

Project:	Joint Strategic Needs Assessment		
Profile Title:	Crime and Community Safety		
Author/Priority Lead:	[Stuart Douglass]		
Date of Submission:	[17/01/2012]		
Document Reference n^o:	[insert reference n ^o here]	Version n^o:	[Version 2.0]

Please ensure you complete the version control to ensure the most recent document is presented.

Version	Comments	Author	Date Issued	Status
0.1		Usha Jacob	09/09/11	[Draft]
0.2		Usha Jacob	5/10/11	Draft
1.0		Usha Jacob	25/11/11	Final
1.1, etc		Usha Jacob	17/01/12	Final
1.2		Julie Smith	26/09/13	Draft
2.0		Julie Smith	13/02/14	Draft

Template

This first page is intended to be a short Exec Summary of the Chapter and should be no more than 1-2 sides

<p>Introduction</p> <p>Crime and Community Safety</p> <p>Crime and disorder has a negative impact on the health and wellbeing of not only individuals, but also on families, neighbourhoods and communities. The more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health including poor housing, higher rates of crime, and more risks to safety.</p> <p>The collective responsibility to create safer communities was formally recognised through the 1998 Crime and Disorder Act. This legislation brings partners such as the police, local authority, NHS (through the Clinical Commissioning Group) and probation services together as the Safer Sunderland Partnership (SSP) to both understand and deal with the issues, which are often interlinked and span beyond the traditional scope of a single agency.</p> <p>Safer Sunderland Partnership understands community safety problems through its Partnership Strategic Intelligence Assessment (PSIA) which is a yearly document gathering</p>
--

research, evidence and intelligence in order to identify the annual SSP priorities. The audience for the PSIA is the key decision makers within the SSP and Sunderland Area Command. Its purpose is to help them set the strategic priorities for the future.

The PSIA looks at defining, measuring and understanding crime, fear of crime, anti-social behaviour and substance misuse problems based around three key elements of the problem triangle:

- Offenders
- Victims / Vulnerable People / Vulnerable Groups / Targets
- Locations / Priority Communities and Places

This will identify what we know about the problem and what needs to be done to address each element of the problem to achieve a longer term sustainable solution.

The SSP Board uses the PSIA to set its strategic priorities each year. The SSP Board has agreed 2 key strategic priorities for 2014/15:

1. Reduce crime and disorder and improve feelings of safety
2. Prevent and reduce harm to our most vulnerable people and places

A three-year SSP delivery plan is in place (reviewed annually) to address these 2 priorities. The plan is structured around key work areas that support the strategic priorities

- i. Substance misuse – drug and alcohol-related crime and disorder
- ii. Domestic violence (including other violent crime)
- iii. Anti-social behaviour (people and places)
- iv. Re-offending
- v. Safety and feelings of safety for high risk victims/vulnerable groups and safeguarding are cross-cutting work areas.

Offending behaviour is damaging for not only offenders and their victims, but also their families and the wider community. It is closely linked with drugs and alcohol misuse, mental health, learning disability, debt and financial management, accommodation and employment as well as affecting outcomes for families and children. Improving the health of offenders reduces the chance of their re-offending, which in turn reduces the future impact on victims, families of victims, and the families of offenders. Moreover reducing re-offending is fundamental to reducing crime in local communities and benefits everyone either directly or indirectly.

The vast majority of victims are, or are at a greater risk of becoming repeat victims. There is a strong correlation between repeat victimisation and vulnerability. It therefore stands that repeat victims of crime are likely to be some of the most vulnerable victims. Fear of crime and feelings of safety may express a whole set of social anxieties. Worry about crime can be implicated in real cycles of decreased health and perceived vulnerability to victimisation.

Community safety is primarily about preventative upstream work, early intervention, support/treatment and reassurance. The work of the SSP is about intervening to make crime less likely rather than just picking up the pieces after crime has happened. Thus all of the strategic priorities of the SSP have a direct or indirect impact on the health and wellbeing of individuals in Sunderland.

Key issues and gaps

The key issues below are the headlines from the 2013 PSIA that have an impact on health and wellbeing and partners abilities to respond:

- Northumbria Police's draft force-wide strategic assessment contains indicators that the impact of welfare reforms is leading to individuals having to resort to crime. Recorded crime rates have started to increase in 2013/14 after 10 years of sustained and long term reductions and more work is needed to identify the extent to which the economic climate and welfare reforms has impacted on this and this will mean them looking at their data to see how many people in this situation are first entrants who have not been in trouble with the police before. Up to December 2013, the city had a 3% increase in recorded crime for the year-to-date. There are projected short to medium term increases in total crime, violence against the person, theft from motor vehicles (TFMV) and house burglary; and long term predicted increases in TFMV. There are strong links between substance misuse and acquisitive crime (which includes burglary, car crime and theft such as shoplifting). The increased in violence against the person are primarily due to increases in domestic violence and alcohol-related violence.
- The city is still experiencing an unprecedented amount of policy and economic change, together with new social challenges and demand pressures, and the public sector no longer has the capacity to meet the needs of all citizens in the future. The third sector is similarly under significant resource pressures.
- Partner agencies are increasingly shifting towards a new focus on enabling rather than always delivering. The development of asset-based approaches in the city and the development of the community resilience agenda will help local communities adapt to this shifting landscape by strengthening their resilience and supporting people to play a more active role in responding to local needs alongside the public sector and VCS organisations. The SSP has a role to play in this and needs to consider what more could be done to ensure the information is available to help people to help themselves where appropriate, and to ensure people know how to get the support available to them - whilst at the same time making sure those most at risk are identified and supported to reduce their risk of either being a victim, or offending.
- In 2013, public health moved into the council and the CCG became a new responsible authority on the partnership bringing opportunities for developing even closer working on joint issues such as drugs, alcohol, domestic abuse and child and adult safeguarding.
- A key impact of further Government policy reform in the coming year will be heavily centred on the development of the transforming rehabilitation agenda and the impact this will have on the SSP through (i) the future changes to Northumbria Probation Trust, as one of the responsible authorities on the SSP; and (ii) the introduction of new partners (prime contractors and sub-contractors) in rehabilitating medium and low risk offenders in the community which includes a focus on the pathways out of offending such as substance misuse and mental health.
- The SSP's summary PSIA has identified a number of areas for improvement which will require both local action and stronger working across the other significant partnerships

such as the HWBB, as well as working across boundaries with other CSPs, or across the region. There are also a number of recent reviews around domestic violence, alcohol and licensing and reducing re-offending which will require the support of the SSP to deliver in 2014/15. Some of the key issues to focus on will include:

- Responding to the regional Violence Against Women and Girls (VAWG) strategy in partnership with the Sunderland Safeguarding Adults Board, the Sunderland Safeguarding Children's Board and the Adults Partnership.
- Commissioning an Independent Domestic Violence Advisor (IDVA) Service at a level that meets the needs and risk levels of victims in the city, and helps address a number of gaps around referrals from health settings. The current service only has 2.5 IDVA posts against a required 5 posts.
- Meeting the accommodation needs of offenders and those with complex needs (e.g. mental health and substance misuse), and especially the gap around no specific accommodation for women offenders.
- The Government will not proceed with minimum unit pricing, but says it will remain 'under consideration'. This policy was strongly supported both locally and in the wider region. The SSP will need to support the HWBB in addressing cultural issues around binge drinking and alcohol misuse covering the availability, accessibility and affordability of alcohol (from both a public health and a community safety standpoint).
- The current national Drug Strategy places much stronger emphasis on long term recovery and prevention. Funding has been allocated using outcome based models since April 2012. The adult substance misuse treatment service has now been fully re-designed and re-commissioned and has been live since August 2013 with a focus on increasing the number of people successfully leaving treatment, drug-free. However, further improvements need to be made as over a third of referrals into drug treatment via the DIP system were already in contact with structured treatment at time of referral which indicates a core population of clients are constantly committing crime and being referred into the system. Furthermore, almost a half of all newly referred clients into DIP were not triaged and not previously known to treatment services. These clients who are committing crime whilst under the influence of drugs and not engaging with treatment services should be quickly addressed, as these people would appear to be 'slipping through the net'.
- Partner will need to continue to support the Integrated Offender Management (IOM) unit (the fully co-located approach with Police, Probation, the Prison Service, Health (a CPN) and substance misuse treatment providers (clinical / psychosocial and recovery support interventions all being based together) alongside other partners giving support such as Jobcentre Plus. However, the transition from the Probation Trust to the new Community Rehabilitation Company (which will be responsible for IOM) will need to be managed carefully (in terms of partnership working and the transfer of cases as IOM manages a range of prolific and priority offenders, drug misusing offenders, those offenders subject to Alcohol Treatment Requirements; problematic offenders not subject to any form of statutory supervision by the Probation Service; and currently prolific shop lifters identified by the shopwatch

scheme).

- Meeting the health and accommodation needs of offenders and those with complex needs (especially the toxic trio of domestic violence, mental health and substance misuse) and the gap around no specific accommodation for women offenders. The main issues with respect to offenders in terms of health and wellbeing are that offenders have high levels of mental health needs; substance misuse is an issue; they tend not to easily access mainstream services and therefore disproportionately use A&E; they are often the frequent flyers in terms of alcohol admissions to hospitals; a high proportion binge drink; the majority smoke; as a group they suffer high levels of deprivation which leads to the associated health needs; and a high proportion of offenders are also perpetrators of domestic abuse.

Recommendations for Commissioning

The Safer Sunderland PSIA identified the following recommendations for 2014/15 – the majority of which have cross-overs with health and wellbeing. Some of these will require local action and some will joint working at a cross-boundary or regional level

Local

- Given the projected short /medium term increases in violence against the person; theft from a motor vehicle (TFMV); and burglary, together with the longer term projection around TFMV – IOM should review this to ensure it is prioritising the right offenders committing these types of crimes. The IOM approach will continue to require the input of health partners to address pathways out of reoffending such as substance misuse and mental health as well as other social determinants of health such as education, training and employment.
- Continue to support the Integrated Offender Management unit to address rates of re-offending among prolific offenders, especially during the transition phase with the Community Rehabilitation Companies coming into existence from 1st April 2014. It is also important that police and probation resources continue to be utilised to bridge the gap between prisoners and the community, particularly for non-statutory offenders; and continue to work with commissioners to ensure a significant focus of IOM is on non-statutory cases and the 9 pathways out of offending.
- Given the projected short /medium term increases in violence against the person; theft from a motor vehicle (TFMV); and burglary, together with the longer term projection around TFMV – IOM should review this to ensure it is prioritising the right offenders committing these types of crimes. The IOM approach will continue to require the input of health partners to address pathways out of reoffending such as substance misuse and mental health as well as other social determinants of health such as education, training and employment.
- Consider how key interventions currently funded using the Community Safety Fund can be continued (e.g. work to support high risk DV victims through the IDVA service; high risk ASB victims through the ASB worker; and the home security and sanctuary scheme)
- Methods of further maximising the pathways out of treatment should be sought in the

coming year as the transition from a system based on retention to one based on successful throughput is made. This is particularly true of those clients receiving prescribing based modalities. This should be further supported by assertive outreach and all teams should look to improve their strategies to ensure planned discharge rates (without re-presentation) are improved in the coming year. It is important that those exiting treatment do so in a planned and managed manner to ensure that the gains made during treatment are not disrupted during this transition.

