Safer Plymouth: a strategic assessment of threat, risk and harm 2019/20

Introduction

Safer Plymouth is the **community safety partnership** for the city of Plymouth. We are made up of six statutory organisations (referred to as **responsible authorities**), working alongside a wide range of other agencies to protect our local community from crime and to help people feel safer. The responsible authorities are Plymouth City Council, Devon and Cornwall Police, Devon and Somerset Fire and Rescue Service, National Probation Service, Dorset, Devon and Cornwall Community Rehabilitation Company and Devon Clinical Commissioning Group (CCG).

Achieving safer communities depends on everyone working together to find local solutions to local problems. Safer Plymouth has a responsibility to do all that it can to reduce crime and disorder including domestic abuse and sexual violence, anti-social behaviour, problem use of drugs and alcohol and re-offending. Safer Plymouth provides leadership, support and co-ordination of the work of all the partners in the local area by:

- Producing an annual strategic assessment to identify community safety priorities and setting objectives;
- Developing a three year Partnership Plan, refreshed annually, to ensure priorities are the same and co-ordinate activities to address the
- community safety priorities;
- Monitoring delivery against objectives and driving good performance by targeting resources to deliver efficient and effective outcomes for
- communities
- Developing a communication plan to raise the profile of Safer Plymouth, its purpose, priorities and achievements

Safer Plymouth reports to the Health and Wellbeing Board to ensure strong links between community safety issues and health and wellbeing issues, allowing the Safer Plymouth Board to lead on community safety issues, and quality assure activity.

As part of the development of **Statutory Partnership Plans**, Community Safety Partnerships (CSPs) are required to **set their priorities** based upon the findings from the evidence presented in their **local Strategic Assessments**.

The Partnership Plan for Safer Plymouth is contained within the overarching Plymouth Plan, which sets out the direction of travel for the long term future of the city until 2034, specifically:-

"work towards **delivering strong and safe communities and good quality neighbourhoods** by delivering a partnership approach to:
Tackle crime and disorder that causes the most harm and affects those most at risk
Reducing opportunities for crime and the fear of crime by requiring all new development to incorporate good design principles "

This document is intended to inform the development of the community safety element of the Plan.

Acknowledgments

Plymouth: an overview

Plymouth is Britain's Ocean city with ambitions plans to be one of Europe's most vibrant water front cities. Plymouth is **one of the largest cities on the south coast** and the fifteenth largest city in England. With a **travel-to-work** area bringing in **over 100,000 people**, a tourist industry drawing in more than **5 million visitors**, and approximately **26,000 students**, the city is a significant economic and cultural centre which also enjoys a thriving evening and night time economy.

Plymouth is also a city that has **significant deprivation**. More than 29,000 city residents live in the most (10%) deprived areas in England. **Inequalities** occur both **geographically** across the city, and **within and across communities**, with **disadvantaged and marginalised populations** most severely affected. These communities experience **multiple social and economic issues**, such as lower incomes, higher unemployment rates, poorer health and housing conditions and higher rates of crime and disorder.

QUICK FACTS: PLYMOUTH RECORDED CRIME

Reporting period is the 12 months to 31 March 2020

Key Facts

23,024 crimes / 87.84 crimes per 1,000 resident population;
Rate of crime remains below average for Most Similar Group (MSG, 107.81);
This is a decrease of 2.5% from the previous 12 month period (23,626 crimes)
The Universal Dataset provided by Devon and Cornwall Police shows 8,126 Anti-Social Behaviour incidents recorded, this is a 8.1% reduction on the number recorded in 2018/19 (8,838)
(Source: iQuanta unless stated)

Trends
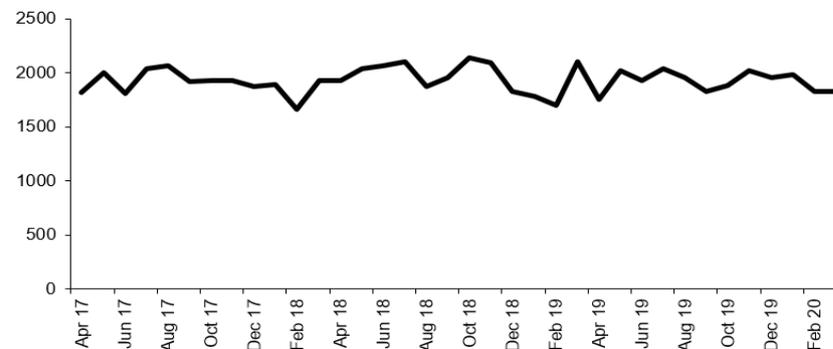
Since the beginning of 2017 the level of crime recorded within Plymouth has been on a steady trend. (Source: iQuanta)

Seasonality
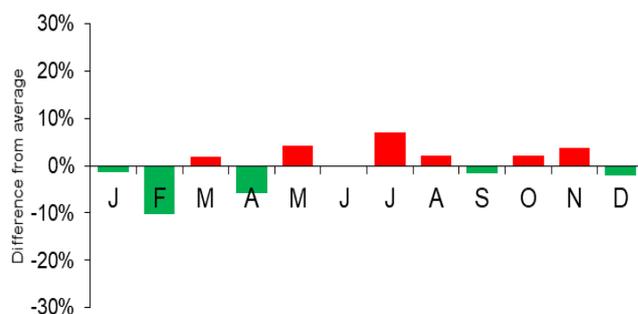
There is a light seasonal pattern of crime in Plymouth, with spring and summer months having higher numbers of recorded crime. There are also smaller peaks seen in October and November. Seasonal trend is based on a three year average. The last 12 months has seen crime recorded in December fall below the monthly averages. (Source: Universal dataset, Devon and Cornwall Police)

