

Crime Reduction, Community Safety Drug & Alcohol Strategy 2014 - 2017

Supporting Documents and Data



Shropshire Safer Stronger Communities Partnership



Research and intelligence

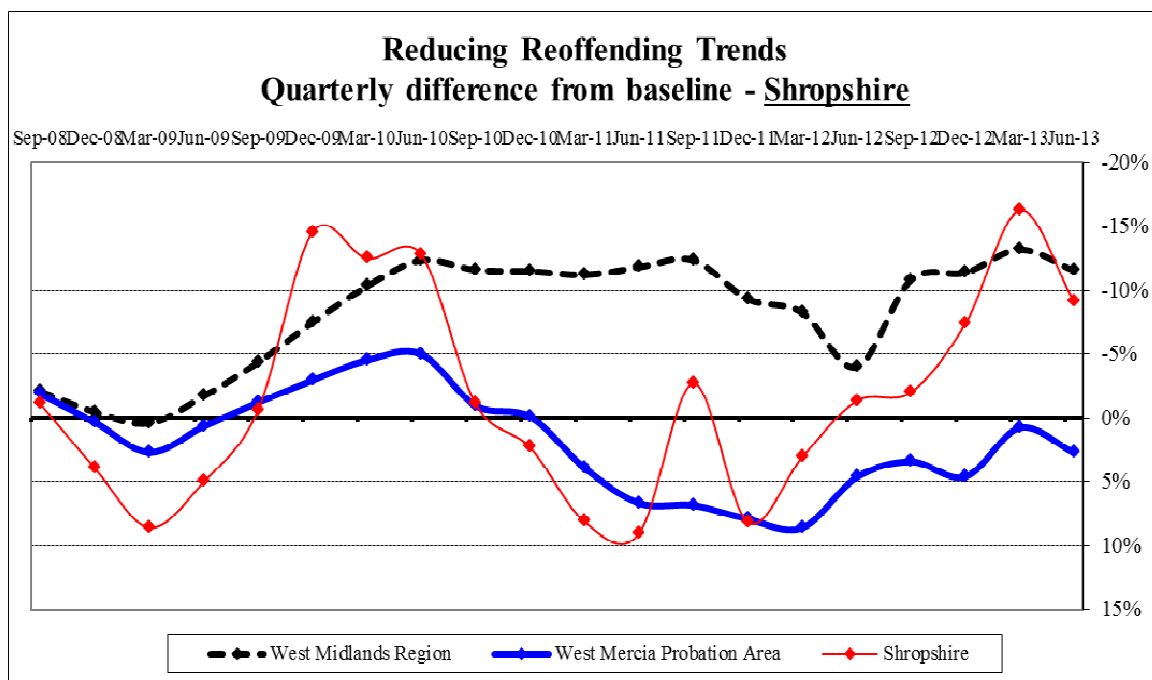
Shropshire Council

The information set out below supports the development of the Crime Reduction, Community Safety and Drug and Alcohol Strategy 2014 – 2017.

Priority 1 - Reducing Serious Harm

Reducing Offending and Re-offending:

Between June 2012 and June 2013 the number of offenders in Shropshire was 1681, of these 135 were re-offenders. This gave Shropshire a re-offending rate of 8.03%. The majority of offenders were male and aged 18 to 35 years (1032). Most offenders were aged 21-25 years. The majority of re-offenders had more than 10 previous offences (98) with re-offenders committing theft.



Safer Stronger Communities Partnership Objectives:

- Work with offenders, identified as a local priority in terms of their re-offending or the harm they cause in local communities;
- Provide a multi-agency Integrated Offender Management project from a co-located premise;
- Work with Prolific and other Priority Offenders (PPO) and those subject to Drug Rehabilitation Requirements (DRR), as a mandatory cohort, to support them in reducing their re-offending;
- Extend the wrap around service provision for PPOs to those subject to DRR;
- Expand the support available to a wider cohort of offenders, including non-statutory supervised offenders;
- Work with criminal justice agencies and services under the seven pathways known to reduce re-offending to develop and enhance joint working arrangements and a multi-agency problem-solving approach.

