

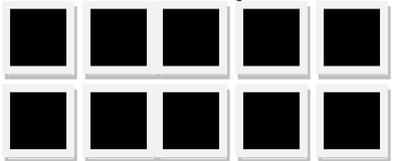
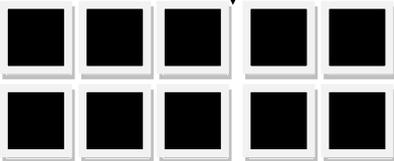
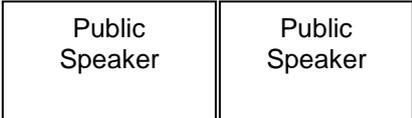
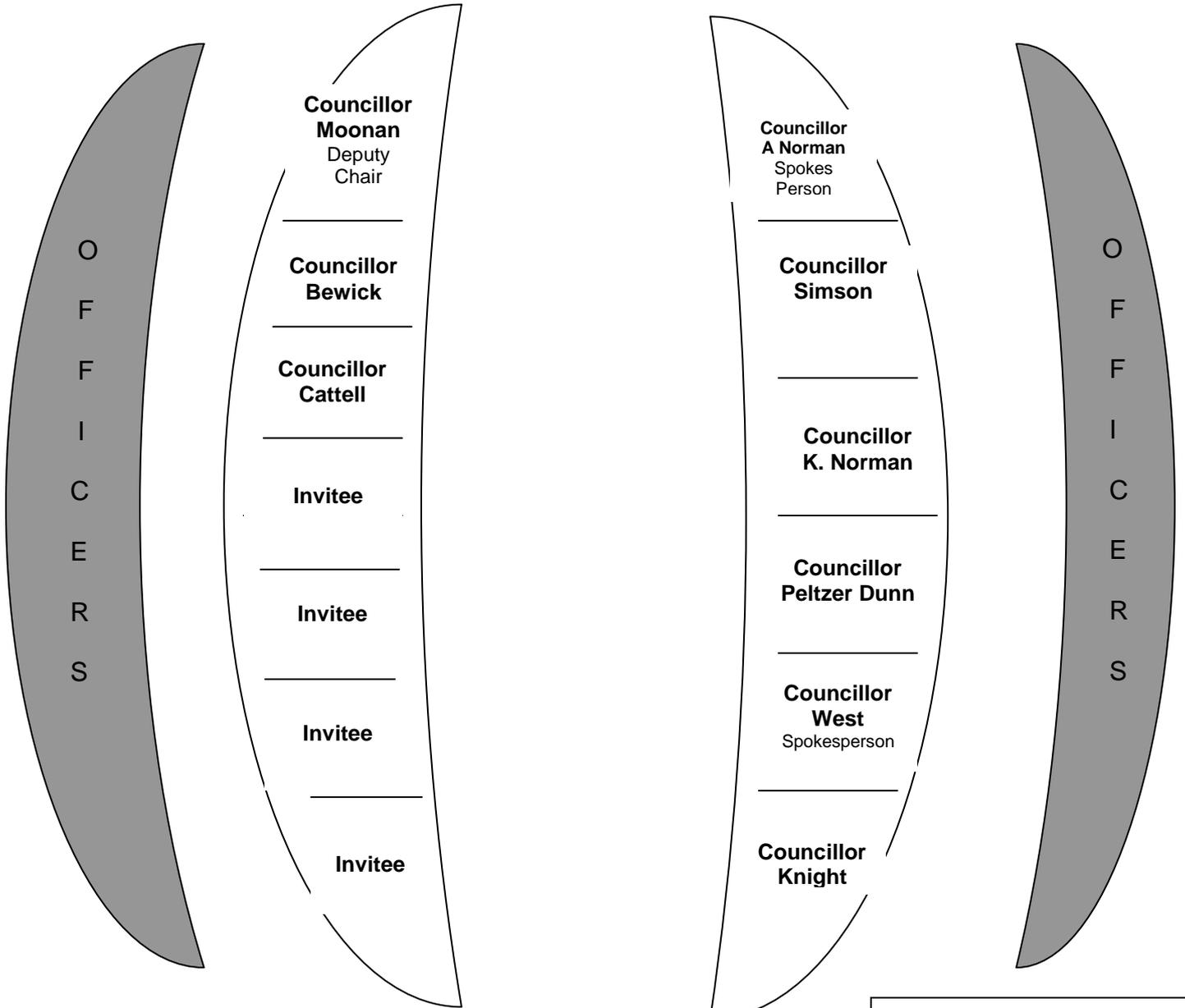
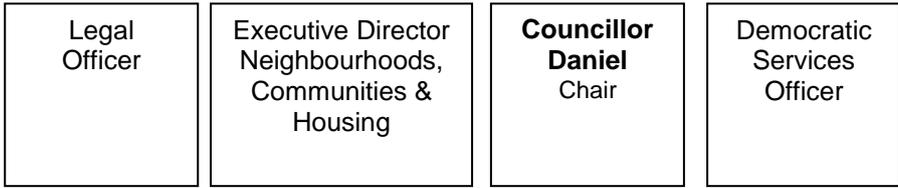


**Brighton & Hove
City Council**

Neighbourhoods, Inclusion, Communities & Equalities Committee

Title:	Neighbourhoods, Inclusion, Communities & Equalities Committee
Date:	3 July 2017
Time:	4.00pm
Venue	Council Chamber, Hove Town Hall
Members:	Councillors: Daniel (Chair) Moonan (Deputy Chair), A Norman (Opposition Spokesperson), West (Group Spokesperson), Bewick, Cattell, Knight, K Norman, Peltzer Dunn and Simson,
Invitees:	Representative (Clinical Commissioning Group); Joanna Martindale (Hangleton & Knoll Project); Anusree Biswas Sasidharan (Brighton & Hove Police Ethnic Group); Representative (Sussex Police)
Contact:	Penny Jennings Democratic Services Officer 01273 291065 penny.jennings@brighton-hove.gov.uk
	The venue has facilities for wheelchair users, including lifts and toilets
	An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.
	<p align="center">FIRE / EMERGENCY EVACUATION PROCEDURE</p> <p>If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:</p> <ul style="list-style-type: none"> • You should proceed calmly; do not run and do not use the lifts; • Do not stop to collect personal belongings; • Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and • Do not re-enter the building until told that it is safe to do so.

Democratic Services: Neighbourhoods, Inclusion, Communities & Equalities Committee



AGENDA

Part One

Page

1 PROCEDURAL BUSINESS

- (a) **Declarations of Substitutes:** Where councillors are unable to attend a meeting, a substitute Member from the same political group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
- (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

Note: Any item appearing in Part Two of the agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the press and public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

2 MINUTES**1 - 12**

To consider the minutes of the meeting held on 13 March 2017 (copy attached).

3 PRESENTATION(S)

Before proceeding to the formal business of the meeting there will be a short presentation by representatives from Sussex University in the

community which will outline:

- Ambassadors and how they have impacted on the community (including befriending); and
- Street Marshalls and how that is working.

Following the presentation Members will have the opportunity to ask questions following which there will be a short break before proceeding to the main business of the agenda.

4 CHAIRS COMMUNICATIONS

5 PUBLIC INVOLVEMENT

13 - 14

To consider the following matters raised by members of the public:

- (a) **Petitions:** To receive any petitions presented by members of the public to the full Council or at the meeting itself. To receive and consider the petition referred from the meeting of Council on 6 April 2017 (copy attached);
- (b) **Written Questions:** To receive any questions submitted by the due date of 12 noon on the 22 June 2017;
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 22 June 2017.

6 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (a) **Petitions:** To receive any petitions referred from Full Council or submitted directly to the Committee;
- (b) **Written Questions:** To consider any written questions;
- (c) **Letters:** To consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Full Council or submitted directly to the Committee.

7 COMMUNITIES & NEIGHBOURHOODS PORTFOLIO

15 - 36

Report of the Executive Director, Neighbourhoods, Communities and Housing (copy attached)

Contact Officer: Sally McMahon
Ward Affected: All Wards

Tel: 01273 296963

8 COLLABORATION FRAMEWORK 37 - 70

Report of the Executive Director, Neighbourhoods, Communities and Housing (copy attached)

Contact Officer: Sam Warren Tel: 01273 296821
Ward Affected: All Wards

9 WELFARE REFORM UPDATE 71 - 86

Report of the Executive Director, Neighbourhoods, Communities and Housing (copy attached)

Contact Officer: John Francis Tel: 01273 291913
Ward Affected: All Wards

10 SAFEGUARDING ADULTS REVIEW 87 - 122

Report of the Executive Director, Neighbourhoods, Communities and Housing (copy attached)

Contact Officer: Peter Castleton Tel: 01273 292607
Ward Affected: All Wards

11 COMMUNITY SAFETY AND CRIME REDUCTION STRATEGY 123 - 246

Report of the Executive Director, Neighbourhoods, Communities and Housing (copy attached)

Contact Officer: Peter Castleton Tel: 01273 292607
Ward Affected: All Wards

12 ITEMS REFERRED FOR FULL COUNCIL

To consider items to be submitted to Council for information.

In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

Electronic agendas can also be accessed through our meetings app available through www.moderngov.co.uk

For further details and general enquiries about this meeting contact Penny Jennings, (01273 291065, email penny.jennings@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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Date of Publication Friday, 23 June 2017

BRIGHTON & HOVE CITY COUNCIL

NEIGHBOURHOODS, COMMUNITIES AND EQUALITIES COMMITTEE

4.00pm 13 MARCH 2017

FRIENDS MEETING HOUSE, SHIP STREET, BRIGHTON

MINUTES

Present: Councillors Daniel (Chair), Moonan (Deputy Chair), Simson (Opposition Spokesperson), Littman (Group Spokesperson), Druitt, Bell, Hill, Lewry, K Norman and Penn.

Invitees: Jane Ross, Community Works.

In attendance: Joanna Martindale (Hangleton & Knoll Project), Anusree Biswas Sasidharan (BME Brighton & Hove Police Engagement Group) and Jane Lodge (Clinical Commissioning Group).

PART ONE

52 PROCEDURAL BUSINESS

(a) Declarations of Substitutes

52.1 Councillors Druitt and Penn declared that they were attending as substitutes for Councillors Gibson and Horan respectively.

52.2 Jane Lodge declared that she was attending the meeting in place of John Child.

52.3 Prior to seeking declarations of interest, the Chair drew the Committees attention to the fact that the meeting was being signed for the first time as there were items on the agenda that were of interest to local deaf people who were also in attendance.

(b) Declarations of Interest

52.4 There were no declarations of interest in the items appearing on the agenda.

(c) Exclusion of the Press and Public

52.5 In accordance with Section 100A of the Local Government Act 1972 (“the Act”), the Committee considered whether the press and public should be excluded from the meeting during consideration of any items of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

52.6 **RESOLVED:** That the press and public be not excluded during consideration of any item of business on the agenda.

53 MINUTES

53.1 Councillor Simson referred to paragraphs 49.7, 49.8 and 49.9 and noted that it had been agreed to provide her with an update on those points, however she was still awaiting the information.

53.2 The Chair noted that the information was still awaited and asked that this be provided as soon as possible.

53.3 **RESOLVED:** That the minutes of the last meeting held on the 23rd January 2017 were approved and signed as a correct record of the proceedings.

54 PRESENTATION - ROUTES

54.1 The Chair welcomed Jane Ross from Community Works, who had been invited to attend the meeting and give a presentation on the project of ‘Routes’ which offered free one-to-one personalised support to help people on their journey into employment.

54.2 Jane Ross thanked the Chair and welcomed the opportunity to attend the meeting and outlined the role of Routes and how the project supported people in the community to be able to find employment. She explained that the project was led by Community Works in collaboration with four delivery partners, The Hangleton & Knoll Project, Whitehawk Inn, The Bridge, and Workers’ Educational Association. It provided intensive internship placements, community learning opportunities and employability focussed information and advice.

54.3 Members of the Committee thanked Jane Ross for her informative presentation and asked what they could do to help the project which they felt was providing important and necessary support to people across the city.

54.4 Ms. Ross stated that it was important to spread the word about the project and to encourage organisations to provide support such as placements, internships and time to nurture those people who were involved. There was also a need for additional funding in order to support those people that were currently going through the project and for future years.

54.5 The Chair thanked Jane Ross for her presentation and for attending the meeting.

55 CHAIRS COMMUNICATIONS

- 55.1 The Chair welcomed everyone to the final meeting of the committee for the current municipal year. She stated that it had been great to see the range of activities happening for International Women's Day and noted that there was still an opportunity to participate in, what should be an incredible event, the first gathering of the international women's network for Brighton and Hove. The network would be offering professional mentoring, training, cultural and employment connections as well as support to women in order that they, their friends and families could make the most of the opportunities that were on offer in the city. It was meeting from 12.00 - 2.30 pm, on the 21st March 2017 at Sini Turkish restaurant Hove Street.
- 55.2 The Chair stated that our great equality work continued to influence and get acknowledgment far and wide, and noted that very recently our actions on increasing equality and inclusion for Trans people – trans swimming sessions, gender neutral toilets, was noted in the Human Rights and Gender Identify best practice catalogue, produced by Transgender Europe, which was recognised as the legitimate voice for trans community in Europe.
- 55.3 She was pleased to inform the meeting that in partnership the council, CCG and Community Works were holding an event on Social Value as part of a national programme of events lead by Social Enterprise UK on Wednesday 22nd March 9.30 – 1pm at the Brighthelm Centre.
- 55.4 The Chair then reported that the city council had been successful in securing additional funding from the Department of Communities and Local Government. The funding was for 12-15 months and would complement the city's existing investment in refuge provision. It included working with East Sussex County Council to pilot new ways of working with victim/survivors of domestic violence with complex needs in refuge.
- 55.5 Finally, the Chair stated that the Community Works spring conference was taking place on Thursday 16th also at the Brighthelm. The theme was empowerment and would be looking at how organisations can ensure they and their services are empowering for service users, staff and volunteers. Lessons all organisations can learn. In the meantime she was looking forward to seeing everyone again at the committee's first meeting in the new civic year which she believed would be early July.

56 CALL OVER

- 56.1 The Head of Democratic Services confirmed that all of the following items on the agenda had been reserved for discussion:
- Item 59 - Fairness Commission Recommendation: BDA Charter for British Sign Language;
 - Item 60 - Food Poverty Action Plan Progress Update;
 - Item 61 - Brighton & Hove Pride
 - Item 62 - Establishment of Brighton and Hove Community Fund
 - Item 63 - Community Safety Strategy Consultation
 - Item 64 - Independent Visitors

57 PUBLIC INVOLVEMENT

- 57.1 The Chair noted that no written questions had been submitted from Members of the public and that there were no petitions to be presented at the meeting. However, there was one deputation that had been included in the addendum papers and she had also agreed to accept two further deputations from the deaf community for the present meeting.
- 57.2 The Chair then invited Ms. C. Glasson as the spokesperson for the deputation concerning Surrey Street to come forward and outline the deputation.
- 57.3 Ms. Glasson thanked the Chair and stated that since the Brighton Station Gateway Development residents of Surrey Street had found that their lives had become a nightmare. The street was used by taxi drivers waiting for the evening and late night trains, and had led to engines being left running, radios blaring out and hooting of car horns when traffic is unable to pass. There had also been incidents of racial and verbal abuse encountered by residents when they had challenged taxi drivers about the noise and disturbances being caused; which included taxi drivers fighting amongst themselves.
- 57.4 She was hoping that the committee would enable a way forward to be found so that the residents' lives were improved and children and others could safely cross the road. There had been no consultation and yet there were now 3 bus stops along the road and buses having to come up onto the pavement in order to get passed the waiting taxis. The area was becoming a bottleneck for traffic and creating stress and anxiety for the residents as well as affecting their health and wellbeing.
- 57.5 The Chair thanked Ms. Glasson for attending the meeting and acknowledged the concerns raised in the deputation which cut across a number of areas of the council. She therefore suggested that it would be helpful for residents to record the numbers of the taxis causing difficulties and to report them to the Licensing team. In the meantime she would raise the matter with the team and ask that officers discuss the matter at the next taxi forum and see if some action can be taken.
- 57.6 The Chair stated that she would share the information presented with the Police to see if they could consider taking any action e.g. direct PCSO patrols along Surrey Street. She would also raise the matter of traffic congestion and the need for a crossing with the Chair of the Environment, Transport & Sustainability Committee and ask that she take the matter up with the relevant officers.
- 57.7 The Chair then proposed that the deputation should be noted.
- 57.8 **RESOLVED:** That the deputation be noted.
- 57.9 The Chair then invited Mr. Darren Jenson, Director of Surdi to address the Committee in relation to the BSL Charter for British Sign Language.
- 57.10 Mr. Jenson stated that he had wanted to put on record the importance of the Charter which brought equality for deaf people and meant that they would be recognised. There were lots of projects in the city which deaf people did not have access to and this should

now mean that they were considered and able to take advantage of these such as the one mentioned in the earlier presentation.

57.11 The Chair noted the information and called on Iesha Demmie, a pupil at Hamilton Lodge School to come forward and address the Committee.

57.12 Iesha stated that as a pupil she hoped that she could be treated the same as others and asked the committee to support the BSL Charter and to encourage others to recognise that deaf people were willing and able to take part in learning & development opportunities and just needed the chance to do so.

57.13 The Chair thanked both presenters for attending the meeting the meeting and highlighting the situation for deaf people and proposed that the deputations be noted.

57.14 **RESOLVED:** That the deputations be noted.

58 MEMBER INVOLVEMENT

58.1 The Chair noted that there were no matters to be raised under the item.

59 FAIRNESS COMMISSION RECOMMENDATION: BDA CHARTER FOR BRITISH SIGN LANGUAGE

59.1 The Head of Communities & Equalities introduced the report which detailed the outcome of a review of current practice by the council against the five pledges of the British Deaf Association (BDA) Charter; and the recommendations of the Fairness Commission. She noted that a Members Working Group which had been part of the review process had identified the need to sign up to the British Sign Language Charter (BSL) and drew the committee's attention to a clarification to the report's recommendation and financial implications as a result of changes to the BSL Charter detailed in the addendum papers.

59.2 The Head of Communities & Equalities stated that the intention was to sign-up to a number of the pledges and work to improve the council's position in relation to the other pledges before signing-up to them.

59.3 Members of the Committee welcomed the report and noted the intention to sign-up to pledges 2, 3 and 5 whilst working towards a position to be able to sign-up to pledges 1 and 4 in the future. It was felt that there should be recognition of how the council would work towards meeting pledges 1 and 4 and Councillor Moonan moved an amendment to the recommendation so that this was made clear.

59.4 Councillor Druitt formally seconded the amendment.

59.5 Councillor Simson queried whether where a hearing child was born to deaf parents; it was difficult to find services to support that child and whether any changes had been made.

59.6 The Chair noted that it was not possible to clarify the position at the meeting but asked that officers investigate the situation and suggested that an update report be brought

back to the committee in due course on the pledges and the matter raised by Councillor Simson.

59.7 The Chair noted that an amendment to the recommendation had been made and put the revised recommendations to the vote which were carried.

59.8 **RESOLVED:**

(1) That the committee on behalf of the council, sign up to the BSL Charter, pledges 2, 3 and 5 and work with the British Deaf Association and local Deaf and BSL groups towards fulfilling the requirements of pledges 1 and 4 as outlined in appendix 1 to the report;

(2) That a report be brought back to the Committee in 12 months updating the position in regard to the progress made on meeting the pledges and detailing what support services there are for hearing children with deaf parents.

60 FOOD POVERTY ACTION PLAN PROGRESS UPDATE

60.1 The Chair welcomed Becky Woodiwiss and Emily O'Brien to the meeting and invited them to introduce the report.

60.2 Becky Woodiwiss stated that a report had been brought to the committee in November and this was an update on the progress made to implement the citywide Food Poverty Action Plan.

60.3 Emily O'Brien stated that a great deal of good work in developing and implementing the Food Action Plan, which had been recognised at a national level and she had been invited to speak to the Welsh Assembly on setting up Food Action Plans. She then outlined various aspects of the Plan and noted that there were still significant challenges to be addressed including 1 in 5 people in the city were struggling to meet household costs, 1 in 5 council tenants regularly reduced meal sizes or skipped a meal and 2 in 5 felt that they ate less healthily than they could. There was a higher level of food poverty amongst young people and a third of people in the City Tracker survey indicated that disabled people felt insecure about food poverty. She also noted that there was a fear of food prices increasing as a result of Brexit.

60.4 Emily O'Brien stated that the council was involved in over half of the actions that had been identified in the Plan and its partnership was welcomed as it meant that there was a collective approach to the problem. She noted that the Partnership was working with schools to support children and maintain the success of CHOMP.

60.5 The Chair thanked both Becky and Emily for attending and providing the update on the action plan.

60.6 Members of the Committee welcomed the report and queried whether there were any areas where more support or action was required and whether the local discretionary fund was fully utilised. The need for sign-posting to advice and support for people with mental health was also raised as well as the role of home care and support workers in regard to providing information about nutrition.

- 60.7 Emily O'Brien stated that there was a need to look at hospital discharges and whether people were eating properly and had access to healthy food. It may be that the situation had been recognised but it would help to have stronger links with Adult Social Care so that information could be shared and updated. In regard to the local discretionary fund she was unsure if it was fully used. She stated that the Action Plan was only half way through and more could be done if resources were available e.g. she wanted to develop a food tip sheet for specific groups of people and noted that home visits were not really long enough to enable people to provide information and help in terms of eating healthily. Perhaps it would be possible to combine care packages so that people leaving hospital could be seen together thereby having a 45mins time period, in which they could be seen and eat together.
- 60.8 The Executive Director for Neighbourhoods, Communities & Housing stated that she would ensure an update on the local discretionary fund was sent to all Members of the Committee.
- 60.9 Councillor Littman stated that it was an important report and proposed that the recommendations be amended to include that proposals for next steps are included in the next report to committee.
- 60.10 The Chair welcomed the amendment and formally seconded it. She also suggested that the matter of adult care should be referred to the Health & Wellbeing Board for further consideration.
- 60.11 Councillor K. Norman welcomed the proposal to refer the issue to the Health & Wellbeing Board and formally seconded the Chair's amendment.
- 60.12 The Chair noted that the recommendations had been amended and put them to the vote which was carried.
- 60.13 **RESOLVED:**
- (1) That the report be welcomed and the progress made by all partners in delivering the Food Poverty Action Plan be noted;
 - (2) That officers be instructed to bring back a report at the end of action plan period highlighting successes, learning and proposals for next steps; and
 - (3) That in regard to the Action Plan, the ASC & CCG actions in Aim 2C around building nutrition and hydration into care assessments, creating innovative ways to allow people to eat together by combining Adult Social Care (ASC) care packages, ensuring that food issues are considered in Home Care Commissioning Process, developing a trigger mechanism when a meal service for vulnerable people is under threat; and how social enterprise model Community Meals/ Meals on Wheels delivery could be stimulated be referred to the Health & Wellbeing Board for consideration.

61 BRIGHTON & HOVE PRIDE

- 61.1 The Executive Director for Neighbourhoods, Communities & Housing introduced the report which outlined the Council's commitment to work in partnership with Pride CIC to ensure delivery of safe and inclusive events in the city both on the Pride weekend and in the run up to it.
- 61.2 The Chair welcomed the report and noted that Pride was a BSL accessible event and stated that it was important to work in partnership so enable Pride CIC to undertake its work.
- 61.3 Members of the Committee welcomed the report and stated the importance of supporting the event and noted the priority given to this year's event for the role of service and ex-service people in the LGBT community.
- 61.4 The Chair noted the comments and put the recommendations to the vote which were carried.
- 61.5 **RESOLVED:**
- (1) That the Committee reaffirms its support for Pride CIC and acknowledges the benefits of working to deliver a successful and safe Pride, especially the social and economic benefit Pride creates for the city and specifically for LGBT people and LGBT community and voluntary sector organisations;
 - (2) That the Committee reaffirms its support of BHCC officer time and capacity to work in partnership with and support Pride CIC to make Pride a successful and safe event. The committee recognises the benefits of officers working with and encouraging local businesses to join the official Pride programme to maximise the benefit to the local community; and
 - (3) That the Executive Director for Neighbourhoods, Communities & Housing, as the senior lead officer for the BHCC on pride, be instructed to convene a strategic city group, to meet as frequently as required in the lead up to the event, to provide oversight of the impact of the Pride weekend on the city.

62 ESTABLISHMENT OF BRIGHTON AND HOVE COMMUNITY FUND

- 62.1 The Head of Communities & Equality introduced the report which detailed changes to the delivery of the Third Sector Investment Programme and proposals to transfer council held dormant and under-utilised endowment funds to Sussex Community Foundation to form a Brighton and Hove Community Fund (B&HCF). She stated that discussions had been held with the community and voluntary sector, the Members Advisory Group, CCG colleagues and the Charity Commission. It was intended that the BHCF would be established as an umbrella fund in order that additional objectives may be created as additional donors/funding were secured. The fund would then make grants under the following two objectives:
- (i) Awards to community and voluntary organisations supporting children and young people across Brighton and Hove; and
 - (ii) Awards to support aims and objectives of libraries.

- 62.2 The Head of Communities & Equality also confirmed that the BHCF would at all times and under all circumstances, be used exclusively for the benefit of the community in Brighton and Hove.
- 62.3 The Chief Executive Officer of Sussex Community Foundation (SCF) informed the committee that the Foundation had been established for 11 years and had an excellent record of managing portfolios and securing additional investments that could then be used to support the aims of the BHCF. He also noted that SCF already supported a number of community groups and voluntary organisations in the city and that the BCHF grants and any additional funds secured for the fund would be used in conjunction with those already allocated to the city by SCF and not as an alternative source of funding.
- 62.4 Councillor Simson stated that as a member of the Members Advisory Group she had been involved in the process and fully supported the recommendations. However, she felt that there should be some Member oversight and asked if this would be possible.
- 62.5 Councillor Littman stated that he echoed Councillor Simson's comments and fully supported the proposed approach.
- 62.6 Councillor Bell referred to paragraph 4.3 of the report and appendix 1 and sought clarification in regard to the transfer of the funds and the maintenance of the first three funds listed in the appendix.
- 62.7 The Head of Communities & Equality stated that it was intended for all the funds listed to be transferred across to the BHCF but that the aims of those funds would be maintained although they would be updated to reflect the objectives of the BCHF. She apologised for any confusion and stated that she would ensure this was made clearer in time for the PR&G Committee meeting.
- 62.8 Councillor Druitt stated that the report was an example of a fantastic piece of work which would result in the use of resources for the benefit of those in the city. However, with the closure of the various funds he wondered if anything was being done to acknowledge the aims and objectives of those funds.
- 62.9 The CEO of Sussex Community Foundation stated it was intended to retain a record of the donors and legacies as part of SCF's history and for reference purposes. He also stated that he was happy for the Council to have representation on the decision-making panel for the award of funds and would welcome Member involvement.
- 62.10 The Chair thanked the representatives from Sussex Community Foundation for attending the meeting and officers for their work in bringing the report to the committee. She hoped that the PR&G Committee would support the recommendations and that officers could then reach an agreement with SCF on the make-up of the decision-making panel and asked that the committee members be updated accordingly.
- 62.11 **RESOLVED:**
- (1) That Policy, Resources & Growth (PRG) Committee be recommended to approve the closure of the trusts and the transfer of the endowments listed in appendix 1 of

the report to Sussex Community Foundation for the purpose of establishing the Brighton and Hove Community Fund as outlined in the report; and

- (2) That delegated authority be granted to the Executive Director of Neighbourhoods, Communities and Housing to take all steps necessary to action and complete the transfer.

63 COMMUNITY SAFETY STRATEGY CONSULTATION

63.1 The Head of Community Safety introduced the report which detailed the draft Community Safety Strategy for 2017-20 and sought comments on the strategy and priority areas. He noted that the priorities selected had been chosen where they could make the most impact and covered:

- anti-social behaviour,
- safety in the night-time economy
- domestic violence and abuse, sexual violence and other forms of violence against women and girls
- reducing offending
- community collaboration and resilience
- preventing terrorism and extremism

63.2 The Head of Community Safety stated that an action plan would be drafted and taken to the Safe in the City Partnership Board. He also noted that it was necessary to amend the recommendation to take account of the need for the strategy to be approved by full Council.

63.3 Councillor Moonan welcomed the report and stated that it had a number of synergies with the Rough Sleepers Strategy and asked whether the committee would be given the opportunity to see the Action Plan.

63.4 The Head of Community Safety stated that the Action Plans tended to be very detailed and as such he would hesitate bringing them to the committee, however he could provide Programme reports in the future.

63.5 The Executive Director for Neighbourhoods, Communities & Housing stated that if there was an area of concern, it could be included in the Programme Report and more detail provided within the report in regard to that specific area.

63.6 Councillor Littman referred to the information on crime figures detailed on page 152 of the agenda and noted that there had been an increase which could be related to the issues of austerity and Brexit.

63.7 The Executive Director for Neighbourhoods, Communities & Housing acknowledged there had been a spike in the figures around the period of the referendum; however there was no evidence that it would continue as the process for Brexit went forward.

63.8 Councillor Simson referred to page 167 of the agenda and noted that there was an emphasis in dealing with alcohol related issues for the night-time economy and queried whether a similar emphasis should be placed in the impact of drugs.

- 63.9 The Head of Community Safety stated that officers and partner organisations were aware of the use of drugs being an issue for the city, but evidence showed that the majority of violent incidents related to alcohol.
- 63.10 Anusree Biswas Sasidharan referred to page 174 of the agenda and noted that Local Action Teams (LATs) were referenced as a sector to work with and sought assurance that community groups would also be consulted and supported.
- 63.11 The Head of Community Safety stated that it was intended to consult and work with all interested community groups.
- 63.12 Councillor Penn noted that there was an increase in hate crime on-line and that it appeared to be an area where victims felt less support was available and it was more difficult to address. She queried whether this would be given greater consideration.
- 63.13 The Head of Community Safety stated that the issue had been considered and it was felt that it was a difficult area to deal with. However, if any incidents were reported then they would be looked into and appropriate action taken.
- 63.14 Councillor Hill noted that the consultation on the proposed community safety strategy was due to end on the 19th March and asked if the analysis of the consultation could be shared with Committee Members prior to the final version going to the full Council.
- 63.15 The Head of Community Safety stated that the strategy was due to be published on the 1st April and copies of the analysis could be provided to the committee Members.
- 63.16 **RESOLVED TO RECOMMEND:** That subject to no significant negative comments arising from the consultation process, the Committee recommends to the Council that the Community Safety Strategy be approved.

64 INDEPENDENT VISITORS

- 64.1 The Chair noted that she had accepted a late paper for the meeting which could not be finalised in time for publication with the agenda papers and invited the Assistant Director of Children's Safeguarding & Care to introduce the report.
- 64.2 The Assistant Director of Children's Safeguarding & Care thanked the Chair and stated that the report provided an update on the Independent Visiting Service that was managed within the Families, Children & Learning directorate. The council had a good record for providing independent visitors but noted that it was a significant commitment for those people. She also noted that currently there was a demand for ten independent visitors and that it was hoped to extend that provision should it be necessary to do so.
- 64.3 Members of the Committee welcomed the report and noted that it was an important service which made a difference to young people's lives. They also noted that all councillors were effectively Corporate Parents and should therefore be mindful of their own roles and responsibilities.

64.4 The Chair thanked Members for their comments and put the recommendations to the vote which were carried.

64.5 **RESOLVED:**

- (1) That it be noted that the Independent Visiting Service was currently unable to meet the needs of providing an Independent Visitor for each child in care who would like one; but that performance in Brighton & Hove was significantly better than the reported performance nationally; and
- (2) That the Directorate be asked to explore ways of increasing the overall capacity of the service to extend provision to more children in care.

65 **ITEMS REFERRED FOR FULL COUNCIL**

65.1 **RESOLVED:** That item No.63, Community Safety Strategy Consultation be referred to the full Council for approval at its meeting on the 6th April, 2017.

The meeting concluded at 7.25pm

Signed

Chair

Dated this

day of

2017

Subject: Petitions
Date of Meeting: 3 July 2017
Report of: Executive Lead, Strategy, Governance and Law
Contact Officer: Name: Penny Jennings Tel: 29-1065
E-mail: penny.jennings@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 To receive any petitions submitted directly to Democratic Services or any e-Petition submitted via the council's website.

2. RECOMMENDATIONS:

- 2.2 That the Committee responds to the petition either by noting it or writing to the petition organiser setting out the Council's views, or where it is considered more appropriate, calls for an officer report on the matter which may give consideration to a range of options, including the following:
- taking the action requested in the petition
 - considering the petition at a council meeting
 - holding an inquiry into the matter
 - undertaking research into the matter
 - holding a public meeting
 - holding a consultation
 - holding a meeting with petitioners
 - referring the petition for consideration by the council's Overview and Scrutiny Committee
 - calling a referendum

3. PETITIONS

3. (i) Potential Impact of Fireworks on Wild Animals

To consider and receive the following petition signed by 182 people, referred by the meeting of Full Council held on 6 April 2017:

"We the undersigned, are asking Brighton & Hove City Council to 1) assess the impact of fireworks on the people and the domestic and wild animals in the community and environment of Brighton & Hove 2) consider what alternatives might be available (for example to investigate if there is a way to reduce noise but keep the spectacle. Silent firework displays could, for example, pave the way for fabulous musical events with music instead of explosions accompanying the fireworks and 3)

review the sale of fireworks to the public for private use with particular reference to the allowable sound volume.”

**NEIGHBOURHOODS,
INCLUSION, COMMUNITIES
& EQUALITIES
COMMITTEE**

Agenda Item 7

Brighton & Hove City Council

Subject:	Communities & Neighbourhoods Portfolio		
Date of Meeting:	3 July 2017		
Report of:	Executive Director (Neighbourhoods, Communities and Housing)		
Contact Officers:	Name:	Sally McMahon	Tel: 29-6963
		Julie Nichols	29-1656
	Email:	sally.mcmahon@brighton-hove.gov.uk	
		julie.nichols@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of the report is to provide Members with an update on the programmes that sit within the Communities & Neighbourhoods Portfolio, which includes:
- community and neighbourhood hub development (physical and virtual);
 - community collaboration;
 - neighbourhood governance; and
 - enforcement & inspection (development of the Field Officer role).
- 1.2 The programmes covered were agreed by this Committee in two previous reports, the last one being in July 2016. Since then, good progress has been made in each of the programmes and progress reports can be found in the appendices. Highlights include the following developments:
- collaboration framework;
 - volunteering policy and toolkit;
 - behaviour framework;
 - Communities & Neighbourhoods business case;
 - neighbourhood service delivery model;
 - strategy for neighbourhood collaborative working;
 - further community engagement with portfolio work;
 - progress with the Field Officer role;
 - progress with neighbourhood governance; and
 - successful bid to One Public Estate for funds to support the Moulsecoomb plans.

- 1.3 Particularly noteworthy is the interest and support from the Community & Voluntary Sector (see Section 5.2.1) and others in the public sector such as Health, Education, Fire and the Police (see Section 5.2.4).
- 1.4 Public services are facing increasing demands for services and reducing resources. This is in addition to increasing expectations of residents and it is clear that no one service or organisation can address the root causes of these demands on their own. Many parts of the solution, as well as the problem, exist at a local level and so different ways of thinking and working are needed to collaborate and achieve positive change.
- 1.5 The purpose of the report is also to ask Members to agree the recommendations in Section 2 that will enable officers to continue the Communities & Neighbourhoods work.

2 **RECOMMENDATIONS:**

- 2.1 Agree the aims and objectives of the Portfolio as presented in Section 3.1 with its focus on service improvement through increased involvement of the community and collaboration of service providers in all sectors.
- 2.2 Agree the direction of travel of the Communities & Neighbourhoods Portfolio of programmes as described in Appendix 2.
- 2.3 Agree the strategy to take forward the neighbourhoods working model as outlined in Section 3.6 and Appendix 3, building upon the existing strengths of local communities, and according to levels of need and existing assets.
- 2.4 Agree that the work of the Communities & Neighbourhoods Portfolio will support ward councillors in their leading role in neighbourhood working.
- 2.5 Agree to the establishment of a task and finish cross-party working group to give strategic leadership to the Communities & Neighbourhoods Portfolio work, to be chaired by Councillor Daniel.
- 2.6 Agree the council's commitment to collaborative working and to being an active partner in the development and delivery of neighbourhood action plans.

3 **CONTEXT/ BACKGROUND INFORMATION**

- 3.1 **Aims and Objectives:** The aim of the Communities & Neighbourhoods Portfolio is to put communities at the heart of service delivery, make effective use of resources and support the delivery of savings. Its objectives are to:
 - focus the development of services around community needs and target those most in need;
 - enable residents to have a stronger involvement and influence in decisions about their local area;

- encourage and develop the capacity for people to do more for themselves and each other, helping people solve problems before they escalate into bigger problems;
- make services easier to navigate, providing digital solutions for transactional activities, and ensuring effective support for those who need it;
- share information and bring together public, private and voluntary sector, and communities' resources, to work harder for residents;
- drive greater collaboration between service deliverers to avoid duplication and reduce the number of interactions with service users;
- improve service user satisfaction by listening to local people and involving residents in service development and delivery; and
- improve our relationships with residents, making every contact count for them and for us.

3.2 **Service Delivery Model**: Outcomes and benefits have been identified (Appendix 4) and a Service Delivery Model developed that can be applied across the city and tailored to each community (see Appendix 5). It has four segments ranging from targeted to universal service delivery:

- **Specialist**: High-cost services/interventions with individual residents who consume a significant proportion of the council's budget. This would be a whole system approach to avoid duplicating interventions and bring together services to these individual, often vulnerable, residents. Initially, the focus is on neighbourhood services such as housing, environmental services, regulatory and planning services but it is important to create the link between these and health and social care to which this model could be extended.
- **Generic/flexible**: Services provided by staff to non-specific service users (generic service users, flexible staff). These could be citywide services currently delivered or new developments, such as the Field Officer role.
- **Digital**: Information and services delivered electronically. The work and priorities of the Digital First programme would be informed by the Communities & Neighbourhoods Portfolio.
- **Community collaboration**: Services designed and delivered in consultation and/or partnership with the community.

The Model is applicable from the strategic planning of services through to delivery at community level. It will be the same for each community, however, the size of each segment will be relative to the needs of the community it serves. The Model is designed to fit with partners but is not dependent upon them.

3.3 This Committee has received two reports on Communities & Neighbourhood working, which agreed:

- four priority areas of the city for the development of neighbourhood hubs;
- endorsed the creation of neighbourhood hubs and community collaboration programmes;
- agreed the addition of the Enforcement & Inspection programme;
- requested business cases be developed to take these programmes forward; and
- noted the work on the Local Action Teams would be included in this Modernisation activity.

- 3.4 **Progress and plans for the future:** Progress on each of the separate programmes, and plans for the future, can be found in tabular form in Appendix 2, together with a timeline in Appendix 6.
- 3.5 **Business case:** A business case has been developed for the Communities & Neighbourhoods Portfolio, which was agreed by the Corporate Modernisation Delivery Board. The option agreed is to implement a model of collaborative working and service improvement that starts with the needs of a specific community or neighbourhood and builds collaboration and partnership between service deliverers from all sectors and the community to develop and deliver a shared action plan. The business case identified the resources needed to create the infrastructure for collaboration and service improvement initially for the first four priority areas. The strategy for the implementation of Communities & Neighbourhoods working can be found in Appendix 3.
- 3.6 **Strategy:** The approach of the Communities & Neighbourhoods' strategy is different from previous initiatives as it is a bottom up, collaborative process to change the nature of the relationships between different sectors, organisations and communities, to use existing resources to work better together. Lessons have been learned from previous experience, and there is a genuine commitment within the council to collaborative working and to changing systems and models of service delivery so that the best outcomes can be achieved working with local communities and partners.
- 3.7 **Community/Neighbourhood hubs:** The strategy includes assessment of the needs for local hubs which already exist in some areas, such as community libraries, community learning hubs or community centres. The three Community Learning Hubs can and should play a part in the successful delivery of this work in the most deprived parts of the city. There is a strong partnership between the Hangleton & Knoll Project, The Bridge and the Whitehawk Inn in delivering employment support; information, advice and guidance; financial inclusion work; and IT and community learning alongside free access to IT in local centres supporting the Digital Brighton & Hove Programme alongside Libraries.
- 3.8 The Community Learning Hubs can contribute to the proposed process of connecting and bettering the access to services for those with multiple barriers to engagement in many ways:
- Service Delivery Model. The Community Learning Hubs (CLHs) are perfectly placed to provide connectivity between the levels of the Service Delivery Model (Appendix 5). The CLHs provide clear and supported pathways for individuals exiting specialist services. A signposting or phone referral has very low engagement success rates and rarely promotes de-escalation of need on the Model's prevention/self-help scale. In comparison, the active outreach models and warm handovers (often three-way with specialist agency key-workers) practiced by the CLH organisations deliver sustained engagement in generalist service/community environments.
 - Digital and financial Inclusion. The CLHs are physical spaces where those facing barriers to coping with digital access to public services, including benefits and

housing, can gain support with accessing and understanding information. All CLH organisations are partners in Money Works and offer access to financial education and support with managing money.

- Volunteering. The CLHs are instrumental in encouraging and facilitating volunteering both as a means of creating social connectivity and as a way of building skills for employment. Volunteering in the CLHs is inclusive and considerate of the varying skills and confidence vantage points of participants and hence actively promotes inclusivity.
- Employability: As part of the council's commission, the CLHs will be leading a piece of work on ensuring that adults across the city have access to high quality, holistic information, advice and guidance with emphasis on those experiencing long term worklessness and those with multiple barriers to engagement with mainstream provision.

3.9 **Digital First:** The work carried out by the Digital First team to help transform how services work is fundamental to the success of the Communities & Neighbourhoods Portfolio. This work has already started with the proof of concept for mobile working, and booking appointments and making payments that is now being piloted in the Pest Control service. This can be replicated and scaled up to create the ability for an officer to work out in the field delivering an enforcement and inspection service.

3.10 As the Communities & Neighbourhoods Portfolio becomes embedded across the city, the Digital First team will work with the service officers and service users to help break down barriers across the organisation and deliver a resident focused service. This will be most evident for customers in the new website as it develops and makes finding information and carrying out transactions online quick and simple. For staff, it will be in streamlined, paperless processes and mobile working.

4 **ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 Three options have been considered in relation to Communities & Neighbourhoods working:

Option 1: To implement a model of collaborative working and service improvement that starts with the needs of a specific community or neighbourhood and feeds up and into activities within the Communities & Neighbourhoods Portfolio and supports delivery of its strategic objectives ('bottom up'). (Preferred option)

Option 2: To transform Community & Neighbourhood working by radically redesigning and restructuring council services.

Option 3: Do nothing.

4.2 Option 2 has been discounted as there is the desire to make an early impact through organic change, and radical redesign requires time and resources that are not available. It is also accepted that the success of the Portfolio is not based solely upon council services, and focusing on a large redesign will exclude the community and other partners who are key to its success. Cultural change needs to precede any structural changes for sustainable transformation to be successful.

- 4.3 Option 3 has been discounted because this work is a council priority, there is feedback from residents wanting change and decisions to progress this have already been made by this committee.

5 COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Consultation and engagement of staff, Members, residents and partners in the community, voluntary and public sectors is critical to achieving new collaborative service models that encourage all parties to have an active stake in the change and outcome. All the programmes in this Portfolio have collaboration and engagement built into their delivery.
- 5.2 Extensive consultation and engagement has taken place this year in the development of the Communities & Neighbourhoods Portfolio.
- 5.2.1 Meetings have been held with representatives from Community Works and the Bridge, and a joint meeting with representatives from Due East, the Hangleton & Knoll Project, the Trust for Developing Communities, and Community Works has also taken place. These Community and Voluntary Sector organisations have given their support to the work of the Portfolio and the development of collaborative working at the neighbourhood level:
- 5.2.2 Comments from community and voluntary sector include:
- “Hangleton & Knoll Project are pleased to see progress in developing closer collaboration and enhanced mechanisms for residents to support change and lead innovation in their community building upon the existing strong networks and led by Community Action.”
 - Due East discussed the proposals at a quarterly Community Council meeting on 31st May. The meeting strongly supported the Communities & Neighbourhoods work and looked forward to future collaboration with the council and other service providers in the area. A letter of support has been sent to the council by the Trustees.
 - Trust for Developing Communities have sent an email of support for the Portfolio and linked their development work it (details can be seen in the planned actions in Appendix 2). They have reported a positive desire to engage and collaborate with council services being expressed in conversations with the communities of Moulsecoomb & Bevendean. The early indications of the consultation for the Neighbourhood Action Plan are that people want to work towards shared sustainable goals with improved co-ordination across the community and public services to maximise local assets and resources. The Bridge Community Education Centre, Moulsecoomb Local Action Team and Action in Bevendean Community have all endorsed a community centred approach to public services.
 - The Bridge have sent an email of support and contributed evidence of how the three CLHs can help deliver the new Service Delivery Model (see Section 3.8).
- 5.2.3 Building upon the four workshops held last year, a further workshop was held which included representatives from Due East Neighbourhood Council, the Crew Club and Whitehawk Inn; the Community Development Worker; service representatives from Public Health, Libraries, Housing and Public Health; and health practitioners from the local GP surgery.
- 5.2.4 Meetings have been held with ward councillors for Moulsecoomb & Bevendean, and ward members were invited to the Whitehawk workshop. Further sessions are

planned for each of the four priority areas. Members on the Modernisation Member Oversight Group have also received two reports on progress.

