in the City Partnership will build on its existing work and specifically respond to recent consultations and concerns as outlined above. We will continue to empower victims and communities, improve scrutiny, and accountability. We will also continue to support the RHF and monitor the impact of changes to ensure that we meet our strategic objectives and provide equitable services to the BME, faith and refugee communities. We will also continue to work with communities to celebrate our commonality, and to reduce risks and community tensions.

Parallel plans

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

Key performance indicators

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

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- Percentage of finalised prosecutions resulting in a conviction
- Number of repeat victims and number of high risk victims
- Number or proportion of victims who feel that their safety has increased, harm has reduced and who feel supported
- Number and effectiveness of interventions with the offenders of racist incidents

Racist and Religiously Motivated Incidents and Crimes Action Plan
Area of work 1
Increased reporting of racist and religiously motivated incidents and crimes, improved responses and services to those reporting
Actions
1.1 Promote greater reporting and consistent recording of racist and religiously motivated incidents in the city. Improve identification of hate incidents within the Safeguarding Adults At Risk (SAAR) procedures and anti-social behaviour reporting. Mainstream reporting mechanisms amongst partner agencies and communities. Monitor and keep under review changing practices to ensure that we meet our strategic objectives and provide equal access to victims, witnesses and minority communities.
1.2 Increase reporting from at risk and vulnerable groups through targeted publicity, outreach work and support to raise awareness, through partnership work and specific initiatives. Translated information to be made available on support services and at first contact.
1.3 Enhance facilities to report and access services through reporting centres in the community, voluntary and statutory sector. Maintain supportive relations, and provide effective guidance and training to staff of the community based reporting centres.
1.4 Increase reporting from the community, voluntary and statutory sectors, especially from the health sector and young people's settings. NHS Trusts to devise measures to increase reporting and support to victims, embed these within their policies and practice. Statutory partners should integrate equality considerations in commissioning contracts and allocate funding that will promote reporting and tackling of all hate incidents by those contracted or funded.
1.5 Deliver a consistent high quality casework service to those reporting incidents; provide a second tier of intervention and support to victims of: critical incidents, cases that have a high community impact, cases that are significant to sustaining the victim's and communities' confidence in public services, and where there is an identified gap or unmet need.
1.6 Further develop and test suitability of the risk assessment tools vis-à-vis victims of racist and religiously motivated incidents, and monitor numbers. Prioritise work with repeat victims (people who have reported more than one incident in any 12 month period) to support them and their families to prevent further victimisation. Prioritise work with high risk victims to reduce risk and harm caused.
1.7 Further develop the capacity of the monthly Multi-Agency Risk Assessment And Tasking (MARAT) meetings to improve responses to high risk, vulnerable and intimidated victims and witnesses of racist incidents and to take enforcement action against persistent offenders. Monitor numbers. Involve the Black and Minority Ethnic, faith and refugee communities in MARAT membership; improve monitoring data and communication from MARAT meetings to the strategy lead and BME communities to improve performance and accountability.

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1.8 Conduct client satisfaction surveys and act on feedback from the client in relation to the standards of service provided to them. Develop evaluation systems that will enable services to measure the improvement in outcomes: increased feelings of safety, reduction in harm, incidents are prevented from escalation, people feel supported, etc.
1.9 Publicise reporting centres, reporting schemes and support services. Target distribution in response to hotspot analysis, monitoring of trends, and according to needs. Review web-based information for accessibility and implement changes according to feedback. Translate information and make it widely available, as required. Undertake access audits of the reporting and support services in the city.
1.10 Ensure clients are aware of statutory sector complaint procedures, e.g. for the council, police, NHS, CPS and probation, and learn from complaints made. Develop a lay-visitor scheme to improve community confidence in casework/ support services across partners.
1.11 Review, build on and mainstream learning from national and local research to ensure best practice.
Area of work 2
Effective monitoring systems to develop crime reduction strategies and improved accountability / reporting to minority communities and partners
Actions
2.1 Develop and maintain a citywide monitoring system of racist incidents; this data will enable us to direct future prevention and development work.
2.2 Produce regular reports on levels, trends and patterns and distribute them to the relevant forums and partners, and make reports available on our website. Address any concerns arising there from.
2.3 Map and analyse hotspots for racist incidents to assist in problem solving, to assess the effectiveness of work undertaken, and to target resources appropriately.
2.4 All statutory partners (including the Safeguarding Adults Board, police, probation, NHS, social housing providers, schools and other key agencies) to ensure that their systems are capable of recording and reporting on the different types of hate incidents, including racist and religiously motivated incidents, including information on ethnicity, religion, age, gender, and the other 'protected characteristics' under the Equality Act.
Area of work 3
Prevention and deterrence of offenders, reduced repeat offending and offenders brought to justice whenever appropriate through improved rates of detection, prosecution and court outcomes
Actions
3.1 Monitor police and other criminal justice agency records to ensure early identification and tagging of racist and religiously motivated incidents, improved first response, quality of investigation and improved examination of the offender's motives. Monitor and assess the effectiveness of new procedures and training, and implement changes according to feedback to improve the experiences of victims and witnesses. Involve and feedback to communities to demonstrate accountability.
3.2 Develop and monitor tracking of criminal cases to check progress and provide feedback to victims and communities.

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<p>3.3 Monitor the number of racist and religiously motivated crimes recorded and detected along with the number of arrests, cautions, prosecutions and convictions. Improve recording of outcomes in relation to religiously motivated crimes. Increase the number of successful prosecutions and reduce the number of discontinued cases. Monitor the use of special measures to the victims of hate incidents. Monitor the sentence uplift in the courts.</p>
<p>3.4 Develop a mechanism to identify and manage risk presented by offenders of racist and religiously motivated incidents. Review policies and practices relating to the recording and referral of issues relating to repeat offending, and prevent repeat offending.</p>
<p>3.5 Monitor and review effectiveness of community resolution and other restorative justice interventions with regard to outcomes both for victims and perpetrators, report to communities and act on their feedback to improve communities' confidence in the use of these remedies.</p>
<p>3.6 Work with known perpetrators and their families to address their prejudices by effective intervention and referral to appropriate services. Ensure that victims and those supporting victims and their families are able to input in the process and there is a two way flow of communication. Improve recording and monitoring of work with perpetrators and outcomes in respect of offenders to develop perpetrator analysis and improve reporting to communities. Assess the effectiveness of interventions with offenders to develop best practice.</p>
<p>3.7 Work towards developing an Early Intervention Programme with young people in young people's settings.</p>
<p>3.8 Ensure effective information sharing between the police, CPS, probation and support agencies so that sentence plans do not heavily rely on the offender's account, but also take into account victims' views and address their safety concerns, and address the prejudice of the offender in rehabilitation.</p>
<p>Area of work 4</p>
<p>Deliver targeted initiatives, including specific projects, which aim to increase the safety of those vulnerable to particular risks and which contribute to the wider aims and objectives within the Strategy</p>
<p>Actions</p>
<p>4.1 Council housing to continue to develop appropriate and specific policies and procedures and work with other social landlords and the private sector to minimise potential risk of vulnerable people from Black and Minority Ethnic, faith and refugee communities being housed in vulnerable locations.</p>
<p>4.2 Housing to develop strategy action points to combat racist and religiously motivated incidents and harassment, and ensure consistent responses are delivered to all reported incidents.</p>
<p>4.3 Develop projects/initiatives in partnership with communities and statutory partners to respond to specific concerns.</p>
<p>4.4 Set up a subgroup to assess the gap between experiences and reporting of racist and religiously motivated incidents by women in the community, take actions to narrow the gap between experience and reporting, and monitor and evaluate the actions to assess their impact in terms of increased reporting.</p>
<p>4.5 Continue to facilitate the RHF subgroup promoting partnership working between communities, the Learning Partnership, schools and key stakeholders to understand and address under-reporting of racist and religiously motivated incidents from young people. Support a pilot with schools, develop a working model, assess its effectiveness and explore the feasibility of rolling it out locally.</p>

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Area of work 5
Promotion of an anti-racist/ anti-discriminatory attitude within communities, increased knowledge, skills and ability of the city's workforce to respond. Promotion of local community cohesion and engagement between existing and new communities, building bridges and links across all ethnic groups and faiths.
Actions
5.1 Continue to support and build the capacity of the Racial Harassment Forum, improve its scrutiny functions, improve its profile and representation within the family of partnerships in the city. Develop links with external agencies/individuals from around the UK to bring inspiration and expertise to the RHF. Explore ways of engaging youth with the RHF. Review RHF publicity and refresh accordingly.
5.2 Statutory partners to consult and engage with BME, faith and refugee communities in developing priorities, services, and good practice with regard to i) racist and religiously motivated incidents ii) other services.
5.3 Deliver a rolling programme of training to key statutory, voluntary and community partners to raise awareness, improve recognition, mainstream the use of reporting forms, clarify referral pathways, help develop effective interventions, and link organisations to the multi-agency risk assessment and tasking (MARAT) meetings. All partner agencies to seek to involve communities in training wherever possible.
5.4 Prioritise promotion of clear and consistent anti-racist/discriminatory messages and raise awareness of racist bullying in young people's settings, using a variety of young person friendly media and training. Support schools to comply with the public sector duty of the Equality Act and to improve the recording and challenging of prejudice based bullying and incidents.
5.5 Work with English language schools, higher education establishments, universities, and host families to raise awareness of risks and reporting mechanisms among students including overseas students and address their safety concerns. Examine this process and ensure that it is targeted at the right people.
5.6 Assess and respond positively to emerging tensions and potential conflicts. Monitor tension risk information in the city and carry out risk assessments as required, and particularly in response to international and national incidents or events. Engage BME, faith and refugee groups, voluntary and community organisations, respond to issues to minimise impact on communities and community cohesion, and prevent escalation, as appropriate.
5.7 Engage with refugees, asylum seekers, migrant workers, faith and BME communities and address their safety concerns. Support partnerships and community led projects to improve and mainstream community safety of BME, faith, refugee and other vulnerable or marginalised communities across partners and services.
5.8 Ensure statutory sector staff are trained in racist/religiously motivated incidents and BME, faith and refugee issues (particularly CPS and probation). Examine how to involve the community in training staff and offender intervention programme.
5.9 Develop a proactive communications strategy to raise the profile of the anti-racist/ discriminatory work, respond to negative publicity, publicise successful prosecutions and promote respect for diversity. Improve universal and targeted messaging to deter perpetrators.