Alcohol and Substance Misuse:

Alcohol

Alcohol plays a significant role in our society with many positive aspects including providing employment and community cohesion. The Beer & Pub Associations Regional Impact Study shows that in 2010/2011 Shropshire had 461pubs which employed 3357 people (1091 full time and 2266 part time), as well as 15 breweries based in the county.

However, it is also evident that the misuse of alcohol can have a detrimental impact, contributing to individual, social and economic harm. Alcohol is one of the biggest lifestyle risk factors for disease and death in the UK after smoking and obesity. It impacts on individuals, families and communities across Shropshire in a range of ways including economic performance, worklessness, health inequalities, poor outcomes for children and families, reduced quality of life, anti- social behaviour and crime and disorder.

It is estimated that alcohol misuse costs the economy in England up to £25 billion per year. The problems related to alcohol misuse can be complex and may involve a range of organisations from police and fire, to health and local authority services having to manage and provide interventions to tackle the issues associated with misuse.

For further information:

Shropshire Alcohol Strategy 2013 – 16 <http://shropshire.gov.uk/drugs-and-alcohol/the-shropshire-alcohol-strategy-2013-2016>

Substance Misuse

The graph below compares referrals into DIP by each Local Authority within the West Mercia Police area and the proportion of those who are ‘treatment naïve’ (not previously known to treatment). In 2012/2013 around 58% of referrals into Shropshire DIP were already in contact with structured treatment services.

Shropshire DIP Successful Completions and Representations

	Qtr1 2012/2013	Qtr2 2012/2013	Qtr3 2012/2013	Qtr4 2012/2013
*Opiate Successful Completion	2 (3%)	6 (8%)	8 (10%)	9 (10%)
*Non-opiate successful completion	4 (24%)	5 (28%)	8 (38%)	8 (38%)
**Clients Representing Opiate	1 (0%)	0	4 (50%)	7 (29%)

**Clients Representing Non-opiate	0	3 (33%)	2 (50%)	3 (0%)
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Source NDTMS Partnership and Police Force Area Q1 –Q4 2012/2013

Analysis of national data has identified a number of factors that can influence a positive treatment outcome. We now know those classed as treatment naive are more likely to achieve successful outcome than those who have experienced multiple treatment journeys, if they receive the right level of treatment on entry. Data from the Partnership and Police Force Area also provides information on outcomes across a twelve month rolling period for both those leaving treatment in a planned way as a proportion of all those within the DIP caseload and those who represent to treatment within the first six months as a proportion of those who had successfully completed.

Drug Rehabilitation Requirement (DRR)

The Criminal Justice Act 2003 provided flexibility in community sentencing to enable courts to order a range of requirements to reduce re-offending. Under the DRR the offender is required, as part of their community sentence, to receive drug treatment tailored to meet their individual needs through a structured programme of treatment.