- 5.2.5 A report was taken to the City Management Board to consult with senior representatives from key public services including: The Clinical Commissioning Group; Sussex Police; Police & Crime Commissioner; Brighton & Sussex University Hospitals NHS Trust; Sussex Community NHS Trust; East Sussex Fire and Rescue Service; Job Centre Plus; University of Sussex; University of Brighton; and Greater Brighton Metropolitan College. The members of the City Management Board gave their support to the Community & Neighbourhoods Portfolio work.
- 5.2.6 There are representatives from across the council on the Portfolio Board, including Digital First; Property & Design; Regulatory Services; Families, Children & Learning; Communities & Equalities; Community Safety; and Housing. The Portfolio has also had input from officers across the council bringing their expertise such as in analysis and research, workforce development, children's safeguarding and care, estate regeneration, adult assessment, and early years and family support. Feedback on the business case development has also been received from advisory and support services in the council.
- 5.2.7 Two reports have been taken to the Executive Leadership Team, and discussions have taken place at the Economy, Environment & Culture and Health & Adult Social Care Directorate Management Teams.
- 5.2.8 This report and its recommendations received positive support from the members of the Communities & Neighbourhoods Portfolio Board, which includes representatives from the Community and Voluntary Sector, Clinical Commissioning Group, Fire and Police Services, as well as from all council directorates. Specific comments from external partners are included here:
- East Sussex Fire and Rescue Service: "At ESFRS we are fully supportive of a collaborative and partnership approach to keeping our community safe. We currently run the Community Initiatives Partnership (CIP) which takes a themed topic approach to looking at how we can identify and improve support for vulnerable groups (hoarders, those with dementia, those in high rise buildings, etc) and from reading your terms of reference, there is a synergy of approach. We would be keen to discuss how this fits in, and could potentially support, the geographical hub approach and to also look at our own approach to collaborating with communities themselves."
 - Community Works: "We are very pleased to see BHCC taking the initiative around working more closely with communities to target resources and find joint solutions. VCS Community Development colleagues have been involved over the last 12-18 months in discussions about how this work can be taken forward – their expertise has been valued by both BHCC and the CCG. There are many areas we could pull out to comment on but at this stage the fact the work has been pulled into a portfolio approach gives it greater clarity of purpose and strategic intent – this is very positive to see. The One Public Estate approach and the development of a Community Leasing Policy will hopefully move us further towards a corporate approach to supporting both community led and run

buildings and larger voluntary organisations like The Bridge who all provide significant services and benefit to their local areas. We look forward to seeing the work progress.”

- Clinical Commissioning Group: “The CCG’s Caring Together programme represents the local integrated delivery of health and social care, and is the place based delivery programme for the wider Sustainability and Transformation Partnership. Caring Together comprises several different clinical programmes; the most pertinent to this work is the “prevention and community” area. We will be looking to build on existing work to support local communities to improve health and wellbeing, develop self-management skills and use existing mechanisms to support health and wellbeing, which in turn will support both individuals and communities to become more resilient.

We support GP practices in the city to develop and sustain Patient Participation Groups (PPGs), which have a role in developing and supporting resilience in local communities and neighbourhoods, and have the potential to be linked to cluster working across the city.

The CCG is supportive of this Portfolio approach to working with communities and neighbourhoods; there are many synergies with our local planning and delivery around “health”, and clear opportunities for collaboration and co-production with our partners in the city to fulfil the aims of this work.”

- Police: Although the Police service representative was unable to attend the first Board meeting, the Police Service have expressed strong interest and support in the two City Management Board meetings where this work has been discussed. The work that is being done to develop the proposed Field Officer role was presented to City Management Board in February 2017. Interest on how this role can enable us to work more closely with our partners including the Police and East Sussex Fire and Rescue has been the subject of further meetings. Leading on from this, and to understand how we can work more collaboratively with our partners, a further presentation on the proposed Field Officer role was delivered to the Community Initiatives Partnership in early June 2017.

6 CONCLUSION

- 6.1 There is support from Community and Voluntary Sector organisations, resident representatives, and service providers within the council and in other public sector organisations for development of Community & Neighbourhood working, as outlined in this report. The potential benefits are significant and with increasing demand and reducing resources, public services cannot provide solutions on their own, so the engagement of local communities and the Community and Voluntary Sector is vital to achieve effective outcomes. This portfolio of work is different from previous initiatives as it is not funding driven but focused on the successful and genuine collaboration between service providers, residents and partners to make the best use of existing resources. It is designed to be flexible and responsive to residents’ needs and changing circumstances.

7 FINANCIAL & OTHER IMPLICATIONS:

7.1 Financial Implications:

There are no immediate financial implications arising from the proposals set out in this report. The recommended option (Option 1 'bottom up' model of collaborative working and service improvement) intends to deliver the programme within existing revenue resources or, if legally possible (please see relevant comments within the Legal Implications section), from one off investment of existing Section 106 funds. The new Neighbourhoods Co-ordinator post will be funded from existing revenue resources. The Field Officer post will be confirmed as part of the business case and options appraisal for the CMDb in September 2017 and the subsequent NICE update in November 2017.

Finance Officer Consulted: Jess Laing Date: 02-06-17

7.2 Legal Implications:

Where the programmes covered in this updated report require existing services to be stopped, changed or moved (for instance in relation to the introduction of Field Officer roles), then consultation with service users and staff has been factored into work plans and timescales. As the report further notes, the introduction of new cross-cutting Field Officer roles will necessitate changes to the Scheme of Delegations to Officers which have been agreed in principle at Policy Resources & Growth Committee on 9th February 2017. Further legal input will be provided to ensure that the council's constitutional arrangements, and the authorisations which sit underneath those, accurately reflect the functions which will be undertaken by those post holders: work which can only be carried out once the services in scope have inputted and final decisions have been made.

Other initiatives noted in this report may require additional legal input. These include the input necessary to make changes to the council's Constitution, if the council decides to set up new models to deliver area based neighbourhood governance (whether decision making or purely consultative) and/or to make changes to the council's arrangements to enable it to adopt structures to redefine or enhance the leadership role of local councillors.

The business case behind the report notes the potential to align the use of s106 monies arising from housing developments in the Whitehawk area with community plans. This is a reference to planning obligations under s106 of the Town & Country Planning Act 1990 entered into in connection with developments at Whitehawk Library, Robert Lodge and the Wellsbourne Health Centre. The obligations required certain financial contributions to be made in order to mitigate the impacts of those developments and included contributions towards sustainable transport, education and recreation. The contributions can only be expended in accordance with the terms of the relevant obligation and it will therefore need to be ensured that the use of any of the s106 monies in connection with community plans is strictly in accordance with the terms of the obligation in question.

Lawyers Consulted: Victoria Simpson & Hilary Woodward Date: 31.5.17

7.3 Equalities Implications:

Improving how we work with communities and neighbourhoods will allow some of our more marginalised communities to influence, and more easily find and use, the services that they need. The programmes in the Community & Neighbourhoods Portfolio aim to skill our staff to understand local diversity and how to work alongside residents to become enablers, helping people to support themselves and their communities.

Improving the accessibility of council owned buildings will help address equalities issues for residents and staff with disabilities. Working more closely with community groups will help ensure that the diversity of local neighbourhoods is more fairly represented.

This work supports the recommendations of the Fairness Commission through its recognition of the pivotal role of the Community & Voluntary Sector and the excellent contribution of ordinary people in the city. The Portfolio focuses on co-production and collaboration, supporting communities to implement their own solutions, developing stronger social networks, addressing social isolation and reducing health inequalities. The development of more digital services is balanced by prioritising digital inclusion and support for people who need help in doing things digitally.

7.4 Sustainability Implications:

A key sustainability implication relates to realising and sustaining the benefits from community and neighbourhood working once the Neighbourhood Area Co-ordinator moves onto other communities and/or the post is withdrawn when funding expires. A key aspect of this role must be capacity building within communities to continue supporting the work themselves.

7.5 Any Other Significant Implications:

See Appendix 1.

SUPPORTING DOCUMENTATION

Appendices:

1. Other significant implications
2. Table of progress and plans for individual programmes in the Communities & Neighbourhoods Portfolio
3. Strategy for Implementation of Community and Neighbourhood working
4. Outcomes and benefits table
5. Service Delivery Model
6. Timeline

Documents in Members' Rooms

1. None

Background Documents

1. None

Appendix 1: Other Significant Implications

1.1 Crime & Disorder Implications:

The Portfolio Board has representation from the Community Safety team. Issues around crime and disorder will be addressed through the work of the programmes and as required by the Board.

1.2 Risk and Opportunity Management Implications:

All the programmes have completed risk registers for their work and these are reviewed by the Board on an exceptions basis.

1.3 Public Health Implications:

In different ways, each programme helps to tackle health inequalities from making services more accessible in neighbourhoods, particularly disadvantaged areas; to increasing volunteering and community self-help, and making these more accessible; to providing a more responsive enforcement and inspection service that supports behaviour change.

1.4 Corporate/Citywide Implications:

The Portfolio will drive transformational change through the development of collaborative working between services, partners and residents, substantially changing the way in which residents and the council relate to each other. The Portfolio will also have an impact on the transformation of the council's behaviours, culture and governance.

Appendix 2: Communities and Neighbourhoods Working – Progress and Plans

Four priority areas:	
East Brighton	
Work Done	Work Planned
<ul style="list-style-type: none"> ▪ Further research into collaborative place-based working. ▪ Update to area demographic profile. ▪ Follow up workshop to those held last year; identified some actions to address issues raised. ▪ Engaged with a range of people to inform development of a draft plan: <ul style="list-style-type: none"> - Due East neighbourhood council. - Serendipity community development workers. - Crew Club. - Whitehawk Inn. - Local council service providers (libraries, public health, children's services, communities and housing). - Local GP and health practitioners. ▪ Suggested actions/outputs and benefits drawn up to inform the development of the broader Portfolio. ▪ Identified community health project meeting as possible basis for wider 'partnership' meetings. ▪ Briefed relevant members in advance of committee report (all areas). ▪ Draft Neighbourhood Action plan produced by Due East. 	<ul style="list-style-type: none"> ▪ Recruit Neighbourhoods Coordinator – note post will work across all four priority areas. ▪ Hold initial 'partnership' meeting, agree terms of reference and identify who else needs to be attending. (September 2017). ▪ Schedule for quarterly meetings to take place. ▪ Discuss the draft actions that emerged from the initial engagement work and the neighbourhood action plan (September 2017). ▪ Partners to identify and agree what changes need to be made and how to make them.
Moulsecoomb & Bevendean	
Work Done	Work Planned
<ul style="list-style-type: none"> ▪ Workshops with local stakeholders held to identify high level options for the creation of a neighbourhood hub. ▪ Map of assets owned by council and other third sector partners produced. ▪ Successful bid to the One Public Estate to fund project management. ▪ Allocation of funds for the accelerated development of a Neighbourhood Action Plan by the Trust for Developing Communities. ▪ Internal governance established to manage dependencies between Communities & Neighbourhoods, Workstyles and the One Public Estate programmes. ▪ Trust for Developing Communities has begun the process of developing the local Neighbourhood Action Plan (May/June). ▪ Developed the demographic profile for the area (May). ▪ Focus groups held with local groups, including LATs, TRAs, youth groups, community centre groups, Bridge users, school parents, foodbank users and parks group (May/June). ▪ Developed community priorities and potential stakeholders, and held workshop with frontline workers (June). 	<ul style="list-style-type: none"> ▪ Moulsecoomb Neighbourhood Action Plan schedule. ▪ BHCC & MLAT – what (priorities) who (stakeholders) when (milestones where possible). ▪ July/ August – coordinate specific groups with key stakeholders to plan actions around priorities and establish lead role for ongoing coordination around these with the Neighbourhood Area Co-ordinator. ▪ Produce a Neighbourhood Action Plan (July/August 2017). ▪ Audit council owned assets (property) to determine current use, running costs and capital value (July 2017). ▪ Liaise with existing community groups, organisations and partnerships (eg. MLAT and BLAT) to test proposals for a united governance group that will deliver the Neighbourhood Action Plan (July 2017). ▪ Produce high level options for a Neighbourhood Hub into a full business case (late 2017). ▪ Hold initial 'partnership' meeting, agree terms of reference and identify who else needs to be attending (October 2017). ▪ Schedule for quarterly meetings to take place.

Hangleton & Knoll	
Work Done	Work Planned
<ul style="list-style-type: none"> ▪ A good community infrastructure already exists in this area which will enable progress to be made quickly as the next priority area on which to focus. ▪ Initial contact made with the Hangleton & Knoll Project to find out their views on this approach. 	<ul style="list-style-type: none"> ▪ Approach Hangleton & Knoll Forum to see if they are prepared to host the 'partnership' meetings through which to take this work forward (July 2017) ▪ Hangleton & Knoll Project will produce a Neighbourhood Plan by early 2018. ▪ A resident led neighbourhood conference is planned for July 17 to inform the development of the Neighbourhood Plan. ▪ Agree quarterly 'partnership' meetings to identify and discuss action plan (first meeting October 2017). ▪ Partners to identify and agree what changes need to be made and how to make them. ▪ Work with Community Action and Hangleton & Knoll Health Forum in the development and delivery of change in this area.
Hanover & Elm Grove	
Work Done	Work Planned
<ul style="list-style-type: none"> ▪ Unlike the other three areas, there is no formal community development or capacity building in place in this ward. ▪ Several community groups exist and are being approached to find out their views on the Communities & Neighbourhoods working strategy. 	<ul style="list-style-type: none"> ▪ The approach to developing a framework for collaborative working in this area will be the same as the other areas but there are fewer physical community facilities and no existing community development work upon which to build. ▪ This will be a chance to explore the opportunities for virtual hub development. ▪ There are three community organisations active in the area which are considering whether to work more closely together. We will take this opportunity to ask them if they would consider hosting the 'partnership' meetings on a quarterly basis to bring all sectors together to develop an action plan for the area (June 2017).
Community Collaboration	
Work Done	Work Planned
<p>The Collaboration Framework will replace the previous Community Engagement Framework:</p> <ul style="list-style-type: none"> ▪ Practical tool and policy document that is centred on collaboration for better outcomes – with and between residents, across service silos, and between sectors. ▪ Cross-sector document that sets out six key elements for collaboration across services, commissioning, place, behaviours, communities and people. ▪ Provide clear definitions, guidance and sets out specific standards for working with citizens, across services and between sectors. ▪ Will provide a cross-sector action plan that will take forward a clear set of measurable actions. ▪ NICE committee in July 2017. 	<ul style="list-style-type: none"> ▪ Development of cross-sector action plan (Sept – Dec 2017) ▪ Implementation of Action Plan (January 2018).

Volunteering Policy, toolkit and online platform	
<ul style="list-style-type: none"> ▪ Volunteering Policy was adopted by NICE committee in July 2016. ▪ Online platform sourced and customised with Brighton & Hove Volunteer Centre in May 2017. ▪ Development of front facing web site with Volunteer Centre in June-July 2017. ▪ System will allow council staff to directly recruit, manage and monitor volunteering across all council services. ▪ Online system will enable the council to understand not only its number of volunteers but also monitor the costs, value and impact of working with volunteers as part of delivering public services. ▪ New training package will also be offered to council staff from August 2017. ▪ Offering support to develop and expand volunteering programmes, it aims to maximise the value and benefit for both the service and for the volunteer. ▪ Quarterly Council Volunteering Forum from May 2017. ▪ Sharing good practice, learning from volunteers and reviewing online system. 	<ul style="list-style-type: none"> ▪ Online system launch (July – August 2017). ▪ New training package for council staff (August 2017 – August 2018). ▪ Volunteering Forum development (May 2017 onwards). ▪ Continued work with services to expand volunteering (2017-2020). ▪ Continued work with cross-sector partners to implement the Power of Volunteering Action Plan.
Campaign that promotes and increases shared responsibility between citizen and state	
<ul style="list-style-type: none"> ▪ Support to communications to promote volunteering and active citizenship. ▪ Risk management group to review and address the barriers to promoting active citizenship that may include activities such as cutting grass verges, clearing rubbish or fly tipping, removing graffiti, visiting neighbours and delivering traffic calming solutions. ▪ Support to develop the Behaviours Framework, specifically offering guidance on collaborative working. 	<ul style="list-style-type: none"> ▪ Workshop with Zurich Insurers to understand how to unblock the barriers to council volunteering and active citizenship (July 2017). ▪ Development of parallel behaviours training for the staff working across the East Brighton Hub area.
Advice on and support co-production of services at local/area based level	
<ul style="list-style-type: none"> ▪ Cross-sector advice on collaborative working across a range of services including the CCG, GPs, ward councillors, council services and the Community & Voluntary Sector. ▪ The programme links services with the community development workers across fourteen neighbourhoods. 	<ul style="list-style-type: none"> ▪ Ongoing development of joint working approaches.
Improve online tools for community engagement and active citizenship (via the Digital First programme)	
<ul style="list-style-type: none"> ▪ Work with the Digital First team to look at how to offer online solutions to engaging and promoting community activities. This could include volunteering or being an active citizen ie. cutting grass verges, organising clean up days, supporting elderly neighbours. ▪ Development of an interactive service map for East Brighton. 	<ul style="list-style-type: none"> ▪ The programme will also work with Digital First to explore how to engage residents in decision making at a local and citywide level.

Neighbourhood governance	
<ul style="list-style-type: none"> Core steering group consisting of democratic services, housing, children's centres, parks, planning and community safety. Provide a Neighbourhood Governance approach for the city to maximise the work of current groups/forums and LATs. Support the leadership role of ward councillors within a neighbourhood governance structure. 	<ul style="list-style-type: none"> Member workshop on neighbourhood governance options (summer 2017). Full business case to be presented to the Corporate Modernisation Delivery Board (CMDDB) in November on the options for local area governance. Development of Neighbourhood Governance, as appropriate (November 2017 onwards).
Provide the operational direction for all commissioned community development activity	
<ul style="list-style-type: none"> The programme has operational lead for supporting the development and delivery of the commissioned community development support across fourteen neighbourhoods. Offers support to develop community activities and services that support communities to become more resilient and independent, and links these community activities with council services, where appropriate. 	<ul style="list-style-type: none"> Provide operational support for community development providers (April 2017 – March 2020).
Support the development of a community buildings leasing policy	
<ul style="list-style-type: none"> Research best practice on leasing community buildings. Link with work on community asset transfer. 	<ul style="list-style-type: none"> Development of community leasing policy and adoption by council (late 2017).
Enforcement and Inspection – Field Officer	
Work Done	Work Planned
<ul style="list-style-type: none"> Identified provisional service delivery model. Identified provisional services in scope. Workshops and meetings with services to start to identify functions to be part of the Field Officer role. Early draft Field Officer role profile developed. Identified a provisional area where the Field Officer role can start to be delivered, including central Brighton & Hove and Hanover & Elm Grove. Work with the council's Digital First programme to design and deliver a mobile solution for the Field Officer to use in the field and started to identify digital solutions for how we improve service delivery, improve service user satisfaction and meet community needs. Committee report presented to the council's Policy Resources & Growth Committee on 9th February 2017 agreeing, in principle, to amend the relevant parts of the council's Scheme of Delegation and facilitate authorisation arrangements for this new role. Started discussion with services, Members and unions. Direction of Travel report presented to Corporate Modernisation Delivery Board (CMDDB) on 29th March 2017. Stakeholder analysis completed. Project plan drafted. 	<ul style="list-style-type: none"> Implement the communication and consultation programme including staff, union and Member briefings/engagement (May 2017 to ongoing). Develop the role and service delivery model, and ensure it connects with the wider Neighbourhoods & Communities Portfolio, responds to community needs and priorities, and defines links across communities (May 2017 to ongoing). Continue engagement with external partners to identify how the Field Officer role can work with their programmes and priorities to deliver the programme objectives (May 2017 to ongoing). Continue to work with the council's Digital First programme to deliver digital solutions that improve service delivery, improve service user satisfaction and meet community needs (May 2017 to ongoing). Further meetings with services in scope to identify functions to be delivered by the Field Officer role. To include collation and data analysis relating to these services and functions. For this information to be part of job analysis and business improvement processes, and thereby inform a Field Officer job description, person specification, and working pattern (June 2017 and July 2017). Full business case and options appraisal to CMDDB (September 2017). Committee Report updating on the progress with the Enforcement & Inspection programme to go to Neighbourhoods, Communities & Equalities Committee (27th November 2017) and then onto Policy Resources & Growth Committee (date tbc).

Appendix 3: Community & Neighbourhood Hubs and Neighbourhood Working

1 Strategy for the Implementation of Community & Neighbourhood Working

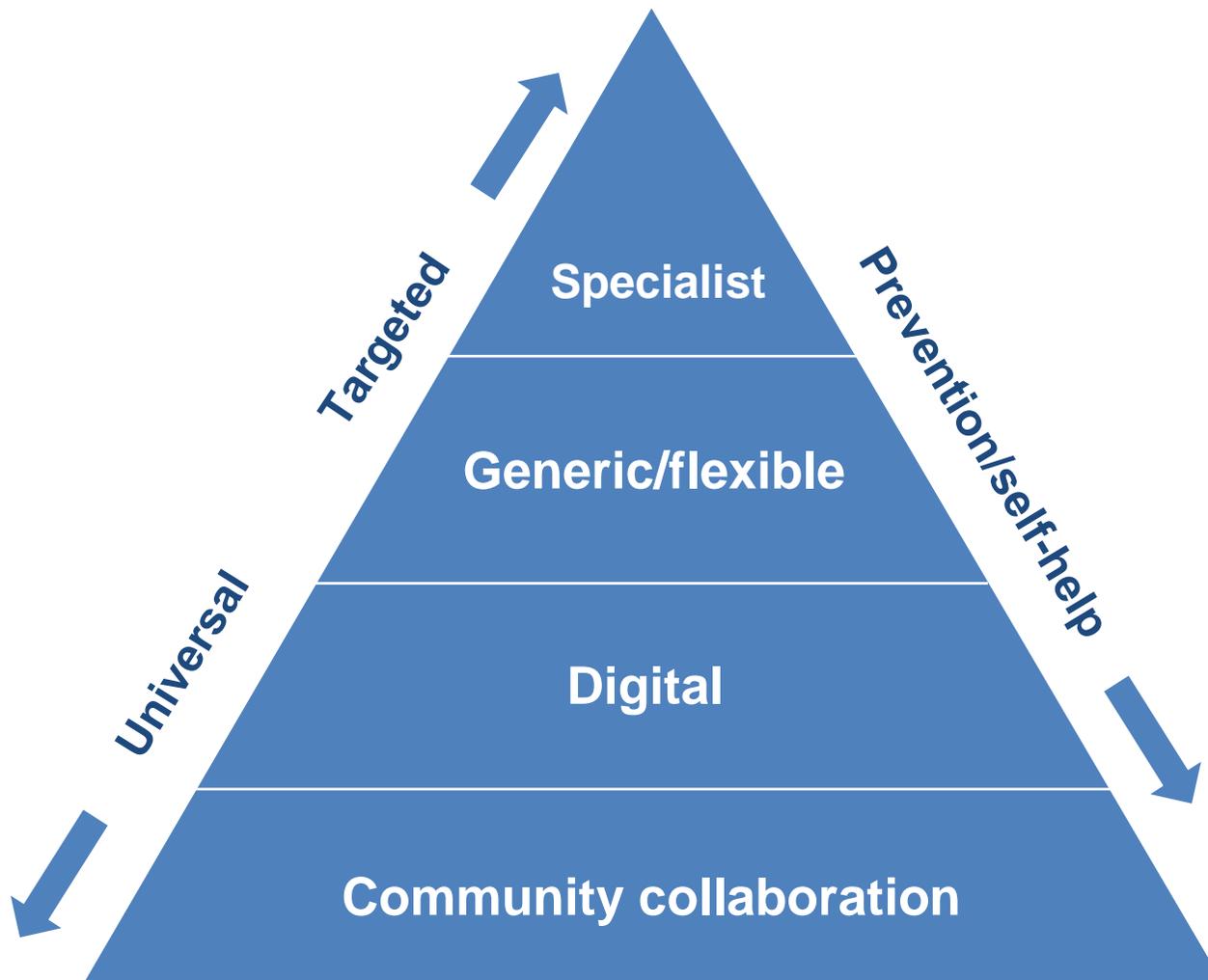
- 1.1 To implement Community & Neighbourhood working across the city in a phased approach, starting with the four priority areas agreed by the NICE Committee.
- 1.2 This will be supported by the creation of a Neighbourhood Area Co-ordinator for two years to develop place-based collaborative working and service improvement to deliver better outcomes for each area. The postholder will work with stakeholders from all sectors to help deliver the Brighton & Hove Collaborative Framework. They will provide a link between the proposed Field Officers and other area based workers, and the potential integration of service delivery at neighbourhood level.
- 1.3 The establishment of an area/neighbourhood based 'partnership' group of service deliverers, partners and members of the community (people and organisations in the area), who come together to solve problems and take action via task and finish groups. The Co-ordinator will be expected to work with the 'partnership' to agree an approach to collaboration in the area that is sustainable.
- 1.4 The 'partnership' may be based on a forum or meeting that already exists, or result from bringing together separate meetings or groups to ensure broad engagement from local people, organisations and services in the area. The 'partnerships' will build upon what is already there and not create new bureaucracy.
- 1.5 The 'partnership' will consider local approaches, including the development of a **local 'hub'** (physical or virtual) to achieve the following, all of which have been identified as roles for community hubs:
 - improving access to council and other public services, including promoting digital access, developing people's ability to self-serve and providing support for those who really need it;
 - supporting creation of stronger communities, promoting wellbeing and tackling issues of inequality and disadvantage;
 - mitigating social isolation, and helping people to look after their mental and physical health more effectively;
 - supporting economic wellbeing, helping job seekers, supporting small businesses and facilitating financial inclusion;
 - supporting learning and skills development at all stages of life, tackling illiteracy, lack of skills and digital exclusion;
 - enabling communities to initiate activity, do more for themselves and maximise opportunities for volunteering; and
 - providing a neighbourhood focus for cultural activity and engagement, providing creative spaces for pursuing shared interests, and seeing exhibitions or attending events.
- 1.6 Collaborative working is an iterative process, so there cannot be a single 'template' for how this can be developed across the city. However, there are steps that can be taken to create the necessary conditions for effective neighbourhood collaboration and improved service delivery at the local level. Steps 4 and 5 below should take place alongside the first three:

- (1) Understand the local context, including:
 - data analysis;
 - engagement with citizens, partners and politicians; and
 - understanding of drivers for change.
- (2) Co-create the future vision for the place:
 - broker agreement across individuals and organisations with differing views.
- (3) Co-produce a collaborative action plan:
 - consider how institutional roles, behaviours and practice needs to change; and
 - agree operating principles.
- (4) Develop readiness to collaborate, eg.:
 - relationship development and buy-in from partners and citizens; and
 - identify and overcome barriers to change, and identify and encourage enablers.
- (5) Develop the infrastructure needed to support collaborative neighbourhood/area working:
 - cultural and behaviour change;
 - set up 'partnerships' at neighbourhood/area level; and
 - identify resources needed to support collaborative working in specific areas, including 'hub' or network development (physical and/or virtual) as required in each area.

Appendix 4: Outcomes and Benefits Table

OUTCOMES	BENEFITS					
	Improved customer satisfaction	More resilient communities	Greater democratic participation	More effective use of resources	Improved job satisfaction	Improved resident health and well-being
Services easier to access	√			√		
Communities more aware and able to access services and support	√	√				
Integrated services designed around customer segments	√			√		
Complaints better handled	√			√		
Reduce unnecessary visits or calls to council buildings	√			√		
Greater support for Members engaging with communities			√		√	
Communities able to influence decision-making in their area		√	√			
Problems solved as a result of community engagement	√	√	√			
Communities have greater access to information and expertise		√	√			√
Communities able to access relevant funding opportunities		√		√		
Communities empowered to co-design services	√	√		√		√
More effective use of community spaces incl. outdoors		√		√		√
Increase in social, cultural and sporting participation		√				√
More people volunteer		√				√
More services use volunteers		√		√		√
Improved employment opportunities		√				√
Website clearer and easier to navigate	√			√		
People better able to access digital services	√	√				
People more able to self-help	√	√		√		
Cost of transactions reduced				√		
Increase in number of self-assessments		√		√		√
Stronger relationship between public and third sectors		√			√	
Joined up approach to service delivery and collaboration	√	√		√	√	
Innovation is encouraged and rewarded					√	
Staff feel empowered					√	
Behaviour change in staff	√				√	
More flexible / generic roles				√	√	
Staff able to signpost to all relevant services	√			√	√	
Reduced duplication and multiple contacts	√			√		
Multi-disciplinary approach to supporting individuals	√				√	√
Service plans based on evidence of need	√					√
Increase in prevention activity		√		√		√
Fewer referrals to specialist services				√		√
Specialists have more choice in 'step-down' services		√		√		
Specialist focus on more complex tasks				√		√

Appendix 5: Communities & Neighbourhoods: Service Delivery Mode



Principles:

Specialist: High cost services/ interventions with individual residents (eg. environmental services, social care, housing)

Generic/flexible: Services provided by staff to non-specific service users (generic service users, flexible staff)

Digital: Information and services delivered electronically

Community collaboration: Services designed and delivered in consultation and/or partnership with the community

The model will be the same for each neighbourhood

The size of each segment will be relative to the needs of the neighbourhood it serves

Some services will be targeted, some universal. Focus is on prevention and self-help to reduce demand

Subject:	Brighton and Hove Collaboration Framework		
Date of Meeting:	3 July 2017		
Report of:	Executive Director Neighbourhoods, Communities and Housing		
Contact Officer:	Name:	Sam Warren	Tel: 01273 296821
	Email:	sam.warren@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of this report is to give members an oversight of the new city Collaboration Framework and to agree the principles, guidance and commitments set out in the Framework. The Collaboration Framework will complement the existing Community Engagement Framework and is designed as a practical tool and a policy document that is centred on collaborating for better outcomes, with and between residents, across services and sectors. This work is part of the wider Communities and Neighbourhoods Portfolio.
- 1.2 The report highlights the need for widespread effective collaboration. It acknowledges that many organisations in Brighton and Hove already collaborate effectively but there is still room for improvement. The city's partnerships form an excellent foundation; however, the aim of the Framework is to get every service in the city to rethink how it operates and consider how, through better or more collaboration, they can maximise the impact of their work for the benefit of service users or beneficiaries. When time and funding is limited there can be a tendency for services to turn inwards rather than outwards and collaborate.

2. RECOMMENDATIONS:

- 2.1 Agree the principles, guidance and commitments set out in the Brighton and Hove Collaboration Framework
- 2.2 Agree the council's commitment to collaborative working and to being an active partner in embedding this in practice through the development of a cross-sector steering group to develop and implement a Collaboration Action Plan.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Public services are facing increasing and sustained demand at a time of reducing resources. National and local evidence shows that no single service/organisation can address the root cause(s) of these demands on its own. Therefore in the context of reducing budgets there is a need to take collaboration more seriously by being systematic about the way we support individuals, organisations and

systems to work together in a way that blurs traditional boundaries and challenges preconceptions and assumptions.

- 3.2 In 2007, the Community Engagement Framework was developed to support organisations across the public and third sector to improve their understanding and practice of engaging and consulting with residents and communities. Ten years on, we have a deeper understanding that only by working in a truly collaborative way across sectors and departmental silos, with communities and residents, do we create long-term and sustainable change. Therefore we acknowledged that there was a need to develop a Collaboration Framework that would create a shift from consulting and engaging to co-production, co-design and genuine collaboration. The Framework demonstrates a clear commitment across the public, private and third sectors to working better together for the good of the city.
- 3.3 The Collaboration Framework has drawn on evidence and information from:
- Brighton and Hove Fairness Commission
 - Brighton and Hove Health and Well-Being Strategy
 - Brighton and Hove Sustainable Community Strategy
 - BHCC Value and Behaviours Framework
 - BHCC Corporate Plan
- 3.4 It has also drawn on national research and evidence such as [Managing Demand: Building Future Public Services - RSA](#), and [Collaboration Readiness – Collaborate](#). The [RSA](#) suggest genuine collaboration capacity building across sectors and communities results in better outcomes for residents and provides public services that are not only lower cost but also deliver more fitting services. This Framework is also intended to reflect a national trend towards collaboration and prevention as a means of driving down costs. The Collaboration Framework supports long-term prevention including managing demand and supporting the development of early action.
- 3.5 The Framework aims to help deliver cost savings by encouraging services to consider new collaborations, for example integrated management, integrated services at the point of delivery, collaborative commissioning and/or co-production. Also by valuing investment in communities to become more resilient and resourceful.
- 3.6 The Collaboration Framework will be owned by Brighton & Hove Connected (BHC) and led by the Equality and Inclusion Partnership. A sub group of the Equality and Inclusion Partnership consisting of the Brighton and Hove Clinical Commissioning Group, Sussex Police, East Sussex Fire & Rescue Service, the city council and the Community and Voluntary Sector has led the development of the Collaboration Framework. Following approval of the Framework by the council, other partners and BHC, the steering group's focus will be on producing a Collaboration Action Plan to deliver on the commitments in the Framework.
- 3.7 Final sign off for the Collaboration Framework will be through the City Management Board and Brighton & Hove Connected.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 No alternative options were considered. National and local evidence led to a clear rationale to develop a cross-sector Collaboration Framework, which would enhance and develop collaborative working approaches and practice, and continue to improve public services within the context of reducing budgets and create better outcomes for communities and residents.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The city's Equality and Inclusion Partnership has driven and led the work through a cross-sector steering group. This steering group was made up of representatives from the city council, Community and Voluntary Sector, the Police, Fire Service, Health and the CCG. Representatives from the steering group have taken the Collaboration Framework through numerous channels and Boards within their own organisations.
- 5.2 A large workshop involving over 24 community and voluntary sector organisations and individuals was held as part of a Community Works' conference at the early stages of the Collaboration Framework development.
- 5.3 The full Equality and Inclusion Partnership, which has representatives from the council's three political groups, has considered and inputted into the document at several of its meetings, and the council's Executive Leadership has also considered the Framework in detail.

6. CONCLUSION

- 6.1 The Collaboration Framework offers the opportunity to lead the way in enhancing our collaborative thinking and practice, moving out of the traditional and into future progressive ways of working together. It provides a commitment to collaboration between the public, private and third sectors and between public services and communities. It uses six key strands based on national research by 'Collaborate¹' to provide a common understanding of how collaborating can offer positive outcomes for all. The Collaboration Framework sets clear and specific guidelines for collaboration. It identifies priority commitments to be progressed by Brighton and Hove Connected and its members.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 Implementing the principles, guidance and commitments set out in the Brighton and Hove Collaboration Framework may have financial implications for the council but these will be considered as the action plan is developed and brought back to decision making committees as necessary. The development of the

¹ <https://collaboratecic.com/>

steering group will be managed from current budget resources within the council's Communities, Equalities and Third Sector (CETS) service.

Finance Officer Consulted: Name: Monica Brooks Date: 15/06/17

Legal Implications:

These proposals for a new city Collaboration Framework aim to enhance the effectiveness of the authority and its partners in achieving outcomes for people in the city. Agreeing the recommendations of this Report and committing to the Brighton and Hove Collaboration Framework will not, however, impose any new or binding obligations on the Council.

Lawyer Consulted: Victoria Simpson ate: 07/06/17

Equalities Implications:

- 7.2 Through a range of previous and current engagement activities there is a good understanding of the barriers the city's diverse communities face to collaborating either with each other or with public or voluntary sector organisations. The Framework has incorporated this learning into the document and thus the equalities implications have been incorporated directly into the document.

Sustainability Implications:

- 7.3 It is widely accepted that sustainable communities are those that are collaborative within themselves and with other stakeholders; making best use of everyone's assets to solve problems and build resilience. A principal aim of the Framework is to explicitly recognise the value of collaborative communities, services and organisations and provide a policy platform for greater and better collaboration.

Any Other Significant Implications:

- 7.4 None

SUPPORTING DOCUMENTATION

Appendices:

1. Brighton & Hove Collaboration Framework

Crime & Disorder Implications:

- 1.1 As a member of the Equality and Inclusion Partnership Sussex Police has inputted into development of the Framework to ensure that it fits with and supports the Police Service's approach to collaborating with communities to build trust, improve public safety and promote community cohesion.

Risk and Opportunity Management Implications:

- 1.2 The Framework provides an excellent opportunity to establish a clear understanding of collaboration across the stakeholders involved in Brighton and Hove Connected and agree a set of commitments that drives up the collaboration practice of all partners. The risks are ensuring that both statutory agencies and communities have the capacity, skills and attitude, at a time of financial pressure and reducing resources to work collaboratively.

Public Health Implications:

- 1.3 The Framework will support communities and services to improve the health and wellbeing of local residents. Developing and improving existing collaborative approaches is essential to realise the benefits of action to improve health at the level of individuals, communities and place and to reduce health inequalities. The approach set out in the Framework is strongly supported by evidence from local Joint Strategic Needs Assessments and Public Health Annual Reports.

Corporate / Citywide Implications:

- 1.4 There are city-wide implications as the Framework has been commissioned and will be adopted by the Brighton and Hove Connected and therefore apply to all the members of the Connected Partnership. It will also have implications for all directorates within the Council.

**BRIGHTON
AND
HOVE
COLLABORATION
FRAMEWORK**

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FOREWORD

Collaboration has become a common and well used term and often refers to a way in which organisations will deliver better outcomes for customers, residents, and services users in these financially challenging times.

But what does it really mean? What are we referring to when we say more or better collaboration? What does it look like? How will we know when we're doing it? Who should be doing it, with whom and how? How will things be better when we're collaborating?

This Framework is an important document for the city of Brighton and Hove. As a document agreed to by all members of Brighton and Hove Connected, it sets out the city's clear commitment to collaborate with its communities – be they communities of place, identity or interest - and also commitment from public services to work better together and with the voluntary, community and business sectors, for the benefit of the city and its people.

Part of a mature relationship between us is to have an open and honest dialogue even in the times where genuine collaboration is not possible. It will be the ability to disagree and work through the disagreements that will help to support and maintain trusting relationships.

Geraldine Des Moulins and Cllr Emma Daniel – co-chairs of the city's Equality and Inclusion Partnership

“Collaboration can often be hindered by being regarded as just a charming concept or a theory rather than a practice to be adopted by professionals to improve their services”

Collaborate Roundtable Event 2014

The Collaboration Framework

Introduction

The Brighton and Hove Collaboration Framework has been developed through the efforts of residents, community groups and community, voluntary sector and public sector organisations. It draws on national and local knowledge and the expertise of specialists who have researched both the theory and practice of collaboration, and have experience of successful collaborations within and across communities, the public and private sector.

In a time of reducing public finance and rising demand for services, looking at how we collaborate has never been more important. National research¹ suggests that genuine collaboration and capacity building across sectors and communities results in better outcomes for residents and provides public services that are not only lower cost, but also deliver better services.

What is it?

The Collaboration Framework provides a commitment to collaboration between the public, private and third sectors and between public services and communities. It uses six key strands based on national research by ‘Collaborate’² to provide a common understanding of how collaborating can offer positive outcomes for all. The Framework sets clear and specific guidelines for collaboration that all members of Brighton and Hove Connected are signed up to. It identifies priority actions to be progressed by Brighton and Hove Connected and its members.

Who is it for?

The Collaboration Framework is for all public, private and third sector organisations that participate in the Brighton and Hove Connected Partnership and its sub-partnerships; for example, Transport Partnership, Advice Partnership, and Housing Partnership. It is also intended to be a useful document for the residents of the city.

What will it do?

The purpose of the Framework is to support and help organisations to think about how they can develop and challenge their current approaches, to maximize their value and impact through more and better collaborative practices, and ultimately improve the services available to the people of Brighton and Hove. Through the development and implementation of a Collaboration Framework Action Plan we will create a body of evidence about the impact of collaborative working which can inform the development of policy and how public funds are prioritised.

Good collaboration isn’t always easy; from networking to complex commissioning there is solid evidence that working together is the right thing to do, but putting it into practice is often much harder. Creating the right culture and practice is a key starting point to building positive collaborative relationships, especially at a time when pressures can all too easily end in fragmentation.

Collaboration is not a single activity, but a way of working. It is about inclusion and involvement, input and influence. These come with an equal need for responsibility, accountability and a willingness to work with others towards a shared purpose. The production of this document is the starting point that will give us a solid foundation to build on.

¹ <https://collaboratecic.com/> Managing Demand: Building Future Public Services

² <https://collaboratecic.com/>

What is a community?

For the purpose of this document we are defining ‘community’ in the broadest sense. We are talking about Brighton and Hove – the city, its neighbourhoods, and everyone that lives in, works in, or visits the city. Our definition recognises that different people identify themselves in different ways and that people who see themselves as members of a community are also individual residents.

Community of Place – places where we live, work or socialize; this may be a place with a physical or locally agreed boundary or simply a shared understanding or ‘feeling’ about a place.

Community of Interest or Identity - this is often in addition to a community of place and usually as part of a group with shared interest or identity/experience. This can include;

- People who identify themselves or are identified by their demographics, e.g. children and young people, religion and belief groups, older people, black and minority ethnic people, lesbian, gay, bisexual and trans people, disability, gender, or people with a shared social background
- People with a shared or similar interest in, for example, climate change, art, a local school, an allotment, sport, book groups
- People with a similar or the same profession or place of work; e.g. hoteliers, council workers, police officers, business associations



1. Collaborative Communities

What is a collaborative community?

There is a need for the public and private sectors to be better at working alongside communities, to support them to be strong and resilient, able to develop and share their skills and knowledge, and to create networks that connect people with each other to provide support and in some cases develop and provide their own activities and services.

Key features of strong and collaborative communities are:

- Can mobilize, supporting themselves and others – providing activities and services
- Are resourceful and resilient – able to work with each other, with other communities, and with service providers
- Understand how to be involved in decisions that affect them, and are actively doing so
- Drive positive change and are proactively problem solving
- Welcome difference and diversity
- Recognize and take action to remove barriers that stop people from getting involved in collaborations
- Recognize and support the most vulnerable in the communities
- Are able to raise funds or develop resources

What are the benefits?

When communities work with each other and with service providers, there are more opportunities to listen and understand each other and to shape services and support. Creating supportive informal networks with friends and neighbours enables residents to develop more community led activities or that reduce social isolation, improve mental wellbeing, and decrease demands on more acute public services. Collaborating with and across communities builds and develops skills and knowledge for all, supporting the development and expansion of ideas, new or pooled funding streams, and a clearer understanding of the pressure on each other. For residents this can create skills for employment or volunteering, and build greater cohesion and a greater sense of belonging across communities and neighbourhoods.

How will we know if community collaboration is happening?

1. We will measure the number of services that are collaborating with communities and service users from diverse communities in the design, delivery and review of services.
2. We will measure the number of communities that are 'active' and their diversity. This can include community run activities/services, community groups accessing funding, training and support, groups of residents volunteering and involved in local decision making forums e.g. Local Action Teams, tenants' meetings, neighbourhood forums.

What needs to be in place?

- Investment in capacity-building support for diverse communities – support communities to get involved and self help
- Involvement needs to be easy: friendly and accessible, public services going to communities, using digital methods, considering access needs e.g. BSL translation
- An ‘enabling’ and ‘can do’ culture in organisations - offering support to ensure communities are able to help themselves and others
- Culture and policy of recognition and reward for community collaboration, and active citizenship e.g. formal and informal volunteering
- Culture and commitment to co-production and co-design by all public service providers
- Support to develop relationships across communities of place, interest and identity that challenge assumptions, prejudice and discrimination to ensure involvement of all
- Signpost communities to a wide range of activities and services that can offer support e.g. Neighbourhood Care, Its Local Actually, parent support groups, ESOL
- Sharing of learning, resources and skills across the public sector and with communities

Finally we will commit to ...