Building Resilience and Preventing Extremism

Outcome: Build long-term resilience to all forms of extremism¹³ amongst individuals, institutions and communities; reduce harm and increase trust and confidence.

Sub-outcomes:

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

Definition:

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

According to the Terrorism Act 2000, terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause¹⁴.

The national Prevent Strategy (2011) has three main objectives:

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

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

¹³ Extremism is defined in the Prevent Strategy as ‘vocal or active opposition to British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs’. In defining extremism, the Prevent Strategy also includes ‘calls for the death of the [UK] armed forces, whether in the UK or overseas’.

¹⁴ Each of the three elements to the definition must be satisfied: the actions (or threats of action) encompassing serious violence against person, damage to property, and creating a serious risk to health or safety etc.; the target to which those acts must be directed, i.e. influencing a government or international organisation or intimidating public (or a section of public); and the underlying purpose (i.e. advancing a political, religious or ideological cause) must be present.

Why this is a priority

Stopping people from resorting to violence or terrorist action is fundamental to the security and wellbeing of all residents. Since July 2011, the threat to the UK from international terrorism has remained at 'substantial', meaning that the threat of a terrorist attack remains a strong possibility and may occur without warning. The UK faces a range of terrorist threats, with the government assessing that the most serious is from *Al-Qa'ida* and its affiliates and that other threats emerge from Irish dissidents, far right extremists, and other extremist groups. The nature of threat has diversified and is constantly evolving. The internet has emerged as a key resource in the radicalisation process with some direct personal contact. Young people are found to be at an increased risk as digital content is made very attractive and persuasive and can be quickly and widely shared. Recently, the phenomenon of lone actors that plan and carry out terrorist attacks without assistance or organisational support has been of particular concern. In addition to the risks to vulnerable individuals of being exploited and recruited into terrorism related activity, wider harm to public safety, damage to public confidence and community relations may result.

The aim of the United Kingdom's Counter Terrorism Strategy (Contest: July 2011) is 'to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their lives freely and with confidence'. Contest has four strands of work: Pursue, Prevent, Protect, and Prepare. The Prevent work stream requires a partnership approach involving local authorities, police, a range of statutory and third sector organisations in localities and, most importantly, local communities. The policy framework places communities at the heart of delivering this work, with the local response to Prevent being focused and proportionate. In June 2011 the national Prevent Strategy widened its scope to address all forms of terrorism, including the extreme right wing.

Analysis reveals that there is no single route to terrorism nor is there a simple profile of those who become involved. The decision of an individual to become involved in extremist activities may reflect a complex interplay of the following causes: exposure to an ideology that seems to sanction violence; exposure to people who persuasively articulate that ideology and then relate it to an individual's life circumstances; a personal or identity crisis, including experiences of racism, discrimination, deprivation and other criminality (as victim or perpetrator); family breakdown or separation; and a range of perceived grievances, to which there may seem to be no credible and effective non-violent response. Most analysis emphasises politics, policy, political grievances and distrust in democratic institutions to be key drivers and identifies the power of small group socialisation¹⁵ in moving individuals to commit acts of terrorism. National evidence suggests

Main Partners

Sussex Police

Partnership Community Safety Team

Brighton & Hove City Council

Brighton & Hove Muslim Forum

Brighton & Hove Muslim Women

Sussex Bangladeshi Association

Universities (Brighton & Sussex)

Further Education Colleges

Al-Medinah & Al Quds Mosques

Children, Youth & Families

Brighton & Hove Interfaith Group

Student Unions and Societies

NHS Trusts

Learning Partnership

Sussex & Surrey Probation Trust

Communities of Places and Interests

¹⁵ Whilst there is unanimity of opinion that involvement in violent radicalisation occurs in a group, with social relationships and networks playing a key role; it is less certain if the group processes can turn 'anyone' into taking violent action.

that the supporters of right wing extremist groups were more dissatisfied with politics and were more distrustful of institutions than average residents.

Islamophobia, anxieties about immigration, economic decline and European integration have been identified as key drivers for extreme right wing ideologies, and these concerns are reflected in wider public opinion. A successful counter strategy therefore requires a two pronged approach that disrupts the pathways into these groups and also addresses wider public concerns over immigration, hostility towards Islam and role of the Muslim communities. People can be drawn to right wing terrorist ideology through the rhetoric and language of apparently non-violent right wing extremist groups.

Education, greater awareness and interaction with other ethnic or religious groups, and economic stability are identified as important factors in resisting involvement with Al-Qaida influenced terrorism. Successful interventions challenge ideology, use education or training to build young people's capacities and empower them. Intervention providers who have authority and legitimacy with young people, and are equipped with profound ideological knowledge were found to be effective. Also, interventions that involve family members, improve social ties, that address several inter-linked factors, and are tailored to the needs of the individual or groups are found to be successful.

Current context

Although work on Prevent remains a national priority and resource allocation is prioritised according to the nature of the threat to national security, the government's commitment to 'localism' gives greater flexibility to local authorities and the police in delivering Prevent locally. The Brighton & Hove approach has been to identify vulnerabilities and signs of extremism in order to support individuals who are at risk, and their families through care based interventions, to protect and divert them away from risks.

In October 2012 new national guidance was issued to local partnerships about Channel, a multi-agency process and structure safeguarding and supporting vulnerable individuals to divert them away from risk of radicalisation and being drawn into committing terrorist related activity. In view of developing research and evidence, further national guidance was issued providing a new framework for Channel vulnerabilities and risk assessments based on three dimensions: individuals' engagement with terrorist ideology, their intention to cause harm and their capability to do so. New dedicated police Channel co-ordinators were created to support the process and co-ordination of Channel locally. The local authority is to lead the multi-agency panel which will address the full range of individual's vulnerabilities, develop and deliver a support package as and when appropriate, and will also monitor and review progress quarterly. Individuals' consent for support and good record keeping at all stages of the process is vital.

The Counter Terrorism Local Profile (CTLP) is a product that identifies the risk of terrorism and extremism at a local level. National guidance on the CTLP in September 2012 set out key principles to encourage a consistent approach to producing, using and sharing the CTLP to all interested partners. The CTLP or assessment of risk and threat should be the key component for local Prevent delivery.

Whilst recognising that Prevent will depend on a successful integration and community cohesion programme, the national strategy makes clear distinctions between the two work streams. The integration strategy interfaces with the Prevent work through its focus on work to tackle extremism and intolerance. The Home Secretary requires that Police and Crime Commissioners give regard to national threats and the policing capabilities needed to counter those threats. Terrorism is identified as a national threat

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and requires, amongst other things, local capabilities to identify threats, risks and harms to ensure a proportionate and effective response, and to identify and divert those individuals involved in, or vulnerable to, radicalisation. Accordingly, the Sussex Police and Crime Commissioner identifies tackling serious crime and terrorism as a priority in her Police and Crime Plan under the keeping people safe theme.

With dedicated staff and resources, we have built on and successfully expanded our engagement and outreach work to a wide section of the community and educational establishments including the universities. Involvement of local Muslim communities and other key partners in the design, delivery and scrutiny structures through the Prevent Partnership Group has fostered shared ownership of the Prevent agenda locally. The Partnership Community Safety Team continues to receive inquiries, offer advice and support to partner agencies, and be the single point of contact in relation to individuals vulnerable to all forms of extremism. A citywide supporting vulnerable individual process that uses a mixture of the existing mainstream and bespoke processes has been aligned to the new national Channel guidance and Sussex procedures. We are working to integrate revised procedures in the local safeguarding guidance. We continue to facilitate the Sussex Prevent Partnership Board that provides strategic oversight, increases understanding of regional risks to inform and develop local Prevent activity, increases collaboration amongst partners across the region, and develops and disseminates good practice.

We continue to raise awareness of the diversity of local Muslim communities and influence the work programme of key statutory partners to respond to identified gaps and unmet community needs. Partnership work between the statutory sector and Muslim communities has resulted in improved communication, engagement, and access to public services as well as addressing some areas of grievance. Through funding and delivering a number of community projects, we have successfully provided activities and safe spaces for young people, parenting support to women, and increasing communities' capacity and resilience. Through training and briefings we continue to increase awareness of Prevent and understanding of extremism issues in the city's work force. We successfully held a fourth People's day event in the city to celebrate our commonalities and shared values. There is clear commitment amongst statutory partners to take decisions in an informed, transparent and open manner, with clear accountability to local communities.

Where next?

Community members and key partners have requested a clear communication strategy to proactively deal with negative publicity that adds to grievances or causes of extremism or fuels prejudices. Consultation has indicated a need to continue to increase understanding of extremist narratives, support communities in challenging extremist ideologies and develop credible voices.

