



# **Devon Strategic Assessment of Crime and Disorder 2018**

**Public version**



## Acknowledgements

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- Devon Community Safety Partnerships
- Peninsula Crime Analysts' Network
- Devon Domestic and Sexual Violence and Abuse Service Providers
- Devon Substance Misuse Service Providers
- Devon Youth Offending Team
- Devon Youth Intervention Team
- Northern, Eastern and Western Devon Clinical Commissioning Group
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- Devon Partnership Trust



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## Executive Summary

The Safer Devon Partnership (SDP) is the statutory partnership which provides the strategic leadership for addressing community safety matters across Devon; the key aim being for partners to work effectively together to enable the people of Devon to feel and be safe in their homes and communities. To address the issues that really matter, it is important to understand not only what is happening and where, but what may be causing the problems and the best way to tackle them. Strategic Assessments of threat, risk and harm play a key role in helping partners to make informed (evidence-based) prioritisation and resourcing decisions.

The Safer Devon Partnership has this year, for the first time, used MoRiLE (Management of Risk in Law Enforcement) tool in order to assess threat, risk and harm. This has, in turn, been used to inform the statutory Strategic Assessment. MoRiLE is the strategic decision-making tool that the Police Force has adopted nationwide and which has recently been adapted for Community Safety Partnerships to use.

Once the MoRiLE risk assessment process was complete (which included input from key stakeholders across the partnership at a series of meetings and workshops) the thematic areas were grouped into high, moderate and standard threats based on their overall scores. The high-level threat areas are mostly those considered 'hidden' crimes where the people affected are less likely to report what has happened to the police or other agencies. These types of crimes can have a long-term damaging effect on people's lives, but their hidden nature means that it can be difficult to estimate their prevalence, gather intelligence, offer timely support to victims (or those at risk of being victims) and prosecute offenders. Most of these areas are associated with Organised Crime Groups that target the most vulnerable people in our communities and it is therefore essential that we take a multi-agency approach to developing a more informed understanding of these threats so that partners can formulate the most appropriate response.

### High level threats:

- County Lines / Dangerous Drugs Networks
- Child Sexual Exploitation and Peer on Peer Child Sexual Offences
- Domestic Violence and Abuse (including Intimate Partner Sexual Violence)
- Problem Drinkers
- Problem Drug Use and Drug Related Deaths
- Modern Slavery
- Terrorism, Radicalisation and Extremism

### Moderate level threats:

- Fraud and Cyber Dependent Crime
- Child Sexual Abuse – Familial
- RTC – Fatal and Serious
- Rape and other Sexual Offences (Adults: non - Domestic Abuse)
- Anti-Social Behaviour and Criminal Damage
- Hate Crime



This document provides an assessment of each of the high-risk threats in turn in terms of the impact, prevalence and trends, intelligence gaps, emerging threats/challenges and the partnership's capacity and capability in relation to addressing that threat. Local context is provided to highlight activity in specific parts of Devon relevant to that threat. This is followed by an assessment of the moderate threats and standard threats. The final section looks at cross cutting themes and emerging threats. Recommendations are made throughout the document based on the assessment and are summarised at the end.

The main themes from the recommendations:

- Partners need to improve the way intelligence is shared between agencies (taking account of GDPR)
- Partners need to ensure front-line staff are equipped with the right knowledge to identify risk/vulnerability in relation to some of our key threats and that they know what to do if they have any concerns
- Partners need to be more targeted with their communications and efforts to raise awareness
- Partners need to look more closely at the transition years in relation to a range of issues
- Partners need to maintain and further develop the 'whole family' approach



## Introduction

- **What is Community Safety?**

Community safety is a broad term, encompassing all types of crime, anti-social behaviour and disorder (including behaviour adversely affecting the local environment) and problem use of drugs, alcohol and other substances.

It refers to the protection of local communities from the threat and consequences of criminal and anti-social behaviour by reducing both incidence of crime and the fear of crime. It includes involving the community in identifying the nature of the threat and the crime, the problems and the solutions.

- **What is the Safer Devon Partnership?**

The Safer Devon Partnership (SDP) is the statutory partnership which provides the strategic leadership for addressing community safety matters across Devon; the key aim being for partners to work effectively together to enable the people of Devon to feel and be safe in their homes and communities. Partners include the four Community Safety Partnerships in Devon, Devon County Council, Devon and Cornwall Police, Devon and Somerset Fire and Rescue Service, Clinical Commissioning Groups, Public Health, the Office of the Police and Crime Commissioner, National Probation Service, Dorset, Devon and Cornwall Community Rehabilitation Company and Youth Offending Service.

**The vision for the Safer Devon Partnership is: Working Together to make Devon Even Safer**

**Safer Devon Partners are committed to:**

- Working innovatively together to address the key vulnerabilities in our local communities
- Making informed and evidence-based funding, resourcing and commissioning decisions in partnership
- Investing in Prevention and Early Intervention
- Using our collective intelligence to understand the effectiveness of the interventions we are undertaking as a partnership

- **Devon, a brief description...**

Devon is the third largest county in England, covering 2,534 square miles. It is a county of great contrasts, with two coastlines, two National Parks and five official Areas of Outstanding Natural Beauty. The county has around 780,000 residents, with a higher proportion of older people than the national average. It is also one of the most sparsely populated counties, with few large settlements and a dispersed rural population.

It is estimated that much of the Devon population (741,000, 95%) are from a White British ethnic background. This is higher compared to the South West (91.8%) and England (79.8%) estimates. Among the non-white British ethnic groups, 'White Other' is the largest ethnic minority and tends to be European in origin.



The population in Devon is projected to increase by approximately 13% by 2039 (878,400). While age groups aged 39 and under are estimated to remain relatively static, much greater increases are estimated in the older age groups by 2039. The pension population is estimated to grow by approximately 29.5%. More people are moving into Devon compared to moving out of Devon, particularly those aged 30 to 69 years. The older population (65+) are projected to rise by 45% by 2039 and this age group generally require more care.

In Devon, there are lower proportions of the population living in the top 20% most deprived in England. Rural areas in Devon tend to be more deprived compared to rural areas elsewhere across the country. The indoor environment and barriers to housing and services domains highlight areas of significant challenge in Devon and contribute to poorer population health and wellbeing. 27.5% of the Devon population live in the top 20% most deprived areas nationally for indoor environment and 54.6% of the population live in the top 20% most deprived areas nationally for barriers to housing and services. Average earnings below the national average and house prices and cost of living above the national average contribute to a number of issues including food poverty, homelessness, mental health and wellbeing, and fuel poverty.

In Devon, rates of self-harm, suicide, mental and behavioural admissions from drug misuse are increasing. The age profiles for self-harm and suicide vary significantly suggesting that self-harm admissions cannot always act as a proxy for potential suicides, despite the risk being increased.

Behavioural lifestyle risk factors are one of the main contributory factors of the burden of disease and premature death. It is estimated that 40% of premature deaths are attributed to behavioural risk factors. In a considerable number of cases in Devon, the development of frailty, long term conditions and multi-morbidity is impacted greatly by social and behavioural risk factors. This can be influenced by poorer mental health or poor physical health may lead to poor mental health. This impact is even greater where inequalities are a considerable challenge. In Devon, 1 in 3 people live with long term conditions, 1 in 5 people have 2 or more conditions and 1 in 11 have three or more conditions. There is 15 years' difference in life expectancy between some areas in Devon.

Sourced from Devon's Joint Strategic Needs Assessment. For further information please refer to <http://www.devonhealthandwellbeing.org.uk/jsna/>



- **Building the evidence picture**

As part of the development of statutory Partnership Plans, Community Safety Partnerships (CSPs) are required to set their priorities based upon the evidence presented in their local Strategic Assessments. To address the issues that really matter, it is important to understand not only what is happening and where, but what may be causing the problems and the best way to tackle them.

The Safer Devon Partnership has this year for the first time used MoRiLE (Management of Risk in Law Enforcement) tool in order to assess threat, risk and harm and identify the priorities for the Devon Strategic Assessment. This is the strategic decision-making tool that the Police Force use nationwide and has been adapted for CSPs to use. Cornwall and Torbay CSPs have already used it for their strategic assessments and Plymouth are in the process of using it too. This will enable us to bring together our findings later this year and produce a Peninsula wide Strategic Assessment.

MoRiLE is a matrix which generates a score for each thematic crime or disorder area, based on the individual scores assigned for Impact (physical, psychological, financial, community, public expectation and environment), Likelihood (frequency, volume, trend and forecast), Confidence (intelligence assessment and thematic knowledge) and Organisational Position (reputation and politics, economic cost, capacity and capability).

A list of 37 crime and disorder areas were selected to put through an initial scoring exercise carried out by the Strategic Intelligence and Performance Lead with input from key stakeholders across the partnership. The areas were then divided into higher level thematic areas, which were taken to a series of meetings and workshops to be discussed with subject experts and leads as well as operational officers, the Office of the Police and Crime Commissioner (OPCC) and so on. The scores for each factor were carefully considered and a consensus reached about the appropriate level at which to score each threat.

Once the MoRiLE risk assessment process was complete the thematic areas were grouped into high, moderate and standard threats based on their overall scores.



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

Threat, risk and harm rating	What this means for the partnership
<b>High</b>	<ul style="list-style-type: none"> <li>• Should be recognised by CSP and partners as a priority, and this needs to be clearly evidenced in all relevant strategies and delivery plans;</li> <li>• May demand additional resources and funding to address;</li> <li>• Review existing strategy and service provision – identify where we can improve/enhance/increase existing response framework to reduce the risk;</li> <li>• Ensure that the risk is understood across the partnership and that partners are proactively taking action to reduce the risk;</li> <li>• Set targets to evidence improvement in key areas.</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>• Ensure that there is a clear strategy in place and adequate service provision to respond;</li> <li>• Continue to maintain/support/improve existing response framework in place to reduce/control the risk;</li> <li>• Ensure that the risk is understood across the partnership and that partners are proactively taking action to reduce/control the risk. Seek to influence other relevant strategies;</li> <li>• Continue to monitor the level of risk against moderate improvement targets, and respond appropriately if adverse trends are identified.</li> </ul>
<b>Standard</b>	<ul style="list-style-type: none"> <li>• Ensure that there is adequate service provision in place to respond;</li> <li>• Maintain/support existing response framework in place to control the risk;</li> <li>• Ensure that the risk is understood across the partnership and that partner actions do not increase the risk;</li> <li>• Continue to monitor the level of risk and respond appropriately if adverse trends are identified.</li> </ul>

This document provides an assessment of each of the high-risk threats in turn in terms of the impact, prevalence and trends, intelligence gaps, emerging threats/challenges and the partnership’s capacity and capability in relation to that threat. Local context is provided to highlight activity in specific parts of Devon relevant to that threat. This is followed by an assessment of the moderate threats and the standard threats. The final section looks at cross cutting themes and emerging threats. Recommendations are made throughout the document based on the assessment and summarised at the end.

Police recorded crime and incident data used in the MoRiLE assessment was for the 12-month period December 2016 - November 2017 and compared to the previous 12 months December 2015 - November 2016, in order to use the latest available police data at the time of the assessment. For simplicity, this is referred to in this assessment as 2016-17 and 2015-16 unless otherwise stated.

In the 12 months (December 2016 - November 2017), Devon and Cornwall Police recorded a total of 38,776 offences in Devon. This is an increase of 24% (7,410



offences) on the previous year. Latest figures produced by the ONS for Crime in England and Wales shows that the police recorded nearly 5 million offences in the year ending Mar 2017; this represents an annual rise of 10%. Most of this increase can be attributed to improved crime recording practices and processes leading to a greater proportion of offences being recorded. Increased awareness and confidence in those services to support victims may well have also contributed to the rise.



**Summary of MoRiLE Risk Assessment for Devon shown in rank order of our highest scoring risk and threats:**

Thematic Area	IMPACT			LIKELIHOOD			CONFIDENCE	ORGANISATIONAL POSITION	Final RA
	Physical	Psychological	Community	Frequency	Trend	Forecast	Intelligence Assessment	Ability to Mitigate	
County Lines/Dangerous Drugs Networks	Critical	Severe	Critical	Weekly	>10% increase	>10% increase	10-25%	Very limited ability	High
Child Sexual Exploitation	Moderate	Severe	Critical	Weekly	>10% increase	>10% increase	10-25%	Very limited ability	High
Domestic Abuse (incl. Sexual Violence)	Moderate	Severe	Substantial	Weekly	>10% increase	>10% increase	25-50%	Very limited ability	High
Problem drinkers	Substantial	Severe	Moderate	Weekly	<10% increase	<10% increase	50-75%	Very limited ability	High
Problem drug use	Substantial	Severe	Moderate	Weekly	<10% decrease	<10% increase	50-75%	Very limited ability	High
Modern Slavery	Substantial	Severe	Moderate	Six Months	Same	Same	10-25%	Very limited ability	High
Terrorist incident	Catastrophic	Severe	Catastrophic	Five Years	Same	Same	25-50%	Partial ability	High
Fraud (incl. Counterfeit Goods)	Low	Moderate	Substantial	Weekly	>10% increase	<10% increase	25-50%	Limited ability	Moderate
Child Sexual Abuse - Familial	Substantial	Severe	Substantial	Weekly	>10% increase	>10% increase	10-25%	Very limited ability	Moderate
RTC - fatal & serious	Substantial	Moderate	Substantial	Weekly	>10% increase	>10% increase	>90%	Limited ability	Moderate
Rape (Adults: non-Domestic Abuse)	Substantial	Severe	Moderate	Weekly	>10% increase	>10% increase	50-75%	Very limited ability	Moderate
Anti-social behaviour	None/Negligible	Moderate	Substantial	Weekly	<10% decrease	<10% increase	50-75%	Very limited ability	Moderate
Hate crime	Low	Substantial	Substantial	Weekly	>10% increase	>10% increase	10-25%	Limited ability	Moderate
Arson	Low	Low	Low	Weekly	>10% increase	<10% increase	50-75%	Partial ability	Standard
Acquisitive Crime	Low	Low	Low	Weekly	>10% increase	<10% increase	>90%	Full ability	Standard



## Section 1: High level threats

The high-level threat areas are mostly those considered 'hidden' crimes - County Lines, Child Sexual Exploitation, domestic abuse, modern slavery and so on where the people affected are less likely to report what has happened to the police or other agencies. The reasons for this may be varied but can include: fear of repercussions, a mistrust of agencies, reliance on the perpetrator, the perpetrator may be a family member or a lack of understanding of their rights. These types of crimes can have a long-term damaging effect on people's lives, but their hidden nature means that it can be difficult to estimate their prevalence, gather intelligence, offer timely support to victims (or those at risk of being victims) and prosecute offenders. Most of these areas are associated with Organised Crime Groups that target the most vulnerable people in our communities and therefore it is essential that we take a multi-agency approach to developing a more informed understanding of these threats and our response to them.

- **County Lines / Dangerous Drugs Networks**

County Lines typically involves a gang (usually made up of young males) from a large urban area travelling to smaller locations (such as a county or coastal town) to sell class A drugs, specifically crack cocaine and heroin<sup>1</sup>. These gangs can at times be almost virtual in that you don't always get a group of young males travelling together. Their business operating model is one that is forever changing and they know that travelling in groups exposes them to a degree of risk from law enforcement. It is not uncommon for lone males to travel into an area and then seek to establish a share of the market.

### **Impact**

County Lines is associated with serious violence, murders, rapes and Organised Crime Groups (OCGs). There is also a long-term physical, psychological and financial impact of being a class A drug user which would require treatment.

The gangs tend to use a local property, generally belonging to a vulnerable person, as a base for their activities. This is often acquired by force or coercion, referred to as 'cuckooing'. Gangs typically exploit children to deliver drugs from the urban to county locations and this often involves intimidation, violence, debt bondage and/or grooming. Adult drug users (often addicts) and vulnerable females are also exploited to assist with dealing within the county market.

There is increased concern in communities when some of the activity becomes visible, this impacts on fear of crime and quality of life of local residents. Drug related paraphernalia being left around is dangerous and has a negative impact on the community.

A multi-agency response is required to disrupt. The response expected by the local community is one that results in the removal of the threat and there is an expectation of joined up county-wide/regional/national disruption activity (Police and other partners).

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<sup>1</sup> [Criminal Exploitation of children and vulnerable adults: County Lines guidance](#), Home Office July 2017



## **Prevalence and trends**

*...Information redacted for public version of document...*

Current analysis shows that Devon as a County is experiencing higher levels of County Lines activity than Plymouth and Cornwall. Towns impacted during this period included (but not limited to) Exeter, Axminster, Barnstaple, Bideford, Newton Abbot, Okehampton, Ilfracombe, Exmouth, and Tiverton.

## **Intelligence gaps**

The nature of County Lines activity makes it difficult to have mapping and assessments which are up to date to reflect the impact in an area from one day to the next. Lines may be active one day but have no supply the following day, new runners may be sent down trading by different names but still be from the same source. Disruption work may also change the activity of a line.

## **Emerging threats/challenges in relation to County Lines**

One of the main challenges is in safeguarding the victims who are being cuckooed by the offenders, as they deliberately target vulnerable adults with complex needs, such as drug addicts, or people with learning disabilities etc.