Support communities and residents to have a role, to build their capacity to be more resilient and productive as individuals, within their communities and with partners.



The logo for Brighton & Hove Sanctuary on Sea features a stylized graphic of two figures in blue and purple, with a bird in flight above them. The text 'Brighton & Hove' is in purple and 'Sanctuary on Sea' is in blue.

City of Sanctuary is a volunteer-led movement committed to [building a culture of hospitality](#) and welcome, especially for refugees seeking sanctuary from war and persecution. Brighton & Hove’s City of Sanctuary group is called ‘Sanctuary on Sea’.

Working with the Council from the start, local people with an interest in supporting refugees have come together and created a vibrant and active organisation that is collaborating closely with the local authority on a number of projects. Eight schools have been recognised as ‘schools of sanctuary’, setting up projects to welcome incoming students or to raise awareness about the plight of refugees overseas.

Sanctuary on Sea recognised Brighton Table Tennis Club as the UK’s first Club of Sanctuary, creating positive publicity around the power of sport to create cohesive and healthy communities, which is inspiring other sports clubs in the city to follow the lead of the Table Tennis Club.

Sanctuary on Sea is also part of the local authority effort to receive and support a number of unaccompanied asylum seeking young people. Sanctuary on Sea hosted a meeting in autumn of 2016 that brokered discussions between social workers with responsibility for supporting these young people and the many community projects seeking to help the young people settle here. Sanctuary on Sea has now received a small grant from the local authority to take forward its work.

Find out more about this work at : <https://brighton-and-hove.cityofsanctuary.org/news>

2. Collaborative Systems

What is a collaborative system?

The systems we use are key to successful collaboration. A collaborative system should provide us with a process that supports everyone; it needs to easily share information, to be timely, useful and effective for both service providers and residents. However, sometimes these systems are the very things that hinder good collaborative working, creating barriers to information sharing and often seeming counterproductive for all. Therefore it is vital when designing and managing systems to be very clear about what we want to achieve and how they will be used. A good collaborative system involves supporting communities, residents and businesses to work alongside public services and enable them to help themselves.

Key features of a collaborative system are:

- That are developed with an understanding of the outcomes for the ‘end user’, i.e. residents, communities or businesses – work with service users to develop new systems
- Where residents, organisations and staff can easily access a wide range of information at the click of a button
- That join up organisations to talk and learn from each other – i.e. digital information, signposting and referrals, integrated or co-located staffing and shared service user information.
- That support simple and holistic access to services
- That are designed around the identified assets and needs of a community
- That enable people to have the knowledge to provide the right information first time
- That require staff to support and enable each other, other organisations and residents

What are the benefits?

Learning from each other across sectors will enable organisations to develop new thinking and provide better services. Creating the right systems is critical to how, when, where and for how long residents, communities and businesses use services. Getting it right the first time helps minimise unnecessary repeat contacts, reducing costs and improving reputation and customer satisfaction.

How will we know our collaborative systems are working?

1. Measure the reduction in face to face contacts, fewer repeat contacts, more online searches, and less demand on services.
2. Use feedback including looking at complaints, compliments and councillor enquiries
3. Measure how many services and organisations are using joint or shared policy, practice and promotion, digital platforms, integrated information systems and shared staff teams.

What needs to be in place?

- Shared vision, values and protocol across services and organisations
- Staff that are required to work effectively across services and are rewarded for doing so
- Where possible linked or shared digital information for services to the public
- Strong shared protocols on information sharing
- Cross-sector agreement on co-production and co-design.
- Simple and well-promoted systems to engage and involve service users in co-productive ways
- Strong networks across public services
- Culture that supports corporate services e.g. health and safety, legal, to enable collaborative working

Finally we will commit to...

Promote the development and use of systems that can work together, share information and support communities, residents and businesses to have accessible intelligent services

Volunteer plus

Community Works and Brighton and Hove City Council have been working collaboratively to find a digital volunteer management system that would both improve the experience of people looking to volunteer in the City and the organisations looking for volunteers.

We have digitally transformed the way services manage their volunteers to make it more efficient and effective for volunteer co-ordinators whilst ensuring that the developments respond to, complement and add value to existing volunteering information arrangements in the City.

Working collaboratively has enabled the Council to draw on local volunteering expertise and ensure good practice. The sharing of both skills and budgets has provided a sustainable way forward, enabling the Council to achieve its ambition to engage, support and monitor its volunteers. The voluntary and community sector benefits through the launch of a more efficient and accessible volunteering brokerage platform, and communities are able to seek and find volunteering roles and support in a more simple and streamlined way.

Working together to develop this system has strengthened understanding from all sides, which builds other areas of collaboration around volunteering between Community Works and the Council.

Citywide Connect

Tackling social isolation and loneliness and the impact this has on people's lives is everyone's business. Social isolation and loneliness costs people, communities and statutory services money. Citywide Connect creates an environment that unlocks the potential of all sectors -public, private, voluntary, community, faith, social enterprise and emergency services- to foster greater collaboration across sectors via an asset and place based approach.

The activities and benefits that result from the Citywide Connect Team's outreach work, Locality Hub events, and use of resources such as 'It's Local Actually' and 'Connect & Share' are demonstrating the potential of how cross-sector collaboration can create significant change and benefits for older people, organisations and systems across Brighton & Hove. Citywide Connect is enabling participants to reach more people and increase take-up of services; to raise awareness; make better use of low cost/free assets and achieve resource efficiencies and savings. All of which have the potential to reduce pressure on costly and acute services.

Citywide Connect is demonstrating the power and strength that collaboration across sectors can achieve. It is unlocking opportunities. It is enabling joint solutions to emerge that make a real difference to peoples' lives. It is facilitating sustainable change. It is improving lives and saving money. It has the potential to unlock between £3m and £12m in preventative value savings.

Trusting relationships have been built enabling over 400 action pledges to have been made, for example BHESCO's home visits now incorporate falls prevention activity so they can identify and prevent primary risks

3. Collaborative Services and Organisations

What are collaborative services and organisations?

Collaboration across services and organisations can drive innovation, enthusiasm and the talent of workers, service users and communities. It creates opportunities to break down silos and maximises efficiency. However, *'quality services to the public are not an end in themselves but a means to supporting residents to achieve their own ends and aspirations'*³. In order to support these aspirations, services and organisations across all sectors need to harness and build on a positive ethos to capitalise and enhance collaborative approaches.

Key features of a collaborative service or organisation, they:

- Design their services to think about the 'whole', providing holistic outcomes, and are willing to join forces with others
- Are committed to working with service users and residents as co-producers; recognising and removing any barriers people might have to collaborating with them
- Are willing to be more creative and pioneering when designing and delivering services
- Develop joint outcomes and integrated delivery approaches
- Are willing to share resources and explore pooled or joint funding

What are the benefits?

When services and organisations work collaboratively with each other and with communities, there are more opportunities to increase community involvement, build a shared understanding and joint vision, to provide the right service that communities will engage in. Joint working increases knowledge and skills for all parties and creates shared responsibilities across organisations and communities, enabling them to problem-solve together. This facilitates innovative approaches to developing services and activities and allows for pooling of resources or funding, bringing additional funds that may not have been available if working alone.

³ [Collaboration Readiness – Collaborate](#)

How will we know if we have collaborative services and organisations?

1. Feedback from residents and communities through resident satisfaction surveys, complaints and compliments, plus peer reviews carried out across departments and sectors
2. Amount of funding that has been gained and pooled to make use of limited resource
3. Capturing when diverse communities, residents and businesses are working with services to develop shared solutions
4. Demonstrate less demand on crisis services

What needs to be in place?

- Shared visions or goals across organisations
- Agreed protocols for joint working
- Joint understanding of risks and opportunities
- Senior leaders to promote, model and support strategic and operational collaborative practice
- Cross-sector learning and training opportunities
- Promotion of guidance on co-production
- Solution-focused integrated local services
- Cross-sector data-sharing agreements developed
- Diversity and inclusion awareness

Finally we will commit to...

The contribution of all parties to working collaboratively, no single service or organisation can achieve change alone.

THE COMMUNITY INITIATIVES PARTNERSHIP

The Community Initiatives Partnership chaired by East Sussex Fire and Rescue Service (ESFRS) includes members from teams across BHCC (Adult Social Care, Housing teams, Health and Safety), Carelink, Sussex Police, Clinical Commissioning Group (CCG), and a range of Community & Voluntary Sector partners. City-wide partners are united under the shared mission statement of “keeping vulnerable people safe in their living environment”. This is an outcome-focused group whose aim is to make every contact count and make a real difference. Each meeting takes a theme identified by partners as a priority and develops a framework for tackling the issue - such as new referral pathways, shared training, and resources. The agreed approach is always person-centred and multi-agency. The group has developed a joint asset register of services and seeks to provide a joint public-facing communication to address local identified needs.

“The CIP has succeeded in bringing together a range of partners under a common goal. Working together in this way we can maximise our reach, avoid duplication and make best use of our joint resources. We have seen real results including increased referrals under the Carelink initiative and the development of the hoarding partnership framework. The partnership is also focusing on resident welfare and safety within high rise properties.” *Nigel Cusack, Borough Commander for Brighton and Hove ESFRS*”

4. Collaborative Places

What is a collaborative place?

Strong, successful places are defined and shaped by the people that live and work in them. They support community resilience, reduce social isolation and provide successful futures for people. Successful places need public services, business and communities to be working together, breaking down professional boundaries and focusing on the greater goal of supporting both people and places.

Key features of a collaborative place:

- Residents and small community groups are supported and enabled to deliver locally responsive activities and services, e.g. neighbourliness, better/cleaner public spaces, safer places and community events and activities
- Areas with strong community groups, able to interact with public service providers, local businesses and other voluntary sector organisations
- Good access to local services, e.g. school, youth service, the local GP, pharmacy, dentist, transport
- Good access to essential businesses e.g. local shops, cash point, post office
- Strong community leadership
- Residents and groups that work together to use and access diverse social spaces, including faith based buildings
- Good access to information and digital technology
- Good access to education, training, learning and employment opportunities

What are the benefits?

Residents and communities have a greater sense of belonging to a place which is supportive and friendly, reducing isolation and creating somewhere that residents feel is nice to live. They are engaged in services and have greater knowledge and an increase in capacity and skills, which will improve their ability to volunteer, take up paid employment, and/or to design and deliver local services. Collaborative places provide a clearer understanding of how to deliver public services; there is more innovative thinking and a better understanding of the assets and resources within communities, including self-help, skills and knowledge. They provide opportunities for local leadership, and pull together services, organisations, business and local people. Working across and within places improves relationships, helps with diversifying the use and cost of community or public buildings and gives a better understanding of how to work together to reduce demand.

How will we know if we have collaborative places?

1. Measure how decision-making and resources are being shared, which would include the use of local buildings and spaces, local leadership or governance structures, joint problem-solving and joint design or delivery of local services
2. Collect feedback from residents, communities, statutory services and businesses
3. Measure the number of collaboratively based initiatives

What needs to be in place?

- Cross-sector support for neighbourhood based working and decision-making
- Community champions and leader across diverse communities identified, trained and with clear roles
- Buildings and space that enable digital connectivity and access to new digital technology
- Devolved community budgets
- Better use of public buildings for the community, e.g. libraries provide meeting space, activity space, learning space
- Capacity-building support to bring together range of residents and other stakeholders
- Service providers to be facilitative and responsive when working with communities
- Identify small pots of funding to seed-fund local projects
- Joint systems to link to information with services and businesses, including community newsletters and social media

Finally we will commit to...

Developing a common narrative and understanding that enables people to see how they fit and if they are working to the same goal



Research in Hangleton and Knoll in relation to the closure of a GP practice highlighted that some residents, particularly those with complex health needs, would struggle to get to their new assigned GP practice, which was further away.

The CCG worked with Community Transport, Benfield Valley Health Hub and the Hangleton and Knoll Project's Health Champions to support the effective and timely care of patients with complex needs.

In stage one of the project, the GP practice identified patients and Health Champions worked with Community Transport to work out the best ways to pick up patients and advised on communications so people felt safe, including support to and from the minibus. In the second stage, the Health Champions will help the GP practice to identify a wider cohort, and there will be not only health care at the GP practice but the local Community Navigator will be talking to the patients to see if they would benefit from referral to community and voluntary sector services or activities.

This has meant that patients who otherwise would have struggled to get to the practice have accessed their regular health checks, and being in the practice has meant access to both GPs and nurses, and a more holistic service than would be delivered in a home visit. Clinician time is also used more effectively by seeing more patients in the practice than would be seen through home visits. Through stage two, it is expected that the introduction of social prescribing will help support people who may be socially isolated to access support and activities. The collaboration between GP practice, Community Transport and Health Champions (local residents) has developed a cost-effective way of providing health and wider support to those with complex health needs, which it is hoped in time will provide a foundation to help reduce isolation.

Hollingdean Children's Centre

The Children's Centre is located at the top of Hollingdean, sitting within the only local park and adjacent skatepark. Hollingdean has very few community buildings.

The community had raised the issue of a lack of access to the building at weekends for a number of years. However, with an already stretched service it was not possible to open outside of core hours. The residents in the community then approached the council to see if they could voluntarily open the Children's Centre café and toilets at the weekend.

It took some time to work through potential issues, but eventually a local charity - Hollingdean Development Trust (HDT) - took on lease arrangements, supported the volunteers and worked with the centre staff to set up a weekend community café in summer. The café has run for two summers now.

It provides access to shelter, toilets and refreshments, but also a platform for other activities and information to reach local families who would not normally drop into the centre. This has created a sense that it is a community asset rather than a public service delivery building, which has many benefits for both the community and Children's Centre. The volunteers also have many new ideas for weekend groups and activities that could run from the building and will continue to work with the centre to see what is possible.

"It really felt that the Children's Centre was an untapped weekend resource. Maybe, we thought, with the cafe and loos open, the playground would be better used at the weekends and for longer. It can feel a bit bleak up there but we still wanted and needed our kids to play outside. Also, there were plenty of other potential users around - walkers, skateboarders, allotmenters".

Hilary Silverwood, local parent

5. Collaborative Behaviours

What are collaborative behaviours?

To listen and respect others' views and work together in the best way within the context of resources, to consider each person or community in the context of their culture, background or position of power and how this may impact on the behaviours of either ourselves or others. This will create common purpose and understanding that will help to build supportive and collaborative working relationships; it supports the releasing of control, collaborating across sectors and with residents. Delivering services together makes the best use of collective resources, ultimately delivering what is needed.

Key features of collaborative behaviours are demonstrated where services, organisations and communities:

- Are approachable and aim to create good relationships based on trust
- Promote the benefits of creating shared solutions
- Encourage positive working relationships that strive to resolve conflict
- Show respect for the time and resources of others by ensuring any demands on them are necessary
- Investigate and make use of opportunities for partnership working with organisations and communities
- Be open to and value ideas, opinions, and different perspectives from everyone

What are the benefits?

Often it is not just 'what we do' but 'how we do it' that is the key component of success. Having the right approach and set of behaviours is a vital factor in collaboration. It is not always about creating a shared culture but more around understanding each other and adapting accordingly. It is about supporting people to engage and be open about ideas, enabling us to listen to each other and to take managed risks, increasing dialogue and learning for all, which can then deliver new or different solutions to challenging issues.

How will we know if collaborative behaviours are successful?

1. Speak to services, organisations and communities to gain feedback on behaviours, include asking about language used, approachability, and opportunities to engage and share ideas - even when challenging - creating good working relationships and trust
2. Look at how many services, organisations and communities are working together to share ideas and develop joint solutions
3. Develop ways to evaluate the benefits of joint projects when appropriate

What needs to be in place?

- Understanding of differences in approaches and how behaviours can be affected by the power and status of individuals and organisations
- Agreement on a set of values and behaviours for all involved
- Leaders modelling collaborative behaviours
- Acknowledgement that acceptance and understanding brings about a shared trust
- Promotion of values and behaviours so communities and residents understand their role

Finally we will commit to...

More open and honest behaviour as a foundation to build trust, patience, warmth and empathy.

BHCC Community Safety

Anti-social behaviour concerns at a supported hostel for 16-25 year old women were having a significant impact on the local community. The community safety team met with hostel residents, both one to one and as a group to discuss the behaviour, its impact & possible consequences. They worked together with the young people, staff and neighbours to provide support, training and information.

The hostel drew up a community agreement and invited their neighbours to the project to meet staff and residents and get a better understanding. Neighbours informed the community safety team that they felt listened to and supported and that the staff at the hostel were now receptive to the concerns of local residents and acted swiftly to address any reports of ASB.

Based on this successful piece of work the community safety team approached other supported housing providers and implemented similar collaborative working agreements with them. This work continues to provide advice & guidance to hostel staff on a regular basis, supporting early intervention and facilitating workshops for their occupants to help them understand the effect of their ASB on the local community. The team also facilitates community meetings, and when necessary brings hostel staff, residents and neighbours together. These joint working arrangements are now embedded in the B&H Supported Housing Action Plan.

Stevie Graves, Stopover Manager said *“The Community Safety Team has been invaluable in working with young people in a totally non-judgemental way to show them the impact of their behaviour on others. As a result we have been able to keep young people in placement who might otherwise have lost their tenancy.”*

6. Collaborative Commissioning

What is collaborative commissioning?

Collaborative commissioning would mean that the commissioners from across sectors and organisations – including public, private and the third sector - would work not only with each other, but also understand the process and benefits of having an open dialogue between commissioners and providers, with an emphasis on creativity, social value and managing demand. This collaboration would support commissioners to understand and value engagement with all stakeholder voices, including those of residents and communities. This will create more responsive and refined commissioning models, providing both cost-effective and responsive services.

Key features of collaborative commissioning are:

- Involvement of all stakeholders - respecting and valuing their expertise
- Ensuring commissioners and stakeholders work together to define shared issues
- Defining and develop outcomes with all relevant communities and residents
- Having a clear and inclusive process of co-production and co-design
- Sharing decision making responsibilities and accountability
- Holding joint reviews, performance management and evaluation

What are the benefits?

Successful, collaborative commissioning will result in residents, communities and service users having access to integrated services which are responsive to individuals' needs. Commissioners will benefit from a better perspective on the performance of a provider and there will be greater opportunities to develop services that support residents, communities and service users. For providers, collaborative commissioning will mean the opportunity to have positive conversations about provided services, with greater clarity on what commissioners expect - particularly where there may be competing priorities. Providers will also benefit from increased understanding of the commissioning cycle and associated pressures.

How can we know if commissioning is collaborative?

1. Review the benefits of the commissioning processes and the commissioned services. This will need to be completed with providers, all relevant services users or communities and residents.
2. Capture the occurrence of providers, service users, communities and/or residents involved in the commissioning of services including how and when they provide feedback about their involvement; considering groups that have been missed
3. Identify improvements made by the collaborative commissioning process; review the functioning of the collaborative arrangements; identify further areas for improvement and share learning and good practice with other organisations across all sectors.

What needs to be in place?

- Training for commissioners in public sector organisations to ensure a clear understanding of collaborative commissioning processes
- Maintain infrastructure organisations to support third sector providers to develop skills, knowledge and expertise in collaborative commissioning
- Shared learning approaches to support commissioned providers to understand and be able to demonstrate their impact and social value
- Maintain community development and engagement to support diverse service users, communities and residents to understand and be involved in collaborative commissioning processes
- Commissioning organisations to support the development of collaborative commissioning arrangements, to include relevant tools, guidance, skills and behaviours

Finally we will commit to...

Collaborating with service users, providers (current and potential), service users/beneficiaries and other commissioners through each commissioning phase



BHCC & CCG Joint Third Sector Commission

The Third Sector Commission 2014-17 was a collaboration between funders from the City Council across three teams - the Communities, Equality and Third Sector team (CETS), Adult Social Care and Public Health - and the CCG. The CETS Team aimed to explore the pooling of resources to maximise Council and CCG investment in Third Sector organisations, to encourage Third Sector partnerships and to deliver better outcomes for residents.

The scale of funding needed a transparent and clear bidding process that any Third Sector organisation could bid to, and to make this a collaborative process the commissioners worked with a wide section of Third Sector organisations, council and CCG officers to help to develop the commissioning process.

The Third Sector organisations were involved in the assessment of need through the evaluations that they had submitted for prior work. They were also involved in the design of the outcomes for residents by attending workshops to help shape these and were able to contribute and suggest what outcomes were relevant. Community Works and the University of Brighton were included to support the development of a monitoring and evaluation process.

Working collaboratively to co-design the commissioning outcomes, process and evaluation resulted in funding 26 partnerships with funding of £1.8 million from the Council and CCG in 2017/18 and further commitments of £1.6 million in the following two years.

The impact of working together achieved a set of outcomes that were developed and signed up to by all organisations and a simplified process that enabled a range of suppliers (including new suppliers) to compete together to define and meet targets that support better outcomes for city. It shaped new creative partnerships between Third Sector organisations that are now delivering against the intended outcomes to support adults of all ages and young people to live and participate socially and economically, including tackling financial inclusion for the most vulnerable people in the city. The collaboration has also created improvements in the engagement and consultation with residents, through a more coordinated approach between the Third Sector, Council and CCG.

Our actions for improving collaboration

This Collaboration Framework will be accompanied by a Collaboration Framework Action Plan, which will use each commitment and expand on these with specific actions. The Plan will be overseen and monitored by the Equality and Inclusion Partnership. The actions within the plan will be owned by individual services, organisations and communities, who will be responsible for implementing specific tasks and activities.

How will it be implemented & monitored?

The Equality and Inclusion Partnership will work with its members and other stakeholders to ensure they are regularly reviewing and monitoring the Collaboration Framework Action Plan. They will be looking at how the actions in the plan are delivered and evaluated, specifically reviewing the impact of collaborative working on the way services are delivered and the outcomes for the people who receive these.



Contacts and Acknowledgements

We would like to thank representatives from the following groups and organisations for giving their time and energy to participate in and support the development of the Collaboration Framework:

Special thanks to the steering group who have working on this document:

Duncan Blinkhorn	Community Works
Kevin Brown	Sussex Police
Geraldine Desmoulins	Possability People
Mel King	East Sussex Fire & Rescue Service
Jane Lodge	Brighton and Hove Clinical Commission Group
Kirsty Walker	Trust for Developing Communities
Sam Warren	Brighton and Hove City Council
Laura Williams	Community Works

Action on Elder Abuse
 Adventure Unlimited
 Albion in the Community
 Brighthelm Community Centre
 Brighton and Hove City Council
 Brighton Housing Trust
 Brighton Unemployed Centre Families Project
 Brighton Women's Centre
 Cascade Creative Recovery
 CHIBAH
 Citizens Advice Brighton & Hove
 Community Safety Team - LATs
 Community Works
 East Sussex Fire & Rescue Service
 Fabrica
 Faith in Action
 Hangleton Community Association
 Hangleton & Knoll Multi-Cultural Women's Group
 Healthwatch Brighton & Hove
 Impetus

Level Communities Forum
 LGBT Switchboard
 Martletts
 MindOut
 National Pensioners Convention
 Patcham Community Action Team
 RISE
 Royal Pavilion & Brighton Museums
 Safety Net
 St. Luke's Advice Service
 Sussex Wildlife Trust
 Trust for Developing Communities
 University of Brighton
 University of Sussex Students' Union Project
 Volunteering Matters

Subject:	Welfare Reform update		
Date of Meeting:	3 July 2017		
Report of:	Executive Director of Finance and Resources		
Contact Officer:	Name:	John Francis	Tel: 01273 291913
	Email:	John.Francis@Brighton-Hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of this report is to update the committee on the progress of the government's welfare reform programme and in particular the roll-out of Universal Credit in Brighton & Hove and the council's response.

2. RECOMMENDATIONS:

- 2.1 That the committee endorse the response to welfare reform and the introduction of Universal Credit being taken by officers.
- 2.2 That the committee note and comment on the work being done with advice services and other organisations in the city to support outcomes for citizens.

3. CONTEXT/ BACKGROUND INFORMATION

Welfare reform 2010 – 2015

- 3.1 The current programme of welfare reform began under the Coalition Government formed in 2010. The overall policy aims of these changes were to simplify the benefits system, reducing error and fraud, and increase incentives for people to work in order to reduce poverty and to reduce costs.
- 3.2 The primary legislation which created these changes was the Welfare Reform Act 2012. The changes in this Act included the introduction of Universal Credit, as well as changes to Housing Benefits, Council Tax Benefits, Tax Credits and sickness benefits, including Disability Living Allowance and Employment Support Allowance.
- 3.3 The changes themselves included reductions in the levels of support available from welfare benefits through restrictions on the rates at which most working age benefits were increased each year, the ending of some benefits to be replaced with new benefits with either less budget or tighter criteria, and an overall cap on the amount of benefit available to some working age families.

- 3.4 It is estimated the overall impact of these measures in Brighton and Hove was a reduction in benefits of £59million per year, affecting 25,400 households with an average reduction of £2,300 per year or £44 per week (rounded).

Welfare Reform since 2015

- 3.5 Further changes to welfare benefits were announced by the current government in 2015. The main legislation which created these changes was the Welfare Reform and Work Act 2016 and the Universal Credit (Work Allowance) Amendment Regulations 2015 and include:

- A freeze in a number of working age benefits for four years from April 2016
- A change in the Benefit Cap from £26,000 per year to £20,000 per year for families in areas outside London. (£18,200 to £13,400 for single people).
- Reductions in Work Allowances under Universal Credit
- The ending of the family element in tax credits (and corresponding first child premium in Universal Credit) for new claims from April 2017
- Limiting the child element of tax credits and UC for two children for new claims and births after April 2017
- Limiting the amount of Housing Benefit available to social sector tenancies to the equivalent of that in the private sector from April 2019.

- 3.6 An analysis of the impact of these measures in Brighton and Hove is contained in Appendix 1.

Intervention and Support

- 3.7 The council has a programme (the Welfare Reform Programme) of work in place to support people affected by these changes and to manage policy options which have been devolved from central to local government around issues of welfare.
- 3.8 Support is provided through a range of measures to form an overall package of support for an individual or household where needed.
- 3.9 Financial support through discretionary schemes is provided to cover emergency costs and to provide extra help with housing costs and council tax through the Discretionary Help and Advice Team (DHAT).
- 3.10 DHAT are co-located with the Welfare Rights Team, which provides training on a range of welfare benefit issues to council services, voluntary and advice services and social landlords. They also provide direct advocacy support for citizens facing complex issues with benefit entitlement including providing a city resource for representation at tribunals, and mentoring support to colleagues dealing with citizens affected by lower level welfare issues.
- 3.11 Also aligned with these two teams is a case working team which provides support for families most significantly affected by benefit changes, usually those affected by the Benefit Cap. The team work with individuals to help them move

towards work or, with assistance from the Welfare Rights Team, to claim some disability related benefits which mean they are no longer affected by the cap. Whilst this support is ongoing where needed households are supported through Discretionary Housing Payments. A local Jobcentre Plus work coach is also co-located with this team which provides significant extra support and access to resources. Significant use is made of community resources that provide employment and other support in this area, particularly Community Education Centres.

- 3.12 Between them, these teams have supported 603 cases to move away from being affected by the Benefit Cap including helping 217 into work, and advocated on behalf of 56 households in respect of their benefit issues, increasing benefit entitlement by £450,000 per year. Over the last two years they have made 1,293 payments for emergency funds through the Local Discretionary Social Fund, totalling £305,000, and made 3,476 payments of Discretionary Housing Payments and Discretionary Council Tax Reduction payments totalling £1,707,000.
- 3.13 This approach also involves working with third sector providers to create resilience in the city around these issues and to try to maximise the value of relationships between the council and third sector, avoiding an adversarial approach where possible.
- 3.14 The Welfare Rights Team provide training to statutory organisations, and third sector advice agencies across the city to ensure there are sufficient skills in place to support people affected more broadly. In the last financial year 582 places were filled on these courses.
- 3.15 Working with other stakeholders and partners agreements have been set up with Money Advice Plus (a local money advice charity) so that if they deal with a customer who has multiple debts to the council, then services within the council will default to accept a payment proposal that is within certain agreed parameters. Similarly the council has agreed a trial with advice services over the use of a shortened version of the Discretionary Payments form in order to facilitate take-up on Discretionary Council Tax Benefit.
- 3.16 Until the introduction of the new level of the Benefit Cap in November 2016 analysis shows that compared with national trends the intervention work undertaken in Brighton and Hove resulted in a 55% drop in Benefit Cap cases, compared with around 25% nationally.
- 3.17 Since the introduction of the Benefit Cap, funding has been provided by the local Jobcentre Plus (JCP) but due to changes in the administration of JCP grants this funding stream will end in May 2017. Since November 2016 a Work Coach from the JCP has been co-located with the support team allowing a more comprehensive service to be provided.
- 3.18 The Welfare Reform Programme also manages a commission, funded by the Department for Work and Pensions but owned by the council, with Moneyworks Brighton and Hove to provide online and budgeting support for people on Universal Credit. As part of the third sector investment programme the Community Banking Partnership was commissioned in November 2016 as part of

the prospectus. The evaluation panel included members of the Communities Equalities and Third Sector Team, Welfare Reform, Housing, Public Health and Economy, Environment and Culture.

- 3.19 Other services are also crucial in terms of providing support to customers affected by welfare reform. Housing have undertaken support and outreach to tenants affected by the Social Sector Size Criteria, the Benefit Cap and people who are claiming Universal Credit. Housing also hold a commission with Money Advice Plus to provide budgeting support to their tenants. This work ties in very closely with the work of the Trailblazer Homeless Prevention programme being run by the Temporary Accommodation Team. It also links in with other work streams across the council including corporate debt, rough sleepers and the Neighbourhood Hubs project.
- 3.20 In addition to this direct support, work is undertaken with colleagues across the council via regular meetings to join up support across services. Work is also undertaken across the city more broadly to make sure the changes are well understood by non-council services who work with people likely to be affected by these changes. For example a booklet setting out three key changes during 2016 was developed and circulated around teams and networks including front line mental health workers and the Advice Services Network.
- 3.21 Regular meetings are also held with a broad range of stakeholders across the city including representatives of private landlords, social landlords, advice agencies, community groups and the DWP. This provides the opportunity to get a broad understanding of these impacts from a city wide perspective as well as providing routes for disseminating information.
- 3.22 Third sector organisations, including foodbanks and advice services within the city are also key to providing support. There are currently 15 foodbanks in the city. A report by the Brighton and Hove Food Partnership 'Brighton & Hove Food Poverty Action Plan – Progress Snapshot one year in – April 2017' reported that these foodbanks gave out on average 298 food parcels a week. A member of staff from the Welfare Reform Team regularly attends relevant meetings including the Advice Services Network and the Emergency Food Providers meeting hosted by Brighton and Hove Food Partnership.

Universal Credit

- 3.23 Universal Credit is due to roll out for all types of households from 4th October for people who come under Hove Jobcentre Plus and 29th November for people who come under Brighton Jobcentre Plus. This will be for people making new claims or for some changes of circumstance so take up will be graduated over a number of years.
- 3.24 Universal Credit initially started in Brighton and Hove for single people in straightforward circumstances from December 2015.
- 3.25 For cases that have not moved onto Universal Credit through making a new claim or having a change of circumstance, a process of migration will take place between 2019 and 2022 so that anyone on working-age benefits will be in receipt of Universal Credit.

- 3.26 Universal Credit combines six existing benefits including Housing Benefit, Working and Child Tax Credits, Jobseeker's Allowance, Employment and Support Allowance and Income Support. By the time Universal Credit is fully established in the city around 20,000 households will be affected. The likely distribution of households which receive support from Universal Credit is set out in Appendix 1.
- 3.27 The main other differences between Universal Credit and the previous benefits are:
- Universal Credit will default to be paid once a month in arrears to one member of a household
 - Universal Credit will have to be claimed and maintained online
 - The rent element will default to be paid to the tenant even if they wish it to be paid to the landlord. (Exceptions will apply to vulnerable people and people in arrears with rent).
 - Conditionality will apply to people even when they are in work
 - The Council will no longer administer Housing Benefit for working-age cases.
- 3.28 The Universal Credit White Paper – 'Universal Credit: welfare that works' set out five key intentions behind Universal Credit. They were to make work pay by reducing the rate at which benefits are withdrawn when someone enters work; to establish strict conditions that must be satisfied for a person to claim, called the claimant commitment; to move to a standard monthly payment with the intention of benefits mirroring a monthly salary from work; to make the system more responsive to changes in earnings so people feel the financial benefits of moving into work more quickly; and, to pay the rental element to social tenants rather than directly to the landlord.

Risks

- 3.29 A risk analysis undertaken by the council and information from areas where Universal Credit has already gone live has identified a number of key risks. These risks may impact on both citizens and service providers, including the council, within the city. The key risks identified are:
- Financial risk – this is largely driven by the default position for the rental element of UC to be paid directly to the tenant rather than the landlord. Evidence from areas in the country where UC has already rolled out has shown that levels of arrears to landlords have increased under Universal Credit. For example in evidence to the Works and Pensions Committee, London Borough of Croydon Council set out that collection fell from 98% to 72% for Universal Credit customers.
 - Housing risk – a survey of members of the National Landlords Association has shown that the percentage of landlords willing to rent to UC tenants (and/or at the local housing allowance rate) has fallen to 18% compared to 46% in 2010.

This in turn may result in greater pressure on housing services within the council and the city.

- Structural risks within UC – this relates to details of the differences in the way UC will work compared to current benefits and includes housing costs being unavailable to some under 22 year olds; a default 6 week wait until the first payment of UC is made; housing costs not being paid if a person does not have a liability in the monthly anniversary of the date they made a claim (for example if they are in temporary or emergency accommodation for 1-29 days); and, a change in the way that DWP will deal with representatives of claimants.
- Administration of UC – at present benefit claimants receive a variety of payments from the DWP, HMRC and the council. Under UC claimants will receive one payment. Although this will simplify the situation for customers it does mean that if that payment stops for any reason it could cause greater hardship. Brighton and Hove are due to go live in October and November 2017. During each of these months 50 Jobcentre sites will be going live compared to none in August and September, 30 in July and around 5 a month before that.
- Vulnerable people – the requirement for people to claim UC online, manage monthly payments and to pay their own rent may present particular risks for vulnerable people. Specific cohorts identified include rough sleepers; people with drug, alcohol, gambling or other dependencies; people with some health conditions including mental health problems; and, people who may be at risk of financial theft or abuse if other associates/residents know they are receiving large monthly amounts.

Opportunities

- 3.30 A report commissioned by the DWP and published in in December 2015 compared employment outcomes for people on Universal Credit who would have otherwise been on Jobseeker's Allowance. This study found that 71% of people on Universal Credit moved into work within the first nine months of their claim compared with 63% for Job Seekers Allowance.
- 3.31 Under Universal Credit, claimants will only have to deal with one organisation in respect of their main working age benefits. (Council Tax Reduction will still be administered by local authorities though.)
- 3.32 The design of Universal Credit is intended to create far greater fluidity for people who have change of circumstances, for example moving into work, than the current system of interrelated benefits. The intention of the system is to remove part of the perceived risk around problems with benefit payments that moving into work may currently be seen to create.

Support and readiness for Universal Credit

- 3.33 A cross service approach is being taken with the council to prepare for these changes. Services involved include Revenues and Benefits, Housing, Children's Services, Adult Social Care, and the Communities and Equalities Team. A

significant programme of work underpins this approach and has been put in place to mitigate as far as possible the risks presented by the change to Universal Credit and to maximise the opportunities.

- 3.34 The move to Universal Credit is a significant change for many services within the council. Services are changing processes, training staff, re-prioritising resources, developing new relationships and providing support in different ways. Services and organisations who provide front line support to people who may claim Universal Credit are having to ensure staff are familiar with the new system and the lines of support available.
- 3.35 The Welfare Reform Programme meets regularly with stakeholders across the city including representatives of private landlords, social landlords, advice agencies and DWP. These organisations have been asked for information to help with the planning for the change to Universal Credit in the city.
- 3.36 With funding provided by DWP, the council will be commissioning both support for people to claim Universal Credit online and for budgeting support for people who need help managing a monthly payment and their own rental costs.
- 3.37 The commissioning will be aligned with the Neighbourhood Hubs programme, particularly around digital support hubs. Three out of four of the neighbourhoods being focussed on in the Neighbourhood Hubs programme will be amongst the most impacted by the rollout of Universal Credit. They are East Brighton, Hangleton and Knoll, and Moulsecoomb and Bevendean. Linking together these two programmes will also allow information about Universal Credit to be fed both into those neighbourhoods but also provide a structure to feed information from those communities about the impact of the change to Universal Credit into the council.
- 3.38 The third sector advice sector in Brighton and Hove report that, in terms of work to support people on benefits, the majority of resources are being used to support people in receipt of sickness and disability benefits. In particular supporting people who were on Disability Living Allowance to claim Personal Independence Payments and supporting people on Employment Support Allowance to dispute the outcomes of the work capability assessment. Claimants currently on Employment Support Allowance will move onto Universal Credit so the focus of advice will shift. If Universal Credit creates additional demand in this area the sector reports the impact could be critical.
- 3.39 Commissioners of services within the council recognise the potential impact of this change. A commissioners network is in place within the council which together with procurement will ensure that the commissions which are in place/are to be commissioned, are joined up, that there is effective oversight and understanding of any gaps in provision; and, that priorities are understood and work done to ensure outcomes optimised for the levels of resources available.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 At present the council's approach to dealing with welfare reform and the introduction of Universal Credit is to undertake a programme of work to prepare

the council for these changes, and to work with individuals and households affected to minimise their risk of falling into significant crisis, for example becoming homeless.

- 4.2 The council also works with partners and stakeholders across the city to understand the impact of Welfare Reform and the introduction of Universal Credit across the city.
- 4.3 An alternative option would be not to prepare for these changes or to support families affected. This approach would require a reactive approach to negative consequences. This would mean ad-hoc shifting of resources with a subsequent impact on business as usual and individual variable levels of support being provided rather than a consistent approach.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 As mentioned in section three, the Welfare Reform Programme holds a six weekly Citywide Welfare Reform meeting. This meeting is attended by representatives of private sector landlords, social landlords, advice agencies, wider community organisations and the DWP. This network is used to both get a proper understanding of how the impact of welfare reform is manifesting in the city and to gather information from partners about the risks and opportunities these changes present. It also provides a conduit for providing detailed information about the changes out to city organisations.
- 5.2 A member of the Welfare Reform Team regularly attends the Advice Services Network meeting. This is a meeting of advice services and agencies in the city. In addition a member of the team responsible for administering the Local Discretionary Social Fund also attends the Emergency Food Providers meeting hosted by the food partnership so that support in this area is joined up.
- 5.3 Staff involved in supporting people affected by these changes also hold a number of informal relationships with city organisations allowing information to be shared on an ongoing basis and particular issues, including case support, to be addressed quickly.

6. CONCLUSION

- 6.1 The government's welfare reform agenda has been ongoing since 2010.
- 6.2 Most of the changes that have formed a part of this agenda since then have been changes to existing benefits, often reductions or freezes in the amounts available – for example as is the case in Housing Benefit; or, it has been the case that some benefits have been ended and replaced with an alternative – for example Disability Living Allowance and Personal Independence Payments.

- 6.3 The introduction of Universal Credit however represents a fundamental shift in the way benefits are paid. This is at an organisational, technical and cultural level. Benefits will be paid once a month from one organisation; in most cases the housing element will be paid to the tenant not the landlord; and, conditionality will apply to people who are working, not just people who are out of work.
- 6.4 A larger number of households in the city will be affected by this measure than any other single reform. The 18,000 working-age households that currently claim Housing Benefit will move to Universal Credit, and other households who are just in receipt of Tax Credits or DWP benefits but not Housing Benefit will also be moved onto the new benefit. It is expected the overall number of households impacted in the city will exceed 20,000 (just under 1 in 6 in the city).
- 6.5 The information in this report shows how important it is for the council and the city as a whole to be as prepared as possible for the introduction of Universal Credit.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 It is estimated that for 2017/18 the council will pay out approximately £43m in rent rebates, most of which is in respect of properties where the council is the landlord. Over the next five years as housing benefit transitions to Universal Credit payment will be made directly to the tenant rather than directly to the council. This could potentially lead to a pressure on rent collection rates in both the HRA and General Fund although at this stage it is very difficult to quantify this. This will be closely monitored and any impact will need to be reflected in future years' budget setting.

The 2017/18 budget includes continued recognition of the potential impacts of changes to the Council Tax Reduction Scheme and national Welfare Reform changes. As well as a wide range of support and advisory services including Financial Inclusion, Housing and Welfare Rights the council also provides one-off resources and grants to support those suffering short term hardship including:

- Discretionary Housing payments (DHP) - £1.133m.
- Welfare Reform and Social Fund reserve - £0.613m; planned use includes a one-off allocation of £0.295m to continue the Social Fund in 2017/18, £0.95m for discretionary Council Tax Reduction support and £0.144m to support the Welfare Reform programme. A contingency of £0.079m is also set aside for any residual issues in 2018/19.
- Recurrent discretionary Council Tax Reduction support of £0.055m in addition to the £0.095m provided from the Welfare Reform reserve above.

Finance Officer Consulted: Name Jeff Coates

Date: 21/06/2017

Legal Implications:

- 7.2 The actions being taken by the council, described in this report, are incidental to the council's powers and responsibilities around administering Housing Benefit, Council Tax Reduction, Local Welfare Provision and homelessness prevention.

Lawyer Consulted: Liz Woodley

Date: 02/06/17

Equalities Implications:

- 7.3 The government published an equalities impact assessment on Universal Credit in November 2011 (prior to subsequent changes announced in 2015) and other areas of policy - Benefit Cap, social sector housing under-occupation, and on Disability Living Allowance reform in 2012. A further impact analysis was published in 2016 around the changes to the Benefit Cap amounts. It found that around 64% of claimants likely to have their benefit reduced by the cap will be single females but only around 12% will be single men. Data on current benefit cap numbers in Brighton and Hove show that 257 (76%) of 340 capped households are single parents and of those 251(74%) were female single parent households and 6 (2%) were male single parent households. Based on current Housing Benefit data, of the 18,389 households likely to be impacted by the change in the city 9,102 are single people who live alone, 2,010 are couples with no children, 4,906 are single parent families, and 2,371 households affected are couples with children. As a part of the planning for Universal Credit an Equalities Impact Assessment will be undertaken by the council on the impact of Universal Credit on vulnerable groups.

Sustainability Implications:

- 7.4 No sustainability implications have been identified.

Any Other Significant Implications:

- 7.5 Other implications are set out in the main body of the report

SUPPORTING DOCUMENTATION

Appendices:

1. Appendix 1- Impact of 2015 reforms and rollout of Universal Credit

Impact analysis of recent welfare reform measures and rollout of Universal Credit

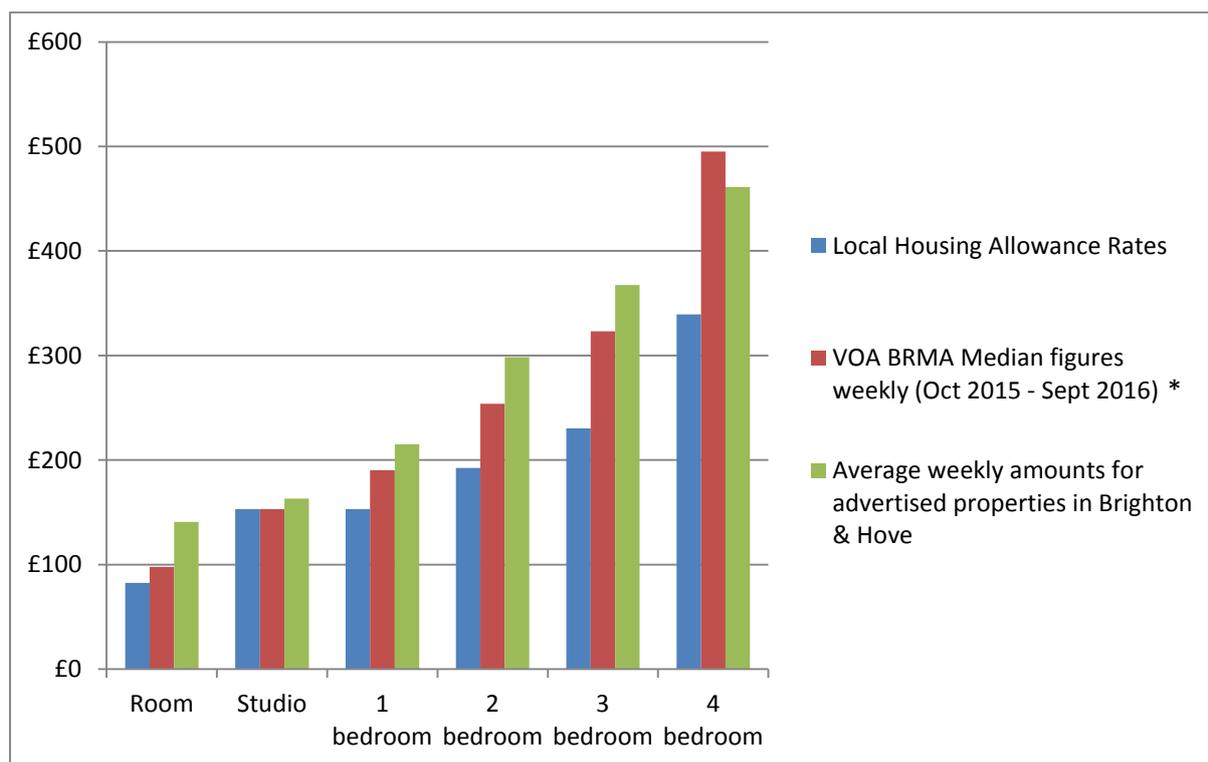
Freeze on working age benefit rates for four years from April 2016

A freeze in the rate of most working age benefits has been in place since April 2016.