We will:

- continue to build on our existing best practice, our successful engagement with diverse communities and partners, and ensure that Prevent work is mainstreamed.
- jointly with our police colleagues, key partners and communities regularly identify levels of threat, risks and vulnerabilities to direct local work and develop our action plan to be flexible and responsive to tackle specific risks and emerging threats.
- continue to identify vulnerable communities and engage with them to build their capacity.
- continue to prioritise supporting individuals vulnerable to extremism and terrorism, further develop risk assessment, information sharing protocols, and interventions.

Building Resilience & Preventing Extremism

- focus on agencies working with offenders to improve identification, and support to vulnerable individuals appropriately.
- continue to raise awareness among frontline staff across partners and continue to disseminate good practice.
- continue to identify vulnerable institutions and engage with them including the universities, colleges and educational sector to build their resilience.
- revise our communication strategy
- develop a shared understanding of the nature and causes of extremism and terrorism, and identify solutions to mitigate risks and prevent its escalation.
- work to improve and implement a new performance framework.

Links to other priority areas

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

Implications for equalities and sustainability

Whilst frontline policing and intelligence are vital to countering terrorism, allocating resources exclusively to these activities alone will not address its root causes. That is why the communities themselves must be at the centre of an effective response to reducing violence, extremism and tackling disaffection. We work to support vulnerable individuals, often from families with complex needs that are also marginalised; our work to divert them from risks is carried out within a safeguarding environment that promotes their rights and welfare. Our work to improve marginalised communities access to public services and addressing their grievances drives the equality agenda, and improves their links to democratic institutions and trust in the system.

Parallel plans

- | | |
|---|---|
| • CONTEST 3 Strategy, July 2011 | • Prevent Strategy, June 2011 |
| • Working Together to Safeguard Children National DCSF guidance : 'Safe to Learn' | • Building Partnership, Staying Safe (Health sector guidance) |
| • DCLG, Creating the Conditions for Integration, February 2012 | • House of Commons Home Affairs Committee – Roots of Violent Radicalisation, January 2012 |
| • Community Development Commissioning 2013 | • Sussex Police Prevent Plan, 2013 |

Key performance indicators

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

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Building Resilience and Preventing Extremism Action Plan
Area of work 1
Understanding of, and engagement with, Muslim and other vulnerable communities locally
Actions
1.1 Identify and map vulnerable, emerging, and marginalised communities in order to inform and implement an effective and inclusive engagement and empowerment strategy. Support and encourage communities and institutions to raise concerns, share issues around extremism, improve governance, and develop resilience.
1.2 Further engage and improve our strategic communication with young people, women, men and other excluded and at risk groups in local communities. Support activities for young people and link them to mainstream services.
1.3 Revise our communication strategy. Strengthen our relation with influential community groups, key opinion formers, mosques, other places of worship, and institutions to share issues and concerns around extremism and grievances that drive them.
1.4 The Partnership Community Safety Team to ensure that the needs and concerns of the Muslim community are disseminated throughout the Safe in the City Partnership and influence mainstream work programmes as necessary to affect improved service delivery. Support working groups and partnerships between the communities and statutory partners to develop shared priorities, to address grievance, to develop leadership and resilience.
1.5 Continually work to develop shared values by initiating events which increase understanding of faiths and create inter-community dialogues, particularly of the positive perspectives of the Muslim faith and our local Muslim communities, and challenge Islamophobia. The People's Day event is one such initiative and is organised with the B&H Muslim Forum and other faith organisations. Taking the lead from community leaders in the city, and together with members of inter-faith groups, celebrate significant religious festivals.
1.6 Continue to build the capacity of Muslim women and explore sustainability of the parenting support in future.
1.7 Work with Sussex and Brighton universities, colleges and English language schools to improve our understanding of student populations within the city, improve engagement and strategic communications with students, staff, and various student societies, residential and support services.
1.8 Re-visit and re-build the stakeholder structure and network to ensure that we have effective relationships and partnerships to take forward Prevent activity. Build the capacity of the Prevent Partnership Group so that it can fully represent the spectrum of community, faith and Inter-faith perspectives, support dialogue, initiatives and develop effective partnership responses.
Area of work 2
Knowledge and understanding of the drivers and causes of extremism and the Prevent objectives to support work to tackle extremist ideology
Actions
2.1 Keep abreast of and disseminate national good practice so that it informs the work of all partners and the Prevent Partnership Group.
2.2 Develop a shared understanding of the causes of extremism and terrorism, including right wing extremism, and solutions to prevent its escalation.

Building Resilience & Preventing Extremism

2.3. Provide training for frontline staff across all key partners and community members to help increase understanding of faiths and local communities, increase confidence and capacity to identify vulnerabilities, clarify referral pathways and support vulnerable individuals. Increase understanding of the narratives used by extremists and terrorists (including right wing extremists) and how to challenge those narratives.

2.4 Agree clear risk assessment processes and further develop information sharing protocols, particularly with colleges and the higher education sector. Formalise the process and systems for record keeping and tracking risk assessment.

2.5 Following national good practice (*Learning Together to be Safe* and others), develop and deliver a programme of work for schools, children and young people, which increases the confidence and capacity of schools to understand: how the extremist narrative and ideology can be challenged; how to prevent harm and manage risks; how to support vulnerable individuals; how to increase the resilience of pupils and school communities; and how to use curriculum opportunities to air and resolve grievances through conflict resolution and active citizenship.

Area of work 3

Development of a risk-based Prevent Action Plan, in support of delivery of the Prevent objectives

Actions

3.1 Jointly with police colleagues, key partners and communities regularly identify the level of threat, vulnerabilities and risks and include within the action plan activities which will target and reduce those specific risks. Disseminate the Counter Terrorism Local Profile to key strategic partners.

3.2 The Partnership Community Safety Team to monitor community tensions and carry out risk assessments as required, and particularly in response to international and national incidents or events. Respond to issues to minimise impact on communities and community cohesion, and prevent escalation, as appropriate.

3.3 Brighton & Hove police to sustain opportunities for community and faith leaders to raise grievances and to manage partnership responses which effectively address those grievances.

3.4 The Partnership Community Safety Team to continue to develop and deliver its work to address racist and religiously motivated incidents and crimes and to build trust and confidence within the Black and Minority Ethnic (henceforth, BME), Muslim and other faith-based communities.

3.5 Provide opportunities and safe spaces for discussions and debates, particularly for young people, to address grievances that ideologues are exploiting. Continue the dialogue on foreign policy between the local communities and government officials.

3.6 Build capabilities of local communities, including young people and women, to develop leadership and confidence to challenge extremist ideologies. Ensure positive messages are targeted at vulnerable individuals to refute extremist messages.

3.7 Continue to develop the citywide supporting vulnerable individual (Channel) process for individuals at risk of radicalisation and being recruited to the causes of extremism. Identify and develop a range of care based interventions to support vulnerable individuals. Work with key partners to ensure optimal use of existing, mainstream interventions. Develop models of positive and productive partnership with local communities and other partners to support young people through one-to-one/interpersonal communication, mentoring opportunities and through other interventions.

3.8 Develop and embed appropriate case management system. Engage with local NHS trusts, mental health providers, probation trusts and agencies working with the perpetrators appropriately.

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3.9 Identify vulnerable institutions; develop processes and activities that focus on strengthening them, creating a hostile environment for those who promote violent extremism, and building resilience. Increase understanding of the needs of our diverse communities and pupils amongst school staff and other practitioners, including challenging Islamophobia. Support City College and local communities to work in partnership to address issues of under-achievement of BME pupils. Training for Imams, management committees and administrators of the mosques and Arabic school.

3.10 Develop effective measures to tackle cyber-terrorism and counter online propaganda and narrative. Work with the educational sector to develop 'safe' spaces, improve reporting of online extremist material and hate incidents, improve internet safety programme to highlight the dangers of online radicalisation, and build resilience.

Area of work 4

Effective oversight, delivery and evaluation of projects and actions

Actions

4.1 The Partnership Community Safety Team to manage monitoring the effectiveness of the delivery of the action plan within the performance management frameworks of the Safe in the City Partnership. Put in place systems and processes to evaluate local projects and measure the impact of activities, assess what is working well and use findings to adjust future programme of action.

4.2 The Prevent Partnership Group to maintain oversight of the delivery of the action plan and to assess progress.

4.3 Continue to involve community members in scrutiny structures and take decisions in an informed, open and transparent manner with clear accountability to local communities.

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

LGBT Hate Incidents and Crimes

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

Sub-outcomes:

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

Definition:

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

Why this is a priority

Brighton & Hove has an estimated LGBT population of 45,000 people, and the city has a history of being socially inclusive and tolerant of sexual diversity. LGBT residents and visitors migrate to Brighton & Hove believing it to be a safe and tolerant city, but some find that this is not always the case.

The Count Me In Too survey conducted in 2006 found that almost three-quarters of lesbian, gay, bisexual or transgender respondents had experienced crimes or negative

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behaviours¹⁶ towards them in the previous five years (ie. between 2001 and 2006) because of their sexual or gender identities (not all of those experiences necessarily took place in our city). At the time of the Count Me In Too study only 25% of those who had experienced an incident had reported it. A recent LGBT Community Safety Forum survey in 2012 found that 23% of 638 respondents had experienced a hate incident in the last twelve months and 23% of these had reported their experience. 44% of those who did not report the incident said they did not consider it serious enough to report. 39% said they lacked confidence in police processes.

In 2011/12 there were 63 hate incidents and crimes against lesbian, gay, bisexual or transgender people recorded by the police, and this number has been declining steadily since 2006/7 when there were 218 recorded. Professionals working with the LGBT community do not perceive that there has been a decrease in trust and confidence which would account for this reduction.