- With a large data gap around the crime related TOPs questions, measures need to be put in place to encourage the key workers to tease out the information from the individuals who are being asked these questions and to appropriately record the responses. It is worth noting that this problem is not unique to Sunderland and that the majority of areas nationally experience the same issues.
- Build on the very recent improvements on the quality and use of alcohol-related assault data from A&E to provide a more informed picture of the nature and location of alcohol-related violence.
- There is potential for recommendations to come out of the current scrutiny review of alcohol control and licensing which the SSP may be asked to deliver on.
- Maximise the role of public health as a responsible authority in helping tackle the availability of alcohol, through the alcohol licensing agenda. Also, continue to work with public health and Balance around the availability, accessibility and affordability of alcohol
- Further progress the social norms work with parents and young people around alcohol misuse. Also, consider working with one of the healthy schools champions on a new 'I have the right' topic around alcohol advertising aimed at young people
- Identify how BID resources might best be prioritised to provide additional resources to improve community safety in the night time economy. Consideration could be given to:
 - Setting up an alcohol behaviour change course for those arrested for drunk and disorderly, as an alternative to a FPN (this has been shown to have a positive impact where set up elsewhere)
 - Ensuring continued support for the Street Pastor scheme which generates value for money
 - Developing capacity to consider re-introducing the Best Bar None scheme?
- Formally commission the Mobile Treatment Unit which saves more than it costs to run and is reducing pressures on emergency services in the night time economy. The evaluation of the pilot is showing that 233 ambulance call outs and 177 A&E attendances were prevented between June 2012-June 2013 with net savings of over £14,500.
- Respond to the recommendations in the Domestic Homicide Review (e.g. domestic abuse training needs) and oversee delivery of actions in the DHR action plan
- Deliver the recommendations on domestic violence from the DV health needs assessment (which are attributed to The Adults Partnership, the Safer Sunderland

Partnership, The Children's Trust, the Director of Public Health, Commissioners and Providers (see section 9 for the list of recommendations).

- Refresh the local VAWG action plan against both the national and regional VAWG strategies and ensuring local implementation of relevant priorities and actions
- Develop guidance for to parents on cyber-crime in an easy understood language and raise awareness of when/how cyber-crime should be brought to the attention of the police.
- Support NTW, Northumbria Police and Sunderland YOS around implementing the adult liaison and diversion scheme (one of 10 national pilots around mental health staff based in police stations and expanding on the already successful youth liaise and diversion pathfinder)
- Sharing key findings at the area level with the People and Place Boards to identify where added value can be brought to tackling some of the more locally-specific issues
- Identifying and filling any key intelligence gaps from the PSIA

Regional

Support delivery around a number of regional approaches to improving community safety (that link to health and wellbeing) which are currently underway and will need to be delivered during 2014/15:

- Gateshead council, on behalf of ANEC, is leading on a piece of work to develop a regional approach to conducting Domestic Violence Homicides. A time limited group of key officers with the relevant skills and/or expertise will need to be identified to progress this
- Support BALANCE in its focus next year on tackling the availability of alcohol. The SSP and HWBB will both need to continue to support this work.
- NOMS and ANEC are working with the prisons and local authorities to implement the recommendations from the regional review of reducing re-offending. Within the 19 recommendations, the following are specifically for local authority commissioners:
 - Commissioners should give attention to pathways for alcohol treatment and recovery and to the 'recovery to recovery' pathway, to ensure those who have recovered in prison have a clear pathway into community-based recovery and mutual aid. Criminal justice data could usefully inform JSNAs in this area.
 - Commissioners of drug and alcohol services should consider the evidence around the role of the family in an offender's recovery and how a 'whole family' approach could support their commissioning outcomes
 - Commissioners should consider local evidence relating to the shortage of appropriate accommodation for women offenders in their area, including the current housing outcomes for women offenders with complex needs who present as homeless, to inform future service provision

1 and 2. Who is at risk and why and the level of need in the population

Assessment of Problems and Challenges

This section should be read in conjunction with the JSNA substance misuse profile as alcohol and drugs are significant cross-cutting issues. The information below are key issues identified in the PSIA that have a health and wellbeing focus and this is structured around (i) offenders (including alcohol and drugs as cross-cutting issues) (ii) victims and vulnerable people and (iii) locations

Offenders

- The most significant group is now the 25-29 year age group, previously the most significant had been those aged 15-19 years.
- Up to June 2013, 100% of those offenders on IOM had alcohol as a significant risk factor. 80% of the city's Prolific and Other Priority Offenders (PPOs) had drug and alcohol issues.
- A good proportion of those within IOM have mental health problems. Substance misuse coupled with mental health issues present makes the client's offending behaviour much worse. In terms of helping address this, a CPN is now based within IOM.
- The main issues with respect to offenders health are:
 - Offenders have high levels of mental health needs
 - Substance misuse is an issue
 - They tend not to easily access mainstream services and therefore disproportionately use A&E
 - They are often the frequent flyers in terms of alcohol admissions to hospitals
 - The majority smoke
 - As a group they suffer high levels of deprivation which leads to the associated health problems
- Lack of suitable accommodation (and supported accommodation) is an on-going problem. This is often because some offenders can be particularly difficult to place. There's also no provision specifically for women
- The recent transitions research will now help ensure that the intensive work done by the YOT with those young offenders causing the most serious problems (called Deter Young Offenders) is continued and not lost once they reach adulthood. Any eligible Deter Young Offender will now be discussed at the PPO nominations meeting 6 months before their 18th birthday to ensure transition arrangements are in place with Probation and other adult services. They'll also decide if the DYOs are suitable for being put under the management of IOM.
- Following the re-commissioning of services for Structured Day Care (SDC) no provision has been made for constructive activities. This can give the client a structured timetable away from a normal chaotic lifestyle, builds skills and can distance a drug user from potential suppliers
- Almost 3 out of 10 of the IOM cohort were users of Heroin; this is a rise from just over 2 out of 10 the previous year.
- Probation risk factor data shows that in 40% of cases the offender is a perpetrator of

domestic violence/partner abuse. In 42% of assessments the offender admitted that there was evidence that they binge drink.

- Sunderland IOM data shows 76% of offenders were classed as having high or very high risk of re-offending. The most common offences they are committing are theft and handling, violence and burglary, the same as the previous year. These are those crime types that either make up a large proportion of recorded crime locally, or crime types that are increasing this year.

Alcohol as a cross cutting issue for crime and community safety

- Sunderland's ranking for alcohol related violence offences has improved in recent years, which is likely to be as a result of best practice interventions in the city centre (e.g. Operation Barracuda, Street Pastors, taxi marshalls etc) and the high levels of investment into alcohol treatment to address needs for all drinkers. However, Sunderland's alcohol related health measures remain worse than national levels.
- Sunderland's alcohol treatment exits and unplanned exits last year were better than the national average but its alcohol re-presentation to structured treatment rate were slightly worse than the national average. We are also worse than average for alcohol-specific and alcohol-attributable hospital admissions.
- A&E data on alcohol related presentations shows a 20% increase in the last year, with around 20 presentations a day, with a shift in the peak age for females which is now 41-45 years old but previously 16-20 year old females
- Up until the end of June this year, almost a quarter of the people in alcohol treatment stated they had a housing problem (up from 17% the year before)
- The majority of people being treated by the Mobile Treatment Unit were under the influence of alcohol or drugs and the majority were young people and young adults. Nearly 6% of all those treated were under 18 (25 young people)
- In Sunderland, only a third of alcohol-related assaults (presenting at A&E) were reported to the police... and whilst the A&E data has improved significantly, there is still more work to do to improve the quality and completeness of the data (on things such as the location of the assault) so that we can overlay the data with police recorded crime to better understand hotspots and better target resources.
- The prevalence of alcohol abuse problems amongst men with histories of intimate partner violence is high. This has potential to increase further due to effects of the current recession, linked to an increase in drug or alcohol misuse and financial and/or emotional pressure on relationships.
- Young people's perceptions tend to be that it's acceptable to drink significantly more alcohol than the recommended daily guidelines and their attitudes to drinking is that it's typical/normal behaviour.
- Parents are condoning the use of alcohol. More parents in Sunderland allow their children

drink alcohol compared to national figures. National research has indicated that school pupils are more likely to drink regularly if their parents don't disapprove of them drinking (80% of pupils who said their parents would disapprove, have never drunk alcohol). Young people who see their parents drinking on a regular occurrence more likely to drink themselves.

- Balance's research found 96% of 13 years old were aware of alcohol advertising. There is also a clear link between alcohol related problems and the cheap cost of alcohol. When it comes to alcohol advertising, the UK is amongst the most relaxed in Europe in terms of regulation

Drugs as a cross cutting issue for crime and community safety

- Offenders who use heroin, cocaine or crack cocaine are estimated to commit between a third and a half of all acquisitive crime.
- Whilst there's been a reduction in class A drugs in Sunderland, there has been an increase in the use of other drug types such as buprenorphine and benzodiazepines, including synthetic (legal) highs. The use of synthetic highs is of concern at both a local and regional level. During the past 18 months, officers in the city have investigated 23 different cases of problems caused by those taking the over-the-counter tablets and powders. They remain difficult to police and have additional health risks. More intelligence is required on the use of them and how their supply routes into the city.
- Last year, 36% of the 130 referrals into drug treatment via the DIP system were already in contact with structured treatment at time of referral – this indicates a core population of clients who are constantly committing crime and being referred into the system.
- Sunderland has more DIP clients in treatment compared to the national averages.
- In the first 6 months of this year, 48% of all newly referred clients into DIP were not triaged *and* not previously known to treatment services compared to 26% nationally. These clients are committing crime whilst under the influence of drugs and *not* engaging with treatment services should be quickly addressed, as these people would appear to be '*slipping through the net*'.
- The re-presentation rate to treatment for DIP clients to September 2013/14 is 7% for opiates compared to 23% nationally. This means that whilst those clients leaving treatment successfully from the DIP programme don't tend to return to treatment in the short term, the actual volume of them that are leaving is low (compared to the national picture) i.e. those who leave in a planned way do well, but they are small in number.
- The proportion of the treatment population referred via the criminal justice system is 31% for drugs and 17% for alcohol (as of June 2013).
- In terms of Sunderland's adult drug user profile (for all drug users):
 - With the exception of the decrease in numbers accessing treatment and a slight change in age peaks (with drug users ageing in treatment or entering treatment later), there has been no significant change to the adult drug user profile over the last 3 years.
 - 22% of those starting new drug treatment journeys during 2012/13 lived with children and this is a 4% increase since the year before and an indication that the whole family approach