The Consumer Price Index of inflation was 2.6% in April 2017.

This freeze also affects the rate at which Local Housing Allowance (LHA), which is Housing Benefit for people who live in the private sector, is paid. Prior to the freeze other measures were put in place to control the amount of LHA payable. The following graph shows a comparison of weekly LHA rates against advertised rents and Valuation Office Agency figures for median rents in the city.

Graph: Weekly Local Housing Allowance rates against local market information



Sources:

Valuation Office Agency: Private rental market summary statistics – October 2015 to September 2016.

Brighton and Hove City Council: Brighton & Hove Housing Market Report 2017 Q1 Jan-Mar

Brighton and Hove City Council: Brighton & Hove Private Sector Rent and Local Housing Allowance Comparison Report 13 April 2017

*VOA BRMA = Valuation Office Agency. BRMA = Broad Rental Market Area which is the area used by the VOA to inform average rental amounts for an area. The local BRMA is between Newhaven, Lewes and Shoreham-By-Sea.

Further information on local housing market data is published on the Brighton & Hove Council website.

A change in the Benefit Cap from £26,000 per year to £20,000 per year

The overall cap on the amount of benefit a household with children can receive was reduced in November 2016 from £26,000 per year (£500 per week) to £20,000 per year (£384 per week). For single people the amount reduced from £18,200 per year (£350 per week) to £13,400 per year (£258 per week). This started to take effect in Brighton & Hove from December 2016.

The overall impact of this change is still not clear. Before the change in the rate of the cap 67 households in the City were affected by the measure. By March 2017 440 households were impacted, however around 90 were removed from this position due to a technical change in the way management support costs are provided by government for people living in temporary accommodation. That said, we are still seeing a number of new cases each week, and some of the new cases will be on Universal Credit. The council does not have comprehensive information about the number of capped cases on Universal Credit. Households affected by the Benefit Cap receive specialist casework support to help them change their circumstances so they are no longer affected by it.

Reduction in work allowances under Universal Credit

Work allowances within Universal Credit are the amount a person can earn before it is taken into account in the assessment. These amounts were reduced from April 2017 which means the amount of Universal Credit received by people in work reduced. For people fully able to work and who are not responsible for a child, work allowances were ended altogether. The following table sets out the changes to the work allowances.

Higher work allowance for people without housing costs included in the assessment of Universal Credit		before April 2017 (per month)	from April 2017 (per month)
Single claimant	not responsible for a child or qualifying young person	£111	£0
	responsible for one or more children or qualifying young persons	£734	£397
	has limited capability for work	£647	£397
Joint claimants	neither responsible for a child or qualifying young person	£111	£0
	responsible for one or more children or qualifying young persons	£536	£397
	one or both have limited capability for work	£647	£397

		pre April 2016 (per month)	from April 2017 (per month)
Lower work allowance for people with housing costs included in the assessment of Universal Credit			
Single claimant	not responsible for a child or qualifying young person	£111	£0
	responsible for one or more children or qualifying young persons	£263	£192
	has limited capability for work	£192	£192
Joint claimants	neither responsible for a child or qualifying young person	£111	£0
	responsible for one or more children or qualifying young persons	£222	£192
	one or both have limited capability for work	£192	£192

However in the 2016 Autumn Statement the chancellor announced that the overall taper rate within Universal Credit would change from 65% to 63%. The taper rate is the amount at which Universal Credit is withdrawn as a person starts to earn more. The reduction in the taper rate will mean working people will receive a higher amount of Universal Credit.

Analysis by the Institute for Public Policy Research suggests the change in the taper rate will put £700m per year back into Universal Credit compared with £3bn per year taken out due to the changes in work allowances.

The ending of the family element in tax credits (and corresponding first child premium in Universal Credit) for new claims from April 2017 and limiting the child element of tax credits and Universal Credit for two children for new claims and births after April 2017

This provision will impact on current households who are in receipt of Tax Credits and in the future customers who are in receipt of Universal Credit.

The government has published clear information about how the impact on Tax Credit will take effect. Essentially if a parent has a third or subsequent child after 6th April 2017 they will no longer receive the Child Tax Credit element, worth £2,780 per year, for that child. There are also changes to other benefits, for example Housing Benefit, which means those benefits will not increase in response to the lower rate of Child Tax Credit payable.

It is not yet fully clear how this provision will impact within Universal Credit. Although Universal Credit will roll out for most people in Brighton and Hove in 2017, households with three or more children will not be able to claim it until at least November 2018.

There are around 3,500 families in the city who currently rely on benefits with two or more children who could be impacted by this measure were they to have another child.

There are a number of exceptions to this measure including: if you adopt a child; if you look after another child formally or informally where otherwise that child would be looked after by a local authority; if a child is born as a result of non-consensual conception.

Prior to April 2017 Child Tax Credit paid for a first child in a family attracted an extra allowance of £545 per year in addition to the standard amount. From 6th April 2017 this extra allowance will no longer be payable. The equivalent provision is also being removed from Universal Credit.

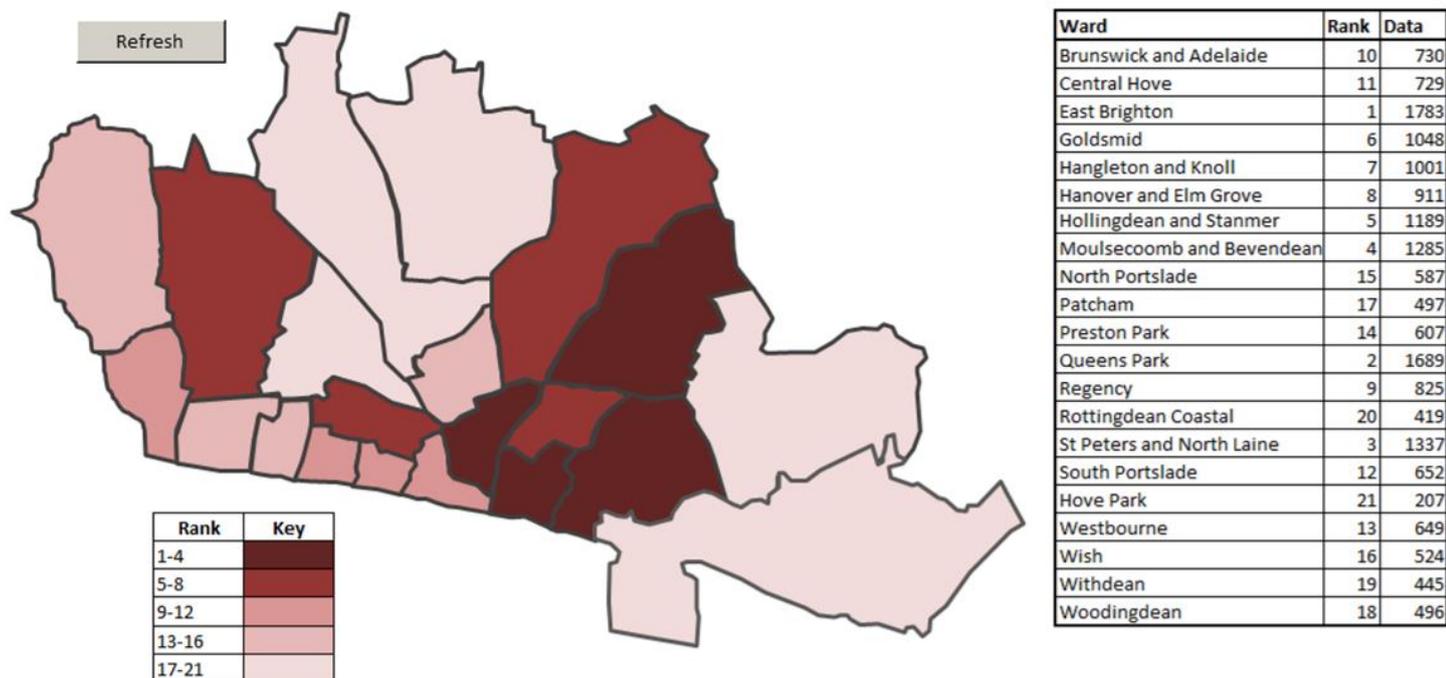
Limiting the amount of Housing Benefit available to social sector tenancies to the equivalent of that in the private sector from April 2019

From April 2019 the amount of housing costs paid under Housing Benefit and Universal Credit for people who live in social sector accommodation (usually council housing or housing owned or managed by a registered social landlord) will be limited to the amount available for tenants in the private sector. This will apply to tenancies entered into from April 2016 for people still on Housing Benefit, but to all tenancies for people on Universal Credit.

On the whole, social sector rents tend to be lower than private sector rents in the city. There will however be impacts around single people who are under 35 who will only receive up to the amount for a shared room. Additionally this provision will also impact on people living in supported accommodation where rents tend to be higher, however the government has said it will provide additional funding to local authorities so they can meet the costs of supported accommodation in their area.

Universal Credit – estimated impact by 2022

Universal Credit – estimated rollout by ward



These figures are based on current working age Housing Benefit data. It will exclude households who are in receipt of in or out of work benefits but not Housing Benefit. As such this will be an underestimation of final figures.

Subject:	Safeguarding Adults Review: Adult X		
Date of Meeting:	3 July 2017		
Report of:	Executive Director (Neighbourhoods, Communities & Housing)		
Contact Officer:	Name:	Peter Castleton/Mia Brown	Tel: 01273 292606
	Email:	peter.castleton@brighton-hove.gov.uk	
Ward(s) affected:	All		

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of this report is to enable the committee to have an overview of the circumstances of the death of adult X and the subsequent Safeguarding Adults Review (SAR) and its recommendations.
- 1.2 The report also outlines learning and practice changes arising out of the SAR.

2. RECOMMENDATIONS:

- 2.1 The committee is asked to note and consider the findings and recommendations from the Safeguarding Adult Review relating to adult X to ensure learning from the review is put into practice.
- 2.2 That the committee approves of the changes in practices that have taken place since the findings were published.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 A Safeguarding Adults Review is held when an adult dies as a result of abuse or neglect and there is a concern that partner agencies could have worked more effectively. This review was published in March 2017.
- 3.2 X was a 59-year-old biological male who also sometimes presented as female and identified as transgender. In December 2014 X was found dead in a caravan. There was a tube running from a gas canister outside the caravan into X's sleeping bag inside. The Coroner recorded a verdict of 'misadventure to which self-neglect contributed'. This Safeguarding Adults Review was conducted by an independent reviewer and considered multi-agency working in the 12 months leading up to X's death.
- 3.3 X had a number of presenting issues and vulnerabilities including mental health problems, identifying as transgender, had been a victim of abuse, self-harmed, had a history of violent offending and had learning difficulties and a personality disorder.

- 3.4 X's overall presentation and disclosures meant that there was immediate agreement by the services involved with them that they were vulnerable.
- 3.5 Shortly before their death X moved to Brighton, leaving behind the expected offer of accommodation in their local area and going to an area with which they had no local connection. Initially housed by the Local Authority on a temporary basis X was later given notice to quit. Investigations by Housing found that X had rendered themselves intentionally homeless by leaving accommodation in Kent and that there was no duty on them to offer housing in Brighton. X left the accommodation in July 2014 and was rough sleeping in the Brighton area where they were supported by staff at a Day Centre, Rough Sleeper and associated Outreach Services. X remained living in the Brighton area until their death although they did return to Kent on at least two occasions and had contact with their previous outreach worker and the police.
- 3.6 X had difficulty in engaging with the services that they were offered and in the months leading up to their death and was particularly resistant to mental health assessments. Episodes of aggressive and threatening behaviour led to X being excluded from Day Centre services for designated periods of time. X was also the victim of bullying that was of a verbal and physical nature.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The SAR draws a set of key considerations and learning points from the review that will be monitored and progressed against a multi-agency action plan that was developed following the review.
- 4.2 Key highlights from those recommendations that have or will result in changes in practices include:
- SAB Chair to ensure that all the relevant antecedent information is available where a person coming to B&H from another area is identified as a vulnerable adult at risk by incorporating this requirement into social work redesign and local safeguarding procedures.
 - SAB partner agencies to review their own approaches to dealing with clients that are hard to engage or persistently disengage. This will be reported back to the SAB for scrutiny.
 - In May it was agreed Pan Sussex Safeguarding Procedures will be reviewed to include a section on how to manage the additional vulnerabilities of the homeless population including how to manage the complex issue of self-neglect where guidance will be reviewed and refreshed.
 - The SAB Quality Assurance Sub Group will provide assurance on the efficacy of the partnership's recognition and response to self-neglect.
 - SAB Chair to formerly notify the Rough Sleepers Strategy Programme Board of the review and recommendations particularly in relation to personality disorders and self-neglect.
 - The SAB Quality Assurance Sub Committee have undertaken a multi-agency audit on four similar active cases with similar issues to those that relate to this case and will report back to the SAB in September.

- The report has been shared formerly with the B&HCC Communities, Equalities and Third Sector Team to review against the Trans Needs Assessment.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The SAR has been published and is easily accessible through the Safeguarding Adults Board website. There has been no direct community engagement and consultation in relation to this case.
- 5.2 Actions relating to the SAR that relate to X identifying as Transgendered are linked to the Trans Needs Assessment which has been widely shared.

6. CONCLUSION

- 6.1 The review notes X's mental health problems, learning difficulty and history of violent offending, and acknowledges that X was a very difficult and potentially dangerous person for support staff to engage with.
- 6.2 It concludes that a range of services were in place to address X's needs, and that they had the potential to join together in a coordinated and purposeful way.
- 6.3 However, the absence of agreement about X's mental health needs – and X's unwillingness to engage with mental health services – acted as a barrier to such work.
- 6.4 While individual agency procedures were followed, these did lack an individual 'person-centred' approach. The exception to this was that staff from the community and voluntary sector showed greater flexibility in their dealings with X.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 There are no financial implications arising from this report. The cost of the Safeguarding Adults Review has been met from the current budget resources of the council and the agencies involved.

Finance Officer Consulted: Monica Brooks Date: 08/06/17

Legal Implications:

The statutory functions of the SAB are set out in the body of the report. It is of note that some of the recommendations are the responsibility of the Health and Well-being board.

Lawyer Consulted: Simon Court Date: 08.06.2017

Equalities Implications:

- 7.2 The Safeguarding Adults Board needs to satisfy itself that the recommendations relating to homelessness, mental health and community safety contained in the Trans Needs assessment will be fully implemented and meet current best practice standards.

SUPPORTING DOCUMENTATION

Appendices:

1. SAR Adult X Full SAR

Brighton & Hove Safeguarding Adults Board

Safeguarding Adults Review: X

Lead Reviewer: Leighe Rogers

Date Agreed by SAB: 13 March 2017

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Introduction to Review and Author

The Brighton and Hove Safeguarding Adults Board commissioned this Safeguarding Adults Review (SAR), following the death in Sussex on the 1st December 2014 of X who was aged 59 years. This review will explore the contact and involvement that X had with statutory and voluntary agencies in the year leading up to their death.

The purpose of an SAR is to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The focus is to enable lessons to be learned and applied to future cases to prevent similar harm re-occurring. The improvement of practice and interagency working ensures that adults at risk of harm will be better protected from abuse and neglect.

This report is largely drawn from information and facts gathered from agencies that were involved with X between 30th November 2013 and the date of their death. Relevant additional information provided by individuals and agencies working with X before those dates are included for background purposes and to provide a better understanding of X's medical and social history.

Organizations that had significant involvement with X in the 12 months leading up to their death completed a chronology of events outlining their involvement. These were collated into an integrated chronology. The integrated chronology starts in November 2013 when Kent Police reported X to be sleeping rough in Dover and finishes with X's reported death and the immediate aftermath in December 2014.

Additional information was requested by the overview report writer from organizations working with X in Kent prior to X's move to Sussex in April 2014. Information provided by the former Kent Probation Trust (now Kent Surrey and Sussex Community Rehabilitation Company), Porchlight (a homeless charity operating in Kent) and Kent Police has been helpful in establishing useful background information, including details of previous mental health diagnoses. This information was further enhanced by a conversation with X's Mental Health Worker in Kent who had knowledge of X over 20 years. No relatives of X have been identified at this point.

Internal Management Reviews (IMRs) were requested from all the organisations that had significant involvement with X. A chronology and IMR was requested and received from the following organisations:

- Brighton and Hove Adult Social Care
- Brighton Housing Trust (First Base)
- Brighton and Hove City Council Housing Options Team
- Change Grow Live (formerly Crime Reduction Initiatives)-Rough sleeper service
- Brighton Homeless GP practice
- Sussex Partnership NHS Foundation Trust
- Sussex Police

X identified as transgender. At the time of X's death they were registered for services using differing names traditionally representative of a particular gender, one male and one female. For the purpose of this report I have considered whether a gender neutral title 'their' would be more appropriate than the traditional gender exclusive pronouns he/she. This accords with good practice as set out in 'Providing Services for Transgender Customers' (Gov. Equalities Office 2015). Because X presented to and was treated by respective services as, almost exclusively, male, there are references to the pronoun he/his throughout this report. This reflects both that predominant presentation and response and the actuality of how X's interactions were in practice conducted.

Introduction Report Author

Leighe Rogers is an accredited SCIE reviewer. Leighe has considerable experience of investigations and report writing from a career in criminal justice where she held several posts at Director level in the Probation Service. Leighe was her organisational lead for Child Protection and has held membership of several Child and Adult Local Safeguarding Boards. A former Chair of the Brighton & Hove LSCB Case Review Subcommittee, Leighe also has experience as Chair of SCRs and as the author of Individual Management Reviews (IMRs).

1. Terms of Reference in conjunction with the Safeguarding Adult Review Process

- 1.1. To review and analyse the individual agency management reports.
- 1.2. To examine the agency interaction and support of X from April 2014, in particular, whether their support was appropriate and coordinated between relevant agencies.
- 1.3 To establish background information pre-April 2014, when X was living outside of the Brighton & Hove area.
- 1.4 To identify missed opportunities for agencies to intervene and affect a positive outcome.
- 1.5 To form a view as to whether an appreciation of X's particular needs was identified
- 1.6 To identify learning as to how agencies respond when someone is hard to engage with, or whose eligibility for specific services is unclear.
- 1.7 To examine the adequacy of the operational policies and procedures applicable to his support, such as the Sussex Safeguarding Policy and Procedures and/or Self Neglect Procedures (in place during the period being reviewed), and whether staff

complied with them.

1.8 To consider any learning outcomes in the light of the Care Act 2014, (which came into force April 2015, outside of the period of this review) and identify how the new legislation may have affected the outcome.

1.9 To examine the adequacy of collaboration and communication between all the agencies involved

1.10 To agree the key points to be included in the Safeguarding Adults Review report and the proposals for action

1.11 Any other matters that the Safeguarding Adults Review considers arise out of the matters above

1.12 To prepare a written report that includes recommendations to be put to the Safeguarding Adults Board for future learning.

1.13 To prepare an anonymized Executive Summary that could be made public

1.14 To request the Brighton & Hove Safeguarding Adults Board to commission an Action Plan addressing any recommendations from the Safeguarding Adults Review.

2. Introduction Short Case History

2.1 On The 1st December 2014 X was found dead in a caravan in Sussex by a member of the public who had befriended him and gone to check on him. There was a tube running from a gas canister outside the caravan into X's sleeping bag inside. An Inquest into his death was held on xxx the when the Coroner recorded a verdict of 'misadventure to which self-neglect contributed'.

2.2 X was a 59-year-old biological male who also sometimes presented as female. He identified as transgender and in the mid 1990's had been treated at Charing Cross Hospital as part of their gender reassignment programme. Medical intervention (hormone treatment/surgery) was not completed because of doctors' concerns about X's mental health. However throughout his life X continued to identify and present as a transgender person. X was known to statutory and voluntary services in Kent over many years because of his challenging personal and social circumstances. He had a well-documented history of unstable housing due to his inability to access and sustain accommodation.

2.3 X was assessed by psychiatric services in 2009, following a conviction for arson. He was diagnosed with 'Paranoid Personality Disorder' and 'possible Learning Difficulties'. X's condition was said to be characterized by frequent episodes of self-harm and self-neglect. He could also be threatening and violent towards others and had issues with harboring food and overeating. X was vulnerable to bullying and intimidation and frequently self-reported numerous incidents in which he was a

victim.

2.4 Shortly before his death X moved to Brighton, leaving behind the expected offer of fresh accommodation in his local area and going to an area with which he had no local connection. Initially housed by the Local Authority on a temporary basis X was later given notice to quit. Investigations by the LA Housing Authority found that X had rendered himself intentionally homeless by leaving accommodation in Kent, and that there was no duty on them to offer housing in Brighton. X left the accommodation in July 2014 and was rough sleeping in the Brighton area where he was supported by staff at a Day Centre, Rough Sleeper and associated Outreach Services. X remained living in the Brighton area until his death although he did return to Kent on at least two occasions, and had contact with their previous outreach worker and the police.

2.5 X had difficulty in engaging with the services that he was offered and in the months leading up to his death, was particularly resistant to mental health assessments. Episodes of aggressive and threatening behaviour led to X being excluded from the Brighton Day Centre services for designated periods of time. X was also the victim of bullying that was of a verbal and physical nature.

2.6 At the time of his death X was in contact with and/or known to a number of local services in Brighton. These were: -First Base Day Centre, Pathways Plus, Pathways to Health (MIND), Rough Sleeper Street Support Response Team (Crime Reductions Initiative) Mental Health Homeless Team (Sussex Partnership NHS Foundation Trust), Brighton and Hove City Council Adult Social Care and Brighton Housing Department.

3. Agency Contact

A summary of agency contact drawn from the combined chronology illustrates X's struggle to manage his life and the impact of this on him and those with whom he came into contact, including the level of demand on the range of agencies involved:

Background 2002-2011

3.1 X's GP records note that he is transgender, made repeated drug overdoses in the early to mid-1990's, has a long history of self-harm. In the 1990's he was flagged as being at risk of suicide. There is a gap in GP records between 2003 and 2010.

3.2 Between 2002 and 2010 Kent Police record five warning signs in relation to X for matters related to the possession of weapons and self-harm. The earliest in 2002 concerns the possession of firearms and ammunition and resulted in a conviction and sentence to a Conditional Discharge. In 2008 he is arrested and cautioned for several matters including the possession of knives. The most serious of these committed on the 26th September 2008 also included an offence of Arson. During a dispute, he poured paraffin into a container, lit it and threw it into the street. On the 3rd March 2009 X was sentenced to 36 months' imprisonment for these offences and for the possession of an imitation firearm.

3.3 20th February 2009 Dr. Clare Dunkley prepared a psychiatric report requested prior to sentence. I have not been able to obtain a copy of this report but I understand that this report together with a further assessment made by Wayland Prison 'In Reach' mental health team, made a diagnosis diagnosed of 'abnormal thoughts as a result of Paranoid Personality Disorder in addition to features of Schizoid Personality Disorder'.

In September 2009 whilst making preparations for his release his Probation Offender Manager discussed with Wayland Prison 'In Reach' team the absence of community support and associated risks attached to his release. It was agreed that the release plan would include a condition that X attend for assessment and engage with community mental health services upon release.

3.4 3rd March 2010 X was released from prison on the and immediately came under Licence supervision with Kent Probation Trust. His release plan, drawn up by his Probation Offender Manager in conjunction with the prison In Reach Mental Health team, included a condition to attend for assessment with the Community Mental Health Team (CMHT). Accordingly, his Probation Offender Manager contacted the CMHT and explained that X urgently needed to engage with their service and that he had a condition on his Licence to attend appointments as arranged. The written referral records, that X had been released from custody following imprisonment for an offence of arson committed as a result of 'very poor mental health' and that he has no community support. The CMHT were asked to make an assessment of medication and mental health treatment as well as substantial assistance with daily activities, arranging more permanent accommodation and encouragement to maintain personal hygiene.

3.5 09/11/2010 After several false starts X attended for a mental health assessment. X is reported to have been assessed by Dr Mallise who was of the opinion that X was not suffering from mental health problems and there was no medication required, as his presenting issues were behavioural.

3.6 22/11/2010 NE Mental Health Social Worker agreed to see X at his accommodation with a view to offering him some support. NE had known X for some 15 years prior to this date. He understood * that X had a '*borderline personality disorder and low IQ*'. Following this meeting NE agreed to work with X to help him with managing his levels of anxiety, money management and his propensity to dramatise events. X expressed his willingness to work with NE.

** I found no records to confirm this category of PD diagnosis*

3.7.1 X had earlier (**June 2010**) registered with a GP and was prescribed with Diazepam apparently because of his difficulties with sleeping. Unhappy with the level/dose of Diazepam prescribed X later told his OM that he was purchasing this 'off the street' in order to help him sleep. GP records note that X has a personality disorder and is illiterate.

3.8 X remained subject to Probation Licence supervision until his recall to prison on

7th March 2011. Throughout this period his offender manager and the MHSW supported him. The MHSW (NE) recalled that X was difficult to engage and would only do so on his own terms, also that he had a tendency to dramatise events and situations and was constantly seeking assistance with his benefit payments. He presented as confused about himself and his identity and his mood fluctuated, as did his identity.

3.9 X was frequently the victim of bullying. He told the MHSW that this had increased since his imprisonment where he had been wrongly accused of being a paedophile. The label stuck with him on release when people who had been imprisoned with him at a similar time saw him. There were instances of verbal and physical abuse and NE recalls X telling him that faeces were placed on his prison bed and that he was urinated on whilst sleeping rough. Probation records note that on **24/06/2010**, X telephoned his officer stating that he had been “*jumped by a gang of youths*” but was not prepared to speak with the Police.

3.10 Whilst being the victim of bullying and assaults X himself had a propensity for violence and what his MHSW describes as ‘massive histrionic gestures’. There are several incidents of threatening behaviour recorded in police and probation records during this period. The housing provider is recorded as saying that ‘*staff are at the end of their tether*’... and that there are concerns that, ‘*someone will get assaulted*’. Finally, on the **7/03/11** X is arrested for Breach of the Peace. This concerned a further incident at his accommodation. X having already received a warning for intimidating behaviour was issued with the formal warning and in response ‘grabbed a knife from the shared kitchen and stabbing a kettle and other items’. This last incident resulted in the termination of his licence and recall to prison.

3.11 **19/04/2011** the Parole Board notified X that he would not be re-released on Licence before his sentence expiry date. In coming to their decision, the Board had considered reports from Probation and others concluding: -

3.12 *“There is quite proper concern for your mental wellbeing and your increasingly aggressive and threatening behaviour to your neighbours and those managing accommodation in which you live. This led to the withdrawal of your room and placed you in breach of your Licence. More worryingly is the risk that you pose as a result of your fascination with and a readiness to use offensive weapons to intimidate others. This has again manifested itself and led to you being bound over to keep the peace. The Panel believe that you need to address your aggressive behaviour and undertake work aimed at improving your thinking skills before it can be regarded as safe to release you into the community. They also believe that there is a need for you to receive attention aimed at addressing your mental wellbeing and the fact that the in-reach team is assessing you is a positive step in this regard. Consequently, the Panel make no recommendation as to re-release’.*

3.13 **21st September 2011** X’s sentence expired - when he was released with no further supervision from probation services.

September 2011- April 2014

3.14 Following his release from prison in September 2011 X returned to the Kent area where he again came to the attention of Kent Police. Between **October 2011** and **June 2013** X was arrested on three occasions. A charge of Common Assault went to trial and X was found not guilty, he was cautioned for racially abusing a security guard. An arrest in connection with threatening behaviour and possession of a homemade bomb were discontinued at court.

3.15 For much of this period X was supported by a Kent based charity (Porchlight). This charity works across Kent to help vulnerable and isolated people get support with their mental health, housing, education and employment. X received practical support with accessing benefits, food and help to secure accommodation. X was allocated a key worker and a floating support worker. Porchlight records show over 30 helpline calls made by X over this period. Most of these were connected to meetings with his keyworker. For most of this period X was rough sleeping and meetings with support workers took place at the local library or other public places. NE recalled that for much of this period X wanted to go back to prison.

3.16 **December 2011** health records show that X was detained by Police on a Section 136 Order, as he was threatening to kill himself with a rope. At around the same time a fellow rough sleeper who remembering him from prison wrongly called him a paedophile and assaulted him. Episodes of self-harm together with intimidatory behaviour and violence towards others continued. On one occasion in **December 2012**, X was briefly hospitalized after he stabbed himself in the chest. He was seen by a doctor in Margate and referred back to the Community Mental Health Team, but remained difficult to engage with.

3.17 Between 2012-April 2014 X was variously sleeping rough or living in Bed and Breakfast accommodation arranged by Kent council. Shepway (Kent) council knew X (male pronoun) as Z (female pronoun) 'during this time (2012) she came to see me at the civic Centre on a regular basis saying the owners were deliberately trying to upset her and making dogs bark and causing noise. She stopped engaging with Porchlight and had to be given a new support worker (male) as the female support worker felt intimidated. Z threatened suicide on a few occasions because she wasn't happy but this was never followed through...she voluntarily gave up her accommodation and disappeared between June and November 2013'. X also approached Folkestone Council for housing but they were unable to place in the area as he was banned from all Bed and Breakfast establishments and had no local connection. By early 2014 X was in the Dover area and in contact with Porchlight who were working to house him. In **January 2014**, he was treated by his GP for burns to the arm. Later that same month he asked his GP to be referred for anger management. A referral was made for counselling. There is no record of this being offered or taken up. On the 10th April 2014 Kent Police completed a Vulnerable Adult at Risk Alert due to concerns about X's safety. This was not progressed shortly afterwards X left the Kent area.

April- December 2014

3.18 **April 2014** X relocated to Brighton and apart from brief trips back to Kent stayed in the Brighton area until his death. X was first found rough sleeping in Brighton on the **18th April 2014** by staff from the Rough Sleepers Team (RST). X introduced himself as Transgender and said that he liked to be known as Z (female pronoun). He supplied details of his contact with Porchlight in Kent and was clear that he wanted to remain in Brighton, as 'it was the only place he fitted in'. RST staff note the need to link with Kent to obtain additional information and that X will need support to access housing.

3.19 **23rd April 2014** the Housing Options Team (HOT) placed X in emergency accommodation overnight, pending homelessness enquiries. Following the advice of RST X presented at FB Day Centre on the **23rd April** where he could access food, showers medical services and support staff. A note in the FB day book records that: *'X very vulnerable individual-suicide risk. Has been placed in accommodation following two nights in Emergency Assessment Centre. Presented me with a noose, explaining he would use it if told to go back to Kent'*.

Following this assessment FB staff made a referral to the Mental Health Homeless Team (MHHT).

3.20 **24th April 2014** X, supported by FB Day Centre staff and the RST made a formal homeless application. He was interviewed by a member of the Housing Options Team (HOT) whose job it was to determine what further enquiries were necessary to assess what duties the LA had to house. Meanwhile X was booked into alternative emergency accommodation - pending the outcome of the assessment. X's referral to the MHHT by a Support Worker at FB is responded to by the offer an assessment appointment for the **28th April.2014** The MHHT worker notes his recent arrival from Dover where he was reportedly subject to bullying from other members of the street community; that he threatened suicide when it was suggested to him that he return to Kent. Also shared is information about his application for housing and placement in emergency accommodation. The worker further notes that alerts received from services in Kent refer to 'high risk due to vulnerability'. Police checks reveal a prison sentence for possession of firearms, GBH and a previous arson charge. No further details are recorded on MHHT systems. The worker notes that X is unaware of the referral to the team because of concern about X's reaction.

3.21 **25th April 2014** background information about X is shared by Porchlight with FB who immediately share this with the RST. The background information includes details of X's previous violent offending, his diagnosis of Personality Disorder with Learning Difficulties and history of self-harm. On the **28th April**, these risk notes were further updated with a list of 'alerts' recorded whilst in Kent. Five of these 'alerts' contain reports of self-harming behaviours and /or threats and three concern threats to others. The report notes that X is regarded as high risk due to his vulnerability. Staff at the FB team include X as an item for discussion at their team meeting. A note from that meeting records 'X is quite vulnerable he suffered bullying in his previous accommodation in Kent.... referral made to Mental Health Housing Team'.

3.22 **28th April 2014** X failed to attend for the pre-arranged appointment with the MHHT worker. The worker asks that the referrer speak with X about a fresh appointment prior to one being offered. Several days later, on the 1st May in an effort to progress the assessment the mental health worker contacts the referrer FB again. Throughout this period X continued to access services at FB and was also receiving outreach support from Pathways Plus. X's GP records were transferred to the Morley Street Surgery in Brighton in May 2014.

3.23 **7th May 2014** X told staff at FB day Centre that a man at the soup run had pointed a gun at him. X is reported as being in a heightened state and to threaten that 'someone was going to burn'. X was further recorded as being observed using a sharp knife with a 3-inch blade to cut the butter at FB. X handed over the knife when asked to do so, but was unhappy when staff would not return it to him. The Police were informed of the episode and staff were advised to inform Mental Health Services which they duly did. The Mental Health worker notes that X had been at FB Day Centre flicking his cigarette lighter on and off in a threatening manner. X was barred from the Centre for a week because of his behaviour. Also on the 7th May X attended for an appointment with his GP requesting Zopiclone. GP records 'transgender-not on testosterone, reluctant to discuss gender. Identified as high risk of being taken advantage of. Presented as unkempt, slow cognition, he identified having been in a mentally handicapped home from the age of 15, refused to discuss childhood'.

3.24 **9th May 2014** X continues to be housed in temporary accommodation and on 9th May X's case is formally allocated to a Housing Options Officer for a full assessment.

3.25 **13th May 2014** X approaches staff at FB asking that wounds to his stomach are dressed, concerned staff encouraged and offered support for him to attend at his GP practice. X declined to attend. When X did attend his GP on the 21st May he requests medication for back pain and a walking stick. X reports being hit by a car many years ago. He is offered physiotherapy, which he refuses. An earlier neck injury caused by shotgun pellets is noted as causing discomfort.

3.26 **2nd June 2014** he presented in a similar way with self-inflicted wounds to his stomach to the Housing Options Team. Their staff advised him to attend at A&E. On that same day, the Pathways Plus Service made a call to the MHHT expressing concern about X's self - care. The MHHT staff member worker said they would discuss with staff at the FB Day Centre.

3.27 **3rd June 2014** X shouted abuse at FB day Centre staff when he was told that he could not store his laptop in their safe. Although he left the building X continued to shout, press the doorbell and to kick the wheel of the St John's Ambulance which was parked outside. Concerns about his behaviour led to the police being called. X was barred from FB for a month because of his aggressive behaviour. (Until 4.7.14). Housing and other services were informed of X's bar.

3.28 **4th June 2014** X was seen by Housing Options Services. He told their staff that he would be returning to Kent for a friend's wedding. Following this it appears to have been understood by RST and FB that the council were to close X's room on the **15th June** and that X was to be located swiftly back to Kent where Porchlight were to arrange accommodation for him.

3.29 **5th June 2014** - The next day the worker from the MHHT notes a report from RST and Relocation team that X is escalating threats of self-harm as his emergency housing is under threat. The worker from MHHT agrees a joint visit with a colleague from the relocation team.

3.30 **6th June 2014** the worker from the MHHT obtained further background information about K from Kent (Porchlight and Community Mental Health Team) prior to seeing X. This confirmed what was already known about his forensic history and associated housing and vulnerability issues including a reference to a Learning Disability. The MHHT worker offered a further appointment to X via his Pathways Plus worker (outreach), with a clear message to be given to X that 'he should not be under any impression that by seeing this team he would be offered accommodation'. X refused to accept the appointment and the MHHT worker agreed to keep the file open for a further four weeks. The other agencies working with X advised the MHHT worker that X's behaviour would 'in all likelihood deteriorate if his accommodation was put at risk. In a further attempt to undertake and assessment the MHHT worker offers an appointment for X on the **17th June**.

3.31 **10th June 2014** outreach staff from the RST and PP record a further episode of self-harm involving X. An e-mail exchange between staff from the RST, PP outreach and Housing Support details that X has no local connections and that his best option is to return to Kent. On the 11th June GP records note that X is in the process of moving back to Kent by RSST.

3.32 **17th June 2014** X met with Housing Support and was informed that he would receive support and assistance if he returned to Kent. The Housing Options Team had liaised with the housing team in Kent and now had a better understanding of X's housing history. They were now close to reaching a decision about X's eligibility for housing. X told staff that he was reluctant to return to Kent for more than a few weeks. In the same meeting, he disclosed that he was receiving verbal abuse at his property from other residents.

3.33 **18th June 2014** X spoke with the RST about his experience of verbal abuse at his current housing. The RST worker tells X that he is likely to be found intentionally homeless and will have to leave his accommodation by 30/6/14. The worker notes concern that 'X does not understand what is being told', and that she will try and get him to engage with mental health services.

3.34 Again On **18th June 2014** the Housing Team made a third-party report to the police about an incident at X's address that had occurred the previous evening. A

resident had tried to force their way into X's room as they had lost their keys. Another resident broke a window and X is reported to have made racist comments to the resident. In a separate incident X alleges that a neighbour had called him 'a transvestite' in an abusive manner. A note recorded on police systems that same day records that X is distressed, problems with neighbours and has not slept for three days. Police notify Housing Support who log the incident. As a result of the disclosure of verbal abuse ('transvestite'), an HARA is submitted and VAAR raised by the Police.

3.35 25th June 2014 The VAAR alert is received by Adult Social Care (ASC) on the. The alert is forwarded to Mental Health Services with a record of no further action being taken by ASC.

3.36 26th June 2014 The MHHT worker receives the VAAR alert. They note the report that X is self-harming by opening a wound on his abdomen in response to being called a 'transvestite'. X has also told the police that he is afraid he might retaliate against the aggressors. The MHHT worker contacts RST, PPT and Housing Support to discuss the VAAR and following discussion concludes that there is sufficient support in place for X. When seen by his GP on the 1st July 2014 the notes made are as follows 'most stable seen, wants to stay in Brighton but has to move.

3.37 2nd July 2014 Following up on the same incident, the RST see X at his accommodation. They complete a Hate Incident Form with him and send this to the Community Safety Team (CST). The assessment suggests the risk as Standard with a score listed as 12/33, the CST are satisfied that there are sufficient commissioned services engaged with X and aware that X does not want the matter to progress. After discussion with the RST the CST record the incident and take no further action.

3.38 3rd July 2014 X presented at CSC where he meets with the Housing Options Officer IO (Housing). X tells the housing officer that he has been to the police and has been asked by them to share safeguarding information. X says that 'he had been fleeing violence all of his life and wanted to use the evidence given to the police to strengthen his case to remain in Brighton.

3.39 8th July 2014 following a reassessment interview X is allowed back into the FB Day Centre. He resumes accessing the Centre on a regular basis.

3.40 16th July 2014 X presents at FB in an agitated state. He said that he can no longer cope at his accommodation and has been kept up all night, again, by a resident setting off the fire alarms. X demands to return to Kent. The FB worker contacts Porchlight in Kent who advise that the hostel accommodation that they will offer will not be enough to support X's complex needs. Porchlight explain that they had raised a Safeguarding Alert /Adult Protection 1 with social services in Kent two days before X travelled to Brighton. Porchlight suggested that the Day Centre Keyworker try and get the council involved with social services in Brighton to look at X's case.

3.41 3rd July 2014 the decision from the Local Authority in respect of X's housing was

communicated to all involved in supporting X. The decision was that X was found to be 'Intentionally Homeless' must leave his accommodation and would not be offered an alternative in Brighton. The final date of his tenancy was given as 20.8.14 a date, which was considered to allow sufficient time for X to make alternative arrangements. The MHHT are asked by the HOT to undertake a Community Care Assessment. This is requested when a person is found 'intentionally homeless' and is also considered to be vulnerable and therefore in need of a further assessment by social services who may have a duty to assess and support with alternative accommodation. The MHHT worker, working with staff engaged with X at the day Centre and through outreach, offered X an appointment for assessment on 1.8.14, which he declined.

3.42 24th July 2014 BHCC Housing department authorised the decision on the homeless application and the case was closed. A referral having been made to the Homeless Mental Health Services for a CCA. The referral noted X's lack of engagement to date with Mental Health Services.

3.43 28th July 2014 The decision on homelessness application was relayed to X by day Centre staff after he failed to attend an appointment with housing staff. Staff note that X 'oscillates between threatening to hang himself from the bandstand and wanting to leave his temporary accommodation'.

3.44 29th July 2014 X met with RST, PP and FB staff at FB day Centre. X was informed that his room was being closed and that he would be supported to return to Kent. X said that he did not want to return to Kent due to being victimised in that area. He became upset and shouted. X again said that he would not attend for the planned mental health assessment.

3.45 5th August 2014 RST and PP staff have a further meeting with X at his home. They persuade him to agree to attend for the Mental Health Assessment but X refuses to discuss relocation. X continues to report that he is being bullied. Staff at the day Centre also note that he upsets other users at the day Centre because of his excessive consumption of sugar.

3.46 7th August 2014 the MHHT worker notes that X has agreed to a Community Care Assessment and this is set to take place on 15th August.

3.47 12th August 2014 Day Centre staff record that X has self-harmed by cutting his stomach which is bleeding and that X has alleged that Temazepam has been stolen from his room.

3.48 13th August 2014 X attends the day Centre in Brighton to use their facilities before making his way to Kent where he is stopped and questioned by police. X shares with the police a letter from Brighton council informing him of their decision about his homelessness application. That same day the MHHW closes X's file based on information received that he had returned to Kent.

3.49 14th August 2014 Records from the PP outreach service indicate that X had

handed in the keys to his accommodation and that he intended to go to Margate to sleep rough.

3.50 20th August 2014 By now X was back in Brighton and again attending at FB day Centre for a daily shower and support.

3.51 26th August 2014 staff note that whilst attending regularly X is difficult to engage. His keyworker notes 'I tried speaking to X about the possibility of engaging with the Mental Health Homeless People Team in order to receive a Community Care Act Assessment but X has not been able to take on board what I have been saying and has been more concerned about trying to get me to support him buying a caravan.' The Keyworker initiates a meeting with PP worker to discuss a plan. They agree that a re-referral to MHHT would be the best way forward and contact MHHT worker who agrees to offer a further appointment. The keyworker also contacts Porchlight in Kent to ask about X accessing their accommodation waiting list. GP care is recorded as ending at Morley Street on the 26th August 2014.

3.52 27th August 2014 X presented at FB day Centre in a 'heightened' state. X told staff he had been the victim of theft and would hang himself. Staff spent time with him and were able to calm him.

3.53 Acting on the re-referral from Day Centre and Outreach Staff the MHHT worker offers X a further appointment for the **10th September 2014**. As with previous appointments this is given to X by the keyworker from FB day Centre. The MHHT worker notes that, the referrer described X as 'having unrealistic ideas, an inability to engage with constructive casework, making frequent and conflicting demands on workers and on-going threats of self-harm.

3.54 3rd September 2014 X continues to access FB Day Centre. Staff record their concerns about an open wound to the abdomen and threats to hang himself in response to delayed benefit payments. On this day X tells his keyworker that he has had a better night sleep as he has now got sleeping tablets, that he is concerned about housing options and is considering purchasing a caravan. A request to FB for large amounts of sleeping pills is met with the advice that he contact his GP. (GP records)

3.55 4th September 2014 Day Centre staff note that X is complaining about a problem with his feet which are swollen and painful. He is supported to attend the GP and is diagnosed with an infection. The GP notes 'was in Dover for 5 days then returned to Brighton, Street homeless has Mental Health Homeless Team Assessment next week. Cellulitis in foot.