Crimes
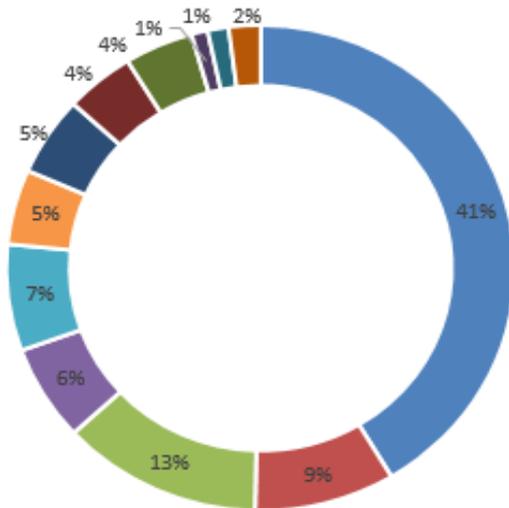
The chart shows the breakdown of crime by type for April 2019 to March 2020.

Violence 41%

Criminal Damage 13%

Theft 9%

Public Order 7%

Shoplifting 6%

Burglary 5%

Location
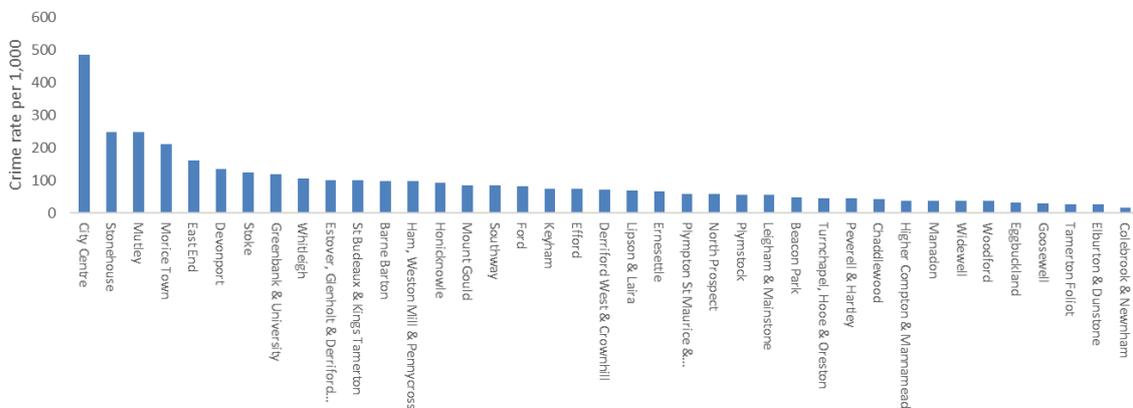
Neighbourhood	Number of crimes	Rate per 1000 population
City Centre	3595	486.3
Stonehouse	2490	248.6
Mutley	855	248.5
Morice Town	628	212.3
East End	953	160.8

In 2019/20 the rate of crime is highest in the City Centre neighbourhood, followed by Stonehouse and Mutley. The neighbourhoods with the lowest rate of crime are Colebrook & Newnham and Elburton & Dunstone. This representation of crime is no change from 2018/19.

Crime trends

Overall recorded crime in Plymouth decreased by 2.5% or 602 crimes in the 12 month period to end March 2020 compared with the same period the previous year. This follows on from increases reported in the last two strategic assessments. Plymouth has a comparatively low crime rate for a city of its type and is placed second in its most similar family group of partnerships (where first is lowest). Plymouth's crime rate is 87.84 crimes per 1,000 population compared to an average of 107.8 for the iQuanta group of similar areas within which it sits.

Plymouth also compares favourably to the average within its iQuanta group for 11 key crime types. These crime types include; Burglary within a residential setting where the crime rate of 5.9 is less than halve that of the iQuanta group average (13.2), Burglary within a commercial setting, Robbery and vehicle related Theft offences. in 2019/20 Plymouth had the lowest rate of Serious Acquisitive Crime within its iQuanta group.

Whilst the levels of Robbery remain low comparatably low it is one of a number of crime types where levels increased in 2019/20. The number of Robbery crimes recorded increased by 16%, rising from 205 to 238, it is however important to note that this is still the third lowest rate within the iQuanta group.

The levels of violent crime recorded continues to stand out as it has done for a number of years. The number of Violence with Injury offences recorded in 2019/20 reduced by 7% (or 252 crimes) but the rate of offences remains amongst the highest within its comparator group, Plymouth had the 12th highest rate (of 15). Conversely the number of Violence without Injury crimes increased by just 1% (+36) but remains low compared to the iQuanta group (Plymouth had the 6th lowest rate recorded in 2019/20).

There is no comparator information available for Domestic Abuse (DA) offences but in 2019/20 the levels of both DA related crimes and DA related incidents increased, by 5% (+240) and 7% (+141) respectively.