- needs to be firmly embedded throughout the substance misuse treatment system.
- A quarter of people in structured treatment have dual diagnosis of mental health and substance misuse issues.
- Almost a fifth of clients have accommodation needs / housing problem. Substance misusers have a complexity of needs and the treatment system needs to be adequately resourced in order to provide a care coordinated approach for all in need.
- There's a growing client base of Opiate and/or Crack Users (OCUs) over the last 3 years (from 48% to 67% in the last 3 years) and cocaine and other opiates use in Sunderland is higher than national and regional averages
- Drug use combined with alcohol tends to be the norm rather than the exception. Mixing cocaine with alcohol can impact on violent crime
- The average length of time in the treatment system for criminal justice clients is: 3.1 years for drugs and 0.5 years for alcohol. Sunderland has around 41% of opiate clients in treatment for 4 years or more and whilst this is in line with national figures, research has shown that the most effective time to successfully treat clients is within 3 years and under.
- Our performance around treatment is measured through the Treatment Outcomes Profiles (called TOP) and we're performing well in many areas – for example, 62% of the clients who were using opiates at the start of treatment no longer reported using opiates by the time they'd had their six month review (better than the expected range of between 41-60%) – however, we are performing below the expected range for cocaine and alcohol. Housing needs at exit could show some cause for concern with ten people leaving treatment with a housing problem (rolling year to Q2 2013/14).
- A main area of improvement in TOPs needed is the responses to crime related questions over 90% of the crime related questions in TOPs are unanswered or are negative responses (these are to questions relating to: Shoplifting, Drug Selling, Other Theft, and Assault and experience suggests it is very unlikely that the substance misuse clients have such a low involvement in these types of crimes).
- A national cost benefit analysis on specialist drug and alcohol services for young people found lower levels of drug and alcohol-related crime in the short term and a lower likelihood (and cost) of young people developing substance misuse problems as adults in the long term, alongside improved educational attainment and labour market outcomes. For every £1 spent on young people's treatment services, there is a return of up to almost £2 over a two-year period and up to £8 over the long term.
- Alcohol continues to be the main problematic substance of use for all young people entering treatment (67%) followed by cannabis (29%).
- In the 2012/13 there was a significant drop in referrals to YDAP but 2011/12 figures were artificially high following early intervention and brief intervention work in schools. The decrease in 2012/13 is mainly due to a reduction in referrals from Education. In 2012/13 there was also a drop in YOS referrals

Victims / Vulnerable Groups

- We found very little change in victim profiles, with some types of violent crime continuing to be gender based and young people still being at highest risk of violent crime.
- Those living in Millfield still have two and a half times the risk of being a victim of crime than the city average and those in Hendon have 1.6 times the average risk (affected by no. of business premises)
- Despite a reduction in police recorded racially and religiously aggravated crime during 2012/13, there's been an increase in the first 5 months of this year which coincided with the murder of Lee Rigby in Woolwich. Since April, the number of racial incidents that involved alcohol has increased.
- There were 325 hate incidents recorded by ARCH in the 12 months between August 12–J 13. The majority of hate incidents reported to ARCH were racist and 58% of reports came from the police and 21% from schools – and the increases this year have been primarily due to increased reporting from schools following the ARCH roll-out training. The highest number of incidents were in the East area and the protests against the proposed mosque in Millfield has contributed to the rises. There has been a drop in repeat victimisation in the ARCH hate crime reports
- The majority of incidents (61%) still involved verbal abuse and threatening behaviour (29%). Offensive language, criminal damage and physical attacks were between 15-10%.
- There is still more scope for people to help keep their property safe and secure. A significant proportion of MO for entry for burglary dwellings are from insecure windows and doors, however the majority are forced entry. The impact of burglary on a victim's mental and physical health and well-being and feelings of safety can be significant.
- For Theft, there is a significant level of theft relating to food / "foodstuff", most significantly meat. This is backed up by anecdotal evidence of an increase in shoplifted items being foodstuffs. Analysis will be needed to see if these are first time offenders.
- For high risk ASB victims, over half of those supported by the ASB victim support worker experienced the ASB on a daily basis. Some issues stand out in the high risk victim profile for the ASB – a greater proportion were female, from the West and North of the city and were also more likely to have mental health issues. The ASB team has seen a rise in the number of high risk cases but this is due to them taking on the noise complaints function, but we know that noise complaints can have a snowball effect which can escalate to intimidation and harassment which only contributes towards a victim's vulnerability.
- Domestic violence incidents reported to Northumbria Police show a third of domestic violence victims are repeat victims accounting for 63% of all domestic violence incidents. The Crime Survey for England and Wales in 2011/12 found very similar repeat victimisation levels nationally and was the lowest rate they'd recorded. Sunderland only has half of the required Independent Domestic Violence Advisors according to the level of high risk victims and there are gaps in referrals and care pathways from health settings (evidenced for example in the very low referrals to MARAC).

- In 2012/13, Gentoo's victim support service opened 71 new cases, of which 40% were domestic abuse. A quarter of new cases were nuisance neighbours (noise) and over a fifth were harassment. There is some local innovative practice in helping to identify DV cases that may otherwise go unreported, including Gentoo's 'Cause for Concern' where front line and maintenance staff trained to recognise specific repairs which may indicate DV occurring in the household.
- A domestic violence health needed assessment was undertaken in 2012/13. Key recommendations are included within this JSNA profile. The profile estimated that between 11,600 and 15,600 people living in Sunderland experienced domestic violence in the last year. This, together with only 2,500 contacts with specialist services last year indicates agencies appear to reach only a small proportion of the total need in the city.
- Most reported DV cases in Sunderland involved younger, heterosexual, female victims from a white background. Reported DV to the police last year found just over one in ten DV incidents occurred in same sex relationships. Minority groups (e.g. LGBT, BME) did report experiencing domestic violence, but to a lesser extent than expected, indicating potential inequality in awareness of or access to support.
- The needs assessment found poor awareness of services and referral routes by professionals as well as victims and the public. There is a perceived need for more preventative work, both with young people and in the broader community and greater efforts to change social attitudes.
- DV is a citywide issue but the highest proportions of victims are the North; West and Washington. There are strong correlations between rate of reported DV incidents and deprivation but conflicting opinion as to whether DV is equally common but less reported by more affluent women.
- WWIN took 1,267 referrals for its outreach service in the 12 months to September 2013 of which 5 were male victims. Of these, 47% were new referrals (not known to WWIN in the previous 12 months) and these cases involved 572 children.
- Exposure to DV in childhood has been associated with an increased risk of involvement in violence in later life with evidence that this can increase the risk of both suffering and perpetrating DV as adults, as well as increased risk of involvement in youth violence. (Department of Health, 2012)
- Domestic violence was a factor in around a third of all referrals to Children's Services in Sunderland, and in almost half of all families becoming subject to a child protection plan. Exposure to domestic violence can have significant negative impacts on the health and wellbeing of children, as well as on educational attainment and future risk taking behaviour. There is an inherent link between DV and safeguarding children, with potential for children to experience both physical abuse and emotional harm, as well as neglect. (Department for Children, Schools and Families, 2010) A 2009 report stated that, of the 11 million children in England, there were 200,000 living in households where there was a known high risk case of DV. (Lord Laming, 2009)
- The proportion of Child Protection Plans where one of the "Toxic Trio" of Domestic Violence, Substance Misuse and Parental Mental Health had been issues within the

family was 87.7% in 2012/13 – with increased levels since 2010/11.

- o Domestic Violence was the most prevalent at 70% of families
- o Substance Misuse was a concern in 66% of families
- o Parental Mental Health was a concern in 57%
- o 31% of families had all three of the "Toxic Trio" in 2012/13, compared to 21% in 2011/12.

- National media attention has focused on a number of high profile cases of vulnerable people and child sexual exploitation. There has been a rise in reported sexual assaults, which is likely to be as a result of increased confidence to report historical cases following media coverage of some high profile cases nationally.
- Sexual offences with child victims appear low with no identified trends. Where it does occur the main method of sexual grooming of children is often initiated through computer contact. However, there are similarities between the online grooming process and the initial process of building online relationships and this means that some victimisation is going unnoticed.
- The low levels of prostitution intelligence suggest that sex work is not a large scale problem within Sunderland – but a caveat is that this is most likely to apply to street prostitution. Recent research in Tyne and Wear on the lives of sex workers identified particularly high rates of domestic violence, as well as mental health problems and ‘chaotic lifestyles’ which highlights the potential for the accumulation of risk factors in vulnerable groups.
- There is insufficient local information or detail available to us to accurately say anything around the true level of cyber-crime in Sunderland. Anecdotally, there are increases in young people ‘sexting’, which often happens when they are under the influence of alcohol. Access to the Internet using a mobile phone has more than doubled between 2010 and 2013 and in 2013 and mobile phone ownership by young people continues to increase. A ChildLine poll reported in the Daily Mail in October 2013 found more than half of teenagers have sent explicit images of themselves via their mobile phones, many of them sending the images to strangers or on social networking sites. The police strategic assessment consultation identified that parents/guardians have concerns over cyber-bullying and child sex grooming. Many are not IT literate and do not know how to advise their children of ways to remain safe online. Today, most bullying and stalking now includes a ‘cyber’ or technology aspect. More than one million young people are subjected to extreme online bullying every day in Britain. Northumbria Police have recorded an increase in incidents where Facebook.
- Residents’ perceptions of community safety and feelings of safety have remained very stable since 2012/13 and Sunderland is in line with the force average on almost every measure. 96% of residents still say they feel safe living in their local area and 71% think the police and council are dealing with the crime and ASB issues that matter locally.
- Of the residents surveyed across Sunderland in the first half of this year, 33% identified at least one problem in their neighbourhood but only 15% felt it was a big problem that was not being tackled effectively (service recovery was carried out on these). Sunderland residents are still mostly prioritising quality of life issues rather than crimes - and “Young people being rowdy or a nuisance’, broken down by alcohol-related and non-alcohol-related, remains the top priority across all the local authority areas in Northumbria.

- Contrary to popular belief, older residents had better perceptions of community safety and feelings of safety than those aged 16-54. The BME population is significantly more likely to think that their local area has got better as a place to live in the last 12 months compared to the white British population
- Feelings of safety on public transport at night have improved in 2012/13.

Locations

- The highest number of offenders on Sunderland IOM last year (April-March 2012/13) were
 - Hendon (East)
 - Southwick (North) (was ranked 3rd last year)
 - and Washington North (which wasn't in the top 3 last year) and could be the impact of problems in Sulgrave
- Offender location data shows a significant change in Millfield. Last year it was ranked the highest for those arrested and charged (not necessarily convicted) but has now dropped to
- Hendon remains high for both crime rates and offender locations, with an index score more than 3 times the city average and similar to the previous year
- There were increased levels of reported VAP which coincided with the last police DV campaign (end of November 2012 to February 2013) and the biggest contributors to the rise were DV offences and alcohol related offences (non DV offences fell). The East, West and Coalfields are the areas that have seen the biggest increases in (accounting for nearly 89% of the rises in VAP), mainly due to increases in domestic violence VAP and alcohol-related VAP
- Whilst the city centre still has the biggest proportion of violent crime in Sunderland, it's remained relatively stable so far this year
- As in previous years, the wards with the highest levels of ASB, were those that covered the centre (Millfield, Hendon and St Michaels) but are seeing significant reductions over the last year. Youth related anti-social behaviour fell last year and has continued to fall in 2013/14. Alcohol related incidents fell last year with excellent reductions so far this year. Where they occur, they are concentrated in the city centre where there is the highest number of licensed premises.
- The Neighbourhood Management (NHM) pilot began in October 2013 in Sulgrave and Concord area continued to be a problem area within Washington North to address a number of root causes to problems around the management of landlords and tenancies; the high proportion of high crime causers and their associates in the area; and the high levels of domestic violence victims (35% of Washington's DV victims reside there).
- Empty properties can attract crime and anti-social behaviour. 10% of all long term empty properties were in Hendon ward. The wards with the highest percentage of their private sector stock empty were Hendon (5.7% of private sector stock empty, Millfield and Southwick. There is potential for an increase in empty properties and the deterioration of the physical environment if landlords see their income reduced as a result of benefit changes and increasing rent arrears. The condition of owner-occupied and other

housing stock could also decline as less income is available for maintenance and repairs. Any increase in empty or poorly maintained properties would have clear implications for residents' feelings of safety linked to their sense of place and how 'cared for' the local environment looks.

