

Shropshire Community Safety Partnership

Crime Reduction, Community Safety and Drug and Alcohol Strategy 2017-2020



April 2017

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Introduction

Why develop a Strategy?

Every three years the Shropshire Community Safety Partnership is required to produce a strategy to help tackle crime and improve community safety. This strategy is based upon an assessment of available crime data which assists in the identification of the key priorities for the Partnership. The Partnership examines the types of crimes that have occurred and where and identify if these crimes have increased or decreased so that we can recognise emerging trends and prepare to manage them. The strategy aims to provide a framework within which decisions concerning the investment of available resources can be made and so determine the best course of action to ensure that crime is controlled.

The partnership recognises that during the lifetime of this Strategy issues might change and different community concerns could surface. The partnership will use data, information and community based reports to ensure it maintains a good understanding of the issues which need to be addressed within Shropshire.

This strategy does not wish to replicate the strategies of West Mercia Police Force and the Office of the West Mercia Police and Crime Commissioner, but it does aim to ensure that the priorities of each strategy are complementary to one another and, wherever they can be, aligned. Additionally, the Partnership will seek to learn from evidence of good practice established elsewhere by liaising with other Community Safety Partnerships.

The Strategy will be reviewed annually as part of the Strategic Assessment and priorities will be revised to ensure the strategy remains flexible and adapts to local need.

The Vision of the Partnership

The Shropshire Community Safety Partnership and its members are committed to maintaining and delivering safer and stronger communities and the continued development of Shropshire, making it a place that people want to live, work and visit.

The Mission Statement of the Partnership

The Shropshire Community Safety Partnership will work together for the benefit of everyone who lives, studies, works, visits, and socialises in Shropshire and its towns, in order to reduce crime and anti-social behaviour and improve feelings of safety.

The Shropshire Community Safety Partnership is made up of a number of agencies. These include:

- Shropshire Council
- West Mercia Police
- Shropshire Fire and Rescue Service
- National Probation Service
- Warwickshire and West Mercia Community Rehabilitation Company
- Shropshire Clinical Commissioning Group
- Representatives from key partners in the voluntary sector
- The Office of the Police and Crime Commissioner

The Shropshire Community Safety Partnership structure is reviewed regularly to ensure that agencies are able to tackle the priorities identified for the County. The Board oversees a number of strategic groups which deliver programmes of work for the partnership.

The groups that support the Partnership and links to other plans

The structure of the Shropshire Community Safety Partnership is set out, in brief, below. This Plan is also linked to other Strategies and Plans. These include plans and strategies produced by:

- Office of the Police and Crime Commissioner for West Mercia¹
- West Mercia Police²
- The Shropshire Health and Wellbeing Board³
- Shropshire Council⁴
- Shropshire Fire and Rescue Service⁵

Please see the links below for more details

The Shropshire Community Safety Partnership also works with a number of other partnership boards, including the Safeguarding Children’s Board; the Safeguarding Adults Board and the Health and Well-Being Board.



¹ <http://www.westmercia-pcc.gov.uk/wp-content/uploads/2016/10/Safer-West-Mercia-Plan.pdf>

² https://www.warwickshire.police.uk/media/7576/Strategic-Assessment-2016---2017/pdf/Strategic_Assessment_2016_17_V19_not_protectively_marked_Secured.pdf

³ <http://www.shropshiretogether.org.uk/wp-content/uploads/2016/05/FINAL-HWBB-Strategy-2016.pdf>

⁴ <https://shropshire.gov.uk/committee-services/documents/s12492/6%20DRAFT%20SC%20CorpPlan%20July16%20R26p%20LR.pdf>

⁵ <https://www.shropshirefire.gov.uk/sites/default/files/14-irmp.pdf>

The Community Safety Partnership Board has attempted to ensure that the Partnership priorities, as set out in this Strategy, are aligned with the Plans of our partners, and in particular the objectives of the West Mercia and Warwickshire Police Alliance strategy and the West Mercia Police and Crime Commissioner Plan.

West Mercia and Warwickshire Police Alliance strategic assessment 2016-17

Emerging trends in West Mercia

“Sex-tortion”

Media reports suggest that this crime is rapidly increasing and that the actual number of crimes is far higher than the reported number. The assessment undertaken by the West Mercia Police suggests that the number of “sex-tortion” crimes is increasing and the trend is likely to continue. National data indicates that the majority of victims of this crime are younger men.

Cyber and Cyber enabled crime

Cyber enabled crimes may be considered as ‘traditional’ crimes that can be increased in scale and reach by the use of computers (or a network of computers) or other forms of information communication technology (ICT). These offences include fraud and theft.

Cyber dependent crime are offences that can only be committed by using a computer, a network of computers or other forms of ICT. These acts include the spread of computer viruses or other ‘malware’ (including ransomware), hacking and the distributed denial of services (DDoS). There can, of course, be secondary consequences of these crimes – such as the hacking of e-mail accounts that may be used to commit an act of fraud.

In West Mercia, the most often reported category of fraud was Computer Software Services Fraud and on-line shopping and auctions fraud.

Child sexual exploitation

There is no single offence of Child Sexual Exploitation (CSE) so capturing accurate data is dependent on appropriate use of a Police ‘CSE interest marker’. Understanding the scale of the crimes associated with CSE is difficult because of the suspected degree of under-reporting. The NSPCC⁶ estimates that 5% of children in the UK suffer some form of sexual abuse during their childhood – suggesting that approximately 675,000 children will have suffered this form of abuse before they reach adulthood.

Knowing the signs of CSE and safeguarding victims remains a priority for all partners on the Community Safety Partnership.

Sexual offences and rape

Across the West Mercia and Warwickshire Police service there has been, over the last two years, a significant increase in the number of rapes and sexual offences reported to the Police. All allegations of rape are now required to be investigated by the Force CID.

Changes to the Home Office Counting Rules in April 2015 have resulted in every report of rape being recorded on the West Mercia CRIMES system at the earliest opportunity.

⁶ NSPCC 2011: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/sexual-abuse-facts-statistics/>

An increase in the reporting of sexual offences and rape may be attributed to a greater degree of public confidence in the Police response. Nationally, rape is considered to be a significantly under-reported crime. Hence, the true number of cases is unknown and so any increase in the number of cases reported and recorded may be interpreted as a positive development.

Domestic abuse offences

The key task is promoting partnership working and increasing confidence in reporting.

Organised Crime Groups

This strategy will be managed in accordance with National protocols

Killed and Seriously Injured – Road Traffic Collisions

This issue, relative to other areas within the West Midlands, is not currently a significant issue within Shropshire but the trend in the incidence of these events (and the considerable impact they have on the people affected) does not appear to be falling and should be monitored closely by the CSP.

Demand for emergency mental health support

This issue remains challenging for the Police. A disproportionate number of people processed through the criminal justice system have mental health needs when compared to the population in general. The police can use Section 136 of the Mental Health Act (1983) in order to take a person to a place of safety. They can do this if they think that a person has a mental illness and is in need of care. There appears to be a lack of capacity to provide a service to everyone who is detained under Section 136 of the Mental Health Act and taken by the Police to a place of safety. This issue is recognised as a priority by all partners and work will be undertaken to resolve it.

Modern Slavery and human trafficking

Reports of this crime are being recorded in Shropshire and it is necessary to ensure that particular attention is offered to this subject as the pattern and frequency of this crime and how best to tackle it begins to emerge.

West Mercia Vulnerability Strategy

The ambition of the West Mercia Police for 2020 and beyond is to be an exemplar force in the protection of the most vulnerable. To achieve this West Mercia Police are adopting the approach taken by the National Police Chief's Council (NPCC), of having a single Vulnerability Strategy and delivery plan.

The West Mercia and Warwickshire Police Alliance has adopted the following definition for what vulnerability is:

'A person is vulnerable if, as a result of their situation or circumstances they are unable to take care of, or protect themselves or others, from harm or exploitation'.

West Mercia Police recognise that 80% of incidents that we attend involve people who are vulnerable because of their situation or circumstances.

The CSP recognises that early identification of vulnerability is of the utmost importance. But it is also clear that if we can reduce vulnerable people's exposure to harm this will also have a significant impact and is likely to reduce harm and demand.

In the past the West Mercia Police response to vulnerability was limited to an approach focused on identified groups of people, with the services we provide tailored to each category or community. Although this can work, a more holistic 'whole vulnerability'

approach is required to ensure that all circumstances are taken into account and that the provision of service is consistent and tailored to individual needs. To this end, the West Mercia Police will aim to deliver a programme of key developments, which will include the following:

- To work closely with statutory partners and non-governmental agencies to provide a 'multi-service response' in the best interest of the individual.
- To develop an effective outcomes culture where early intervention / prevention actions by staff are duly recognised.
- To consider the vulnerability of any person we come into contact with and respond accordingly to reduce the victimisation of the most vulnerable people.
- To reduce exploitation of the most vulnerable.
- To prevent unnecessary criminalisation of those who are vulnerable.
- To have the skills, confidence and support to take a problem solving approach to vulnerability.
- To work proactively with the OPCCs and other appropriate partners to protect the most vulnerable.
- To continue to develop our policing model to ensure the effective response to vulnerability.
- To be fully compliant with the Code of Practice for Victims of Crime 2015 and demonstrate this through our actions.

Early intervention and prevention

West Mercia Police will embed a culture of 'professional curiosity' and continuous learning to seek to intervene at the earliest opportunities.

Learning and development

The outcome of the Learning and Development Strategy being established by the Police Alliance is to improve attitudes and develop new skills in relation to dealing with vulnerability and to apply these skills in the workplace.

Communications

Communications will be delivered to underpin the vulnerability strategy and initially focused on internal audiences, tailored to meet the specific needs of relevant members of our workforce and key business areas.

West Mercia Police and Crime Commissioner (PCC)

Safer West Mercia Plan: 2016-21

The vision of the Police and Crime Commissioner for West Mercia is comprised of four key strategic objectives. These objectives and the aims are set out below:

1. Putting victims and survivors first

The PCC will, amongst other things, aim to:

- Complete a victims needs assessment
- Establish and lead a Victims Board that will:
 - Ensure better results and consistency in service delivery across the PCC area
 - Provide a forum for strategic evidence and data sharing, review and problem solving
 - Promote best practice across West Mercia and Warwickshire
- Make sure victims and survivors get effective services, enabling them to cope and recover and reduce their chances of re-victimisation

2. Building a more secure West Mercia

The PCC will, amongst other things, aim to:

- Increase in confidence to report an offence to the police from both victims and witnesses
- Increase the proportion of hate crimes reported to the police.
- Focus attention on the most serious crimes committed against individuals and the most vulnerable in our society
- Make sure public funding used in support of this objective is allocated responsibly, is outcome focussed and based on proven need
- Use a commissioning framework to ensure funding for community safety partnerships represents value for money
- Make sure the Safer Roads Partnership responds to community concerns as well as working to reduce deaths and serious injuries on our roads
- Provide oversight and support to West Mercia's Reducing Reoffending Strategy

3. Reforming West Mercia

The PCC will, amongst other things, aim to:

- Support the health and wellbeing agenda within the Police alliance of Warwickshire and West Mercia

Together with the Chief Constables, the PCC will:

- Monitor the National Specialist Capabilities Programme and respond to any changes arising from it
- Join up services and commissioning with partners where there are operational and financial benefits

4. Re-assuring the communities of West Mercia

The PCC will, amongst other things, aim to:

- Make sure police follow custody rules and treat detainees safely and fairly, via an Independent Custody Visitor Scheme
- Develop and publish a Communications and Engagement strategy, setting out how he will actively engage with communities and monitor performance
- Involve, engage and empower communities in the delivery of the plan through more opportunities for active citizenship and volunteering
- Work with the police to publish information arising from recommendations in HMIC or other strategic reports.

Together with the Chief Constable the PCC will:

- Work with local people and partners to give visible reassurance on frontline neighbourhood policing.

5. The resources of the Office of the PCC

The PCC has a pivotal role in the commissioning of services related to victims, community safety and crime reduction, which may expand in the near future if police and crime commissioners take on responsibility for court based victims and witness services. In this regard, the PCC will, amongst other things, aim to:

- Implement an outcomes based commissioning framework with Community Safety Partnerships and pilot the use of the Outcome Star framework with ten of the 2016-17 third sector grant recipients.

ABOUT SHROPSHIRE

Introduction – our county and our context

Shropshire is a large, diverse, predominantly rural inland county, situated in the far western corner of the West Midlands, on the border with Wales. The Shropshire Council area covers approximately 320,000 hectares, 94% of which is classed as rural and 6% urban. Around one third of the County is upland, mostly to the south and west and almost 81,000 hectares are designated as the Shropshire Hills Area of Outstanding Natural Beauty (AONB).

To the south east, land between the River Severn and the Shropshire border forms part of the West Midlands Green Belt.

With a total population of just over 310,000 and only 0.96 persons per hectare, Shropshire is one of the most sparsely populated counties in England. Shrewsbury is the county town and is the largest settlement, with about a quarter of the total population. Shrewsbury acts as the main commercial, cultural and administrative centre for Shropshire. The market towns of Oswestry, Bridgnorth, Market Drayton, Ludlow and Whitchurch are much smaller and together contain about 20% of the total population. They provide a range of facilities and services for their resident communities and surrounding rural hinterlands. There are a further 13 smaller market towns and key centres.

In the rural areas, the population is spread widely and sparsely with many small settlements, hamlets and dispersed dwellings within the countryside. Overall, around 35% of the population live in rural areas.

People

According to the Census conducted in 2011, there are 129,674 households in Shropshire. Housing affordability is a key issue. The area has a significant and diverse Gypsy and Traveller population, with varying needs and a large number of small, long term unauthorised sites. Life expectancy for males and females in Shropshire is significantly higher than the national figure and all age mortality for males and females is significantly lower.

In Shropshire, age groups below 45 years are projected to increase between 2006 and 2031, with the exception of:

- 10 to 14 year olds
- 15 to 19 year olds
- 30 to 44 year olds.

The greatest decline is in the 30 to 44 year old population group, which is projected to decline by 7.3%. This is closely followed by the 15 to 19 year old age group (5.8% decline) and the 10 to 14 year old age group (1.3% decline).

65 to 84 years

In Shropshire, this age group is projected to increase by 34,500 people by 2031.

85 years and over

In Shropshire, this population group is projected to increase by 13,600 people (from 7,000 in 2006 to 20,600) by 2031.