The involvement of local juveniles in County Lines has not until the beginning of this year been reported upon or evidenced. 2018 has seen an escalation in exploitation of vulnerable young people from within the Force in County lines activity. Previously, County Line groups in Devon have exploited children from outside the area, mostly 15-17 year olds, male and female, missing persons. **There is a high risk of more local children being targeted and getting involved.** Children known to Children's Social Care or a Youth Offending Service are more likely to be involved in County Lines exploitation and therefore in particular areas of Devon where there is a high density of children's homes there is a higher risk of involvement. Devon has 38 care homes for children and young people which is much higher than neighbouring local authorities and 8 of these are in the Newton Abbot area. There have also been cases elsewhere in the country where young people with independent accommodation have been targeted in order to use their home as a secure base.

There is an emerging youth gang culture in some parts of Devon (Teignbridge, South Devon and Exeter), with youths at risk of becoming involved in drug abuse. There is a significant risk that these youths could become the targets of County Lines gangs and be exploited as enablers to enhance their capability.

For a more detailed assessment of youth gangs, please refer to the Devon & Cornwall Police Youth Gangs Strategic Profile<sup>2</sup>.

## **There is also a clear link between County Lines and Child Sexual Exploitation.**

Girls who are being exploited to hold and deal drugs are vulnerable to becoming more accessible to gang members wishing to sexually exploit them. It is possible that gangs or gang members use County Lines as an opportunity to also target young females for

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<sup>2</sup> Email Jenna Thomas – Strategic Analyst at Devon & Cornwall Police:  
[StrategicAnalysisTeam@devonandcornwall.pnn.police.uk](mailto:StrategicAnalysisTeam@devonandcornwall.pnn.police.uk) (stating role and purpose for viewing profile)



sexual exploitation and there has been evidence to suggest this has happened in Devon in the last 12 months.

**Further to this there also appears to be a correlation between County Lines and an increase in violent and acquisitive crimes across Devon.**

Recorded Crimes	Trend	Rate per 1,000	2016-17	2015-16	Annual Change	Comparison		Trend	
						'Most similar family'	'Most similar family'	'Most similar family'	'Most similar family'
Possession of Weapons	▲	0.4	276	207	33.3%	Below Average		▲	
Violence with Injury	▲	6.3	4,894	4,113	19.0%	Below Average		▲	

**What is the Partnership’s capability/capacity in relation to County Lines/dangerous drugs networks?**

The Safer Devon Partnership is taking the strategic lead for County Lines. There is a multi-agency working group that has been meeting regularly for over 12 months with Terms of Reference and governance and structure agreed. The aim of the working group is to develop and support the strategic objectives and the partnership approach to Prevent, Prepare and Protect. County Lines is a relatively new threat and so the partnership is still developing appropriate responses from a multi-agency perspective. Partnership working to combat the problem is being developed, with partners being urged to submit more intelligence, using a newly designed form and process. **At the time of writing the number of intelligence submissions from partners is still relatively low with the Police mainly relying on submissions from its own officers** – in particular Police Community Support Officers (PCSOs). This could present an issue given the planned cuts to the number of PCSOs across Devon and Cornwall unless partners are able to help to fill the gap in intelligence this potentially leaves.

The Police force is working at raising awareness through internal communications, police officer training and toolkits. **However, there is not enough awareness across most partner agencies and limited training available.** Some staff have been briefed in an organised way in some parts of Devon but there is currently no co-ordinated effort to do so or any oversight of how consistent or effective the briefings have been. There is poor recognition and identification of vulnerability (vs criminality).

Intensive multi-agency operations are costly to identify, investigate, disrupt and take through the Criminal Justice System. The management of County Lines still needs to be considered post disruption, through the prison service. There are also hidden costs - repairs to housing stock, treatment/rehousing/rehab for vulnerable victims (and alternative safe housing options are limited).

**Local context:**

*...Information redacted for public version of document...*

**Recommendation:** Improve intelligence gathering of partner agencies in identifying risk and vulnerability in relation to County Lines.

**Recommendation:** Review whether the impact of County Lines on numerous areas of safeguarding and business as usual requires the establishment of something more specific to counter the threat.



**Recommendation:** Partners need to be consistent in their approach to safeguarding vulnerable individuals involved in, or at risk of being involved in, County Lines activity which should include a review of whether partners need to do more in terms of prevention and early intervention to reduce the threat of local children being exploited by these gangs.

**Recommendation:** To develop and launch a guide to exploitation which will help partners to better understand how exploitation is achieved through County Lines and other forms of exploitation.

For a more detailed assessment of County Lines / Dangerous Drugs Networks, please refer to the Devon & Cornwall Police County Lines (Dangerous Drugs Networks) Serious and Organised Crime Local Profile (SOCLP).

- **Child Sexual Exploitation and Peer on Peer Child Sexual Offences**

Child Sexual Exploitation (CSE) is a specific method of abusing children which involves tricking them into believing they are in a loving, consensual relationship, or grooming them with drugs, alcohol or gifts etc. They often do not realise that they are being exploited. There is normally an imbalance of power in the relationship, through age, strength or position and so on.

### **Impact**

Online grooming can be used by strangers to develop an inappropriate relationship with the child. Children can be coerced into doing something to themselves/siblings or others. Barnardo's carried out a survey of 702 children across the UK who were accessing their services in 2016.<sup>3</sup> They found that 42% had been groomed online and 61% of these had been sexually exploited by the person grooming them. Of these, 80% had been exploited by more than one person. **In recent years, Barnardo's have seen the demographic of their service users change: in the past, it was mainly children who were vulnerable due to lack of parental support, but now the internet means that children who have no existing vulnerabilities and do have parental support are at greater risk of becoming victims than they were previously.**

Children are subjected to repeated sexual offences with physical injuries from assaults and sexual violence. Substance abuse can lead to a long-term drugs/alcohol dependency.

There are severe long term psychological impacts of Child Sexual Exploitation caused by the repeated trauma ongoing for a long period of time, creating a risk of self-harm and suicide.

There is a need for a co-ordinated multi-agency response (specialist services, police, social care, health, mental health, education), working with both the victim and the family and often long-term engagement with specialist services.

CSE is more likely to be reported through local media when cases come to light so there is potential for significant impact on local communities. There has been a rise in

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<sup>3</sup> [Barnardo's Survey on Online Grooming, Barnardo's December 2016](#)



public awareness and an expectation of a joined up regional response (police and other partners) to prevent further victims.

While some rapes are committed by under 18-year olds, the majority of offences committed by under 18 year olds are categorised as 'other sexual offences'. This can be very traumatic to the victim who rightfully feels violated and should not be subjected to any form of abuse. Sexual violence and harassment in UK schools is a national concern as the number of sexual harassment and sexual offences on school premises has dramatically increased.

Young offenders who demonstrate harmful sexual behaviour and commit sexual offences are at risk of committing more serious offences as they get older. The victims are at risk of repeat victimisation, especially if they 'normalise' the lower level of offences. **There are issues about young people's understanding of consent and coercion and healthy relationships.** Children and young people who develop harmful sexual behaviour have usually experienced abuse and neglect themselves.<sup>4</sup>

**Contextual Safeguarding** is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, children's social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts. Links to gangs, radicalisation, crime etc.

### **Prevalence and trends**

Findings from the CSEA OCLP 2017:

CSE offences appeared to be more likely in cases where females were 'friends' with older males, where the offender was in a position of trust, and then in the variety of relationships classified as 'other' because they were not friends, peers, boyfriends or family members, yet they had established a relationship with the child such that they were able to sexually abuse or exploit them.

**Peer on Peer Child Sexual Offences - Friend/peer was the most common relationship type (19%) between the victim and offender for rape and other sexual offences against children in Devon in 2016.** These offences can happen in schools, in homes and in public places.

Online Grooming - **Stranger online was the joint second (with family) most common relationship type (15%) between the victim and offender for rape and other sexual offences against children in Devon in 2016.** 85% of victims were female and where the offender's gender was known, 96% were male. The most

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<sup>4</sup> Hackett et al (2013) [Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers](#). Child Abuse Review, 22(4): 232–245.





common age of offenders (where identified) was 18-19 years old and the most common age of victims was 13-14 year olds.

**There has been an increase in reporting of offences that started online.** Facebook was the most common social platform used to make contact.

### **Intelligence gaps**

The police use 'flags' in their recording systems to identify where CSE is considered a factor. Analysis in the Devon and Cornwall Police Force Strategic Assessment states that these flags are used "sporadically, inconsistently and often inaccurately" and consequently it is difficult to accurately estimate the true extent of CSE as a factor in incidents and crime.

### **Emerging threats/challenges in relation to Child Sexual Exploitation and Peer on Peer Child Sexual Offences**

Staff in Devon schools represented at the DCFP (Devon Children and Families Partnership) Education Advisory Sub Group feel that they need more centralised support across Devon to deal with the issue of sexual harassment and sexual offences between children in schools, especially when it escalates. They feel this is vital given the recent DfE published advice: 'Sexual violence and sexual harassment between children in schools and colleges'<sup>5</sup> and the (additional) safeguarding responsibility it places on schools.

Going missing and missing from care are well established risk factors for CSE. **It is estimated that between 20-35% of children who are sexually exploited are children in care.**<sup>6</sup> This presents a particular risk in Devon with the high number of children's care homes and specifically in those areas that have a higher density of care homes (such as Teignbridge).

### **What is the Partnership's capability/capacity in relation to Child Sexual Exploitation and Peer on Peer Child Sexual Offences?**

Updated Missing and Child Sexual Exploitation forums (MACSE) tool and guidance to help professionals identify and tackle child sexual exploitation was launched in November 2017. There are three MACSE forums in Devon; North, South and Exeter & East. Partners are currently exploring broadening the remit of the Devon MACSE forums to include all forms of child exploitation, including gangs, criminal, slavery etc to recognise the changing local picture.

Police are busy dealing with increases in offences so there is not always the time for proactive preventative work and there is a current backlog of finding evidence on devices due to a lack of capacity.

Online grooming - there are not enough officers/staff to deal with volume. Offenders could be outside the UK making investigations very resource intensive. There is advanced technology for identifying offenders but it's difficult to staff.

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<sup>5</sup> 'Sexual violence and sexual harassment between children in schools and colleges – Advice for governing bodies, proprietors, headteachers, principals, senior leadership teams and designated safeguarding leads' – Department for Education December 2017

<sup>6</sup> Jago et al 2011, CEOP 2011



There is a great deal of evidence to support effective ways of working preventatively with children and vulnerable young people, and in particular to build resilience, a key aspect of keeping children and young people safe. Evidence shows that physical and mental well-being, as well as good social relationships and support, are all protective factors. Young people welcome personal development that enables them to navigate risk, to build their self-efficacy and life skills and to feel able to resist peer pressure without threatening friendships and meaningful relationships. One way in which schools can support young people to do this is through adopting an effective 'whole-school' approach to Personal, Social, Health and Economic (PSHE) and Relationships and Sex Education (RSE).

The Safer Devon Partnership Board recently took the decision to fund the development and delivery of a programme of PSHE and RSE support for secondary schools (phase one) and care settings (phase two) across Devon. The expected outcome of the initiative will be to contribute to the development of confident and skilled professionals in effectively delivering PSHE and RSE to promote the resilience of young people in everything they do.

The Devon Children and Families Partnership (DCFP) is working with Safer Devon Partners to develop an Exploitation Strategy and Adolescent Risk Pathway(s) for those adolescents who do not fit the criteria for multi-agency child protection planning i.e. when an adolescent is at risk for which their parents are not culpable in respect of significant harm - for instance serious risk associated with gangs, county lines, CSE or radicalisation.

Partners have identified a number of key areas where there is a need to develop an integrated strategic and operational approach, (in a way that all agencies understand and adopt), including for:

- Gangs/Youth Inclusion
- CSE
- Missing children
- County Lines

**Recommendation:** Partners should actively support the development of the aforementioned strategy and pathway(s).

**Recommendation:** That the Safer Devon Partnership continues to fully engage with strategic discussions regarding CSE and other aspects of child exploitation.

For a more detailed assessment of Child Sexual Exploitation and Peer on Peer Child Sexual Offences, please refer to the Devon & Cornwall Police Child Sexual Abuse and Exploitation Serious and Organised Crime Local Profile (SOCLP)<sup>7</sup>.

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<sup>7</sup> Email Jenna Thomas – Strategic Analyst at Devon & Cornwall Police:  
[StrategicAnalysisTeam@devonandcornwall.pnn.police.uk](mailto:StrategicAnalysisTeam@devonandcornwall.pnn.police.uk) (stating role and purpose for viewing profile)



- **Domestic Violence and Abuse (including Intimate Partner Sexual Violence)**

### **Impact**

*'The impact of domestic and sexual violence and abuse on the lives, and health and wellbeing of people who experience it can be devastating. The effects are far reaching, impacting on victims, their children, families, friends, co-workers and ultimately on our local communities. The emotional and personal costs of shattered childhoods and broken families cannot be measured. In extreme cases, domestic and sexual violence and abuse can lead to murder.'* Source: [Devon's Domestic and Sexual Violence and Abuse \(DSVA\) Strategy](#)

The Devon DSVA Strategy recognises that Women and men can both be victims and perpetrators of DSVA but our experience in Devon and national and international research shows that DSVA is a gendered crime where women are predominantly the victims of male violence and abuse.

Being the victim of DSVA can lead to erosion of self-esteem, substance misuse and mental health problems, self-harm and suicide. Safe Lives Insights data shows that of those who engage with specialist services, 35% have mental health problems and 20% have substance misuse problems. **There is a clear, though complex link between domestic violence and substance misuse.** Around half of all domestic violence crimes are recorded as linked to alcohol and in more than half of domestic homicide reviews one or both parties had consumed alcohol prior to the incident.

DSVA is a common feature in child protection cases. Research shows that this can result in lifelong trauma and negative effects on health and wellbeing. Children and young people experiencing violence and abuse are more likely (but not pre-determined) to repeat the patterns of behaviour they observed in childhood, creating repeated cycles of violence and abuse. **There was an increase in both the number and proportion of Child Protection Plans with Domestic Abuse indicated in the category of abuse in Devon at December 2017 compared to 12 months previous (14.6% - 17.8%). Children were present in 30% of police reported domestic abuse incidents in 2017.**

The long term psychological impacts of DSVA might require specialist intervention from partner agencies to help the victim to leave, become safe, achieve stability and recover. Long term engagement is required from specialist services; housing, social care, drug and alcohol services and mental health services etc working with the victim.

DSVA is still a taboo and a hidden crime, so the wider community is often not aware that it is happening unless it involves very loud or visible fights or arguments. There is an expectation placed on the victim and family to bring the offender to justice and pressure from the safeguarding arena and DSVA community groups. Emotional, psychological and social dynamics within the relationship and society heavily influences this process.

### **Prevalence and trends**

The annual Crime Survey for 2017 estimated that in the UK 7.5% of women and 4.3% of men experienced domestic abuse in the last 12 months. This is equivalent to 24,150



victims in Devon (15,450 women and 8,700 men)<sup>8</sup>. The level of violence and abuse experienced by women is commonly more harmful: 95% of those going to Multi Agency Risk Assessment Conference (those at the highest level of risk from Domestic Violence and Abuse) are women.<sup>9</sup>

**Police reported domestic abuse incidents in Devon increased by 17% to 9,871 in 2016-17.** Where the sex of the victim was known 76% were female and 24% were male in 2016-17.

The table below shows a breakdown of domestic abuse incidents by offence type.

Domestic Abuse Incidents - Offence Type	Trend	Rate Per 1,000	2016-17	2015-16	Annual Change
Non Crime	▼	5.5	4,276	4,958	-13.8%
Violent Assaults	▲	5.6	4,298	2,760	55.7%
Property Crime	▲	0.1	84	38	121.1%
Sexual Offences	▲	0.4	271	170	59.4%
Other Crime	▲	1.2	942	510	84.7%
<b>Total</b>	▲	<b>12.8</b>	<b>9,871</b>	<b>8,436</b>	<b>17%</b>

36% of the violent incidents resulted in injury. 271 (2.7%) of police reported domestic abuse incidents were sexual assault. The Crime Survey estimated that women are around five times more likely as men to have experienced domestic sexual assault in the last year (0.5% compared to 0.1%). This is equivalent to 1,200 victims in Devon: 1,000 women and 200 men. Women are significantly more likely than males to be victims of the most serious assaults.<sup>10</sup>

Police reported domestic abuse data will only ever show a partial picture as only the minority of DSWA is reported. **Providers report that police data does not show the true extent of intimate partner sexual violence and abuse, as these victims are less likely to go to the police. Victims are more likely to tell domestic violence services about experiences and impacts than they might tell the police.**

The Crime Survey estimates that nationally 1.2 million women experienced domestic abuse in 2017, of these only 3% will receive a Domestic Abuse service. Nationally, 80,000 women are estimated to have experienced domestic sexual assault and only 1.5% will receive a Sexual Violence service. The four Devon MARACs work with over 500 high risk victims of DVA every year.