- Hendon Ward is responsible for 11% of the District total. Hotspots for deliberate fires are around the city centre and neighbouring wards and in the North around Southwick and Redhill. Deliberate fires remain a major issue and Sunderland has the most deliberate fires reported than all the other Metropolitan Authorities in the country. Anecdotal evidence suggests that aspects of poverty are starting to emerge in particular fuel poverty. There have been some reports of people attempting to heat their home with barbeques indoors in an attempt to keep warm.
- For Health and community safety, there is an increasing acknowledgement that crime and poor health are focused in the same geographical areas. High levels of deprivation, poverty and poor health correspond with community safety concerns. Poor health and high levels of crime can be both a cause and a consequence of social exclusion.
- In terms of demographics, the number of older people in our population is increasing. The safer communities survey analysis has shown that those aged 55+ tend to have better feelings of safety and perceive less community safety problems in their local area than younger adults. The highest population bracket is 20-24 age group - young adults make up the majority of victims of serious acquisitive crime and violent crimes. Offenders engaging in criminal behaviour are likely to be in the 20-24 age range. They are also likely to be hardest hit in terms of education, employment and training opportunities.
- The overall financial loss to the city economy as a result of the different welfare reforms is expected to be £112 million in 2014-2015. There is a disproportionate impact of public spending cuts on the North East. We know that at least 17% of all households in Sunderland are in receipt of more than one benefit, and the combined loss in income for these households alongside the rapidly rising cost of living could have a real impact on their quality of life and their ability to make-ends-meet. Young people are being hit hardest by spending cuts, with 16-24 year-olds facing cuts to services worth 28% of their annual household income, compared with 10% of the income of those aged 55-74
- Sunderland had been maintaining good reductions in volume crime, however, the year-to-date figures in 2013/14 are showing rises in criminal activity (especially violent crime and acquisitive crime such as burglary, other theft, theft from a motor vehicle). The PCC reported that there is growing evidence to suggest the increases in recorded crime across the whole force area are as a result of the impact of poverty and welfare reforms with increases in shoplifting for food and household products and added that the police have anecdotal evidence to suggest that many low-level crimes were linked to people who previously had greater support from the benefits system finding themselves in financial difficulty and some people are stealing what they used to be able to pay for.
- There is increasing risk of homelessness, rent arrears and a potential rise in Houses of Multiple Occupation (HMFOs) as a result of reductions some people's housing benefit due to under-occupancy rules. It is likely that a significant number of individuals and families will have to move as they will no longer be able to afford the accommodation

they currently occupy. People under 35 years of age in particular will be pushed into shared accommodation. The city is already seeing an increase in rent arrears, leaving a risk of an increase in evictions and consequently homelessness – which could be compounded when Universal Credit kicks in when many benefit claimants will for the first time be directly responsible for paying their own rents.

- There's a threat of increasing debt and reliance on loan sharks. Households could increasingly be forced to rely on credit to make-ends-meet, and could be driven towards high-cost lenders and loan sharks. A recent report to ANEC found that there's been an increase in 'pay-day loans' and incidences of illegal money lending, some linked to organised crime. Charity dependency is becoming more prominent, with a growth in the number of food banks
- There's a potential decline in health and wellbeing as extreme financial stress is associated with a number of social problems including higher rates of relationship breakdown, feelings of stress, anxiety and depression which can also lead to substance misuse and self-harm. This could also lead to increases in DV

3) Current services in relation to need

The information below captures some of the added value activity that the Safer Sunderland Partnership is supporting which has a positive impact on the health and wellbeing of people in Sunderland, including those who are most at risk / vulnerable to crime and disorder (either as victims or offenders).

Integrated Offender Management

- Integrated Offender Management (IOM) is an overarching framework that allows partner agencies to come together to ensure that the offenders whose crimes cause most damage and harm locally are managed in a co-ordinated way with the aim of reducing re-offending. The multi-agency problem-solving approach adopted focuses on offenders (not offences) and their pathways out of offending such as mental health and substance misuse. Targeting/nominations meetings take place monthly between the police and IOM manager to identify targets and nominations and share intelligence and proactively target those high crime causers at risk of re-offending. Strong links exist between criminal justice partners and substance misuse treatment providers through the IOM and the recommissioned treatment system. A CPN is also co-located within IOM.
- Prison and probation staffs also work with the non-statutory cases under IOM to help resolve this issue of the revolving door of short-term prisoners (i.e. those on sentences of less than 12 months who have no statutory supervision requirements on release). A prison officer is co-located within the IOM unit which has helped to bridge the gap between prisons and the community.
- IOM worked with 196 problem offenders and their offending had reduced by 56% (based on 24 months of data to Aug 2011). IOM has also worked with a cohort of 24 non-statutory offenders. 6 months prior to their engagement in IOM they had 121 positive arrests and 117 convictions. From March-Sept 2012, 8 of the 24 offenders who had been worked with for 0-1 months saw a 96% fall in their arrests and convictions; 7 of the 24 had been worked with for 2-4 months had an 80% drop and 9 of the 24 who had been worked with for 5+ months saw a 76% fall in their arrests and convictions. Longer term data is needed but early results are encouraging.

- It is important that police and probation resources continue to be utilised to bridge the gap between prisoners and the community, particularly for non-statutory offenders; and continue to work with commissioners to ensure a significant focus of IOM is on non-statutory cases and the pathways out of offending.

Youth Offending Service

- Sunderland Youth Offending Service (YOS) is a multi-agency service comprising of the four statutory agencies of Police, Probation, Health and the Local Authority. The service works in partnership with other key agencies such as the area courts and specialist service providers including child mental health, substance misuse, accommodation, etc.
- The principal aim of the service is to prevent offending and re-offending by children and young people. In doing so, the service works in partnership to deliver both statutory and non-statutory services to: young people aged 10-17 who, because of potential or actual offending have become involved in the criminal justice system; children and young people identified as at risk of offending; families of children and young people offending or at risk of offending; and victims of young people who have offended. It does this by delivering its youth justice plan.
- The YOS delivers the Family Intervention Project (FIP) which has expanded, with the support of additional resources from the Strengthening Families Strategic Board (Family Focus) to deliver the intensive offer to families within the city on behalf of partners. Cost benefit analysis demonstrates that £211,967.99 has been saved by for the local authority by FIP between April and December 2012 by keeping young people out of care and getting them back into school; reducing families' anti-social behaviour and offending and getting them closer to the job market.
- The YOS's Restorative Justice (RJ) Team continues to deliver an award winning RJ service enabling young people to face the consequences of their offending and payback to their individual victims and wider community. Over 90% of victims were satisfied with the service they received and exceeded the target for 2012/13 to increase direct RJ opportunities between young people and their victims. The ongoing success of the RJ approach in the service is being developed into a traded business model, thereby offering local partners and organisations the opportunity to deliver RJ and victim best practice.

Liaison and Diversion Scheme

- As one of 15 national Liaison and Diversion pathfinders, Sunderland YOS has established a formal process of undertaking early assessment of children and young people on the edge of the criminal justice system with a specific focus in considering physical and mental health problems including speech, language, communication, learning disability, emotional and mental health) and a range of other related difficulties such as school, family and wider health issues (substance misuse).
- Between May and November 2012, 393 young people were eligible for assessment through the pathfinder project and of those 106 accepted the interventions offered with referrals being made across partnership and specialist services including ETE/Connexions, Parenting/Family Intervention Project, Offending Behaviour, Wear Kids and Safeguarding.
- As a result of the pathfinder work, there is now a strengthened partnership with the new South of Tyne Children and Young People's Service for Mental Health (CYPS) and a strengthening of the role of the public health nurse within the YOS ensuring children's health needs are assessed early. There has been the establishment of

links with the forthcoming Adult Diversion pilot in Sunderland in order that service developments can be shared and effective transition plans agreed for young people on the cusp of 18.

- In January 2014, Sunderland was successful in a joint bid by Sunderland YOS and NTW (the latter will hold the funds and act as the strategic lead) to deliver a joint adult/youth liaison model. This comes for us on the back of the already successful Liaison and Diversion pathfinder for young people. This new initiative supports integration with the adult agenda and brings a significant amount of resource into the city to deliver jointly and embeds the good practice achieved to date in relation to assessing the needs of those coming into the criminal justice system at the earliest stage. The initiative involves mental health nurses being based in police stations.

Transitions Work (young offenders)

- A YOS worker is attached to IOM (Integrated Offender Management) to develop the transitions between youth and adult offenders. The recent transitions research identified that eligible Deter Young Offenders (DYOs) will now be discussed at the PPO nominations meeting 6 months before their 18th birthday to ensure transition are in place with Probation and other adult services. They'll also decide if the DYOs are suitable for being put under the management of IOM. This will help ensure that the intensive work done with them while under the YOS is continued and not lost once they reach adulthood.

Adult Substance Misuse Treatment Service

- The adult drug and alcohol treatment system was re-designed and re-commissioned and the new service began operating on 1st August 2013 as follows:
 - Recovery Pathway – Turning Point Services Ltd.
 - Clinical Interventions – Counted4 CIC
 - Specialist Harm Reduction – Lifeline Project Ltd.
 - Psychosocial Interventions – Lifeline Project Ltd.
- There is a strong focus on outcomes around recovery and reducing re-offending. Care Navigation meetings are held weekly with representation from all provider agencies as well as probation, prison service, YOS and housing. This is also helping to ensure that new entrants to the system are managed effectively during the transition phase to the new treatment service and that existing clients are systematically reviewed. The meetings focus on the top 30 heavy service users from the hospital team and the 30 top high crime causing offenders. Two care navigators ensure that each client's multi agency care plan is actioned appropriately by treatment providers. A self-assessment tool has been developed for providers to track individuals through treatment, showing the interventions offered, the levels of engagement in treatment and waiting times. This has led to further developments to ensure that service users are engaged into treatment.
- There are strong links exist between criminal justice partners and substance misuse treatment providers who continue to operate within the IOM facility at Bridge House to provide interventions for drug and alcohol using offenders that are subject to statutory orders or non-statutory arrangements (e.g. the Drug Interventions Programme). The services are operating a single information system to help enable coordination of delivery.

Young people's substance misuse treatment (Youth Drug and Alcohol Project – YDAP)

- The Youth Drug and Alcohol Project service provides Tier 2 and 3 (targeted and specialist) substance misuse interventions to young people referred from the YOS. These include psycho-social and family work as well as drugs-testing and prescribing services if necessary. They directly input relevant information and records onto YOIS. In addition, YDAP staff provide training and consultation services to YOS staff on drugs and alcohol issues.

Local Multi-Agency Problem Solving (LMAPS) Groups

- LMAPS are partnership meeting every 5 weeks where using a problem solving approach is taken to locally identified persistent crime and disorder problems. The problem solving approach helps to reduce the risk of escalation. Partners use a Risk Assessment Matrix (RAM) to prioritise the most vulnerable and ensure the impact on the victim is fully considered and assessed with support packages being tailored to their need. This looks at vulnerability from the victim's point of view and not just the severity of the crime / incident and so can pick up on issues such as vulnerability due to a physical or mental health difficulty, age, race etc.
- The sharing of information around prolific and priority offenders now takes place with the LMAPS (Local Multi Agency Problem Solving) group to ensure swift action can be taken against offenders who are behaving negatively within the community. Work is on-going to improve the lines of communication between LMAPS and Family Focus work.