Nevertheless, with significant levels of under-reporting still existing, there remains a need to build the LGBT community's trust and confidence in services in order to improve reporting and give the opportunity for services to deal effectively with incidents of hate crime. Poor outcomes for victims will undermine trust in the whole criminal justice system and we need to continue to provide the services to victims that they need and also continue to encourage reporting.

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

Transgender and bisexual people, as well as those who self defined in a category other than lesbian, gay, bisexual or 'queer', young people (under 26), people who are isolated, and those who live in social housing are more likely to experience certain types of hate crime.

Analysis of police recorded LGBT hate crimes shows that hotspots for reported crimes remain in the city centre wards, and there are late-night peaks in offences. About 7 out of 10 victims of police recorded crimes were male. However, the Count Me In Too survey found that there was no difference in the likelihood of experiencing hate incidents between genders. Data recording mechanisms around LGBT hate crimes and incidents by other partner agencies are insufficient to allow in-depth analysis and work to improve this is important.

Main Partners

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

Current context

The government has made a clear commitment to measure and tackle hate crime more effectively, promote better recording and encourage those who experience hate crime to report it. In specific relation to LGBT hate crime, the government's Equality Strategy

¹⁶ The list of negative behaviours respondents were prompted with included negative comments, verbal abuse, teasing, harassment, physical violence, bullying, criminal damage, sexual assault and other.

LGBT Hate Incidents and Crimes

states its commitment to supporting schools to tackle homophobic and transphobic bullying, including new forms of harassment such as that which occurs on-line.

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

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

There are local multi-agency LGBT working groups, including a Casework Panel and an LGBT Community Safety Working Group, with standing groups around topics including mental health, housing and domestic violence and abuse. These groups have been instrumental in providing improved partnership solutions to reducing hate crime and incidents and mainstreaming LGBT concerns across frontline services.

The community led LGBT Community Safety Forum is now established and operational and the council and police work closely with the Forum to improve services and to be held accountable to the community.

The Community Safety Casework Team which focuses on anti-social behaviour and hate crime is now established with six caseworkers and a senior caseworker. During 2012 the team set up a duty system with a staffed reporting telephone service available on 01273 292735. As well as making the most effective use of resources this has resulted in the availability of a casework service to victims of LGBT hate incidents. We will work to raise the profile of this team as well as the wider work of the Partnership Community Safety Team in supporting the LGBT communities across the city.

Where next?

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

Insufficient reporting of LGBT hate incidents, means that repeat victimisation is not addressed, whilst opportunities to introduce good practice measures which educate, prevent and deter perpetrators are lost. We will seek to increase opportunities for third-party reporting through a common framework of shared reporting systems. We will continue to train partners and groups to help them identify different forms of hate incidents and encourage reporting of incidents. Improved reporting, recording and monitoring of hate incidents is therefore identified as a priority and this will allow us to carry out analysis on data collected across all agencies.

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

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We will strengthen our link with communities through working with the LGBT Community Safety Forum. When appropriate, or requested, we can provide support to develop reporting mechanisms in the city and explore ways of increasing both transparency and feedback into the development of city services to victims of LGBT hate crime. Through working more closely with neighbourhood teams across services we can also strengthen these links.

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

At a strategic level, we will continue to contribute to partnership work which helps build community cohesion.

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

We will continue to support victims and witnesses with the delivery of good practice casework, co-ordinating effective multi-agency responses and remedies. We will report to communities on the levels and trends of hate incidents, and carry out reassurance work with communities to reduce perceived risk.

Targeted work for communities under duress or temporary tensions are also appropriate ways of providing reassurance and building trust. We will respond to the safety needs of multi-marginalised people and support counselling services for survivors. This will also involve sustaining development work on LGBT mental health, domestic violence and abuse, anti-bullying and sexual offences. We will work to improve our services to individual victims in the trans community to ensure there is comprehensive understanding on how to handle such cases.

Parallel plans

- Domestic Violence and Abuse Strategy
- Housing Strategy
- Brighton & Hove's Children and Young People's Plan (2009-12)
- Brighton & Hove Alcohol Strategy – SDG3
- Brighton & Hove's Equality and Inclusion Policy
- CPS 'Delivering Simple, Speedy, Summary Justice' policy document
- Brighton & Hove Strategy for the Visitor Economy 2008/18

Key performance indicators

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

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

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4.2 Compliance with statutory and legislative requirements in relation to LGBT hate crime recording.
4.3 Development of partnership-wide agreed standards of recording of homophobic, biphobic and transphobic hate crime and incidents.
Area of work 5
Increased reporting and improved responses and services to those reporting
Actions
5.1 Publicise and mainstream the use of reporting mechanisms to increase reporting of incidents.
5.2 Expand web-based and on-line reporting opportunities.
5.3 Working with the community city LGBT Community Safety Forum and LGBT HIP (Health Improvement Project), develop robust baseline indicators to measure levels of trust and confidence.
5.4 Increase reporting in the community, voluntary and statutory sector.
5.5 Enhance facilities to report and access services within neighbourhoods.
5.6 Conduct client satisfaction surveys and act on feedback from the client in relation to the standards of service provided to them.
5.7 Deliver a consistently high quality service to victims from wherever they access support. Prioritise work with repeat victims to support and protect them and their families from further victimisation.
5.8 Develop reporting centres, reporting schemes and support services.
5.9 Increase reporting from vulnerable groups and provide targeted publicity and support to raise awareness about reporting and enable easy access to hate crime services.
5.10 Ensure clients are aware of statutory sector complaint procedures eg. council, police, NHS, CPS and probation, and learn from complaints made.
Area of work 6
Prevention and deterrence of offending
Actions
6.1 Review policies and practices relating to the recording and referral of issues concerning repeat offenders.
6.2 Monitor records to ensure early identification and tagging of LGBT hate motivated incidents.
6.3 Monitor the LGBT hate reporting process within Sussex Police and the Crown Prosecution Service to identify gaps in the system and develop a plan to address them.
6.4 Develop and monitor tracking of criminal cases to check progress and provide feedback to the victims and communities.
6.5 Map and analyse hotspots for LGBT hate crime and incidents to assist in problem solving and to assess the effectiveness of work undertaken.
6.6 Develop and support citywide centralised monitoring system of LGBT hate crimes and incidents, produce regular updates on trends and patterns for monitoring to direct future preventative and development work.
Area of work 7
Targeted initiatives which aim to increase the safety of those vulnerable to particular risks and which contribute to the wider aims and objectives within the Strategy
Actions

LGBT Hate Incidents and Crimes

7.1 Housing Management to continue to develop appropriate and specific housing policies and procedures and work with registered social landlords and the private sector to minimise potential risk of vulnerable people from LGBT communities being housed in unsuitable locations.

7.2 Housing to ensure consistent response to all reports of LGBT hate crime and incidents.

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

Area of work 8

Develop community cohesion and engagement

Actions

8.1 Develop links with external agencies/individuals from around the UK to bring inspiration and expertise to local LGBT communities.

8.2 Judge and respond positively to emerging tensions and potential conflicts.

8.3 Statutory providers to consult and engage with LGBT communities in developing good practice of priorities and services with regard to LGBT hate motivated crimes and incidents and other services.

8.4 Develop links with other minority communities in the city and support the LGBT community to share their expertise & learn from the experiences of other marginalised communities.

Area of work 9

Support LGBT sexual assault victims and LGBT people at risk of sexual exploitation

Actions

9.1 Work in partnership with the LGBT Sexual Exploitation Working Group and partner agencies to support and develop services available to LGBT victims.

Disability Motivated Incidents and Crimes

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

Sub-outcomes:

- Increased reporting of disability hate incidents from all disabled people, from at risk and marginalised groups, and from carers
- A reduction in repeat victimisation and repeat offending
- Improved outcomes for victims and witnesses
- Increased engagement and improved trust and confidence of disabled people, their carers, and organisations supporting disabled people
- Improved partnership understanding, and capacity to respond to, the community safety concerns of disabled people, their families and carers

Definition:

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

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

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

Disabled people include:

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

Why this is a priority

Under-reporting of disability hate incidents is nationally recognised. Hate incidents can have a disproportionate impact on disabled people's daily lives, threaten their sense of wellbeing, negatively impact their mental health, and their interaction with other groups. Disabled people often restructure their lives to minimise risk: altering their behaviour, appearance, and daily patterns; moving homes/ schools/ jobs, curtailing their social activities and concealing their impairment often leading to further isolation and barriers in seeking support. Many come to accept it as 'inevitable' or 'part of life'; this in turn inhibits people from reporting hate incidents, seeking support and redress. Under-reporting of incidents also means that actions are not taken to address disabled people's needs and concerns or perpetrators' behaviour; this has a significant impact on social inclusion, opportunities and freedom for all disabled people.

According to the 2011 Census, 44,569 (16.3%) residents of the city reported long term health problems or disability; more than a quarter of this group is formed of older people (20,913 people, 26.1% were 65 and over). We also know that many young disabled people live with and are cared for by their elderly family members who may either be reporting hate incidents on behalf of the disabled people or may themselves be targeted due to their association with a disabled person.

National evidence shows that disabled people are more likely to be victims of crime and fear for their safety. At the same time, they have less confidence in the effectiveness and fairness of the criminal justice system compared to non-disabled people. They are more likely to experience hate incidents and less likely to report it. There are also higher rates of repeat victimisation and hate incidents have a higher impact on disabled people compared to those reporting non-biased incidents.