3.56 8th September 2014 another day Centre client informs staff that he was woken at his sleep site by sounds of X being disturbed by two men and that after the incident X told him that it was the second or third time that he had been woken by these people and that they always offered him alcohol and were abusive to him. The client added that he was worried about X as his legs were swollen and he was unable

to walk to the day Centre. Also on the **8th September** the Housing Team e-mailed Sussex Police stating that in the early hours of **8th September** X and one other person were disturbed in their sleep, given blankets and insulted. Adding that other rough sleepers had been approached by these men who tried to entice them into their car. X also believed that money had been taken.

3.57 10th September 2014 In a further incident a friend of X reported to the police that a vanload of people had tried to kidnap his friend. The group of suspects were reported to be targeting members of the street community. Attending police officers found a group of men involved in an altercation. X was seen to be holding a chain. X told the police that he was defending himself using a chain. X was arrested with others and detained under the Mental Health Act but later released without charge. Following his arrest X was assessed in the cells by the Police Court Liaison and Diversion Service. A person in custody would be referred to this service if they reported or were deemed by the Police to be vulnerable due to possible mental illness. The outcome of the assessment was that 'there were no mental health concerns' but that X was chronically vulnerable due to possible learning difficulty, homelessness and a transient lifestyle

3.58 Again On 10th September the MHHT workers were informed by X's Pathways Plus worker that he would not be able to keep his appointment as he had been taken into custody for his own safety following an attempted abduction at his sleeping site.

3.59 11th September 2014 X was released from custody and met with his keyworker at FB. X told staff that he was not to be charged with anything but understood that two suspects were being charged with attempted kidnap and assault. X remained reluctant to return to Kent and said that if he were to return he would go back on the waiting list for accommodation. His Keyworker and Outreach worker (PP) agreed with X that they would try and contact the MHHT worker to arrange a further assessment appointment which might result in X being temporarily accommodated. With X's agreement, the MHHT worker was contacted and agreed to a further appointment for **16th September 2014**.

3.60 15th September 2014 in an effort to ensure X's attendance for his mental health assessment his keyworker and outreach worker arranged for X to stay overnight at FB as part of their Emergency assessment Centre Operation. X also needed to be available that day to meet with police to provide a statement about the alleged attempt to kidnap him.

3.61 16th September 2014 X met with the MHT assessor. The assessor notes record 'X was seen. He engaged but only on his terms. Any attempt to commence a full psych-social assessment was met with 'that's private' or 'that's my business'. He described his mental health as 'perfect' and only wants help to find a place to rest. Speaking with his keyworker immediately after the meeting the mental health worker said that 'she did not feel there was anything she could offer X in terms of support although clearly felt that he was a vulnerable adult with high support needs'. The assessor questioned whether X has a learning disorder and raised the possibility of

referring X to learning disabilities. Regardless of this it was the recorded views of the Keyworker and MH assessor that X would not be eligible for support from services in Brighton and that his only option was to return to Kent. This message was shared with PP.

3.62 On the **16th September** the Mental Health Assessor advised all professionals involved of the decision that - based on the outcome of the meeting with X that there was no current role for mental health services.

3.63 **18th September 2014** X presented at the Day Centre in a 'heightened' state. He said that his outreach worker from PP was 'getting him kicked out of the Centre and kicked out of Sussex'. His keyworker understood that the outreach worker had informed X about the results of his mental health assessment. This had concluded that X would not be eligible for support in Brighton and would need to return to Kent. Seemingly holding the Outreach Worker responsible for this decision, X made a threat to his keyworker that if he saw the Outreach Worker he would assault him. On seeing the OW later X subjected him to verbal abuse and threats. X's behaviour led to him being barred from the Day Centre for one month. A few days later, on the **22nd September** having concerns about his welfare, the Day Centre team exceptionally agreed to offer X outreach whilst barred from the Centre and to encourage him to go back to Kent.

3.64 **25th September 2014** X's Keyworker and a Day Centre colleague conduct an outreach visit to X. They find X at his rough sleeping site on the seafront. On speaking to X it becomes clear to them that he is unwell' Breathing laboured he has a cough and showed symptoms of having a cold'. X said he would not speak to anyone and had no interest in looking after his own health. X told his keyworker that he did not want to go back to Kent, as there is 'nothing for him there'. The Keyworker offered to collect X's medication and also to return with food. They complete both tasks.

3.65 **1st October 2014** X's Keyworker records his concern about X's continued street presence and the lack of a clear plan for him regarding accommodation. This leads the Keyworker to refer X to the Rough Sleepers Casework Forum for discussion. This was a multi-agency forum involving all agencies supporting clients moving from the streets and the police.

3.66 **3rd October 2014** The Keyworker undertakes a further outreach visit to X.

3.67 **8th October 2014** The MHHT worker adds a further note to X's records on the in response to concerns raised about X regarding 'entrenched rough sleeping, poor engagement and poor physical health. The MHHT worker further records that 'There is no new information that would lead to re-engagement with mental health services'.

3.68 **9th October 2014** further outreach visit was conducted by X's Keyworker. The Keyworker notes that 'X 's health remains poor' and that currently the only service

accessed is 'anti-freeze outreach workers' X complain of issues with his ears which he described increasing sensitivity to noise. Also, that his registration at his GP has ceased. The Keyworker records weather conditions as poor and that his site on the seafront is exposed. At one point X says that he is thinking of ending his life. The Keyworker agreed to contact Porchlight in Kent about the possibility of accommodation and X's GP to find out why he was no longer registered. It emerged that X's registration with his Brighton GP had been removed because he had re-registered in Kent. The Keyworker contacts the Brighton GP who agrees to reinstate him on to the list.

3.69 **12th October 2014** X declines support from Rough Sleepers staff to access medical attention linked to mobility issues with his knee.

3.70 **13th October 2014** MHHT worker writes to the Day Centre Keyworker to inform him that X's case is closed.

3.71 **14th October 2014** X presented at the Day Centre seeking support with missed benefit payments. Staff note his presentation as disheveled and that he is experiencing some pain, which he says, is in his hips and knees. Enquiries of the Job Centre reveal that his claim has been suspended as post sent for his collection at the Day Centre has been returned to him. The Worker is able to establish that the reason for this was that post was being sent to X under the name of Z (female pronoun). The Job-Centre agrees to re-open the claim. Further contact with Porchlight in Kent is made and they agree that X can go on the housing waiting list in Kent whilst rough sleeping in Brighton. At the same time cautioning that X would need to show a local connection to the area the project was in. Staff at the Day Centre FB agree to allow X to access services on their site as before his ban.

3.72 **17th October 2014** X attended the day center and told staff that he could no longer stay in the shelter on the seafront anymore and was attracting a lot of verbal abuse from people driving by in their cars. X said that he intended to return to Kent and to sleep in the old fort at Dover. X showed staff his legs which were covered in a bad rash. Day Centre staff informed Porchlight of X's intention to return to Kent.

3.73 **21st October 2014** X called Sussex Police and enquired about attending court as a witness for attempted kidnapping. He expressed concern that he would be arrested for missing court dates.

3.74 **23rd October 2014** X was found by Kent Police rough sleeping in Dover. Police advised him that it was likely that the owners of the land would evict him. X was asked about his health and he told the police that his feet were swollen and sore, but that he was otherwise in good health. X added that he did not feel safe in Dover and that he just wanted to get paid so that he could go back to Brighton.

3.75 **25th October 2014** Kent Police crime report records that X was a victim of common assault and battery.

3.76 **28th October 2014** was brought into the day Centre in Brighton. The Day Centre

records note that X has scabies and is supported with washing. This action was part of the overnight Emergency Assessment Centre operation

3.77 **30th October 2014** X accessed the Brighton Day Centre and is reported to be storing sugar and coffee in his own containers

3.78 **31st October** X accesses the Brighton Day Centre FB day Centre. He tells staff that whilst in Kent he was assaulted by someone who accused him of being a paedophile and that as a consequence he decided to return to Brighton.

3.79 **4th November 2014** his Keyworker at the Day Centre is informed by a person sleeping in the same location to X on the seafront that X is ill with a bad chest and that this is why he was not at the Day Centre.

3.80 **7th November 2014** reports come from clients of the Day Centre that X has a Ball Bearing gun. Again, on the 10th November further concerns were expressed to staff at the Day Centre by other clients about X's health particularly his chest. Staff also understand that X has now apologised to his Outreach Worker for threats to harm him, which had led to his most recent exclusion from the Day Centre.

3.81 **12th November 2014** the RST share their concern about a number of complaints made by residents living near to X's sleep site on the sea front. The RST suggest calling a case conference with representatives from City Clean and Seafront office to discuss enforcement options and removal of his belongings.

The Keyworker at the Day Centre sends an E-mail referral to the Access Officer BHCC ASC. In it he expresses the concern for X's general health and wellbeing. Highlighting that this includes 'physical health, neglect, pain, relationship with food, history of self-harm, threats of suicide, possible learning difficulty. The Keyworker request is for an assessment to be undertaken to determine if X has any eligible need. The Keyworker also observed that 'he had not previously worked with anyone with the range of X's needs and was struggling to find a solution thus the referral to statutory services seeking suggestions about how X's needs to be met to ensure that his wellbeing is protected'.

3.82 **13th November 2014** The Access Officer responded, suggesting that the Keyworker make a referral to X's GP for concerns about X's physical and mental health, asking if a referral for mental health assessment has been considered and further asks what the implications are for X's MCs.

The Access Officer also contacts X's GP who reports that 'X is well known to the practice and last seen on **12th September**'. There is 'no clear mental health diagnosis, concerns are about neglect and exploitation, no concerns that medical condition is urgent, known to St Johns Ambulance and does not turn up for medical appointments'. The Access Officer referred X to an ASC service manager who will investigate whether there is a duty to provide housing to X.

3.83 **14th November 2014** the Day Centre Keyworker raised concerns with Police that

X may be a risk to the general public. That same day the Keyworker sent an e-mail to the MHHT worker expressing his concern about X's on-going vulnerability, with specific reference to his poor physical health, disengagement and entrenchment. As services, have been unsuccessful in meeting his needs the Keyworker explains that he is seeking advice from X's GP, Adult Social Care and the Rough Sleepers Team in an 'attempt to creatively develop a way forward'.

In response to the e-mail from the Day Centre Keyworker the MHHT worker agrees to conduct a joint assessment with the Learning Disability Team (LDT). The LDT declined to outreach but offer to see X at their offices. Recognising that X is unlikely to attend the mental health worker agrees to an outreach meeting at X's sleep site on the seafront on **21st November 2014**.

3.84 **17th November 2014** when accessing the Day Centre X's Keyworker discussed with him a referral to the vulnerability scheme being piloted by the Job Centre. Initially reluctant to agree (he did not want to move his stuff every night from place to place as happened with the churches night shelter), X agreed and a referral was made. BHCC ASC pass X's case to a Social Worker from the Short-Term Intake Team on the **17th November**. That same day the SW receives e-mail from the Police Sergeant in the Street Community NPT suggesting that an urgent case conference is called by the current lead agency. The SW contacts the mental health team worker from the MHHT. The MHSW confirmed that X would not engage with her when she recently attempted to carry out a Social Care Assessment. The MHW also highlighted the need to assess X's capacity to make decisions and suggested that a multi-agency approach might be required. The MHSW concludes that as X's needs were complex he would need longer term support which could be offered by the longer-term Adult Social care team. The case was passed to the specialist Intentionally Homeless Care Manager (IHCM). The IHCM transferred X's case to Learning Disability Services in the light of information shared by the mental health worker that X had difficulty in assessing information'.

3.85 **18th November 2014** X attended at the Day Centre where he again met with his Keyworker who spoke with him about his health and rough sleeping. X told him that he had had enough of being around people who use drugs and drink alcohol and that that was the reason that he did not want to go into the church's shelter. During the course of the morning X was involved with an argument with another client of the Day Centre. He was seen to produce and threaten the client with a weapon from his pocket (reported to be a pocket multi-tool). X was banned from the Centre for three months due to 'aggressive and threatening behaviour to another service user'.

3.86 **18th November 2014** the Mental Health Social Worker e-mailed the Operations Manager at the Learning Disability Team suggesting that a joint assessment be undertaken 'as per the Pan Sussex Self Neglect Procedures'. The manager confirms that the LDT will support this approach. The Keyworker from the Day Centre responded positively to a request from the LDSW to join the proposed assessment. Arrangements were made to assess X's capacity at his sleep site on the **21st November**. In making further enquiries the LDSW requested information from X's GP. In a telephone conversation with the LDSW the GP recorded as saying that 'he

thought X was very intelligent, there was nothing to suggest any Learning Disability, that X had multiple personality disorders and suggested a mental health assessment'. The LDSW asks the Mental Health Worker how she would like to proceed in the light of this information.

3.87 19th November 2014 the RST saw X on the street and report to police that X has threatened that he will 'slit the throat' of the service user he had threatened the previous day. In a separate incident on the **20th November** it was reported to the police that whilst a member of the RST was out on patrol he saw X who seemed agitated. X told the worker that he had had an altercation with a female, lost his temper, pulled out a screwdriver and threatened to slit her throat. Police were unable to find the alleged victim and the matter was discontinued.

3.88 20th November 2014 X's Keyworker at the Day Centre received an E mail from the RST advising that there have been an increasing number of complaints from members of the public about X's sleep site. The RST worker asks about the possibility of taking enforcement action to clear the site. Following consultation with the MHW the Keyworker responds by requesting that action is delayed until 24th November. This will allow time for the mental capacity assessment to go ahead. The Keyworker records the MHT workers view that if 'X is found not to have capacity then a more supportive approach to dealing with the situation would be necessary'.

3.89 21st November 2014 the Day Centre Keyworker, Mental Health Worker met with X at his sleep site. They wanted to persuade X to attend for a Community Care Assessment with Mental Health professionals. X eventually agreed that he would as long as he was able to meet with the Day Centre Operational Manager to appeal his exclusion. The Keyworker arranged a meeting that same day and it was agreed that the ban would be suspended as long as he engaged with the CCA process. A meeting with X to progress the CCA was set for **25th November** at the Day Centre.

3.90 24th November 2014 a member of the RST sent an e mail to Day Centre staff, Police, PP, MHSW indicating that X was to have a Community Care Assessment and that his capacity to make decisions about housing were to be assessed. RST had agreed to hold off any enforcement action in relation to X's sleep site until after the assessment. There was also an indication in the email from housing support services that X had changed his sleep site from Hove to a caravan in Kempton. X attended an appointment with his GP on the 24th November for the last time. The GP notes 'no suicidal ideation'.

3.91 25th November 2014 X attended for an assessment interview with the MHSW at the Day Centre. The assessment is reported as 'being brief and simple to ensure good engagement. X told the social workers that he wanted to stay in Brighton. He reported that he was being harassed by members of the public but said that he was dealing with this. His self-care was poor but he declined to use the public showers at the day Centre. He advised us that he had plans to buy a caravan to live in and was deemed to have capacity to make this decision'.

In a further note the Mental Health Social Worker adds 'A CAA was completed. We

considered that there were no grounds to house this client based on his mental health needs but due to our on-going concern about his self-neglect, poor physical health and possible learning difficulty, we agreed to hand him back to Adult Social Care for an assessment’.

3.92 **1st December 2014** the Keyworker from the Day Centre contacted the Mental Health Worker requesting news on the outcome of the CCA assessment attended by X. The MHSW advised that X had engaged fairly well with the process and that the assessment would be discussed at a panel meeting on the **3rd December**.

3.93 **1st December 2014** X was found dead in a caravan. It is understood that a member of the public who had befriended him and provided him with food had bought the caravan for X.

4. Analysis

X’s Presenting issues and vulnerability

4.1 X’s vulnerability and support needs were apparent to all agencies in Brighton with whom he came into contact. Initially this information was provided verbally to the Rough Sleepers Team (RST) by X who told their agency staff that he: -

- had mental health problems,
- was transgender
- threatened to harm himself and
- had been the victim of abuse whilst in Kent.

4.2 Visibly neglectful of his personal hygiene, X’s overall presentation and disclosures meant that there was immediate agreement by the services involved with him that that he was vulnerable. Requests were quickly made by voluntary services, for further information from Kent. This confirmed much of what X had told them and also established that: -

- he had a history of violent offending,
- was diagnosed with a Personality Disorder and Learning Difficulty and
- had a long history of self-harm.

4.3 X was consistent in telling agencies that he had relocated from Kent because of fears for his personal safety. Reports of instances where X had been the victim of abuse are contained in records held by agencies with whom X came into contact in Kent. Shortly before leaving Kent the service working most closely with him (Porchlight) raised a Vulnerable Adult at Risk (VAAR) alert because of concerns about his vulnerability to abuse. This was not progressed by Kent Adult Social Care seemingly because he left the county. There are currently no arrangements in place for the notification of a person’s move where an alert remains outstanding.

This is an issue requiring further investigation. Had for example it been possible for the alert to be picked up and proceeded with when X arrived in Brighton a joined up planned multi-agency approach could have started at an earlier stage.

Brighton – Initial Agencies’ response

4.4 Those agencies involved with supporting X into local services for homeless people in Brighton responded appropriately within the first few days. The RST and Day Centre staff were in regular contact and supported X to manage his immediate day-to-day needs. Day Centre staff supported X to make a homeless application and emergency accommodation was provided by the LA housing service on the basis that X is a vulnerable person due to mental health problems (s198 Housing Act 1996). The Day Centre Keyworker completed an initial needs assessment and made an appropriate referral to the Mental Health Housing Social Worker (MHSW).

4.5 At this stage no consideration appears to have been given by any of those involved of a notification to Adult Social Care - in the light of the Kent VAAR procedures. Given the extent of information available to all the agencies concerned it would have been clear *even at this early stage* that X was a vulnerable person with complex needs and that a planned coordinated multi-agency approach was needed. This was the first of many missed opportunities to intervene in a managed and purposeful way.

Housing eligibility

4.6 In the absence of a local connection (which X never claimed or sought to establish) his eligibility for housing by the LA rested on whether or not he had rendered himself ‘intentionally homeless’, or alternatively that the LA had a duty to house him because of vulnerability. The then relevant definition of a vulnerable adult, as defined by the **Department of Health** in ‘**No Secrets**’¹ is:

‘a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’.

In X’s case there were then four main issues meriting further investigation:-

- mental health;
- learning disability;
- experience of abuse and discrimination because he identified as a transgender person and
- self-neglect.

Although it is arguable that self-neglect was less relevant pre Care Act, Sussex Multi-

¹ No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000

Agency Procedures to Support People who Self-Neglect did apply and it was clear that X met the definition 'the inability (intentionally or unintentionally) to maintain a socially culturally accepted standard of self care with the potential for serious consequences to the health and well being of the individual and potentially the community'.

4.7 The council accepted that X was vulnerable for the purposes of **s198 of the Housing Act 1986** on the basis that X was suffering from 'some form of mental health problems' which they were unable to verify because X refused to engage with mental health services'. Their enquiries of their neighbouring housing authority focused on whether or not X was intentionally homeless. The information provided by Kent was sufficient for the Brighton Housing Department to conclude that X was intentionally homeless. This was on the basis that having been assisted into an Assured Shorthold Tenancy in 2012, he was found to have voluntarily left against the advice of the Council. Council staff in Kent found no evidence to support X's claims that he was being subjected to abuse and harassment.

4.8 Enquiries made by Kent Housing Department to inform their decision appear to have been extensive. It was recognised that X could not live independently and there were several attempts at maintaining him in supported accommodation. These broke down as X struggled to adapt to living in a shared space. In one instance an owner wanted X to vacate the property because of his behaviour. X himself complains bitterly of lack of sleep and that the 'owners were deliberately trying to upset her by making dogs bark and cause a noise'. X had a criminal record involving acts of violence and threats made to burn down or bomb places where he had lived. These were - rightly - taken very seriously. There can be no doubt that X was a most difficult and potentially dangerous tenant to accommodate and that if it was going to be possible to accommodate him safely it would only be in circumstances where he was willing to accept some rules and tailored support from people he trusted.

4.9 An analysis of all risk information available to agencies involved with X in Kent, together with current information known to services in Brighton was necessary in order to understand the risk to X and whether it had increased. In X's case his presentation as transgender and as having mental health problems should have alerted staff to the possibility at least that what X was telling them about his experience of abuse was correct. From the information available to staff in Kent and later Brighton it was possible to extrapolate that X was vulnerable to abuse and probably experienced this on a regular basis (cumulative effect) and also that his behavior was indicative of the diagnosis of personality disorder that had been shared with them by health professionals.

4.10 Further there were two serious abusive incidents recorded - where X was the victim -whilst living in Brighton. The first was his disclosure that he had been the victim of verbal abuse ("transvestite") from a resident at his accommodation, and which occurred before the decision on his housing application was made. The second involved X being targeted by a group of males for possible kidnap in September 2014. X consistently told housing staff that he had left Kent for Brighton

because of instances of harassment and wished to stay in Brighton where he felt more comfortable. There are similarities in X's case with findings in the Brighton and Hove Trans-Needs Assessment 2015². These are: - an increased risk of homelessness in trans people; the reputation of Brighton and Hove as a safe haven for trans people; the vulnerability of trans people to abuse in homelessness settings & services - including emergency accommodation; some reluctance to reveal gender identity within homelessness services. The same report recognized that Brighton's reputation as a 'safe haven' led to more people arriving in the city. This despite affordable and safe accommodation being in short supply; with a high proportion living in the private rented sector and reporting poor experiences with letting agents. X's own reported experience of his previous tenancies appears to be similar and yet it is not clear to me that the housing team took into account X's specific and very complex needs and vulnerabilities as a trans person when making their decision about eligibility and allocation of housing.

Community Care Assessment

4.11 Once the decision that X was 'intentionally homeless' was made by the Housing Department the case was referred by them to the MHSW for a Community Care Assessment and the case was closed by Housing Options. Although there were concerns about X's vulnerability and self-care no formal steps were taken by housing staff involved with X to seek to address these under Sussex Multi-Agency Procedures to Support People who Self Neglect' or under The Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk'. These were two potential routes open to them address X's health and well being. The scope of the self –neglect procedures includes those not engaging with a network of support and where there is a perceived and actual risk of harm suggesting that X fell within their scope. Whilst the referral to the MHSW for a CCA was the correct next step, consideration could have been given to this much earlier and a lead agency identified to co-ordinate information and determine the most appropriate actions. Regular and sustained joint working between housing and Adult Social Care together with Health and Police is essential to protect people who may be at risk of abuse. A coordinated response is particularly helpful in cases where - like X - a person is difficult to engage with and refuses support save on their own terms.

4.12 Before the Care Act became law the definition of a 'vulnerable' adult differed across sectors. Self-neglect was not regarded as a 'safeguarding' issue and if someone refused to engage with services, there were strong arguments against imposing support against their will. Clearly there is a balance to be struck based on the level of assessed risk. X was clearly an extremely challenging individual to deal with and it was important for statutory services to join together with those from the voluntary sector with persistent offers of support whilst updating changes in risk factors and any deterioration in circumstances. The change of language, scope and legal basis afforded by the Care Act 2014 should see improvements in practice.

4.12.2 *Where a local authority has reasonable cause to suspect that an adult in its*

² Brighton and Hove Transgender Needs Assessment 2015

area (whether or not ordinarily resident there)

4.12.2.1 has needs for care and support (whether or not the authority is meeting any of those needs),

4.12.2.2 is experiencing, or is at risk of, abuse or neglect, and

4.12.2.3 as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it, it must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom. (Care Act 2014)

4.12.1 Had statutory professionals been able to build a trusting relationship with X it might have been possible (although not certain), by negotiation and persuasion to have assisted him to make safer choices. A record of this approach, evidenced with regular reviews and continued and creative offers of support with decisions clearly recorded and shared with all those concerned with a case, would potentially have provided X with greater continuity of care and support. There were statutory services in place and ready to assist X. The MHSW offered several appointments and made efforts to meet with X at FB and later his sleep site. These were brokered by FB and the RST but with X's repeated refusal to engage with mental health services the chance of success was slim, particularly since it was made clear to X that meeting with the MHSW would not influence a decision about his housing.

Personality disorders are common among people experiencing long-term homelessness. Research suggests that approximately two-thirds of street homeless people meet the diagnosable criteria for a personality disorder, although only one in ten of those will have a formal diagnosis³. It is widely accepted that it can be difficult to engage people with a Personality Disorder into services, particularly treatment services. A psychologically informed approach and multi-agency management plan based on best practice can offer the best chance of success. In this way whichever agency took the lead, (and given the PD diagnosis I would argue that the MHSW was best placed to do so), they could have set out a coordinated plan with clear aims and contingency arrangements. The MHSW did make several attempts to see X by negotiations brokered by FB. When this approach proved unsuccessful it was determined that X did not have a mental health need. This is surprising given the weight of evidence to support this - as evidenced by his psychiatric history and his presenting behaviours. The MHT remain of the view that as X did not want help with his mental health needs then it was appropriate and legitimate to respect his decision and for efforts to be focused on his wish to be housed. In my view, it is difficult to separate out his mental health needs, from those attached to his wish to be housed. Behaviours which may be identified as a feature of personality disorder,

³ Middleton R, *Brokering reality: a review of service provision in Leeds for homeless people with personality disorder/complex needs*, Community Links, 2008

in X's case:- suspicion, lack of trust, secretiveness, eccentric and sometimes violent episodes affected his ability and willingness to engage. Similar behaviours affected his ability to sustain a tenancy. The MHSW expertise was needed to ensure that all agencies were working in a psychologically informed way to a plan, with the potential for developing a path, which might have led to a better clinical outcome.

Care Pathways for people with a Personality Disorder

4.13 A fundamental difficulty for all the agencies working with X was the absence of a fully informed and agreed assessment of his mental health and learning difficulties. X's refusal to engage for an assessment with a mental health social worker was clearly a problem for those trying to assist him. X was first referred to the MHSW in April 2014. He was offered appointments which he refused to attend and although information was shared with them by Kent, further information was not requested until June of that year.

4.14 The MHSW delayed accessing information from mental health services in Kent until early June 2014 on being notified of fresh VAAR and HARA procedures initiated by Sussex Police. This alert was connected to an incident in which X was the victim of verbal abuse ("transvestite") connected to his presentation. The HARA was completed by CRI and shared with the Community Safety Team. The score showed the risk as standard (12 out of 33) and also noted that the victim did not want further intervention. Accordingly the CST closed their case on the basis that CRI who were trained in identifying and working with victims of hate crime would continue to monitor X's situation. This appears to have been a reasonable assessment with the potential for the case to be transferred back should the situation change.

4.15 The VAAR alert was received by Adult Social Care (ASC) on the 25th June and forwarded without further action to the MHSW. The alert notice that was received by these staff made reference to, 'X is self-harming by opening a wound on his abdomen in response to being called a 'transvestite'. X has also told the police that he is afraid he might retaliate against the aggressors'. Following conversations with staff from RST and Housing Support, the MHSW concluded that there was sufficient support in place and that she was unable to identify any role for her service.

4.15.1 In 2014, a VAAR was the standard way that police would alert the LA to concerns about individuals at risk of harm. This has since been replaced by a SCARF which is dealt with by the Multi-Agency Safeguarding Board (MASH)). At the time the relevant procedures that staff followed were 'The Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk'. The definition of adults at risk under these procedures means: -

*a person aged 18 years or over. who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against **significant harm or exploitation***

4.16 From the evidence available to me: - X would have met the first test in that he

had an identifiable mental health issue by virtue of being diagnosed with a personality disorder.

4.17 It is arguable whether he would have met the threshold for 'significant harm', and self-neglect was not then incorporated into safeguarding procedures. Whilst the Police alert sat outside of the formal partnership Adult Safeguarding Alert system, it did require that the LA to determine the level of risk posed to X. If on assessment the risk met the threshold for intervention, then it would have been appropriate for the case to have been investigated. In this case neither ASC assessor nor the MHSW undertook their own risk assessment based on the information gathered and conversations with staff from the voluntary sector that were working as best they could with him. There was no formal investigation by ASC or the MHSW and no formal record of the outcome. This was a further missed opportunity to provide an integrated response to X's deteriorating situation.

4.18 A Community Care Assessment is the only way a person can access provision of community care services. The duty to assess is set out in the NHS and Community Care Act (1990) which describes the duty to assess, in this case X's needs, on the basis of an identified mental health problem. From the information obtained from Kent it was already established that X had a personality disorder, (a recognised mental health condition within the legislative framework) and that there were indications of a learning difficulty. This offered the prospect of two potential routes for an assessment by the mental health team and the learning disability team (LDT). This suggested that an integrated approach was appropriate. However, it was not until September 2014, that efforts were made to join together to undertake an integrated assessment, and even then LD worker would initially only offer an office based assessment. On his past performance it was inevitable that X would not cooperate with this type of approach.

4.19. Given what was known of X's forensic medical history, his presentation and vulnerabilities as a transgender person and concerning behaviours (self-care and violence), a care coordinated pathway to address X's personality disorder should have been considered as a viable treatment option. At the same time when taking into account the recorded concerns about a learning difficulty and concerns expressed by some staff that X did not understand what he was being told, a plan to address this issue would similarly have been appropriate. Indeed, these two aspects should have been considered together since it is widely recognized that IQ level alone is not the main determinant of a learning disability and that intellectual impairment together with social or adaptive dysfunction should both be considered⁴

4.20 When seen a mental health professional on the 10th September, as part of the Court and Police Custody Liaison and Diversion Service, the assessor concludes that there are 'no mental health concerns'. A result that is perhaps surprising given that the assessor would have had access a shared health case record. The MHSW was aware of this assessment when a few days later on the 16th September she was able

⁴ British Institute of Learning Disabilities-2011

to finally meet with X for an assessment. The assessment was made difficult by X's continued resistance and his own declared view was that his mental health was 'perfect'. The MHSW concluded that 'she did not feel there was anything she could offer X in terms of support although clearly felt that he was a vulnerable adult with high support needs'. No reference is made to the earlier diagnosis of Personality Disorder and specifically how this might have affected his behaviour and ability and/or willingness to engage. Many homeless people with similar presentations and characteristics are thought to be undiagnosed⁵, in this case although there was an awareness of the diagnosis it was hard to find evidence of where this was taken into account.

4.21 Guidelines issued by the Royal College of Psychiatrists are clear that people with Personality Disorders should not be excluded from any health or social care service because of their diagnosis or because they have self-harmed. These are individuals with 'severe disturbances of their character and behaviour'. There is now a growing body of evidence to suggest that by working with people who have a Personality Disorder and by developing with them an optimistic and trusting relationship the distress they experience and outcomes can be improved. It is difficult to understand why this approach was not attempted with X and why his case was not consistently approached with a coherent plan. Professionals assigned to work with people with a Personality Disorder need proper support, training and time. 'All mental health professionals need to be PD capable, having appropriate attitudes and values for offering competent treatment to individuals with PD'⁶ The mental health professionals assigned to the Mental Health Housing Team are 'PD capable' and have undergone relevant training. It is unfortunate therefore that I found nothing in their notes or plans which suggests that X's PD diagnosis forms the basis for any plans for intervention either by them or other services engaged with him. The MHHT do work with a significant number of clients with PD and successfully engage with them. However X's continual refusal to engage with their service was the key factor in their decision not to intervene in the way suggested above. In my view the complexity of X's needs taken together with his mental health diagnosis was sufficient to justify that a psychologically informed plan be put in place and that this was led and coordinated by the MHT. Such a plan could have set out X's needs, the risk posed both to himself and others together with X's views and what might reasonably be achieved. If direct contact was made an initial goal then the means of achieving this could similarly be set out and shared with services able to maintain contact. The application of a more flexible approach to engaging with people who are known to have a Personality Disorder of sufficient severity as to interfere with their ability to support themselves has the potential to secure better outcomes for all concerned. I am aware that the circumstances in which the MHHT and their colleagues were working was challenged by the high levels of homeless people with complex needs in the city. It follows that decisions about the allocation of resources will need to take account of what can be achieved, particularly with a person who is reluctant or

⁵ Middleton R, *Brokering reality: a review of service provision in Leeds for homeless people with personality disorder/complex needs*, Community Links, 2008

⁶ (The National Institute for Mental Health England in their 2003 policy document; Personality Disorder: No Longer a Diagnosis of Exclusion)

unwilling to engage. Where this is the case I would suggest that being explicit about the nature of the issues and the risks involved together with the rationale for decision-making is formally recorded.

Self-Neglect

4.22 In the weeks leading up to X's death there was a marked deterioration in his physical condition and in the area where he was rough sleeping he was attracting the attention of local residents who wanted him removed. Six days before X's death the Day Centre Case Worker writing an e-mail referral letter to the Access Officer in Adult Social Care concluded

4.22.1 'I am concerned that without some form of intervention X's health will deteriorate to the point of needing a significant hospital admission. I also believe that if left unchecked X's levels of neglect could lead to his life becoming endangered and as a worker for a charitable organisation I feel that I have exhausted the avenues I am able to go down to try and ensure X's welfare'.

4.23 Similar information including concerns about the risk X might pose to others is shared with Sussex Police and the MHSW. This prompts the MHSW to request a joint assessment with the Learning Disability Team under the Pan Sussex Self Neglect Procedures. Although they agree to this approach the Learning Disability Social Worker refuses to conduct an assessment at X's sleep site. A response that is unhelpful and lacking in the flexibility required to engage with someone with the level of need and complexity attached to X's case. Service models designed to support people with learning difficulties (including those with a mental health condition) are recognized as being successful 'not within systems and processes.' Rather 'by working in partnership with individuals... and through adopting person centred approaches'.⁷ The MHSW eventually completes what is described as a 'brief and simple' assessment to ensure good engagement'. The assessment includes a capacity assessment, the DC case worker recording the MHSW view that if X' is found not to have capacity then a more supportive approach to dealing with the situation would be necessary'. Finding that X had capacity to make decisions and that there were no grounds for X to be housed (the purpose of the original CCA assessment), but with a remaining question mark about a learning difficulty and 'on-going concern about neglect the MHSW decided to hand X back to ASC team.

4.24 The Mental Capacity Act 2005 together with its code of practice says that a person should be presumed to have capacity unless it is otherwise established that they lack capacity. The decision is one of professional judgment.

4.25.1 At the time that professionals were working with X self-neglect was not part of Adult Safeguarding Procedures. If an adult is found to have capacity, then their

⁷ Supporting people with learning disability/and or autism who display behaviour that challenges including those with a mental health condition. NHS England 2015

autonomous wishes are likely to be respected. In this case by all accounts the MHSW assessment was brief because X was reluctant to engage with the process. When I spoke with NE X's mental health worker in Kent with knowledge of him over 20 years his view was that X probably had capacity for most of the time although not always.

4.25.2 The results of the MHSW assessment did not reduce the concerns raised about X and his wellbeing. There was still a role for ASC and this was recognized by the MHSW. However, the pattern that had developed of referring cases back and across agencies was not good practice and led to delay and a lack of leadership and co-ordination by statutory services. These issues remained unresolved at the time of X's death.

5. Conclusions

It can and has been argued by professionals involved with X that the case is typical of many that homeless services manage across the city on a daily basis. They present a challenge to services and to staff who are tasked to work with them in the most difficult of circumstances. In this case the city is one with a very large homeless population many of whom have complex needs. In my view X was one of the most challenging for homeless services. X's health and social care needs were complex and he was determinedly resistant to interventions connected to their mental health. The combination of vulnerability and the threat of harm he posed to others, whilst not unique, were amongst the most serious and concerning. A range of services was in place to address these needs, and they had the potential to join together in a coordinated and purposeful way. The absence of agreement about their mental health needs and his unwillingness to engage with MH services acted as a barrier to such work. Whilst individual agency procedures were followed, these (for the most part) lack an individual 'person centred' approach. The exception to this being staff from the voluntary sector who showed greater flexibility in their dealings with them. The determined focus on reconnecting X with their local area, whilst understandable as it offered X the best chance of being housed, was done in such a way that risked them feeling unheard. Of paramount concern is that the procedures that were in place to protect and support X (Multi Agency Procedures for Safeguarding Adults at Risk and Sussex Multi-Agency Neglect Procedures) were for the most part not invoked and as a result an integrated and coordinated multi-agency partnership led approach was not achieved.

6. Recommendations

1. Where it is known that an individual subject to a VAAR or any equivalent from another authority is resident in Brighton and Hove the LA should seek information about the alert from that authority and undertake their own multi-agency risk assessment to determine what action is needed by them.
2. The Adult Social Care Social Work Service should review their professional oversight and management of Safeguarding Alerts to ensure that they are compliant with agreed standards. This should include assessment of risk, appropriate recording

which captures professional judgment and collective agreement where a person's wellbeing is influenced by multiple agencies.

3. The Mental Health Homeless and Learning Disabilities Team should review their service user engagement strategies particularly as they relates to people who are diagnosed with or suspected of having a Personality Disorder to ensure that this accords with best practice.

4. The SAB needs to satisfy itself that all agencies represented on the Board who work with the homeless population understand the wider remit and value of Safeguarding Policies and procedures together with their individual agency responsibilities.

5. The SAB needs to assure itself that all agencies represented on the Board who work with people who self-neglect understand and agree the threshold, which makes this a safeguarding issue requiring action under Sussex Safeguarding procedures.

6. When reaching a determination about access to services the LA should ensure that all efforts are made at the earliest stage to establish a full antecedent history to include housing and medical records.

7. The SAB needs to satisfy itself that Adult Social Care, Housing and other services who work most closely with the homeless population have developed a clearly understood and coordinated assessment, referral and interventions pathway for people with a diagnosed or suspected Personality Disorders based on best practice.

8. The Quality Assurance Subgroup of the SAB take forward a multi-agency case file audit of a sample of cases regarding homeless individuals who are currently in receipt of the city's services. This report should be used in the development of audit standards

9. The SAB needs to satisfy itself that recommendations as they relate to: -
i) Homelessness ii) mental health iii) community safety contained in the 'Brighton and Hove Trans Needs Assessment 2015', have been fully implemented and meet the required standards of good practice.

Subject:	Community Safety and Crime Reduction Strategy		
Date of Meeting:	3 July 2017		
Report of:	Executive Director, Neighbourhoods, Communities & Housing		
Contact Officer:	Name:	Peter Castleton	Tel: 01273 292607
	Email:	peter.castleton@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The committee is asked to consider the attached Draft Community Safety Strategy for 2017-20.
- 1.2 The committee is asked to note that feedback from NICE has been integrated into the Community Safety Strategy and the consultation findings have been analysed.

2. RECOMMENDATIONS:

- 2.1 That the committee endorses the strategy and the suggested priority areas for reducing crime and disorder in Brighton and Hove.
- 2.2 That the committee recommends to full Council that the Community Safety and Crime Reduction Strategy be approved.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The Community Safety and Crime Reduction Strategy 2017-20 sets out the Brighton and Hove Community Safety Partnership's plans to address crime and disorder in the city. This is a statutory requirement under the 1998 Crime and Disorder Act. The full strategy is appended to this report.
- 3.2 The draft strategy came to the March 2017 meeting of NICE and some suggestions were made for amendments. These have now been incorporated into the strategy.
- 3.3 The strategy is informed by a strategic assessment of all crime and disorder in the city with analysis and recommendations.
- 3.4 Priorities have been selected where the partnership can make the most impact. This is a partnership strategy and so priorities are focussed on areas where

working in collaboration is fundamental to achieving progress. It prioritises work where added value is achieved by working in partnership.

- 3.5 The strategy includes an overview of the demography of the city and the nature and impact of crime and disorder.
- 3.6 The strategy also describes how priorities were identified and will be progressed.
- 3.7 The priorities are:
 - Anti-social behaviour and hate incidents
 - Safety in the night time economy
 - Domestic violence and abuse, sexual violence and other forms violence against women and girls
 - Reducing offending
 - Community collaboration and resilience
 - Preventing terrorism and extremism

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The appended Strategic Assessment document outlines the issues for Brighton and Hove in relation to crime and disorder and makes appropriate recommendations.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 A consultation event was held with partners including statutory, community and voluntary sector organisations in November 2016, this event considered the findings of the Strategic Assessment and broadly agreed priority areas to address
- 5.2 The draft strategy has been shared directly with Local Action teams, communities of interest and other interested bodies.
- 5.3 The draft strategy is being shared with this committee to seek views and approval.
- 5.4 Finally the draft strategy has been subject to public consultation through the consultation portal on the council website. There was broad approval for the priorities for the strategy. An analysis of the consultation from the portal is appended.

6. CONCLUSION

- 6.1 Action plans are being drawn up for each priority area and progress will be monitored through the Safe in the City Partnership Board and with regular reports on performance to this committee.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The costs associated with the publishing of the Community Safety Strategy are met from within the Community Safety Budget for 2016/17. The costs of implementing the strategy through the various action plans will need to be met from current budget resources within Council Community Safety budgets and other partners,

Finance Officer Consulted:

Monica Brooks

Date: 1.06.17

Legal Implications:

- 7.2 The publishing of a Community Safety Strategy is a requirement of the 1998 Crime and Disorder Act. The appended draft strategy meets the required legal duty. The strategy is one of the plans and strategies required by the Council's constitution to be approved by full Council.

Lawyer Consulted:
2017

Simon Court

Date: 13th June

Equalities Implications:

- 7.3 An Equality Impact assessment will be undertaken, equality implications are referenced throughout the strategy.

Sustainability Implications:

- 7.4 There are no sustainability implications relating to this report.

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1

Strategic Assessment

Appendix 2

Community Safety and Crime Reduction Strategy

Appendix 3

Consultation analysis

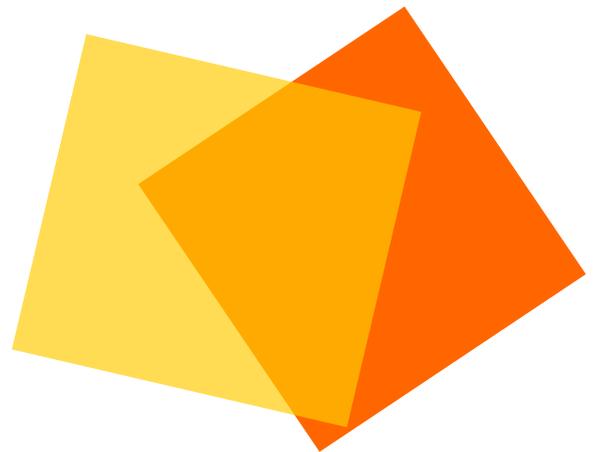
Brighton & Hove

Community Safety and Crime Reduction Strategy

2017 – 2020

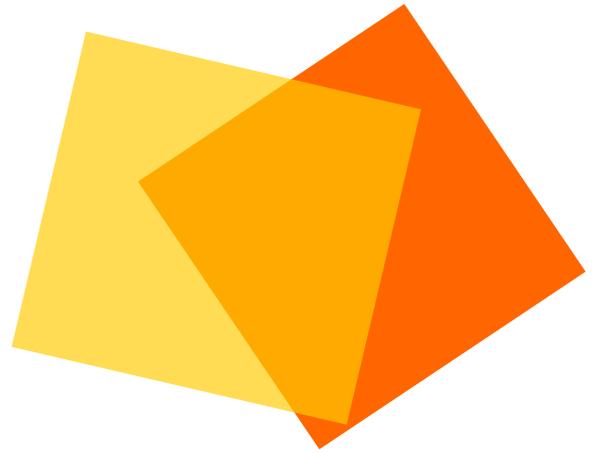
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Safe in the city
Brighton & Hove Community Safety Partnership



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The Partnership and our work

About this Strategy

This Strategy lays out the Brighton & Hove Safe in the City Partnership's¹ plans for the next three years. It is a requirement of the Crime and Disorder Act 1998.

The Strategy will be reviewed annually.

The Partnership's aims

The Safe in the City Partnership exists to improve the quality of life for everyone who lives in, works in or visits the city. We aim to:

- reduce crime and anti-social behaviour, especially around issues that have the biggest impact
- improve feelings of safety and meet the needs of victims
- take early action to prevent crime and disorder
- reduce reoffending

Who are the key players

The city is much better placed to tackle all these issues if everyone – local residents and businesses, community and voluntary groups, and city services – work together in a co-ordinated way. The local authority, police, health, probation and fire services are all defined as partners under the 1998 Act. In practice the Safe in the City Partnership works across a much wider range of partners at different levels and on different topics to work out what needs doing, and who can help.

There is a need for good information exchange, including with residents so that agencies can listen and respond to the needs of local people. At the same time local people can find a route through

¹ The Safe in the City Partnership is the name given locally to the Brighton & Hove Community Safety Partnership

to the services they need or identify ways in which they can respond within their own communities.