Education

Educational attainment in Shropshire is high and consistently above the national average. Accessibility to further and higher education sites is a key issue in such a rural County.

Currently, many young people leave Shropshire to undertake formal higher education courses and their out-migration is a serious problem for local economic development.

Economy

The characteristics of Shropshire's labour force and economy, in part, reflect the rural nature of the County. In 2014, 144,100 residents aged 16-64 were in employment. Shropshire has a predominantly small business economy, with 91% of businesses employing fewer than 10 staff. Health is the largest employment sector, accounting for 18% of Shropshire jobs. Retail, education and manufacturing also all account for around one in ten jobs. Unemployment rates are traditionally low, but the Jobs Seekers Allowance (JSA) claimant rate rose to 3.2% at the height of the recession in February 2010. The JSA claimant rate has now fallen back to 1.1% (May 2015). Identified business growth sectors include: environmental technologies; creative and cultural industries; tourism; and the land based sector, particularly food and drink production and processing.

Shrewsbury is an important sub-regional centre and is ranked as one of the top ten retail centres in the West Midlands. It serves a catchment of around 180,000 people within a 20 minute drive time. Oswestry is Shropshire's second largest centre and the largest market town, with a retail turnover significantly greater than that of the other market towns.

Tourism

Tourism is an important part of the local economy, with over 11 million visitor trips each year. Overall, tourism directly supports over 8,000 full time equivalent jobs and more than 6% of all Shropshire-based jobs are tourism related. Much of Shropshire's appeal is due to it being a tranquil rural area with attractive countryside and high quality local food products, where a range of leisure activities such as walking and cycling can be enjoyed.

Transport and Accessibility.

Shropshire is linked to the national motorway system by the M54/A5 which runs east-west between Oswestry, Shrewsbury, Telford and the M6. This route, continuing to North Wales and Holyhead, is part of the Trans European Network. A number of rail lines provide links with the West Midlands, mid and south Wales, Cheshire, Merseyside, Manchester and Herefordshire. Shrewsbury is a key rail hub. There are 16 rail stations in the County. Shropshire has a fairly extensive bus network. However, a dispersed population, long distances and high levels of car ownership in rural areas makes it difficult to provide bus services that are economical and convenient.

HEALTH AND WELLBEING

What is the health and wellbeing strategy?

The Health and Social Care Act 2012 requires each council area to have a Health and Wellbeing Board (HWBB). This Board is in place to bring together key leaders from local health and care organisations to work together to improve the health and wellbeing of the people of Shropshire and to reduce inequalities that are the cause of ill health. The HWBB is a formal member of the CSP.

The Board aim to understand their local community's needs, agree priorities, and make decisions to improve the health and wellbeing of local people in Shropshire and to describe these in a multi-annual Health and Wellbeing Strategy.

Are people in Shropshire Healthy?

Overall the health and wellbeing of people in Shropshire is good and life expectancy is higher than the national average. As more of us live longer, we want to ensure that we are able to maintain good health, and the quality of our lives, for longer: adding life to years as well as years to life.

Currently in Shropshire the difference between healthy life expectancy and life expectancy is 15 years for men and 18 years for women. This means that, on average, men will spend the last 15 years of their life in relative ill-health and women, 18 years. Ideally we want to reduce the gap between healthy life expectancy and life expectancy.

Whilst many people in Shropshire can expect to live a long life, have a good education, earn a decent wage and live in appropriate accommodation, this is not the case for everyone. Health inequalities do exist. It is acknowledged that deprivation and ill health are linked, with people who are more deprived having a greater risk of early death and increased prevalence of disease.

The following points summarise some of the health inequalities that exist in Shropshire:

- Life expectancy for males who are most deprived is 6.5 years lower compared to the least deprived and the difference for females is 3.4 years.
- People who are most deprived in Shropshire are significantly more likely to die prematurely from cardio vascular disease and cancer than those who are least deprived.
- Smoking prevalence in Shropshire is significantly lower than the national average; however in the most deprived fifth of areas in Shropshire it is similar to the national figure.
- Healthy eating prevalence in Shropshire is similar to the national figure. The prevalence in the most deprived fifth of areas in Shropshire is significantly lower than all other areas in the county.
- Obesity prevalence in Shropshire as a whole is similar to the England average, although people living in the most deprived areas of the county are significantly more likely than the Shropshire average to be obese.
- Breastfeeding prevalence is lower in the most deprived fifth of areas in Shropshire compared to the least deprived, younger mothers are also less likely to breastfeed their children.
- Overall teenage pregnancy rates in Shropshire are significantly lower than the national average; however in some deprived areas in Shropshire the rate is significantly higher than the England average.

Our Joint Strategic Needs Assessment (JSNA), the technical data document that supports the Health and Wellbeing Board, tells us that our key health issues in Shropshire include:

- Mental health, including dementia
- Increasing prevalence of obesity
- Child Poverty
- The impact upon services associated with the conditions of older age

In addition, the rural nature of our county requires us to think carefully about how we organise services, influence policy, and support communities to make certain that Shropshire people are able to access the right support at the right time.

The outcomes aimed for by the HWBB are, broadly, these:

1) Reduce health inequalities: must be at the core of everything that we do. This is not only about ensuring equal access to health and care services, it is about raising the standards of health and wellbeing particularly for the most disadvantaged. To do this we need to work with all our partners to address factors such as education, employment and

wages, housing and environmental considerations which all have an impact on our health and wellbeing.

2) Increase healthy life expectancy: To improve quality of life as we age we need to ensure that we live well at all stages of life – **start well, live well, age well**. It is recognised that all partners need to consider how to support our people to achieve and maintain good health and wellbeing throughout their life, how to maintain good mental health and wellbeing, and how to access appropriate services when they need them.

The Economic health of Shropshire

Shropshire has a high economic activity rate amongst the 16-64 population, and employment levels are high for this age group. However, given the high proportion of the population that is at or past retirement age, the economic activity rate of the 16+ population is close to the national rate.

The Shropshire labour force is comparatively well qualified, at least compared to the West Midlands, and supports a relatively high proportion of the working population working in elementary occupations or as process, plant and machine operatives. Despite high and rising qualification levels, skills are not always aligned to the needs of businesses as reflected in skills shortage data, which suggests 15% of our businesses have either skills gaps within their existing workforce, skills shortage vacancies or both.

Shropshire, primarily, supports a small business economy, with more than nine out of 10 enterprises employing less than 10 people. There are comparatively few large employers, and employment is largely concentrated in the county town of Shrewsbury and the main market towns of Oswestry, Market Drayton, Whitchurch, Bridgnorth and Ludlow.

Generally, Shropshire has more residents of working age than the number of jobs available, and consequently the number of residents commuting to a job outside of Shropshire is significant. However, in the first decade of this century (to 2011), the number of workers commuting into Shropshire for work rose more rapidly than the number commuting out. There is now a tendency to commute out for work and this is more prevalent amongst higher earners, a factor that contributes to a considerable differential between workplace and resident earnings.

The Index of Multiple Local Deprivation

Although less deprived than many other parts of the country, the rural nature of the County means that access to goods and services is challenging, especially outside the main towns. One of the sub-domains that make up the IMD - Geographical Barriers - which focuses on the travelling distances by road from selected facilities and services, shows that 65 (out of 193) LSOAs in Shropshire are ranked within the top 10% most deprived nationally. Around a third of the Shropshire population live in these LSOAs and consequently do not have easy access to facilities, services or employment.

Why is the economy important for health and wellbeing?

Employment and income are fundamentally linked to health. For individuals, long-term unemployment and/or under-employment is harmful to both mental and physical health. For communities a vibrant economy also helps to deliver essential health, care and wellbeing services that enables participation by everyone.

Travelling to Work

Because Shropshire is a rural county, car dependency is high. Just 15.8% of households in Shropshire do not have a car compared with just over a quarter of households (25.8%) nationally and just under a quarter (24.7%) in the West Midlands. There is also a high

reliance on cars as the principal means of travelling to work. Far fewer workers in Shropshire are enabled to use public transport.

Economic Activity

According to the Annual Population Survey, there were 163,900 economically active people in Shropshire in 2016, which is the equivalent of 65% of the population aged 16 and over. The number of economically active people has risen steadily over the last decade, and there are now 17,100 more residents who participate in the labour market than there were in 2005.

It is evident that an increasing proportion of the labour force are aged 65 and above. In 2005, there were 3,200 people in this age bracket who were economically active – by 2016, this figure had risen to 8,200 and as a consequence, the share of the labour force held by those aged 65 or older has risen from 2.2% of the total to 5%.

The rate of unemployment has fluctuated by a notable extent over the last decade, starting off at just 2.9% in 2005. The rate spiked in 2010 at 6.2% and then peaked at 8.4% in 2012. Subsequently, following the growth in 'self-employment' and changes in Government policy, the proportion of the population of traditional working age (16-64) that is unemployed is now just over 4% (in 2016).

Qualifications

In comparison with the West Midlands, the Shropshire resident population is comparatively well qualified, with a higher proportion holding at least an NVQ level 4 qualification (35.7% compared with 31.2% in 2015) and half as many holding no qualifications at all (6.3% compared with 13%). While the proportion of Shropshire residents with no qualification is lower than the national proportion, a lower proportion of Shropshire residents have a level 4 qualification compared to the national rate. Further details are set out in the table, below:

	Shropshire	Marches LEP	West Midlands	Great Britain
NVQ Level 4	35.7	32.6	31.2	37.1
NVQ Level 3	57.8	55.3	50.6	57.4
NVQ Level 2	75.2	73.6	67.9	73.6
NVQ Level 1	88.4	86.6	79.9	84.9
Other qualification	5.4	6.0	7.1	6.5
No qualification	6.3	7.4	13.0	8.6

Despite rising levels of qualifications, there remains a significant proportion of businesses who report skills gaps and skills shortages, which suggests that the qualifications being acquired are not necessarily aligned to the needs of businesses. The biennial UKCES Employer Skills Survey reported that in 2015 15% of Shropshire employers had some sort of skills issue – a slightly higher proportion than the English average (14%). 6% reported a skills shortage vacancy, while 3% had both skills gaps and a skills shortage vacancy. The lack of alignment between skills need and skills attainment is also highlighted by the fact that in the same survey, 24% of Shropshire employers said that at least 30% of their employees had more advanced qualifications than required for their current role.

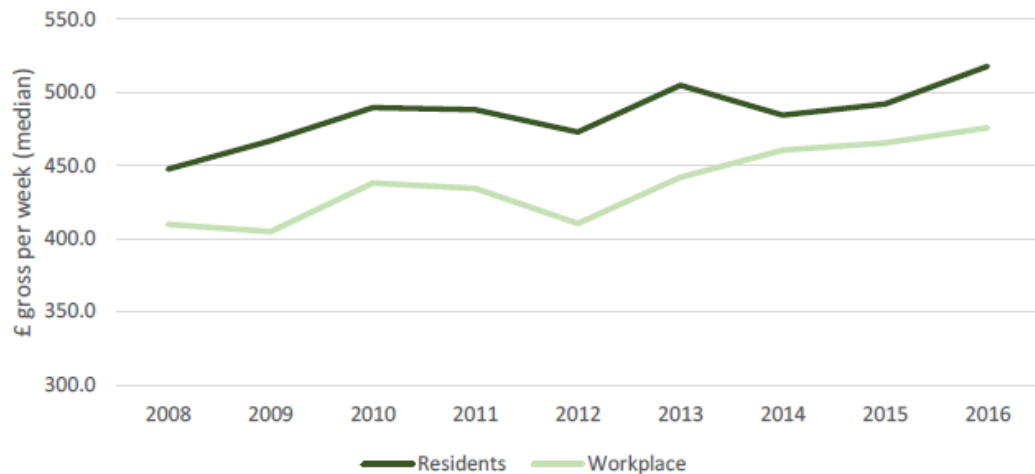
Earnings

Shropshire supports a relatively low wage economy, with workplace earnings significantly lower than national or regional averages. This arises from Shropshire's traditional reliance on jobs in comparatively low paid sectors, including agriculture, tourism and food and drink.

Although workplace earnings are below the average for Great Britain, resident earnings are more closely aligned to the national average. The differential between workplace and

resident earnings is influenced by the high level of “out-commuting” amongst the top earners.

Comparison between Workplace and Residents Earnings, 2008-2016



Source: Annual Survey of Hours and Earnings, 2016, © Crown Copyright, 2016

The IPPR have provided a review of the Shropshire economy, the outcome of which is provided below in an abridged format covering: strengths, opportunities, weaknesses and threats.

Strengths:

- Good quality of life – an attractive place in which to live
- Natural assets - makes the area attractive to tourists and new residents
- Educational resources: University Centre Shrewsbury and proximity to Harper Adams University and other FE and HE institutions
- External transport links – e.g. good Rail and road links to west midlands and Northern Powerhouse
- Influx of professional ‘returners’ to the area
- Self-sufficient – e.g. strong local spending multipliers
- Distinctiveness of Shrewsbury compared with Telford- an attractive location to visit.