Sunderland Street Pastors

- Street Pastors have been operating in Sunderland city centre on weekend nights since July 2010. Their work is wide ranging but they predominantly help people who are either vulnerable, isolated, injured, homeless, drunk, under the influence of drugs, fearful for their own safety / victims of violence/crime or who have emotional needs. In their first 3 years of operation, they have carried out over 18,800 practical interventions (e.g. giving out flipflops and removing broken glass from pavements to reduce foot injuries). Their work very much supports accident prevention and helps safeguard vulnerable people from potential harm.

Mobile Treatment Unit

- Sunderland Mobile Treatment Unit has been operating in the city centre since June 2012. Evaluation shows that it is reducing pressures on the emergency services. The actual net savings for the first year was £14,592. Evaluation forms were provided for 93 shifts but based on an estimated 112 shifts for a year, the annual net savings for future years could be £17,573. These cost benefits have been calculated using the evaluation resulted which identified that the MTU had prevented 233 ambulance call-outs and 177 A&E attendances. This now needs to be formally commissioned.

Taxi Marshalls

- Marshalled taxi ranks help reduce the number of incidents of disorder, alcohol-related violence and queue jumping. There are three fully licensed and trained marshals on duty at the taxi ranks at Park Lane and Green Terrace on Friday and Saturday nights. Users of this scheme have said the taxi marshals make them feel safer.

Pubwatch

- Sunderland Pubwatch scheme helps to ensure licensed premises adhere to their licensing conditions, such as underage sales of alcohol. In 2013, all door staff in

Sunderland received vulnerability training from Northumbria Police around their duty of care to vulnerable people and this is being rolled out nationally via the SIA.

- In the past, Sunderland has supported a “Best Bar None” scheme which helps identify and promote those on-licensed premises who exhibit best practice around responsible licensing. Capacity issues have prevented this scheme from continuing since 2012/13.

Joint Licensing Operations and Test Purchasing

- Northumbria Police and the Council’s Trading Standards and Licensing Department continue to work together on joint operations as part of ‘Operation Barracuda’. Based on intelligence, they make additional visits to licensed premises to ensure they were adhering to their licensing conditions. This includes enforcing conditions around underage sales of alcohol at on and off licenses. Since the public health function transferred from the PCT to the local authority, the role of public health in supporting the police and trading standards around licensing is being scoped out.
- Test purchase operations continue whereby Trading Standards Officers test compliance with the Licensing Act by sending child volunteers into off licenses to attempt test purchases of alcohol.

Cardiff data

- Sunderland Royal Hospital’s A&E department has significantly improved the quality and completeness of the alcohol-related assaults data it collects. In Sunderland, only a third of alcohol-related assaults (presenting at A&E) were reported to the police. When A&E data (Cardiff model) is combined with recorded police data it can help identify particular locations where violence is concentrated as well as peak periods. Work is now on-going to progress the practical application of the data which will support public health colleagues and any licencing reviews, and which can be shared with the police and council licensing teams for their joint-operations (Operation Barracuda).

Carers

- The Carers’ Drug and Alcohol Network supports families across the South of Tyne and Wear who are affected by someone else’s drug or alcohol problem. First Contact Clinical manages a Single Point of Contact (SPOC) number for the services which provides a simple and confidential service for each area, helping to signpost people to the most appropriate local support. Evidence shows that families who access support are healthier, happier and it improves the chances of the person with a drug and/or alcohol problem in their family accessing and successfully engaging in treatment. The support available ranges from informal advice to support groups and 1:1 counselling.

Multi-agency Operations

- The Safer Sunderland Partnership supports a range of multi-agency operations as and when required to address emerging issues. Recent examples include Operation Horizon, Lantern, Educate, Harpoon, Kaiser, Gershwin etc. which have all shown reduced ASB (often alcohol-related) and improved community engagement
- The review of Operation Gryphon has been rolled out across the city to ensure a consistent approach around those young people stopped for underage drinking and to make the home visits more structured so that if a young person is identified as having possible problems, appropriate referrals are now made (e.g. to YDAP).

XL Youth Villages

- The XL youth village model provides positive activities for young people across the city and in areas of greatest need and gives young people alternatives to hanging around on the streets drinking. The social return on investment (SROI) of the XL Youth Villages has shown an SROI of £3.50 for every £1 invested and a 33% fall in reported youth related ASB on the days and times the XL youth village model operated (2010/11 - 2011/12).

Fire safety

- Safetyworks! Sessions have been offered to all year 6 pupils in primary schools across the city which are tailored to be area-specific and help educate young people about anti-social behaviour and accident prevention and the impact it has. It should be noted that the Tyne and Wear Fire Rescue Service (TWFRS) is under resource pressures to be able to continue to support Safetyworks! and this was subject to a public consultation in December 2013.
- Joint working will continue to support the fire service in reducing deliberate ASB fires and the seasonal problems associated with Bonfire Night.
- Joint training has previously been done (in 2012) with substance misuse treatment providers and TWFRS to identify individuals at risk of fire due to their drug and/or alcohol use with the aim of identifying and referring at risk individuals for fire risk assessments. TWFRS have been given information on Turning Point's single point of contact and how to make referrals to them, plus training from Lifeline on signs and symptoms of drug and alcohol use and factors they could look out for in order to refer to treatment. A number of TWFRS officers have also been trained as health champions which includes alcohol brief interventions which they can offer to individuals they meet on home visits if appropriate. Treatment Providers received fire safety awareness training, letting them know what risks to look out for with high risk groups (particularly those who drink / use opiates and smoke, they have been trained in the home risk assessment process and can make referrals to TWFRS for basic and advanced fire safety equipment. This includes smoke detectors, but also fire retardant blankets, new plugs, safer ash trays, replacing chip pans and electric blankets. They have also offered additional equipment such as extra loud ringers and detectors that can be placed under the bed that shake the bed in order to wake somebody who may be in an alcohol / opiate induced slumber and therefore would not hear the normal alarms. However, commissioners may wish for this training to be refreshed in the context of new staff joining the re-commissioned treatment service in 2013.
- The Phoenix Project was established in September 2000 and is a joint initiative between TWFRS, Sunderland YOS and the Youth Justice Board. The scheme aims to provide an intensive five-day work experience course for young people who are known to be offending and those at risk of offending, between the ages of 12 and 18. All the participants volunteer to go on the course, which seeks to foster the benefits of working within a disciplined uniformed team. The Phoenix project evaluation in 2011 demonstrated that it worked in reducing re-offending. The 12 month non-offending rates post-completion of the 3 courses in Sunderland were: (i) 48% did not offend for the 12 months following the basic Phoenix programme (ii) 72% for Phoenix Respect (follow on programme- eligibility where there's been no offending for 3 months); and (iii) 92% Phoenix Advanced (eligibility where there's been no offending for 6 months). This evidenced the value of "staying with" individuals who were responding to the programme, for a longer time. Of those on the Advanced programme in 2011, the offender/non offender split was 60/40

(53/35). 100% of the non-offenders didn't offend in the 12 months following the course, and 87% of the offenders didn't reoffend (Intervention). At a unit cost of £65 , Phoenix would appear to be a cost effective activity, effective in reducing reoffending at low cost per head.

Victim Support ASB Worker

- A Victim Support 'Anti-social Behaviour Worker' is based in the Council's ASB Team and provides support to high risk victims of ASB and hate crime. The officer provided support to 212 victims between Oct 2011 and May 2013. Following a risk assessment, appropriate packages of support are put in place ranging from advocacy and emotional support, through to practical support such as improved home security. At the start of their case, 40% initially felt very worried about being a victim but following the Victim Support service 0% felt very worried and 90% were not worried. Furthermore, 38% initially felt unsafe but following the support, 0% felt unsafe and 93% felt safer, with 100% of victims reporting that they were satisfied with the support they were given

Home Security and Sanctuary Scheme (HSSS)

- Sunderland's Home Security and Sanctuary Scheme (HSSS) provides a specialist, timely, quality home security fixtures and fitting service to improve the safety and feelings of safety of high risk victims of crime, and reduce their risk. This could include lock changes, window alarms and in the most severe cases; a safe room. The scheme complements and enhances other forms of support that SSP partners provide as part of a wider care package for high risk victims and their families.
- Due to budget pressures, this is a much reduced scheme compared to the scheme that operated between 2006/07 to 2011/12 as it now only provides additional security to the homes of high risk domestic violence and ASB victims (as opposed to all victims of burglary).
- The 'sanctuary' element of the scheme applies to high risk and very high risk victims of domestic violence and provides a range of security measures (as determined by a police crime prevention advisor) to help victims and their children stay in their home safely, where they choose to do so. This means that victims can be offered an alternative option to temporary accommodation or a refuge, leading to a reduction in accepted homeless cases, a reduction in temporary accommodation admissions, and families not having to move home on numerous occasions, uprooting them from their community and avoiding all the associated social problems of moving away from family, friends, support networks and finding new schools for their children.
- By having a strong focus on responding to high risk victims of crime and repeat offences, the scheme will automatically concentrate effort on people in greatest need and at greatest risk of victimisation. Having received the service, high risk victims consistently report much enhanced feelings of safety. Between April–Sept 2013, the Partnership's Homes Security and Sanctuary Scheme supported 25 high risk victims with enhanced security, the majority of whom did not feel safe before the service but who do feel safe after receiving support.

Multi-Agency Risk Assessment Conference (MARAC)

- Multi-Agency Risk Assessment Conference (MARAC) draws together the police and partner agencies to provide a victim focused response to those most at risk from domestic abuse. Co-ordinated Action Against Domestic Abuse (CADDAs) DASH risk assessment is now used by all agencies referring to MARAC.

- Between April-December 2013, MARACs were held for 346 high risk domestic violence victims. Safety plans are developed and intervention by the MARAC results in reduced repeat victimisation and risk of harm. The number of repeat MARAC's was 104 or 30%. CADDAs recommendation is that the level of repeats should be within the range of 28% to 40%.

Independent Domestic Violence Advisors

- The Independent Domestic Violence Advisors (IDVA) is currently operated by Wearside Women in Need. Sunderland has 2.5 IDVAs who are trained specialists whose aim is to help improve the safety of domestic abuse victims. They particularly focus on providing a premium service to victims at medium to high risk of harm. Data up to Quarter 3 of 2013-14 identified that 253 high risk victims received IDVA 1-to-1 support (187 current clients plus 66* new referrals). In addition, 60 victims received IDVA service group support (51 current group work clients plus 9* new referrals) (* denotes these figures do not include repeat referrals). Information on the outcomes of those supported once their case is closed is collected (e.g. the number no longer living with the perpetrator at the close of their case or the number of perpetrators convicted). The IDVA also supports victims of domestic violence through any police investigations and subsequent court hearings in relation to the abuse. The IDVA also acts as a 'befriender' as well as having a thorough understanding of public agencies to act as a liaison between the victim, the police and the court, and provide support and advice around a whole host of issues such as health, housing, childcare and benefits.