### Domestic Homicides

In Devon there were 4 DHRs in 2015-16 and 3 DHRs in 2016-17. Characteristics of victims in Devon compared with the national picture:

- A large majority of intimate partner homicides involved the murder of a female victim by a current or previous male partner, as with the national sample
- The proportion of intimate partner homicides involving victims and perpetrators aged over 60 is higher than the national sample
- There was a slightly lower proportion of male victims than the national sample

<sup>8</sup> [Domestic Abuse in England and Wales, 2017 Crime Survey](#)

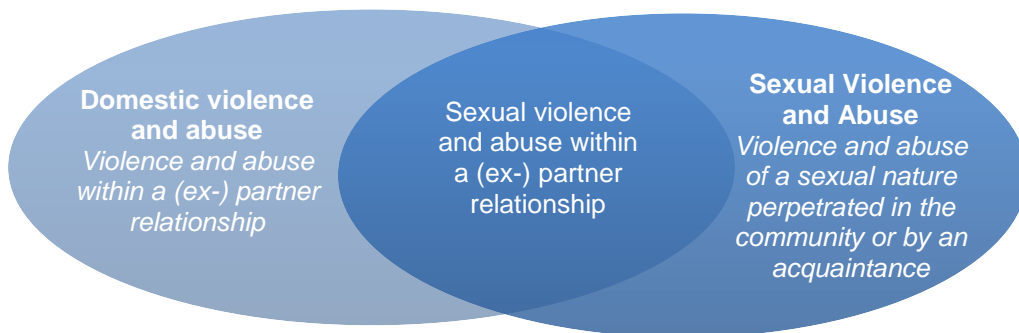
<sup>9</sup> SafeLives 2015

<sup>10</sup> [Devon's Domestic and Sexual Violence and Abuse \(DSVA\) Strategy](#)

- As nationally, alcohol/drug issues and mental health were very frequent factors Trends in victimisation seem to include incidence of older victims/perpetrators.

### Intelligence gaps

The diagram below provides a simplified description of domestic violence and abuse (DVA) and sexual violence and abuse (SVA) and the intersectionality between the two. At present our knowledge and intelligence is biased to DVA and this section reflects that. Future iterations of the Devon Strategic Assessment will seek to improve our intelligence of both issues. SVA outside of an intimate partner relationship – perpetrated in an acquaintance relationship or within the community is addressed under a separate section: Rape and Other Sexual Offences.



There is a known under-reporting of DSVAs to the police but there is good local data on those who access specialist services. There are data weaknesses around adult safeguarding cases (not recorded/recognised as domestic abuse), perpetrator information, hard to reach victims, rape in intimate relationships and rural small communities. Devon Partnership Trust (DPT) have more knowledge of adult domestic abuse victims in in-patient settings, but less so of those in the community. Also, we're currently not able to identify coercive and controlling behaviour within police reported domestic abuse incidents in Devon.

There is work to do to better understand diversity in DSVAs as it manifests in different communities and populations. For example, older people, LGBT and BME communities and for people with disabilities.

### Emerging threats/challenges in relation to Domestic Violence and Abuse (including Intimate Partner Sexual Violence)

Disabled people experience disproportionately higher rates of domestic abuse. They also

experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people.<sup>11</sup> It is estimated that 21.2% or 138,150 people aged 16 and over in Devon have a disability, compared to the national value of 19.9%<sup>12</sup>.

75% of young people aged 16-18 don't engage with domestic abuse services. This age group are at a much higher risk of becoming repeat DSVAs victims. For some young

<sup>11</sup> [Disability and domestic abuse – Risk, impacts and response, Public Health England, 2015](#)

<sup>12</sup> Based on the Census 2011 rates for long term health problem or disability where day-to-day activities are limited in some way and applied to 2016 mid-year population estimates for Devon



people, the experience of domestic abuse includes causing harm to those closest to them, including partners, parents, siblings and other family members.<sup>13</sup>

Older people are more likely to experience abuse from an adult family member or intimate partner. On average, older victims experience abuse for twice as long before seeking help as younger adults and nearly half have a disability. Yet older clients are hugely underrepresented among domestic abuse services.<sup>14</sup> 25% of Devon's population are aged 65 and over compared to 18% nationally. A high proportion of Domestic Homicide Reviews have involved older victims and perpetrators. Splitz Devon Domestic Abuse Services report that male victims who access their services account for 8% of the under 60s and 18% of the over 60s.

### **What is the Partnership's capability/capacity in relation to Domestic Violence and Abuse (including Intimate Partner Sexual Violence)?**

There is a significant financial multi-agency impact to respond to DSVAs and longer term hidden costs for mental and physical health, social care, housing etc. In order to respond effectively it needs to be a joint response between specialist services and the community as there is not enough capacity in specialist services to deal with this alone.

However, currently the bulk of funding is dedicated to supporting victims in crisis. It is widely acknowledged amongst partners that we need to do more preventative work.

### **Strategy and delivery**

Over the past two years, Devon County Council and its partners have collectively developed a Devon DSVAs (Domestic, Sexual Violence and Abuse) Strategy 2016-2021 that sets out a vision to end domestic and sexual violence and abuse in Devon. The strategy is rooted in the real-life experiences of people living in Devon who have suffered domestic and / or sexual violence and abuse. The Devon DSVAs strategy and five-year action plan can be found at [DSVAs Strategy and Action Plan](#).

The cross-cutting nature of DSVAs means that responsibility for tackling these issues sits across a wide range of different agencies. A multi-agency DSVAs Strategy Oversight Group has been established to oversee the implementation of the action plan and is accountable to the Safer Devon Partnership.

The Safer Devon Partnership (SDP) has strategic accountability for the priorities in the DSVAs Strategy. The Devon Children and Families Partnership (DCFP) have endorsed the priority to end DSVAs and this is a key component of the Children's Partnership Delivery Plan.

### **Specialist contract**

The DSVAs commissioning budget is approximately £800k per annum. This represents only a small proportion of the resources spent on DSVAs across the system. Significant additional funds and support are generated by the specialist local domestic violence and abuse organisations in Devon.

From 2018, Splitz, in partnership with NDADA (North Devon Against Domestic Abuse), SAFE (Stop Abuse For Everyone) and DRCSAS (Devon Rape Crisis and Sexual

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<sup>13</sup> [Partner exploitation and violence in teenage intimate relationships](#), Barter et al, 2009

<sup>14</sup> [Safe Later Lives: Older people and domestic abuse](#), SafeLives, 2016



Abuse Services) have come together to form the LEESAR partnership, to deliver specialist DSWA interventions. Initially, the contract will focus on short term interventions to safeguard and support adult victims of domestic violence and abuse and their children. **Over the duration of the contract, potentially, to 2027, commissioners will work with the provider and system partners to refocus the service towards challenging perpetration and supporting recovery and resilience. Being able to shift the resource will require changes across the system.**

The service is commissioned to deliver an information, advice and consultation role in relation to children and young people who have experienced domestic abuse.

1. LEESAR will monitor the outcomes of MARAC/MASH enquiries to ensure that all children of victims receive the appropriate service, regardless of where they are in the system.
2. LEESAR will support non-abusive parents who are engaged with their service to support their children and young people. Of these children and young people, there is some limited capacity to directly support children at high risk to maintain their safety.
3. LEESAR offers support and consultancy to other professionals already working with children and young people affected by domestic abuse and have devised a series of TALK Toolkits to help these professionals (see below for further information).

### **Working with perpetrators of DVA**

The Integrated Offender Management (IOM) pilot was established in May 2017 to use the multi-agency framework to provide a whole family response to domestic abuse for those convicted and for those non-statutory cases who have no convictions but significant incidence of domestic abuse. This requires involvement of the Police, Probation, drug and alcohol services, local domestic abuse support service (SPLITZ) and children's social care. The aim of the pilot is to achieve better outcomes for the abusers, victims and their children by developing an effective operating model which improves communication, information-sharing, coordination and management of those families affected by domestic abuse by all agencies involved. Safer Devon Partnership has funded two behavioural change IDVAs to support perpetrators who have not been convicted and the OPCC is funding a two-year evaluation of the pilot. One of the Behaviour Change IDVAs is working within Exeter IOM with non-statutory perpetrators to change their behaviour. The other Behaviour Change Lead has been funded to support the new substance misuse service (Together Drugs and Alcohol Service) to effectively identify and challenge the behaviour of perpetrators who misuse substances.

### **Operation Encompass**

Operation Encompass is the reporting to schools before the start of the next school day when a child or young person has been involved or exposed to a domestic abuse incident the previous evening. The information is given in strict confidence to a school's Key Adult to enable support to be given dependent on the needs and wishes of the child. Operation Encompass went live across Devon at the end of November, following roll-out training sessions with Designated Safeguarding Leads and their deputies across the county throughout November.



In Devon, we have added a bespoke 'bolt-on' partnership support session as an additional part of the Operation Encompass training package. This session has been designed and is being delivered in partnership between the Splitz, Early Help and the Multi Agency Safeguarding Hub (MASH). At each session each Designated Safeguarding Lead receives a printed copy of the Splitz TALK Toolkit - an educational toolkit for use in schools to help prevent Domestic Violence and Abuse and encourage discussion and debate around healthy relationships and self-esteem.

### **Healthy relationships in schools**

The Safer Devon Partnership (SDP) Board recently agreed to fund the development and delivery of an integrated programme of personal, social, health and economic (PSHE) and

relationships and sex education (RSE) support for secondary schools (phase one) and care settings (phase two) across Devon. The expected outcome of the initiative will be to contribute to the development of confident and skilled professionals in effectively delivering PSHE and RSE to promote the resilience of young people in everything they do.

A key component will be healthy relationships.

### **Improving Referrals to increase Safety, IRIS**

The NHS spends more time dealing with the impact of violence against women and children than almost any other agency and is often the first point of contact for women who have experienced violence. The health service can play an essential role in responding to and helping prevent further DVA by intervening early, providing treatment and information and referring patients to specialist services. Devon has commissioned IRIS to work with GPs to embed clinical enquiry in 50 GP practices across Devon and Torbay. This is funded from Home Office, Violence Against Women and Girls funding to March 2020<sup>15</sup>. Devon is trialling the addition of a sexual violence and abuse component to IRIS.

### **Capacity and Sustainability**

**There has been a 20% increase in MARAC cases to specialist DSVAs in the 12 months to Sept 2017 compared with the previous 12 months.** Encompass and IRIS will both increase awareness of DSVAs and potentially increase referrals to specialist services. Supporting victims and responding to DSVAs are priorities of Children's Services and the Office of the Police and Crime Commissioner. Work has been initiated with Adult Social Care to better understand the nature and impact of DSVAs in the lives of older people and people involved in adult social care. This is to be welcomed and will help maintain the push towards meeting the SDP's strategic vision of ending DSVAs.

This continued attention and effort will, we expect, increase referrals to specialist services.

### **DSVA and Substance Misuse**

Devon County Council commissions a range of statutory and non-statutory provision and interventions for people with support needs in relation to substance misuse, domestic and sexual violence and abuse (DSVA) and homelessness. Some people

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<sup>15</sup> <http://www.irisdomesticviolence.org.uk/iris/domestic-abuse-and-health/introduction/>





will have additional support needs such as mental health issues, history of trauma and offending. Many of these individuals and families will be vulnerable and some will have multiple needs.

Through listening to individuals, families and stakeholders, we learned that people whose lives have complex challenges struggle to access the right help and support at the right time as so many services are commissioned separately and see the 'problem' and not the person. The recent tendering process for DSVAs and drug and alcohol services was the beginning of what will be a long-term process to work more collaboratively with a range of key partners across Devon. Both service specifications contained a similar vision and set of principles in the way we work with people and with each other. Collaboration is written into what we expect from the new services so that people are supported to long-term independence through building healthy lifestyles, healthy relationships, healthy families and healthy communities.

Evidence shows that around four in ten men attending drug and alcohol services had been physically or sexually violent to their intimate partner in the previous 12 months. This rises to around seven in ten for psychological abuse, far higher than among the general population (Hughes, Fitzgerald, Radcliffe and Gilchrist, 2015). From June 2018, the new drug and alcohol treatment service will host the Behaviour Change IDVA in order to promote safe and effective ways of working with people who perpetrate violence who are in the treatment system.

**Recommendation:** Maintain the focus on DSVAs as a strategic priority for the Safer Devon Partnership:

- Ensure partnership commitment and organisational alignment with the objectives of the DSVAs strategy
- Ensure sufficient resources are available to respond to identified need
- Develop a robust and useful dashboard to identify progress and difficulties in delivery of the DSVAs strategy.
  
- **Problem Drinkers**

### **Impact**

Excessive drinking is a major cause of disease and injury, both short term due to alcohol poisoning, alcohol-related violence and the consequences of risk taking behaviour, and longer term due to the effects of regular alcohol misuse on mental and physical health. Acute and chronic conditions require hospitalisation and can lead to cancers, cardiovascular disease, liver disease etc. There is often an underlying psychological trauma that has led to alcohol dependency which requires specialist intervention. There is a long-term impact upon the individual as a potentially chaotic lifestyle can lead to financial instability, lack of regular income, mental health issues and addictions. This can increase the threat to an individual's recovery capital by putting at risk secure housing, support networks and finance etc.

Alcohol misuse has a big impact on not just the individual but their whole family. Having parents who drink in excess can have a negative and traumatic effect on children. Substance misuse has been described as one of the 'toxic trio', this along with domestic abuse and mental-ill health have been identified as common features of



families where harm to children has occurred. These three factors are viewed as indicators of increased risk to children and young people.

There are also visible impacts on the community in terms of anti-social behaviour, alcohol related litter, street drinking, homelessness, and chaotic behaviour which can have a potential negative impact on people wanting to live in the area and increase fear of crime. This can result in pressure from community groups to resolve the issues requiring a combined multi-agency response.

### Prevalence and trends

Based on the 2014-2015 prevalence estimates there are 7,095 adults living in Devon with alcohol dependence, 74% of which are males. 43% are aged 35-54 and 22% aged 25-34. This represents 1.139% of the 18+ Devon population which is slightly under the national dependence rate of 1.393%.<sup>16</sup> Dependent drinkers need specialist assessment and treatment, in the community and hospitals.

The table below shows a breakdown of alcohol related crime by offence type. There has been a 5.7% increase in violent assaults in Devon in 2016-17.

Alcohol Related Crime - Offence Type	Trend	Rate Per 1,000	2016-17	2015-16	Annual Change
Violent Assaults	▲	3.4	2,606	2,465	5.7%
Property Crime	▶	0.6	435	451	-3.5%
Sexual Offences	▶	0.2	186	189	-1.6%
Other Crime	▶	1.4	1,091	1,085	0.6%
<b>Total</b>	▲	<b>5.6</b>	<b>4,318</b>	<b>4,190</b>	<b>3.1%</b>

The table below shows the trend in alcohol related hospital admissions by each Community Safety Partnership. All CSPs have shown a slight decrease over the three-year period with a 2.1% decrease in Devon overall.

Community Safety Partnership	Trend	Rate per 1,000	2016-17	2015-16	2014-15	Change 2014-17
East & Mid CSP	▶	17.0	3,706	3,787	3,763	-1.5%
Exeter CSP	▼	16.1	2,044	2,082	2,168	-5.7%
Northern CSP	▶	23.3	3,726	3,689	3,732	-0.2%
South Devon & Dartmoor CSP	▶	20.2	5,424	5,474	5,562	-2.5%
<b>Devon Total</b>	▶	<b>19.3</b>	<b>14,903</b>	<b>15,034</b>	<b>15,227</b>	<b>-2.1%</b>

Source: Public Health England<sup>17</sup>

According to the 'What about Youth' survey of 15-year olds, 19% of young people in Devon who completed the survey reported that they were drunk within the last 4 weeks and this rate was significantly higher compared to the England average of 14.6%.<sup>18</sup>

### Devon is an outlier for under 18s alcohol-related hospital admissions with a rate

<sup>16</sup> Estimates of Alcohol Dependence in England based on the Adult Psychiatric Morbidity Survey (APMS) 2014, Public Health England (2017)

<sup>17</sup> [Local Alcohol Profiles for England](#), Public Health England

<sup>18</sup> [Health behaviours in young people](#), Public Health England



of 45.5 per 100,000 population compared to an England rate of 34.2 for 2014/15 – 2016/17.

### **Intelligence gaps**

The estimates used for problem drinkers are from Public Health England (PHE), which uses a consistent methodology for all local areas. However, the above details dependent drinking estimates but other options are percentage of adult's binge drinking on heaviest drinking day or percentage of adults drinking over 14 units of alcohol a week.

Police data locally on alcohol-related crime is weak as it is under-reported. Related sexual offences are also under-reported. The Assault-Related Injuries Database (ARID) in A&E hospital departments provides some additional local data on non-reported crimes which adds to our understanding.

### **Emerging threats/challenges in relation to problem drinkers**

**The main emerging threats include ageing entrenched drinkers with complex multiple needs (health, mental health, homelessness) who are higher risk and dependent drinkers and who are also placing a significant burden on public services.** A number of studies suggest that around 6 – 7% of all alcohol related hospital admissions are by these high-risk repeat attenders (Blue Light Project) and Addaction (Drink Wise Age Well drug and alcohol service) has seen a growing trend in the over 50s in terms of health risks. However, given the stigma attached to heavy drinking, it is often difficult to access this group as they are reluctant to engage.