Opportunities:

- HS2 – potentially a station at Crewe and the new High speed link between Birmingham and London may have spin off benefits for Shropshire
- “Place making” – Using existing sites to develop new housing/employment opportunities
- Tourism – second biggest income earner in Shropshire but more could be done to exploit tourism assets
- Being a part of the Midlands Engine (WM Combined Authority) and proximity to economic growth of Birmingham – potential spin offs for Shropshire
- Ageing population – opportunities in terms of new economic markets in health and social care.
- Agricultural engineering and precision farming – links with Harper Adams University

Weaknesses

- Poor connectivity especially mobile signal and superfast broadband
- Poor internal transport infrastructure – particularly roads and public transport provision leading to high dependency on private car, especially to access employment/training
- Lack of ‘shovel ready’ development land and resistance to new housing
- Lack of resources within public services and unwillingness to invest
- Fragmented public sector footprint - perceived lack of co-operation between Shropshire and Telford and Wrekin Councils & lack of coterminosity with other public services
- Lack of awareness of Shropshire’s ‘offer’ both for visitors and potential residents ‘England’s best kept secret’

Threats

- Outmigration of younger people from the area, lack of a ‘future’ for younger people. Risk to the labour market
- Unwillingness of Council to invest – risk averse in context of austerity
- Potential costs of an ageing population which may put pressure on public finances
- Skills mismatch between skills employers want and those provided by colleges
- Lack of specific skills, e.g. engineering
- Housing affordability – particularly for younger people and proliferation of second homes – pushing house prices up
- Risk of becoming simply a dormitory area for West Midlands – although this may bring some advantages
- Perception that Council is not –‘pro-business’

The Corporate Plan and Efficiency Plan of the Shropshire Council

The Shropshire Council’s new Corporate Plan focuses upon a number of high level outcomes, including:

- **Healthy People.**
 - A clean and attractive environment is maintained
 - The potential for future good health is improved
 - Demand for health and care services is reduced
- **Resilient Communities**
 - Volunteering and self-support has increased
 - Needs have been met to prevent escalating demand
 - Local elected members are leading in their communities
 - The range of opportunities for leisure, culture and community participation has increased, with low or no funding
- **Prosperous Economy**
 - Rural businesses have grown
 - Existing businesses overall have grown
 - New small businesses have established
 - The economy has diversified into higher added-value business
 - Jobs for young people have been created
- **Operation of the Council**
 - Corporate Support and Overheads reduce
 - The efficiency of the Council has been improved
 - New income streams have been created
 - Commercial operating is increasing across the Council

Shropshire Council continues to accelerate its partnership working at a strategic level both to seek out new opportunities that will benefit Shropshire directly as well as contributing to wider areas of work that benefit a wider geography but will reap longer term benefits to the county.

An example of this includes the involvement in the West Midlands Combined Authority (WMCA) where discussions have already begun on key strategic areas of focus such as a Land Commission for the WMCA and also the establishment of a Growth Company.

In February 2016 Shropshire also became an active member in the Northern Gateway Partnership – established by Cheshire East to realise the benefits of HS2 coming to Crewe. For Shropshire there are real benefits for the county along the A500 corridor.

The impact of the Combined Authorities and other developments

The Cities and Local Authorities Devolution Act gained royal assent in January 2016 and, amongst other elements of the Act, it confers the right to elect a Mayor for a combined authority and to assume responsibility for functions currently undertaken by public bodies, including the Police and Crime Commissioner.

For further details concerning the statistical characteristics of Shropshire, please refer to [Appendix 1](#)

A brief synopsis of our priorities for 2014-17:

Priority 1 - [Reducing Serious Harm](#)

[Reducing Offending and Re-offending:](#)

Reducing re-offending is a statutory priority placed on Community Safety Partnerships. Part of the response to this priority in Shropshire is the offer of a service that targets those who are most at risk of re-offending. This is referred to as 'Integrated Offender Management' (IOM) which provides an overarching framework that brings together a range of statutory, non-statutory and third sector agencies to prioritise interventions with offenders who cause crime in their locality.

IOM operates three key strands:

- Prevention – identifying those not subject to statutory supervision but at risk of reoffending and engaging with them.
- Promote compliance – identifying and targeting those offenders who cause the most harm within local communities;
- Enforcement – where support fails to reduce an individual's offending/re-offending, enforcement action is swiftly taken to protect the public.

[Alcohol and Substance Misuse:](#)

[a\) Substance Misuse:](#)

Drug misusing offenders in treatment use less illegal drugs, commit less crime, and generally improve their health and well-being. This has a positive impact on them, their family and friends and the community they live in.

[Reduce Demand.](#)

To ensure drug using offenders receive the intensive treatment they need there is a systematic approach to the identification and the referral of clients into the correct service. These referral pathways incorporate the custody suite and the courts can then offer a community sentence with a treatment order attached or voluntary engagement through the court outreach service.

Additionally, the partnership will support schools to deliver PSHE programmes to provide good quality drug and alcohol education. This, in turn, will help Schools to identify children and young people affected by drug and alcohol use (including use by their parents) to ensure they get the support they need.

[Restrict supply.](#)

- Work with police colleagues and ensure treatment resources are available to support any proactive dismantling of local markets.
- Develop a local drugs problem profile to support commissioning and co-ordination of services.

[Building Recovery](#)

- Ensure commissioned services are recovery focused and that people within the criminal justice service have access to a range of services to include mutual aid and peer support to promote sustainable recovery.

[b\) Alcohol:](#)

- The DAAT has produced an alcohol strategy for Shropshire which sets out a series of actions to tackle alcohol misuse over the next 3 years and contribute to the

reduction of the volume of violent crime with an emphasis on addressing the harm caused by alcohol.

Domestic Abuse

- Shropshire has a County Domestic Abuse Forum that consists of a wide range of agencies and organisations that are in a position to influence decision making and/or have access to local resources. For more information on the approach to Domestic Abuse go to: <http://new.shropshire.gov.uk/crime-and-community-safety/domestic-abuse/>

Arson

- Arson is the number one cause of fire in Shropshire. Deliberate fires can be started to conceal another crime, such as theft, murder etc. and those where the perpetrator stands to gain financially, such as cases of insurance fraud. Shropshire Fire and Rescue Service works with partners in a proactive way in order to reduce the number of fire crimes committed and has worked with the Police and justice services in particular to ensure that those committing fire crimes are brought to justice. Partnership working is key in tackling the problem of fire crime in Shropshire and a number of highly successful schemes have resulted in dramatic reduction in the incidence of fires.

Priority 2 - Supporting Vulnerable People

Anti-Social Behaviour:

- In order to address anti-social behaviour and make the reporting of ASB easier, the Partnership has established a single reporting number. To support the reporting number a small team has been established which consists of officers from the Council and Police, which co-ordinates multi agency responses to ASB, and deals with perpetrators and supports victims. The single ASB reporting number is: 0345 678 9020.

Hate Crime:

- Hate crime is commonly associated with prejudice against particular individuals such as those from minority ethnic groups or hatred based on homophobia. A more accurate definition of hate crime is any crime where prejudice against an identifiable group is a factor in determining who is victimised. As with both anti-social behaviour and domestic abuse the simplistic use of quantitative targets based on incident data does not give a true picture of the level of the problem or the work taking place to address it. The number of incidents reported and recorded might rise due to initiatives undertaken by partners or improved engagement with the public. In such cases an increase in incident numbers should not be used solely to indicate either a deterioration or an improvement in performance.

Priority 3 - Public Reassurance and Community Engagement

Tackling Crime:

- Domestic burglary, vehicle crime and robbery are crimes that can be disruptive and potentially very distressing and are often the result of opportunist criminal behaviour. Between October 2012 and September 2013 total recorded crime in Shropshire reduced by 12.1% compared with the same period in 2011 – 12. Domestic Burglary saw a reduction of 30% over the same period. However, there was a small increase in theft from motor vehicles. (Note: the data here will need to be refreshed for the final version). Publicity programmes have been put in place to encourage people to take necessary action and to remain vigilant.

- In the West Mercia Police and Crime Plan it states that across West Mercia during 2011/12 there were 5,682 recorded offences of shoplifting, and businesses also suffered from a range of other crimes including burglary and criminal damage. As a consequence, the Police and Crime Commissioner has developed a business crime strategy for West Mercia which includes tackling shoplifting.

Increasing Public Confidence:

- In the national and regional context, Shropshire is one of the safest places to live, work and visit. A key challenge for the Partnership is to ensure that any reductions seen in crime and disorder are translated into feelings of safety and confidence in towns, villages and communities across the County. The Shropshire Community Safety Partnership recognises that there is a need to tell local communities what is being done and why. Local residents will develop views based on national news stories and the occasional local news story so they need to be given the full picture so that they understand what local partnerships are aiming to do, and that the actions put in place to reduce crime and disorder are part of a long-term solution to long-term complex problems.

Analysis of the data concerning crime and community safety

A cautionary note about crime data and the statistics they produce

In January 2014, the UK Statistics Authority withdrew the gold-standard status of “national statistics” from police crime data. This was due to concerns about the reliability of the methodology used for collecting and recording crime.

In its 2013-14 inspection programme, Her Majesty’s Inspectorate of Constabulary (HMIC) carried out an inspection into the way the 43 police forces in England and Wales record crime data. As a part of this process, HMIC reviewed over 10,000 crime records. This inspection, carried out between February and August 2014, was the most extensive of its kind that HMIC has undertaken into crime data integrity.

The final overview report “Crime-recording: making the victim count” was published in November 2014⁷. The key finding across all forces was that an estimated 19% of crime went unrecorded.

In this context, when examining this report, it is important to note that where an increase in crime overall or an increase in a particular crime is described, this is likely to be affected, to some degree, by a change in the method used to record reported crimes. This increase is particularly pronounced in the categories of violence against the person and sexual offences.

Analysis of internal crime data and information from policing areas most-similar to West Mercia indicates that growth in recorded crime in the following categories is predominantly due to factors other than increased offending:

- Sexual offences
- Violence offences
- Burglary of a dwelling

⁷ <https://www.justiceinspectors.gov.uk/hmic/wp-content/uploads/crime-recording-making-the-victim-count.pdf>

The other factors are:

- An increased focus on the National Crime Recording Standard (NCRS) and on the Home Office Counting Rules (HOCR). This followed an inspection of the integrity of crime data conducted by Her Majesty's Inspectorate of Constabulary (HMIC)
- An internal audit of incidents recorded in 2014-15
- A national focus on the reporting of sexual offences;
- The impact of the inclusion in crime reports of the outcome from the Domestic Violence, Stalking and Harassment Risk Assessment procedures
- The creation of new notifiable offences in the Home Office Counting Rules
- An increase in the resources invested in the Crime Registrar Team and consequently an enhanced programme of audit and training concerning compliance with the Crime Recording Standard and the Home Office Counting Rules

A statistical analysis of recent crime data – the bigger picture

This section of the strategy aims to provide a brief overview of the data available to the Partnership that describes the current number and rate of crimes that have been recorded in recent years. This provides some context for the development of our priorities.

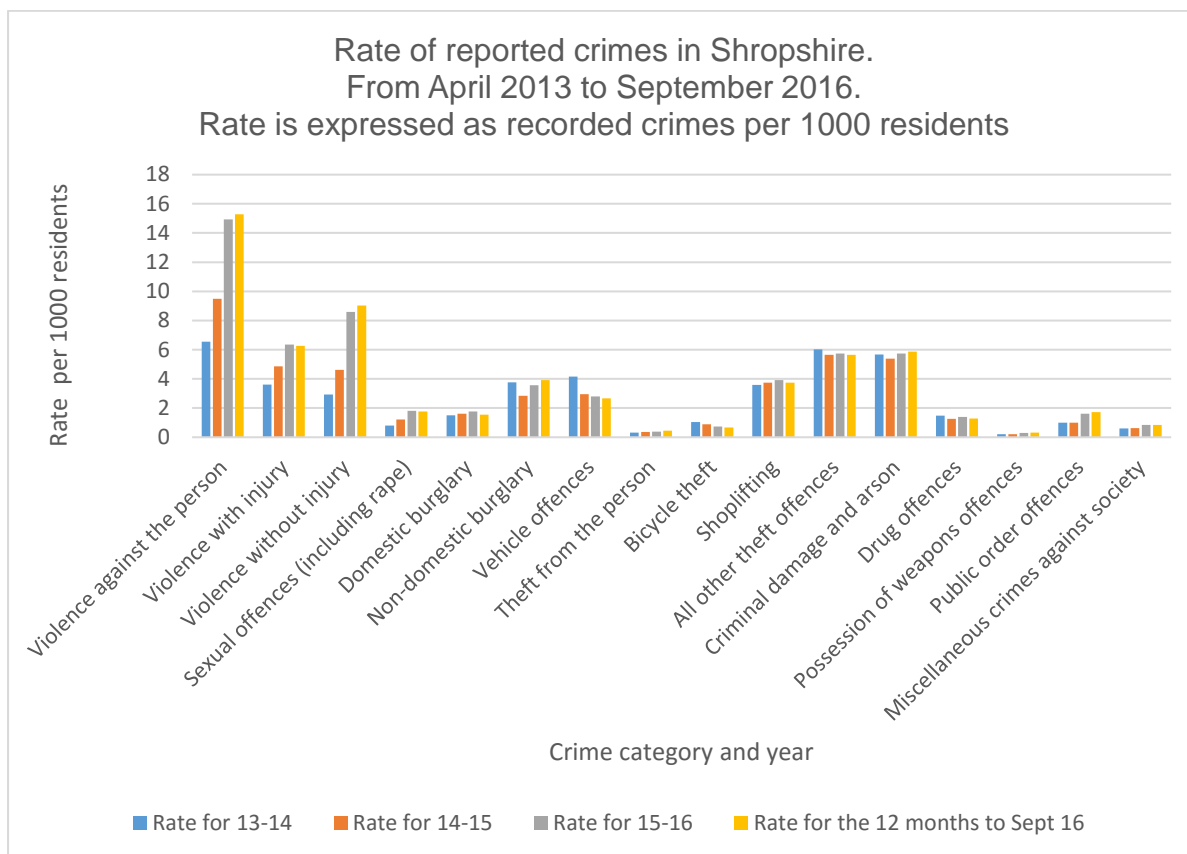
Set out below is a comparison of the number of recorded crimes and the rates of these crimes (in red type) during the year from April 2015 to March 2016. The data is shown for Shropshire, Telford and Wrekin, Hereford and West Mercia. These areas have been chosen simply because they are neighbours and Force benchmarks and allow some comparison to be achieved.