Other notable increases include a 17% (+58) rise in Rape, a 5% (+40) rise in Possession Drugs and a 8% rise in crimes recorded with a Hate Crime flag. In 2019/20 Plymouth has the 12th highest (of 15) rate of Rape offences within its group of similar cities.

Crime Table

The table below provides a summary of all crime and disorder types in the city.

Crime / Incident Type	2018/19	2019/20	% Increase / Decrease (no. crimes)	Plymouth rate per 1,000 population (MSG Group in brackets)
All Crime	23,626	23,024	-3% (-602)	87.8 (107.8)
Burglary Residential	667	649	-3% (-18)	5.9 (13.2)
Burglary Business and Community	535	498	-7% (-37)	1.9 (2.3)
Robbery	205	238	+16% (33)	0.9 (1.5)
Theft other	1,840	1,660	-10% (180)	6.3 (8.7)

Crime / Incident Type	2018/19	2019/20	% Increase / Decrease (no. crimes)	Plymouth rate per 1,000 population (MSG Group in brackets)
Shoplifting	1,587	1,468	-7% (-199)	5.6 (8.5)
Theft from Motor Vehicle	781	711	-9% (-70)	2.7 (5.4)
Theft of Motor Vehicle	411	367	-10.7% (-44)	1.4 (2.0)
ASB	8,838	8,126	-8% (-712)	31.0
Criminal Damage	2,762	2,785	+1% (+23)	10.6 (10.9)
Public Order	1,606	1,607	+<1% (+1)	6.1 (10.7)
Rape	337	395	+17% (+58)	1.6 (1.3)
Other sexual offences	720	615	-15% (-105)	2.4 (2.2)
Domestic Abuse crimes	4,642	4,882	+5% (+240)	18.6
Domestic Abuse incidents	1,910	2,051	+7% (+141)	7.8
Possession of drugs	768	808	+5% (+40)	3.1 (2.5)
Trafficking of drugs	196	195	-1% (-1)	0.74 (0.85)
Violence with injury	3,768	3,516	-7% (-252)	13.4 (11.2)
Violence without injury	6,017	6,053	+1% (+36)	23.1 (26.1)
Hate crime	529	570	+8% (+41)	2.2

Risks

Crime and other community safety issues have been considered under broad themes using the MoRiLE methodology to undertake a review of strategic threat, risk and harm. More information on the MoRiLE tool can be found in Appendix A. A full MoRILE analysis was undertaken in early 2019 and due to COVID-19 this has not been possible in 2020. In its place a series of working groups have taken place to review the findings of 2019, and to consider the impact of COVID-19. The lists of risk below remain largely unchanged from 2019 following these working group sessions. Risks have been categorised as High, Moderate and Standard.

High Level Risks

These should be prioritised by Safer Plymouth and all of its partners, and feature strongly in local strategies and plans.

- Terrorist Incidents
- Domestic Abuse, including Domestic Homicide
- Problem Drinking
- Dangerous Drug Networks, including County Lines
- Drug Trafficking
- Problem Drug Use, including Drug Related Deaths
- Rape and Sexual Assault
- Alcohol Related Hospital Admissions
- Child Sexual Exploitation and Abuse (CSE to be considered in the broader context of child exploitation)
- Serious Violent Crime

Moderate Level Risks

It is important that the CSP continues to be proactive in these areas; working together to manage the risks, address identified problems and prevent new problems developing.

- Cyber Dependent Crime, including Fraud
- Homicide
- Alcohol Related Crime
- Modern Slavery[1]
- Terrorist Activity
- Hate Crime
- Violence relating to the Night Time Economy

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[1] Although rated as a moderate risk, it is recommended that this is retained as a Safer Plymouth priority due to continued national focus.

Standard Level Risks

These risks are being managed as "business as usual" and/or not placing much additional demand on services. These should be monitored to ensure they continue to be managed well.

- Anti-Social Behaviour (Impact of COVID-19 on community relations)
- Burglary
- Robbery
- Thefts **–** Shoplifting, Thefts of and from Motor Vehicles, Other Thefts
- Other Sexual Offences
- Possession of Drugs
- Public Order Offences
- Violence without injury
- Criminal Damage and Arson
- Slight Injury Road Traffic Collisions

Key Areas of Focus

The next section reports on some of these risks in greater detail, providing an overview of MoRILE scoring as well as qualitative intelligence obtained via working groups that will assist Safer Plymouth in its decision making.

Domestic abuse and sexual violence

Domestic abuse & sexual violence	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Domestic homicide					Moderate
Domestic abuse					**High**
CSA/CSE					**High**
Rape & sexual assault					**High**
Other Sexual Offences					Standard

Key Statistics:

- Following an increase in 2018/19 the number of Domestic Abuse crime recorded increased again in 2019/20, crimes increased by 5% and incidents by 7%.
- There has been no Domestic Homicide Reviews (DHR) in Plymouth since 2017. We have published 2 DHRs this year and will be publishing 2 more by end of the year but they were for homicides dating 2013 to 2017.
- 395 reported crimes of rape, a 17% increase from 2018/19. Plymouth has a higher rate of Rape and other Sexual Assault than its comparators.