Sunderland's Specialist Domestic Violence Courts

- Sunderland's Specialist Domestic Violence Court (SDVC) provides a coordinated judicial response to criminal proceedings involving domestic violence incidents. The SDVC, held one morning per week at the Magistrates Court, is specialised multi agency approach to domestic violence cases, with involvement from the police, prosecutor, magistrates, court staff, probation and witness support, who have all undertaken specialised training to deal with domestic violence cases. An IDVA is also appointed to support the victim.
- Members of the SDVC hold bi-monthly multi-agency meetings which identify, track and risk assess domestic violence cases. These meetings are also a way of working with the IDVA to support the victim to ensure that they remain engaged with the criminal justice system throughout the process. This way of working also increases the likelihood of a conviction which will lead to the perpetrator receiving a sentence which will protect the victim and any children and reduce the likelihood of re-offending

Supported Housing around Domestic Violence (e.g. Refuges, outreach support and 24 hour helpline)

- Domestic Violence Refuges provide accommodation and support for women and their children fleeing domestic abuse. In addition to providing supported accommodation, victims will receive tailored support and guidance, on a one-to-one basis, according to individuals recognised needs. There are currently three refuges based across the City, in the Coalfields, Washington and East areas which are run by Wearside Women in Need (WWIN). This accommodation is funded by the Council, through the Housing Related Support Budget, at a cost of £483,620.00 (2012-13 figures).
- WWIN also operate a 24 hour domestic violence helpline (0800 066 5555). This is run

solely by volunteers from WWIN. Victims of domestic violence can use this number to gain support, information and advice about domestic violence and how to get help.

Perpetrator programmes

- Perpetrator programmes continue to run in the city by Probation, WWIN and Impact Family Services (see below). Perpetrators of domestic abuse often have needs surrounding financial, relationship and emotional wellbeing. They are more likely to have substance misuse issues, be at high risk of reconviction and have been victims of domestic abuse themselves.
- Northumbria Probation Service runs two programmes for perpetrators including a group work course and a Solo programme. Perpetrators are subject to a community order by the magistrates which includes mandatory attendance. Sentences under twelve months are not subject to any community supervision or requirements to undertake training and rehabilitation upon release. Whilst perpetrators of domestic violence should be punished for their crime, a community order or suspended sentence is often more appropriate as there is a requirement to undertake the perpetrator's programme which is a commitment of up to 18 months of group-work on a weekly basis.
- WWIN also runs the Head Programme which perpetrators can self-refer to, however capacity is low and waiting lists are long.
- Impact Family Services runs a programme in South Tyneside which accepts Sunderland residents. Perpetrators who are involved with the family courts for contact with their children and there has been domestic violence will be made subject to a Contact Activity Order by the Judge/Magistrate to attend the Perpetrator Programme. The programme runs for 34 weeks in total.
- Impact Family Services also run the Respect Young Person's Programme in both Sunderland and South Tyneside, aimed at addressing adolescent to parent violence and abuse. This is a national pilot currently being undertaken with Respect. This is an early intervention programme for young people aged between 11-14 years old who are showing signs of being violent within the family home. The pilot commenced in February 2013 and will run to September 2015. It is a good opportunity to promote preventative work with young people.
- In addition, Gentoo have two full time Positive Engagement Officers who deal with perpetrators of anti-social behaviour including domestic violence. They also have six dedicated Community Safety Enforcement Officers who will deal with any tenancy enforcement matters arising from a domestic violence incident.

Operation Liberty and Operation Impose

- A multi-agency operation involving Northumbria Police and WWIN has been piloted in Washington (Oct 2013-March 2014) where an outreach worker and a Police 'Protecting Vulnerable People' (PVP) worker attend all police call outs to domestic abuse incidents on weekend nights over a set period of time. In addition, the neighbourhood police teams are now deploying the bodyworn cameras purchased by the Partnership to assist with evidence gathering and supporting victimless prosecutions. Early indications are an increased rate of arrest.

Domestic Violence and Teen Abuse Campaigns

- A variety of DV awareness raising and campaign work continues with previous examples including the 'walking on eggshells' campaign and the 'Only Losers Give Bruises campaign'.
- In 2012/13, a film on teenage relationship abuse and healthy relationships was produced by Farringdon Community Sports College and in 2013/14 a free teaching

resource pack was produced (6 lesson plans and teaching aids for KS3 & 4) and rolled out across Sunderland schools. This will help raise awareness of this issue, the warning signs and where to get help and support. This has been especially timely given the change to the Home Office definition of to include 16-17 year olds. The film and resources are on Northumbria Police's ebeat website. The resources have been widely promoted using local and social media

Training and awareness raising

- E-Learning around domestic violence is available for staff working with vulnerable adults and children to raise awareness of the issues, the referral processes and support available. This is promoted across both of the Safeguarding Boards. Work began in early 2014 to map DV training provision across Sunderland and a DV training service spec is being developed.
- Health Champions are to receive training and awareness raising around domestic abuse and staying safe / crime prevention advice.
- Workshops to raise awareness of Prevent (WRAP training) continues to be delivered to front line staff across the city to improve the understanding of the warning signs around radicalisation and how to refer people to appropriate support
- 329 members of staff from 59 agencies have received WRAP training to improve front-line staffs' understanding of the warning signs around radicalisation, raising awareness of Prevent and how to refer people to appropriate support within a safeguarding context. The impact of the training and its level to which staffs have retained awareness of warning signs and referral processes is being assessed (February 2014).

Young peoples' violence advocates' programme,

- A national 'young peoples violence advocates' programme, run by CAADA, began in 2013/14. Sunderland has a nominated a social worker who will be trained and able to raise the profile of issues around domestic abuse, sexual exploitation, HBV, FM and on-line exploitation and cyber stalking; support improvements in early identification of risk factors and developing clear and consistent care pathways for 13-17 year olds to ensure child protection and MARAC processes work together.

Multi-Agency Safeguarding Hub

- A Multi-Agency Safeguarding Hub (MASH) is operational in Sunderland (since December 2013). It delivers an integrated safeguarding response to children at risk of harm by joining up the work of the 3 key statutory agencies (Council, Police, Health) at the critical stage of decision making and intervention once a referral has been received. If a Child Need or a Child Protection assessment is required it will be carried out by staff from the MASH. If a lower level of intervention is required through Early Intervention and Locality Services this will be facilitated through daily contact with Early Intervention and Locality managers. The co-located team of staff from the Council, Police, Health provide an integrated safeguarding service to the most vulnerable children, but also have daily input from Early Intervention and Locality services to ensure that children whose needs can best be met at a lower level of intervention receive "the right response at the right level at the right time".

Support to Victims

- A wide range of other support services are available to victims in Sunderland, such as Victim Support, the council's ASB Victim Support Worker, Gentoo's victim support service, YOS, Council (e.g. adult services, children's service, housing etc), the Home Security and Sanctuary Scheme, hate crime reporting, Northumbria

Police (e.g. Protection of Vulnerable People Unit, Neighbourhood Policing Teams, Crime Prevention Advisor, PPU alarms, 24/7 response); Street Pastors; Wearside Women in Need services (e.g. refuge provision, IDVA service, helpline, outreach work); Impact Family Services, Specialist Domestic Violence Court; Telecare and Home Improvement Agency Handyperson services; adult and child safeguarding; Tyne and Wear Fire and Rescue Service home fire safety checks; Barnardos; witness services etc. By providing an appropriate level of care and in some cases cocooning the victim, then the level of impact on the victim and community can be reduced and feelings of safety can be restored.

Marketing and communications activity and awareness raising on keeping safe

- The Safer Sunderland Partnership helps co-ordinate partners' activity to add value to joint communications on community safety priorities and make more efficient and effective use of mainstream communications methods. This includes messages aimed at helping keep people and their property safe; how to reduce risks of being a victim of crime; action being taken to improve community safety in their area which is known to improve public confidence; messages on the range of support services available including helplines around drugs, alcohol, domestic violence etc.

Joint Safer Communities Survey

- The safer communities survey identifies how safe people feel living in their local area, including identifying any community safety problems. Any problems identified which residents don't think are being tackled effectively are picked up and a daily report is generated and sent to the Police and/or Council for service recovery. There are approx 10-15 every week for Sunderland. The majority of these reports fall into the ASB category. This new process has resulted in some positive case studies where residents quality of life issues have improved significantly.

Tension Monitoring

- There is an established tension monitoring system in the city for the collection, analysis and escalation of tension monitoring information. Monthly meetings now take place with the Assistant Chief Executive to consider any key issues and subsequent multi-agency actions. Regular reports also go to the council's EMT with a cohesion log.

There is also a whole host of other mainstream provision that supports those most vulnerable and at risk (as either victims or offenders) such as:

- Neighbourhood policing takes a problem solving approach with improved community engagement, reassurance and a visible police presence that helps improve public confidence and feelings of safety and wellbeing
- Victim Support continues to give emotional support to people and helps victims apply for criminal injuries compensation. Victim Support offers other types of help such as advocacy, crime prevention advice, personal alarms and practical support.
- The Council ASB team (who have a victim support worker seconded to them);
- Gentoo neighbourhood safety team and enforcement activity;
- Gentoo have three full time Victim Support Officers who are dedicated to providing support to victims of anti-social behaviour. Approximately 40% of their caseload relates to domestic violence cases.
- Gentoo operate a 'cause for concern' system aimed at identifying potential victims of domestic violence at an early state. Gentoo's call centre staff are trained to recognise repairs of a specific nature, such as bathroom door locks, broken windows, damaged

internal doors etc. which may trigger concern in relation to domestic violence. If three repairs of this nature are identified within a 12 month period, a 'cause for concern' referral is made to Gentoo's Support and Safeguarding team. They will then investigate whether or not the household is known to us or other partners in respect of domestic violence

- The council's responsive local services approach helps swiftly tackle enviro-crime at a locality level
- Early intervention and locality teams to address risk factors at the earliest opportunity
- Youth provision and positive activities (e.g. XL youth villages, Wear Kids, Kickz, mainstream sport and leisure activities etc);
- Parenting support;
- Improving behaviour and school attendance;
- Council's selective licensing scheme in the East of the city (funded until 2015) and bringing empty properties back into use;
- Probation and YOS restorative justice and community payback
- Northumbria Police robust enforcement action to tackle drugs supply and disrupting organised criminality by using their available tools and powers
- The council's anti-bullying work and the work of the wider anti-bullying partnership
- The core work around adults safeguarding
- The 'hiwecanhelp' websites which provide young people and general public with greater awareness of drug and alcohol issues and to help prevent people from using illicit substance and synthetic highs
- The 'yourhealth' website which provides advice and guidance on many issues including cyber bullying and on-line dangers
- A Carer network for those who provide support to people who misuse substances
- Brief interventions whereby a range of workers such as nurses, GPs and Police officers are trained in offering an alcohol intervention as part of their core work
- Council and Police licensing work to ensure the safe and responsible sale of alcohol including work to tackle underage sales
- Balance's regional work in raising the public's awareness of the risks of excessive alcohol consumption and to reduce the availability, affordability and accessibility of alcohol.
- The young people health champions' programme which has the scope to progress work around social norms and alcohol
- Through multi-agency referrals and identifying those most at risk of fire, the fire service carry out free home fire safety checks. Where extra measures were identified, prevention and education staff (and partners) have intervened and supplied safety measures such as sensory smoke alarms for the hearing impaired and alcohol misusers
- The Council's Access to Housing Service offers support to families who have experienced domestic violence to prevent the family from becoming homeless. The Supported Housing Gateway carries out an assessment of needs and ensures that the appropriate support pathway is put in place.
- Children's safeguarding team who take child concern referrals and develop Child Protection Plans for those that reach a certain threshold
- Impact Family Services offer a range of services to families in which domestic violence may be a factor including Child Contact Centres and supervised contact. A Support Worker works with women who are using the child contact centres when domestic violence has been an issue and need additional support.