Crime recorded	Telford & Wrekin	Shropshire	Hereford	West Mercia Force
	Number (Rate/1000)	Number (Rate/1000)	Number (Rate/1000)	Number (Rate/1000)
Total recorded crime (excluding fraud)	13118 (77)	14250 (46)	9878 (53)	72637 (58)
Violence against the person	4503 (27)	4631 (15)	3097 (17)	22932 (18)
Violence with injury	1945 (11)	1969 (6)	1312 (7)	9658 (8)
Violence without injury	2558 (15)	2660 (9)	1783 (10)	13264 (11)
Sexual offences	606 (4)	557 (2)	440 (2)	2789 (2)
Theft offences	4770 (28)	5857 (19)	3736 (20)	29169 (23)
Burglary	1321 (8)	1654 (5)	995 (5)	7683 (6)
Domestic burglary	669 (4)	547 (2)	315 (2)	2916 (2)
Non-domestic burglary	652 (4)	1107 (4)	680 (4)	4747 (4)
Vehicle offences	686 (4)	864 (3)	520 (3)	5430 (4)
Theft from the person	65 (0.38)	122 (0.39)	86 (0.45)	581 (0.46)

Bicycle theft	176 (1)	228 (1)	217 (1)	1120 (1)
Shoplifting	1234 (7)	1212 (4)	700 (4)	6391 (5)
All other theft offences	1288 (8)	1777 (6)	1218 (7)	7984 (6)
Criminal damage and arson	1885 (11)	1851 (6)	1294 (7)	9620 (8)
Drug offences	368 (2)	432 (1)	505 (3)	2758 (2)
Possession of weapons offences	92 (1)	90 (0.29)	79 (0.42)	509 (0.40)
Public order offences	544 (3)	499 (2)	470 (3)	3030 (2)
Miscellaneous crimes against society	229 (1)	263 (1)	217 (1)	1343 (1)

Set out below is a table and then a chart that illustrates the data for some of these key crimes over the period from the year of 2013-14 through to the 12 months to the end of September 2016. We can see from this data that the rate of violent crime appears to have increased but that this increase is likely to be, as described above, the result of factors others than increased offending. [The figures are given in the rate per 1,000 residents](#)

Crime	Rate for 13-14	Rate for 14-15	Rate for 15-16	Rate for the 12 months to Sept 16
Violence against the person	6.54	9.48	14.93	15.29
Violence with injury	3.61	4.85	6.35	6.27
Violence without injury	2.93	4.62	8.58	9.02
Sexual offences (including rape)	0.81	1.21	1.8	1.77
Domestic burglary	1.51	1.62	1.76	1.54
Non-domestic burglary	3.76	2.85	3.57	3.92
Vehicle offences	4.16	2.96	2.79	2.67
Theft from the person	0.32	0.36	0.39	0.45
Bicycle theft	1.04	0.88	0.74	0.66
Shoplifting	3.59	3.75	3.91	3.75
All other theft offences	6.02	5.66	5.73	5.65
Criminal damage and arson	5.68	5.38	5.73	5.88
Drug offences	1.48	1.26	1.39	1.29
Possession of weapons offences	0.21	0.21	0.29	0.32
Public order offences	0.99	1	1.61	1.73
Miscellaneous crimes against society	0.6	0.63	0.85	0.85
Total (excluding fraud)	36.7	37.24	45.48	46.25



Reducing Offending and Re-offending

Reducing re-offending is a statutory priority placed upon all Community Safety Partnerships. Set out below are the most recent data released by the Ministry of Justice (MoJ). It should be noted that the validation of the data by the MoJ takes approximately 18 months to complete.

Shropshire County: Adult re-offending rates	July 2013 to June 2014
Offenders	1,579
Re-offenders	300
Re-offences	939
Offenders per 1000 Residents	5.1
% who Reoffend	19.0%
Re-offences per Reoffender	3.1

These data describe a long term trend in re-offending, i.e. a slight year on year decline since 2011.

Substance Misuse

Engaging problem drug users in effective treatment has a number of benefits for the individual, their families and the wider community. Drug misusing offenders in treatment use less illegal drugs, commit less crime, and generally improve their health and well-being.

Adults engaged in treatment in 2014-15

	Shropshire number	% of group in effective treatment	National number	% of National group in effective treatment
Opiate	649	96	145875	95
Non-opiate	108	89	21857	87
Non-opiate and alcohol	137	90	24686	88
All	894	94	192418	93

Alcohol use

Alcohol is one of the biggest risk factors for disease and premature death in the UK.

The national average age of clients in alcohol treatment is 43 years and although there are more men than women in treatment, the age distribution for both genders is very similar. The table below shows information about people who were in alcohol treatment in 2014 to 2015.

	Shropshire number	% Male	% Female
Number and proportion of adults in treatment 2014-15	753	63	37
Starting in treatment			
Number and proportion in treatment 2014-15	557	76	70
Age and gender of adults in treatment			
18-29	81	10	12
30-39	141	18	20
40-49	189	25	25
50-59	198	27	25
60-69	105	14	13
70-79	31	4	4
80+	8	1	1

Domestic Abuse

Domestic abuse is a problem that occurs, predominantly, within the home, often without witnesses. It is a crime that has enormous costs to the victim, to the family and friends of the victim and upon the community as a whole. It is important to note that domestic abuse and partner abuse can affect both men and women. The number of reported incidents of domestic abuse within Shropshire has increased over the three year period 2013 to 2015. These data do not yet differentiate between men and women victims and survivors and we do not yet have detailed data concerning perpetrators.

Year	Number of reports	Rate per 1,000 residents
2013	2720	8.88
2014	3100	10.12
2015	3200	10.45

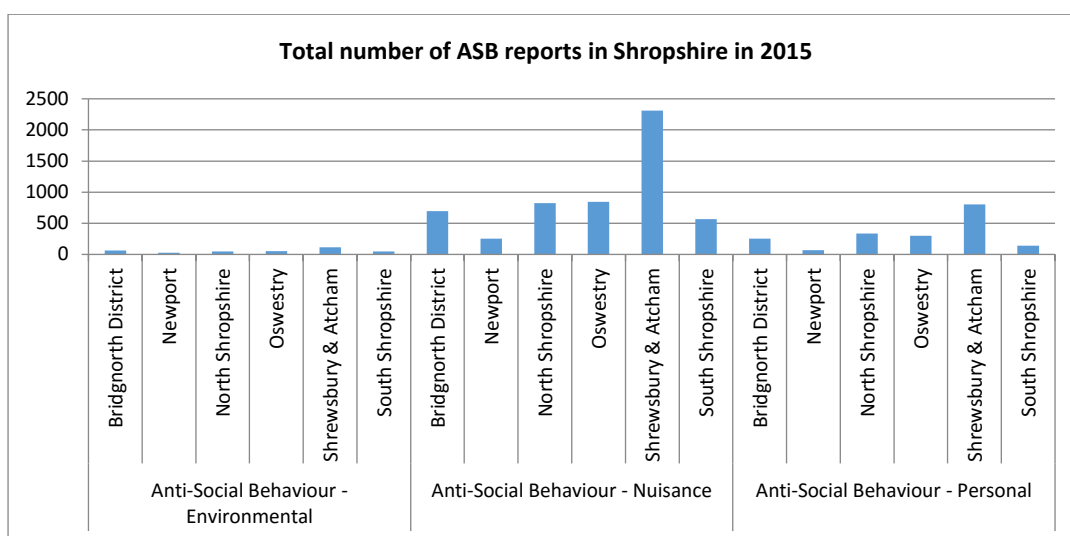
Arson

Set out below are data from the Shropshire Fire and Rescue Service outlining the number of deliberate fires started in Shropshire between 2012-13 and 2016-17 (to June 2016).

Year	Number of fires recorded
2012/2013	501
2013/2014	520
2014/2015	452
2015/2016	423
2016/2017 (April to June)	61

Anti-Social Behaviour in Shropshire in 2015

The term 'anti-social behaviour' acts as an umbrella description of a variety of disruptive and unacceptable behaviour that can have a detrimental impact on the quality of life within communities. Typically, the data shows that anti-social behaviour is concentrated within certain areas of the county.



Hate Crime

Hate crime is commonly associated with prejudice against particular individuals. An accurate definition of hate crime is any crime where prejudice against an identifiable group is a factor in determining who is victimised. Additionally, some forms of bullying are illegal and should be reported to the police.

Set out below is a table describing the number of hate crimes and 'crimed'* incidents reported to the Police over the four years 2012 to 2016.

	2012-13	2013-14	2014-15	2015-16
Hate crime reports	188	186	175	267
'Crimed' incidents*	42	62	50	27
Total	230	248	225	294

*These are incidents of hate that have been reported to the Police but, following investigation, no law has been broken

For further details concerning the incidence and rates of various crimes within Shropshire and West Mercia, please see [Appendix 2](#).

Our priorities for 2017 – 2020:

Reducing offending and re-offending

Analysis of recorded crime figures shows that young men, particularly those aged between 15 and 20 years, in comparison to the overall population structure, are overrepresented as offenders for most crime types. The Partnership will therefore maintain its focus on the Integrated Offender Management approach, as described above, and further develop its programme of support for young people, particularly those young people often described as being “on the edge of the criminal justice system”. We want to improve the outcomes and life chances for younger people and reduce the cost of crime to the public.

Repeat offenders are more likely to be defendants in theft, theft from vehicles and criminal damage. It is important to note that the likelihood of re-offending increases with the number of previous convictions and a criminal history is likely to affect the chances of employment which, in turn, may be a trigger for re-offending

Key areas of focus under this priority are:

- The Police and Youth Justice Service have been piloting new approaches to pre-court decision making in Shropshire. Those young people being considered for an ‘out-of-court’ sanction are referred to a Youth Bureau, following assessment by the Youth Justice Service. The Bureau, which includes trained members of the community as well as the Police and Youth Justice Service, makes a decision concerning the best course of action. This can include informal action supported by some form of intervention. The pilot Bureau is scheduled to be evaluated in 2017 and the Partnership will take note of the findings.
- Complementary to the Bureau is the Looked After Children (LAC) Forum which considers the appropriate course of action to be taken for Looked After Children who have committed offences. Looked after children are disproportionately represented in the youth justice system and the LAC Forum hopes to address this. A multi-agency protocol has been agreed to reduce the offending by looked after children and to tackle the need to criminalise them. The Youth Justice Service is due to re-establish a LAC Reference Group during 2017-18 to consider joint issues between the youth justice service and children’s social care in relation to LAC who are in the youth justice system.
- The Partnership will continue to implement its performance framework to improve the efficiency and effectiveness of cases moving through the criminal justice system to ensure that both adults and children receive the support and supervision they need, whether as a part of a court ‘disposal’ or not, to prevent further offending.

Vulnerable Victims: Domestic Violence, Hate Crime, Repeat ASB and Child Sexual Exploitation

Domestic abuse

There has been an increase in the level of reporting of this crime. However, domestic abuse is an underreported crime and: “even if it were possible to put a figure on individual offences, and hence calculate a domestic abuse ‘rate’, this would not be a particularly telling reflection of the number of people at risk.”⁸

⁸ House of Commons Library, December 2013

Only one (1) offence in 2015-16 was allocated the category: 're-victimisation'. However, this may not be a true picture as data mapping suggests repeated reports of abuse at the same location.

There are a number of services and projects operating within Shropshire that help to tackle the issue of domestic abuse. These include: the Women's Aid contract and Shropshire Domestic Abuse Services; the Independent Domestic Violence Advocates; and specific public reassurance and supporting vulnerable people projects.

The overall aim is to reduce the number of people who are victims of domestic abuse. In order to do this, of course, the Partnership will need to have a far clearer view of precisely how many women and men are victims of abuse.

In order to do this, the Partnership will continue to analyse incident and referral rates and attempt to calculate the level of under-reporting by monitoring the activity of commissioned domestic violence services; record incidents of domestic abuse where children are involved; identify and analyse 'key markers' that are often associated with domestic abuse, such as alcohol consumption, sports tournaments, etc.

- The Partnership will continue to ensure that the Multi-Agency Risk Assessment Conference (MARAC) procedure is supported by all agencies and will provide training for all staff who attend the MARAC
- The Partnership will ensure that the re-commissioned domestic violence services are supported to deliver a revised number of updated objectives and success measures.
- The Partnership has conducted a Domestic Homicide Review (DHR) and, along with any Serious Adult Reviews and a review of other DHRs, it will aim to learn lessons and help to prevent further domestic homicides and serious incidents.
- The Partnership will complete the production of its domestic abuse needs assessment and will review the evidence of domestic abuse perpetrator programme and emphasise that any commissioned perpetrator programmes also needs to be targeted towards female as well as male perpetrators.

Hate crime

This crime can be motivated by disability, gender identity, race, religion or faith and sexual orientation. The overall purpose is to reduce hate crime and its impact on the people and communities of Shropshire. Hate crime is not recorded as a specific 'crime type', instead a marker is applied to offences which enables some analysis to take place.

The Partnership aims to prevent hate crime by helping to challenge the attitudes that underpin it and to intervene as early as possible to prevent hate from escalating. In so doing, the Partnership hopes to increase the reporting of this crime and improve access to support to overcome the harm that hate crime can cause. The Partnership intends to build the confidence of victims by identifying and helping to manage cases of reported hate crime, by continuing to support and improve the operational response and by dealing effectively with offenders.

The reporting of hate crimes in recent years has been increasing (in the order of a 2% to 3% increase each year) in part because people have become more confident in the response that they will receive following their report. A significant increase in the reporting of hate crimes (particularly concerning race and ethnicity) occurred in July, August and September 2016 following the Referendum on membership of the European Union. By November 2016, the increase in reports of hate crime had returned to the rates of reporting seen prior to the referendum. However, there is an expectation that reports of this crime may increase at certain points as exit negotiations proceed and when the UK leaves the EU in 2019.

Hate crime is a priority for the Partnership because:

“Tackling hate crime matters because of the damage it causes to victims and their families, but also because of the negative impact it has on communities in relation to cohesion and integration. There is clear evidence, to show, that being targeted because of who you are has a greater impact on your well-being than being the victim of a ‘non-targeted’ crime.”⁹

What underpins our actions?

Evidence suggests there is significant under-reporting of hate crime. Factors that have an impact on reporting include:

- Incidents happening too often to report each one;
- Victims doubting whether the abuse or attack is serious enough to bother reporting it, or knowing whether it qualifies as a criminal offence;
- Fear of being further victimised for going to the police;
- Concern that the police will not be able to do anything, so they just accept it as being part of their day to day lives in Shropshire;
- Concern that the police will not do anything because they are prejudiced and/or unsympathetic.

There are a number of suggested actions contained within the Government Strategy on hate crime (Challenge It, Report It, Stop It) that address specific groups who are unlikely to report the crimes targeted at them. These groups and communities include:

- New migrant communities including asylum and refugee communities;
- Gypsy, Irish Traveller and Roma Communities;
- Transgender people;
- People with disabilities.

The action of the Partnership

- Developing a response to any potential barrier to reporting such as “a lack of access to making a report” and “victims fearing that they will be outed.”
- The partnership will aim to increase the number of cases heard at the Partnership’s Hate Crime Reporting Group and investigated by West Mercia Police and the development of a protocol to transfer all relevant reports into court will be further developed.
- The Partnership will maintain the locations where people can report hate crime and work to build victims’ confidence to come forward and seek justice. The Partnership will continue to work with local communities and interest groups to reduce tensions and increase confidence in the community;
- The Partnership will continue to deliver hate crime awareness training;
- Develop a process to help anyone that feels nobody is dealing with the anti-social behaviour problems or hate crime they are experiencing. If they have already reported the problem to the council, police or their housing provider, the “Trigger” is a way for them to ask the agencies to review their case. It will make sure agencies work together to try to solve the problem.