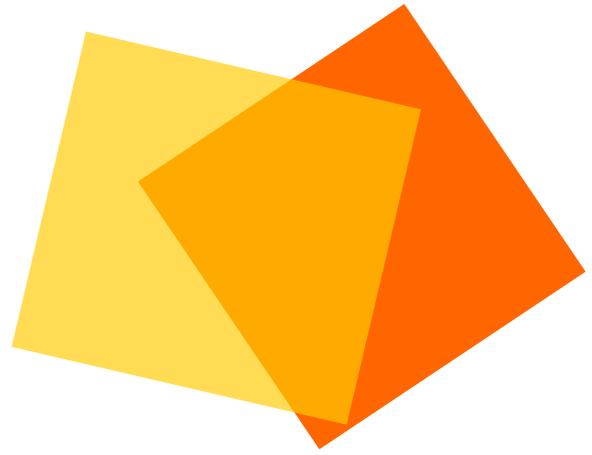
Setting our work in context

The negative effects of crime and disorder permeate widely across public services and working in partnership and adopting a 'whole system approach' is essential. Our partnership strategy is integrated within the city's overarching Sustainable Community Strategy where community safety is a key priority. Our work also contributes to the Police & Crime Commissioner's Police and Crime Plan² and measures in Public Health Outcomes Framework to name just two examples.

Politicians and legislators can impact broadly on the legal and social setting in which we all live. The work of central government departments are also important in our wider partnership. In March 2016 the Home Office issued their 'Modern Crime Prevention Strategy'³, which argues that although crime is changing in its nature, for example with a growth in 'cyber crime', the reasons behind people committing crime – 'drivers of crime', listed as opportunity; character; profit; drugs; alcohol and the criminal justice system – are the same.

² <https://www.sussex-pcc.gov.uk/police-crime-plan/>

³ Home Office (2016) Modern Crime Prevention Strategy, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/509831/6.1770_Modern_Crime_Prevention_Strategy_final_WEB_version.pdf



Brighton & Hove and the people in the city

The information in the next two sections has been taken from the Strategic Assessment of Crime and Community Safety 2016 <http://www.safeinthecity.info/analytical-reports> where further detail can be found.

Our residents and visitors

The 2011 census found that the city has 273,400 residents and this is estimated to have increased to 285,300 by 2015. It is predicted that by the end of this Strategy period in 2020 it will have increased further to 294,900.

Compared with other areas we have a disproportionately high number of people aged between 16 and 64 and a lower proportion of children and older people. We have a particularly high proportion of young people aged 19 to 26 (incl.) who make up 17% of the city's resident population.

Contributing to people in this age group are those who come to the city to study; in 2014/15 there were 34,220 students attending the two local universities. Also, Brighton & Hove is estimated to have 3,100 international students staying here for between 3 and 12 months in 2014, making us the local authority with the second highest number, and many more visiting for a shorter period.

There are an estimated 11,750 military veterans in the city.

In 2014 around 11.5 million trips were estimated to have been made to the city by day visitors or those staying one night or more.

According to the last census, 19.5% of the resident population belongs to a non-White British ethnic group (53,400 people), defined here as Black or Minority Ethnic or BME, an increase of 12% since the 2001 census. 37% of BME residents are 'White Other than British', 21% Asian/Asian British and the mixed/multiple ethnic group makes up 20%.

The lesbian, gay, and bisexual population makes up an estimated 11-15% of our population, equating to between 26,400 and 34,900 residents based on 2015 population estimates. It is estimated that there are at least 2,760 trans adults living in Brighton & Hove.

In 2015, there were an estimated 17,400 residents aged 18-64 with moderate or severe physical disabilities, and 30,900 with a common mental health problem. There were an estimated 5,500 people aged over 18 with a learning disability. The day-to-day activities of 16% of city residents are 'limited a little' or 'limited a lot' by health problems.

Regarding the children in the city, there were 437 looked after children in the city in May 2015 and the referral rate for child protection conferences is higher than the national average. National evidence shows that children who have been looked after are more likely to be unemployed, involved in crime and be identified as having a substance misuse problem.

Social and economic factors

The Index of Multiple Deprivation 2015 ranked Brighton & Hove as a whole in the poorest third (102nd out of 326) of all local authorities in England. However, there is a wide range of deprivation levels across the city, with some of the more deprived being in the east.

There were 8,900 unemployed people in the city in 2015.⁴ This represents 5.8% of all those who were economically active⁵ and is similar to the position

⁴ Unemployed refers to people who were actively seeking work or who had found work and were waiting for it to commence.

⁵ Economically active refers to those who are either employed or who are unemployed according to the above definition.

nationally (5.2%) and slightly higher than in the South East (4.2%).

There were 21,920 people of working age in the city claiming one or more Department for Work and Pensions benefits in November 2015. This is 11.1% of the city's population aged 16 to 64. The 2015 rate for Brighton & Hove is similar to that seen in Great Britain (11.8%) but higher than the South East (8.8%).

The percentage of 16-18 year olds not in education, training or employment has been declining and is at less than 4.7% at the end of 2015.

Housing and homelessness

Brighton & Hove had 126,827 homes at the time of the 2011 census, with the smallest average household size in the South East at 2.1. We have fewer owner occupiers and more people renting from private landlords than the average for the southeast as a whole. There were 420 households which became accepted as homeless in 2014/15, a decrease of 15% over three years.

In November 2016 snapshot data estimated that there were 144 people sleeping rough in Brighton & Hove on a single night⁶, an increase from 78 on the previous year. In October 2016, the local Rough Sleeper Outreach Homelessness Service had approximately 100 open cases on their caseload. There are concerns that this number could increase.

...and what we don't know

We need to remain aware that not all of the people in the city will feature in the various statistics at our disposal, or come to the attention of the services we offer of their own accord. This 'invisible' or

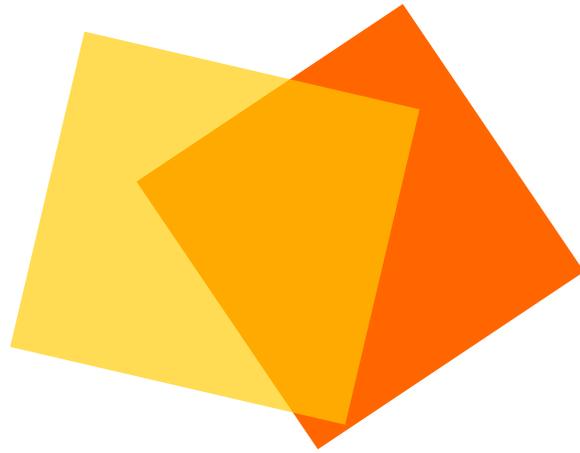
unidentified population may be among the most vulnerable to crime and community safety problems and extra focus is needed in order get help to them if they need it.

Meeting our equalities duty

The Equality Act 2010 requires that public sector bodies consider and take account of how different types of people – those with 'protected characteristics' – are impacted by their work. Our Strategic Assessment reports on how different people are affected by crime and safety issues and the process of determining our priorities and actions takes these findings into account.

Areas of work contained in the action plans (see page 15) with particular relevance to equalities are identified.

⁶ <https://www.brighton-hove.gov.uk/content/press-release/rough-sleeping-city>

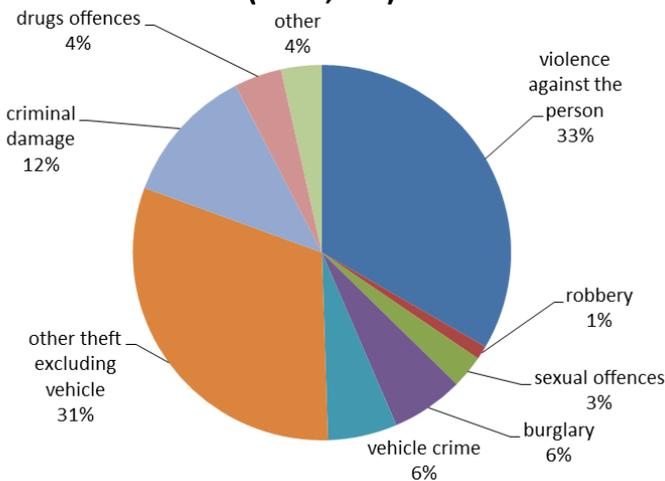


The nature of the problem

Nature and scale of crimes

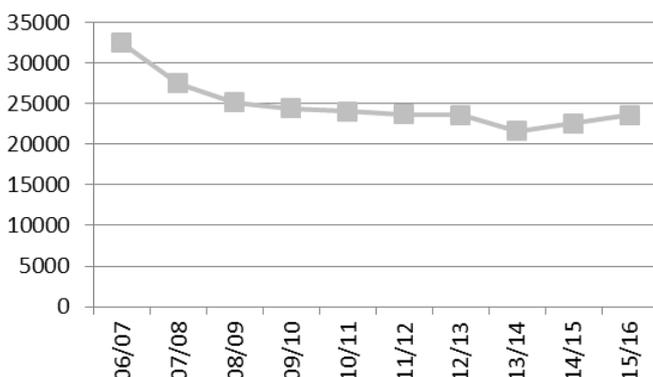
There were 23,622 police-recorded crimes in 2015/16. The crime rate per 1,000 population was 84.0, above the average of our group of 15 'matched' partnerships (77.8). The pie chart shows that theft offences (incl. vehicle crime) made up 37% of all recorded crime, with the next biggest crime groups being violence (33%), criminal damage (12%) and burglary (6%). 8.8% of total crimes were related to domestic violence or abuse.

Total crime breakdown, 2015/16
(n=23,622)



The line graph below shows the trend in total police recorded crime over the last ten years. There was a steep decline during 2007/08 (down 15%) and 2008/09 (down 10%). Numbers continued to fall until 2013/14, but there was an annual

total crime



increase in 2014/15 of 4.6%, a further increase of 4.5% in 2015/16. The increase seen from 2014/15 onwards is likely to be linked to the response by Sussex Police to the national HMIC inspection programme on data integrity which was undertaken during 2013/14 aimed at improving police recording practices. This work had an impact on the recording of violent and sexual offences in particular. From recorded crime data it is therefore difficult to know with any certainty what the underlying trend in crimes actually is.⁷

The number of recorded ASB incidents has fallen by 25% (3,763 incidents) since 2013/14 and is at its lowest level since 2009/10 when there were 20,179 recorded incidents.

More information on recorded crimes and incidents can be found in the Strategic Assessment.¹²

Crime patterns

The retail and leisure area in the city centre is also the geographical centre for much of the city's crime and disorder. This applies particularly to theft (other than vehicle thefts), criminal damage, violence and anti-social behaviour. Hotspots for domestic burglary and vehicle crime are also located in the more central areas of the city, but are dispersed over a wider area.

Seasonal patterns often coincide with the visitor season when there are more people in the city to both perpetrate and be victims of crime.

⁷ A subsequent HMIC inspection in 2016 on data recording by Sussex Police found that improvements have been made, while further areas for improvement have also been identified
<http://www.justiceinspectorates.gov.uk/hmic/publications/sussex-crime-data-integrity-inspection-2016/>

Drug and alcohol use

Health profiles for Brighton & Hove show that problems associated with alcohol are more acute compared with the South East as a whole and our statistical matched authorities. Estimates based on modelling from 2011/12 also find that compared with the South East and with England the proportion of the resident population using opiates or crack or injecting drugs is also higher.⁸

Habitual drug use can be a driver for acquisitive crimes and violent crime is frequently associated with alcohol misuse.³

Hidden crime and criminal groups

It is necessary to remain aware that crimes may be hidden from sight. Criminal behaviour increases in sophistication while pressures on victims to remain silent can persist. Organised crime groups can widen the geography of both perpetrators and victims in areas such as child sexual abuse, drug dealing and human trafficking. Partnerships play an important role in addressing these issues.

Impact on quality of life

National research found that in 2015/16 12% of survey respondents report feeling a high level of worry about violent crime, 11% about burglary, and 6% of car owners have a high level of worry about car crime.⁹

Locally, nearly all residents (98%) surveyed in the 2015 City Tracker survey

⁸ <http://fingertips.phe.org.uk/drugs-and-alcohol#gid/1938132771/ati/102>

⁹ ONS (2016) Crime in England and Wales Year ending March 2016 Supplementary Tables. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualsupplementarytables>

reported feeling safe in their local area during the day, but after dark this dropped to 79% in their local area and 65% in the city centre. Women and those with a long term illness or disability reported feeling comparatively less safe on average, both during the day and after dark.

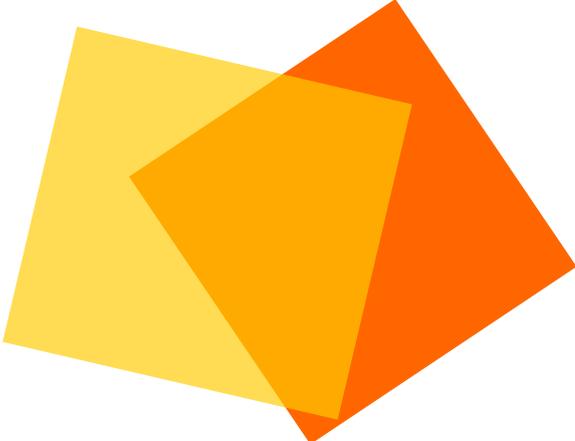
Financial impact

The financial impact of crime is significant. Costs of crime have been calculated by a project funded by central government¹⁰ and assigned according to whether they are costs (savings if prevented) to the public sector, to the local economy, or to society.

The costs of some types of crime have been calculated for Brighton & Hove by scaling up the number of crimes recorded by the police according to estimated under-reporting rates¹¹. The estimated cost of sexual offences to the city in 2015/16 by far exceeds that of the other crimes examined at £367m. The cost of serious and other wounding, and of common assault together totals £88m. Criminal damage costs an estimated £32m.

¹⁰ New Economy Manchester, <http://neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database>

¹¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualtrendanddemographictables>



The current landscape

DRAFT Community Safety and Crime Reduction Strategy 2017-20

The year 2016 has seen some particularly significant national and international developments which have affected the landscape in which our work to reduce crime and disorder is set. The European Union membership referendum, which resulted in the UK voting to leave the EU, enabled the voicing of many different views around immigration, and has increased national economic uncertainty.

National security remains an issue across the country and the risk for Brighton & Hove has been assessed as significant enough to receive additional support to seek to identify and divert young people from being drawn into terrorism.

Key changes in national legislation have the potential for increased financial pressures for many people on benefits. These changes are being implemented in stages, the most recent of which is the imposition of a benefit cap which puts a ceiling on the total payment available for some families. The cost of housing in Brighton & Hove is making access to suitable housing for those on lower incomes very difficult. This may include those at risk of offending and those who are drawn to the city because of its reputation as a place where people from all types of background can be accepted as part of the city's diverse communities.

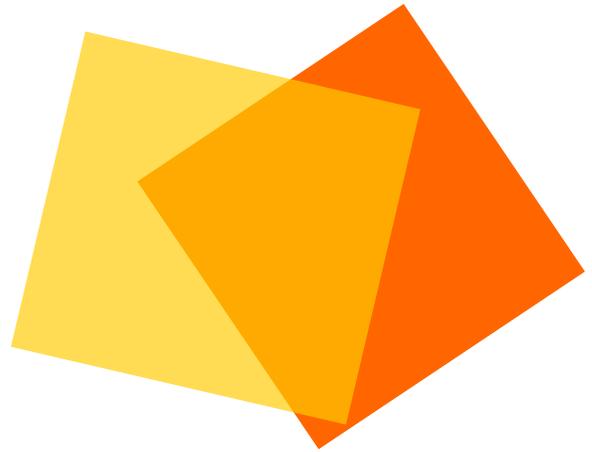
The capacity to provide services around crime and community safety continues to decrease with ongoing budget cuts for the police, council, health and other public services. This means that difficult decisions need to be made about whether to allocate scarce resources to prevention work or to responding to the impact of crimes and supporting victims after they have occurred. Without investment in prevention work, there is the risk that significant problems will potentially be stored up for the future.

Creative ideas which lead to new ways of working effectively, but which cost less or are cost neutral, are always being

sought. For example, the penetration of the internet and social media into daily lives changes the nature of risks, but can also offer new opportunities for public services to engage with communities.

A partnership event under the city-wide Brighton & Hove Connected banner was held to think about new approaches in the context of budget reductions and service reorganisations. Proposals were made for taking community safety work forward including citizens and public services working more closely together; achieving a more unified partnership approach and single points of contact; expanding the involvement of volunteers, and doing more around 'tone-setting' and challenging bad behaviour.

While there have been numerous examples of support from our local communities to help others in need, including a wide range of offers from the wider community to assist refugees who arrive in the city, there is a risk that community cohesion will suffer in these changing times.



Identifying and progressing our priorities

What we did

Our plans for the next three years have been informed by the Brighton & Hove Strategic Assessment of Crime and Community Safety 2016¹². This looked at the current crime and community safety picture in the city. Analysis was carried out initially by crime type. It into account the scale of problems, direction of travel, the impact on communities and individuals, community priorities, and so on.

Consideration was given to the nature of problems, contributory factors, and who was affected. This guided decisions around the sort of work was needed and who it should be targeted at.

Who has contributed

Most of the work for the Strategic Assessment was carried out by analysts in the council's Public Health Intelligence Team and officers in the Partnership Community Safety Team.

A consultation workshop was held in November 2016 to consider the findings of the Strategic Assessment and to consider what should be the areas of focus for the Partnership over the next three years. The workshop was attended by statutory and voluntary organisations and other members of the Safe in the City Partnership Board, as well as representatives from city neighbourhoods and communities of interest.

Other consultative mechanisms have included a draft strategy being considered by Local Action Teams, and by elected members at the Neighbourhoods, Communities and Equalities Committee. Additionally it has been made publically available for comment on the city's consultation portal.

¹² The Strategic Assessment of Crime and Community Safety 2016 is available at <http://www.safeinthecity.info/analytical-reports>

The focus of our partnership strategy

There are five overarching themes in this Strategy: ASB/hate incidents; safety in the night-time economy; domestic/sexual abuse and other interpersonal crimes; reducing offending; and community resilience.

Community resilience as one of our themes profiles a number of different ways in which people at a community level can provide a foundation for establishing and maintaining safe communities. By working in partnership with statutory agencies and more independently through local networks much can be achieved in terms of 'tone-setting' and helping with the management of risks.

There are a number of statutory agencies whose core business is to tackle crime – the police, youth offending service, courts, probation and prison services are some particularly significant ones. The work of other agencies, for example health and social services, is also key to reducing the 'drivers' of crime.

The work of these and other agencies is key to preventing and dealing with the effects of criminal and other unacceptable behaviour. But this is a *partnership* strategy and so our priorities are focused on areas where working in partnership is fundamental to achieving progress. It prioritises work where added value is achieved by working in partnership.

Central government is generally much less prescriptive than previously about what should be the target of local work. Nonetheless, a number of the priorities in our strategy, eg. violence against women and girls, including modern slavery, Prevent and counter-extremism, align with central government strategies where these need to be supported locally.

Some crime and safety problems impact widely not only for our city's residents,

but also for residents across the country and sometimes across the world. Online fraud and internet-based crimes are examples of this and the solutions depend on the use of data and new technology at a national or international level. Therefore, while this affects many local people and a certain amount can be done to raise awareness, the most effective and comprehensive solutions lie beyond the scope of the partnership. The government's Modern Crime Prevention Strategy 2016 describes a number of approaches that they, in partnership with private businesses, are taking around online crime.³

Considerations around resources

Budgets of public organisations have been reducing and are predicted to continue to do so over the period of this Strategy. The planning of work needs to take this into account.

Partnership resources are currently supporting an experienced and skilled workforce and withdrawing financial support for the work they carry out will result in a break in continuity of services which will take considerable effort to re-establish.

Another consideration is how to balance the allocation of resources to early interventions and prevention against resources to manage problems as they become more critical or responding after they have occurred. The impact of allocating resources needs to be considered not only in the immediate term, but also in the longer term.

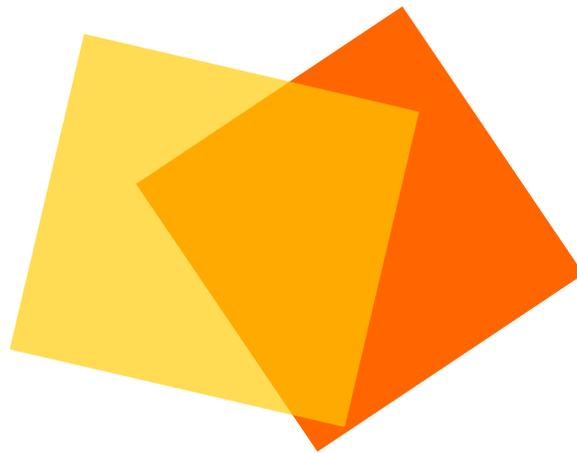
Progressing and monitoring the effectiveness of our work

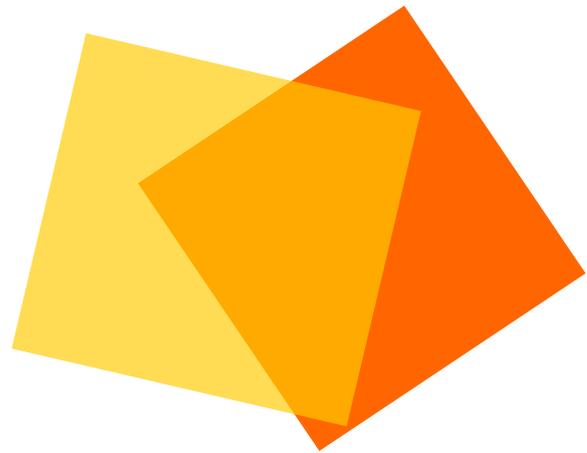
The impact that we are seeking to achieve through our partnership work is clearly stated in the document at the beginning of each priority area in this strategy.

Action plans have been drawn up for each of our priority areas and these assign responsibility around taking forward the work. Progress on these will be monitored regularly through thematic steering groups or forums, at the Safety in the City Partnership Board and at other 'higher level' structures and partnerships, including the city's overarching Local Strategic Partnership, Brighton & Hove Connected.

Single measures for crime and community safety are never sufficient to understand how successful our work is. Our approach to this is to monitor groups of performance indicators for each priority area which individually contribute to the overall picture.

Our priorities





Anti-social behaviour and hate incidents

Our aim: Anti-social behaviour and hate incidents cause less harm to individuals and communities.

What we want to achieve

- Anti-social behaviour (ASB) and crimes and incidents motivated by hate against the person are reduced
- Risk and harm to high risk victims and communities are reduced
- Fewer ASB and hate incidents are committed by priority perpetrators
- There is less ASB, risk and harm associated with the street community
- Youth ASB is reduced
- Trust and confidence in services is increased so that people and communities harmed by hate incidents report them
- There is better collaboration and cohesion between divergent communities.
- Tensions linked to changes in the national and international landscape are reduced.

Definitions:

Anti-social behaviour is behaviour by a person which causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household as the person

A **Hate incident** is any incident which the victim, or anyone else, thinks is based on someone's prejudice towards them because of their race, religion, sexual orientation, disability or because of their gender identity.

Why this is a priority

Anti-social behaviour can affect individuals, communities, and the environment. ASB affects quality of life and, at its worst, can have a very significant negative impact on people's lives.

Those harmed by hate crimes and incidents where people are targeted because of personal attributes relating to disability, ethnicity/race, religion/faith, sexual orientation or transgender identity, that this has a significant effect on their quality of life and wellbeing.

Key facts

In 2015/16 over 15 'ASB crimes' and 32 ASB incidents were recorded by the police in Brighton & Hove every day. There is a seasonal effect in ASB with more being recorded in the summer months and fewer in the winter. Many incidents will not be reported.

In the city in 2015/16 there were 506 racist or religiously motivated incidents and crimes recorded by the police 177 homophobic incidents and crimes and 76 incidents and crimes related to disability hate.

In this same year the Community Safety Casework Team received 418 initial reports of ASB and 82 initial reports of hate incidents which had taken place in

the city¹³. These reports may be in respect of multiple incidents and sometimes people have been moved to report as a 'last resort' because the harm caused to them or their families has become unbearable. Racist or religiously motivated incidents and LGBT hate crimes/incidents are most likely to occur on the street, be committed by a stranger, and more men are harmed than women. Disability hate crimes are more likely to occur in a dwelling, and to be perpetrated by someone known to the victim. People harmed by hate crime are often more emotionally impacted than other crimes.

We also know that a significant number of ASB and hate incidents are committed online.

Who's affected

Nationally, young people are more likely than older people to be harmed by ASB crime, and to perceive higher levels of ASB and those with a limiting long term illness or disability more likely to perceive a high level ASB.

In terms of local neighbourhoods, police ASB crime data identifies the North Laine, The Lanes/North Street and Western Road as hotspots. Local Action Teams across the city have identified priorities for their local area. Issues with the street community tended to be identified by LATs as a priority in city centre areas, drug use/drug dealing generally in the east of the city, 'general' anti-social behaviour on more peripheral areas of the city, and criminal damage in both city centre and other locations.

Our plans

The Community Safety Casework Team will continue to provide advice and guidance and co-ordinate strategic work to tackle anti-social behaviour and hate

¹³ Incidents occurring on council housing premises are dealt with separately.

incidents for the city. Restorative justice is an effective approach which we will promote further and use to reduce harm. The ASB, Crime and Policing Act 2014 introduced new powers which we will make use of where appropriate, particularly for work with repeat offenders, and we will monitor the implementation of the Public Spaces Protection Orders in addressing ASB in parks and green spaces.

Working with partners, whether from the community, voluntary or statutory sector is central to our work and this includes keeping in close communication with local residents through Local Action Teams and residents' groups, communities of interest and elected members. Further promotion of the 'Self-Evident' reporting app within communities is aimed at increasing reporting and trust and confidence in services. We plan to develop a network of 'hate incident champions' who can be nominated contact points within their organisation.

We will work with other agencies to ensure online abuse and cybercrime are addressed.

Multi-agency work to manage youth ASB, and harm associated with the street community will continue and take advantage of sharing information, intelligence and resources. The Multi-Agency Risk Assessment and Tasking (MARAT) meeting and the 'ECINS' casework management system will continue to manage the harm caused to high risk victims. We will also continue our work with schools and education colleagues to embed best practice.



Safety in the night-time economy

Our aim: A vibrant night-time economy where people feel safe and are safe from harm

What we want to achieve

- There is a thriving city centre night-time environment where everyone feels safe.
- Violent incidents, alcohol and drug misuse and other negative behaviour linked to the night-time economy are reduced
- Demands on (and costs to) emergency and other public services are lower.

Why this is a priority

The city centre night-time economy is an important part of the character of the city and it attracts many visitors. Its contribution to the economic wellbeing of the city is significant and it is a source of work for many people. However, a busy night-time economy is not without drawbacks. The effects of alcohol or drugs and the density of people are two factors (among others) which can spark aggression and create conditions which criminals can exploit and where demand for emergency services is high.

Key facts

In 2015/16 there were 8,829 violent crimes recorded in the city, of which 5,383 (61%) happened in a public place. Recorded violent crimes rose steeply between 2013/14 and 2015/16, following a long term decline. However, this has been strongly influenced by changes in local policing and crime-recording practices which happened in response to a nationwide audit of crime recording carried out in 2013/14 by Her Majesty's Inspectorate of Constabulary. It is difficult to know the trend in the level of violence actually taking place, but data from A&E suggest numbers have been fairly stable, with perhaps a slight increase over the last 18 months.

The hotspot for police recorded public place violence is clearly located in the city centre, and correlates to the density of both on and off licensed premises in this area. Peak times for violent crimes are the summer months. There are 1,260 licensed premises in the city and there is a Cumulative Impact Zone (CIZ) and adjacent Special Stress Area (SSA) aligning with this city centre area. This is designed to limit the number and density of licensed premises in the city centre.

The practice of 'pre-loading' where people drink at home more cheaply, or where they drink locally before going out into the city centre, has impacted on the shape of the night-time economy.

Problems may be spread across smaller venues, over a wider geography and over a longer period. This means being able to manage problems in this more dispersed scenario is more challenging.

There is evidence of drugs misuse associated with the night time economy. This is often considered to be casual use by people who will also mix drugs with alcohol.

Who's affected

Males are both more likely to be victims and perpetrators of violent crimes in a public place than are females. Offenders and victims are largely under 30 years of age.

Anti-social behaviour can also be a side effect which can impact on local residents and businesses. Late night street noise can be a particular issue.

Our plans

There are many partners, including licensed premises, transport operators, the council and the police, who will continue work to ensure the night-time economy is managed in a way which supports a safe and pleasant environment. We will seek to confirm how the city as a whole wishes our leisure industry to be shaped and strive to develop it accordingly.

Voluntary and community sector organisations also provide support and off licences have a role to play, for example by further promoting the 'Sensible on Strength' campaign. In view of the high number of students in the city, there are plans for a university alcohol policy to be developed and implemented.

The city's Licensing Policy provides a framework within which the night-time economy is managed. Enforcement activity in relation to the licensing objectives including alcohol and drugs misuse will be targeted at licensed premises where necessary to ensure compliance.



Domestic violence & abuse, sexual violence, and other forms of violence against women & girls

Our aim: Local residents and communities are free from domestic violence and abuse, sexual violence and other forms of violence against women & girls

What we want to achieve

- Increased social intolerance and reduced acceptance (*prevention*)
- People have safe, equal and abuse free relationships (*prevention*)
- Increased survivor safety and well-being (*provision of services*)
- Perpetrators are held to account and are required to change their behaviour (*pursuing perpetrators*)
- A coordinated community response to violence and abuse (*partnership*)

Why this is a priority

Domestic violence and abuse, sexual violence and other forms of violence against women and girls (including harmful practices like female genital mutilation (FGM), forced marriage and so-called 'honour-based' violence (HBV)) often constitute criminal offences, are under-reported, have low conviction rates and high levels of repeat victimisation. These acts are likely to have a significant impact on the person experiencing them (and can include physical injury, as well as impacting on mental and emotional wellbeing, employment and education, social capital, health behaviours and homelessness¹⁴). They can also affect children (eg. poor school achievement, and the risk that violence in the home can normalise violence in future relationships¹⁵) and impact on the wider community.

The behaviour of perpetrators often remains unchallenged.

Key facts

In 2015/16, 4,575 domestic violence incidents and crimes were recorded by the police, an increase of 5.0% on 2014/15 and 24% higher than in 2013/14.

There were 667 police recorded sexual offences, an increase of 19% compared on 2014/15 and 74% higher than in 2013/14. Historical offences account for a significant number of serious sexual offences reported, resulting in a loss of forensic opportunities.

Local police data shows that in 2015/16 72% of domestic violence are female and 28% male, while for sexual offences the victims are 84% female and 16% male.

In terms of recorded data on harmful practices in Brighton & Hove, while there

has been improved recording all, these are significantly underreported:

- 23 patients were recorded by the NHS Acute Trust as having had FGM in 2015/16
- Three crimes of forced marriage were recorded by Sussex Police between April 2012 and June 2016.
- 7 honour-based violence offences were recorded by the police in 2015/16.

Who's affected

Police recorded data is an underestimate since substantial numbers of people do not report violence and abuse to the police. Local estimates based on a national survey¹⁶ are that in the last year:

- 7,639 women and girls aged 16-59, and 3,868 men and boys have experienced domestic violence and abuse;
- 4,564 women and girls, and 2,321 boys and men have experienced stalking; and
- 2,515 women and girls, and 677 boys and men locally are estimated to have experienced sexual assault in the last year.

However, in making these estimates, it is important to note that while both women and men experience incidents of interpersonal violence, women are considerably more likely to experience repeated and severe forms of violence and do so disproportionately and cumulatively during their lifetime¹⁷. In contrast, the majority of those who perpetrate violence and abuse are men.

However, men do experience, and as children boys also witness or experience, violence and abuse. Consequently, while

¹⁴ DOH. Protecting people Promoting health'. 2012.

¹⁵ Women's Health and Equality Consortium. 'Better Health for Women'; 2013.

¹⁶ ONS, Crime Survey England and Wales 2015

¹⁷ Walby and Allen, 2004

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strategy has a gender informed approach, reflecting HM Government's strategy to end violence against women and girls¹⁸, the actions taken will often benefit all victims of violence and abuse, with additional actions taken proportionately to respond to the needs of men and boys.

The strategy also seeks to respond to the unique needs, or barriers to help and support, faced by some communities including: people from Black and Minority Ethnic (BME) communities, those who are disabled, older or who identify as lesbian, gay, bisexual (LGB) or trans. Other groups also face significant disadvantage and marginalisation, including those in prison, prostitution or sex work, as well as travellers and those who are asylum seekers or migrants.

Our plans

We will develop a strategy for Domestic Violence & Abuse, Sexual Violence and other forms of Violence against Women and Girls with East Sussex, setting out our shared aims as-well as identifying priorities specific to Brighton & Hove. Our work will be built around the key themes from:

Prevention

- Continue to raise awareness of what constitutes violence and abuse, in particular focusing on reaching different communities or addressing emerging risks like stalking and harassment
- Support work with children and young people, with a focus on the Early Help Strategy, the Public Health Schools Programme and the planning and delivery of effective Relationship and Sex Education
- Pilot the Women's Aid 'Ask Me' Scheme to create safe spaces in the

local community to increase public awareness and promote opportunities for disclosures.

Provision of service

- Continue to support The Portal¹⁹, which provides a single point of access and helps victim/survivors of domestic and sexual violence and abuse to find advice and support
- Work with specialist services and other commissioners to generate added value and test different models of delivery
- Develop proposals to further develop support for victim/survivors with a focus on Private Law Family Proceedings and those experiencing Stalking and Harassment
- Continue to work with the Clinical Commissioning Group (CCG) to deliver a trauma pathway to improve access to talking therapies for victim/survivors.

Partnership working

- Ensure frontline practitioners have the confidence and skills to identify and respond to violence and abuse including further developing multi-agency training around forced marriage, honour based violence and sexual violence
- Develop resources for professionals including guidance to improve 'safety netting' and to support step down from specialist or commissioned services
- Review the finding from the review of the MARAC to ensure that MARACs are better able to manage volume, address complex or repeat cases and integrate into Child and Adult 'front doors'

¹⁸ www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020

¹⁹ The Portal is a partnership of leading Sussex Domestic and Sexual Abuse Charities including RISE, Survivors' Network and CGL. www.theportal.org.uk

Domestic Violence/Abuse, Sexual Violence and other VAWG

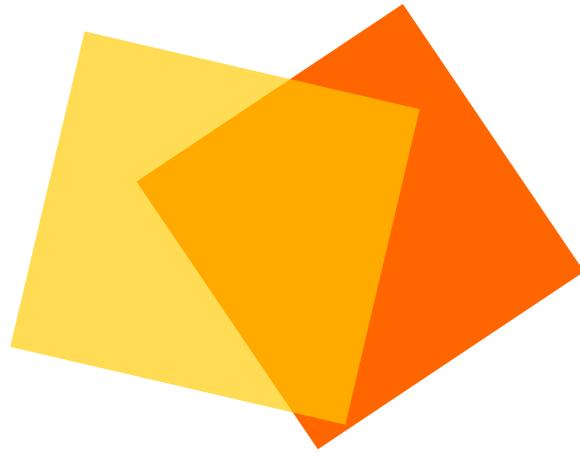
- Develop a partnership action plan to responding to the findings from the Public Health Rapid Needs Assessment into Sex Work²⁰.

Pursuing perpetrators

- Review interventions to challenge perpetrators, in particular repeat offenders and perpetrators of stalking and harassment.

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<http://www.bhconnected.org.uk/sites/bhconnected/files/Sex%20Work%20Rapid%20Needs%20Assessment%20-%20key%20findings.pdf>



Reducing offending

Our aim: Harm to local communities and to wider society associated with offending by problematic and persistent offenders is reduced, and quality of life is improved

What we want to achieve

- Offenders are supported towards leading crime-free lives, including on release from prison
- Less offending where health needs and substance misuse are a contributory factor
- Offenders have a better understanding of the impact of their offending behaviour and victims make better progress towards achieving resolution (eg. by using restorative justice approaches)
- Problematic offenders are managed holistically through partnership working.

Why this is a priority

Crimes have a significant impact on actual and perceived levels of safety by individuals, families, businesses and communities and costs associated with offending, including to the public sector, are high. Successful actions which address factors linked to offending and reoffending not only bring about changes in the behaviour and improved life opportunities for individual perpetrators, but also bring significant benefits to communities across Brighton and Hove.

Of course the day-to-day business of local criminal justice agencies is to work with offenders to reduce their offending. Strands of their work may be focused on domestic violence offenders, sex offenders, counter-terrorism, etc. However, this strategy is about how agencies working together in partnership can provide added value.

Key facts

Ministry of Justice data show that between April 2014 and March 2015 there were 2,544 recorded offenders in Brighton & Hove, of whom 730 (29%) went on to offend again in the following 12 months. Drug and alcohol use are implicated in a high proportion of crimes committed and city offenders often have relatively high needs in these areas. Research shows that nationally drug users commit between a third and a half of all acquisitive crime, while alcohol is estimated to be implicated in over half of all violent crimes²¹.

Offending behaviour can be linked with mental health and personality disorders, sometimes interwoven with substance misuse (dual diagnosis). Screening in local custody/courts found that nearly

four out of five offenders had a mental health need.

Criminal behaviour can be passed down the generations within a family²², while having family relationships reduces the likelihood of offenders reoffending.²³ However, many may have lost their family ties. Difficulties in accessing and maintaining stable housing and employment can interlink with an offending lifestyle and health problems. Affordable housing is a particular issue in the city and the number of supported hostel places has reduced. A high proportion of people released from prison on licence have no fixed abode, no permanent accommodation or unsuitable accommodation.

Repeat offenders are often some of the most socially excluded in society. They can suffer multiple disadvantage, including social problems, drug, alcohol and/or mental health problems, lower than average levels of educational attainment, financial problems and debt.

Changes to the benefits system may have added financial strain. Those with higher levels of need are both more likely to reoffend and, although offenders tend to have higher needs than the general population, they can also face greater barriers to accessing support.²¹

Who's affected

As of March 2017, the local Community Rehabilitation Company (CRC) caseload of 860 offenders was 88% male, 32% in their twenties and 31% in their thirties. The National Probation Service have in the region of 400 higher risk offenders on their caseload locally.

²¹ National Partnership Agreement between the National Offender Management Service, NHS England and Public Health England for the co-commissioning and delivery of health care services in prisons in England 2015/16

²² Farrington, DP et al. Family factors in the intergenerational transmission of offending. *Criminal Behaviour and Mental Health*, 19: 109–124. 2009

²³ Ministry of Justice and Department for Children, Schools & Families. *Reducing Re-offending: Supporting families, creating better futures*. 2009

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National research has found that male offenders have higher levels of alcohol problems while females have higher levels of mental health and relationship problems. Locally, the needs of male offenders are, on average, slightly higher than their female counterparts across most of the domains on the CRC's (Community Rehabilitation Company) OASYS assessment of needs linked to offending²⁴, but females have slightly higher needs around relationships and emotional wellbeing. Additional areas of need for those who have experienced sexual or domestic violence/abuse, or who have been involved in prostitution may be more frequent in women.

Our plans

Through our National Probation Service, Community Rehabilitation Company and Youth Offending Service, we will provide both a risk management and behaviour change focus to rehabilitate offenders. Offenders under the management of these services will have robust orders and licences in place that aim to reduce the risk of harm they pose to others and further offending.

However, the long term ambition of these services is focused on behaviour change and rehabilitation. This will be achieved by holistic support to meet the needs of offenders through partnership working, including with offenders themselves.

We will continue to strengthen Integrated Offender Management arrangements, bringing all offenders into scope, but focusing on those who are more problematic and persistent. This will help offenders to adopt more positive lifestyles and become reintegrated into communities. We will seek the involvement of a broad range of agencies

in supporting the IOM model and governing meetings in order to create firm risk management plans to reduce further offending.

We will also work proactively with our young people to divert them away from criminality and to prevent them entering the criminal justice system.

Restorative justice principles and practices will permeate through our work to reduce offending.

²⁴ The OASYS criminogenic needs assessment has 10 domains. These are: accommodation; education, training and employment; finance; relationships; lifestyle & associates; drugs; alcohol; emotional wellbeing; thinking & behaviour; and attitudes



Community collaboration and resilience

Our aims:

Cohesive communities which are resistant to crime, disorder and exploitation

Communities with the confidence and knowledge to support those who are most vulnerable

What we want to achieve

- Cohesive local communities who are resilient and supportive of each other when there are challenges from international, national or local events
- Confident local communities (often demonstrated through the presence of Local Action Teams) that are able to recognise when those in their midst are being abused, harassed or exploited
- Communities who are willing to work with the statutory sector to support vulnerable people and to address other community safety issues
- A city where new residents are welcome and migrants are well supported
- An inclusive city where all sections of the community have trust and confidence in the authorities to respond when local residents have been exploited or victimised.

Why this is a priority

Social and economic isolation provide opportunities for crime, abuse and exploitation to exist. Some of these crime types, for example those related to modern slavery, can have particularly severe impacts on victims. Sometimes victims of crime may feel they need to remain hidden from authorities.

Strong and inclusive communities, underpinned by shared values and based on mutual respect are more resilient and provide the conditions when our most vulnerable residents can be safeguarded.

A city in which all residents feel they are valued – including newcomers and residents who have lived in the city all their lives – increases residents' wellbeing and satisfaction, and creates a climate in which municipal measures are more effective. The *Review into Opportunity and Integration* by Dame Louise Casey published in December 2016 points to the importance of local authorities picking up and acting upon at an early stage signs that integration is breaking down.

Key facts

Other sections of this strategy give an idea of the anti-social behaviour, crime, and abuse occurring in the city.

Community networks can help create a positive environment which discourages crime and supports victims at all levels of severity.

The way we tackle modern slavery and the city's response to international migration are two areas where cohesive and confident communities can make an important difference.

Modern Slavery

Modern slavery is a serious crime which encompasses slavery, servitude, and forced or compulsory labour and human trafficking. The government estimates that there are 10,000-13,000 victims of modern slavery in the UK at any one time

but only a fraction of these cases come to light.

There is a lack of local information around the issue. Comparing the number of referrals to the National Referral Mechanism (NRM)²⁵ locally with those from other areas would tend to indicate that modern slavery is under-reported in the city and from the rest of Sussex.

Many victims of modern slavery are UK nationals but a majority are migrants.

Migration to Brighton & Hove

The latest available ONS estimates for 2015, estimate that there are 41,000 residents in Brighton & Hove who were born outside of the UK, which represents 15% of the population. Two out of five of these (39%, 16,000 people) were born in the European Union.

Our local population includes a number of refugee communities, particularly those from Arabic speaking countries in the Middle East and North Africa.

The city council is currently carrying out an in-depth needs assessment of the populations of international migrants in the city. This has an estimated publication date of autumn 2017 and will include information around community safety.

Serious and Organised Crime

Serious and organised crime is defined as 'Individuals, normally working together with others, with the intent and capability to commit serious crime on a continuing basis'. Serious and organised crime impacts across communities and is associated with, for example, drugs, fraud, acquisitive crime, child sexual exploitation and abuse, trafficking and immigration crime. The cost to society or

²⁵ The NRM is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support.

serious and organised crime is estimated at many billions of pounds a year²⁶.

Who's affected

All residents of the city should benefit from this approach to community collaboration approach to community safety. However, those who may have the most to gain will be those who are most excluded and those who may not be free or able to access the support and services that they need.

Those most at risk of exploitation through modern slavery are adults and children who are already in vulnerable and precarious situations. These include, for example, rough sleepers, people with insecure immigration status, those with no access to housing and benefits, young people who are or have been in care, and so on.

Serious and organised crime impacts on all communities; it is particularly pertinent in relation to modern slavery and trafficking.

Our plans

Working within the principles of the city council's new *Community Collaboration Framework*, we want to maintain and build collaborative trusted partnerships with communities and the third sector to increase the reporting of crime to the authorities and to tackle community safety issues together.

Continuing to support the Local Actions Teams, Neighbourhood Watch and other forums in the city, we want to make residents aware of the signs and indicators of threats to the community from issues such as terrorism and extremism, as well as risks to individuals from perpetrators of abuse, exploitation and modern slavery. Alongside this we

Community collaboration and resilience

will develop the 'professional curiosity' of frontline officers to develop intelligence and identify risk.

We will work to maintain the trust and confidence of communities of interest in the city through collaborating with forums and organisations representing their interests.

We want Brighton & Hove to maintain its status as a City of Sanctuary for those who have left their home countries because of persecution or war, continuing to participate in government schemes to bring refugees to the UK. We want international migrants, including refugees, to feel well-supported and able to play their full part in the economic and cultural life of the city. We will continue to broker and nurture close working relationships between the statutory sector and community initiatives seeking to support refugees and migrants through the Refugee & Migrant Forum, the Sanctuary on Sea group and other initiatives.