Despite recent declines, the proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries. The prevalence section evidences that young people drinking is an identified problem in Devon. 'Preloading' is a particular issue amongst the student population (mainly Exeter) as it is cheaper to drink at home prior to going out to bars and clubs. The average spend in a club is £6 per person.

### **What is the Partnership's capability/capacity in relation to problem drinkers?**

There is a national alcohol strategy but it does not appear to be a Government priority - for example, there is no real commitment to implement minimum price, promote new units advice or push for alcohol relabelling. There is a consultation on a new Government alcohol strategy at present.

Problem drinking is costly in a number of respects – it not only impacts on health but also the economy (for instance, if individuals need to take time off due to alcohol-related health issues). It also has an impact on crime and disorder (including anti-social behaviour) and there are also significant costs for health and emergency services which can be a considerable drain on resources.<sup>19</sup>

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<sup>19</sup> [The Public Health Burden of Alcohol and the Effectiveness and cost-Effectiveness of Alcohol Control Policies: An evidence review](#), Public Health England, 2016



**While specialist parts of the system have the knowledge and expertise required, the wider system does not, which means that issues are not being picked up nor intervention offered at an early enough stage.**

In supporting individuals who misuse substances the new contract for the specialist service (Together Drug and Alcohol Service) outlines a trauma informed approach, where providers across the system support individuals to build trusting relationships, think whole family, identify the assets and connect the individual to outreach provision. There is also a key requirement over the life of the contract for the service to work more closely with partners across the County by raising awareness, knowledge, skills and confidence across the workforces to address issues of drinking and drug use earlier.

There are a number of services commissioned to support individuals who are drinking alcohol at increasingly harmful levels:

- OneSmallStep Healthy Lifestyles offer (commissioned by Public Health Devon) <https://www.onesmallstep.org.uk>
- Drink Wise Age Well – for people 50+ (Big Lottery funded partnership) <http://drinkwiseagewell.org.uk>
- Together Drug and Alcohol Service- for adults who are drinking at harmful levels (commissioned by Public Health Devon) <http://www.edp.org.uk/together>
- Y-Smart (commissioned by Devon County Council, Specialist children and young people substance misuse service) <http://www.y-smart.org.uk/>

Additionally, Public Health Devon promote the Alcohol Concern ‘Blue Light Approach’ across Devon which looks at a different approach to working with ‘entrenched’ drinkers. This includes addressing multiple physical health needs in a multi-agency way, seeking to engage with people and establish referral pathways with complex care teams and Hospital services.

### **Local Context**

59.4% of incidents which took place during the night time economy period were alcohol related and are more likely to result in injury. Rates of alcohol related incidents tend to be higher in areas such as central Exeter and North Devon. Consequently, much of the work at the moment to tackle this issue is focused on these areas:

- The Best Bar None National scheme, supported by the Home Office and aimed at promoting responsible management and operation of alcohol licensed premises, appears to be reducing anti-social behaviour and crime in Exeter (<http://www.bestbarnoneexeter.co.uk/>)
- The Taxi Marshall Scheme was introduced in Exeter to tackle crime and disorder, address anti-social behaviour and give those wishing to travel late at night an increased feeling of safety. The Scheme has been effective at diffusing and preventing the escalation of issues. This has further been helped by foot patrols by the police and radio partnerships between agencies
- In Northern Devon, the Street Marshall scheme has been operating very successfully for some years, where door staff have been trained and monitor the area around the clubs for a period of time after closure
- Community Liaison Officers (Exeter University) and Exeter City Council work well together to look after the welfare of students, with specific activity planned



- during Fresher's week. This has resulted in reduced complaints regarding noise, sexual assaults and alcohol-related violence
- The Amy Winehouse Foundation Resilience Programme (drug and alcohol awareness and prevention programme) in secondary schools appears to be effective

**Recommendation:** Continue to build on the network of trained Blue Light trainers to increase awareness of the needs of long term problematic drinker's system-wide and develop further the referral pathways with complex care teams and Hospital services.

**Recommendation:** Look to expand the successful programmes operating in Exeter and North Devon to other areas with high levels of alcohol related incidents.

- **Problem Drug Use and Drug Related Deaths**

### **Impact**

Drug misuse is a significant cause of ill health and premature death in England. The Global Burden of Disease (2013) identified that drug use disorders in England are the third ranked cause of death in persons aged 15 to 49.

There are long term health impacts of drug taking both physical and psychological and hospitalisation is potentially required. Drug use, other than recreational drug use, can be a symptom of other underlying issues such as psychological trauma or mental health issues. Drug misuse has a big impact on communities, the whole family and is one of a number of factors with a proven traumatic impact on children (Adverse Childhood Experiences, Warren Larkin et al).

### **Prevalence and trends**

Nationally, around 1 in 12 (8.5%) adults aged 16 to 59 had taken drugs in the last year.<sup>20</sup> In Devon, this would equate to approximately 34,000 persons. Over the last 5 years, trends in drug misuse prevalence have remained relatively static, although there is growing evidence of the impact of dangerous drug networks (County Lines) in Exeter, market and coastal towns and rural communities in Devon.

There were 207 young persons referred into the Y-Smart service for drug treatment in 2015/16. The majority of referrals were from education services, similar to the England average. In Devon referrals from the Youth Offending Team were significantly higher compared to the England average. It is well recognised that substance misuse is considered to be a contributory factor for youth offending, along with low attainment, school absence, teenage pregnancy and mental health problems.

The table below provides a breakdown of drug related offences by Community Safety Partnership. There has been an increase in all areas across Devon with the highest increases in South Devon and Dartmoor CSP and Exeter CSP. Cannabis is the most prevalent drug found to be in 63% of drug related offences in 2016-17.

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<sup>20</sup> [Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales](#)

Community Safety Partnership	Trend	Rate per 1,000	2016-17	2015-16	Annual Change
East & Mid CSP	▲	0.9	194	190	2.1%
Exeter CSP	▲	4.0	506	364	39%
Northern CSP	▲	2.2	349	311	12.2%
South Devon & Dartmoor CSP	▲	1.6	431	304	41.8%
<b>Devon Total</b>	▲	<b>1.9</b>	<b>1,480</b>	<b>1,169</b>	<b>26.6%</b>

The table below provides a breakdown of drug related deaths by Community Safety Partnership. **Nationally and in Devon the number of drug related deaths are increasing.**

Community Safety Partnership	Trend	Rate per 100,000	2017	2016	Annual Change
East & Mid CSP	▼	3.2	7	9	-22%
Exeter CSP	▲	9.4	12	6	100%
Northern CSP	▲	4.4	7	2	250%
South Devon & Dartmoor CSP	▶	3.0	8	8	0%
<b>Devon Total</b>	▲	<b>4.4</b>	<b>34</b>	<b>25</b>	<b>36%</b>

Please note: Based on location at time of residency, in 2017 there were an additional 2 drug related deaths where the CSP area was unknown and 2 that were from out of area. In 2016 there were an additional 4 drug related deaths where the CSP area was unknown and 1 with no fixed abode. Inquests can take place up to 18 months after the date of death and so the data presented is subject to change.

2017 saw an increase in male deaths and this pattern appears to be repeating for 2018. The greatest prevalence remains those aged 18-49 years with a slight rise in deaths amongst persons aged under 40. We have seen increases in Exeter, North Devon and West Devon in 2017 compared to 2016. In 2018 the number of deaths in these areas is already above 2016 levels. The majority of drug related deaths occur in the winter months. The specialist treatment service was able to report that 13 (34%) of the 38 drug related deaths in 2017 were individuals known to treatment services.<sup>21</sup>

### Intelligence gaps

Opiate and crack use is more readily identified locally; other drug use less so. There is also a rising national concern about the availability of some other opiate-like substances, such as fentanyl which is stronger than morphine, and other medication such as pregabalin and gabapentin (see below).

### Emerging threats/challenges in relation to problem drug use and drug related deaths

There were a total of 2,712 adults in treatment in Devon in 2015/2016. The most prevalent substance category was opiates, followed by alcohol only, this is similar to the national picture. **Overall, there are higher rates of adults in treatment aged between 30 and 49 years of age and the complexity of these individuals is**

<sup>21</sup> Drug Related Deaths Report July 2018, Public Health Devon



**increasing.** Hospital data also indicates that Accident and Emergency attendances related to drugs and alcohol are increasing, as are hospital admissions due to drug related mental and behavioural disorders.

We are seeing a slight increase in the use of crack cocaine, and a growth in the complexity and vulnerability of drug users, similar to the national picture<sup>22</sup>.

There is an increase in poly drug use (the use of two or more psychoactive drugs in combination to enhance the effect). Other drugs used are non-opiates including cannabis, amphetamines, steroids, cocaine and crack cocaine and new psychoactive substances (or 'legal highs'), and illicitly obtained prescription/medication. There is evidence to suggest both young people and adults are increasingly using the Dark Web to purchase drugs. There are also very few drug users who don't also drink.

Fentanyl was mentioned in 58 death certificates in 2016 (ONS 2017), along with other drugs such as pregabalin and gabapentin which potentiate the effects of opiates and have been implicated in some deaths nationally (111 and 59 respectively, ONS 2017). To date Devon has not seen a death where these substances are implicated. However, the potential rise in fentanyl in drug related deaths (DRDs) has meant that the Police must wear full personal protective clothing (PPE) when attending certain suspected DRDs, as the effects are easily inhaled or transferred via contact with the skin. Carfentanyl is often purchased online and could drive more drug related deaths (a unit of carfentanyl is 100 times as potent as the same amount of fentanyl, 5,000 times as potent as a unit of heroin and 10,000 times as potent as a unit of morphine).

### **What is the Partnership's capability/capacity in relation to problem drug use and drug related deaths?**

Treatment services are costly and the knock-on impacts on the wider system (housing, social care, health, police/Criminal Justice System) are significant, particularly for those not engaged with treatment. There is also a significant impact on families and children. Services and agencies increasingly need to work more closely together to share resources and improve outcomes for individuals and families.

Take-home Naloxone is one of the most important factors in reducing drug related deaths. It can be administered by anyone who has had a brief training session from the drug treatment service. Naloxone reverses the effects of an opiate overdose to keep someone alive while waiting for an ambulance. Between Feb 2017-March 2018, RISE (the drug and alcohol treatment service up to March 2018) recorded 11 events where Naloxone has been used to save lives in Devon. Naloxone can be given to drug users and their families, housing support agencies, day centres and anyone who may be in contact with drug users.

**Most deaths are people not in treatment (higher proportion in 2017 but still less than half), which suggests there is more work to do to engage hard to reach groups and to educate other parts of the system so that staff (outside of specialist drugs and alcohol services) are better able to identify the individuals at risk and signpost/refer appropriately.**

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<sup>22</sup> [An evidence review of the outcomes that can be expected of drug misuse treatment in England](#), Public Health England 2017



Partners are working with the Coroner to improve the Drug Related Deaths Review process in order to identify learning and promote best practice. The Safer Devon Partnership is currently conducting research into drug-related deaths and serious illness, which includes focus on young people alongside older age groups. This research will assess the nature and scale of this issue and appraise current responses, with a view to informing future approaches to problem drug use.

In supporting individuals who misuse substances the new contract for the specialist substance misuse service outlines a trauma informed approach, where providers across the system support individuals to build trusting relationships, think whole family, identify their strengths and connect the individual to outreach provision. Additionally, there is a renewed emphasis on harm reduction and outreach which is to start to address the level of avoidable deaths from drugs and/or alcohol.

**Recommendation:** Increased impetus to engage with individuals across the county who have not accessed treatment services previously and to maintain a harm reduction focus within the Together Drug and Alcohol Service.

**Recommendation:** Continue the roll out of take-home Naloxone across Devon to increase access for vulnerable groups.

**Recommendation:** Work with Children and Family partners to maintain a 'whole family' approach.

**Recommendation:** Co-location of drug and alcohol workers with a wide range of partners across the county.

**Recommendation:** Work with the Coroner, Police, and other partners to improve the Drug Related Deaths Review process in order to identify learning and promote best practice.

**Recommendation:** Work with partners to improve collaboration between services and agencies.

- **Modern Slavery**

**Impact**

Modern slavery is an umbrella term that covers the offences of human trafficking and slavery, servitude and forced or compulsory labour. The physical impact can include neglect, malnourishment, control through an exploitation of a drug addiction and physical abuse. There are long term psychological impacts that require specialist intervention. The victim requires partner agency work to leave the situation, become safe, achieve stability and recover. The victim is enslaved with complete deprivation of financial means to support themselves and loss of personal items. Money is withheld from them for services being provided. Offenders will often target homeless people to exploit.

There is an expectation at both a national and local level that we should have a county-wide response that prevents modern slavery and finds and helps victims.



### Prevalence and trends

Nationally 5,145 potential victims were submitted to the National Referral Mechanism (NRM) in 2017; a 35% increase on 2016.<sup>23</sup> British nationals made up the highest number of cases for the first time, followed by people from Albania and Vietnam. The number of children thought to be victims rose by 66% to 2,118 from 1,278 in 2016. The National Crime Agency (NCA) said the increase in child referrals was partly because of the growth of County Lines. Investigators said this was largely the reason for the rise in the number of UK nationals involved - up to 819 last year from 326 in 2016. The report found that forced labour accounted for 2,352 cases - almost half of all referrals. The figures also showed that in a third of cases (1,744) it was suspected that people had been exploited for sexual purposes.

Devon and Cornwall have been keeping a record of NRM referrals since March 2016. In that first year, 25 referrals were recorded. In 2017 this rose to 51 referrals. In the first three months of 2018, there have already been 21 referrals recorded, which indicates that there should be significantly more in 2018 than the previous year. It is not possible to report on the number of NRM referrals for Devon alone, but it is possible to look at the police reported offences in Devon (see below).

Police reported modern slavery crimes in Devon increased by 129% in 2017-18 on the previous year.

Year	Devon
2015-16	3
2016-17	7
2017-18	16
<b>Total</b>	<b>26</b>

Includes the number of crimes that were recorded in each year, although some of the crimes were later 'no crimed' following investigation

Half of the offences over the last three years in Devon and 38% in 2017-18 were for holding a person in slavery or servitude.

Offence Description	2015-16	2016-17	2017-18	Total
Arrange or facilitate travel of another person with a view to exploitation		3	3	6
Commit offence other than kidnapping or false imprisonment with intent to commit human trafficking offence			3	3
Hold person in slavery or servitude	3	4	6	13
Knowingly hold another person in slavery / servitude			1	1
Require person to perform forced or compulsory labour			3	3
<b>Total</b>	<b>3</b>	<b>7</b>	<b>16</b>	<b>26</b>

<sup>23</sup> [Modern Slavery and Human Trafficking: National Referral Mechanism Statistics Annual Report 2017](#)  
National Crime Agency, published 26/03/2018



### **Intelligence gaps**

Modern slavery is a highly complex and hidden crime which makes it challenging to accurately measure its prevalence. Very little information is recorded and collected specifically as modern slavery. Cases are starting to be identified however, as awareness is being raised across front-line services about what to look for.

However, as this is very much a 'hidden crime' awareness amongst the general public is still very limited which means that very little intelligence is coming directly from this source.

### **Emerging threats/challenges in relation to modern slavery**

The link made nationally with the increase in British National and child victims and County Lines is a risk in areas where we know there are active County Line gangs.

### **What is the Partnership's capability/capacity in relation to modern slavery?**

There is a strong national drive following the introduction of the Modern Slavery Act and the National Strategy.

The Devon Anti-Slavery Partnership was established in September 2018 and will provide strategic direction and response to modern slavery and human trafficking. The Partnership's Delivery Plan, based on the '4 Ps', has prioritised awareness raising, improvements to guidance, policies and practice, and improvements to intelligence collection and sharing. One of the strategic aims is to ensure modern slavery is considered as daily business. This Delivery Plan is closely aligned to the operational work of the Devon and Torbay Migrant Workers Action Group, ensuring an effective, joined-up, approach to tackling modern slavery and human trafficking.

The potential costs in terms of identifying, investigating, disrupting and taking cases through the Criminal Justice System are significant. In addition, there are often other costs including interpreters and support for victims (food/temporary accommodation/clothes/counselling etc).

Partners are actively seeking to share information and raise awareness, but there is still not enough awareness across most partner agencies (or indeed within communities across Devon). Partners have, over the last year, been encouraged to submit intelligence to the Police via a specially designed form and process but the returns to date have been very low.

The Safer Devon Partnership is developing a web-based educational guide to inform frontline professionals about exploitation. The guide lends specific focus to modern slavery and human trafficking and highlights its links with other forms of abuse. Additionally, it provides the following:

- A concise overview of the key forms of exploitation affecting Devon (including modern slavery)
- A contextual, holistic focus on 'exploitation' and 'vulnerability', reflecting recognition that these issues cannot be viewed in 'siloes' terms
- Concise guidance for reporting safeguarding concerns and intelligence, providing a streamlined and easy-to-understand alternative to existing reporting guidance

The guide will be rolled out amongst statutory, non-statutory and voluntary sector workers within Devon in early 2019.