Disability hate incidents are a complex phenomenon and have certain unique features. Certain types of disabled people experience increased risk and victimisation. People with visible impairments (who can be identified as disabled), learning disabilities, mental health conditions, and those with an Autism Spectrum Condition report increased risk of hate incidents and experience higher levels of victimisation.

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

Disabled people can experience hate incidents in the context of other abuse in domestic or residential care settings. Perpetrators can be 'friends' or 'carers', and neighbours may be amongst those who harass people with mental health issues. Disability hate

Main Partners

Adult Social Care

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

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incidents more frequently involve multiple perpetrators. People with learning disabilities living independently in the community have reported a range of harassment, abuse or crime, with incidents being frequent and characterised by their cruelty. Nationally, higher proportions of disability hate crime prosecutions were for robbery, theft and handling, burglary, sexual offences, fraud and forgery compared to other strands of hate crime reflecting the exploitative nature of much disability hate crime. The relationship between the victim and the perpetrator (including the power relationship) and a fear of reprisal may deter reporting of hate incidents.

In addition to the issue of under-reporting, once reported, incidents are often not categorised correctly leading to significant under-recording of disability hate incidents. Increasing awareness and reporting of disability hate incidents and crimes, improving support to victims, addressing behaviour of the offenders, and improving the evidence base remain important national and local priorities.

Current context

The national context surrounding hate incidents and crimes in general is described on page 82. Nationally, a new cross-government disability strategy '*Fulfilling Potential*' is being developed to progress the government's vision on disability equality. This is expected to look at promoting positive attitudes and behaviours towards disabled people, enabling better participation in society, and tackling discrimination and harassment. The government has mostly either accepted or partially accepted the recommendations made in the 2011 Equality and Human Rights Commission report on disability related harassment, '*Hidden in Plain Sight*'. A key theme of the government's response is that ownership for tackling and reducing disability hate incidents rests with local public authorities who should work in partnership with disabled people to develop local initiatives and solutions. The EHRC recommendations therefore need to be taken into account by Community Safety Partnerships in developing their local policies and services. In addition, the Crown Prosecution Service has developed a disability hate crime action plan to increase engagement with disabled people, increase reporting, and improve recording, quality of data and outcomes.

The joint review of how the police, CPS and probation trusts deal with disability hate crime (March 2013) recommended that all three agencies need to regard disability hate crime as a key strategic priority, improve awareness, aim to improve reporting of disability hate crimes and outcomes for victims and communities. The review found that although progress has been made, identification and recording of disability hate crimes continue to be an issue, and all three agencies fail to fully consider disability both in investigation and in examining offender motivation. Consequentially there is insufficient evidence both for appropriate prosecution and sentencing plans that address offender behaviour. The review recommended improvements in these and other areas along with provision of comprehensive training for practitioners.

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

Locally, there is limited data on the nature and extent of hate incidents in Brighton & Hove. Changes to reporting and monitoring systems have constrained our ability to build the evidence base, monitor and disaggregate information on disability hate incidents, and monitor number of high risk victims. Improvements are being sought in these areas. Low numbers (33 in 2010/11, 31 in 2011/12, and 14 in the first 6 months

of 2012/13) of disability hate incidents were recorded. Additionally, schools and the Safeguarding Adults Board recorded a number of disability motivated bullying and discriminatory abuses respectively. Sussex Police and the Crown Prosecution Service also have disability hate crime monitoring schemes, but very low numbers of disability hate crimes are recorded on the police database (22 recorded since April 2009 to December 2012), while eleven successful prosecutions (out of 15 finalised cases) were recorded by the CPS from 2009/10 to date. Both in terms of numbers of cases and case outcomes, disability hate incidents are a serious challenge.

However, steady progress in a number of areas is being achieved:

- Listening to the concerns of the community, the Casework Team now provides a telephone reporting facility (during office hours) to improve access to reporting and support.
- Work with the different reporting centres in the city to tackle barriers against reporting and issues behind under-recording has been carried out and plans to address them are being developed jointly.
- A Sussex Police audit found issues of under-recording and work continues to improve recognition, recording of and response to disability hate incidents.
- Locally, a harm-based approach has been adopted to provide support to those reporting hate incidents. Risk-assessment tools have been trialled and are currently under review. A multi-agency case management system and monthly risk assessment and tasking meetings are being used to deliver improved responses to high risk victims; this has received positive feedback from the Home Office.
- New guidance was issued to schools on recording and reporting of bullying by prejudice type. The guidance contains appropriate processes (including risk assessment) to support young people within schools and communities.
- We continue to develop effective partnership responses to support victims citywide (for example, protocols to protect vulnerable victims), integrate safeguarding work with the reporting of hate incidents, and disseminate good practice through training. Dedicated resources (hate crime co-ordinator, police disability liaison officers, and victim witness caseworker for people with learning disability from INTERACT) extend our reach, break down barriers, and increase capacity to support victims. Increased reporting of disability hate incidents and the provision of a flexible and responsive casework service remains a high priority.

Community engagement, trust and confidence

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

Local consultation with disabled people and support organisations identified the following priorities: increasing awareness amongst disabled people, public and practitioners of disability hate incidents, specifically, a campaign to increase reporting from and safety of people with learning disabilities; better publicity of reporting mechanisms and casework support available; improved linkages and support to the

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community based reporting centres; hate incidents and safety of disabled people on public transport; preventive work in schools; improvements in monitoring and analysis of disability hate incidents.

Where next?

Whilst we are committed to reducing hate incidents and crimes and thereby the harm caused to individuals and communities, we recognise that many disability hate incidents are not reported. It is vital that we close the gap of under-reporting, and encourage reporting from at risk and vulnerable groups. Only by increasing reporting can we bring the perpetrators to justice, work to address their behaviour, importantly support victims and communities effectively, improve outcomes, and also gain a better understanding of the extent of hate incidents and crimes to further reduce it. We will keep under review the impact and effectiveness of changes to partnership reporting and monitoring systems to ensure that we meet our strategic objective and provide equal access to disabled people and their carers.

Our key priorities for the next year include:

- Increase awareness amongst disabled people on how to report and get support through outreach and engagement; a specific partnership campaign for people with learning disabilities and review of overall publicity.
- Improve support to the reporting centres and training to practitioners for improved practice.
- Develop a methodology to obtain and assess victims feeling of safety and support provided to them
- Progress work to tackle hate incidents on public transport and in schools
- Improve perpetrator analysis and monitor effectiveness of intervention with the perpetrators, and
- Ensure definitive data on the extent, severity and nature of disability hate incidents is available with improved data sharing and better performance monitoring.

Parallel plans

- | | |
|--|---|
| • Fulfilling Potential – Cross Government Disability Strategy | • Fulfilling & Rewarding Lives: the Strategy for Adults with Autism in England, 2010 |
| • Government White Papers: Valuing People (March 2001) & Valuing People Now (January 2009) | • DCSF guidance: 'Safe to Learn' |
| • No Secrets – Department of Health and Home Office Statutory Guidance (2000) | • Brighton & Hove Multi-agency Carers' Development and Commissioning Strategy 2012 – 2013 |
| • Brighton & Hove's Equality and Inclusion Policy | • Safeguarding Adults Board Plan 2011 - 2013 |

Key performance indicators

- Number of disability hate incidents recorded including those reported by at risk groups
- Number of police recorded incidents and crimes
- Percentage of police recorded crimes solved
- Percentage of finalised prosecutions resulting in a conviction
- Number of repeat victims and number of high risk victims

Disability Hate Incidents

- Number and percentage of victims who feel that their safety has increased, harm has reduced and who feel supported
- Number and effectiveness of interventions with the offenders of disability hate incidents

Disability Hate Incidents and Crimes Action Plan
Area of work 1
Increased reporting of disability hate incidents and crimes from all disabled people, including people with learning disabilities, autism, their carers, and others by developing a range of options to make reporting accessible to all.
Actions
1.1 Promote greater reporting and consistent recording of disability hate incidents from statutory, voluntary and community sector organisations. Improve identification of hate incidents within the Safeguarding Adults At Risk (SAAR) procedures and anti-social behaviour reporting. Statutory partners should integrate equality considerations in commissioning contracts and allocate funding that will promote reporting and tackling of all hate incidents by those contracted or funded. Mainstream reporting mechanisms amongst partner agencies and communities.
1.2 Develop and distribute reporting mechanisms suitable to the needs of people with visual impairments to increase reporting of disability hate incidents.
1.3 Identify barriers and better support people with learning disabilities, their families, carers and support organisations to understand hate incidents and improve reporting. Target distribution of easy read self-reporting forms for people with learning disabilities to complete with support from carers / staff.
1.4. Enhance facilities to report and access services by creating reporting centres in the statutory, community and voluntary sector with a particular focus on organisations supporting disabled people and their carers. Maintain supportive relations, provide effective guidance, and training to staff of the community based reporting centres.
1.5 Review and adjust easy to read and accessible publicity material to inform people about reporting schemes, reporting centres, and support services. Target publicity and support to organisations working with disabled people, their families, friends and their carers. Keep web-based information under review for accessibility and implement changes according to feedback.
1.6 Increase reporting from marginalised and vulnerable groups within the disabled population through joint work with the Migrant and Refugee Forum, Lesbian, Gay, Bisexual, trans communities, and the Racial Harassment Forum. For instance, engage with and increase reporting from disabled people including people with learning disabilities and autism from the refugee, asylum seeker, LGBT, Black and Minority Ethnic communities, disabled people with mental health issues and people with compound or multiple disabilities.
1.7 Work with transport providers and partners to improve reporting and recording of disability hate incidents on public transport, assess the extent and improve responses.