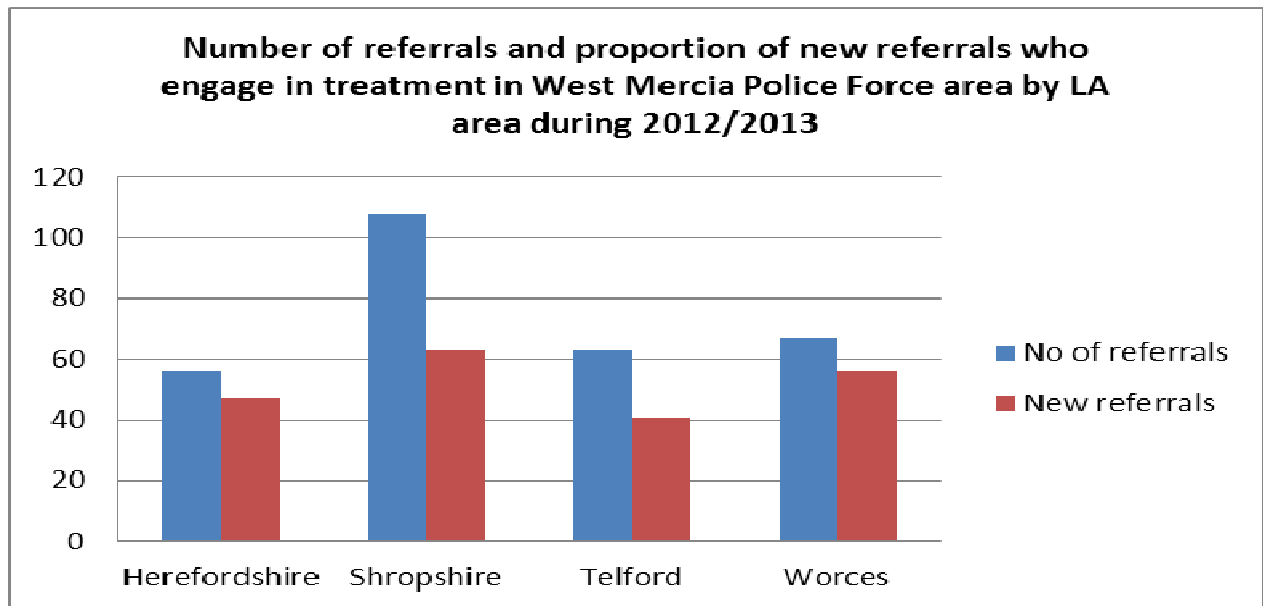
Drug Rehabilitation Requirements 2012/2013

	Target	Achieved
Commencements	46	50
Completions	18	21

Shropshire Test on Arrest Activity

Date	TOA Issued	Initial Appointment attended	Already Open to the team	Clients taken into treatment
1.7.12 – 31.3.13	108	85	33	7
1.4.13 – 30.6.13	40	28	22	0

Source: DIP Local figures Nov 2013



Objective: To improve treatment outcomes for drug misusing offenders.

Domestic Abuse:

There is, and continues to be, a depressing list of statistics that can be referred to when domestic abuse is discussed. Statistics such as:

- 1 in 4 women will experience intimate partner violence in their lifetime;
- 2 women a week are killed in the UK by their partner or ex-partner;
- Every year, 1 million women experience at least one incident of domestic abuse – nearly 20,000 women a week;
- 40% of young people have experienced domestic abuse in their relationships;
- 1 in 5 teenage girls has been raped by a teenage boyfriend;
- Nearly one million children witness domestic abuse in their homes every year in the UK.

(Source: Home Office website October 2009 and Crime in England and Wales 2006/07 report)

In Shropshire it is likely that approximately 30,475 women will experience domestic abuse during their lifetime. National research estimates that domestic abuse places a cost per capita 'tax' of some £143.00 per head of population. In Shropshire this equates to £41.6 million total population cost.

In Shropshire, figures indicate a reduction in the number of cases reviewed by the Multi-Agency Risk Assessment Conference (MARAC) with a decrease of 27 from 164 in 2011 to 137 in 2013. In the same period there has been an increase in the number of repeat cases from 18 to 30.

For further information:

Shropshire County Domestic Abuse Forum – Freedom Shropshire website:
<http://www.freedomshropshire.org.uk/>

Safer Stronger Communities Partnership Objectives:

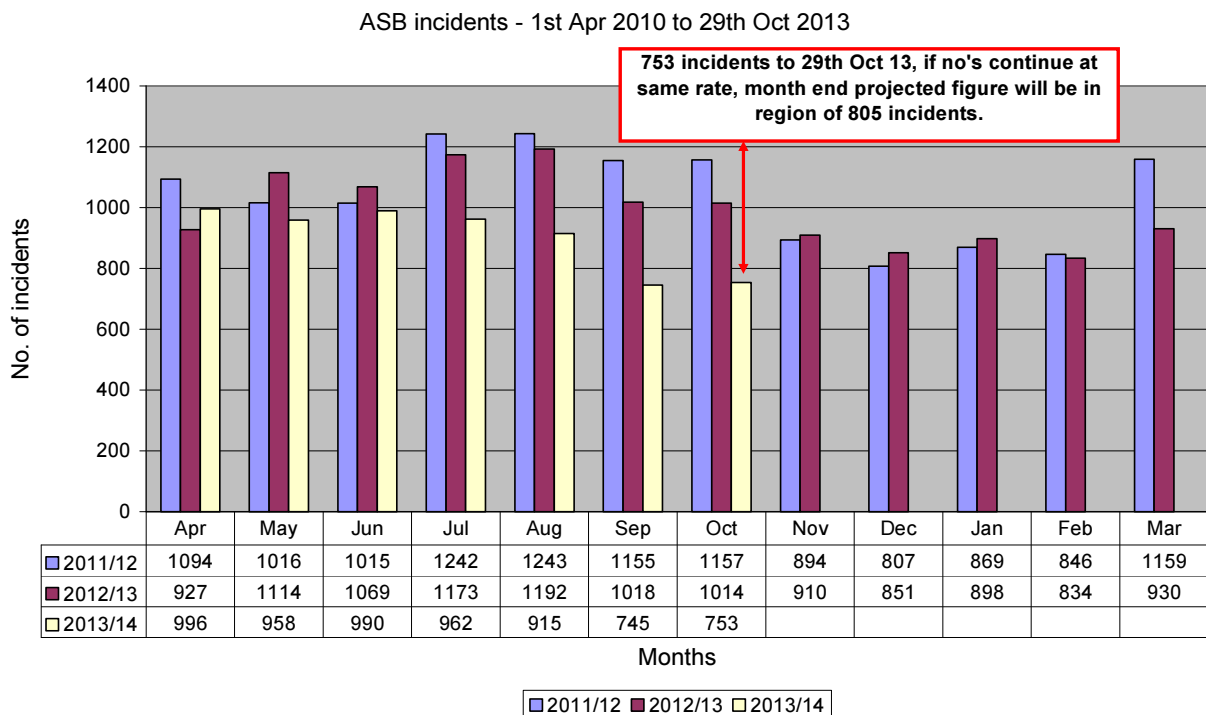
- To build on the existing inter-agency response to dealing with domestic abuse;
- To develop multi-agency training and awareness of domestic violence and abuse;
- To respond swiftly and effectively to those at greatest risk from domestic violence.

Arson:

Fatalities from accidental fires in dwellings	Injuries from Accidental Fires	Deliberate Primary Fires	Deliberate Secondary Fires
2	37	112	443

Priority 2 - Supporting Vulnerable People

Anti Social Behaviour:



Overall trend in ASB is down There has been a fall of 753 to 11,003, from 11,756 incidents in the previous 12 months. This is a fall of 7%. Of these incidents 3951 had an alcohol or youth flag (36%).

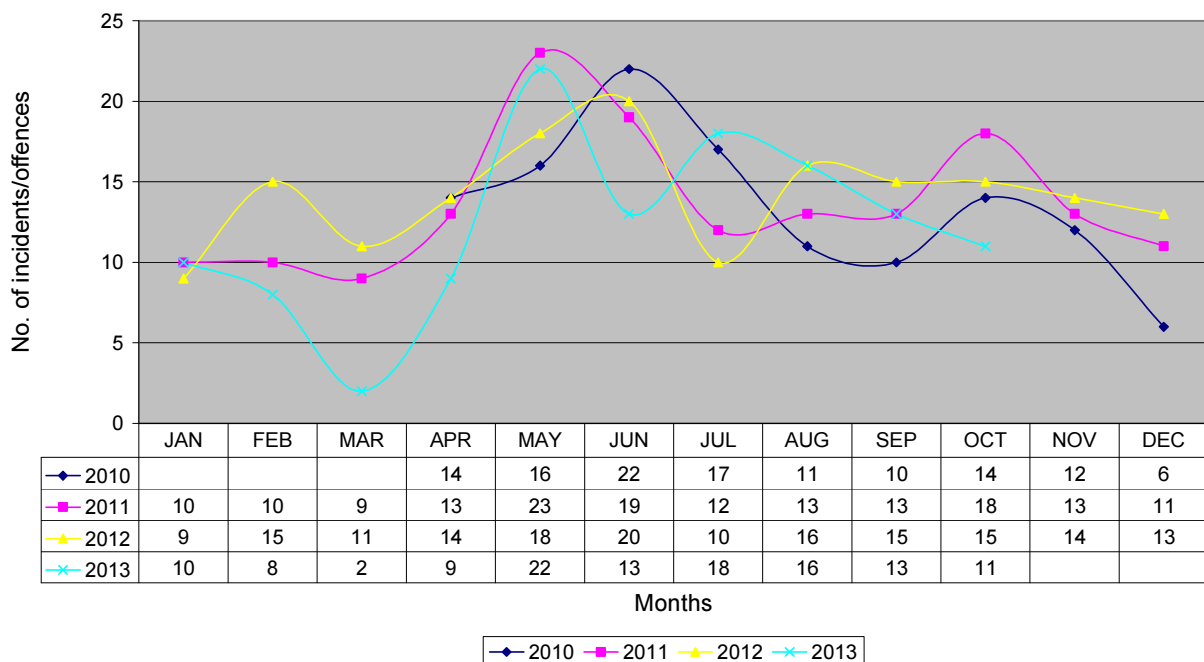
Safer Stronger Communities Partnership Objectives:

- Work together with partners, sharing information to enable joint working and identification of risk and interventions for victims, witnesses and perpetrators of ASB;
- Signpost and refer victims, witnesses and perpetrators to appropriate services, when appropriate/necessary;
- Provide multi-agency support from a co-located premise.

Hate Crime:

Shropshire Partnership has a multi – agency protocol to tackle hate crime. This includes a recording system for reports of hate crime that was established in 2006. Much of the response to hate crime has been based on raising awareness not only of where people can report incidents but also what it is. The clear message from the partnership is that hate crime covers racist, disability, homophobic and transphobic abuse. Partners are continually encouraged to spread the word on the importance of Hate Crime incidents being reported. Partners have delivered awareness raising sessions in schools and colleges in an effort to make young people understand what hate crime is. However, the Partnership is aware that many people were afraid of reporting incidents, and more measures need to be in place to highlight organisations that can offer support.

Hate crime offences and Racial incidents - 1st Apr 2010 to 28th Oct 2013



Safer Stronger Communities Partnership Objectives:

- Increased reporting of Hate Crime;
- Increased support for victims of Hate Crime;
- Greater awareness of what hate crime is.

Priority 3 - Public Reassurance and Community Engagement

Increasing Public Confidence:

1st Oct 2012 to 30 Sept 2013

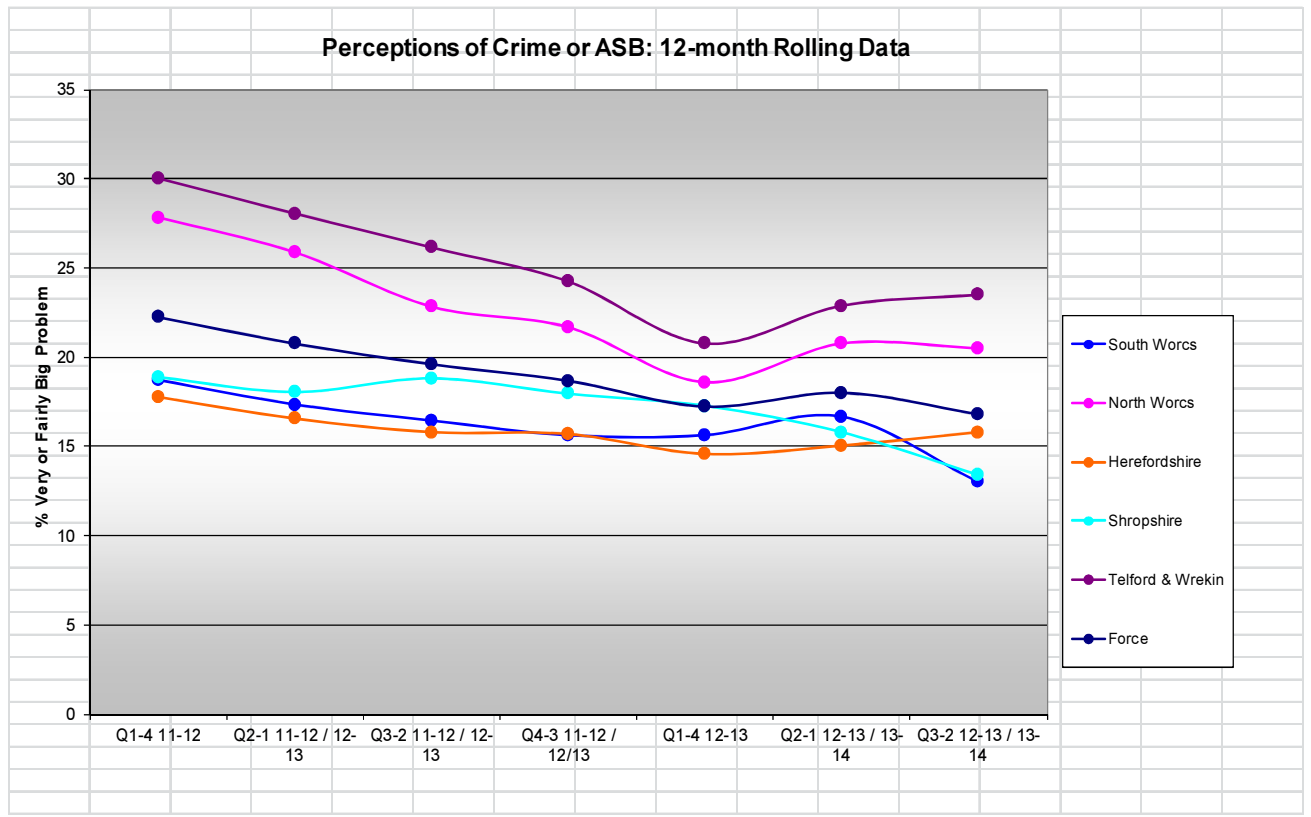
Crime Type Shropshire	2012	2013	% Change	% share
Domestic Burglary	722	502	30.5	4.5
Violence against the person with injury	1475	1148	22.2	10.3
Serious Sexual Offences	170	168	1.2	1.5
Robbery	70	60	14.3	0.5
Shop Lifting	1053	1091	3.6	9.8
Theft from a vehicle	77	87	13.0	0.8
Theft of a vehicle	193	174	9.8	1.6