## Local Context

The highest increases in police reported modern slavery crimes in 2017-18 were in South Devon and Dartmoor CSP and Exeter CSP. However, this does not necessarily show that prevalence is highest in South Devon as it could indicate that partnership working and intelligence has led to more pro-active work and identifying of modern slavery in this area.

Community Safety Partnership	Trend	2017-18	2016-17	Change 2016-18
East and Mid Devon CSP	▲	2	1	100%
Exeter CSP	▲	4	1	300%
North Devon and Torridge CSP	▼	1	4	-75%
South Devon and Dartmoor CSP	▲	9	1	800%
<b>Devon Total</b>	▲	<b>16</b>	<b>7</b>	<b>128.6%</b>

Please note: large percentages due to small numbers involved

**Recommendation:** There is a need for greater ownership and clearer strategic direction with regards to Modern Slavery at both a Peninsula and local level and partners need to actively support the development of a robust delivery plan.

**Recommendation:** There is a need to have a fresh look at local communications to make partner agencies and the general public more aware of the issue and that it does happen in Devon.

For a more detailed assessment of Modern Slavery, please refer to the Devon & Cornwall Modern Slavery and Trafficking Serious and Organised Crime Local Profile (SOCLP)<sup>24</sup>.

- **Terrorism, Radicalisation, Extremism**

Violent extremism refers to the beliefs and actions of people who support or use violence to achieve ideological, religious or political goals. Radicalisation can be defined as:

‘the process by which people come to support terrorism and violent extremism and, in some cases, then join terrorist groups’.

The UK faces a range of terrorist threats including international terrorism, Northern Ireland related terrorism and extreme right-wing terrorism.

## Impact

While there have been no terrorist incidents in Devon in the last 12 months, the national threat level is Severe (which means an incident is highly likely), so it is important to assess the potential impact of an incident occurring. If there was an incident there could be mass casualties and loss of life. Survivors and affected individuals suffer trauma and long term psychological impact. Loss of business property and potential

<sup>24</sup> Email Jenna Thomas – Strategic Analyst at Devon & Cornwall Police:  
[StrategicAnalysisTeam@devonandcornwall.pnn.police.uk](mailto:StrategicAnalysisTeam@devonandcornwall.pnn.police.uk) (stating role and purpose for viewing profile)



loss of / long term incapability to those running businesses can lead to longer term financial hardship for those affected by business closure, loss of trade. A major incident would require a co-ordinated multi-agency response in the immediate, medium and long term (blue light response, post-incident support, prevention); with large and long-lasting impacts on the community. There is a public expectation of robust and visible governmental counter terrorism response to protect residents and safeguard against future incidents. Medium term impact to environment, damage to buildings in surrounding area, potential to poison environment.

Despite no related incidents, each year a number of individuals are identified as being at risk of radicalisation. During the radicalisation process, it is possible to intervene to prevent vulnerable people from being drawn into terrorist related activity. In Devon, Prevent Case Management (PCM) is used to manage referrals and if deemed suitable for the Channel process, the Case Management Information system is used to record and evaluate vulnerable individuals, working alongside other safeguarding partnerships. This support has successfully reduced the risks and has placed a range of supportive measures to people and families.

### Prevalence and trends

There was a 33.19% decrease in PREVENT referrals across Devon and Cornwall in 2017 compared to 2016, with a 15.29% decrease in referrals in Devon.

Referrals from LA	Trend	2017	2016	Change 2016-17
Devon	▼	72	85	-15.29%
Plymouth UA	▼	37	60	-38.33%
Cornwall UA	▼	31	52	-40.38%
Torbay UA	▼	13	32	-59.38%
<b>Devon &amp; Cornwall Total</b>	▼	<b>153</b>	<b>229</b>	<b>-33.19%</b>

This decrease is most likely due to the national dictated policy decision whereby only those referrals which were of a clear CT/DE nature would be recorded. This policy has now reverted to the previous position and all referrals are recorded. This is likely to see an upturn spike in referral numbers next year.<sup>25</sup>

The largest referral themes in Devon were 'Not inspired by a specific group', 'Daesh related extremism' and 'None'. Males accounted for the majority of referrals. Schools were the top referring agency in Devon (28%), with the second largest being HE/FE (24%) followed by Local Policing (18%).

### Intelligence gaps

Every year a Counter Terrorism Local Profile (CTLP) is produced by the SW Counter Terrorism Intelligence Unit that assesses the risk, threat and vulnerability from terrorism related activity within a specific area. The report includes a series of recommendations for partners to review and respond to. The quality of the CTLP has improved as partners now play a more active role in helping to inform them with soft intelligence. There is good overall awareness, with threats and risks related to people and place identified in the CTLP and shared with partners. The CTLP is as accurate

<sup>25</sup> Devon & Cornwall Police 2018 Counter Terrorism Local Profile (CTLP)



as it can be but there will always be unknown/unpredictable risks - including from out of county threats.

There are still gaps in our knowledge that may or may not present a risk. For instance, there is an increasing number of home-educated children and young people in Devon – 1275 in 2016/17:

Academic Year	Number of registered EHE students	% of total school population
2012/13	521	0.4
2013/14	750	0.4
2014/15	766	0.4
2015/16	1,018	1.1
<b>2016/17</b>	<b>1,275</b>	<b>1.4</b>

However, these figures do not reflect the true number of home educated students in Devon as there is currently no legal requirement to register with the Local Education Authority if the child has never been to school<sup>26</sup>. Although there is no local evidence to suggest that these children and young people are at any greater risk of radicalisation - it is a significant unknown that the Partnership needs to be aware of (particularly given that the majority of PREVENT referrals come from schools).

It is also worth noting that Devon is seeing a steady increase in the number of home educated students registered with statements/Education Health Care Plans (from 33 in 2012/13 to 57 in 2016/17). Again, on its own, this is no cause for concern but given that both national and local CHANNEL data suggests that people with autism are more likely to be at risk of radicalisation, or exploitation in other ways, and are more likely to unknowingly be coerced into risky behaviour it is important that partners are aware that some of these young people might have autism and might therefore be at greater risk of radicalisation.

**Recent discussions with partners have revealed the need to further explore the experience of our front-line staff (such as social care workers)** as they could prove to be a very useful source of intelligence in terms of identifying risks and reporting concerns at an early stage.

### **Emerging threats/challenges in relation to problem terrorism, radicalisation, extremism**

**The biggest threat in terms of incidents to Devon is from ‘lone actors’ – individuals who plan attacks independently of a network.** Due to the isolated nature of their attack planning, lone actors are considerably more difficult to identify and disrupt than those who plan as part of a group. There have been three high-profile lone actor cases that have had a ‘footprint’ in Devon in the last 10 years:

- Nicky Reilly who was responsible for the Giraffe restaurant bombing in 2008;
- Damon Smith who grew up in Devon was found guilty and sentenced in 2017 for planting a home-made bomb on the London Underground; and,

<sup>26</sup> At the time of writing the Department for Education had just launched a consultation on whether a mandatory registration system for families choosing to educate their children at home should be introduced.



- Ciaran Maxwell, a former Royal Marine, who was sentenced to 18 years in prison in July 2017 for offences related to dissident republicanism, including bomb-making and storing stolen military weapons. At the point he was arrested he was living in Exminster in Devon.

Research suggests that those diagnosed with Autism Spectrum Disorder (ASD) could be more at risk of being radicalised. It follows a number of high-profile cases where autism appears to have played a role in the offender's behaviour. This is reflected in the aforementioned cases in Devon where both Nicky Reilly and Damon Smith had Asperger Syndrome (a type of ASD). **Around 75% of CHANNEL cases in Devon over the last two years concerning young people, involved individuals with ASD.**

The Safer Devon Partnership (SDP) and Devon County Council (DCC) jointly commissioned the development and delivery of 'Autism and Vulnerability' training to deliver an awareness of risk factors and an overview of the key differences in autism; highlighting how these differences can contribute to an increased risk of exploitation, radicalisation and grooming. The training and awareness sessions were rolled out to 421 parents and carers, educational professionals and social care, youth sector and police sector professionals in the autumn of 2017 and the feedback was very positive (with 94% of those attending considering the training to be 'very worthwhile').

In terms of horizon scanning, Asylum dispersal is likely to be pushed harder by Home Office over the next year in terms of a wider Devon roll out which could have an impact on community cohesion as could the latest changes in benefits and housing which may bring further pressures and tensions to the most vulnerable communities.

#### **What is the Partnership's capability/capacity in relation to terrorism, radicalisation, extremism?**

Devon is assessed as a low risk area but clearly if any incident took place in Devon it would attract both national attention and scrutiny. The reputational damage would be significant if the Partnership failed to identify risk and respond appropriately to prevent it.

In 2011, the government set out a new 'PREVENT' strategy to tackle violent extremism of all kinds as well as some aspects of non-violent extremism. PREVENT is part of the government's counter-terrorism strategy and is ultimately about safeguarding people and communities from the threat of terrorism.

Since 2015, specified authorities (including the Police, Local Authorities, NHS Trusts, Schools, Prisons etc) have had a statutory duty to 'have due regard to the need to prevent people from being drawn into terrorism'.

In order to fulfil the duty specified authorities need to have, amongst other things, robust partnership arrangements in place, an effective risk assessment process, an agreed process in place for the referral of those identified as being at risk of



radicalisation, a CHANNEL<sup>27</sup> Panel with representation from all relevant sectors and a training programme for relevant personnel.

Over the last 12 months, partners have worked together to make improvements across all of the aforementioned areas. For example, the Devon and Torbay PREVENT Partnership has recently revised its Terms of Reference to strengthen accountability and provide greater clarity regarding role and responsibilities. Changes have also been made to the CHANNEL process to improve effectiveness which has resulted in improved partner engagement and attendance at Panel meetings and active input from providers such as DYS Space (the commissioned youth service for Devon). There is enhanced joint working across the peninsula too and plans for Devon and Torbay to peer review each other's Channel Panel.

The earlier a PREVENT referral is made, the earlier CHANNEL intervention can take place and therefore the more likely it is to be effective. Partners work collaboratively to establish a bespoke package of support for vulnerable individuals. Interventions could take the form of mentoring, welfare support, presenting opportunities to develop other interests or giving access to key services. These types of intervention can be very successful and there are examples in Devon where they have been used to help individuals move away from a potentially destructive path. It is therefore very important that timely referrals regarding concerns about an individual or an institution are made. Relevant staff within all of the specified authorities have received awareness-raising training so that they know how to make a referral. **However, awareness is higher amongst some staff groups than others and partners acknowledge that there is more work to do to ensure all relevant staff are appropriately trained.**

The Devon and Torbay PREVENT Partnership recently agreed to convene a multi-agency task and finish group to review the current training 'offer' and to come up with some recommendations for the Partnership to consider. A final set of recommendations will go to the Safer Devon Partnership Board and Safer Communities Torbay for consideration, decision and action.

At the time of writing, work was also underway to improve the Partnership's multi-agency approach to risk assessment. The Partnership has recently made a formal request to receive referral data broken down into ideology, referral source, location, demographics and what decision was taken in relation to the referral on a quarterly basis so that this can be reviewed at each Prevent Partnership meeting, (alongside the CTLP and CHANNEL data as well as other relevant data such as Hate Crime data). The Partnership has also put in a formal request to explore the possibility of involvement in PREVENT Case Management to potentially enrich its understanding of the particular risks in terms of some of the individual cases which could, in turn, help to inform more effective partnership responses.

Partners are also in the process of reviewing communications and awareness-raising activity in relation to PREVENT with a view to more effectively reaching target audiences with some key messages. This is particularly important given that feedback

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<sup>27</sup> CHANNEL is a multi-agency process developed to support people at risk of being drawn towards terrorism or violent extremism. Where appropriate, partners work collaboratively to establish a bespoke package of support for vulnerable individuals.



from voluntary and community sector representatives and community leaders is that **awareness of PREVENT and CHANNEL outside of the specified authorities (for example within voluntary and community sector settings and indeed communities themselves) remains low.**

The lack of dedicated capacity most partnerships in 'low risk' areas have in relation to PREVENT limits the amount partners are able to do at a local level. However, three Safer Devon Partners (Police, Fire and Rescue and the County Council) have recently made some funding available to recruit a Partnership Support Officer (on a fixed-term basis) to provide some additional capacity in relation to key priorities which should make a tangible difference in terms of progressing key priorities.

**Recommendation:** The Safer Devon Partnership annually review PREVENT and CHANNEL arrangements.

**Recommendation:** The Safer Devon Partnership develop a training benchmark for PREVENT and CHANNEL to ensure shared expectations around what training is required and to which key posts as part of a wider programme of vulnerability training.

**Recommendation:** The Safer Devon Partnership actively supports the development and delivery of a new targeted communications and awareness-raising strategy for PREVENT - with a particular focus on increasing awareness outside of the statutory sector. Partners need to look at where we are not getting referrals from but where we suspect there may be vulnerability – e.g. excluded or home-educated children.

For a more detailed assessment of the local threats, please refer to the Devon & Cornwall Police Counter Terrorism Local Profile (CTLP).





## Section 2: Moderate level threats

- **Fraud (incl. Counterfeit Goods) and Cyber Dependent Crime**

### Impact

Fraud can range from spam emails to the embezzlement of millions of pounds. It can be very stressful for the victim and the financial impact can be critical. It can cause loss of jobs when businesses are affected. There is also a large potential impact on local authority care fee payment – if someone becomes scammed of their life savings their care bill will instead fall to the taxpayer which nationally amounts to millions of pounds. It is difficult to know the true scale as a lot of fraud goes unreported, due to people being too embarrassed to come forward, not wanting to bother anyone about it or a lack of awareness of scam activity.

Cyber dependent crime can be very stressful for those targeted. There is potentially a large financial impact on businesses, (such as being unable to pay staff or being forced to pay a ransom or in terms of reputational damage). Members of the public don't necessarily think it's a police job to deal with it which could account for low reporting levels. Members of the public generally think IT companies should be dealing with it.

### Prevalence and trends

Cyber-attacks in the UK have reportedly risen by 300 per cent this year (compared with a 151 per cent increase worldwide). In addition, National Crime Agency figures showed that Ransomware attacks – where businesses or individuals have to pay to get their data back – have also increased.

In Devon Cyber Dependent Crimes in 2016-17 reported to Action Fraud were as follows:

Devon	Total	
Computer Virus \ Malware \ Spyware	106	37%
Hacking - Social Media and Email	72	25%
Hacking - Personal	61	21%
Hacking Extortion	16	6%
Other Types	31	11%
<b>Grand Total</b>	<b>286</b>	

Computer Viruses/Malware is the most highly reported cyber-dependent crimes in Devon which is in line with neighbouring authorities in the South West. This crime type tends to affect older residents more than younger, so this is likely to reflect the older demographic in Devon and the South West generally.



#### Cyber Enabled Frauds 2016-17 reported to Action Fraud

Devon	Total	
Computer Software Service Fraud	590	25%
Online Shopping and Auctions	375	16%
None of the Above	402	17%
Other Advance Fee Frauds	467	19%
Other Types	562	23%
<b>Total</b>	<b>2,396</b>	

Computer Software Service Fraud is the most commonly reported cyber-enabled fraud in Devon. This is a fraud that again more commonly affects older residents.

#### Traditional Frauds 2016-17 reported to Action Fraud

Devon	Total	
Retail Fraud	56	25%
Counterfeit Cashiers Cheques	37	17%
Ticket Fraud	35	16%
Door to Door Sales and Bogus Tradesmen	31	14%
Fraud by Abuse of Position of Trust	23	10%
Other Types	38	17%
<b>Total</b>	<b>220</b>	

#### Complaints reported to Trading Standards 2016 and 2017

Devon	2016	2017	
Door Step Crime & Rogue Trading Complaints	427	495	16%
Counterfeit Products	176	165	-6%
Scams	1,374	651	-53%

Scam complaints dropped significantly in the past year, most of this reduction was due to the National Scams Team (NST) referrals moving to an online system that was only recently made available. Partners expect to see a significant increase in referrals next year.

#### Intelligence gaps

The majority of fraud and cyber dependent crimes go unreported. Trading Standards have reported a reduction in business enquiries and consumer complaints received in the last year; including calls to Citizens Advice, reports from partner agencies and direct input by officers. The reasons for the decline should be considered as a key intelligence gap.

#### Local Context

**Devon has a much larger proportion of cyber dependent crime victims aged 60-89 and 10-19 than the national picture so prevention messages should be targeted at these groups.** In particular in areas of Devon where these age groups represent a larger proportion of the population.