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1.8 Undertake access audits of the reporting and support services in the city. Translate information and make it widely available, including in public places.

Area of work 2

Deliver improved responses, casework support and services to those reporting disability hate incidents by working in partnership with key agencies to reduce the harm caused.

Actions

2.1 Deliver a consistent high quality casework service to those reporting incidents; provide a second tier of intervention and support to victims of: critical incidents, cases that have a high community impact, cases that are significant to sustaining the victims and communities confidence in the public services, and where there is an identified gap or unmet need.

2.2 Further develop and test suitability of the risk assessment tools vis-à-vis victims of disability hate incidents, and monitor numbers. Prioritise work with repeat victims (people who have reported more than one incident in any 12 month period) to support them and prevent further victimisation. Prioritise work with high risk victims to reduce risk and harm caused.

2.3 Further develop the monthly multi-agency risk assessment and tasking meetings (MARAT) to improve responses to high risk, vulnerable and intimidated victims and witnesses of disability hate incidents, to take enforcement action against persistent offenders, and monitor numbers. Involve organisations working with disabled people in membership, improve monitoring and communication from MARAT meetings to the strategy lead and disabled people to improve performance and accountability.

2.4 Routinely ask those reporting disability hate incidents for their feedback regarding services and respond accordingly to improve service standards. Develop evaluation systems that will enable the service to measure the improvement in outcomes: increased feelings of safety, reduction in harm, incidents are prevented from escalation, and people feel supported etc.

2.5 Ensure clients are aware of statutory sector complaint procedures; for instance, ensure that the council, police, NHS, and CPS complaint procedures are accessible (available in easy read format) and learn from complaints made. Develop a lay-visitor scheme to improve community scrutiny and confidence in casework/support services across partners.

2.6 Deliver a rolling programme of training to key statutory, voluntary and community agencies including staff from day centres, supported housing, social care, health care and organisations working with disabled people, people with learning disabilities and autism. The training programme will raise awareness and improve recognition of all hate incidents including disability hate incidents, mainstream the use of reporting forms and clarify referral pathways and effective interventions, and link organisations to the Multi-Agency Risk Assessment and Tasking (MARAT) meetings. All partner agencies will seek to involve disabled people in training wherever possible.

2.7 Review, build on and mainstream learning from national and local research to ensure best practice.

2.8 Safeguarding Procedures across partners to incorporate hate crime practice guidance, including analysis and provision of training to the relevant staff.

Area of work 3
Effective monitoring systems to develop crime reduction strategies and improved accountability / reporting to the disabled people and their organisations.
Actions
<p>3.1 All partners (including tenancy management services, council housing departments, adult social care, social landlords, police, probation, NHS, schools etc.) to review and assess how they receive and record information to improve recording of: impairment; disaggregation of hate incidents reported by disabled people; and numbers of disability hate incidents, to enable better analysis of victims and incidents. Put in place regular checks to ensure accuracy of data relating to disability hate incidents. Developing partnership standards for the recording and reporting of hate incidents.</p>
<p>3.2 Develop and maintain a citywide monitoring system to improve evidence on the extent, severity and nature of disability hate incidents. This will enable us to build a better picture, identify how big the problem is, and what we need to do to tackle this problem.</p>
<p>3.3 Produce regular reports on levels, trends and patterns of disability hate incidents and distribute them to the relevant forums including the Disability Hate Incident Steering Group, and Learning Disability Partnership Board as well as make the report available on our website. Use this data to direct future prevention and development work.</p>
<p>3.4 Map and analyse hotspots for disability hate incidents to assist in problem solving, to assess the effectiveness of work undertaken, and to target resources appropriately.</p>
<p>3.5 Council Housing, in partnership with other social landlords, to develop appropriate policies and procedures to minimise potential risk of housing/placing disabled people and at risk groups such as people with learning disabilities in vulnerable locations.</p>
Area of work 4
Prevent and deter offenders, bring offenders to justice wherever possible and reduce re-offending through improved rates of detection, prosecution and effective court outcomes
Actions
<p>4.1 Police, CPS, Probation and all other criminal justice agencies to monitor records to ensure early identification and tagging of disability hate incidents, improved first response and quality of investigation, improved examination of the offender's motives in respect of the disability, improve accuracy of data, case files, etc. through regular checks. Monitor and assess the effectiveness of new procedures and training, and implement changes accordingly. Involve and feedback to communities to demonstrate accountability.</p>
<p>4.2 Monitor and increase the number of disability hate crimes recorded and detected along with the number of arrests, cautions, prosecutions and convictions. Increase the number of successful prosecutions and reduce the number of discontinued cases. Monitor the use of special measures for victims of disability hate incidents. Record, monitor and report on the sentence uplift (use of section 146 of the CJA) in the courts.</p>
<p>4.3 Ensure effective information sharing between police, CPS, probation and support agencies so that sentence plans do not heavily rely on the offender's perspective, include victim's safety and address the prejudice of the offender in rehabilitation. Develop a mechanism to identify and manage risk presented by offenders persistently targeting disabled people. Work with repeat offenders to prevent repeat victimisation and address their behaviour.</p>

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4.4 Develop and monitor tracking of criminal cases to check progress and provide feedback to victims and communities.

4.5 Work with perpetrators and their families to address their prejudices against disabled people by effective interventions and referral to appropriate services. Improved recording and monitoring of work with perpetrators, and outcomes in respect of offenders to develop perpetrator analysis and improved reporting to communities. Assess the effectiveness of interventions with offenders to develop best practice.

4.6 Work towards developing early intervention programmes with young people in young people's settings.

Area of work 5

Increased public awareness and improved understanding of hate incidents against disabled people

Actions

5.1 Review and adjust the citywide publicity and communication strategy relating to disability hate incidents and assess its impact on the level of reported incidents. Promote greater understanding of hate incidents against disabled people, and at risk groups such as people with learning disabilities, and people with mental health illness in Brighton & Hove. Improve universal and targeted messaging to deter perpetrators of hate incidents.

5.2 Continue to distribute easy to read information and posters targeting the general public, as well as specifically targeting people with learning disabilities and other at risk groups. Support, monitor and assess the impact of the 'Hate Incident Campaign' targeted at people with learning disabilities to improve reporting and safety. Translate the information and make it available in different formats, as needed.

5.3 The Partnership Community Safety Team and statutory partners of the Safe in the City Partnership to regularly consult and engage with disabled people, their carers and organisations working with disabled people in developing priorities and services. Continue to facilitate the Disability Hate Incident Steering Group and improve its scrutiny functions.

5.4 Address the safety concerns of disabled people and raise awareness of risks, reporting mechanisms and support available. Improve partnership understanding and capacity to respond to the community safety concerns of disabled people, their families and carers. Support partnership and community led projects to improve and mainstream community safety of disabled people across partners and services.

5.5 Prioritise promotion of clear and consistent disabled friendly messages and raise awareness of disability hate incidents in young people's settings using a variety of young person friendly media and training. Support schools to comply with the public sector duty of the Equality Act and to improve the recording and challenging of prejudice based bullying and incidents.

Older People

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

Sub-outcomes:

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

Definition:

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

Why this is a priority

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

The Census 2011 estimates that there are 76,389 (27.9%) residents aged 50 and over living in Brighton and Hove, slightly fewer than in 2001 (77,442 people, 31.2%). The 50 – 64 age group constitutes just over half of the older people population in the city. Health issues and disabilities increase with age; just over a quarter of residents aged 65 or over (20,913 people, 26.1%) reported long term health problems or disability.

There is a continued decline in overall crimes recorded against older people locally and men are more likely to be victims of reported crimes. Although less likely to be victims of crime than younger people, older people are over-represented amongst victims of certain types of recorded crimes, such as distraction burglary, criminal damage and theft from motor vehicles. Elder abuse, defined as a 'single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person', is a particular community safety issue for older people. This also includes abuse which occurs between family members, partners or ex-partners and is considered domestic violence.

Main Partners

Older People's Council

Age UK

Social Housing Providers

Adult Social Care

Trading Standards

Partnership Community Safety Team

Sussex Police

Neighbourhood Care Scheme

RISE

Alcohol Programme Board

Safeguarding Adults Board

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A national survey found that the number of days per week on which people reported drinking alcohol increases with age, although the total alcohol consumed per week was on average lower for older people than for other age groups, and older people had the highest percentage of people who didn't drink alcohol at all. However, particular issues around alcohol consumption and its effects remain. For instance, nationally, over 60s were more likely to be hospitalised for alcohol related mental health issues than for alcohol related liver disease, signalling the need to improve health and social outcomes for older people.

The local City Tracker 2012 survey found that there was not much difference across all age groups in how safe people felt in their neighbourhoods or in the city centre during the day. However, after dark, in the local area and in the city centre people tended to feel less safe as they got older. Other factors such as social isolation, disability, and limiting long-term illness may affect an older person's perception of their own safety in addition to their ability to use available support and services, underlining the need to address community safety concerns for people in this age group.

Current context

Following a scrutiny review into older people and community safety in August 2009, this dedicated older people priority area and action plan was added to the 2011-14 Strategy to draw attention to the particular needs of older people. Work with older people is integrated within other strategy priority areas and has been progressed. A publicity campaign to improve awareness, understanding and reporting of abuse of vulnerable adults has been launched in the city and provision of training to staff on adults at risk and on domestic violence and abuse continues. Arrangements for reporting of all types of hate incidents and anti-social behaviour continue and are being improved to respond to older people's specific concerns. Equality Impact Assessments include age considerations and actions are identified around removing barriers and increasing positive opportunities for people across all ages. We continue to share information and link the Older People Council to various services and partners as required. However, the availability of resources to sustain partnerships with communities, and to co-ordinate and report on work are challenges faced in this area of work.