Impact	**Victim/subject** – short and long term physical impacts requiring medical assistance and potential for hospitalisation; long term psychological impacts requiring specialist intervention, risk of self-harm and suicide; link between domestic abuse and mental health issues; potential for loss of life – domestic homicide (worse-case scenario); developmental impact (ACE) upon child victims impacting upon future life outcomes (including employment, health, risk of

	being a victim or perpetrator of crime). Alcohol use seen as a significant factor and linked to more serious incidents. DASV in the family home impacts on young people needing to access housing support. Can have long-lasting financial impact on victim and their family.
	• During COVID-19 we have seen escalating concerns on the impact of DASV upon mental health and suicidality, delays in victims accessing justice due to disruption to courts system has contributed to this. A majority of our Plymouth MARAC cases now have mental health as a significant contributing factor.
	• Police colleagues noted a rise in non-recent sexual violence reporting during early lockdown, perhaps reflecting people having time to reflect and act upon historic incidents.
	• The issue of child to parent/carer violence seen as a growing concern. Local data from our child centered policing team supports this and nearly half of our referrals to adolescent support involve child to parent violence. We would like to see this data collected across the Peninsula for future workshops. Concerns that verbal abuse can be normalized for some families.
	• Child exploitation, including sexual, remains a concern, particularly during the continuing COVID-19 period, which presents a greater risk of exploitation. Children and young people can be less visible, and exploitation activities become harder to identify, disrupt and intervene. Online child sexual exploitation presents a particular challenge.
	• **Community/public expectation** – There has been increased local and national media interest in domestic abuse during the COVID-19 period. We anticipate this may continue with the passage of the DA bill through Parliament. Visibility of sexual violence issues is much less.
Likelihood	• Domestic abuse is high frequency, high volume; other issues happen often but in lower numbers; adverse trends seen in domestic abuse, increases in Rape figures are of particular concern although we note that increased reporting can indicate increased confidence to do so.
	• Community tension data indicates an increase in Domestic abuse (high risk) crime, this is corroborated by our specialist service provider who had seen more complex and serious offences during COVID-19, including more incidents with weapons (around 1/5 of weapons offences in Plymouth are DA related). Since lockdown restrictions eased our MARAC referrals are up by approximately one third.
	• Sexual Assault Referral Centre noted an increase in sibling related incidents during lockdown. Voice of young people work (NSPCC) indicates that many young people experience harmful sexual behaviour as a norm that they know is not ok, but would not report.
Organisational response	• **Costs to respond** are felt in all agencies - direct costs (police, health, social care) and indirect costs (mental and physical health impacts in later life); long term demands; DHRs require significant resources to co-ordinate and secure multi-agency participation. Our SafeLives commissioned needs assessment for Plymouth (Jan 2020) estimated that the annual financial cost to the city of domestic abuse to be in excess of £24 million.
	• **Capacity** – Crime numbers on the increase but no additional resources to respond to this, increase in police capacity will take time to impact due to time to train and develop skill set required. Safer Plymouth is seeking to address this with better partnership working

	though there are also challenges around rising thresholds in other services (especially mental health). Partners in Plymouth have actively pursued additional funding made available during COVID-19. Plymouth Domestic Abuse Service have secured five additional Independent Domestic Violence Advisor posts and we have additional accommodation units and move on support. Concerns around capacity to deliver once these short term funded projects end, given impacts of COVID-19 could be generational.

• **Capability** – recommendations from Domestic Homicide Reviews identify capacity and capability amongst Primary Care as a gap, Plymouth is seeking to address through a Sustainable and Transformational Partnership funded Primary Care project. Domestic Abuse training and trauma informed practice training have been disrupted by COVID-19 with moves being made to move to some virtual delivery. There are issues around whole system understanding of working with victims of rape and sexual assault; some issues exist with referrals to the Sexual Assault Referral Centre. . Plymouth is seeking to ensure that child exploitation screening tools, as part of the development of an Adolescent Safety Framework, are used consistently to provide qualitative and informed professional judgments as to risk and the lived experience of a child/young person. Development of an Adolescent Safety Framework will enable contextual understanding and interventions for children and young people at risk of child exploitation.

• **Mitigating factors** - Specialist services are in place to work with victims, and there is a move towards a more trauma informed whole system approach that will build capacity/skills for early intervention. Strong partnership working is seen as a real strength in the city with our local Domestic Abuse and Sexual Violence (DASV) partnership increasing frequency of meetings to monthly in response to COVID-19 and producing a coordinated approach document and action plan. |
| **Knowledge gaps** | • There is an overall confidence in intelligence assessment but under-reporting identified as a risk factor; specialist services have well developed and comprehensive knowledge. The DASV group receives monthly written updates from partners which has improved ability to form a detailed local picture. Pathfinder work should improve health based reporting. Our Domestic Abuse Systems Leadership work has given a wealth of Lived Experience intelligence which we use to inform system developments.

• **Gaps identified** – more understanding is needed around sexual violence and interventions for child sexual exploitation including understanding the voice of lived experience. Adverse Childhood Experiences information is still emerging although some partners such as Adolescent Support Team are now collating this. Trauma Informed approaches are still new to some partners and as a partnership we await the full implications of the Domestic Abuse Bill. We identified a gap around clear pathways around reporting of historic sexual violence. We are concerned that the Brook traffic light system for harmful sexual behaviours no longer being free may lead to future knowledge gaps, and impact upon pathways for referrals. More work can be undertaken to improve the consistent and qualitative use of child exploitation screening tool to promote professional judgment and secure the right help at the right time. |
| **Recommendation** | • Recommended CSP priority**,** with the focus on domestic abuse, rape and sexual assault, and CSA/CSE (within the wider context |

- of child exploitation and development of Adolescent Safety Framework).
- It is noted that 'Other Sexual Offences' covers a broad area of offending so the risk may not be adequately reflected in the scoring outcomes.