4) Projected service use and outcomes in 3-5 years and 5-10 years

4.1 Outcomes 3- 5 years

Strategic priorities 2013/14 – 2015/16

- To reduce crime and disorder and improve feelings of safety
- To prevent and reduce harm to our most vulnerable people and places

Shorter term key work areas (as of 2014/15):

- Substance misuse – drug and alcohol-related crime and disorder
- Domestic violence (including other violent crime)
- Anti-social behaviour (people and places)
- Reducing Re-offending
- Cross cutting issues around (a) Safeguarding and (b) Improving the safety and feelings of safety for high risk victims/vulnerable groups.

4.2 Outcomes 5- 10 years

Longer term key outcome (safer communities)

Everyone in Sunderland will be, and feel, safe and secure.

Key Outcome Descriptor

Being and feeling safe and secure is about being free to enjoy life without the concerns of being a victim of crime or being harmed. The factors that impact on someone 'being safe' and 'feeling safe' are not necessarily the same. It is about building capacity of individuals and communities to withstand crime, disorder, substance misuse and fear of crime by empowering them to make rational choices based on what is factually taking place within their community. Communities will be less concerned about crime and safety, and their confidence will have been secured, through positive engagement, prevention and results.

4.2.1 Key Supporting Outcomes

- i. Being free from harm
- ii. Creating a safe environment
- iii. Being free from crime, disorder and substance misuse
- iv. Creating active citizens
- v. Creating a supportive family environment
- vi. Creating cohesive communities
- vii. Embedding a problem solving approach.
- viii. Creating an effective partnership

Descriptors for the key supporting outcomes in 4.2.1 can be provided if required but they are also available in the Safer Sunderland Strategy 2008-2023 at www.sunderland.gov.uk/safersunderland

5) Evidence of what works

Sunderland has seen a decade of reducing crime rates with levels below the national average and almost 24,000 fewer victims of crime between 2002/03 and 2012/13.

The Safer Sunderland Partnership (SSP) has been very effective primarily because it has taken a balanced approach in how it tackles its priorities through prevention and early intervention; enforcement; support and rehabilitation; and reassurance. The SSP has embedded a problem solving approach into all that it does by analysing the problem and interaction between the offender, the victim and location/place. It has also achieved (and often exceeded) the hallmarks of effective partnership working. The SSP is intelligence led in its decision making and has taken an outcome-based longer term strategic approach to tackling crime, disorder and substance misuse. This has enabled the partnership to identify cross-cutting issues and underlying causes and motivations for offending and has helped to refocus attention on analysis and engage all of the partners effectively. The SSP's annual partnership strategic intelligence assessment (PSIA) is multi-agency in its content, which has enabled its delivery plan to be multi-agency in its outlook. The PSIA has improved its understanding of community safety and the underlying causes of crime and disorder, which has informed activity that makes crime harder and more risky for offenders to commit (e.g. HSSS, and intelligence-led multi-agency operations); allows the SSP to get upstream of the problems to reduce risk (via a preventative approach, such as the situational crime prevention, Street Pastors Scheme); and is doing more to bring the offender to justice (e.g. via the Special Domestic Violence Court).

Below is a list of just some of the SSP interventions that have a range of evidence to show they work at improving community safety, from reduced risk of offending and victimisation through to improved feelings of safety.

- Integrated Offender Management (IOM)
- Recovery based drug and alcohol treatment
- Home Security and Sanctuary Scheme
- Sunderland Street Pastors
- Mobile Treatment Unit
- Liaison and Diversion Scheme
- Early Intervention and Prevention
- Taxi Marshalls
- Joint licensing operations
- Multi-agency risk assessment conferences (MARAC)
- Independent Domestic Violence Advisor (IDVA) Service
- ASB Victim Support Worker
- Joint marketing and communications activity
- Multi-agency operations e.g. Gryphon; Harpoon; Horizon; Barracuda; Liberty etc.
- Neighbourhood management approach
- Local Multi-Agency Problem Solving Groups
- Restorative Justice
- Family Intervention Programme

The impact of community safety interventions are monitored through quarterly performance reporting of key community safety measures and qualitative information on partnership activity in the SSP delivery plan. Further information is available on these from SPPM and the Safer Sunderland Partnership, and many are included in the PSIA:

Two examples are provided below to illustrate the type of information held on 'what works'

- The Mobile Treatment Unit was evaluated and 12 months data demonstrated a net saving of £14,591 in health costs from prevented ambulance call-outs and A&E attendances and reduced pressures on the emergency services. There are also less easily quantifiable savings such as freeing up police officers to patrol and freeing up street pastors to carry out their prevention and early intervention work.
- The Home Security and Sanctuary Scheme (HSSS) supported 58 high risk victims (including one safe room) in 2012/13, of which 78% were high risk domestic violence victims. Evaluation from August 2012 to January 2013 has shown that 88% of high risk victims felt unsafe (52% of whom felt very unsafe) before the scheme, but after being supported, 100% said they now felt safe (and which 72% now felt very safe).

6) User Views

Residents' views of community safety are gathered on a quarterly basis using the safer communities telephone survey. This is the key data source for the Partnership's measures on feelings of safety and public confidence. The main findings for Sunderland for Q3 April-Dec 2013 -2014 are summarised below.

Key

- ▲ ▼ Improvement over time Better than average
 ▲ ▼ Deterioration over time Worse than average

Perceptions of Neighbourhood	Force	AA Sunderland	A1 Sunderland Central	A2 Sunderland East	A3 Sunderland South	A4 Sunderland West	A5 Sunderland North	A6 Washington	A7 Houghton
<i>The percentage...</i>									
who say their neighbourhood has got better in last 12 months	20	22	15	27	27 ▲	20	21	22	23
who say their neighbourhood has got worse in last 12 months	14	14	16	12	9	17	14	10	20
who think ASB is a very or fairly big problem in their neighbourhood	15	16	20	22	12	17	15	11	21
who think crime is a very or fairly big problem in their neighbourhood	10	10	14	15	4	10	8	5	15
who think anti-social use of vehicles is a very or fairly big problem in their neighbourhood	3	3	2	2	3	5	2	3	3
who think people using/dealing drugs is a problem in their neighbourhood	1	2	2	4	1	1	1	2	2
who feel they have a say about how services are delivered in their neighbourhood	46	46	43	50	52	38	43	49	49
who are completely, very or fairly satisfied with their neighbourhood as a place to live	90	89	83	88	96	84	91	91	89
feel very or fairly safe living in their neighbourhood	97 ▲	96	93	97	97	95	97	97	96

Visibility & Awareness	Force	AA Sunderland	A1 Sunderland Central	A2 Sunderland East	A3 Sunderland South	A4 Sunderland West	A5 Sunderland North	A6 Washington	A7 Houghton
<i>The percentage...</i>									
who are aware of local meetings	66 ▼	68 ▼	70	71	69	64	66 ▼	67	71
who on average see Police or Community Support Officers on foot in their neighbourhood at least once a week	24 ▲	27 ▲	28	36 ▲	22	32	30	19	29 ▲
who think the number of times they see Police or Community Support Officers on foot in their neighbourhood is about right	62 ▲	61 ▲	60	65	63	59	59	67 ▲	57

Perceptions of Police & Council	Force	AA Sunderland	A1 Sunderland Central	A2 Sunderland East	A3 Sunderland South	A4 Sunderland West	A5 Sunderland North	A6 Washington	A7 Houghton
<i>The percentage...</i>									
who agree the police in their neighbourhood can be there when needed	92	92	92	95	92	88	94	94	87
who agree the police can be relied on to sort out problems in their neighbourhood	92	91	87	93	94	91	90	93	91
who agree the police in their neighbourhood treat everyone fairly, regardless of who they are	95	95	95	97	95	96	95	96	93
who think the police do a good or excellent job in their neighbourhood	84	84	79	87	87	82	85	86	81
who think the council do a good or excellent job in their neighbourhood	52 ▲	53	46	59 ▲	57	48	47	60	55
who agree that the police and council are dealing with the anti-social behaviour and crime issues that matter in their area	73	72	66	77	76	69	69	76	73

Key Performance Exceptions

There has been no change in the level of residents in Sunderland who feel safe living in their local area (still performing well at 96%). The single public confidence measure (i.e. if residents think the police and council are dealing with the crime and ASB issues that matter locally) is 72% and also in-line with the rest of the force – the slight increase from 71% isn't a significant improvement.

22% of residents think their local area has got better as a place to live in the last 12 months which is better than the force average. However, those living in the Coalfields area are more likely to think that their neighbourhood has got worse in the last 12 months, and that crime is a problem in their area.

Residents in Sunderland Central are more likely to think that crime is a problem in their area, and less likely to feel satisfied living in their neighbourhood, compared to the city average. In contrast, residents in Sunderland South are less likely to think that crime is a problem in their area, and more likely to feel satisfied living in their neighbourhood.

Police foot patrol visibility is still considerably lower in Washington (19%) compared to a citywide level of 27% (the city level has improved significantly from 22% last year and is better than the force average). Importantly however, when residents are asked whether they think the level of visible police patrols are about right for their neighbourhood, 67% of Washington residents actually feel it's about right which is much better than the Sunderland average (61%) and a big improvement from 54% in 2012-13.

Sunderland Public Priorities for Community Safety

During Quarter 3 (October-December 2013-14), 567 residents were surveyed across Sunderland; of these, 175 (31%) identified at least one problem in their neighbourhood (which has decreased from 33% in Q2 and is still better than the 39% baseline in 2012/13). Any problem identified by the residents surveyed is scored to give a truer reflection of local priorities (i.e. if someone has a problem but it's not very big, this gets a score of 1 whereas a fairly big problem scores 2 and a very big problem scores 3). This weighting shows that Sunderland residents are still mostly prioritising quality of life issues rather than crimes. "Young people being rowdy or a nuisance", broken down by alcohol-related and non-alcohol-related, remains the top priority across all the local authority areas in Northumbria.

It is worth noting however that dog fouling as a problem has moved further up the list again from 5th to 2nd and is also much more of a concern to residents in Sunderland South.

There is very little variation across the neighbourhoods for issues that residents see as problems with the exception of:

- ‘Young people being rowdy or a nuisance’ is more of a concern to residents in Sunderland North;
- ‘People using or dealing drugs’ is more of a concern to residents in Sunderland East;
- ‘Dog fouling’ is more of a concern to residents in Sunderland South;
- ‘Inconsiderate Parking’ and ‘Mini-motos/Scramblers/Off-road motorbikes’ is more of a concern to residents of Sunderland West;
- ‘Fly-tipping’ is more of a concern to residents of Sunderland Central and Washington;
- ‘Vandalism, graffiti or deliberate damage’ and ‘Burglary of homes’ is more of a concern to residents of the Coalfields

6.3 The last annual resident survey showed no significant differences in feelings of safety between the BME population and the general population.

7) Equality Impact Assessments

Safer Sunderland Partnership completed an Equalities Impact Assessment on its delivery plan in 2013. The annual Partnership Strategic Intelligence Assessment has, as a key feature, a review of victims, offenders and locations. Key services commissioned and delivered by the partnership are referenced to this and include specialist services for vulnerable individuals and communities for example in relation to domestic violence, hate crime and anti-social behaviour. The current EIA is saved on the council’s sharepoint system under SPPM.