⁹ Challenge it, Report it, Stop it: The Government’s Plan to Tackle Hate Crime

Child Sexual Exploitation (CSE)

The overall intention is to protect children and young people from sexual exploitation. This includes the emerging threat of “sexploitation” and “sextortion” whereby young people (predominantly young men) are encouraged to transfer sexual images on-line and are then subjected to fraud.

The National Police Chief’s Council (NPCC) have a definition of CSE:

“Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive ‘something’ (for example, food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post images on the internet/mobile phones without immediate payment or gain”.

Risk Factors

Any young person regardless of their gender, ethnicity and sexuality can be at risk of being sexually exploited. However, from the growing research evidence available there are a number of factors that can increase a young person’s vulnerability, including:

- Going missing – especially on regular occasions from home or care
- Having a history of domestic abuse within the family environment
- Having a history of abuse (including familial child sexual abuse, risk of forced marriage risk of honour-based violence, physical and emotional abuse and neglect)
- Experience social exclusion as a result of poverty
- Have unsupervised use of social networking chat rooms/sites
- Have social or learning difficulties
- Have low self-esteem or self-confidence
- Are unsure about their sexual orientation or are unable to confide in their family about their sexual orientation
- Are friends with individuals who are sexually exploited
- Are homeless
- Have associations with gangs through relatives, peers or intimate relationships and/or live in a gang neighbourhood.

Gap Analysis and our actions

Data and analysis to understand need for support and provision. Number of victims of child exploitation identified. Number of successful outcomes achieved following identification of victims of child exploitation

- The Partnership will highlight the availability of the Child Sexual Exploitation (CSE) pathway for children and young people who are at risk of exploitation and for those who are victims. We will continue to work in partnership with West Mercia Police and Crown Prosecution Services around bringing offenders to justice.
- It is hoped that the College of Policing will continue to promote best practice and learning in this emerging field of crime

Stronger Communities and rural crime:

The overall aim is to protect people from harm by reducing business and rural crime.

Rural crime (that is crime committed in areas of the county categorised as ‘rural’) decreased between 2010 and 2014 but then increased between 2014 and 2015. Crimes committed

against business accounted for approximately 14% of the total recorded crime in 2015 and almost a half of this crime was classified as 'shoplifting'.

The report of the National Rural Crime Network ("The True Cost of Crime in Rural Areas"¹⁰) calculates the cost of crime to rural communities across the UK is £800 million, the equivalent of £200 for every household in the countryside. The average cost to households who are victims of crime is estimated to be in the order of £2,500 and £4,100 for rural businesses. The survey found that fear of crime is higher in rural areas with 39% of rural people being very or fairly worried about becoming a victim of crime, compared to 19% nationally.

The Home Office "Crimes Against Business Findings 2014"¹¹ estimates that the mean cost of shoplifting per incident in 2014 was £126.

The actions of the Partnership will:

- Develop profiles of common rural and business crimes (if the data is available). Following on from the assessment and analysis of problems, consultation will take place with local stakeholders to determine what, if any, action can be taken, tailored to the specific local issues.
- Support the use of principles of crime prevention through environmental design (CPTED) to help tackle rural and business crime and engage with business communities to promote crime reduction
- Monitor the incidence of wildlife crime across Shropshire (if suitable data is available)

Anti-Social Behaviour

The overall purpose is to reduce anti-social behaviour and its impact across Shropshire.

The number of Anti-social Behaviour (ASB) incidents, including ASB incidents involving young people, has been decreasing in recent years (it fell by 9% between 2014 and 2015). However, there are different categories of anti-social behaviour and the frequency of these incidents has not declined equally across these categories. ASB incidents categorised as 'personal' appear to be falling at the slowest rate.

ASB is a significant contributor to overall crime and is a contributor to public perception of a safe community. ASB may also be a trigger for other crimes and offences.

The actions of the Partnership will aim to:

- Further develop the ASB response to ensure that data is accurate and reflects the level of ASB being committed across the County and to reduce the volume of ASB incidents as measured by both the Council and the Police record of ASB events;
- Ensure this data is transferred to the delivery programmes of the Town Centre Teams operating across the County

Alcohol, health and violence against the person – a cross cutting theme

Problematic drug and alcohol use has a significant impact on the life chances and outcomes for individuals, their families and the communities in which they live. Additionally, the link between drug use and crime is well established. It is estimated by the Home Office that the cost of drug related crime is approximately £13.9 billion per year and that offenders who use heroin, crack and cocaine commit between one-third and one-half of all acquisitive crime. National estimates suggest that alcohol is a contributory factor in 44% of all violent crimes.

¹⁰ www.nationalruralcrimenetwork.net/content/uploads/2015/09/NRCN-National-Rural-Crime-Sur...pdf

¹¹ <https://www.gov.uk/government/publications/crime-against-businesses-findings-from-the-2014-commercial-victimisation-survey/crimes-againstbusinesses-findings-2014>

The overall aim is to understand the impact of alcohol consumption has on the community with a particular emphasis on addressing the violence and harm to health caused by alcohol consumption. Shropshire has recently joined the Local Alcohol Area Action Programme that aims to support effective partnership working in order to reduce alcohol related harm.

Alcohol is identified as an aggravating factor in numerous offences, particularly crime relating to the night time economy, sexual violence, domestic violence and anti-social behaviour.

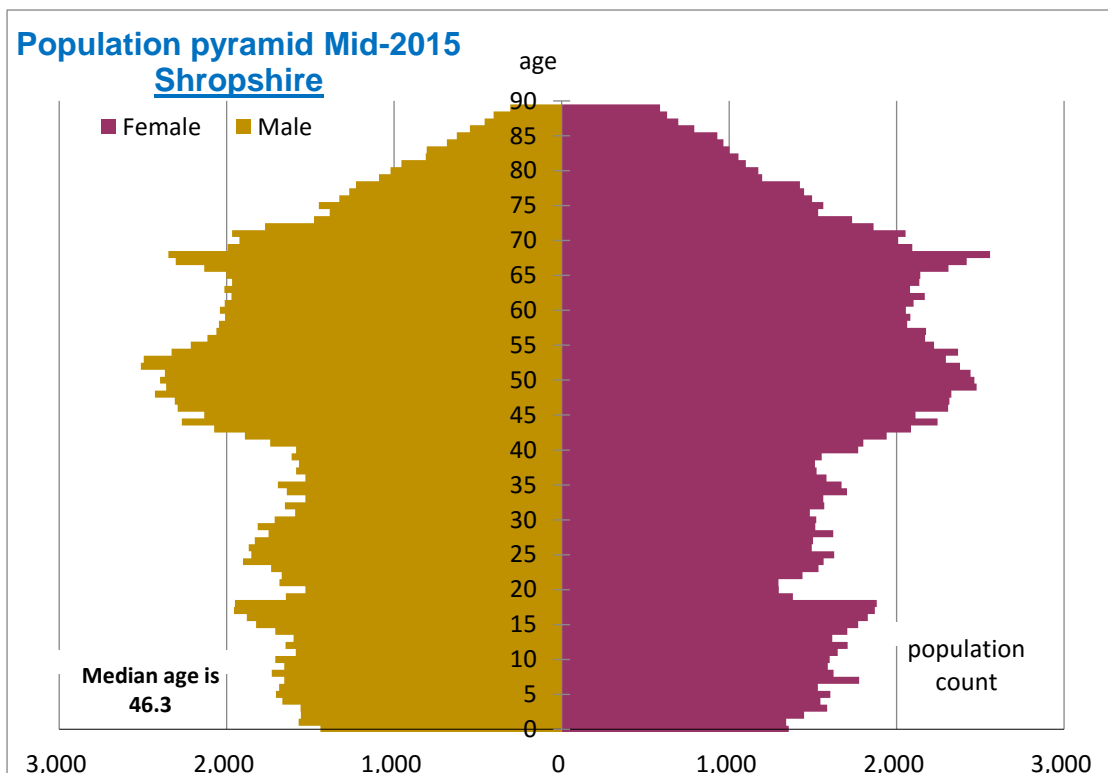
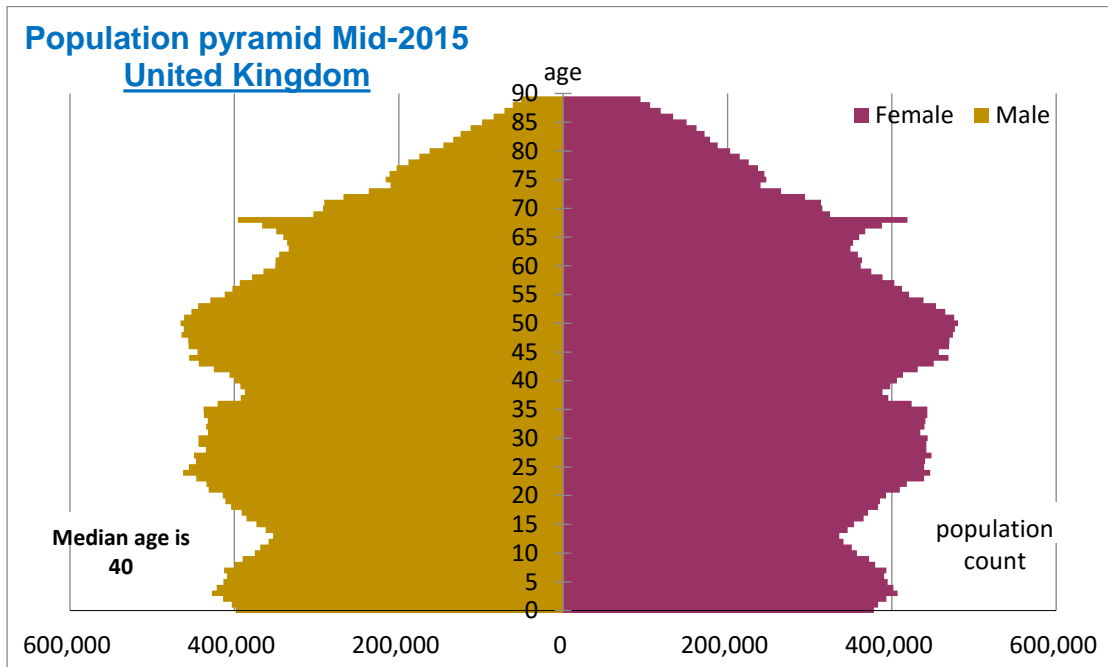
The Partnership, whilst acknowledging the significant impact of changes in reporting rules by the Police, will address the link between alcohol misuse, violence against the person and the health impact of alcohol use by analysing the available data – to determine temporal and geographical trends – and agree a protocol to share this intelligence across relevant partner organisations.

The Partnership will work with key stakeholders to improve the management of the night-time economy and will tackle the sale of alcohol to people who are already drunk and the sale of high strength alcohol to street drinkers.

Additionally, the Partnership, through the DAAT, will ensure that all agencies work together to deliver a pathway for those leaving prison requiring drug and/or alcohol treatment and the Partnership will ensure that children and young people affected by parental drug and/or alcohol use are properly supported and safeguarded.

Appendix 1.
Key demographic and performance indicators for Shropshire

The population structure of the United Kingdom and of Shropshire are outlined in the population 'pyramids' set out below.



Setting aside the obvious differences in the number of people in the population, it is helpful to note the different shape of these two 'pyramids'. We can see that, in comparison to the UK as a whole, Shropshire has a greater proportion of its population aged 40-55 years (we can see this by comparing the relative bulges and pinches in the pyramid); a reduced proportion of people aged 18-24 years (this the time when people may move away to attend university); and a more pronounced proportion of the population aged 65 years and older. We can also see that the median¹² age of the population of the UK is 40 years and in Shropshire the median age is 46.3 years.

The table set out below describes the current dynamics concerning the population of Shropshire. If we were to consider only births and deaths (rows 2 and 3 in the table), we would expect the population of Shropshire to gradually decline (because there are more deaths each year than births). However, births and deaths are not the only factors to consider. We can see that the population of Shropshire is also affected by migration – from counties within the UK (a net gain of approximately 1400 people each year) and migration from other countries (a net gain of approximately 100 each year). The result is that the population of Shropshire – between 2014 and 2015 – grew by approximately 0.41%.

In the UK as a whole the population is estimated to increase by approximately 0.71% per year until the 2020s and then rise by approximately 0.58% each year throughout the 2020s to 2030.

LA Name	Shropshire
Estimated Population 2014	310,121
Births	2,786
Deaths	3,271
Internal Migration Inflow	12,074
Internal Migration Outflow	10,624
Internal Migration Net	1,450
International Migration Inflow	996
International Migration Outflow	882
International Migration Net	114
Other	180
Estimated Population in 2015	311,380
Population Change	1,259
% Population Change	0.41%

Headline indicators for Unitary and Metropolitan Councils

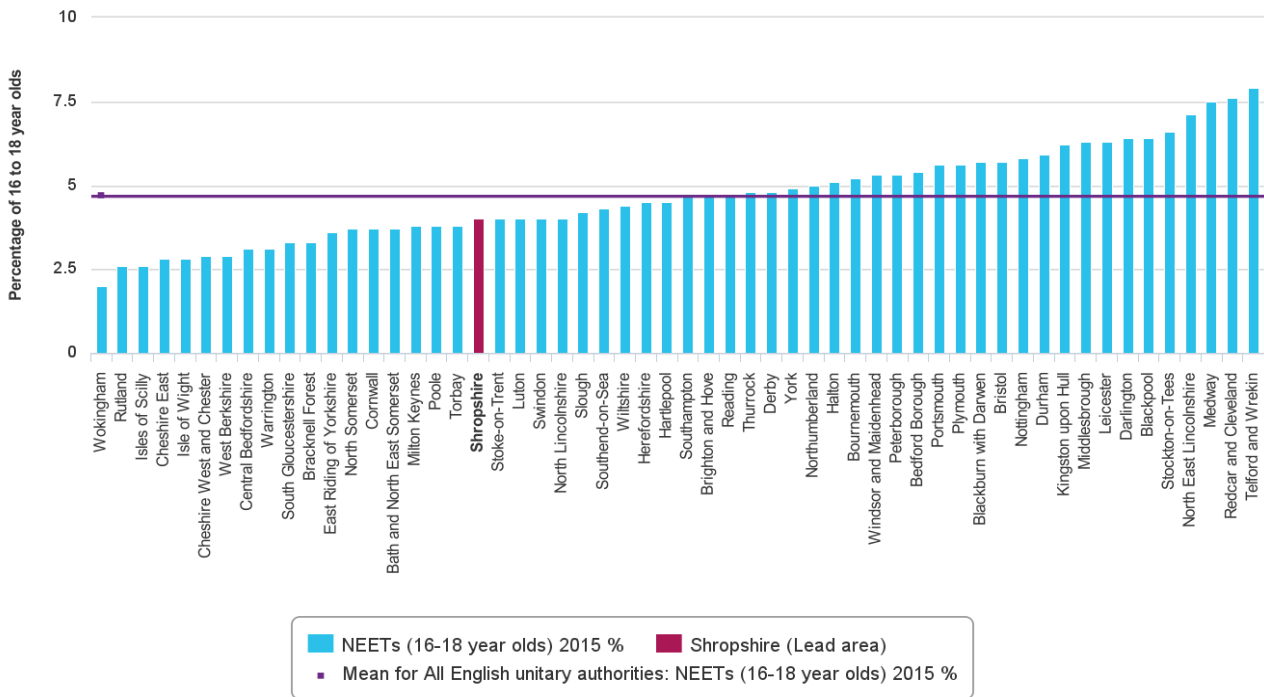
Set out below is a list of comparable value for money and performance data for key services provided by and for unitary and metropolitan councils. These data are taken from a number of published national data collections¹³. The data are relatively self-explanatory.