Alcohol-related harm

Alcohol-related harm	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Problem drinkers					**High**
Alcohol-related hospital admissions					**High**
Alcohol-related crime					Moderate

Key Statistics:

- **3,320 dependent drinkers,** 1.58% compared to 1.39% nationally
- Rates of **alcohol-related hospital admissions** are lower than the national average (575 hospital admissions per 100,000 population compared to 626 nationally)
- **Under 18 alcohol-related admissions** are significantly higher than the national average (47.7 per 100,000 population aged under 18 in Plymouth compared to 31.6 nationally)
- **3,427 alcohol-related crimes**, an increase of 9% on 2018/19 (3,143)
- **14%** of all recorded crime and non-crime incidents is flagged as alcohol related
- **872 incidents of street drinking**, 11% of all reported ASB incidents, this is a higher proportion than 2018/19 (9%).

Impact	• COVID-19 means alcohol related ASB related to NTE well down, although flashpoints occurred during easing of restrictions e.g. on the Barbican. Concerns that lockdown has increased levels of problematic alcohol consumption in the home, this may well take time to turn into referrals for help. Particular concern around alcohol use in home and domestic abuse. • **Victim/subject** - Acute and chronic health impacts requiring hospitalisation, both immediate and longer term treatments; dependency requires specialist intervention; long term financial instability, lack of regular income; mental health issues and addiction increase threat to individuals' recovery capital. • **Community** - visible disorder related to alcohol-related anti-social behaviour and violence will affect residents' behaviour and their satisfaction with the city as a place to live. Physical and economic impacts on local businesses. Seems to be more visible lately due to displacement from other areas into City Centre. Tensions relating to COVID-19 and the role of social media seems to have more impact on communities recently.
Likelihood	• High frequency, volume and adverse trends in problem drinking and hospital admissions; alcohol-related crime has increased in the 12 months up to March 2020.

	Our Specialist Young People Substance Misuse Service noted the last NDTMS report did outline that Plymouth does have a higher than average number of YP presenting with severe levels of alcohol use
Organisational response	**Regional/local priority** to tackle effectively; **Costs to respond** are high - extending to crime and anti-social behaviour, health and care, families, lost income due to unemployment, lost productivity, absenteeism and accidents, costs of illness, disability and early death. **Capacity** – capacity for prevention/identification and response is limited; well recognised situation. Individuals with significant psychological/psychiatric and physical co-morbidities that make demands across the whole complex needs system of services. Capacity to respond to alcohol related crime has reduced due to reduced police resources. **Capability** – public understanding of the health harms associated with alcohol is limited. More focus needed on universal approaches to information/ awareness/prevention, rather than a 'specialist workforce'; use of Mental Health Treatment Requirements now being rolled out in Plymouth. Rehabilitation services may not be sufficient. Some schemes due to stop next year due to funding streams stopping. **Mitigating factors** - Alcohol-related health harms are well understood locally and currently part of the city's complex needs agenda and service re-procurement workstream; well established NTE response. - Strong partnership working through Operation Hippic. The work of the Alliance in coordinating partnership responses and taking a holistic approach to complex needs has made significant improvements to this area of practice in Plymouth. We need to ensure public kept well informed of the positive work undertaken as media/ social media may not reflect reality on the ground. The City-wide PSPO order is imminent, giving powers to remove alcohol if use is ASB related.
Knowledge gaps	**Overall confidence** in intelligence assessment; **Gaps identified** – dependent drinkers not engaged with services during COVID-19; drinking in the home, hidden harm.
Recommendation	**Recommended CSP priority**, with the emphasis on problem drinking and complex needs rather than targeting alcohol-related crime.

Drug-related harm

Drug-related harm	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Drug related deaths	🟥	🟩	🟩	🟨	Moderate
County Lines/Dangerous Drug Networks	🟥	🟧	🟧		**High**
Problem Drug use	🟧	🟥	🟨	🟧	**High**
Trafficking Class A Drugs	🟧	🟥	🟨	🟨	**High**
Trafficking Other Drugs	🟩	🟧	🟧	🟩	Standard
Possession of Drugs	🟩	🟧	🟨	🟩	Standard

Key Statistics:

- Trafficking of Class A drugs – reduction of 1% in trafficking crimes recorded
- 808 Possession of drugs crimes recorded, an increase of 5% (+40)
- Plymouth's rate of **death from drug misuse** (11.4 per 100,000) is higher than regional (9.9 per 100,000) and England (10.8 per 100,000).