The Community Safety Partnership will contribute to regional working to manage serious and organised crime aligned to the national Serious and Organised Crime Strategy.

26 Home Office Research Report 73 (2013), *Understanding organised crime: Estimating the scale and the social and economic costs*



Preventing terrorism and extremism

Our aims:

Prevent: Create long-term resilience to all forms of terrorism and extremism amongst individuals, institutions and communities; reduce harm and increase trust and confidence.

Challenging extremism: Create cohesive local communities that challenge extremism in all its forms, champion shared values, tackle social exclusion and promote equality.

Prevent

What we want to achieve

- Staff, partners and communities are better equipped to understand and challenge terrorisms and extremisms
- Individuals vulnerable to being drawn into terrorism and extremism are identified at an early stage and supported to reduce risk
- Vulnerable institutions are able to manage risks
- Key sectors and institutions are able to manage risks including those posed by extremist speakers, events, and groups
- Cohesive communities are resilient to the challenges posed by international, national and local critical incidents and where the risk of harm caused to individuals and communities is reduced

Why this is a priority

Prevent is a statutory duty and requires 'specified authorities' "to have due regard to the need to prevent people from being drawn into terrorism". The Channel Duty requires vulnerable individuals to be supported early before the risk of illegality occurs.

The threat to the UK from international terrorism remains 'severe, meaning that the threat of a terrorist attack is highly likely'. The UK faces diverse threats, including from terrorist organisations in Syria and Iraq, and the extreme right-wing in the UK. Social media is increasingly used to communicate, recruit and create fear. The risks of lone actor attacks have increased and their unpredictable nature makes prevention even more difficult.

Terrorist attacks not only cause loss of life and economic damage but they also fuel community tensions, damage public confidence and community cohesion. International and national incidents impact on inter-community relations locally. The far-right and Al-Qaida-inspired terrorist groups feed off one another in what is often referred to as the 'reciprocal radicalisation' effect. Unless the ideologies and the ideologue are challenged and recruitment to these groups stopped, the cycle of violence, criminality and hate incidents will continue with significant resource implications across partners and significant impact on the communities.

Key facts

Prevent, one of the four strands of CONTEST, the government's counter-terrorism strategy, aims to reduce the threat to the UK from terrorism and aims to 'stop people becoming terrorists or supporting terrorism'. The national Prevent Strategy (2011) has three main objectives:

1. Respond to the ideological challenge of terrorism and the threat faced from those who promote it;
2. Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
3. Work with sectors and institutions where there are risks of radicalisation which we need to address.

The Prevent Strategy addresses all forms of terrorism, including the right-wing and the Al-Qaida-inspired and associated terrorisms, but prioritises these according to the threat they pose to our national security. Prevent also addresses some aspects of non-violent extremism that create an environment conducive to terrorism and can popularise views which terrorists exploit.

Risk of travel to the areas of conflict for men, women, and a small number of

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families continues. Over 850 individuals of national security concern have travelled from the UK to Syria and Iraq to join in the conflict. In 2015, more than 150 attempted journeys to the conflict area were disrupted by the police and other partners nationally. Terrorist organisations use social media to expand their reach and influence. Following referrals from the Counter Terrorism Internet Referral Unit, social media providers removed over 55,000 pieces of illegal terrorist material in 2015. There is a reported rise in referrals to Channel programme attributable to increased awareness of risks and safeguarding responsibilities.

Who's affected

Analysis reveals that there is no single route to terrorism nor is there a simple profile of those who become involved. The decision of an individual to become involved in extremist activities may reflect a complex interplay of the following causes: exposure to an ideology that seems to sanction violence; exposure to people who persuasively articulate that ideology and then relate it to an individual's life circumstances; and driven by vulnerabilities in people which make them susceptible to a message of violence.

Reported Islamophobic and anti-Semitic incidents have increased in 2016. Due to the global political situation, media representation, and an increase in far right activities, communities report an increase in Islamophobia and other prejudices. Austerity and financial uncertainty following the referendum on the UK's membership in the EU may have a differential impact on communities and may give rise to further grievances that may be exploited by extremist or terrorist groups.

Our plans

We will continue to build on the existing best practice in coordinating Prevent

delivery locally, our successful engagement with diverse communities and partners, and ensure that Prevent work is mainstreamed across partners in the city.

Jointly with police, key partners and communities we will regularly identify levels of risks, vulnerabilities, and threat to direct local work strategically and develop our action plan to be flexible and responsive to tackle specific risks and emerging threats including community tensions.

We will support individuals vulnerable to being drawn into terrorist related activities including through the multi-agency Channel programme, and develop effective interventions to reduce risks. We will continue to raise awareness of diverse ideologies, groups and risks amongst staff and communities to strengthen their capabilities, increase their confidence to challenge ideologies and counter terrorist narratives, and to support individuals appropriately.

We will support vulnerable institutions to build their resilience. Through improved communications of Prevent work and its impact, we will improve trust and confidence amongst partners and communities.

Building partnerships to challenge extremism

What we want to achieve

- Individuals, groups and partnerships are confident to challenge all forms of extremism and actively promote our shared/city values
- Active, vibrant and well-governed community groups and civil society that work collaboratively with each other and statutory sector to protect people from harm caused by extremism

- Cohesive local communities are resilient to the divisive narratives and agendas of extremism.
- People are protected from harm caused by extremism

Why this is a priority

The harm resulting from unchecked extremist ideas and groups is seen not only in the rise of hate incidents but also in the promotion of hatred, intolerance, discrimination and violence. Where extremism takes root and our shared values are undermined, it creates social isolation, exclusion and divisions amongst communities, fuelling tensions and adversely impacting on inter-community relations. Marginalised and excluded groups' equality of access to mainstream services and opportunities to improve quality of life and wellbeing are adversely impacted. The most damaging effect is seen if these prejudices and divisions become normalised.

Individuals or groups may become vulnerable to the divisive narratives and recruited into extremist causes and activities. The far right and Al-Qaida-inspired terrorist groups feed off one another in what is often referred to as the 'reciprocal radicalisation' effect. Unless the ideologies and the ideologue are challenged and recruitment to these groups stopped, the cycle of violence, criminality and hate incidents will continue. This will have important resource implications across partners and a significant impact on the communities.

Strong and inclusive communities underpinned by shared values are less vulnerable to crime, disorder and improve our resilience to extremism and terrorism.

Key facts

The Counter-Extremism Strategy, published on 19th October 2015, sets out the government's comprehensive approach to tackling extremism in all its

forms – both violent and non-violent – to protect people from harm caused by extremism.

Extremism is defined as 'vocal or active opposition to fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist'.

The counter-extremism strategy is distinct but complimentary to the 'Prevent Strategy' and work programme. It extends the government's capabilities to tackle non-violent forms of extremism often promoted through multi-channel platforms such as online, broadcast and social media. The strategy seeks to address root causes by tackling social exclusion, marginalisation, and divisions that can help provide fertile ground for extremist messages to take root, and aims to build more cohesive communities. In this new approach working in partnership with communities and civil society we will positively promote our shared values, cohesion, and equality.

Who's affected

Recorded hate crimes, particularly, specific types, such as anti-Semitic and Islamophobic hate crimes has seen an increase nationally. Academic evidence suggests that a large proportion of hate crimes are related to extremism.

It has the potential to not only manifest itself in physical attacks on people and places, but to isolate individuals and create a breakdown in relationships between communities.

Our plans

At the centre of this strategy is an intention to work in partnership with others. The policy framework places communities and civil society at the heart of delivering this work locally within a multi-agency environment.

DRAFT Community Safety and Crime Reduction Strategy 2017-20

Jointly with our communities and partners, we will identify community tensions and the local extremist threat that undermines cohesion in the city, and develop an action plan that strategically responds to emerging risks and reduces harm within an approach of working collaboratively and empowering individuals and communities.

We will identify and build relationships to further develop this local network of individuals, groups and civil society in the city that offers a credible and mainstream challenge to counter extremism and promotes cohesion and equality.

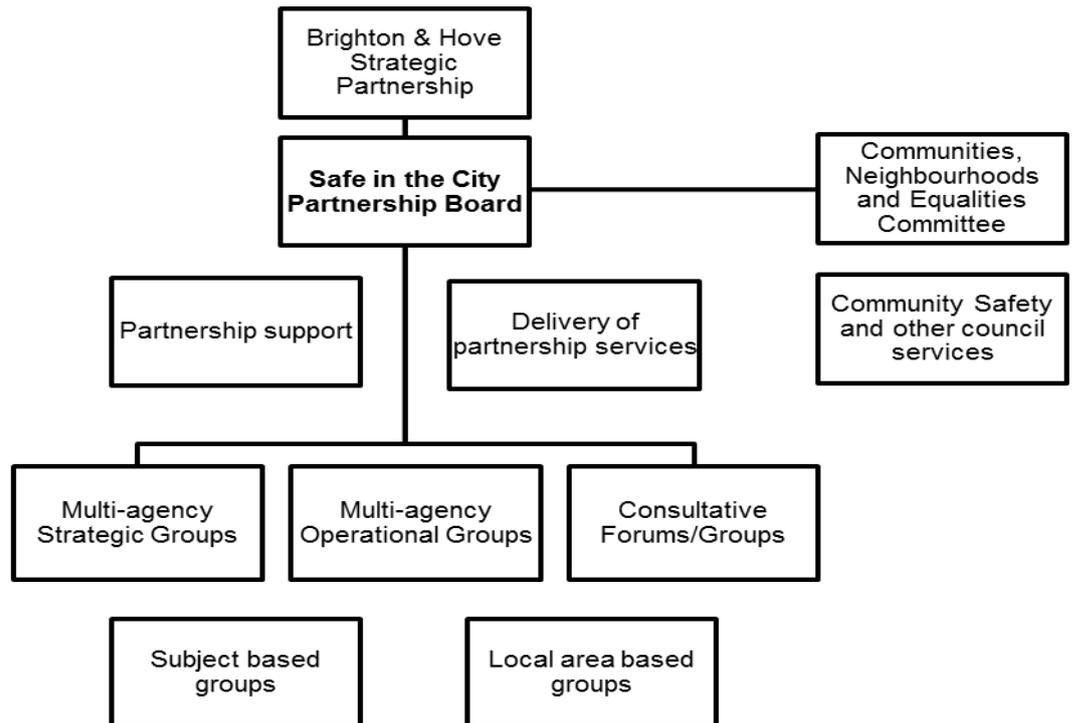
Our local response will promote trust and confidence in communities in relation to challenging extremist and intolerant views, strengthen community resilience to all forms of extremism, promote community cohesion, and the city values.

Great care is needed to achieve a balance between maintaining freedoms and addressing the serious problem of extremism. The challenge ahead is to mitigate the impact these narratives have on social cohesion. Transparency, honesty and collaboration are critical to the success of measures to prevent extremism.

Appendix 1. About the Partnership

The Crime and Disorder Act 1998 specifies that community safety strategies must be delivered by Community Safety Partnerships. The 'responsible authorities' who are required by legislation to participate in our 'Safe in the City Partnership' are the local authority, police, probation, health, and fire and rescue services. However, many other partners from the statutory, community/voluntary and business sectors, including the Police and Crime Commissioner are fully involved in the Partnership's work. Local residents also play a key role.

The diagram shows the structure of the Safe in the City Partnership. The Safe in the City Partnership Board has overall responsibility for the work of the Partnership, while the individual priority areas within this strategy are supported by multi-agency working groups made up of specialists in the relevant area. In some areas there are also dedicated staff to drive forward the work.



A network of Local Action Teams cover the city and these are an important part of the Partnership. These involve residents, local businesses and agencies working together and they provide a key route through which community safety issues for local neighbourhoods are taken forward. LATs meet together via the LAT Forum where issues of common concern can be discussed and ideas shared.

The Safe in the City Partnership links with the democratic process through the Neighbourhoods and Equalities Committee. Integrated working with the Sussex Police and Crime Commissioner is being achieved through having regard to each other's priorities and providing mutual support for delivery.

There is more information about the Partnership and its work on our website www.safeinthecity.info

If you would like to provide any feedback on this document, you can do so

by email: community.safety@brighton-hove.gov.uk

or in writing to:

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April 2017

Brighton & Hove

Strategic Assessment of Crime and Community Safety 2016

Safe in the city

Brighton & Hove Community Safety Partnership



Brighton & Hove
**Strategic Assessment of Crime and Community Safety,
2016**

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1. INTRODUCTION

1.1 Purpose of the Strategic Assessment

This Strategic Assessment is prepared for the Brighton & Hove Safe in the City Partnership. Its purposes are:

- To provide an analytical basis for the Community Safety and Crime Reduction Strategy 2017-20.
- To enable the Safe in the City Partnership to be more responsive to changing situations so that the direction of strategic work remains focused on matters that are of the most importance.
- To provide a resource to inform other relevant work in the city.

1.2 Current landscape

The year 2016 has seen some particularly significant national and international developments which have affected the landscape in which our work to reduce crime and disorder is set. The European Union membership referendum, which resulted in the UK voting to leave the EU, enabled the voicing of many different views around immigration, and has increased national economic uncertainty and possibly altered perceptions around people's feelings of their own financial security.

National security remains an issue across the country and the risk for Brighton & Hove has been assessed as significant enough to receive additional support to seek to identify and divert young people from being drawn into terrorism.

Key changes in national legislation have the potential for increased financial pressures for many people on benefits. These changes are being implemented in stages, the most recent of which is the imposition of a benefit cap which puts a ceiling on the total payment available for some families. The cost of housing in Brighton & Hove is making access to suitable housing for those on lower incomes very difficult. This includes those who are drawn to the city because of its reputation as a place where people from all types of background can be accepted as part of the city's diverse communities.

The capacity to provide services around crime and community safety continues to decrease with ongoing budget cuts for the police, council, health and other public services. This means that difficult decisions need to be made about whether to allocate scarce resources to prevention work or to responding to the impact of crimes and supporting victims after they have occurred. Without investment in prevention work, there is the risk that significant problems will potentially be stored up for the future.

Creative ideas which lead to new ways of working effectively, but which cost less or are cost neutral, are always being sought. For example, the penetration of the internet and social media into daily lives changes the nature of risks, but can also offer new opportunities for public services to engage with communities.

A partnership event was held in March 2015 under the city-wide Brighton & Hove Connected banner to think about new approaches in the context of budget reductions and service reorganisations. Proposals for taking community safety work forward were made including citizens and public services working more closely together; achieving a more unified partnership approach and single points of contact; expanding the involvement of volunteers, and doing more around 'tone-setting' and challenging bad behaviour. A report on this event is available at Appendix 1 on page 71.

While there have been numerous examples of support from our local communities to help others in need, including a wide range of offers from the wider community to assist refugees who arrive in the city, there is a risk that community cohesion will suffer in these changing times.

1.3 Our approach to this Strategic Assessment

Since the Crime and Disorder Act in 1998 there has been a statutory obligation for Community Safety Partnerships to provide evidence-based strategies for their local authority area. Since 2007 (under the Police and Justice Act 2006) the requirement is to produce three-yearly strategies and to refresh these on an annual basis, backed up by the production of annual strategic assessments. April 2017 will mark the beginning of a new three year strategy period 2017-20.

Since 2013 we have adopted an approach of undertaking a more detailed review of the crime and community safety picture in the city every three years, prior to the 'resetting' of the new three year Community Safety Strategy. In the intervening two years we have taken stock of progress and 'refreshed' the Strategy in response to any locally or nationally changing context for the next year.

This 2016 Strategic Assessment involves a more detailed review and is being undertaken in preparation for the 2017-20 Strategy. We have chosen to structure our work on this occasion in terms of crime areas. Within each area we look at:

- national and local context;
- contributory factors;
- scale of the problem and trends
- the impact on those who are affected
- perpetrators and criminal justice response

We then give consideration to:

- whether the problems as described warrant prioritisation in the forthcoming Strategy, and, if so
- what outcomes do we wish to achieve
- what approaches are recommended to achieve these outcomes

The Community Safety and Crime Reduction Strategy 2017-20 and accompanying action plans will then be drafted in view of the above information.

The production of this document has been carried out by subject lead officers and analysts/researchers in the community safety and public health teams at Brighton & Hove City Council. Multi-agency working and strategy groups who oversee and guide the partnership's work will be given opportunities to input to the findings and develop the recommendations for the Strategy. In particular, a consultation event involving members of the Safe in the City Partnership Board and representatives of local communities will be held in November 2016 to facilitate the prioritisation of the partnership's work over the next three years.

1.4 Data sources and issues

A wide range of information sources from across the Partnership and elsewhere has been drawn upon for this strategic assessment. Analysis for most strategic areas has focused on data from 2015/16, as this is the most recent complete financial year, but this may vary in some cases. The general principle has been to look in detail at recent data, but also to set it in the context of more historical information. The time period to which data refer should be specified in each instance.

The main qualification necessary, especially around police data, concerns the impact of levels of, and changes in, reporting and recording of data. Considerations around reporting levels are particularly relevant for hate crimes, domestic violence and sexual violence and abuse, but also affect many other crime types to varying extents. For example, national data¹ show that 95% of thefts of motor vehicles and 82% of burglaries of dwellings with loss are reported to the police, or come to their attention through another route. The percentage drops significantly when

¹ ONS (2016) Crime in England and Wales year ending Jun 2016: Annual trend and demographic tables.

looking at vandalism, or theft from person offences, where around a third of all offences are reported to the police. Just over half of all violent crimes are reported, although the proportion is higher for more serious violent offences.

In response to a national effort to improve the quality of police recorded crime data, which currently does not meet national standards as set by the Office for National Statistics, police recorded crime data nationally has been subject to a HMIC Data Integrity inspection carried out in 2013/14 and there have also been follow up inspections. The response of local police forces to these inspections has affected the recording of violent and sexual offences in particular. This is discussed more in Section 3.2.

The combination of under-reporting and under-recording of crime is an issue that we always need to remain aware of. If there is a lack of robust recorded data, there is a risk that the general public may be more inclined to generate their own conclusions around crime trends based on their own perceptions or those of others.

Another point of note in respect of police data is that it has not been possible to obtain data on how many crimes are happening to victims who have been a victim before. The effect of being subject to crimes on a recurring basis can deepen the impact on the victim, but it has not been possible to analyse information on repeat victimisation at a local level.

1.5 Structure of the report

This document first considers in Section 2 the demographic make-up of the population of Brighton & Hove where this is relevant to the community safety needs of the city, and looks at local social and economic indicators. Section 3 takes an overview of crime and disorder, enabling the relative extent of different problems to be visualised. This section summarises recent changes to crime levels, the nature and scale of anti-social behaviour, and provides some information about issues in local neighbourhoods.

Sections 5 to 10 provide the main analytical content for each subject area examined in this strategic assessment. Each subject under consideration ends with conclusions and recommendations to inform the 2017-20 Strategy.

2. LOCAL CONTEXT AND DEMOGRAPHIC PICTURE

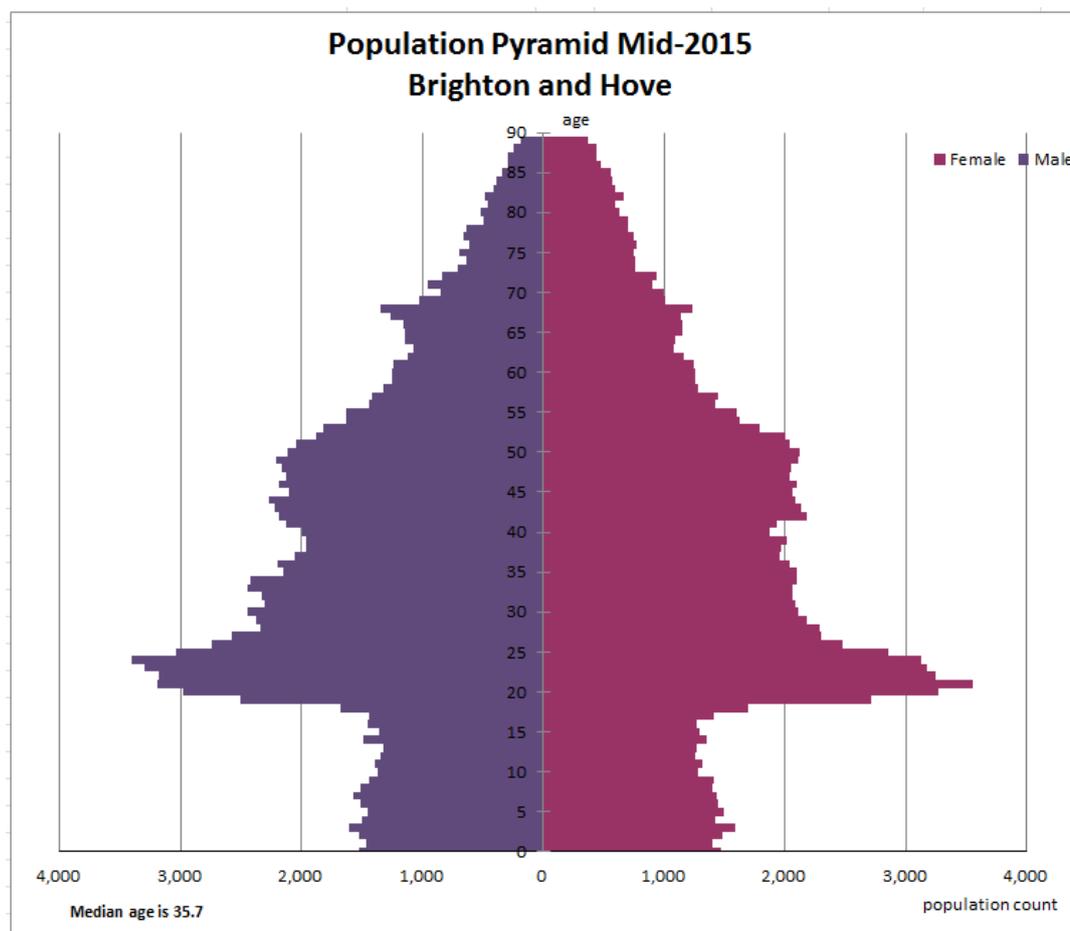
2.1 The local population

Brighton and Hove's population is growing. The 2015 ONS mid-year estimates (MYE) show the population of Brighton & Hove to be 285,300, a 2.6% increase from the 2014 MYE estimate.² The population is predicted to be 289,100 in 2017 and 294,900 in 2020, a predicted increase of 2% during the lifetime of the strategy.³

Age and gender:

Brighton & Hove has an even population split by gender with 50% (141,990 people) of the population being female and 50% (143,286 people) male (Figure 1).

Figure 1. Population pyramid, Brighton & Hove, 2015



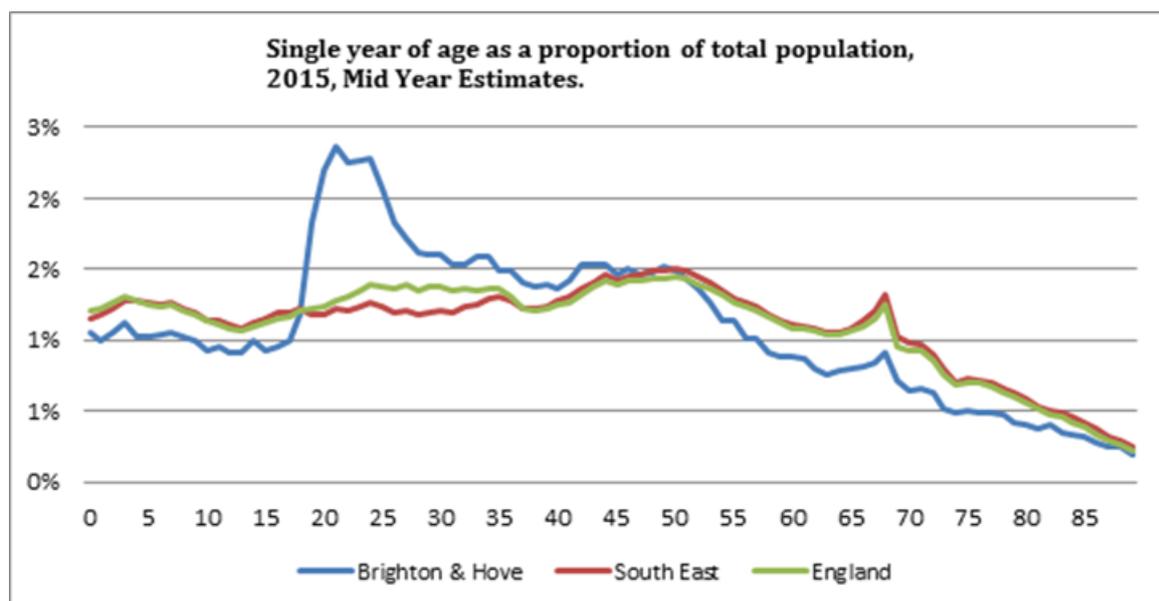
Source: ONS 2015 Mid-year population estimates

Brighton and Hove's age structure is different to that seen in the South East and England as shown in Figure 2.. In Brighton & Hove 16% of the population are aged 0-15 years, 71% aged 16-64 years and 13% aged 65 years or over. This compares to the South East (19%, 62% and 19%) and England (19%, 63%, 19%). So whilst there is a lower proportion of children in the city, there is also a lower proportion of older people.

² ONS Population Estimates for the UK. Accessible at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

³ ONS 2014-based National Population Projections. Accessible at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/2014basednationalpopulationprojectionstableofcontents>

Figure 2.



The resident population of the city is predicted to increase to 305,900 by 2026, a 6.7% increase compared to 2016 (an increase of 19,100 people). This is lower than the predicted increases for the South East (7.9%) and England (7.1%).

The city's population is predicted to get older with the greatest projected increase (37%, 9,300 extra people) seen in the 55-64 year age group. The population of people aged over 70 is also predicted to increase by 21% (5,500 people) including those aged 90 or older (500 people, 21%). People aged 20 to 29 are predicted to fall by 3% (1,600 people).

There is a younger age structure for men in the city. The proportion of male to female residents remains at around plus or minus 5% until around the age of 80 and thereafter the gap widens until for residents aged 90+ there are 1,681 females (71%), two and a half times the number of males (691 people, 29%).

By 2024 the number of males (155,137 people, 51%) is predicted to be higher than the number of females (148,394 people, 49%). The largest increase in the male population compared to the female population is predicted to be in the age groups 26 to 40 and 74 and older. Males aged 26 to 40 are predicted to increase by 4,801 people (14%) compared to females 760 people (2%). Males aged 74 and over are predicted to increasing by 2,743 people (34%) compared to females by 1,570 people (13%), with males aged 90 or over set to double (342 people, 51%) compared to an increase of just 86 females (5%).

Migration:

The city is a destination for migrants from outside the UK. The latest Office for National Statistics figures (for 2015) show that 41,000 residents (15% of the city's population) were born outside the UK, higher than the South East (12%) but similar to England (15%). The city's migrant population has increased by 12,000 (41%) compared to 2005. In 2005 there were 29,000 people resident who were born outside the UK, which was 12% of all residents in the city at that time.⁴

Over a third of the 41,000 people who have migrated to the city are from EU countries (39%, 16,000 people). More than four out of five (81%, 13,000 people) EU migrants are from member

⁴ ONS, population of the UK by County of Birth and Nationality. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality>

Strategic Assessment of Crime and Community Safety, 2016

countries who joined before 2004. This is much higher than the average for England (47%) and the South East (53%).

Three out of five migrants in the city (61%, 25,000 people) are from outside the EU, including 11,000 people from Asia (27% of all non-UK migrants) and 3,000 from Sub-Saharan Africa.

For the year ending June 2015 there were estimated to be 6,700 migrants to the city from outside of the UK, and 2,500 people leaving the city to go outside of the UK – a net inward international migration of 4,200 people. The net international inward migration figure is 17% (600 people) higher than the figure seen for the year ending June 2014. For the year ending June 2015, 19,200 people moved to Brighton & Hove from elsewhere in the UK and 20,000 moved from Brighton & Hove to another part of the UK. So the net effect of internal migration is 800 fewer people in that year.⁵

Ethnicity:

The city's Black & Minority Ethnic⁶ (BME) population is increasing. The proportion of BME residents in the city increased significantly between 2001 and 2011 and is likely to have increased further since the last census. According to the 2011 census a fifth of the population (19.5%, 53,351 people) were BME compared to just 12% in 2001. This proportion is similar to England (20.2%) but significantly higher than the South East (14.8%). The largest ethnic group within this is White Other, which make up 37% of the BME group. The non-white ethnic population make up 11% of the total population, of which the largest group is Asian/ Asian British, which account for 21% of the BME population, followed by the mixed/ multiple ethnic group, which accounts for a further 20% of the BME population.⁷ Brighton and Hove has a higher than average proportion of residents who class themselves as Other White (7.1 per cent compared to 4.6 per cent nationally and 4.4 per cent in the South East), as well as a higher than average proportion of residents of Mixed or multiple ethnicity (3.8 per cent compared to 2.3 per cent nationally and 1.9 per cent in the South East). We also have a higher than average proportion of Arabs (0.8 per cent of the population compared to 0.4 per cent nationally and 0.2 per cent in the South East). We have fewer than average Asian or Asian British residents, and Black or Black British Residents.

There is no definitive data on the number of Gypsies and Travellers in Brighton & Hove. In the 2011 census there were 198 Gypsy/ Travellers/ Irish Travellers recorded locally. The 2012 Gypsy and Traveller Needs Assessment reported that there were 60 caravans in the city recorded through a national Caravan Count. It is estimated that 146 Travellers in 46 households were living in these caravans⁸.

Students:

There had been a sustained increase in the numbers of students at our two main universities, from around 26,000 in 1995/96 to 35,205 in 2011/12. However, since 2011/12 there has been a small but gradual decrease in the total student numbers at the two universities to 34,220 in 2014/15, a fall of 985 students between 2011/12 and 2014/15, or 2.8%.⁹

The number of short term students in the city is the second highest of any local authority in England. For the year ending June 2014, there were an estimated 3,100 short term (3 to 12

⁵ ONS Population analysis Tool 2015. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesanalysisistool>

⁶ Black & Minority Ethnic (BME) is defined as all ethnic groups other than White English / Welsh / Scottish / Northern Irish / British.

⁷ ONS 2011 UK Population Census, table KS201EW available at https://www.nomisweb.co.uk/census/2011/data_finder

⁸ NHS Brighton & Hove, 'Gypsy and Traveller Rapid Health Needs Assessment', 2012

⁹ Table 3 HE enrolment by provider, available at <https://www.hesa.ac.uk/stats>

month) international migrants studying in the city.¹⁰ This is an increase of 1,200 people (64%) compared to June 2013 and 1,900 people (169%) compared to 2009.¹¹

Visitors:

Brighton & Hove is a popular visitor destination. An estimated 11.5 million trips to Brighton & Hove were made by day visitors or those staying one night or longer in 2014¹². This is an increase of about half a million on the estimate for 2013. Total expenditure by visitors to the city in 2014 was estimated to be £873 million.

LGBT residents:

It is estimated that lesbian, gay and bisexual (LGB) residents make up 11% to 15% of the Brighton and Hove's population aged 16 years or more. This estimate draws on information collected via large scale surveys and audits conducted over the last ten years (including Count Me In Too). Using ONS 2015 mid-year population estimates this is between 26,400 and 34,900 LGB residents. The average of these two percentages would mean there are around 32,100 lesbian, gay and bisexual residents in the city. It is estimated that there are 2,760 trans adults living in Brighton & Hove, however, the true figure is likely to be bigger than this¹³.

Residents with disabilities and carers:

In 2015 there were an estimated 5,500 people aged over 18 with a learning disability, 17,400 people aged 18 to 64 with a moderate or severe physical disability and 30,900 people aged 18-64 years with a common mental disorder¹⁴.

For more than one in twenty residents (20,445 people, 7.5%) their day to day activities are 'limited a lot'. For a further 24,124 residents (8.8%) their day to day activity is 'limited a little'. This is similar to the proportions found in the South East and England.¹⁵

Nearly one in ten of the city's residents (23,987 people, 8.8%) provide unpaid care to a family member, friend or neighbour who has either a long-term illness or disability or problems related to old age. This is slightly lower compared to the South East (9.8%) and England (10.2%).¹⁶

Armed Forces

It is estimated that in 2015 there were around 11,750 military veterans in the city. The number of ex-service personnel in the city is projected to fall by 29.7% over the next decade, to around 8,260 by 2025.¹⁷ In the medium term, the profile of veterans will change. There will be more very elderly (85+) veterans, people who served in WWII and National Service, an increase in the proportion of younger veterans, and a large reduction of veterans aged 65-74 years. For younger veterans, long-term illness or disability and mental health issues are expected to remain the most prevalent health concerns¹⁸.

¹⁰ ONS, Short Term International Migration, estimates from the International Passenger Survey 2008 – 2014. Available at

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/shorterminternationalmigrationannualreport/mid2014estimates/relateddata>

¹¹ 'ONS Short-term international migration 07', available at

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/shorttermmigrationestimatesforenglandandwalesstim07/inflowsbylocalauthoritybymainreasonformigration>

¹² Tourism South East Research Unit, *The economic impact of tourism, Brighton & Hove, 2014*.

¹³ Brighton and Hove Trans Needs Assessment 2015

¹⁴ Projecting Adult Needs and Service Information (PANSI), 2014. <http://www.pansi.org.uk/>

¹⁵ ONS 2011 UK Population Census, table KS301EW. Available at https://www.nomisweb.co.uk/census/2011/data_finder

¹⁶ ONS 2011 UK population Census, table Available at https://www.nomisweb.co.uk/census/2011/data_finder

¹⁷ Estimates extrapolated from Woodhead et al figures (2007) projecting a 29.7% fall in the number of veterans from 2017 to 2027 applied to locally calculated estimates of veterans based upon the Office for National Statistics Annual Population Survey estimates for 2014 and Brighton & Hove Mid-Year Estimates for 2015.

¹⁸ BHCC, 'Ex-Service Personnel: Joint Strategic Needs Assessment Summary', 2016

Children in Need¹⁹

Brighton & Hove's rate of referrals, assessments and initial child protection conferences in 2014/15 was above the England average and the average of our statistical²⁰ and contextual neighbours.^{21,22} Whilst most young people in care say that their experiences are good²³, evidence indicates children and young people who are looked after are much more likely to be unemployed, involved in crime and identified as having a substance misuse problem.²⁴

The number of children subject of a child protection plan fell from a peak of 423 in August 2015 to 361 in May 2016; a 15% decrease. However, our rate per 10,000 (70.8) remains higher than the 2014/15 national average (42.9), the statistical neighbour average (42.1) and contextual neighbour average (57.9). The number of children looked after (CLA) fell from 470 in May 2015 to 437 in May 2016; a 7% decrease.

There are significant issues around both alcohol and drugs misuse in Brighton & Hove and local prevalence of mental illness continues to be generally higher than England. In 2014/15 the Department for Education published data showing that Brighton & Hove had twice the percentage of Child Protection Plan episodes with mental health identified (65.4% compared to 32.5% nationally). Over half (52.6%) of episodes had domestic violence recorded compared to 48.2% nationally.²⁵

2.2 Local social and economic indicators

English Indices of Deprivation 2015: The Indices of Deprivation 2015 identifies small areas of deprivation using seven distinct domains of deprivation including a crime domain²⁶. A composite of the seven domains (the Index of Multiple deprivation, or IMD) gives us an overall picture of the distribution of deprivation across the city, as well as telling us how the city is performing in terms of deprivation compared with other local authorities.²⁷

Figure 3 shows the IMD score by Lower Super Output Areas (small geographical areas with an average population of 1,500 people). The map shows that deprivation is distributed across the whole of the city but is more concentrated in some areas than others. The highest concentration of deprivation is in the Whitehawk, Moulsecoomb, and Hollingbury areas of the city but also found around St. James's Street and Eastern Road. To the west of the city deprivation is more isolated but equally deprived and includes neighbourhoods around Downlands Drive, Hove station, Portslade Academy, the Knoll Estate, North Hangleton, Church Road in South Portslade and Ingram Crescent East and West. In Woodingdean there is one neighbourhood based

¹⁹ Information taken from: BHCC, 'Children in Need Joint Strategic Needs Assessment Summary', 2016

²⁰ Statistical Neighbours (SN) are ranked in order of statistical closeness, with the top SN being closest: Bournemouth, Bristol, Reading, Bath and North East Somerset, Sheffield, Portsmouth, York, Leeds, Bromley, Southend-on-Sea

²¹ Contextual neighbours are our 10 nearest authorities in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health. Doncaster, Redcar and Cleveland, Bournemouth, Lewisham, Halton, Haringey, Torbay, South Tyneside, Lambeth, North East Lincolnshire

²² 2014-15 Children in need census

²³ Biehal, N. et al. (2014) [Keeping children safe: allegations concerning the abuse or neglect of children in care: final report](#). London: NSPCC

²⁴ NICE. Costing report: Promoting the quality of life of looked after children and young people; October 2010.

²⁵ These were factors identified at the end of assessment as a proportion of episodes assessed in the year and with assessment factors recorded.

²⁶ The seven domains of deprivation included in the IMD are: income deprivation, employment deprivation, education, skills and training deprivation, health deprivation and disability, crime, barriers to housing and services, and the living environment deprivation.

²⁷ Brighton & Hove IMD 2015 full briefing available at <http://www.bhconnected.org.uk/content/reports>

around Cowley Road and Bexhill Road. All these areas are in the 20 per cent most deprived in England.

Figure 3: Index of Multiple Deprivation Score 2015 by Lower Super Output Area

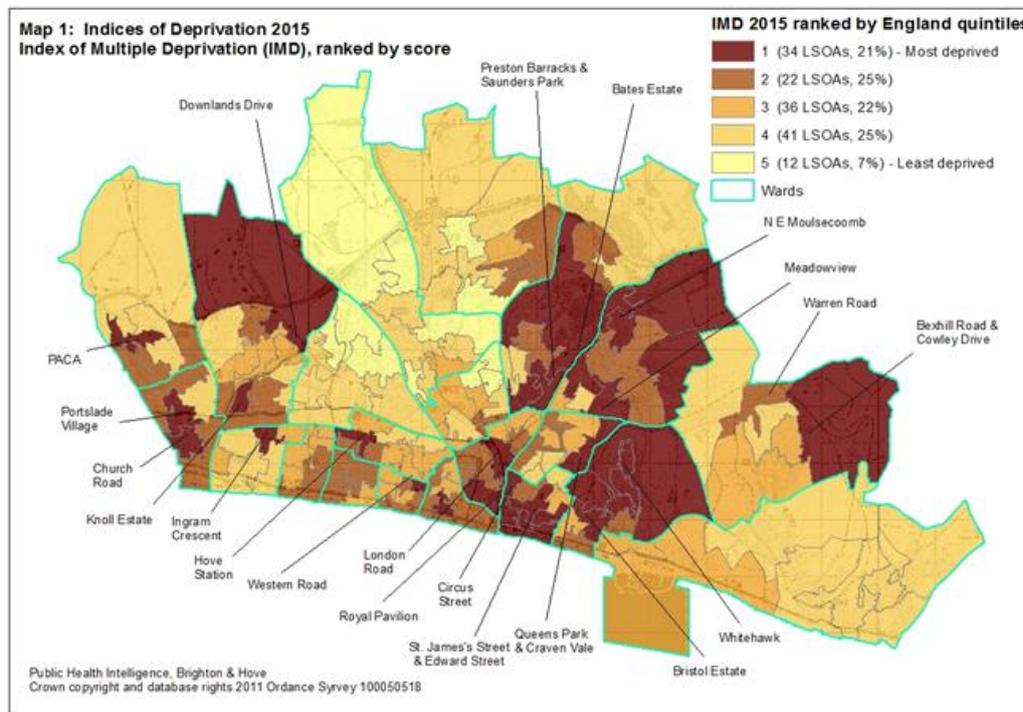


Figure 4: Indices of Deprivation Crime domain Super Output Area

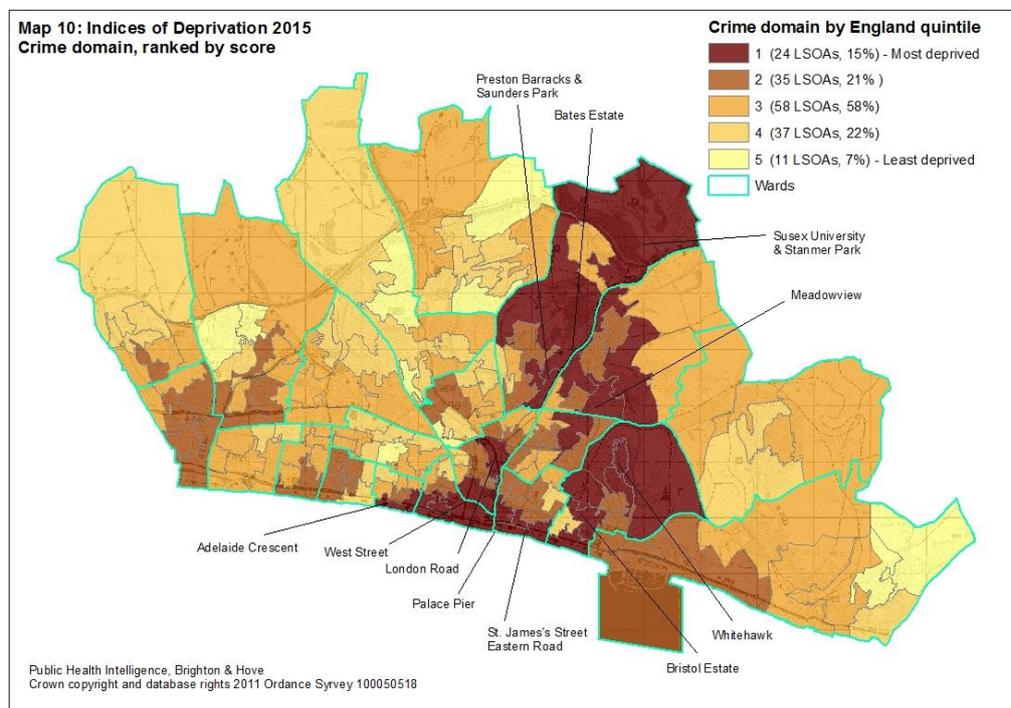


Figure 4 shows the crime domain from the 2015 Indices of Deprivation. The crime domain is a composite index made up of the crime rates for violence, burglary, theft and criminal damage. Of 326 authorities in England, Brighton & Hove is ranked 98 most deprived for crime meaning that we are ranked in the second quintile (31 per cent) of most deprived authorities in England for crime deprivation.

Strategic Assessment of Crime and Community Safety, 2016

The seafront LSOA to the west of the Palace Pier is ranked 15th most deprived LSOA in England. Another LSOA in East Brighton ward is ranked 72 most deprived in England. In total 13 LSOAs (8 per cent) are in the 10 per cent most deprived in England and 24 LSOAs (15 per cent) in the 20 per cent most deprived. Of the 13 LSOAs in the 10 per cent most deprived in England, four LSOAs are in East Brighton ward, three each in Queens Park and St. Peters & North Laine wards, two in Regency ward and one Hollingbury & Stanmer ward.

Education, training and employment:

The percentage of 16-18 year olds who were not in education, training or employment (NEET) has been on a declining trend. A lack of education, training and employment is a risk factor for offending and perpetrating anti-social behaviour. At the end of 2015, 4.7% (350 people) of 16-18 in the city were classified as NEET compared to 11% at the end of 2006²⁸

Unemployment rate and working age benefits:

The unemployment rate is an important indicator as it highlights unused available labour, which impacts on the economic growth of the city. In 2015, there were estimated to be 8,900 unemployed people in the city. This is 5.8% of those who are economically active, a similar rate to that found nationally (5.2%) but higher than the South East (4.2%).²⁹

There were 21,920 people of working age in the city claiming one or more Department for Work and Pensions benefits in November 2015. This is 11.1% of the city's population aged 16 to 64. The 2015 rate for Brighton & Hove is similar to that seen in Great Britain (11.8%) but higher than the South East (8.8%). The number of people in the city claiming out of work benefits has fallen by 4,680 (18%) compared to November 2010 and by 590 (3%) compared to November 2014. The majority of the decrease since 2010 has been in the age group 16 to 44 (4,520 people).³⁰

Housing and homelessness:

At the time of the 2011 census Brighton & Hove had 126,827 homes and had the smallest average household size in the South East at 2.1 people. Our owner occupier rate is low at 53.3%, compared to 67.6% in the South East and 28.0% of households rent their home from a private landlord. 420 households became homeless in 2014/15, a decrease of 15% over the last three years (although it is still 14% above the 2009/10 low). The most common reasons for homelessness are loss of private rented housing (22%³¹) and eviction by parents, family or friends (14%).