The **Domestic Violence Health Needs Assessment 2013** included a number of **linked recommendations around equality impact assessments** as follows:

- For the Adults Partnership Board to “**encourage** commissioners to require service providers to undertake an equality impact assessment to ensure that commissioned services are responsive to the needs of all victims, including those from minority groups (e.g. male, LGBT and BME victims)”.
- For Commissioners to “**require** all domestic violence services to undertake an equality impact assessment to ensure that commissioned services are responsive to the needs of all victims, including those from minority groups (e.g. male, LGBT and BME victims).”
- For Providers to “**undertake** an equality impact assessment to ensure responsiveness to the needs of all victims, including those from minority groups (e.g. male, LGBT and BME victims)”.
- For the Safer Sunderland Partnership to “**review** the findings of equality impact assessments to determine whether services are accessible to all victims, including those from minority groups (e.g. male, LGBT and BME victims)”.

8) Unmet needs and service gaps

A summary of the key unmet needs from a health and well-being perspective as identified in the SSP’s PSIA 2013-14 is as follows:

- Commissioning an Independent Domestic Violence Advisor (IDVA) Service at a level that meets the needs and risk levels of victims in the city, and helps address a number of gaps around referrals from health settings.
- Meeting the health and accommodation needs of offenders and those with complex needs (especially the toxic trio of domestic violence, mental health and substance misuse) and the gap around no specific accommodation for women offenders. The main issues with respect to offenders in terms of health and wellbeing are that offenders have high levels of mental health needs; substance misuse is an issue; they tend not to easily access mainstream services and therefore disproportionately use A&E; they are often the frequent flyers in terms of alcohol admissions to hospitals; a high proportion binge drink; the majority smoke; as a group they suffer high levels of deprivation which leads to the associated health needs; and a high proportion of offenders are also perpetrators of domestic abuse. This will partially be addressed by the new pilot adult liaison and diversion scheme (one of 10 national pilots around mental health staff based in police stations and expanding on the already successful youth liaison and diversion pathfinder)
- Dealing with the increasing numbers of families subject to Child Protection Plans that have the toxic trio of domestic violence, mental health and substance misuse
- Meeting the needs and responding to the recommendations in the Domestic Violence Health Needs Assessment and the scrutiny reviews around alcohol and licensing
- Respond to any identified gaps in responding to the regional Violence Against Women and Girls (VAWG) strategy and action plan, in partnership with the Health and Wellbeing Board, the Sunderland Safeguarding Adults Board, the Sunderland Safeguarding Children's Board and the Adults Partnership. This will include refreshing the local VAWG action plan.
- Addressing the significant gaps in domestic violence training for agencies, which has emerged from both the DV health needs assessment and the domestic homicide review.
- Address cultural issues around binge drinking and alcohol misuse covering the availability, accessibility and affordability of alcohol (from both a public health and a community safety standpoint). This includes social norms.
- The current national Drug Strategy places much stronger emphasis on long term recovery and prevention. Funding has been allocated using outcome based models since April 2012. The adult substance misuse treatment service has been fully re-designed and re-commissioned and has been live since August 2013. A key focus must be on increasing the number of people successfully leaving treatment, drug-free with reduced re-offending – and this must be done in conjunction with the Integrated Offender Management (IOM) unit.

Other unmet needs and service gaps are also identified within section 9, below, under recommendations for commissioning

9) Recommendations for Commissioning

The Safer Sunderland PSIA identified the following recommendations for 2014/15 – the majority of which have cross-overs with health and wellbeing. Some of these will require local action and some will joint working at a cross-boundary or regional level

Local

- Methods of further maximising the pathways out of treatment should be sought in the coming year as the transition from a system based on retention to one based on successful throughput is made. This is particularly true of those clients receiving prescribing based modalities. This should be further supported by assertive outreach and all teams should look to improve their strategies to ensure planned discharge rates (without re-presentation) are improved in the coming year. It is important that those exiting treatment do so in a planned and managed manner to ensure that the gains made during treatment are not disrupted during this transition.
- The Integrated Offender Management (IOM) approach will continue to require the input of health partners to address pathways out of reoffending such as substance misuse and mental health as well as other social determinants of health such as education, training and employment. There will also need to be continued support to IOM to address rates of re-offending among prolific offenders, especially during the transition phase with the Community Rehabilitation Companies coming into existence from 1st April 2014
- Consider how key interventions currently funded using the Community Safety Fund can be continued (e.g. work to support high risk DV victims through the IDVA service; high risk ASB victims through the ASB worker; and the home security and sanctuary scheme). This includes commissioning an Independent Domestic Violence Advisor (IDVA) Service at a level that meets the needs and risk levels of victims in the city, and helps address a number of gaps around referrals from health settings.
- With a large data gap around the crime related Treatment Outcome Profile (TOPs) questions, measures need to be put in place to encourage the key workers to tease out the information from the individuals who are being asked these questions and to appropriately record the responses. It is worth noting that this problem is not unique to Sunderland and that the majority of areas nationally experience the same issues.
- Build on the very recent improvements on the quality and use of alcohol-related assault data from A&E to provide a more informed picture of the nature and location of alcohol-related violence.
- Respond to the recommendations from the scrutiny review of alcohol control and licensing. This is likely to include maximising the role of public health as a responsible authority in helping tackle the availability of alcohol, through the alcohol licensing agenda. Also, continue to work with public health and Balance around the availability, accessibility and affordability of alcohol
- Further progress the social norms work with parents and young people around alcohol misuse. Also, consider working with one of the healthy schools champions on a new 'I

have the right' topic around alcohol advertising aimed at young people

- Identify how BID resources might best be prioritised to provide additional resources to improve community safety in the night time economy. Consideration could be given to:
 - Setting up an alcohol behaviour change course for those arrested for drunk and disorderly, as an alternative to a FPN (this has been shown to have a positive impacts where set up elsewhere)
 - Ensuring continued support for the Street Pastor scheme which generates value for money
 - Developing capacity to consider re-introducing the Best Bar None scheme?
- Formally commission the Mobile Treatment Unit which saves more than it costs to run and is reducing pressures on emergency services in the night time economy. The evaluation of the pilot is showing that 233 ambulance call outs and 177 A&E attendances were prevented between June2012-June 2013 with net savings of over £14,500.
- Respond to the recommendations in the Domestic Homicide Review (e.g. domestic abuse training needs) and oversee delivery of actions in the DHR action plan
- Deliver the recommendations for the SSP on domestic violence from the DV health needs assessment
 - **Adult's Partnership**
 - Through collaboration with commissioners, review capacity of initiatives to reduce and respond to domestic violence, including the IDVA service.
 - Encourage commissioners of all public services to require providers to ensure front line staff are appropriately trained to identify and respond positively to domestic violence.
 - Encourage commissioners to require service providers to undertake an equality impact assessment to ensure that commissioned services are responsive to the needs of all victims, including those from minority groups (e.g. male, LGBT and BME victims).
 - **Safer Sunderland Partnership Board**
 - Review current arrangements for coordination and strategic direction of domestic violence prevention and response to improve outcomes.
 - Seek opportunities to challenge acceptance of domestic violence in the community, for example through a zero tolerance campaign, and consider targeting such initiatives in areas with highest reported incidence.
 - Review the findings of equality impact assessments to determine whether services are accessible to all victims, including those from minority groups (e.g. male, LGBT and BME victims).
 - Develop a care pathway to ensure all organisations are able to respond positively to disclosure of domestic violence and signpost to appropriate services.
 - **Director of Public Health**
 - Embed domestic violence awareness and signposting training into a new safeguarding module within the Health Champions training programme.
 - Ensure that domestic violence features more prominently in the Joint Strategic Needs Assessment, for example through incorporation of intelligence from the Partnership Strategic Intelligence Assessment.

- **Children's Trust**
 - Review and standardise provision of education in schools around promoting healthy relationships and challenging behaviours associated with domestic violence.
 - Review commissioning and service provision around emotional support for children living with domestic violence. Commissioners
- **Commissioners**
 - Encourage providers of public services to ensure that front line staff are appropriately trained to identify and respond positively to domestic violence.
 - Require all domestic violence services to undertake an equality impact assessment to ensure that commissioned services are responsive to the needs of all victims, including those from minority groups (e.g. male, LGBT and BME victims).
 - Specify outcome as well as process measures for services, for example demonstrating impact on emotional wellbeing and social return on investment.
- **Providers**
 - Improve routine recording and reporting of data and ensure that barriers to information sharing are tackled as appropriate.
 - Undertake an equality impact assessment to ensure responsiveness to the needs of all victims, including those from minority groups (e.g. male, LGBT and BME victims).
 - Ensure that front line staff are appropriately trained to identify and respond positively to domestic violence
- Refresh the local VAWG action plan against both the national and regional VAWG strategies and ensuring local implementation of relevant priorities and actions
- Develop guidance for to parents on cyber-bullying and other Internet/online dangers, in an easy understood language and raise awareness of when/how cyber-crime should be brought to the attention of the police.
- Support NTW, Northumbria Police and Sunderland YOS around implementing the adult liaison and diversion scheme (one of 10 national pilots around mental health staff based in police stations and expanding on the already successful youth liaise and diversion pathfinder)

Regional

Support delivery around a number of regional approaches to improving community safety (that link to health and wellbeing) which are currently underway and will need to be delivered during 2014/15:

- Gateshead council, on behalf of ANEC, is leading on a piece of work to develop a regional approach to conducting Domestic Violence Homicides. A time limited group of key officers with the relevant skills and/or expertise will need to be identified to progress this
- Support BALANCE in its focus next year on tackling the availability of alcohol. The SSP and HWBB will both need to continue to support this work.

- NOMS and ANEC are working with the prisons and local authorities to implement the recommendations from the regional review of reducing re-offending. Within the 19 recommendations, the following are specifically for local authority commissioners:
 - Commissioners should give attention to pathways for alcohol treatment and recovery and to the 'recovery to recovery' pathway, to ensure those who have recovered in prison have a clear pathway into community-based recovery and mutual aid. Criminal justice data could usefully inform JSNAs in this area.
 - Commissioners of drug and alcohol services should consider the evidence around the role of the family in an offender's recovery and how a 'whole family' approach could support their commissioning outcomes
 - Commissioners should consider local evidence relating to the shortage of appropriate accommodation for women offenders in their area, including the current housing outcomes for women offenders with complex needs who present as homeless, to inform future service provision

10) Recommendations for needs assessment work

- A lack of intelligence about housing need remains a problem; there is a particular gap when trying to ascertain the accommodation needs of local substance misuse clients
- Cardiff data for alcohol related assaults to A&E needs to be mapped against recorded police data
- The ANEC/NOM regional work around reducing reoffending recommended the following for local authorities in relation to JSNAs and their strategies
 - Under mental health and wellbeing, that Health and Wellbeing Boards should ensure the health needs of offenders, including mental health, are fully reflected in local Joint Strategic Needs Assessments (JSNAs) and strategies.
 - Local authorities should include evidence about the impact of imprisonment on children and families in their local needs assessments and strategies.
 - Local authorities should include evidence about the needs of sex workers in Joint Strategic Needs Assessments to inform the commissioning of services.

Key contacts: Julie Smith / Stuart Douglass