Impact	- Victim/subject - Acute and chronic health impacts requiring hospitalisation; dependency requires specialist intervention; long term financial instability, lack of regular income; mental health issues and addiction increase threat to individuals' recovery capital; potential for loss of life through overdose/suicide; high psychological and financial impact for individual and their families if trafficking related to Drug Dealing Gang's (DDN's). - Community – increased concern in communities where drug dealing is visible; potential impacts on fear of crime and quality of life, increasing visibility of drug use seems to be increasing concern in community. DDN activity more hidden so less impact unless it is uncovered. - Significant differences in Plymouth with more DDN's and less County Lines activity. COVID-19 reduced County Lines activity in the city but note this is liable to change as restrictions ease and we see changes in supply and demand. - During COVID-19 we have seen an increases in use of alcohol and benzodiazepines, including illicitly produced and potentially more dangerous counterfeit products. Decreased use of heroin (availability decrease and reported reduction in purity). Changes in substance type will impact on behaviour both in private homes and the community. - The SHARP team (Specialist Young People Substance Misuse Service) noted increased use of social media, particularly Snapchat, being used with young people to obtain and sell substances during COVID period. - Drug related deaths - Plymouth has more deprivation, drug prevalence and inequality than nationally and its neighbours, that is why the rate of deaths is higher, it is expected and consistent with rates of it statistical (as opposed to geographical) neighbours. There is overlap between drug/alcohol/fire/suicide/domestic homicide deaths and with certain illness and conditions, notably chronic obstructive pulmonary disease, bacterial infections (including MRSA, iGAS and TB) and viral infections such as Hepatitis C and HIV. This is why in Plymouth we look at drug deaths as part of an 'Avoidable Deaths' strategy (note 'avoidable' not 'preventable' because many are not preventable). - Increased risk to local vulnerable young people who may be recruited into criminal activity – threats/experience of physical and sexual violence. The SHARP team raised concerns about targeting of young people to supply drugs and exploitation. Partners noted that for some young people risks decreased during COVID-19 as they spent more time in family environment. But for those accommodated outside the family home or in unstable environments the risk increased. SHARP

	team noted increased use of reported 'pill' use (both MDMA and valium) with noted rises in nitrous oxide and some ketamine use.
Likelihood	• Frequent (constant) issue but mainly small volumes; increasing trend in trafficking and problem drug use. During COVID-19 arrests for drugs, trafficking and weapons all increased. Concern raised at the 77% increase U18 possession of drugs although note numbers involved still low (47-83). Youth Offending Teams saw a 31% decrease in caseload during lockdown and decreased reported substance use during this period, however substances were more easily obtained once restrictions eased.
Organisational response	• National/regional/local priority to tackle effectively. • Costs to respond are high across the system (housing, social care, health, police/CJS). • Capacity – Good police capacity to respond during COVID-19 led to significant increase in arrests during this period, emptier streets made this activity easier to spot. Response is dynamic. Specialist services made significant adjustments to meet needs of clients with social distancing – some longer term benefits for use of technology in engaging clients may be evidenced, managing higher levels of referrals/ improved engagement. Securing housing and tenancy support a key priority for rough sleepers during COVID 'everyone in' approach, effective partnership work with Alliance helped to support people with substance misuse into accommodation, strong desire to maintain the gains made. Focus on traffickers as victims of DDN's leading to more capacity needed to provide safeguarding and support. • Capability – Focus on young people – drug use, awareness of risks and where to get help, preventing involvement in illegal drugs trade; drug needs in offenders not reflected in use of Drug Rehabilitation Requirement • Mitigating factors - Introduction of child exploitation toolkit and associated training is raising awareness and some improvement seen. New Trauma Informed approach is helping to raise awareness around DDN's and drug trafficking. Strong partnership working through Operation Hippic and the work of the Alliance has made significant improvements. Plymouth performing well for use of partnership intelligence portal, this is an area Safer Plymouth could look to significantly build on current success.
Knowledge gaps	• Gaps identified – understanding the relationship between serious group offending and local drug markets (including illegal, prescription drugs and new psychoactive substances); problem drug use in young people, links between DDN and serious violence. Improve understanding of why gaps between offending around substance misuse and YOT referrals. • Devon and Cornwall police are preparing a 4P strategy for DDNS that should better inform impact/ likelihood and threat analysis. • Intelligence around counterfeit valium is being developed with A&E departments. • Recognition that elements around drug supply hidden, but knowledge around the harms improving.
Recommendation	• Focus on protecting the vulnerable **–** preventing drug related deaths and reducing risks to young people of illegal drugs trade. • Focus on action to tackle Dangerous Drug Networks / Trafficking of Class A Drugs and the associated issue of drug related violence.

Vulnerability and Exploitation

Hate Crime and Prevent	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Terrorist incident					**High**
Terrorist activity					Moderate
Hate crime					Moderate

Key Statistics:

- Hate Crime – 570 offences, an increase of 8% on 2018/19.
- Racism represents 64%, Homophobia 15%, Disablist 11%, Transphobic 5%