¹² If the ages of every person in the population were to be arranged in order from youngest to oldest, the median age is the one that lies in the middle of the rank.

¹³ The source is 'LG Inform' – the data warehouse developed for the Local Government Association

Education Services

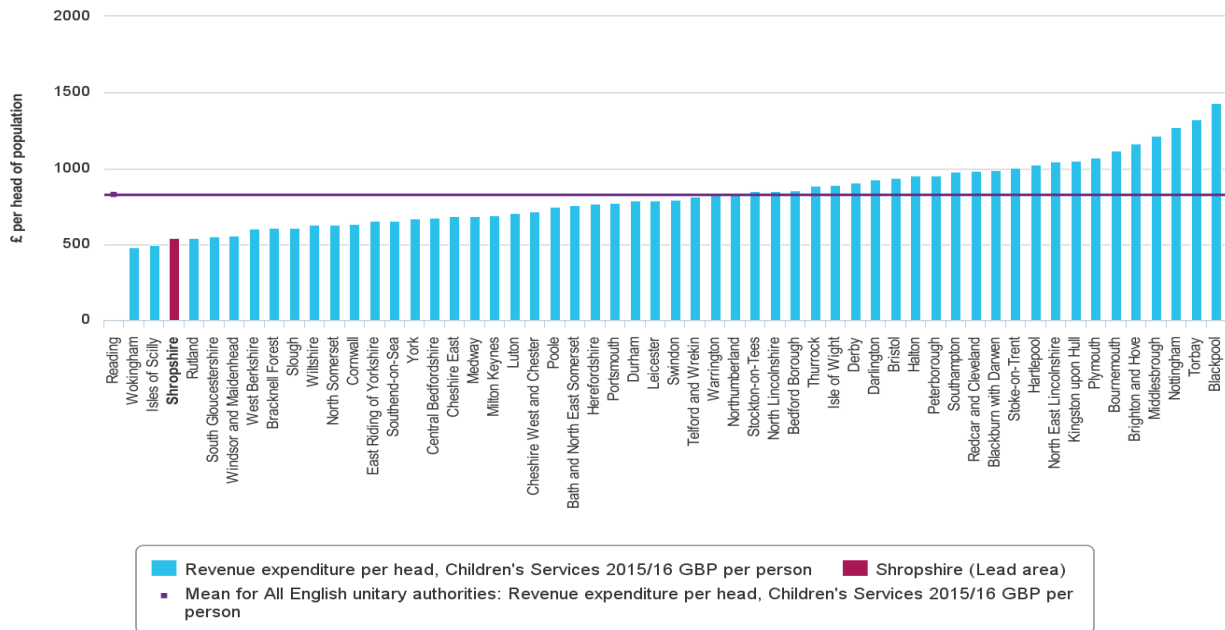
Percentage of 16 to 18 year olds who are not in education, employment or training (NEET) (raw values)



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Children's services

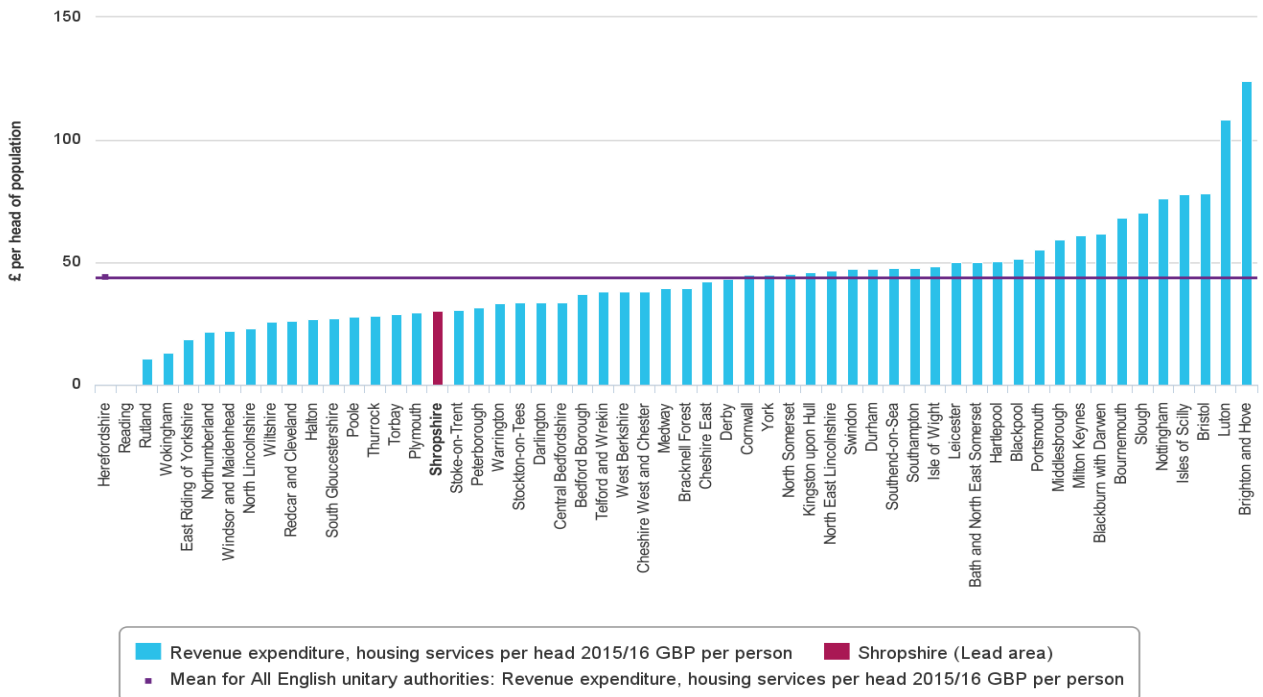
Total revenue expenditure on Children's services per head of population (aged 0-17) (raw values) (2015/16)



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Housing

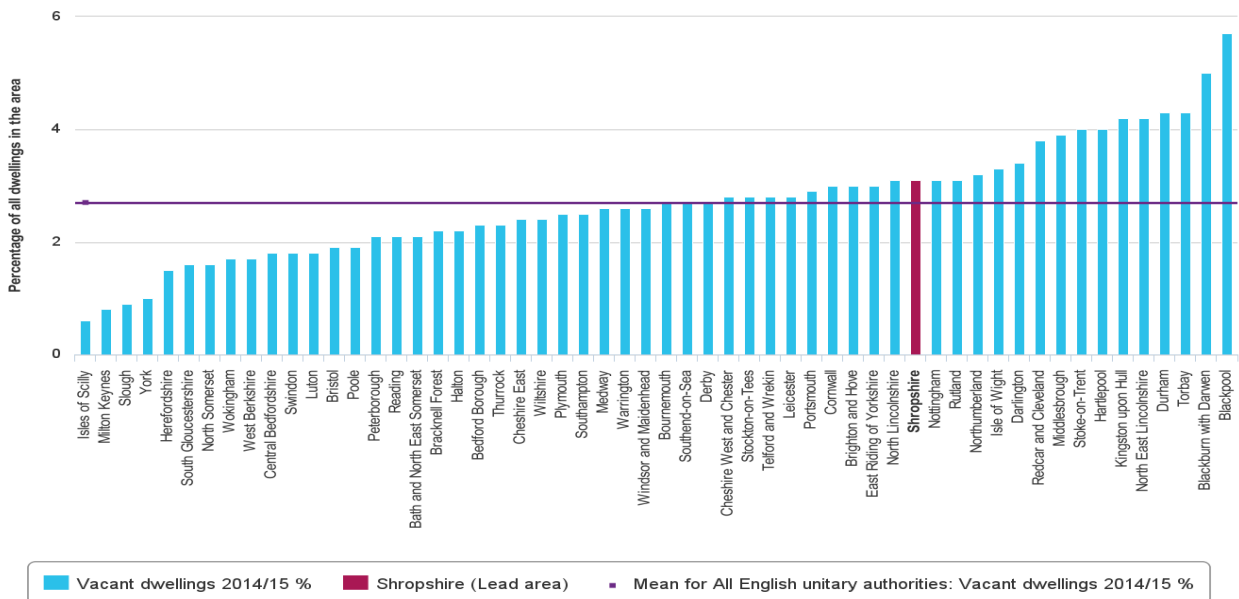
Total revenue expenditure on Housing services (GFRA only) per head of population (raw values)



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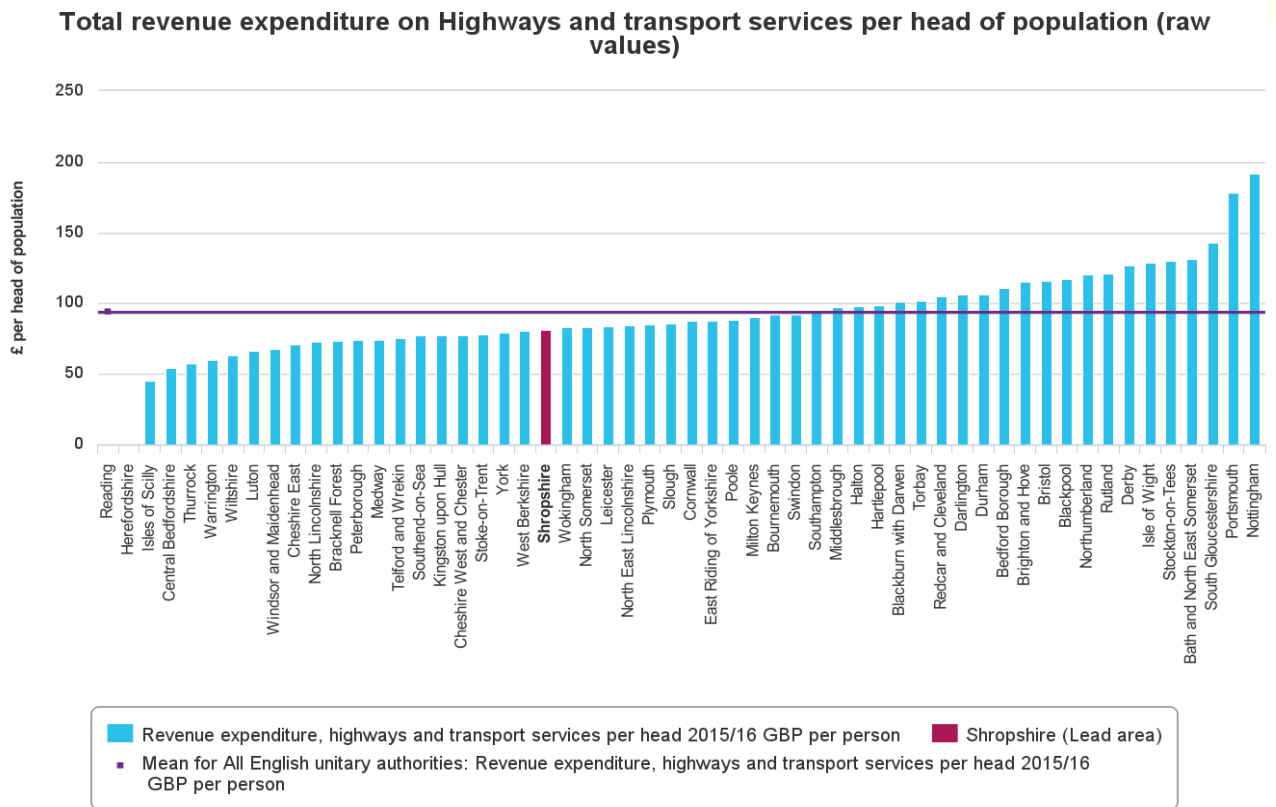
The GFRA (General Fund Revenue Account) refers to any expenditure that is incurred by delivering the Council’s services or meeting its day to day expenses. This expenditure is funded from income that the Council raises through charging for goods and services plus grants and Council Tax.

Vacant dwellings - all, as a percentage of all dwellings in the area (raw values)



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Highways and transport



Appendix 2

Supplementary data on crime and community safety

Set out below are a number of tables and charts that illustrate, in a little more detail, recent trends in certain types of recorded crime. This data supplements the data described within the main body of this report and offers some comparison between the rates of crime recorded in Shropshire and the rates recorded for England and Wales. The data is drawn from the statistics released by the Office for National Statistics in October 2016.

Set out in the table are the rates of crime (per 1,000 people) recorded by the Police for Shropshire from 2013 to the end of September 2016.