### **Emerging threats/challenges in relation to fraud and cyber dependent crime**

Scams and rogue traders (especially door step crime) often involves deliberate and repeated calls and/or visits to vulnerable members of our communities, including people who are older and/or alone or suffering from a mental illness. Some victims lose life changing sums of money and are often uncertain about coming forward, due to embarrassment or lack of awareness. **The most prevalent areas for doorstep crime in Devon are those located nearest to main roads (M5 and main A roads).** Coastal towns are targeted but so are rural locations across Dartmoor and Exmoor. Older people are disproportionately represented as victims of doorstep crime. These groups are probably profiled and researched by the offenders who use visual clues and other methods easily available on the internet. Devon, Somerset and Torbay Trading Standards have identified doorstep crime and rogue traders, scams and fair-trading as top priorities for this year.

The perpetrators of cyber dependent crime could be based anywhere in the world. Those based overseas are outside Trading Standards jurisdiction and enforcement action against those based in the UK can be complex, technologically challenging and costly. **Awareness raising and building public confidence at recognising and avoiding scams is key to preventing further people and businesses from becoming victims.**

### **What is the Partnership's capability/capacity in relation to fraud and cyber dependent crime?**

Raising awareness, amongst potential victims and partners who encounter vulnerable consumers is crucial in helping people to avoid becoming victims. People also need to be clear about who to go to either to report a concern or to seek help if they have fallen victim to a scam.

Initiatives such as Rogue Trader Week, National Scams Month and the Friends Against Scams initiative are all part of the prevent strategy and help to raise awareness of the issues.

A recently introduced Banking Protocol encourages banks to report suspicious activity to the Police (for example when traders take consumers to the bank to withdraw money to pay for their fraudulent services). Contact is then made with Trading Standards who work with the Police to deal with these incidents.

**Recommendation:** The Safer Devon Partnership with Trading Standards as the lead partner review recommendations in the latest iteration of the Organised Crime Local Profile (OCLP)CLP and determine a response in relation to these.

**Recommendation:** Partners consider ways of increasing awareness and understanding within existing resources to identify indicators of/ vulnerability to scams, with young people as well as with the elderly/ vulnerable.

**Recommendation:** Review action plans and communication strategies etc. for other areas and consider how cyber dependent and fraud prevention messages could be incorporated into those existing plans/strategies.



For a more detailed assessment of Fraud and Cyber Dependent Crime, please refer to the Devon & Cornwall Cyber Crime, Fraud and Counterfeit Goods Serious and Organised Crime Local Profile (OCLP)<sup>28</sup>.

- **Child Sexual Abuse – Familial**

### **Impact**

This is the ultimate betrayal of trust as children are victimised by relatives who are people they should be able to trust to protect them from harm. Familial abuse typically involves more acts of abuse and over longer periods of time than abuse by non-relatives. There are long term psychological impacts and being abused by a member of family is often far worse than a stranger. Academic research suggests that sibling incest is five times more common than parent-child incest. The most common pattern reported in studies is that of an older sibling abusing a younger sibling.

Children often feel unable to report the abuse for fear of breaking up their family and are more likely to blame themselves for the abuse than those who are abused by someone outside the family unit. There is a risk of self-harm and suicide. It has a huge impact on the victim's ability to form trusting relationships and an impact on the wider family as a whole. Family members may find it hard to believe the abuser could do such a thing and have divided loyalties toward the abuser and victim. The public are generally more concerned about other types of abuse which could impact on their own family, such as CSE or online grooming for example.

### **Prevalence and trends**

The Child Sexual Exploitation and Abuse OCLP reported that family was the joint second (with stranger online) most common relationship type (15%) between the victim and offender for rape and other sexual offences against children in Devon in 2016. 46% of the offenders were immediate family and 33% of these offences were classified as Rape. Father figures accounted for 40% of all offences and brothers 27%. This suggests an under reporting of sibling offences in police data in Devon. **38% of offences were committed by someone under the age of 18 so focusing on challenging young male's behaviour is crucial.**

2.3% of children who were the subject of a child protection plan at 31 March 2018 in Devon had a category of abuse of child sexual abuse, compared with 1.1% at 31 March 2017. This is below the England average for 31 March 2017 of 4.4%.

### **Intelligence gaps**

This is such a hidden crime that we do not know the true extent of the problem.

### **What is the Partnership's capability/capacity in relation to Child Sexual Abuse – Familial?**

The response tends to be reactive rather than proactive, resourcing issues impede more proactive interventions and prevention.

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<sup>28</sup> Email Jenna Thomas – Strategic Analyst at Devon & Cornwall Police:  
[StrategicAnalysisTeam@devonandcornwall.pnn.police.uk](mailto:StrategicAnalysisTeam@devonandcornwall.pnn.police.uk) (stating role and purpose for viewing profile)



Specialist staff/services exist for this area (police, social care, SARC, health) but focus is very much on child victims and there are gaps around perpetrators and services for adult survivors of child sexual abuse.

**Recommendation:** Devon Children and Families Partnership (DCFP) to agree and embed a Child Sexual Abuse Strategy which will include a framework for prevention, intervention and management of child sexual abuse (CSA) with the objective of safeguarding children from sexual abuse and all its associated risks. Through the strategy, operational activities will be based on the model of prepare, prevent, protect and pursue.

**Recommendation:** For this strategy to be effective there must be complete commitment to the purpose by all partner agencies and commissioners.

For a more detailed assessment of Child Sexual Abuse - Familial, please refer to the Devon & Cornwall Police Child Sexual Abuse and Exploitation Serious and Organised Crime Local Profile (SOCLP)<sup>29</sup>.

- **Road Traffic Collisions (RTCs) – Fatal and Serious**

### **Impact**

Serious life-changing injuries and loss of life are only in a small proportion of incidents. In 2016 around 22% of serious casualties in Devon were judged to be potentially life-changing injuries. Examples of serious injury are: fracture, internal injury, severe cuts, concussion, severe general shock requiring hospital treatment. The new recording system (CRASH) in Devon provides 3 levels of seriousness.

There is a long term psychological impact upon survivors, family and friends in a small proportion of incidents. On average the psychological impact is felt across a medium term. Fatalities can, of course, have a significant impact on local communities, particularly when children lose their lives.

RTC's require 2 - 3 agencies to attend (blue light services) and further action to address hotspots (Council, Highways, Police). There is an expectation of a community response (Police, Highways, OPCC) and pressure from local communities in hotspot areas.

### **Prevalence and trends**

**There has been an increase of 10.1% in police reported fatal and serious RTCs in Devon in 2017, with the highest increases in Exeter CSP and North Devon and Torridge CSP.**

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<sup>29</sup> Email Jenna Thomas – Strategic Analyst at Devon & Cornwall Police:  
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Community Safety Partnership	Trend	Rate Per 1,000	2017	2016	Change	Fatal 2017	Serious 2017
East and Mid Devon CSP	▲	0.5	99	87	13.8%	5	94
Exeter CSP	▲	0.3	44	30	46.7%	1	43
North Devon and Torridge CSP	▲	0.5	75	61	23.0%	10	65
South Devon and Dartmoor CSP	▼	0.6	154	160	-3.8%	11	143
<b>Devon Total</b>	▲	<b>0.5</b>	<b>372</b>	<b>338</b>	<b>10.1%</b>	<b>27</b>	<b>345</b>

Source: Devon County Council DfT validated police reported figures

In urban areas collisions are more likely to involve pedestrians, cyclists and motorcyclists. In rural areas they are most likely to involve cars and then motorcyclists.

Young adults in their 20's are roughly twice as likely to be injured in a road collision. Young adult car drivers in their 20's carry two to three times the risk of being injured compared to car drivers of other ages. **In 2016 there was a significant increase in fatal and serious mid age (25-64) car driver casualties in Devon.**<sup>30</sup>

### Intelligence gaps

DCC follows Department for Transport (DfT) guidance on what collisions should be included or excluded from figures, whereas the police include some additional types of collisions (suicides, medical incidents, those occurring within a car park and those occurring on private land) and therefore the police figures will generally be higher.

In part the increase in fatal and serious RTCs may be due to more effectively recording incidents through the new system – CRASH. Partners will know more once 2017 national validated figures have been released (September 2018), but the national trend is showing an increase too.

### Emerging threats/challenges in relation to RTCs

Alcohol consumption is responsible for 1 in 7 deaths in the UK. In Devon, rates of alcohol related road traffic accidents have continued to be significantly worse compared to England since 2010/12. While there are reductions in the rate of accidents year on year in Devon, these changes are not 'statistically different'. **North Devon is ranked 5th highest district/unitary authority for alcohol related road accidents in the South West and it is this rate which is driving the significantly worse Devon rate.**

Recent analysis of killed and seriously injured (KSIs) data in Devon is showing a recent significant increase on rural roads. The user groups with the most significant rises in KSI casualties on rural roads are car users, motorcyclists and cyclists. The road users who are generally over represented in the statistics generally are young car drivers and young motorcyclists.

**2017 DfT validated data shows that older people KSI casualties (65+) have risen significantly in rural areas.** This is a recently emerging trend and hasn't been present in the statistics leading up to 2016.

<sup>30</sup> [2016 Road Safety Statistics Year End Report, Devon County Council](#)



### **What is the Partnership's capability/capacity in relation to RTCs – fatal and serious?**

There is a changing tide, with killed and seriously injured (KSIs) road casualties attracting a lot more media attention.

Devon County Council have a dedicated Fatal Collision Team and the overall accuracy of recording serious injury is improving with the introduction of the new system (CRASH). The Council also has dedicated resource for validation, analysis and research. Engineering and road safety teams get involved in the design of new roads. Although there are some minor gaps, overall the skills and expertise are good.

The Devon County Council Road Safety team have put together a suite of publicly available resources with the ability to look at the details of RTCs in each area of Devon:

- [Devon County Council Collision Data webpage](#) – contains various collections, reports and interactive tools
- [Data Dashboards](#) – Power BI dashboards for the latest road casualty figures and five year trends
- [Young Driver Dashboard](#) – Power BI dashboard looking at the highest risk age group (17-24)
- [Devon Collision Map](#) – Maps out all collision data points in zoomable map for five year period.

Devon is working with the Office for Data Analytics (ODA) programme that aims to provide an integrated multi-agency hub that collates and shares data for the purposes of identifying and protecting vulnerable people at the earliest opportunity. Led by Avon and Somerset police, the project is bringing in data and resources from across the region – including national data, police, ambulance and public health, fire and rescue, local authorities and partners. The road safety app is one of the first models completed – a web-based interactive app that includes maps, tables, and graphs of basic non-personal road traffic collision data from Police and Fire and Rescue response databases. The product will be rolled out in due course.

The Fire Service have taken over the educational road safety arm working with partners and GPs make referrals for Driver Programmes (such as Driving Safer for Longer and Younger Driver Educational).

Devon is developing additional innovative approaches to supporting at-risk motorists on higher risk routes through projects that use dashboard analytics to inform the content of lesson planning for young drivers; motorcyclists and older drivers. These interventions form part of a cascade model of driver education that begins with Learn-2-Live and ends with bespoke 1:1 training. A regional partnership has been established to support companies in reducing risks faced by at-work drivers. Older and medically impaired drivers are supported with assessments and training to manage driving risks associated with their condition. A further 14,000 motorists each year across the peninsula benefit from educational disposals as an alternative to prosecution. Cyclists are supported through infrastructure improvements and training that reaches 8,000 young riders per annum. Two higher risk routes in Devon are subject to major capital improvement programmes during 2019-2021 to reduce KSI rates.



**Recommendation:** Review engagement going forward, including the role the Safer Devon Partnership and Community Safety Partnerships have in relation to addressing this issue and which partners should be a formal part of the road safety strategic/operational landscape in future.

**Recommendation:** Community Safety Partnerships to review data for their area to gain a better understanding to inform their response to this issue.

- **Rape and Other Sexual Offences (non- Domestic Abuse)**

### **Impact**

Rape and other sexual offences can cause significant physical injury with the potential for long term impacts from exposure to Sexually Transmitted Infections (STIs) and Blood-borne viruses (BBVs), this requires medical assistance and potential for hospitalisation. There are also long term psychological impacts requiring specialist intervention. Rape and other sexual offences can cause trauma symptoms and risk of post-traumatic stress disorder (PTSD). Incidents impact on self-worth and self-confidence and can lead to mental health and substance misuse problems and an increased risk of self-harm and suicide.

Data from Devon Rape Crisis and Sexual Abuse Services (DRCSAS) demonstrates that the long-term consequences of sexual violence and child sexual abuse may include post-traumatic stress disorder, anxiety and panic attacks, depression, social phobia, substance abuse, obesity, eating disorders, self-harm and suicide, domestic violence and in some cases, offending behaviour.<sup>31</sup>

Rape myths give people a false sense of security by minimising and / or denying the occurrence of sexual violence. They accomplish this by blaming the victim and making excuses for the perpetrator. In effect these myths perpetuate sexual violence because they play a powerful part in defining responses to rape and create an excuse not to address the realities of sexual violence. Rape myths can also contribute to victims' sense of self-blame.

Research has shown that exposure to 'extreme' pornography increases risk of developing pro-rape attitudes, beliefs and behaviours, and committing sexual offences. Although this was also true of some pornography which did not meet the extreme pornography threshold, it showed that the effects of extreme pornography were more serious.<sup>32</sup>

A multi-agency approach to respond is required. The general public worry about reports of stranger rapes and can fear for their own and their family's safety. However, the vast majority of rapes and sexual assaults are perpetrated by those known to the

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<sup>31</sup> [Devon Rape Crisis and Sexual Abuse Services](#)

<sup>32</sup> [The evidence of harm to adults relating to exposure to extreme pornographic material: a rapid evidence assessment \(REA\), Ministry of Justice 2007](#)





victim. There is a need here to inform the public about the realities of sexual violence.<sup>33</sup> There is a high expectation from the victim, family and community to bring offenders to justice, but we know that conviction rates for rape are far lower than other crimes, with only 5.7% of reported rape cases ending in a conviction for the perpetrator.<sup>34</sup>

### Prevalence and trends

The annual Crime Survey for 2017 estimated that in the UK 3.1% of women and 0.8% of men have experienced some type of sexual assault in the last year. This is equivalent to 8,000 victims in Devon (6,400 women and 1,600 men)<sup>35</sup>.

### Police reported rape (non-domestic abuse) in Devon increased by 21% to 292 and other sexual offences increased by 42% to 596 in 2016/17.

The below table shows the trend in rape and other sexual offences broken down by Community Safety Partnership, this shows that the increase is reflected in all areas and in particular in South Devon and Dartmoor CSP and North Devon and Torridge CSP.

Community Safety Partnership	Trend	Rate Per 1,000	2016-17	2015-16	Change	Comparison 'Most similar family'	Trend 'Most similar family'
East and Mid Devon CSP	▲	0.8	179	146	23%	About Same	▲
Exeter CSP	▲	2.0	249	218	14%	Higher Than	▲
North Devon and Torridge CSP	▲	1.2	194	137	42%	About Same	▲
South Devon and Dartmoor CSP	▲	1.0	266	161	65%	About Same	▲
<b>Devon Total</b>	▲	<b>1.1</b>	<b>888</b>	<b>662</b>	<b>34%</b>	<b>About Same</b>	▲

However, the Devon and Cornwall Police Force Strategic Assessment states that one of the causes of the increase in the number of reported rape and other sexual offences is likely to be due to Crime Data Integrity. Following an HMICFRS (Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services) inspection, the findings of which were published in February 2017, the Force have tried to be much more accurate in making sure all relevant offences are recorded. There has also been a change to crime recording practices in that separate crimes are now recorded for each person involved in the offence (e.g. two offenders equals two crimes recorded). It is therefore difficult to say how much of the rise is due to crime recording and how much is due to an actual increase in offences.

DRCSAS report that 40% of adults who are raped tell no one about it. 31% of children who are abused reach adulthood without having disclosed their abuse. This means that victims don't get the support they need to deal with the abuse or violence they have experienced.<sup>36</sup>

<sup>33</sup> [An Overview of Sexual Offending in England and Wales, the first ever joint official statistics bulletin on sexual violence released by the Ministry of Justice \(MoJ\), Office for National Statistics \(ONS\) and Home Office, January 2013](#)

<sup>34</sup> [Rape Crisis England & Wales](#)

<sup>35</sup> [Sexual Offences in England and Wales, 2017 Crime Survey](#)

<sup>36</sup> [Devon Rape Crisis and Sexual Abuse Services \(DRCSAS\)](#)



### **Intelligence gaps**

There is known under-reporting of rape and other sexual offences to the police evidenced by the Crime Survey estimates and police data. The Crime Survey showed that around 5 in 6 victims (83%) did not report their experience to the police, which means the actual number of incidents in Devon is likely to be far higher than 888. There are specific gaps identified around transient populations (tourists, students etc) and older people. Also, the police data is skewed as younger people are more likely to report an incident.

A better understanding of the data and intelligence the voluntary sector specialist service can provide on what they are dealing with will help to better understand the issue.

We need to know more about offender behaviour, young people's attitudes and expectations, in order to address perpetrator and potential perpetrator behaviour.

### **Emerging threats/challenges in relation to rape and other sexual offences**

There is evidence from intelligence to suggest that there has been a rise in rapes resulting from dating apps such as Tinder/Grindr etc. Stigma about online dating apps is declining and so people may be beginning to feel more able to report these offences.

Over the last year there appear to have been incidences where rape has been used as a method of control over those who are drug dependent/drug runners by drug dealers as part of County Lines and also as a weapon against rival gangs.