Impact	- Victim/subject – acts of terrorism hold the greatest potential risk – mass casualties/loss of life – but incidence at this level is rare; terrorist activity could have a lasting psychological impact and victims of grooming could go on to become offenders; persistent/repeat hate crime can have long term psychological impacts and may require victim and family to relocate; - Community – raises fear and concerns for safety in affected communities; major incident such as terrorist attack has lasting impact of community's way of life; higher risk military sites (Devonport Dockyard and Millbay Docks). With hate crime, concern has gone up in local communities and more expectation for agencies to act. Black Lives Matter protests saw an associated rise in hate crime reporting. Use of social media and internet means greater reach so impact is wider, emergence of COVID related extremism against target groups (can be anti-Muslim, Q-Anon linked to anti-Semitism)
Likelihood	Reported hate crime is frequent but low volume with adverse trends apparent; terrorist incidents are rare and terrorist activity has been low level so far but constant vigilance required;
Organisational response	**National/regional/local priority** to tackle effectively; potentially international in respect of an act of terrorism. **Costs to respond** are managed within existing resources; hate crime has potential hidden costs (such as mental health impacts and rehousing); prevention and emergency response to terrorism well established. **Capacity** – mostly managed within day to day business; Prevent training requires ongoing commitment to deliver; some capacity issues for agencies such as housing agencies when terrorist activity is disrupted. **Capability** – Wider awareness of hate crime amongst some partners needed. Third party reporting still needs improving in some areas of the city, Transphobic incident reporting is still new for a lot of people as is the new category of sex / gender hate crime. Better understanding of the impact of COVID-19 upon number of children and young people within elected home education and city response to identify, protect from and prevent harm. **Mitigating factors** – Counter Terrorism Local Profile identifies threats and risks; Channel process very effective locally – identifying

Knowledge gaps	• Gaps identified – Hate crime still acknowledged as largely under-reported; continued issues around public confidence; improve data flow from third party reporting centres. Impact of Brexit. • Understanding around whether BLM impacts on confidence in policing and reporting.
Recommendation	• Statutory duty to prevent terrorism, high level of inherent risk requires ongoing vigilance, especially around high risk sites; • Local responses to hate crime to focus on protecting the most vulnerable, preventing repeat victimisation and building public confidence to report incidents and seek support. • We need to ensure Prevent training fully embedded within a quality assured framework. • Vulnerability (risk of hidden harm) to increasing number of children and young people within elected home education as a consequence of COVID-19.

(continued from previous)

and engaging people at risk; good joint partnership with Emergency Management. Third party reporting of hate crime has helped reach communities traditionally hard to reach so there is a local change in this respect.

Vulnerability and Exploitation

Serious and Organised Crime	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Modern Slavery					Moderate
Impact	• **Victim/subject** – physical and psychological abuse with long term recovery implications; financial deprivation through enslavement. • **Community** – lack of awareness in the community; often pick up on 'nuisance' issues relating to modern slavery e.g. waste, noise, and anti-social behaviour.				
Likelihood	• Numbers remain **low and have reduced for 2019/20** –there has been reduced reporting within the city which may have been impacted by COVID 19. This may mean cases have been more hidden and that as lockdown restrictions end we see/ identify more victims coming forward for support and response.				
Organisational response	• **National/regional/local priority** to tackle effectively; tied in with people trafficking both internationally and within UK. • **Costs to respond** are increasing for the Local Authority who retain responsibility for support for children and will have immediate response needs for adults prior to transfer to Salvation Army under the Adult Care Contract; repeated targeting is resource intensive; significant cost implications to feed and house victims to enable police to carry out ABEs. Need to consider greater use of external funding to support local delivery. • **Mitigating factors** – No current gaps in service provision; well managed through the mix of local and national resources in place; skills are rapidly evolving as the partnership gains experience from new cases; good awareness and information exchange between				

	partners. The Safer People thematic group are developing a new Modern Day Slavery Strategy.
Knowledge gaps	• **Gaps identified** – Intelligence gathering remains a priority. NRM awareness raising still needed with some partners and concern over low referral rates.
Recommendation	• Statutory duty to respond to modern slavery, high level of inherent risk requires ongoing vigilance; potential for escalation of risk as community awareness is raised and more cases are identified.

Vulnerability and Exploitation

Serious and Organised Crime	Harm	Likelihood & trends	Intelligence	Response	Threat, risk and harm assessment
Cyber Dependent Crime / Fraud					Moderate
Cyber Related Vulnerability					Standard
Impact	• **Victim/subject** – Cyber dependent crime - some physical and psychological impact on vulnerable people and elderly; mainly medium-tem financial impact although some are long term. Cyber related vulnerability - majority cases low impact with caveat of extreme cases of physical harm as a result of coercion into sexual or physical acts / self harm/ suicide. • **Community** – Cyber dependent crime has potential for wide community impact with an incident similar to recent NHS cyber-attack. Cyber related vulnerability - self-harm, sexting or CSE coercion online can rapidly reach significant numbers of CYP via online communities. • Need to maintain a focus on non-Cyber fraud activities, these have been increasing with COVID related scams and illegal money lending
Likelihood	• Moderate volume but numbers **are increasing**.
Organisational response	• **Regional/local priority** to tackle effectively. • **Costs to respond** are managed within existing resources; police have set up a new cyber-crime unit which has resource implications. • Cyber related vulnerability – can be vastly resource intensive especially in bringing organised online abuse to justice.
Knowledge gaps	• **Gaps identified** – concern over 'under-reporting' as issue feels greater than crime levels suggest. • Need to seek data from a number of sources supporting victims of online exploitation/abuse to better understand prevalence and nature of crimes.
Recommendation	• Maintain a focus on cyber dependent crime and fraud through the Fraud and Cyber group. • Consider expanding the remit of this group to include online harm and vulnerability.