Burglary other	1218	1191	2.2	10.7
Criminal Damage	2066	1715	17.0	15.4
Drug Offences	554	485	12.5	4.3
Serious Acquisitive Crime	1879	1608	14.4	14.4
Theft and Handling Stolen Goods	3436	3152	8.3	28.3
Violent Crime	3018	2516	16.6	22.6
Total Crime	12688	11150	12.1	100.0

Shop lifting and theft from a vehicle saw rises in levels last 12 months. Theft from a vehicle had a rise of 13% but this equates to only 10 All other crime types saw a decline, Domestic Burglary saw the largest decline of 30%

Source Iquanta

Safer Stronger Communities Partnership Objectives

- To promote and publicise campaigns and relevant crime prevention advice year;
- To ensure that Shropshire residents and tenants are aware of how to report anti-social behaviour, hate crime and domestic abuse;
- People feeling safer in their communities and neighbourhoods.
- Maximise Bronze Level Tasking meetings in order to address any increases in acquisitive crime at a local level;
- Reinforce the message of removing items from vehicles parked in public places in order to reduce theft from vehicles;
- Use data and information to identify victims, offenders and hotspot locations;
- To utilise all the resources available to the Partnership



Other Information:

Joint Strategic Needs Assessment (JSNA)

The JSNA has been a mandatory requirement for PCT's and Local Authorities since 2007. It seeks to identify health needs in the local population and inform the commissioning of services based on these needs. The Health and Social Care Bill 2011 has given a renewed focus on the JSNA by giving it a central role in bringing partners together in deciding priorities. These priorities will form the structure of the Health and Well Being Strategy, which will be key to commissioning health and social care services in the local area.

Shropshire Joint Strategic Needs Assessment:

<http://shropshire.gov.uk/media/73886/Shropshire-JSNA-Summary-Document-2012.pdf>