Only 15% of serious sexual offences against people 16 and over are reported to the police and of the rape offences that are reported, fewer than 6% result in an offender being convicted of this offence. This means that those who commit these very serious crimes may continue to pose a risk to the public.<sup>37</sup>

### **What is the Partnership's capability/capacity in relation to rape and other sexual offences?**

There is a regional/national focus due to rising reports across all Police Forces. Specialist resources in the police have resourcing issues and because demand is continually increasing they do not have enough staff to deal with it. Capacity to be proactive in searching out offenders is limited.

Very little has been done to address perpetrator and potential perpetrator behaviour. The healthy relationships work referenced in an earlier section will help to address myths and attitudes.

Specialist services are struggling to deal with demand. As of June 2018, DRCSAS has 109 people on its waiting list awaiting support to respond to current or historic sexual abuse.

The SARC (Sexual Assault Referral Centre) has been recommissioned and the aligned ISVA (Independent Sexual Violence Advisor) Service is currently being commissioned. Partners must ensure strategic coherence.

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<sup>37</sup> [Devon Rape Crisis and Sexual Abuse Services \(DRCSAS\)](#)



**Recommendation:** Partners continue to support the work to increase awareness.

**Recommendation:** Continue work on developing a trauma informed approach across the service system.

**Recommendation:** Explore the development of a trauma ‘network’.

**Recommendation:** Partners support work to better understand the data and intelligence from the voluntary sector specialist service.

- **Anti-Social Behaviour and Criminal Damage**

**Impact**

Anti-Social Behaviour (ASB) in all its forms is a very visible sign of disorder in our communities and is closely linked to perceptions of safety, satisfaction with the local area as a place to live and confidence in local services. In its most persistent and serious form it can have a significant impact on health and wellbeing. ASB can have a bigger impact on older and other vulnerable people.

Despite falls in the numbers of incidents reported to the police, it remains a primary concern of local residents and is linked to a wide range of other issues including hate crime, the night time economy, problem drug and alcohol use, mental health, family issues and housing. Persistent localised issues can potentially cause damage to the reputation of an area (reduced house prices, lack of business investment etc). Persistent issues require a medium term multi-agency response and there is pressure on CSPs and partners from local community groups to resolve.

**Prevalence and trends**

There was a decrease in both police reported ASB (2%) and ASB street drinking (6%) across Devon in 2016-17, although there was a significant increase seen in South Devon and Dartmoor CSP (11% and 14% respectively). The majority of ASB incidents are categorised as Rowdy/Inconsiderate Behaviour (66%). This category includes archetypal rowdy behaviour or general nuisance in a public space.

There was an increase in both police reported criminal damage (14%) and public order offences (29%) across Devon. Exeter CSP was the only area to see a decrease in criminal damage (4%). **The highest increases in criminal damage and public order offences were seen in South Devon and Dartmoor CSP (24% and 57% respectively).**

Recorded Crimes	Trend	Rate per 1,000	2016/17	2015/16	Annual Change	Comparison 'Most similar family'	Trend 'Most similar family'
Anti-Social Behaviour	▶	19.7	15,381	15,647	-2%		
ASB Street Drinking	▶	1.3	1,034	1,105	-6%		
Criminal Damage	▲	7.4	5,762	5,066	14%	Below Average	▲
Public Order Offences	▲	3.2	2,486	1,921	29%	Below Average	▲



### **Intelligence gaps**

Police recorded ASB only shows a small part of the picture. ASB is also reported to district councils and housing authorities but not recorded in a consistent way to report on or establish trends.

### **Emerging threats/challenges in relation to anti-social behaviour and criminal damage**

There appears to be a link between the increases we are seeing in criminal damage and public order offences and an emerging gang culture in some parts of Devon. **South Devon has had to deal with gang-related issues in the last year and this appears to be reflected in the significant increases in ASB and criminal damage offences.**

For a more detailed assessment of youth gangs, please refer to the Devon & Cornwall Police Youth Gangs Strategic Profile<sup>38</sup>.

Intelligence suggests that similar trends with youth ASB are occurring in other areas of Devon, particularly in the Exeter area, where youth crime is on the increase and early intervention is key.

Whilst figures indicate that ASB street drinking is generally decreasing, there are some areas experiencing difficulties controlling this behaviour and are dealing with the issues locally. Public Spaces Protection Orders (PSPOs) have been implemented in Exeter City Centre, Exmouth Town Centre and Dawlish to deal with alcohol related ASB.

### **What is the Partnership's capability/capacity in relation to anti-social behaviour and criminal damage?**

The changing nature of crime, and the response to 'austerity' has led to reduced police resources being available to tackle anti-social behaviour and prevention activity. There is potential for this to undermine confidence and legitimacy. Project Genesis has been established by Devon and Cornwall Police to re-design Neighbourhood Policing to manage planned reductions in PCSO numbers (from 360 to 150) while at the same time examining solutions to mitigate the adverse impact. These include the recruitment and deployment of new Specialist Problem Solvers, the use of volunteers in policing, and a better trained and more focused team of neighbourhood staff in each locality. Connecting well with communities and partners is critical to success.

Although Local Authorities are facing year on year budget cuts each Community Safety Partnership has a statutory duty to work in partnership to reduce reoffending, tackle crime and disorder including anti-social behaviour and other behaviour adversely affecting our local environment and so ASB will inevitably continue to feature prominently in CSP action plans.

**Recommendation:** Partners continue to ensure a consistent approach to tackling ASB across areas informed by national best practice, acknowledging that partnership working is vital.

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<sup>38</sup> Email Jenna Thomas – Strategic Analyst at Devon & Cornwall Police:  
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**Recommendation:** Ensure that front line officers have the necessary knowledge and tools to tackle ASB effectively.

- **Hate Crime**

**Impact**

Hate crime can have an enormous and disproportionate impact, not just on the individual victim but on families and friends and on whole communities. While the majority of hate crime has a low physical impact (under 15% of police recorded hate crime in Devon was violence with injury) the fact that it is seen as an attack on individuals' and communities' identity magnifies the psychological and social impact.

Repeat and persistent victimisation has potentially long term psychological impacts and may result in individuals and families feeling they have to move away. Increased concern amongst the community where offending is visible can contribute to fear of crime and lead to increased mistrust between communities and a breakdown in community cohesion.

Police & CSP response is expected; reflected in county-wide policy and communications (zero tolerance etc.); pressure from community groups.

**Prevalence and trends**

Across the UK, 2016-17 saw the largest increase in reported hate crime since the Home Office started recording figures in 2011, with an overall increase of 29%. **This national increase was mirrored, and exceeded, in Devon which saw an overall increase of 41% in 2016-17;** ranging from a 3% increase in Exeter CSP to a 92% increase in South Devon and Dartmoor CSP.

Community Safety Partnership	Trend	Rate Per 1,000	2016-17	2015-16	Change	Comparison 'Most similar family'	Trend 'Most similar family'
East and Mid Devon CSP	▲	0.4	81	46	76%	About Same	▲
Exeter CSP	▶	1.2	150	145	3%	Higher Than	▶
North Devon and Torridge CSP	▲	0.5	84	62	35%	About Same	▲
South Devon and Dartmoor CSP	▲	0.6	159	83	92%	Higher Than	▲
<b>Devon Total</b>	▲	<b>0.6</b>	<b>475</b>	<b>336</b>	<b>41%</b>	<b>About Same</b>	▲

While the highest percentage increases have been in the reporting of Transphobic, Disability and Homophobic hate crimes, a significant majority of reports to the police relate to Racist hate crime (57%).

**Intelligence gaps**

It is recognised, both nationally and locally, that there is significant under-reporting of hate crime but estimates of what percentage go unreported vary enormously and there is very little up-to-date data and intelligence available.

**Emerging threats/challenges in relation to hate crime**

- Lack of confidence in reporting
- Lack of trust in response from authorities
- Uncertainty about where to seek support



- Hate crime "normalised" – community feedback and both national and local statistics suggest that Brexit has contributed to the increase in Racist hate crimes and incidents – not necessarily producing more racists but fostering a cultural environment where racism is seen as ‘permissible’
- Similarly, as Welfare reforms have continued, the ongoing political and media narrative of “slackers and scroungers” may be a contributory factor in the significant increase in reports of Disability hate crime

### **What is the Partnership’s capability/capacity in relation to hate crime?**

There is no county-wide coordination of Hate Crime Prevention. Some excellent work is done by the Police Diverse Communities Team but capacity is very limited.

A small number of reported cases are managed through existing resources (police, support agencies) but there are hidden costs being carried by other agencies, such as impacts on mental health; potential needs for rehousing etc.

There is very limited third-party reporting capacity at the moment – this needs to be expanded to improve reporting pathways, create more accessible reporting routes and improve confidence. Wider training and awareness raising with partners is needed but there is currently very limited capacity to develop/deliver this.

There are strong voluntary and community sector support networks for some communities vulnerable to hate crime (e.g. LGBT and Disability) but patchy for others (BAME, Faith) with small isolated groups and limited networking and partnership work. Wider training and awareness raising with partners is needed to build confidence and drive up reporting.

**Recommendation:** The Safer Devon Partnership supports the Zero Tolerance to Hate Crime campaign in a more robust way with all partner agencies playing an active role in promoting it.

**Recommendation:** Partners engage the voluntary and community sector in promoting the Zero Tolerance to Hate Crime campaign.

**Recommendation:** Community Safety Partnerships review data for their area to better understand whether the increase in reported incidents in some parts of the county but not others is due to an increase in reporting / awareness or an increase in the number of incidents.



## Section 3: Lower level threats

- **Arson and Other Deliberate Fires**

### Impact

Deliberate fires are the largest single cause of major fires in the UK. Arson is a problem that leads to loss of life, serious injuries and results in substantial financial and personal hardship.

The sight of arson damaged properties and burned out cars has a negative impact on a community. It can make people feel unsafe, destroy the feeling of community well-being and perpetuate fear of crime. Arson can encourage other anti-social behaviour in a community that creates a downward spiral of events.

A large incident such as a barn fire can have a huge impact on fire service resources and impacts on their ability to respond to other incidents.

### Prevalence and trends

Deliberate fires include those where the motive for the fire was 'thought to be' or 'suspected to be' deliberate. This includes fires to an individual's own property, others' property or property of an unknown owner. Deliberate fires include some but not all fire setting (fires set deliberately by children are not often recorded as deliberate). Despite deliberate fire records including arson, deliberate fires are not the same as arson. Arson is defined under the Criminal Damage Act of 1971 as 'an act of attempting to destroy or damage property, and/or in doing so, to endanger life'. Prosecution for arson is difficult with a low conviction rate nationally (6.5%).

Arsons reported to the police account for just under half of the fires recorded as deliberate that are attended by Devon and Somerset Fire and Rescue Service (DSFRS). There was a 22% increase in arson reported to the police in 2016-17, whereas there was a 2% decrease in deliberate fires attended by DSFRS. The increase in police reporting of arson could be due to better recording. DSFRS have said that one reason for the small drop in the number of deliberate fires could be that it was a mixed summer weather wise last year, they tend to find that a drier year results in more fires.

Exeter and Teignbridge have the highest number of deliberate fires. They have the largest populations after East Devon. **The table below shows that South Devon and Dartmoor CSP had an 11% increase in deliberate fires in 2017.** 19% of primary deliberate fires over the three year period were started by under 17 year olds and 78% by 18-64 year olds (where information on who started the fire was available. Age of person who started secondary deliberate fires is not recorded).



Community Safety Partnership	Trend	2017	2016	2015	Change 16-17
East and Mid Devon CSP	▲	104	97	66	7%
Exeter CSP	▼	77	106	74	-27%
North Devon and Torridge CSP	▼	78	83	70	-6%
South Devon and Dartmoor CSP	▲	184	166	162	11%
<b>Devon Total</b>	▼	<b>443</b>	<b>452</b>	<b>372</b>	<b>-2%</b>

Source: Devon & Somerset Fire and Rescue Service (DSFRS) incident recording system

The table below shows the breakdown in all deliberate fire incidents attended by DSFRS over the last three years by Community Safety Partnership and premises category. NB the other category will include many of the secondary fires and all structures/objects which are not buildings or vehicles.

Community Safety Partnership	Dwelling	Non-Domestic	Other	Vehicle	Total
East and Mid Devon CSP	24	23	176	44	267
Exeter CSP	13	33	185	26	257
North Devon and Torridge CSP	12	21	176	22	231
South Devon and Dartmoor CSP	23	53	349	87	512
<b>Devon Total</b>	<b>72</b>	<b>130</b>	<b>886</b>	<b>179</b>	<b>1267</b>

Source: Devon & Somerset Fire and Rescue Service (DSFRS) incident recording system

### Intelligence gaps

Deliberate fires reported by DSFRS includes some but not all police reported arsons, as the police may have attended some incidents that DSFRS haven't.

### Emerging threats/challenges in relation to arson and other deliberate fires

Children with fire setting tendencies is a danger indicator for CSPs. 57% of fire-setting referrals to the Fire Service intervention scheme over the last 3 years have been for 12-16 year olds and 23% for 5-11 year olds. Research has shown a strong link with children who are in an abusive and dysfunctional family environment with painful and unresolved childhood experiences. Overt destructive reaction to painful impressions created in early childhood leading to anxiety and resentment as well as depression can result in fire-setting as an extreme outburst or reaction to these early experiences, especially if the home environment has been a very negative experience. There is also evidence of children with fire setting tendencies being more likely to move onto sexualised offending.

It is a sad fact that fire discriminates. Research has shown that those most likely to be at risk from deliberate fires are in the lower socio-economic groups. Arson rates are 30 times higher in poorer areas with a 15 times increased chance of death compared to 'affluent' areas.

### What is the Partnership's capability/capacity in relation to arson and other deliberate fires?

The Fire Service undertakes a number of deliberate fire reduction activities, including: media campaigns, fire-setter interventions for those children and young people



identified as having a fascination with fire, or who have displayed fire-setting behaviours and provision of focused arson reduction education packages for key stage 3 children. The Fire Service are working well with partners (Police, YIT, YOT, DSVAs services) to effectively address deliberate fire-setting. The fire service liaises closely with the Police Safeguarding Team and refers child fire setters to the Youth Intervention Team where appropriate.

**Recommendation:** Continue to work on consolidating partner datasets to get a better understanding of arson and other deliberate fires.

- **Acquisitive Crime**

**Impact**

Acquisitive crime is defined as an offence where the offender derives material gain from the crime. This includes: robbery, vehicle offences, burglary dwelling and non-dwelling, shoplifting and other theft. Crime such as this can be devastating on a personal level and can have more widespread impacts as it can often be linked to more serious threats we face – such as County Lines - and wider community anxiety.

**Prevalence and trends**

There has been an increase in all acquisitive crime except burglary in Devon in 2016-17.

Recorded Crimes	Trend	Rate per 1,000	2016/17	2015/16	Annual Change	Comparison 'Most similar family'	Trend 'Most similar family'
Robbery	▲	0.2	137	121	13.2%	Below Average	▼
Shoplifting	▲	4.0	3,055	2,606	17.2%	Below Average	▲
Vehicle Offences	▲	3.2	2,453	1,929	27.2%	Below Average	▲
Other Theft	▲	6.8	5,287	4,628	14.2%	Below Average	▲
Dwelling Burglary	▶	1.3	988	1,007	-1.9%	N/A*	N/A*
Non-dwelling Burglary	▶	1.9	1,457	1,494	-2.5%	N/A*	N/A*

A number of forces have low/missing burglary volumes, following the change in recording after March 2017 and therefore comparisons with 'Most similar family' are not possible.

**Local context**

Increases in acquisitive and indeed violent crime appear, at least in part, to be linked to County Lines and other serious organised crime activity in some parts of Devon.