Crime recorded in SHROPSHIRE	Rate for 13-14	Rate for 14-15	Rate for 15-16	Rate for the 12 months to Sept 16
Violence against the person	6.54	9.48	14.93	15.29
Violence with injury	3.61	4.85	6.35	6.27
Violence without injury	2.93	4.62	8.58	9.02
Sexual offences (including rape)	0.81	1.21	1.8	1.77
Domestic burglary	1.51	1.62	1.76	1.54
Non-domestic burglary	3.76	2.85	3.57	3.92
Vehicle offences	4.16	2.96	2.79	2.67
Theft from the person	0.32	0.36	0.39	0.45
Bicycle theft	1.04	0.88	0.74	0.66
Shoplifting	3.59	3.75	3.91	3.75
All other theft offences	6.02	5.66	5.73	5.65
Criminal damage and arson	5.68	5.38	5.73	5.88
Drug offences*	1.48	1.26	1.39	1.29
Possession of weapons offences*	0.21	0.21	0.29	0.32
Public order offences*	0.99	1	1.61	1.73
Miscellaneous crimes against society*	0.6	0.63	0.85	0.85
Total (excluding fraud)	36.7	37.24	45.48	46.25

*We can compare some of these Shropshire data with the rates recorded by the Police for “other crimes against society” for England and Wales

Rate of offences per 1,000 population

Crimes recorded in England and Wales (rate/1,000 people)	Apr '10 to Mar '11	Jul '14 to Jun '15	Jul '15 to Jun '16
OTHER CRIMES AGAINST SOCIETY	9	7	8
Drug offences	4	3	2
Trafficking of drugs	1	<1	<1
Possession of drugs	4	2	2
Possession of weapons offences	<1	<1	<1
Public order offences	3	3	4
Miscellaneous crimes against society	1	1	1

Anti-Social Behaviour

Set out in the table below are data showing the number of anti-social behaviour reports recorded by the Police in Shropshire in the year 2015 and the proportion of the total that each category of behaviour realised. We can then compare these data with the national data (recording the same categories)

Categories of anti-social behaviour incidents in Shropshire 2015

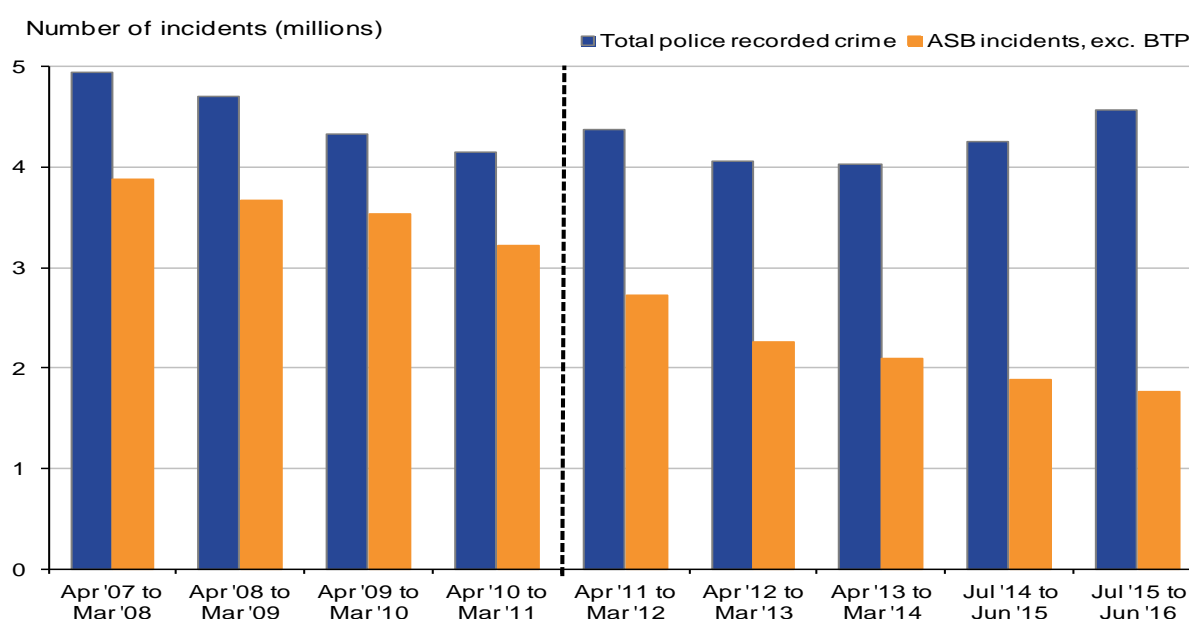
Category	Count of reports	Percentage of the total
ASB - Environmental	406	4.5
ASB - Nuisance	6352	70.1
ASB - Personal	2215	24.6
Grand Total	8973	100

Categories of anti-social behaviour incidents in England and Wales, year ending June 2016 (source: Home Office Police recorded incidents)

Category	Percentage
ASB - Nuisance	68.8
ASB - Personal	25.1
ASB - Environmental	6.0
Grand Total	100

We can see that the break-down of ASB incidents in Shropshire is very similar to the breakdown in the categories for England and Wales as a whole.

In much the same way, we can see that the proportion of ASB incidents recorded in England and Wales in relation to the total number of crimes recorded has been falling consistently since 2008. This pattern is repeated within Shropshire.



Young people and Re-offending

The rate of recorded crime by young people in Shropshire (at approximately 4.5 crimes per 1,000 young people aged 11-17) is also relatively low. Approximately 110 offences have been reported and recorded each year over the last three years. The majority of these crimes are categorised as violence against the person and theft and are committed by young people from the age of 15 to 17.

Juvenile offenders – Shropshire:

Offender Type	Index Offence	July 11 – June 12	July 12- June 13	July 13 – June 14
Juvenile	All	278	222	173

Juvenile re-offenders – Shropshire:

Offender Type	Index Offence	July 11- June 12	July 12 – June 13	July 13 – June 14
Juvenile	All	92	73	60

Considering young offenders, over recent years, the biggest reductions in re-offending have occurred in the following categories:

- Young people with 11 or more previous offences (a fall of 5.5 percentage points).
- Young people who received first tier penalties (a fall of 6.4 percentage points).

However, there have been increases in re-offending and the biggest increases have been seen in these categories:

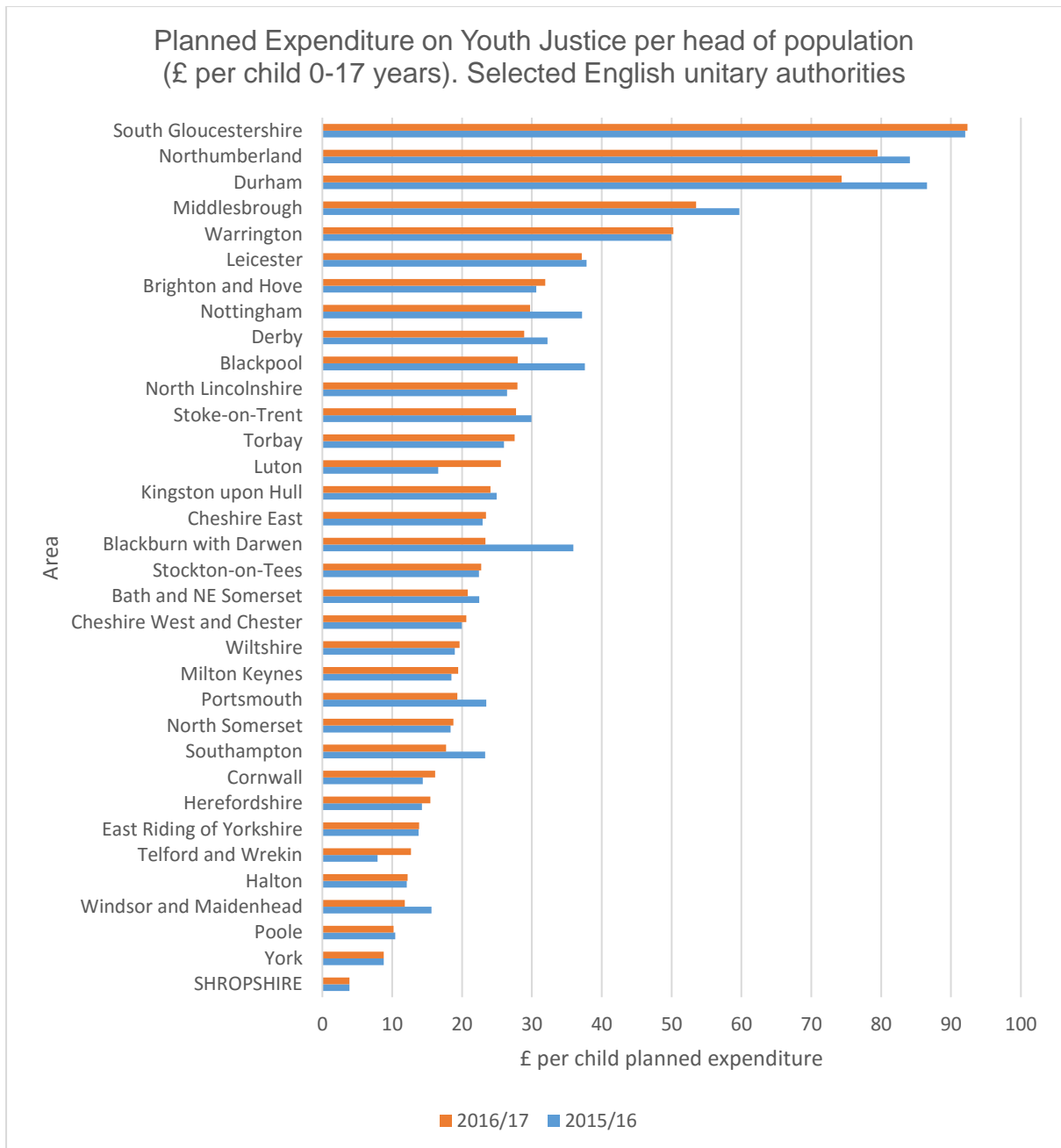
- Young women (a rise of 3.5 percentage points).

Set out below is a table that demonstrates a comparison of the planned expenditure on youth justice. This is expressed as £ spent per child (aged 0-17 years) on youth justice services in unitary and metropolitan council across England.

Below the table is a chart that illustrates this data – demonstrating that Shropshire plans to spend the least amount of money per child on youth justice services.

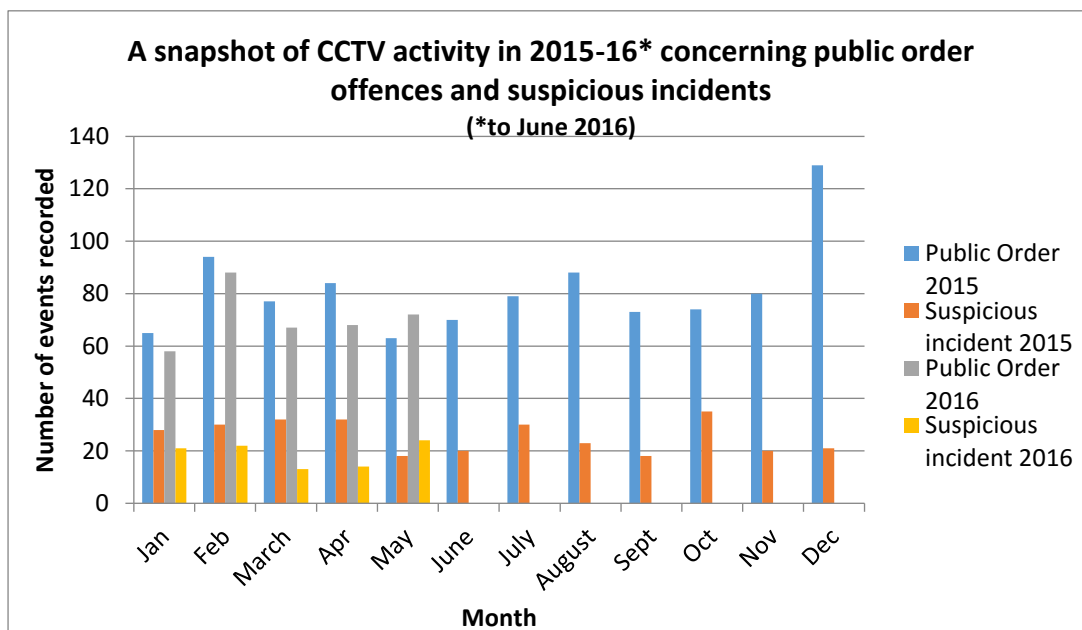
Area	Planned expenditure (£ per child aged 0-17 years)		
	2014/15	2015/16	2016/17
SHROPSHIRE	5.8	3.88	3.87
York	8.81	8.79	8.79
Poole	11.17	10.42	10.2
Windsor and Maidenhead	16.41	15.61	11.81
Halton	11.77	12.1	12.21
Telford and Wrekin	11.62	7.89	12.69
East Riding of Yorkshire	14.38	13.77	13.87
Herefordshire	14.2	14.25	15.45
Cornwall	14.46	14.36	16.15

Southampton	19.48	23.31	17.72
North Somerset	18.62	18.34	18.75
Portsmouth	22.26	23.48	19.32
Milton Keynes	21.23	18.46	19.43
Wiltshire	20.99	18.96	19.63
Cheshire West and Chester	19.95	19.95	20.61
Bath and NE Somerset	26.58	22.46	20.8
Stockton-on-Tees	26.54	22.4	22.73
Blackburn with Darwen	33.84	35.95	23.36
Cheshire East	22.3	22.93	23.43
Kingston upon Hull	30.58	24.95	24.06
Luton	26.44	16.59	25.55
Torbay	26.64	26.01	27.54
Stoke-on-Trent	30.91	29.95	27.74
North Lincolnshire	23.62	26.44	27.94
Blackpool	50.72	37.58	27.98
Derby	28.77	32.24	28.89
Nottingham	41.7	37.18	29.73
Brighton and Hove	36.02	30.61	31.9
Leicester	41.03	37.81	37.15
Warrington	55.2	49.95	50.26
Middlesbrough	63.36	59.69	53.52
Durham	85.94	86.57	74.32
Northumberland	83.2	84.1	79.5
South Gloucestershire	94.43	92.03	92.34



CCTV

If we examine the data gathered by the CCTV service that operates within the town centre of Shrewsbury and consider in particular the recording of public order offences and suspicious incidents, we can provide more context to the data concerning violence and the burden placed upon the victims and the services that respond to these events.



When we consider the CCTV data in a little more detail, we can also see that the greatest concentration of incidents recorded occur on a Friday, Saturday and Sunday.