Where next?

Local consultation continues to identify the following priorities: accessible information, creation of 'no cold calling zones', appropriate advocacy services, and funding and effective implementation of successful programmes such as the Neighbourhood Care Scheme. More work needs to take place around obtaining the views of older people, both across the board and from minority communities, and the strategic action plan adjusted as necessary.

Partners will continue to provide information and services to older people. For example, the Alcohol Program Board has plans to look at the issue of drinking among older people as part of its work. We will work with partners to improve monitoring and disaggregation of information by age, gender, ethnicity, disability and sexual orientation relating to alcohol abuse, domestic violence and abuse, older people abuse and hate incidents. This analysis will help unpack concerns around crime and community safety, and to mobilise and target resources appropriately in future. Discussions have been held with partners to enable them to identify and focus on older people as a target group in their strategies and work plans across all crime types and across sectors. This will enable better reporting on the progress made with regard to this priority group. These discussions need to be carried out next year and concluded. Until then it is proposed that we carry forward the actions already identified in our action plan, but we will retain

flexibility to deal with emerging needs and priorities in response to consultations with older people and partners.

Links to other priority areas

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

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

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

Implications for equalities and sustainability

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

Parallel plans

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

Key performance indicators

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

Older People Action Plan
Area of work 1
Information for older people and access to services
Actions
1.1 Produce and disseminate a purpose designed booklet to engage and inform older people on community safety issues, with specific information around domestic violence/elder abuse and cold-calling/ distraction burglary. Promote and supply 'uninvited warning' stickers (through Trading Standards).
1.2 The Alcohol Programme Board to target campaigns and interventions to those most at risk within the older population to reduce consumption and the harm caused by drinking to excess.
1.3 Initiatives which encourage older people to report incidents and crimes they have experienced to the police and/or Partnership Community Safety Team.
1.4 Reporting arrangements for all hate incidents and anti-social behaviour to be extended to all vulnerable older victims, including BME, disabled and LGBT older people. Monitor data with regard to older people and report progress appropriately.
1.5 Implement good practice casework standards which risk assess needs of vulnerable victims and provide support throughout the process, liaising with Adult Social Care where appropriate.
Area of work 2
Support networks and social structures for older people
Actions
2.1 Establish further inter-generational initiatives, promoting a better understanding between age groups, and building resilience and feelings of safety amongst older people.
2.2 Create a diverse night-time economy which is inclusive of older people and allows older people to feel safer in the city centre at night.
2.3 Encourage licensed and unlicensed venues to offer good-value daytime activities for older people, maintaining social networks and decreasing feelings of isolation and fear of crime.
2.4 Support, and where possible mainstream, programmes shown to be successful in working with isolated vulnerable older people, eg. the Neighbourhood Care Scheme.
2.5 Housing to consider prioritising wherever possible, moving older people near to family or friends where support would be available nearby.
Area of work 3
Better information to services
Actions
3.1 Carry out further consultation and analysis on older people's specific concerns about community safety, using the Community Engagement Framework.
3.2 Additional research and analysis, including with service users, on the extent and nature of domestic violence involving older people and elder abuse, to help further develop preventative and support services.

3.3 Where possible consistent data for issues such as alcohol-related harm and domestic violence and abuse be distinguished by age, gender, ethnicity, disability and sexuality for vulnerable older people.
3.4 Extend the council's Customer Relationship Management system to include vulnerable older people.
3.5 The Older People's Council to continue to be represented on the Sussex Police Independent Advisory Group, and the Community Safety Forum.
3.6 Monitor the implementation of the recommendations of the Scrutiny Panel, and add community safety work regarding minority older groups to its work programme.
3.7 Wide consultation with older people on policies and strategies of the council and partner organisations as well as inclusion of older people in Equalities Impact Assessments to help eliminate or minimise adverse impact on the quality of life of older people and their ability to interact fully in society.
Area of work 4
Better co-ordination of, and improvement of existing services
Actions
4.1 Regular training be further developed for every professional carer and volunteer working with older people in looking for early signs of elder abuse and domestic violence.
4.2 Keep abreast of national developments and good practice in the care and treatment of people with dementia. Continue to develop and implement operational protocols between agencies regarding elder abuse in cases of mental illness and dementia to reflect national best practice.
4.2 Explore with the Trading Standards and police colleagues, the feasibility and long term strategy regarding the 'no cold-calling' zones. Update communities appropriately on discussion and take other appropriate measures to effectively deal with community concerns around door step crime.
4.3 Equality Impact Assessments to review policies and procedures for their effectiveness in meeting the needs of older people.

Appendix 1. Summary of Planned Expenditure

The following table provides a breakdown of Partnership expenditure during 2013/14 as of April 2013. This includes partnership funding allocated by the Safe in the City Partnership, but does not include the costs of other community safety and crime reduction work where it are funded as part of the core business of individual agencies, or where the budget comes from another source.

Safe in the City Partnership planned expenditure, 2013/14 (£)

Area of work	Total costs
Community Safety Partnership (partnership support, management, research, monitoring, finance, rent, etc.)	274,710
Drugs misuse (Drugs Intervention Programme and outreach)	480,820
Community Safety Community Projects (substance misuse and environment improvements)	192,220
Operation Reduction (drugs enforcement and outreach)	126,000
Street drinking and begging enforcement and outreach	40,000
ASB and Hate Incident Casework Team	393,110
Hate incidents, targeted community engagement and preventing extremism	74,740
Integrated Team for Families	112,000 plus funding from Children's Services
Youth offending, youth support, alcohol misuse	funded by Children's Services
Sexual Violence and Abuse (SARC, counselling and ISVA services for victims)	86,666
Domestic Violence: Helpline & Outreach, Adult and Family Services, Independent Domestic Violence Advisers, Multi-Agency Risk Assessment Conference & Violence Against Women and Girls Commissioner	492,070
Total	2,272,336

Appendix 2. About the Partnership

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

Brighton & Hove Safe in the City Partnership Structure



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

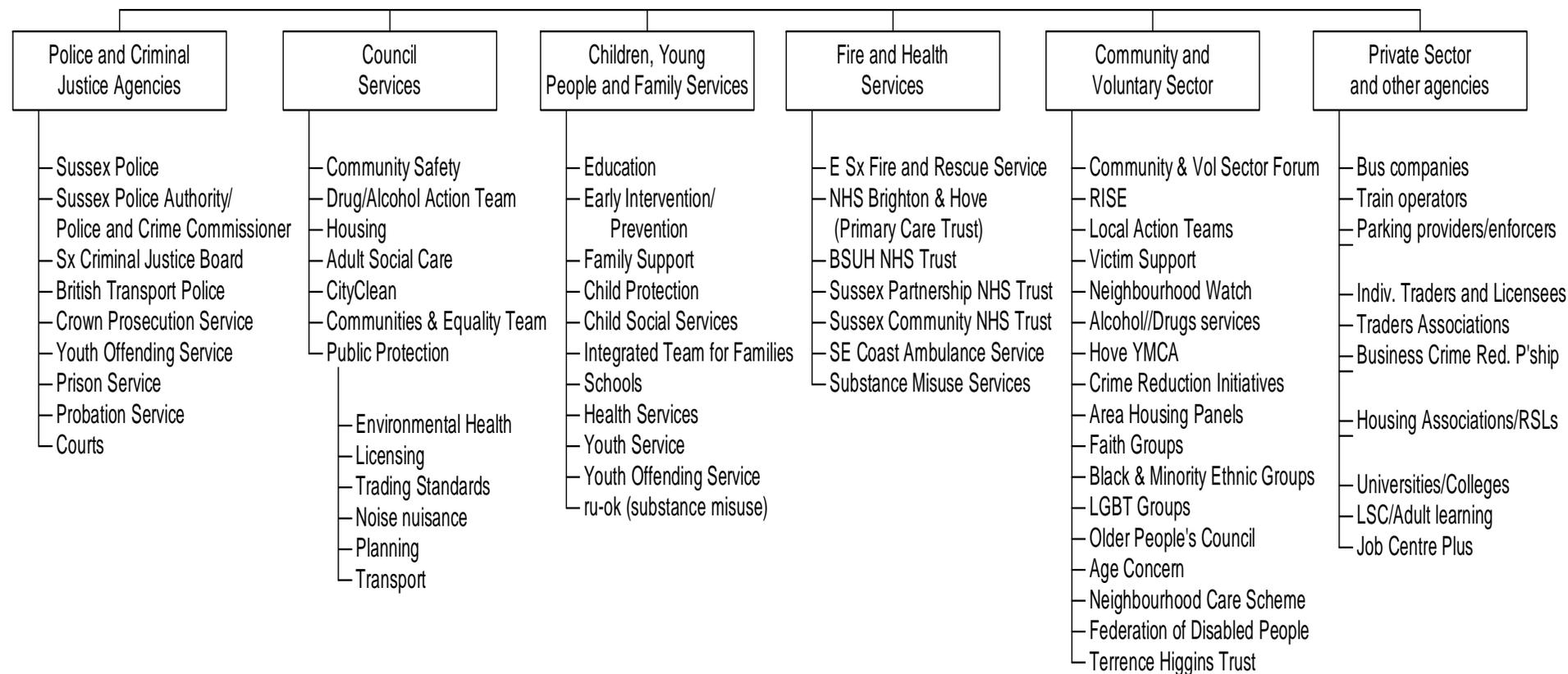
A network of Local Action Teams cover the city and these are an important part of the Partnership. These involve residents, local businesses and agencies working together and they provide a key route through which community safety issues for local neighbourhoods are taken forward. Meetings of LAT Chairs take place about twice a year where issues of common concern can be discussed.