## Section 4:

- **Reducing Offending and Reoffending**

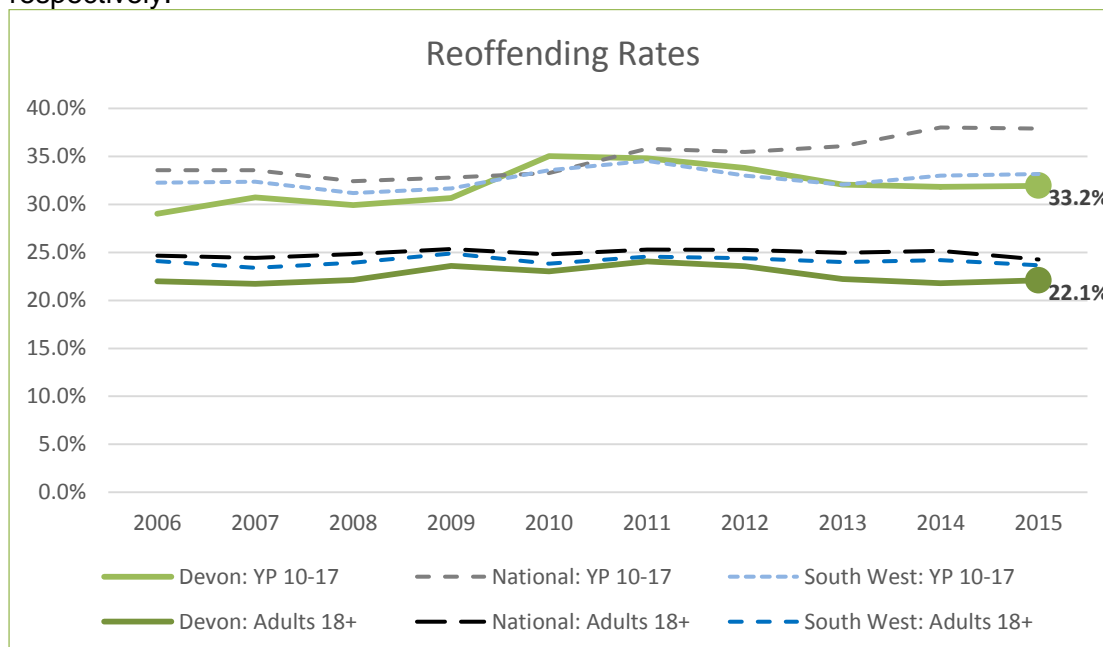
### Impact

Offenders are amongst the most socially excluded in society and often have complex and deep-rooted health and social problems, such as substance misuse, mental health, homelessness and debt, family and financial problems. Research shows that prison is neither cost effective nor does it deliver sustainable benefits in terms of reduced harm to the community. Understanding and addressing these underlying issues in a coordinated way plays a key role in reducing crime in the long term and breaking the cycle of offending behaviour from one generation to the next. For young people especially, this means identifying problems that may contribute to offending and providing an early and effective response. Young people are more likely than adults to reoffend.

The impacts of offending on children and families can be significant and wide ranging, including emotional, psychological, financial, relational, physical and developmental effects.

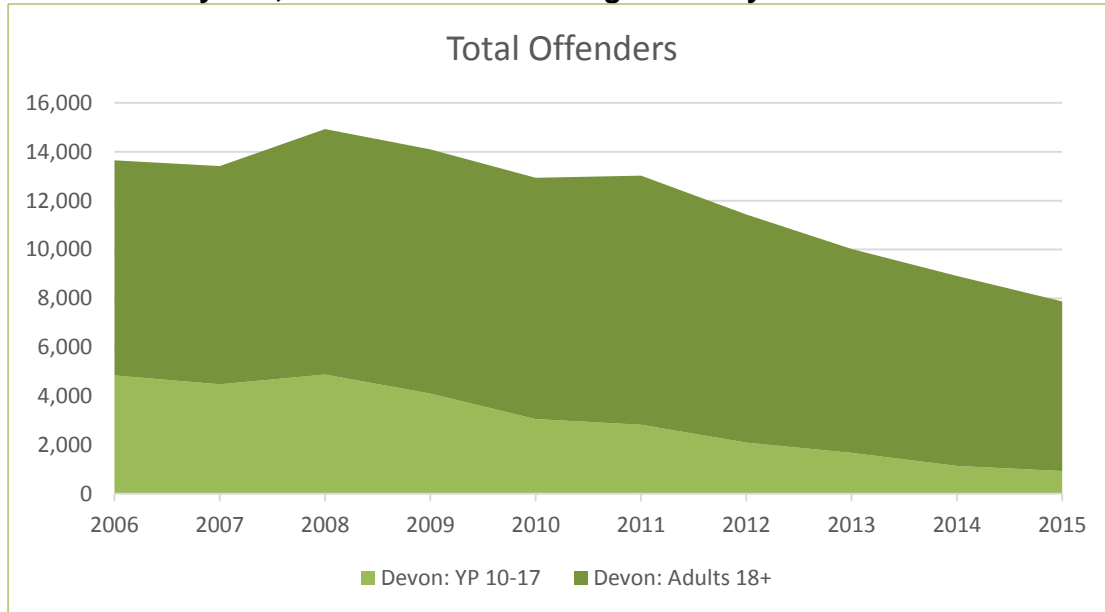
### Prevalence and trends

The proportion of offenders that reoffend, amongst both adult and young offenders in Devon, are lower than both national and South West averages, at 22.1% and 33.2% respectively.



Young people are more likely to reoffend than adults but youth offending accounts for only 15.8% of all reoffences committed in Devon. Males have a higher reoffending rate than females for both adults (23.7% and 14.4% respectively) and young offenders (32.5% and 29.9% respectively) in Devon. Looking at the offence profile the highest reoffending rates in Devon are for theft (43.7%) and public order offences (37.8%).

**We have seen the offender cohort diminish in size significantly, particularly over the last three years, but rates of reoffending have stayed the same.**



**What is the Partnership’s capability/capacity in relation to reducing offending and reoffending?**

Partners in Devon are committed to an approach to reoffending that focuses on a strength-based, trauma-informed response to the whole family. The Reducing Offending and Reoffending Strategy is currently being finalised.

**Recommendation:** Partners fully support the delivery of the Reducing Offending and Reoffending Strategy (and ensure alignment with the peninsula wide strategy).

- **Cross Cutting Themes**

**Adverse Childhood Experiences (ACEs)** include harms that affect children directly (eg, abuse and neglect) and indirectly through their living environments (e.g., parental conflict, substance abuse, or mental illness) (Hughes et al., 2017).

Children who experience several ACEs are more likely to end up being looked after children than those who experience no ACEs, as the most common reason for being taken into care is abuse or neglect.

Much academic research since 1998 has been dedicated towards examining the impact of Adverse Childhood Experiences (ACEs) on the long-term health of adults, and high ACE scores has been linked to chronic disease, frequent mental distress, morbid obesity, sexually transmitted diseases and even increased risk for premature mortality by up to 19 years. There is also a growing evidence base linking ACEs to crime. The reasons why they are linked are complicated and not yet fully understood, but a high ACE score has been linked to anti-social behaviour, violence, substance abuse, and sexual risk-taking, amongst other things, which all increase the likelihood of a person getting a criminal record.



The psychological impact of being a child victim of a serious sexual offence will be severe regardless of the circumstances. In recent years, the significant increase in reporting of historic sexual offences has highlighted the very long-term impact that these crimes have on people's lives. In Devon in 2017 there were 50,737 people aged 18-64 (11% of 18-64s) estimated to be survivors of childhood sexual abuse, 35,568 females and 15,169 males (the prevalence being 16% for females and 7% for males).<sup>39</sup>

### **Looked after children**

Children in care tend to go missing more frequently than other children, making them vulnerable to sexual and other forms of exploitation; violent crime, gang exploitation, drug and alcohol misuse.

Indeed, there is general recognition that looked-after children and care leavers are especially vulnerable to a range of issues, both as victims and potential offenders in the future. This group is likely to have experienced four or more adverse childhood experiences leading to a higher risk of child sexual exploitation and abuse, mental health and substance misuse difficulties, victimisation and perpetration.

The Safer Devon Partnership recently agreed to allocate some funding to appoint a project lead to work with a range of stakeholders (including Care Leavers) to gain a better understanding of and insight into the particular issues (including any gaps in current support/provision) prior to scoping out potential responses and opportunities.

Alongside this, Public Health Devon has offered some capacity to undertake an evidence review on what works around transitions and trauma with Care Leavers aged 16 – 25.

Partners, through this project, are looking to develop a robust business case that will be used to inform future strategic/commissioning decisions.

**Children with disabilities** are more vulnerable to exploitation in relation to a range of issues whether that be CSE, radicalisation and other Serious Organised Crime activity. It is estimated that 5,700 - just under 4% of children and young people aged under 18 living in Devon have a disability.<sup>40</sup>

### **Universal need to build children and young people's resilience**

The vulnerabilities attributed to many of the children and young people who have been victims of sexual exploitation or abuse, are very similar to the vulnerabilities of children who face other types of harm, such as domestic abuse, self-harming, radicalisation, bullying, and alcohol/drug experimentation etc, either now or in the future. It therefore makes sense to work on building children and young people's resilience to all types of harm. This can be done by working on building their self-esteem, self-confidence, problem-solving skills, critical thinking, resistance to peer pressure, understanding of healthy relationships and so on. This needs to be started early in the education process and not left until secondary school, by which time they may already be facing significant

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<sup>39</sup> Projecting Adult Needs and Service Information (PANSI), version 10.1 [www.pansi.org.uk](http://www.pansi.org.uk)

<sup>40</sup> Based on the Census 2011 figures for long term health problem or disability where day-to-day activities are limited in some way, applied to 2016 mid-year population estimates, ONS



risks. They also need to be provided with safe spaces and designated people they can trust to talk to about anything concerning them.

### **Mental Health**

In Devon in 2017 there were 70,881 people aged 18-64 estimated to have a common mental disorder and 31,625 people aged 18-64 estimated to have two or more psychiatric disorders.<sup>41</sup> Nationally there has been an increased prevalence of mental ill health in children and young people, with only a small proportion with mental health problems in contact with mental health services. Around one in 10 children in Devon have a mental health disorder.<sup>42</sup>

There appears to be an underlying theme of mental health impacting across a range of issues. Service thresholds are high for mental health and different for children and adults.

We are currently intervening more at crisis point and not early enough. It is widely acknowledged that more needs to be done in terms of prevention and early intervention.

**Vulnerability of older people** in relation to a number of threats including DSVA, substance misuse, road safety and fraud. Older people are underrepresented in many of the specialist support services and we need to work as a partnership to remove the barriers to them accessing services.

- **Emerging Threats / Horizon Scanning**

There are some risks and threats such as gang culture and activity being seen in some areas of Devon that are still emerging and so our understanding and the partnership's response in relation to those risks and threats is still developing. Partners might want one or two of these to be a focus area for some targeted research over the next 6-12 months to better develop our understanding of the risks in relation to these threats.

- **Intelligence Gaps**

We recognise there are some limitations to MoRiLE as a risk assessment tool, for example the assessment of impact is very victim orientated leaving a gap at looking at the perpetrator of many of these crimes and the impact on the whole family. We have tried to address some of these limitations in the narrative and will continue do this for future iterations of the strategic assessment.

The 37 thematic areas that were jointly chosen to run through the MoRiLE risk assessment will also be re-visited for future updates to address potential gaps that we have identified in this process, for example historical child abuse, suicide and homelessness and street attachment. While it is important to have some consistency in the thematic areas so that comparisons and trends can be made and we can measure how we have addressed them, we also recognise that we need to continually evaluate whether we have got appropriate thematic areas that most accurately reflect

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<sup>41</sup> Projecting Adult Needs and Service Information (PANSI), version 10.1 [www.pansi.org.uk](http://www.pansi.org.uk)

<sup>42</sup> [Joint Strategic Needs Assessment Devon Overview 2017](#)



the current risk and threats in our community and take account of any new or emerging risks and threats.

Intelligence gaps in the current thematic areas have been highlighted under each section and as a partnership we should explore ways of addressing these gaps to better our understanding and inform our future response in relation to key risks and threats.

- **Recommendations / Next Steps**

#### **County Lines / Dangerous Drugs Networks**

**Recommendation:** Improve intelligence gathering of partner agencies in identifying risk and vulnerability in relation to County Lines.

**Recommendation:** Review whether the impact of County Lines on numerous areas of safeguarding and business as usual requires the establishment of something more specific to counter the threat.

**Recommendation:** Partners need to be consistent in their approach to safeguarding vulnerable individuals involved in, or at risk of being involved in, County Lines activity which should include a review of whether partners need to do more in terms of prevention and early intervention to reduce the threat of local children being exploited by these gangs.

**Recommendation:** To develop and launch a guide to exploitation which will help partners to better understand how exploitation is achieved through County Lines and other forms of exploitation.

#### **Child Sexual Exploitation and Peer on Peer Child Sexual Offences**

**Recommendation:** Partners should actively support the development of the aforementioned strategies to sit under the Adolescent Risk Strategy and delivery pathways.

**Recommendation:** That the Safer Devon Partnership continues to fully engage with strategic discussions regarding CSE and other aspects of child exploitation.

#### **Domestic Abuse (including Sexual Violence)**

**Recommendation:** Maintain the focus on DSVA as a strategic priority for the Safer Devon Partnership:

- Ensure partnership commitment and organisational alignment with the objectives of the DSVA strategy
- Ensure sufficient resources are available to respond to identified need
- Develop a robust and useful dashboard to identify progress and difficulties in delivery of the DSVA strategy.

#### **Problem drinkers**

**Recommendation:** Continue to build on the network of trained Blue Light trainers to increase awareness of the needs of long term problematic drinker's system-wide and develop further the referral pathways with complex care teams and Hospital services.

**Recommendation:** Look to expand the successful programmes operating in Exeter and North Devon to other areas with high levels of alcohol related incidents.



### **Problem Drug Use and Drug Related Deaths**

**Recommendation:** Increased impetus to engage with individuals across the county who have not accessed treatment services previously, and to maintain a harm reduction focus within the Together Drug and Alcohol Service.

**Recommendation:** Continue the roll out of take-home Naloxone across Devon to increase access for vulnerable groups.

**Recommendation:** Work with Children and Family partners to maintain a 'whole family' approach.

**Recommendation:** Co-location of drug and alcohol workers with a wide range of partners across the county.

**Recommendation:** Work with the Coroner, Police, and other partners to improve the Drug Related Deaths Review process in order to identify learning and promote best practice.

**Recommendation:** Work with partners to improve collaboration between services and agencies.

### **Modern Slavery**

**Recommendation:** There is a need for greater ownership and clearer strategic direction with regards to Modern Slavery at both a Peninsula and local level and partners need to actively support the development of a robust delivery plan.

**Recommendation:** There is a need to have a fresh look at local communications to make partner agencies and the general public more aware of the issue and that it does happen in Devon.

### **Terrorism, Radicalisation, Extremism**

**Recommendation:** The Safer Devon Partnership annually review PREVENT and CHANNEL arrangements.

**Recommendation:** The Safer Devon Partnership develop a training benchmark for PREVENT and CHANNEL to ensure shared expectations around what training is required and to which key posts as part of a wider programme of vulnerability training.

**Recommendation:** The Safer Devon Partnership actively supports the development and delivery of a new targeted communications and awareness-raising strategy for PREVENT - with a particular focus on increasing awareness outside of the statutory sector. Partners need to look at where we are not getting referrals from but where we suspect there may be vulnerability – e.g. excluded or home-educated children.

### **Fraud (incl. Counterfeit Goods) and Cyber Dependent Crime**

**Recommendation:** The Safer Devon Partnership with Trading Standards as the lead partner review recommendations in the latest iteration of the Organised Crime Local Profile (OCLP)CLP and determine a response in relation to these.

**Recommendation:** Partners consider ways of increasing awareness and understanding within existing resources to identify indicators of/ vulnerability to scams, with young people as well as with the elderly/ vulnerable.

**Recommendation:** Review action plans and communication strategies etc. for other areas and consider how cyber dependent and fraud prevention messages could be incorporated into those existing plans/strategies.

### **Child Sexual Abuse – Familial**

**Recommendation:** Devon Children and Families Partnership (DCFP) to agree and embed a Child Sexual Abuse Strategy which will include a framework for prevention,



intervention and management of child sexual abuse (CSA) with the objective of safeguarding children from sexual abuse and all its associated risks. Through the strategy, operational activities will be based on the model of prepare, prevent, protect and pursue.

**Recommendation:** For this strategy to be effective there must be complete commitment to the purpose by all partner agencies and commissioners.

### Road Traffic Collisions (RTCs) – Fatal and Serious

**Recommendation:** Review engagement going forward, including the role the Safer Devon Partnership and Community Safety Partnerships have in relation to addressing this issue and which partners should be a formal part of the road safety strategic/operational landscape in future.

**Recommendation:** Community Safety Partnerships to review data for their area to gain a better understanding to inform their response to this issue.

### Rape and Other Sexual Offences

**Recommendation:** Partners continue to support the work to increase awareness.

**Recommendation:** Continue work on developing a trauma informed approach across the service system.

**Recommendation:** Explore the development of a trauma 'network'.

**Recommendation:** Partners support work to better understand the data and intelligence from the voluntary sector specialist service.

### Anti-Social Behaviour and Criminal Damage

**Recommendation:** Partners continue to ensure a consistent approach to tackling ASB across areas informed by national best practice, acknowledging that partnership working is vital.

**Recommendation:** Ensure that front line officers have the necessary knowledge and tools to tackle ASB effectively.

### Hate Crime

**Recommendation:** The Safer Devon Partnership supports the Zero Tolerance to Hate Crime campaign in a more robust way with all partner agencies playing an active role in promoting it.

**Recommendation:** Partners engage the voluntary and community sector in promoting the Zero Tolerance to Hate Crime campaign.

**Recommendation:** Community Safety Partnerships review data for their area to better understand whether the increase in reported incidents in some parts of the county but not others is due to an increase in reporting / awareness or an increase in the number of incidents.

### Arson and Other Deliberate Fires

**Recommendation:** Continue to work on consolidating partner datasets to get a better understanding of arson and other deliberate fires.

### Reducing Offending and Reoffending

**Recommendation:** Partners fully support the delivery of the Reducing Offending and Reoffending Strategy (and ensure alignment with the peninsula wide strategy).