Emerging Issues for Safer Plymouth

Serious Violent Crime	The number of Violence with Injury Offences that were recorded for Plymouth did fall in 2019/20 but crime rates remain amongst the highest within the iquanta group of most similar CSP areas (12th highest of 15). Tackling Serious Violent Crime is the responsibility of the Safer Plymouth Partnership and the issue has been raised as a priority concern across a number of partnership groups. Child to Parent violence and Knife crime are raised as separate emerging issues below and other wider determinants of violence such as Modern Slavery and County Lines are raised previously in this assessment. The Office of the Police and Crime Commissioner has commissioned a peninsula wide needs assessment into Serious Violence and a separate Plymouth focused analysis is also underway. A partnership group will be established to develop a City strategy to tackle Serious Violence across Plymouth.
Child to Parent Violence	Child to Parent Violence -The issue of child to parent/carer violence is seen as a growing concern and has been identified as a priority issue by our Safer Families group. Local data from our child centered policing team supports this (report appended) and nearly half of referrals (14 so far in 2020) to our Adolescent Support Team involve child to parent violence. We would like to see this data collected across the Peninsula for future workshops. Partners noted that parents tend to report only the more extreme incidents. Concerns that verbal abuse can be normalized for some families. Partners noted links to children and young people experiencing adverse childhood experiences and child to parent/ carer violence, particularly violence in the home and separation of parents. The AST now track ACEs to help develop understanding of this issue.
Knife Crime	Knife Crime – our local specialist problem solver was able to bring a detailed breakdown of Offensive Weapons Crimes in Plymouth between Jan and Aug 2020 (awaiting sign off so only shared internally). This included knifes but could also cover other types of weapons or implements used as weapons. During COVID we see a pattern of stable possession offences but an increase in harm offences. Alcohol is the most significant aggravating factor, but we note with concern that 1 in 5 offences are domestic abuse related (see also DASV section). The majority of offenders are aged 26-35. Figures for young people aged 10-18 show there are significantly more possession offences than harm offences. Partners note that vulnerability and fear of violence are driving factors in young people carrying weapons. Responses developed by Safer Plymouth partners should be trauma informed and focus on developing skills for conflict resolution. Activity should focus on identified vulnerable groups. Communications/ campaigns should be sensitive to the underlying anxieties that lead to young people carrying weapons and caution exercised so that fear of knife crime is not exacerbated as this could be counter- productive. In Plymouth we will continue to work with Youth Parliament members and Young Safeguarders to inform our approach. The Force is drafting a strategic 4P plan on Knife Crime to support our understanding and approach.

Appendix A: Understanding threat, risk and harm

The MoRiLE model

Prioritisation involves understanding what poses the **greatest threat or risk** to the safety of the community and a common framework for undertaking that assessment is vital to ensure that this process is **fair, equitable and effective**.

Devon and Cornwall Police and the community safety partnerships across the Peninsula are transitioning across to a new **nationally accredited tool** to assess threat, risk and harm which was developed through the national **Management of Risk in Law Enforcement** (MoRiLE) programme.

The national programme has created **core principles**, a **consistent language** for threat, risk and harm, and **strategic and tactical models**. These have been delivered through a collaborative approach with **over 300 representatives across UK law enforcement agencies**, supported by national and international consultation.

In October 2016, the thematic and tactical models were **approved by the National Police Chiefs' Council** for roll out to all police forces as Authorised Professional Practice (APP) from April 2017. The thematic model is being used by over 60 law enforcement agencies, including the National Crime Agency, to **inform their Strategic Assessment processes**.

The national programme recognised that the model has potential for application in a wider partnership environment and Amethyst is leading on a strand of work to **develop the methodology for use by community safety partnerships.**

The process

An initial assessment of harm and likelihood based on current data and intelligence was undertaken by the analyst team and this identified the principle threats.

All data was drawn from police **Universal Data Set/iQuanta** and other **routinely available data** (dependent drinkers estimates, estimates of opiate and/or carck use, road traffic collisions etc.)[2]

The findings were then taken to a partnership workshop to ratify the impact scores and discuss and agree the **confidence and organisational position scores**.

The collated outputs were used to calculate an overall assessment of threat, risk and harm.

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[2] A full list of sources can be provided on request

Broadly speaking, the levels of risk have the following implications for the partnership.

Threat, risk and harm rating	What this means for the partnership
High	• Should be recognised by CSP and partners as a priority, and this needs to be clearly evidenced in all relevant strategies and delivery plans; • May demand additional resources and funding to address; • Review existing strategy and service provision – identify where we can improve/enhance/increase existing response framework to reduce the risk; • Ensure that the risk is understood across the partnership and that partners are proactively taking action to reduce the risk; • Set targets to evidence improvement in key areas.
Moderate	• Ensure that there is a clear strategy in place and adequate service provision to respond; • Continue to maintain/support/improve existing response framework in place to reduce/control the risk; • Ensure that the risk is understood across the partnership and that partners are proactively taking action to reduce/control the risk. Seek to influence other relevant strategies; • Continue to monitor the level of risk against moderate improvement targets, and respond appropriately if adverse trends are identified.
Standard	• Ensure that there is adequate service provision in place to respond; • Maintain/support existing response framework in place to control the risk; • Ensure that the risk is understood across the partnership and that partner actions do not increase the risk; • Continue to monitor the level of risk and respond appropriately if adverse trends are identified.