Rural crime

Shropshire is a large rural county with many small and isolated communities. In September 2015 the National Rural Crime Network (NRCN) published its survey into crime and the cost of crime to people who live and run businesses in the rural areas of England, Wales and Northern Ireland. The survey illustrated a number of key issues, including:

- The financial impact of crime on rural economy is significant
- The fear of crime is relatively high and increasing
- The survey suggested that 39% of rural people are very or fairly worried about becoming a victim of crime, compared to 19% nationally
- There appears to be low satisfaction rates of police performance in rural areas
- The survey suggested that crime is under reported in rural areas (including civil offences such as fly-tipping)
- The survey indicated that there were two issues of great concern to the rural community and these issues were not solely, if at all, police matters. One was road safety (63%), which the police play a crucial part in, but which they cannot resolve without working with partners, and the other was fly-tipping, which is now a civil offence (61%).

According to the data from the Office of the Police and Crime Commissioner, Rural crime equated to 14% of the total recorded crime rate in Shropshire in 2014, compared to 23% across West Mercia as a whole. Rural crime decreased by 13% in the period between 2010 and 2014. However, there is a 25% increase when comparing 2014 and 2015 on a year to date basis.

Appendix 3

Technical definitions for the Public Health Outcome Framework (PHOF) indicators. These indicators will help to inform and describe the performance against the objectives set by the key partners in the Community Safety Partnership.

The indicators included within this technical appendix are, in brief, set out below:

- 1.04 First time entrants to the youth justice system
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)
- 1.12i Age-standardised rate of hospital admissions for violence (including sexual violence) per 100,000 population.
- 1.12ii Rate of violence against the person offences based on police recorded crime data, per 1,000 population
- 1.12iii Rate of sexual offences based on police recorded crime data, per 1,000 population
- 1.13 Levels of offending and re-offending
- 1.13i Re-offending levels - The percentage of offenders who re-offend from a rolling 12 month cohort
- 1.13ii Re-offending levels - The average number of re-offences committed per offender from a rolling 12 month cohort
- 1.13iii- First time offenders- The number of first time entrants to the criminal justice system as a rate per 100,000 of the population
- 2.15 Drug and alcohol treatment completion and drug deaths
- 2.15i Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number of opiate users in treatment.
- 2.15ii Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number of non-opiate users in treatment
- 2.15iii Number of alcohol only clients that left substance misuse treatment successfully who do not then re-present to treatment within 6 months as a proportion of the total number of alcohol only clients in treatment
- 2.15iv The rate of drug misuse deaths per million population over a three year period
- 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- 2.18 Alcohol-related admissions to hospital
- 2.18 Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population

The full details of these indicators and how they are to be measured are set out below:

1.04 First time entrants to the youth justice system	
Rationale	<p>Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children. This indicator is included to ensure that vulnerable children and young people (aged 10-17) at risk of offending, are included in mainstream planning and commissioning.</p> <p>Mapping relevant risk factors associated with youth crime can help inform local authority and NHS commissioning of evidence-based early intervention, therefore maximising the life chances of vulnerable children and improving outcomes for them. A lack of focus in this area could result in greater unmet health needs, increased health inequalities and potentially an increase in offending and re-offending rates, including new entrants to the system. The impact of incorporating these vulnerable children into mainstream commissioning also has the potential benefit of impacting on a young person's wider family now and in the future, particularly when they themselves may already be parents.</p>
Baseline period	2010
Indicator definition	<p>1.04 Rate of 10-17 year olds receiving their first youth caution or conviction per 100,000 population</p> <p><u>Numerator</u>: Number of 10-17 year olds receiving their first youth caution or conviction <u>Denominator</u>: ONS mid-year population estimates, ages 10-17</p>
Data source	<p>Ministry of Justice (MoJ) criminal justice statistics dataset (based on data submitted by individual police forces, and extracts from court database administrative systems and from the Police National Computer).</p> <p>Figures for local authorities are estimates. Children are mapped to their local authority of residence using their home address or postcode recorded by the police on the Police National Computer. For those with no address recorded, a small proportion has been assumed to foreign postcodes. For the rest, a model based on the patterns of offenders dealt with by police stations will be used to allocate offenders to local authorities.</p>
Publication of source data	<p>MoJ publish national (England and Wales) data and local authority data quarterly, in the Offending Histories tables of Criminal Justice Statistics in England and Wales: https://www.gov.uk/government/collections/criminal-justice-statistics-quarterly</p>

1.11 Domestic abuse	
Rationale	Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in <i>Call to end violence against women and girls 2010</i> and successive action plans to do what it can to contribute to a cohesive and comprehensive response.
Baseline period	2010/11
Indicator definition	1.11 Rate of domestic abuse incidents reported to the police, per 1,000 population <u>Numerator</u> : the number of domestic abuse incidents reported to the police. Domestic abuse incidents are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional (this includes controlling and coercive behaviour)) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. <u>Denominator</u> : ONS mid-year populations estimates, aged 16 and over.
Data source	Police Recorded Crime data – Office for National Statistics. It is difficult to obtain reliable information on the extent of domestic abuse as there is a degree of under-reporting of these incidents. Changes in the level of domestic abuse incidents reported to the police are likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation.
Publication of source data	Domestic abuse incidents reported by the police are collected by the Home Office and published by the Office for National Statistics. See Focus on Violent Crime and Sexual Offences - http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/index.html

1.12 Violent crime (including sexual violence)	
Rationale	The inclusion of this indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue. Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, will be tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities.
Baseline period	1.12i: 2009/10-2011/12 1.12ii: 2010/11 1.12iii: 2010/11

Indicator definition	<p>1.12i standardised rate of hospital admissions for violence (including sexual violence; per 100,000 population) <u>Numerator:</u> Number of emergency hospital admissions for violence defined by external cause codes (ICD10 codes X85 to Y09) and emergency hospital admission codes for the resident population. <u>Denominator:</u> ONS mid-year population estimates</p> <p>1.12ii Rate of violence against the person offences based on police recorded crime data, per 1,000 population <u>Numerator:</u> Number of violence against the person offences <u>Denominator:</u> ONS mid-year population estimates</p> <p>1.12iii Rate of sexual offences based on police recorded crime data, per 1,000 population <u>Numerator:</u> Number of sexual offences <u>Denominator:</u> ONS mid-year population estimates</p> <p>Note: Indicator 1.12i is based on emergency hospital admissions for a local area’s resident population irrespective of the location of the incident whilst Indicators 1.12ii and 1.12iii are based on police recorded crime data for a local area irrespective of the home address of those involved in the violent offence. The definition of violence offences includes homicide.</p>
Data source	<p>1.12i: Public Health Outcomes Framework indicator set. 1.12ii: Police recorded crime, Home Office. Office for National Statistics (ONS) 1.12iii: Police recorded crime, Home Office. Office for National Statistics (ONS)</p> <p>It is difficult to obtain reliable information on the extent of sexual offences as there is a degree of under-reporting of these incidents. Changes in the level of police recorded sexual offences over time are particularly likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation.</p>
Publication of source data	<p>Home Office publish police recorded crime annually at Police Force and Community Safety Partnership level: https://www.gov.uk/government/statistics/police-recorded-crime-open-data-tables</p>

1.13 Levels of offending and re-offending	
Rationale	<p>Offending and re-offending levels are strongly associated with wider determinants of health and deprivation. Reducing offending and re-offending levels requires coordinated action on wider determinants across health and justice organisations. Reducing re-offending is a policy imperative shared by the Department of Health and the Ministry of Justice especially among young people.</p> <p>The PHOF indicator on reducing reoffending is a useful measure to guide coordinated action across health and justice commissioners and service providers on health-related drivers of ‘criminogenic’ behaviour as well as being of interest to Health & Wellbeing Boards and Community Safety Partnerships to provide evidence of impact of policy and practice locally.</p> <p>The indicator on first time offenders will provide a useful measure on progress on wider coordinated actions to reduce the numbers of individuals entering the Criminal Justice System for the first time.</p>
Baseline period	2010
Indicator definition	<p>1.13i Re-offending levels - The percentage of offenders who re-offend from a rolling 12 month cohort <u>Numerator:</u> The number of offenders in the cohort who reoffend <u>Denominator:</u> The number of offenders in the cohort</p> <p>1.13ii Re-offending levels - The average number of re-offences committed per offender from a rolling 12 month cohort <u>Numerator:</u> The number of re-offences committed <u>Denominator:</u> The number of offenders in the cohort Cohort: All offenders in any one year who received a caution (for adults), a final warning or reprimand (for juveniles), a non-custodial conviction or were discharged from custody. Adults who test positive for Class A drugs alone (without receiving conviction or a caution) are not included in the dataset. A proven re-offence is defined as any offence committed in a one year follow-up period and receiving a court conviction, caution, reprimand or warning in the one year follow up or a further six months waiting period.</p> <p>Waiting period: This is the additional time beyond the follow up period to allow for offences committed towards the end of the follow up period to be proved by a court conviction, caution, reprimand or final warning.</p> <p>1.13iii- First time offenders- The number of first time entrants to the criminal justice system as a rate per 100,000 of the population <u>Numerator:</u> Total number of offenders recorded as having received their first conviction, caution or youth caution. <u>Denominator:</u> Population has been based on mid-year population estimates for each age group supplied by the Office for National Statistics. The previous year's estimate has been used for calculating the rate in the subsequent year.</p>

Data source	Ministry of Justice (MoJ) dataset (cohort of offenders identified from police, probation and prison records; offending assessed via Police National Computer). ONS mid-year population estimates.
Publication of source data	1.13i and 1.13ii: Published by MoJ at national and local authority level every quarter. https://www.gov.uk/government/collections/proven-reoffending-statistics 1.13iii: Provided directly by MoJ.

2.15 Drug and alcohol treatment completion and drug related death

Rationale	<p>Individuals completing an effective treatment programme demonstrate a significant improvement in health and well-being. It aligns with the ambition of both public health and the Government's drug strategy of increasing the number of individuals recovering from addiction. It also aligns well with the reducing re-offending outcome [Indicator 1.13, above] as offending behaviour is closely linked to substance use and it is well demonstrated that cessation of drug use reduces re-offending significantly.</p> <p>The indicator now measures the local rates of completion for drug <i>and</i> alcohol treatment and benchmarks activity. The indicator also supports reductions in inequalities and helps improve return on investment for local authorities as well as for the national public health grant.</p> <p>In addition to adding alcohol as a sub indicator, deaths from drug misuse have also now been included. Local authority action, including the quality and accessibility of the drug services they commission and how deaths are investigated and responded to, has an impact on drug misuse death rates. Including this sub-indicator, alongside those on treatment outcomes, will help local authorities and others to consider the impact that effective treatment has on recovery.</p>
Baseline period	2.15i and 2.15ii: 2010 2.15iii: 2010 2.15iv: 2010
Indicator definition	<p>2.15i Number of users of opiates that left drug treatment successfully who do not then re-present to treatment again within 6 months as a proportion of the total number of opiate users in treatment.</p> <p><u>Numerator</u>: The number of adults that successfully complete treatment for opiates in a year and who do not re-present to treatment within 6 months.</p> <p><u>Denominator</u>: The total number of adults in treatment for opiate use in a year.</p>

	<p>2.15ii Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number of non-opiate users in treatment <u>Numerator:</u> The number of adults that successfully complete treatment for non-opiates in a year and who do not re-present to treatment within 6 months. <u>Denominator:</u> The total number of adults in treatment for non-opiate use in a year.</p> <p>2.15iii Number of alcohol only clients that left substance misuse treatment successfully who do not then re-present to treatment within 6 months as a proportion of the total number of alcohol only clients in treatment <u>Numerator:</u> the number of adults that successfully complete alcohol treatment in a year and do not re-present to treatment within 6 months <u>Denominator:</u> The total number of adults in alcohol treatment in a year.</p> <p>2.15iv The rate of drug misuse deaths per million population over a three year period <u>Numerator:</u> The number of drug misuse* deaths in a rolling three year period. <u>Denominator:</u> Pooled ONS mid-year estimates for the same three year period</p> <p>*Deaths where the underlying cause of death has been coded to one of the following categories and where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death certificate Accidental poisoning by drugs, medicaments and biological substances (X40–X44) Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64) Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14) Assault by drugs, medicaments and biological substances (X85) Mental and behavioural disorders due to drug use (excluding alcohol and tobacco) (F11-F16, F18-F19).</p>
Data source	2.15i-iii: National Drug Treatment Monitoring System (NDTMS) 2.15iv: Office for National Statistics
Publication of source data	Public Health England publish monthly data for drug and alcohol treatment: https://www.ndtms.net/Reports.aspx ONS publish deaths related to drug poisoning: http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Drug-related+Deaths

2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

Rationale	This indicator supports a priority under the National Partnership Agreement between NHS England, National Offender Management Service and Public Health England to strengthen integration of services and continuity of care between custody and the community. The indicator measures the proportion of adults released from prison with a substance misuse treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release. The indicator would directly measure whether offenders with a substance misuse treatment need are engaging with local treatment services on release from custody. Individuals released from prison with an on-going substance misuse treatment need are at heightened risk in the days following release and local community-based treatment services should be working with prison treatment services to maximise their engagement in services post-release.
Baseline period	2015/16
Indicator definition	2.16 Adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison <u>Numerator:</u> Number of adults released from prison with a substance misuse treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release. <u>Denominator:</u> Number of adults released from prison with substance misuse treatment need
Data source	Calculated by Public Health England: Evidence Application Team using data from National Drug Treatment Monitoring System (NDTMS)
Publication of source data	Public Health England (PHE) will publish annual data

2.18 Alcohol-related admissions to hospital

Rationale	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. The Government has said that everyone has a role to play in reducing the harmful use of alcohol – this indicator is one of the key contributions by the Government (and the Department of Health) to promote measurable, evidence based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government’s Alcohol Strategy. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.
Baseline period	2010/11

Indicator definition	<p>2.18 Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population.</p> <p><u>Numerator:</u> Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause.</p> <p><u>Denominator:</u> ONS mid-year population estimates</p> <p>The number is estimated by assigning an attributable fraction to each relevant admission, based on the diagnosis codes and age and sex of the patient. The attributable fractions represent the proportion of cases of conditions that can be attributed to alcohol and are based on the latest review of research undertaken by Public Health England.</p>
Data source	Hospital Episode Statistics, via Public Health England
Publication of source data	<p>National and local authority figures will be made available on the Local Alcohol Profiles for England national indicator web site: http://www.lape.org.uk/</p>