The Safe in the City Partnership links with the democratic process through the Community Safety Forum which reports directly to the Policy and Resources Committee. During 2013, further changes are likely to be made to the structure of partnership working, to reflect changes in the relationship with the Police and Crime Commissioner and Panel.

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

Partner Agencies



There is more detail about the Partnership and how it functions on our website www.safeinthecity.info

Appendix 3. Lead Officers for Strategy Priority Areas

Priority Area	Commissioner Lead	Senior Delivery Lead	Steering Groups, etc.
Physical Environment, Infrastructure and Quality of Life	Linda Beanlands	Matt Easteal	Safer Streets Task Group Local Action Teams and LAT Chairs Mtg
Drugs Misuse	Kathy Caley	Graham Stevens; Kathy Caley	Communities and Families Steering Group Health Protection Steering Group Joint Commissioning Group Treatment Performance Group
Alcohol Misuse	Kathy Caley	Kate Lawson/Jake Barlow (Prevention) Tim Nichols/Linda Beanlands (Availability) Simon Nelson/Steve Barton (Night-Time Economy) Graham Stevens/Kathy Caley (Treatment etc.)	Alcohol Programme Board 4 Strategy Domain Groups
Anti-Social Behaviour	Linda Beanlands	Peter Castleton	Sussex ASB and Hate Crime Board B&H Multi Agency Risk Assessment and Tasking meeting B&H ASB Practitioners Meeting
Reducing Reoffending	Linda Beanlands Leighe Rogers Supt. Steve Whitton	Martin Edwards Supt Steve Whitton	Reducing Reoffending Board
Children, Young People and Families	Steve Barton Kerry Clarke	James Dougan Debbie Corbridge (ITF)	Youth Justice Strategy Group ITF Steering Group Stronger Families Stronger Communities Delivery Board
Domestic Violence and Abuse	James Rowlands	A/DSupt Carwyn Hughes; DCI Jez Graves; Leighe Rogers; Steve Barton; Denise D'Souza; Paula Murray; Jugal Sharma; Lydie Lawrence	Domestic Violence Commissioners Group MARAC and SDVC Operational Oversight Group Domestic Violence Forum (local structures to be reviewed in 2013/14) Sussex Domestic Abuse Steering Group Sussex SDVC meeting
Sexual Violence, Abuse and Exploitation and Trafficking	James Rowlands	Peter Castleton; DCI Jez Graves; Lucy Bryson	Sexual Violence Reference Group Sex Workers Steering Group Sexual Exploitation Steering Group (local structures to be reviewed in 2013/14) Sussex-wide: Rape and Serious Sexual Offences Steering Group SARC Management Board
Racist and Religiously Motivated Incidents and Crimes	Linda Beanlands	Nahida Shaikh; Peter Castleton	Racial Harassment Forum
Building Resilience to Violent Extremism	Linda Beanlands	Nahida Shaikh	Prevent Partnership Steering Group
LGBT Hate Incidents and Crimes	Linda Beanlands	Eric Page; Peter Castleton	B&H LGBT Community Safety Forum
Disability Hate Incidents and Crimes	Linda Beanlands	Nahida Shaikh; Peter Castleton	Disability Hate Incident Steering Group
Older People	Michelle Jenkins	Nahida Shaikh	Older People Council

Appendix 4. Summary of key performance indicators

All Crime and Disorder

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

Physical Environment, Infrastructure and Quality of Life

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

Drugs Misuse¹⁷

- Number of drug related deaths [maximum 38 per annum 2012-14].
- Increase in percentage of people over 18 in effective treatment since 2012-13 [1.5%].
- Percentage of people over 18 leaving treatment who do so in a planned way [50%].
- Percentage of people over 18 leaving treatment who do so in a planned way and do not represent within six months [90%]
- Successful completions as a proportion of all in treatment [opiates and crack] [10%].
- Successful completions as a proportion of all in treatment [non opiates and crack] [55%].
- Percentage of people over 18 who have been in treatment over four years [25%].
- Number of drug related deaths [maximum 38 per annum 2012-14].
- Increase in percentage of people over 18 in effective treatment since 2012-13 [1.5%].

¹⁷ subject to confirmation

Alcohol Misuse and Alcohol-related Crime and Disorder¹⁸

- Percentage of people 18 and over leaving treatment who do so in a planned way – 50%
- No. of alcohol related hospital admissions per 100,000 population
- Percentage of successful completions (planned exits as a proportion of the treatment population)
- Percentage of those in treatment who overcome dependency and do not re-present to treatment within six months.
- Number of police-recorded assaults with injury
- The percentage of people who believe that drunk and rowdy behaviour is a problem

Anti-Social Behaviour

- The development of a comprehensive range of performance management and quality assurance measures.
- The number of police recorded incidents of anti-social behaviour.
- Public confidence in police and local council to deal with anti-social behaviour and crime issues
- Percentage of people who think that ASB is a problem in their local area

Reducing Re-offending

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

Children, Young People and Families

- The number of Children in Need per 10,000
- The numbers of first time entrants to the youth justice system
- The percentage of YOS offenders who re-offend in a 12 month period

¹⁸ subject to confirmation

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- The number of young people within the youth justice system receiving a conviction in court who are sentenced to custody
- Number of 14-16 year old school students reporting that had 'ever taken drugs that were not prescribed for you or available at a chemist'
- The number of 14-16 year olds who drink to get drunk on a regular basis
- The number of vulnerable and at risk young people who engage with substance misuse treatment and targeted sexual health services through community and voluntary sector partnership work
- Percentage of clients who leave treatment meeting the goals on their care plan
- Percentage of clients who leave treatment in an agreed and planned way
- Number of families identified for the Stronger Families, Stronger Communities programme, and the number engaging and successfully completing the programme

Domestic Violence and Abuse¹⁹

- Number and rate of police recorded incidents and crimes
- Percentage of domestic violence crimes solved
- Percentage of finalised prosecutions with resulting in a conviction
- Levels of repeat victimisation: for i) repeat victims referred to the MARAC (Multi-Agency Risk Assessment Conference) and ii) the percentage of crimes reported to the police where the victim has been a victim already within the previous 12 months
- Percentage of referrals to Independent Domestic Violence Advisor (IDVA) service who receive support
- % of MARAC domestic violence victims reporting feeling safer at the point of leaving the IDVA service

Sexual Violence and Abuse²⁰

- Number of police recorded incidents and serious sexual offences
- Percentage of serious sexual offences solved
- Percentage of finalised prosecutions with resulting in a conviction
- Levels of repeat victimisation: at i) the SARC or ii) other specialist agencies
- Percentage of sexual assault victims who are eligible for a SARC referral who go on to receive a service at the SARC
- Percentage of referrals to Independent Sexual Violence Advisor (ISVA) service

¹⁹ these performance indicators are subject to further review

²⁰ these performance indicators are subject to further review

who receive support

- % of victims reporting feeling safer at the point of leaving the ISVA service

Racist and Religiously motivated Incidents and Crimes

- Number of racist and religiously motivated incidents recorded including those reported by at risk groups
- Number of police recorded incidents and crimes
- Percentage of police recorded crimes solved
- Percentage of finalised prosecutions resulting in a conviction
- Number of repeat victims and number of high risk victims
- Number or proportion of victims who feel that their safety has increased, harm has reduced and who feel supported
- Number and effectiveness of interventions with the offenders of racist incidents

Preventing Violent Extremism

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

LGBT Hate Incidents and Crimes

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

Disability-motivated Incidents and Crimes

- Number of disability hate incidents recorded including those reported by at risk groups
- Number of police recorded incidents and crimes
- Percentage of police recorded crimes solved
- Percentage of finalised prosecutions resulting in a conviction

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- Number of repeat victims and number of high risk victims
- Number and percentage of victims who feel that their safety has increased, harm has reduced and who feel supported
- Number and effectiveness of interventions with the offenders of disability hate incidents
- Number of disability hate incidents recorded including those reported by at risk groups

Older People

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

Appendix 5.

Sussex Police and Crime Commissioner's Police and Crime Plan 2013-17: Priorities and Objectives

Crime and Community Safety

- Keeping Sussex a low crime area
- Commission sustainable preventative initiatives and reduce re-offending
- Tackle community priorities and their contributing factors (such as alcohol, drugs, ASB, domestic abuse and road safety)

Target: Reduce the risk of crime per 1000 population

Victim Focus

- Improve the experience that victims and witnesses have of the criminal justice system
- Enhance, develop and commission initiatives to bring justice for victims
- Effective policing, responsive to the needs of victims and the vulnerable

Target: Improve victim satisfaction in the overall experience of the criminal justice system

Public Confidence

- Build trust in the police and the criminal justice system
- Remove proceeds of crime from criminals and reinvest that money in our communities
- Encourage and develop volunteering to make us Safer in Sussex

Target: Increase the reporting of domestic violence and abuse, serious sexual offences, anti-social behaviour and hate crimes

Value for Money

- Reduce bureaucracy and waste across the criminal justice system
- Further collaboration & partnership working
- Efficient, effective and innovative commissioning of services and procurement of assets

Target: Working with Sussex Police and partners to meet the financial challenges ahead whilst delivering Crime & Community Safety, Victim Focus and Public Confidence and identifying opportunities to improve

Appendix 6. Feedback on this Strategy

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

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

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

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

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

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

or by writing to:

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Safe in the city
Brighton & Hove Community Safety Partnership