In November 2015 snapshot data estimated that there were 78 people sleeping rough in Brighton & Hove on a single night³². In October 2016, the local Rough Sleeper Outreach Homelessness Service had approximately 100 open cases on their caseload. There are concerns that this number could increase due to a number of factors, such as the draw of Brighton & Hove as a place to be, the impact of welfare reforms, and the high cost of the private rented sector in the city. The Homelessness Strategy 2014 – 2019 states that as rents in the private sector continue to rise at a higher rate than the Local Housing Allowance, it is expected low income working households may be increasingly unable to afford to rent privately. In addition, procuring temporary accommodation for those considered homeless and in priority need within Brighton & Hove is also increasingly difficult to achieve, with residents often housed outside of the city's boundaries³³.

²⁸ Department for Education, NEET data by local authority, 2015

²⁹ ONS, Brighton & Hove Labour market Profile Available at <https://www.nomisweb.co.uk/>

³⁰ Office for National Statistics. NOMIS site. Available at <https://www.nomisweb.co.uk/>

³¹ Percentage excludes rent arrears (to 25% if including rent arrears)

³² Brighton & Hove City Council, 'Brighton & Hove Rough Sleeping Strategy 2016', 2016

³³ Brighton & Hove City Council, 'Homelessness Strategy 2014 – 2019', 2014

3. CRIME AND DISORDER OVERVIEW

3.1 How important is crime and community safety to local residents?

The Budget Consultation and Engagement Report 2014/15³⁴ provides information on what a random sample of local residents regarded as a priority for funding i) for themselves and ii) for the city. Thirteen areas for public funding were listed and public safety ranked as the third most important area identified as a high priority for respondents and their families, with 55% reporting that this was a high priority. Ranking first was public health (65%) and refuse/recycling (63%) ranked second. 57% of respondents believed that public safety was a high priority for the city, although the relative ranking on this measure was slightly lower (5th).

3.2 Recorded crimes

Trend and patterns in police-recorded total crime

Table 2

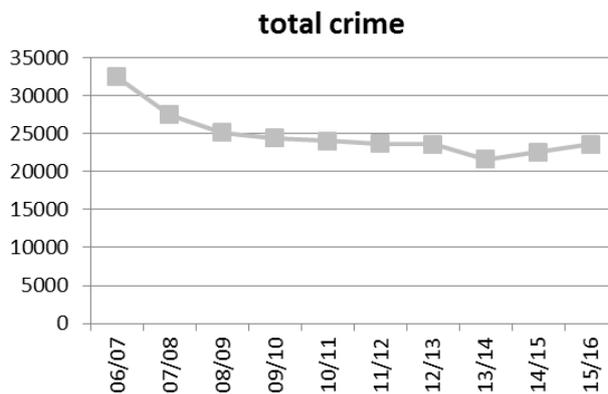
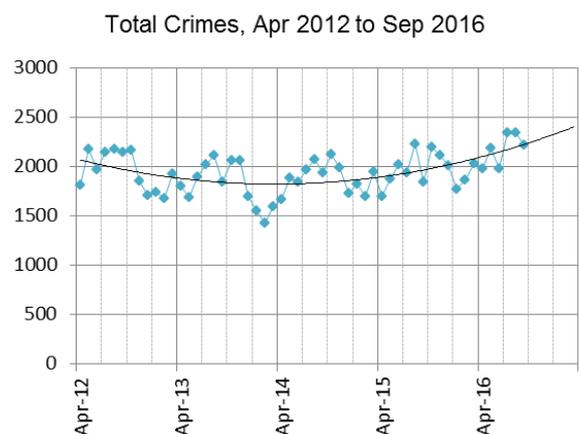


Table 1



³⁴ [http://present.brighton-hove.gov.uk/Published/C00000689/M00005094/AI00043726/\\$20150206100431_007116_0029000_BudgetConsultati onappendix.docxA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000689/M00005094/AI00043726/$20150206100431_007116_0029000_BudgetConsultati onappendix.docxA.ps.pdf)

Strategic Assessment of Crime and Community Safety, 2016

Table 3 shows that there was a steep decline in total police recorded crime during 2007/08 (down 15%) and 2008/09 (down 10%) and numbers have continued to fall since then, but at a slowing rate up to 2012/13. 2013/14 saw a further 8% drop, but there was an increase in 2014/15 of 4.6%, a further increase of 4.5% in 2015/16 and the first half of 2016/17 has seen another increase of 12.4% compared with the same period of 2015/16.

The increase seen from 2014/15 onwards is likely to be linked to the increased recording of crimes by Sussex Police in response to the national HMIC inspection programme on data integrity which was undertaken during 2013/14 and the final report on findings which was produced in November 2014. This work had an impact on the recording of violent and sexual offences in particular. The effect was not seen suddenly as a 'stepped' increase, but it is understood that implementation of improvements has taken place over a period of time. As a result of these changes to recording practices, from recorded crime data it is not possible to know with any certainty what the underlying trend in the number of crimes taking place actually is.

	Total Crimes	% change	MSCSP ³⁵ 12m rank out of 15; (1=best; 15=worst)
2006/07	32,495	-0.3	
2007/08	27,536	-15.3	
2008/09	25,146	-9.5	6
2009/10	24,421	-2.9	5
2010/11	24,052	-1.5	7
2011/12	23,668	-1.6	7
2012/13	23,602	-0.3	8
2013/14	21,616	-8.4	8
2014/15	22,615	+4.6	11
2015/16	23,622	+4.5%	10

The impact of the data integrity audit had effects on recorded crimes for many police forces and there has been a noticeable response seen in crime data recorded by Sussex Police. This is likely to have impacted on Brighton & Hove's position within our benchmarking group of 15 partnerships where our ranking has slipped from above average to below average, ranking 11 in 2014/15 and 10 in 2015/16. A subsequent HMIC inspection in 2016 on data recording by Sussex Police found that improvements have been made, while further areas for improvement have also been identified.³⁶

A seasonal effect in total crime is noticeable with a peak in the summer and a trough during the winter months. This is likely to be linked both to the number of people in the city, the length of daylight hours and the proportion of the day spent by people outside. The considerable student population of about 34,000 (as noted in Section 2.1) from the city's two universities will be lower during university holidays, which could again influence seasonal crime patterns. In addition there are a large number of English language students on short term visits, particularly in the summer months. Crime numbers often reach their lowest level during the month of February assisted by the season as well as the fact that the month only has 28 or 29 days.

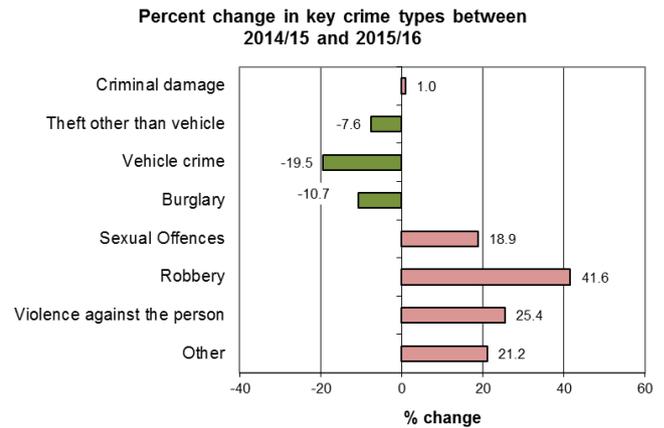
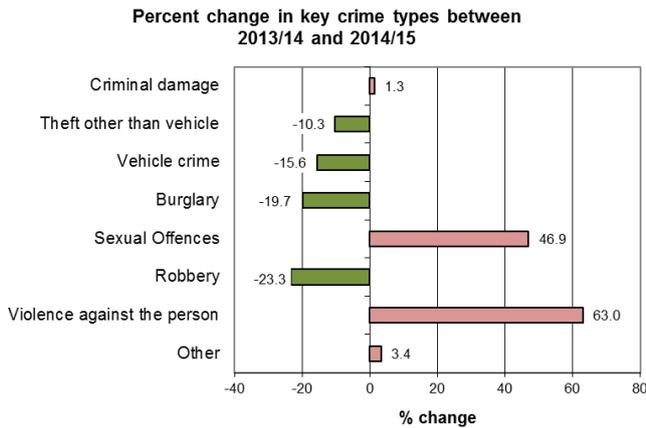
Overview of changes for key crime groups

The first bar chart below shows the change between 2013/14 and 2014/15 and the second chart shows that between 2014/15 and 2015/16.

All acquisitive crime groups (vehicle crime, burglary and other thefts) have each shown a decrease in 2014/15 compared with 2013/14 and this decrease has continued into 2015/16.

³⁵ As at Jan 2016 our 'Most Similar Community Safety Partnerships' are: Bournemouth; Cambridge; Cheltenham; Eastbourne; Exeter;; LB Hillingdon; LB Hounslow; Oxford; Reading; Southampton; Southend-on-Sea; Trafford (Greater Manchester); Watford; and Worthing.

³⁶ <http://www.justiceinspectorates.gov.uk/hmic/publications/sussex-crime-data-integrity-inspection-2016/>



Criminal damage showed a slight increase in 2014/15 after steadily decreasing since 2006/07, and there was a further small increase in 2015/16.

Robbery decreased by 23% in 2014/15 compared with 2013/14 continuing a long term downwards trend, but has risen by 42% in 2015/16 (197 in 2014/15 rising to 279 in 2015/16). The recent increase relates to (more numerous) personal robberies, whereas business robberies have remained low.

There has been a significant increase in recorded crimes of violence against the person both in 2014/15 and to a lesser extent into 2015/16, associated with improved police recording processes mentioned above.

Breakdown of police recorded crime

Table 6 shows a breakdown of total police recorded crime in Brighton & Hove in 2015/16. The largest category is violence against the person which makes up 33% of the total. Theft (excluding theft of or from vehicles) is the next most numerous crime group making up 31% of the total, and criminal damage comprises 12%.

The main change in this breakdown compared with one year ago is that the proportion of violence against the person offences has increased from 28% in 2014/15 to 33% (and the year before comprised 18%). This is principally believed to be linked to the local police response to the HMIC inspection on data integrity described in Section 5.2.

**Table 4
Total crime breakdown, 2015/16
(n=23,622)**

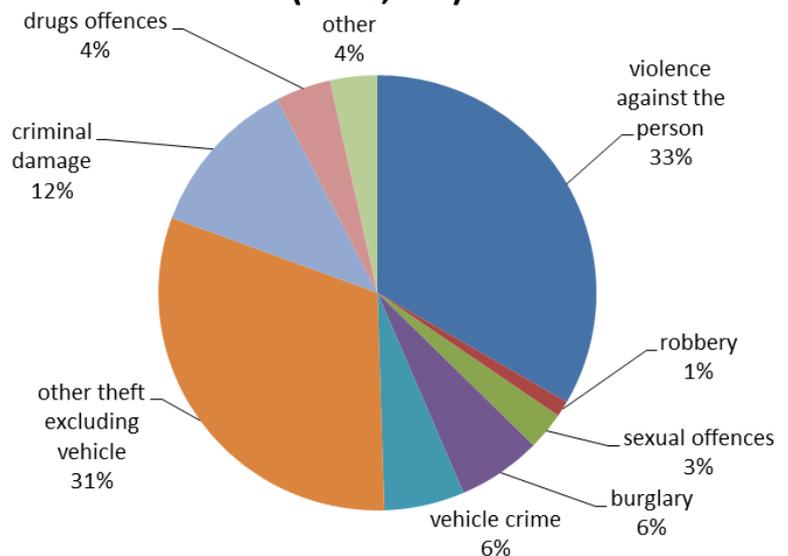


Table 5 provides further breakdowns of crimes within these overall headings for 2015/16 showing the type of crimes within these overall crime groups.

Table 5: Breakdown of total police recorded crime by crime group and subgroup 2015/16
(2014/15 shown in brackets)

Violence against the person	n	%		Burglary	n	%
Serious violence + assault with injury	2632 (2355)	33.3		Burglary Dwelling	736 (885)	50.3
Common assault	2900 (2427)	36.8		Burglary Non-Dwelling	727 (753)	49.7
Harassment	653 (336)	8.3				
Other violence against the person	1698 (1164)	21.5				
total	7883			total	1463	

Vehicle Crime	n	%		Theft (excl. vehicle)	n	%
Theft of Vehicle	447 (430)	32.0		Theft from Person	716 (1045)	9.7
Theft from Vehicle	952 (1037)	68.0		Theft from Shop	2094 (2042)	28.5
				Pedal Cycle theft	695 (856)	9.5
				Other theft (excluding vehicle)	3842 (4009)	52.3
total	1399			total	7347	

Drugs offences	n	%		Other	n	%
Drug (Possession)	796 (796)	82.7		Sexual Offences	667 (561)	
Drug (Supply)	167 (152)	17.3		Robbery	279 (197)	
				Criminal Damage	2797 (2770)	
				Fraud & Forgery	200 (46)	
				Other	624	
total	963			total	4567	

Crimes associated with digital or electronic devices ('cybercrime')

The depth to which computers and other digital and electronic devices have become integrated into most people's lives has opened up a new route through which crimes can be perpetrated, often internationally, and is a fast-growing area of crime affecting a lot of people³⁷. The computer and the internet has become both a tool for committing crime and can also be a target of crime. Three key areas identified in the 2016 IOCTA report are, among many others, cyber attacks, child sexual exploitation and payment fraud.

Sussex Police launched a publicity campaign in March 2016 to raise awareness of potential risks and produced a cybercrime and digital evidence policy in April 2016 laying out their procedures around managing the various forms of these types of crime.

³⁷ IOCTA 2016 Internet Organised Crime Threat Assessment, Europol European Law Enforcement Agency.

Costs of crime

Table 6. Estimated costs of a single crime³⁸

	Offence category	Unit cost, 2015/16, £
Domestic crimes		
	Homicide	1,937,797
	Serious wounding	27,943
	Other wounding	10,686
	Common assault	1,911
	Sexual offences	40,453
	Personal robbery	9,593
	Burglary in a dwelling	4,260
	Theft – not vehicle	828
	Theft of vehicle	5,392
	Theft from vehicle	1,124
	Criminal damage	1,150
Commercial crimes		
	Commercial robbery	10,207
	Burglary other than dwelling	5,000
	Theft of vehicle	10,897
	Theft from vehicle	1,358
	Criminal damage	2,006
	Shoplifting	134

The financial impact of crime is significant. Costs of crime are calculated by a project funded by the Department for Communities and Local Government³⁸ and assigned according to whether they are costs (savings if prevented) to the public sector, to the local economy, or to society.

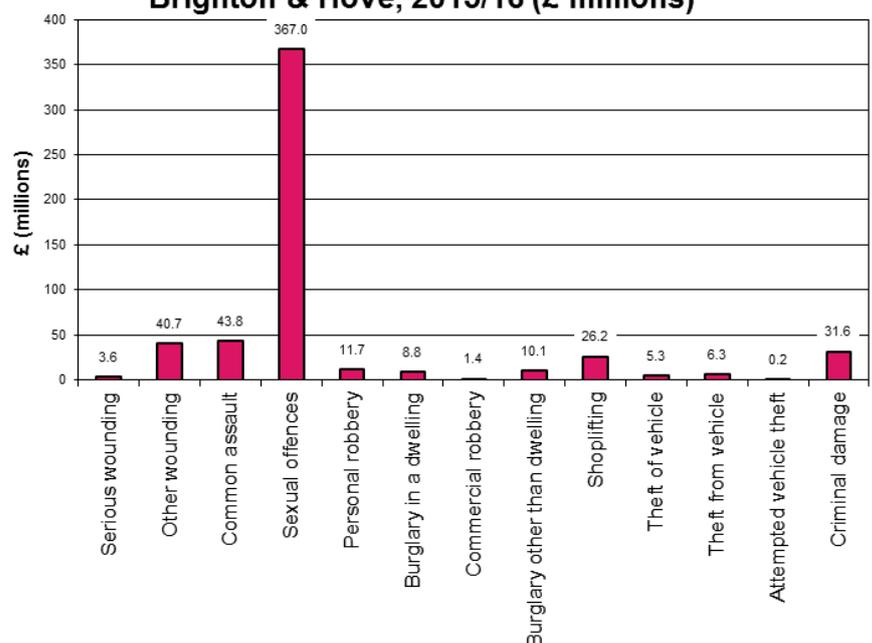
Table 6 shows the estimated costs in 2015 of different types of crime against individuals/households (domestic) and business (commercial).

Table 7 presents the estimated cost to Brighton & Hove in 2015/16 of a number of crime types. These calculations are made by scaling up the number of crimes recorded by the police according to estimated under-reporting rates.

Table 7

The estimated cost of sexual offences to the city by far exceeds that of the other crimes listed at £367m. The cost of serious and other wounding, and of common assault together totals £88m. Criminal damage costs an estimated £32m. The costs to the city of other crime types can be seen in the graph.

Estimated cost of different types of crime in Brighton & Hove, 2015/16 (£ millions)



³⁸ New Economy Manchester, <http://neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database>

3.3 Anti-social behaviour

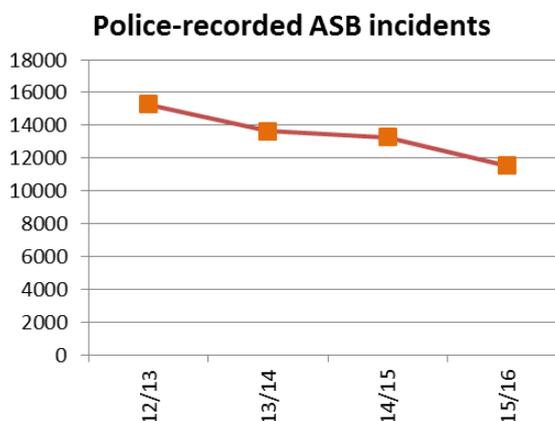
Anti-social behaviour (ASB) is defined in the Crime and Disorder Act 1998 as acting ‘in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the perpetrator.’

It is difficult to find a way to provide an accurate statistical picture of the nature and scale of anti-social behaviour. The police and council are the main agencies to whom anti-social behaviour (ASB) incidents are reported, so these data sources are referred to below.

Police-recorded anti-social behaviour

In 2011 a ‘National Standard for Incident Recording’ provided to police forces including guidance around the recording of ASB incidents. The police in Brighton & Hove recorded 11,524 ASB incidents in 2015/16, continuing the downward trend observed since 2012/13 (see Table 10).

Table 8



Anti-social behaviour incidents reported to the council

In 2015/16 the Community Safety Casework Team received 418 reports of ASB plus 82 relating to hate incidents occurring in Brighton & Hove in any location, except on council housing premises. These initial reports may be in respect of multiple incidents and sometimes people have been resorted to doing so because the impact on them or their families has become overbearing.

Council housing record ASB in a different context to the Community Safety Casework Team. This relates to incidents taking place on council housing premises. From April 2015 a system of recording (Housemark) which can be benchmarked to other local authorities was used. Using this system they recorded 2,452 incidents of ASB in 2015/16. Compared with other local authorities which contribute data, Brighton & Hove have proportionately fewer reported incidents of noise and garden nuisance and more incidents related to harassment/threats, pets/animals and rubbish.

Further information on ASB is to be found in Section 7.

Types of anti-social behaviour

There are three subgroups within overall police-recorded ASB incidents: environmental, nuisance and personal. In Brighton & Hove a majority of crimes (83%) are nuisance ASB, with 9% classed as environmental and 8% personal, and all three subgroups are showing a declining trend.

Council housing record ASB under 15 categories. 20% of their recorded incidents relate to noise, 20% to harassment/ threats, 15% to pet/animal issues and 11% to rubbish.

Seasonal patterns

Across police and community safety data there is a clear seasonal pattern with more incidents recorded during the summer and fewer in the winter. A seasonal pattern in housing data is less evident.

3.4 Feeling safe

Adults

The annual City Tracker survey of a representative sample of 1,000 Brighton & Hove adult residents asks people how safe they feel in the day and after dark, both in their local area and in the city centre.

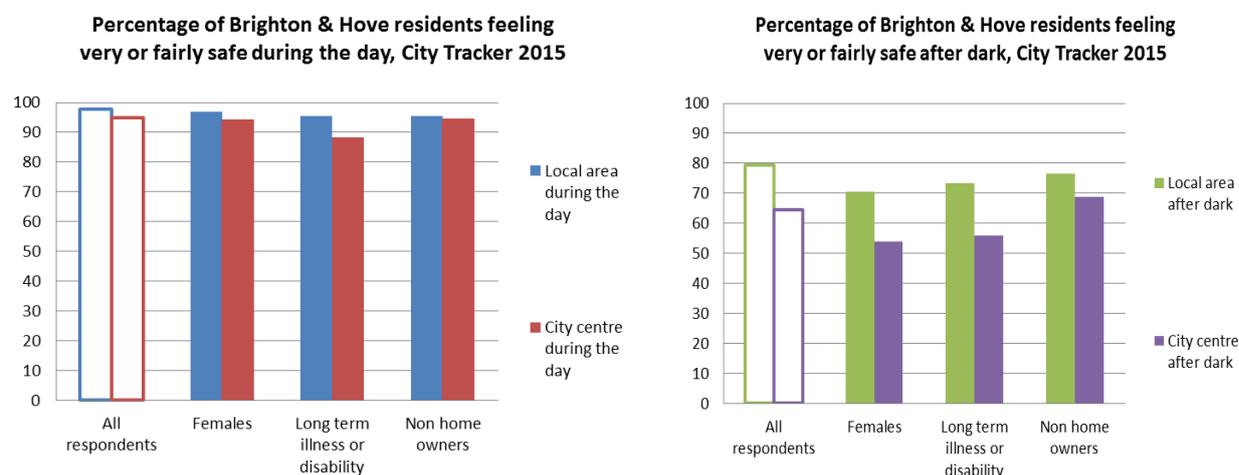
Table 9. How safe do you feel...? (City Tracker Survey, 2015, %)

	Local area		City centre	
	during the day	after dark	during the day	after dark
2015				
very or fairly safe	97.5%	79.3%	94.9%	64.5%
neither safe nor unsafe	1.6%	9.7%	2.5%	11.8%
fairly or very unsafe	0.9%	11.0%	2.6%	23.7%
number of respondents	994	975	979	930

Table 9 shows that during the day 97.5% of residents report feeling safe in their local area and 94.9% in the city centre. After dark, this drops to 79.3% feeling safe in their local area and 64.5% feeling safe in the city centre.

Data from the 2015 survey in Table 10 shows that, on average, some groups of people feel less safe than others, both during the day and after dark.

Table 10



Women living in Brighton & Hove are considerably more likely to feel unsafe after dark than male residents. Only two third of women (67%) feel safe in their local area after dark with 16% feeling unsafe. The comparable figures for men are 88% and 5% respectively. Only a half of women (49%) feel safe in the city centre after dark with 30% feeling unsafe. The comparable figures for men are 72% and 13% respectively.

Those who rent from a social landlord are most likely to feel unsafe after dark in their local area. More than a fifth of people who rent from either the council or a housing association (22%) feel unsafe in their local area after dark. This compares to only 7% of those who own their home or have a mortgage and 13% who rent privately.

Strategic Assessment of Crime and Community Safety, 2016

People with a health problem or disability are more likely to feel unsafe in their local area after dark. One in five people with a health problem or disability that affects their activity a lot (19%) feel unsafe after dark in their local area compared to only 10% of all other people.

Perceptions of safety vary according to age. In their local area, 18-34s are most likely to feel unsafe after dark (13%) compared with 8% of 35-54s. Older residents in the 55+ age band are most likely to feel unsafe when out in the city centre after dark (26%) compared with 18% of 18-34s.

Children

Data were collected in the 2015 Safe and Well at Schools Survey on how safe school pupils feel. When outside in their local area, 83% of children at key stage 2 and 84% of children at key stages 3 and 4 felt very safe or quite safe. When at school, 91% of key stage 2 children felt safe compared with 87% of children at key stages 3 and 4.

4. LOCAL NEIGHBOURHOODS

Issues in neighbourhoods can be very particular to a local area. City-wide surveys are generally inadequate for the purposes of identifying local issues because of insufficient sample sizes at a local neighbourhood level. However, we have other sources of information which can assist.

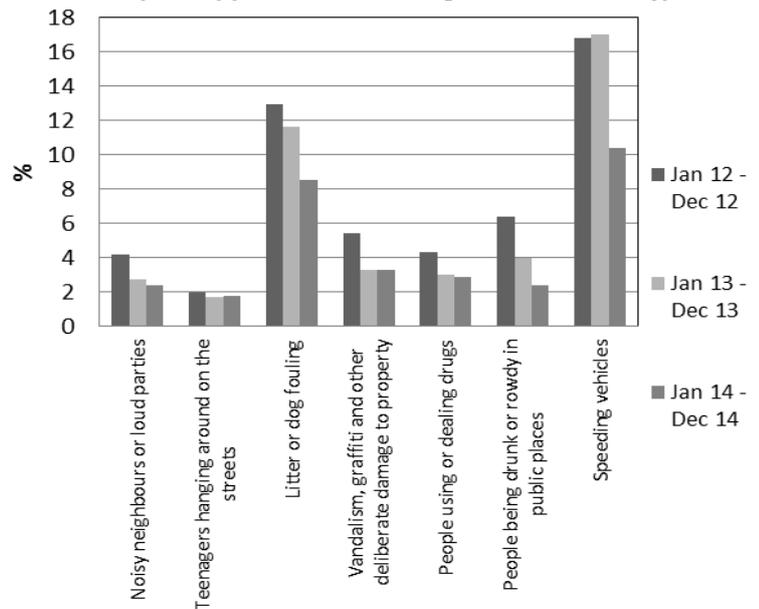
4.1 Residents’ perceptions of problems in their neighbourhood

Telephone survey data, collected on behalf of Sussex Police in the form of the Local Neighbourhood Survey³⁹, provided some insight on residents’ perceptions of seven types of anti-social behaviour in their local area. It should be noted that this survey accessed residents using a database of telephone landlines and the age profile of respondents was older than average.

Table 13 shows the level of concern around these different types of anti-social behaviour, looking at data from 2012 to 2014. Each year speeding vehicles were most frequently perceived to be a problem – this was perceived to be a problem by 10% of people in 2014 – ahead of litter or dog fouling (8%).

Table 11

Percentage of respondents in Brighton & Hove perceiving different types of ASB issue as a problem in their local area in 2012 (n=1595), 2013 (n=1368) and 2014 (n=898) (Sx Police Local Neighbourhood Survey)



4.2 Local priorities identified by Local Action Teams

There are 32 Local Action Teams (LATs) registered as such in Brighton & Hove. LATs consist of people who live or work in a neighbourhood and who meet on a regular basis and work with local services to help resolve crime, disorder, anti-social behaviour and safety problems in their area. LATs set priorities which reflect the issues in that particular neighbourhood, in order to focus their work.

Table 12 shows LAT priorities as listed on the Sussex Police neighbourhood policing website pages as of Feb 2016⁴⁰. Street community issues were prioritised most often by LATs, followed by drug use/dealing. LATs tend to focus on issues which are visible in local neighbourhoods and are issues affecting the whole community. They rarely focus on issues such as hate crime or domestic violence which tend to be targeted at individuals.

³⁹ The Local Neighbourhood Survey ceased in 2015 and there is now no equivalent source of local data.

⁴⁰ The Sussex Police website no longer maintains this information and support to LATs has been restructured in 2016/17.

Table 12

Neighbourhood priorities (Sussex Police website, Feb 2016)

Local Action Team

Street community issues	Central Hove Kemptown Kemptown Village London Road North Laine Regency (businesses) Regency (seafront) Seven Dials Turner
Drug dealing/drug use	Bristol Estate Craven Vale East Brighton Kemptown Kemptown Village North Laine Queen's Park Turner
Criminal damage	East Brighton North Laine (graffiti) North & South Portslade Preston Park Rottingdean & Coastal Seven Dials (graffiti)
Parking	Bevendean Bristol Estate Elm Grove Hanover Kemptown North & South Portslade
Youth disorder	Bristol Estate Craven Vale Preston Park Regency (businesses) Woodingdean
Anti-social behaviour (general)	Central Hove Coldean Moulsecomb Rottingdean & Coastal Tenantry Withdean
Vehicle crime	Coldean Preston Park Tenantry Withdean
Cyclist behaviour	Central Hove Kemptown Village Moulsecomb
Motorcycling	Bevendean East Brighton Pankhurst
Police visibility	Coldean Moulsecomb
Flytipping	Bevendean North & South Portslade
Burglary	Goldsmid
Shoplifting	London Road
Intimidating behaviour	London Road
Anti-social drivers	Seven Dials
Cycle theft	Tenantry

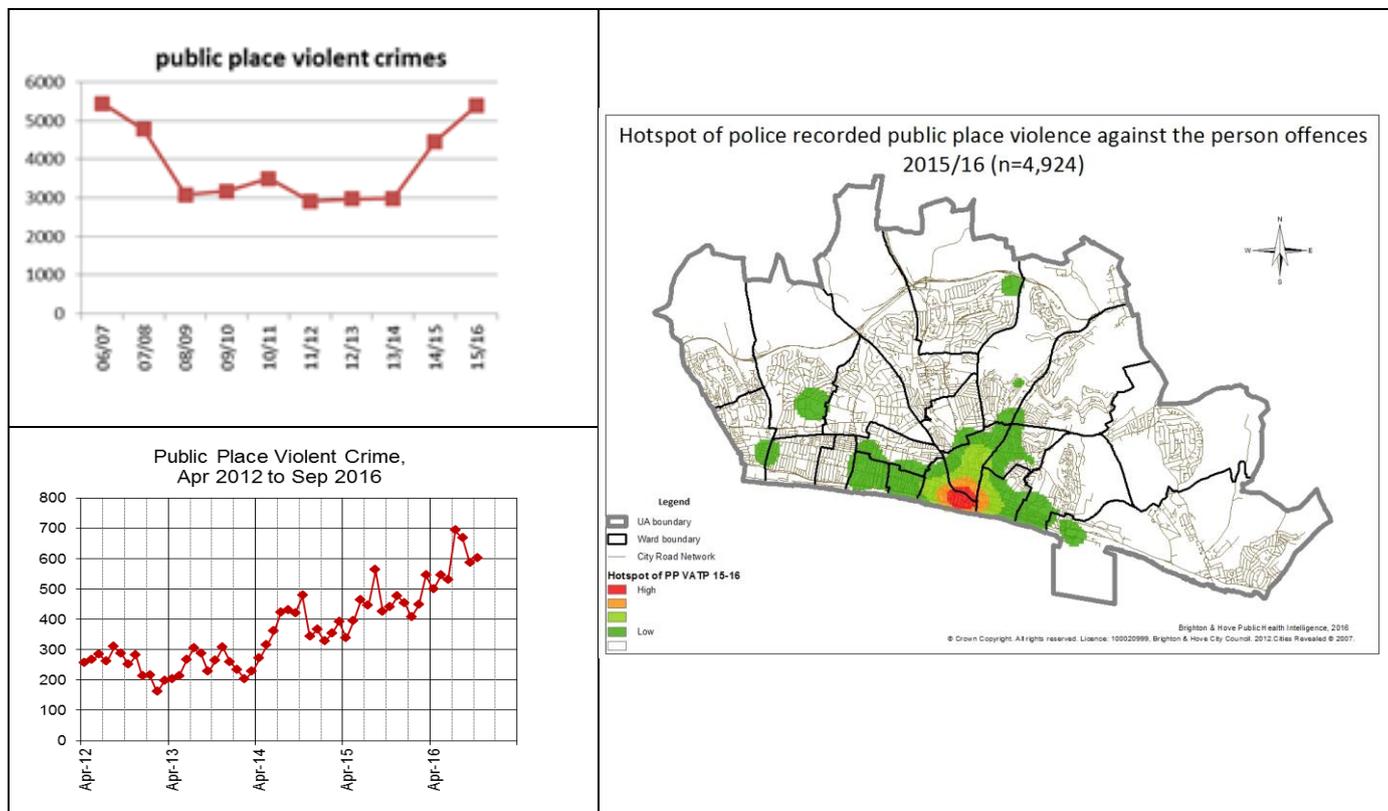
4.3 Key findings from a review of Local Action Teams

A project was carried out in 2015/16 by a member of East Sussex Fire and Rescue Service (ESFRS) staff seconded to the council's Community Safety Team to look at how LATs worked, what worked well, where there was scope for improvement, how their work integrated with the Safe in the City Partnership, how the Partnership might support their work, etc. A forum for LAT chairs is facilitated by the Community Safety Team to enable information dissemination and sharing, and for LATs to learn from one another about local approaches.

Towards the end of the project, there were a number of goals identified to help develop LATs. These included developing governance and organisational support within LATs, developing assets, widening participation, increasing accessibility, information sharing, increasing awareness of domestic and sexual violence and nominating local champions, making better connections across other neighbourhood organisations, eg. Neighbourhood Watch, residents/tenants associations, etc., and linking fire, police and Patient Participation Group volunteers into LAT structures.

5. PUBLIC PLACE VIOLENCE

Public place violent crime



5.1 The nature of the problem and contributory factors

- The Home Office ‘Modern Crime Prevention Strategy’ lists alcohol as a key driver of crime, particularly violent offences. It states that in the last 10 years, in around half of all violent incidents the victim believed the offender to be under the influence of alcohol. In violent incidents between strangers, for those occurring in the evenings and at weekends and in public places, the proportion involving alcohol is higher.⁴¹
- Public Place Violent Crime (PPVC) tends to be associated with the Night-Time Economy (NTE). National research identifies factors about the NTE that predispose it to crime as including:
 - People moving from one drinking premises to another
 - Closing time when a higher density of people are out in a public space
 - Places where queuing is involved including taxi ranks and fast food outlets
 - Locations at the edges of entertainment areas, where it is less crowded, has no ‘guardian’, and is more likely to be dark and isolated⁴²
- PPVC mainly involves young males who are strangers. Associated factors in high risk pubs and clubs include inconvenient access routes, poor ventilation, overcrowding, and permissive social environments, eg. where staff continue to serve drunk people.

⁴¹ Home Office, ‘Modern Crime Prevention Strategy’, 2016

⁴² Cohen and Felson (1979)

- Patterns of drinking behaviour can increase the risk of involvement in PPVC; drinking more than 8-10 units in one session and binge drinkers are five times more likely than regular drinkers to be involved in a group fight.⁴³
- Both police and hospital data show higher levels of violence in the summer months than in the winter months.

5.2 Scale of the problem, trends and benchmarking

Police data

Note: **Police recorded crime data are not necessarily a good indicator of underlying levels or trends.**

- During 2015/16 there were a total of 2,632 police recorded violent crimes with injury, 7,883 violence against the person offences and 5,382 crimes of violence in a public place. These numbers are the highest recorded over at least the last eight years. Violent crimes recorded by the police were on a long term downward trend until 2013/14, but have risen steeply since then – between 2013/14 and 2015/16, recorded violence with injury crimes have increased by 81%, total violence against the person by 105% and public place violence by 86%.
- This steep rise in recent years has been seen nationally and follows the national inspections of crime recording standards and practices (known as ‘data integrity’) undertaken during 2013/14 by HM Inspectorate of Constabulary. The HMIC 2014 report into crime recording⁴⁴ found that VATP offences had the highest under-recording rates across police forces in England and Wales and nationally an estimated 1 in 3 violent offences that should have been recorded as crimes were not. Action taken by police forces to improve their compliance with National Crime Recording Standards is likely to have increased the number of offences recorded⁴⁵.
- Estimates of violent crime obtained by the Crime Survey for England and Wales (CSEW) are independent of police recorded data and not subject to changes linked to recording practices, targeted police approaches, etc. In the year ending June 2016 the CSEW showed no significant change in levels of violence nationally compared with the previous survey year, with the underlying trend fairly flat over the last few years. Police recorded crime over the same period showed a rise of 24% in violence against the person offences, and this was considered mainly to reflect factors other than a rise in actual levels of violence. Around a third of the increase in violence was due to the inclusion of 2 additional harassment offences within the notifiable offence list. An ONS report concluded that other factors affecting recorded violent crime data included process improvements in the wake of the renewed focus on the quality of crime recording and an increase in the proportion of violent crimes reported to the police. However the report considered that there may also be possible small increases in violent crime.⁴⁶
- In 2015/16 there were 89 serious knife crimes and 13 gun crimes recorded by the police in Brighton & Hove. Both of these types of crimes involving weapons have reduced over the last three years from 149 serious knife crimes and 21 gun crimes recorded in 2012/13.

A&E attendance and hospital admissions data

⁴³ Finney, A. Home Office findings 214. Violence in the night-time economy: key findings from the research.

⁴⁴ HMIC, ‘Crime-recording: making the victim count’, 2014

⁴⁵ ONS, ‘Crime in England and Wales: Year Ending March 2016 Statistical Bulletin’ 2016

⁴⁶ ONS 2016 [Crime in England and Wales: year ending June 2016](#)

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- During 2015/16 there were 1,470 A&E attendances related to assault. The number of A&E attendances related to assault has been similar for the last three years but is 23% lower than seen in 2011/12 (1,897 attendances).
- A national study of data on A&E attendances related to violence in England and Wales between 2010 and 2014⁴⁷ found that there had been an average 14% decrease in attendances over that period.
- In the three years ending March 2015 there were 43.6 violence related hospital admissions per 100,000 city residents. This is the lowest three year rolling rate seen over the past four years and is 8% lower than the rate in March 2014 (47.4) and 27% lower than the rate in March 2012 (59.7).
- According to police and A&E data Brighton & Hove has a higher violence rate than other areas:
 - The rate of violence against the person offences for 2015/16 was 22.7 per 1,000 residents, higher than the rate for the South East (16.8) and 39% higher than the rate for England (17.2). In 2015/16 the rate of our benchmark group of 15 'most similar' community safety partnerships was 19.8 per 1,000 residents.
 - In the three years up to 2014/15 there were 43.6 violence related hospital admissions per 100,000 people in the city, higher than the rate for the South East (29.3 per 100,000) but 8% lower than the rate for England (47.5 per 100,000).

5.3 Who's affected

Impact on individuals

- The Crime Survey for England and Wales year ending March 2015 found that males were more likely to be a victim of violent crime than females, as were adults aged 16 to 24 compared with all other age groups. Adults in low income households were more likely to be a victim than those in higher income households⁵³.
- Analysis of violence against the person (VATP) offences in Brighton & Hove which have occurred outside of a dwelling⁴⁸ in 2015/16 show:
 - 66% of offences had a male victim, 34% had a female victim.
 - Men aged 20-29 had both the highest *number* of offences committed against them, and the highest *rate* of victimisation – this was double the rate of victimisation amongst the same female age group (30.5 offences per 1,000 pop for men, compared with 15.3 for women). For males, victimisation decreased with every age group after 20-29.
 - For women, whilst the highest number of offences occurred against women aged 20-29, the highest rate of victimisation was amongst those aged 10-19.
 - 83% of offences had a victim who was recorded as White – North European, after this the next largest group was Black victims (6%), followed by Asian (4%), White – South European (3%), Middle Eastern (3%), and Chinese, Japanese or South East Asian (1%).
 - 3% of offences had a victim who was described as vulnerable due to a physical illness or disability, a mental health condition or a learning disability.
- The 2015/16 Crime Survey for England and Wales found that 25% of those who experienced violent offences experienced more than one incident in the past 12 months. This is higher for violence without injury than violence with injury offences (26% compared

⁴⁷ Sivarajasingam V, et al (2016), *Trends in violence in England & Wales 2010-2014*, Epidemiol Community Health 2016;70:616-621

⁴⁸ Sussex Police 'CADDIE' data 2015/16 – This analysis uses the police VATP category, looking at those offences which have occurred outside of a dwelling. This analysis does not include robbery or sexual offences, which are covered elsewhere in the strategic assessment.

to 19%). As with other crime types, a disproportionate amount of incidents (51%) were experienced by repeat victims⁴⁹.

- 47% of all those who reported experiencing violent crime in the 2014/15 CSEW reported being quite or very emotionally affected by the incident. This was higher amongst those who experienced wounding, compared to violence without injury offences.

Impact in neighbourhoods

- The 2016 Public Health Framework for Assessing Alcohol Licensing found that hotspots for violence against the person offences, as well as alcohol related police recorded incidents were focused on city-centre wards such as Regency, St. Peter's and North Laine and Queen's Park. There are clear links to the night-time economy and the increased concentration of both on and off sales in these areas⁵⁰.
- Brighton & Hove has created a Cumulative Impact Zone (CIZ) and adjacent Special Stress Area (SSA), designed to restrict the amount of licensable premises in the city centre and promote good practices to minimise the adverse impact from alcohol-use.
- The 2016 Statement of Licensing Policy found that central Brighton and particularly the West Street area were identified as a violent crime hotspot. The Statement sets out how the council seeks to improve safety by encouraging a more balanced range of evening and night-time economy uses which appeal to a wide range of age and social groups whilst also managing existing late night uses within these identified areas of central Brighton⁵¹.
- The Brighton & Hove Sussex Police Strategic Assessment 2016 states that economic factors in recent years have changed the way people consume alcohol, which has impacted PPVC in the city, with 'pre-loading' now more common place. This may lead to a less predictable pattern of offence locations, as people are turned away from licensed premises⁵².

5.4 Perpetrators and criminal justice

- 83% of VATP offences which occurred outside of a dwelling in 2015/16 which had offender information recorded had a male offender. 17% had a female offender. For both male and female offenders the number peaked in the 20-29 age group and declined in every age group after this.
- 89% of those offences where offender ethnicity information was recorded (only 9% of offences) were White – North European. After this the largest number of offenders were Black (8%).
- Nationally, the CSEW year ending 2015 showed that offenders of all violence were most likely to be male (81%). Offenders were also most likely to be aged between 25 and 39, with the offender believed to belong to this age group in just under half of violent incidents (46%).
- Respondents to the CSEW who had experienced violence believed the offender to be under the influence of alcohol in 47% of all violent incidents, and under the influence of drugs in 19% of incidents⁵³.

⁴⁹ ONS, Crime Survey for England and Wales year ending March 2016 'Crime in England and Wales: Annual Trend and Demographic Tables. Table D6 D7', 2016

⁵⁰ Brighton and Hove City Council, 'Public Health Framework for Assessing Alcohol Licensing – 3rd edition', 2016

⁵¹ Brighton and Hove City Council, 'Statement of Licensing Policy', 2016

⁵² Sussex Police, 'Brighton & Hove Strategic Assessment 2016/17', 2016

⁵³ ONS, 'Focus on violent crime and sexual offences: year ending March 2015', 2016

5.5 Other considerations

- There is a large and buoyant night-time economy in the city, the profile of which is changing. People are less likely to go to night clubs and more likely to stay in bars that are open later. This means people are out later but there is not a particular fixed time when people leave the city centre or are competition with each other for transport or fast food which can lead to increased violence. Young people are drinking less and often have less money to spend so if they do drink they are likely to 'pre-load', drinking before they go out.
- Changes in licensing legislation have led to a change in the profile of licensed premises. There are fewer large clubs but more smaller venues spread over a wider geographical area that are open much later into the night.
- Reporting of sexual offences in the night-time economy is increasing, there is greater trust and confidence to report and it is difficult to tell whether there is an increase in prevalence.
- There are also currently a number of support services including Safe Space, Street Pastors, Beach Patrol and Taxi Marshalls. These all contribute to safety in the night-time economy.

5.6 Recommended priorities for partnership work

- Public place violence does make up a significant proportion of violent crime and is an issue in the city in relation to the night-time economy, but it is well managed. The police have a flexible night-time economy operation (Op Marble).
- There are some concerns from those working in the night-time economy that changes in police recording practices may be masking an underlying increase in the prevalence of violent crime. Therefore consideration should be given to prioritising public place violent crime.
- The BCRP, which is self-funding, is effective in helping to support licensed premises to run safely. It is important that the BCRP and other support services continue to operate in the city to help manage public place violence.
- Because of the change in police recording practices it is important that the Safe in the City Partnership Board continues to receive analysis on public place violence and the night-time economy.
- The increase in reporting of sexual violence in the night-time economy needs to be considered as part of the Domestic and Sexual Violence/Abuse and Violence Against Women and Girls strategic planning.

6.1 The nature of the problem and contributory factors

- The drivers of crime include: alcohol, drugs, opportunity, effectiveness of the criminal justice system, character and profit.⁵⁴ Of these, evidence shows most acquisitive crime is financially motivated and making a “profit” and accumulating wealth is the driver of organised crime.¹ A need to meet the costs of drug addiction can often lie behind perpetrating persistent acquisitive crime.
- The value of items can increase the incentive to commit theft.⁵⁵
- Opportunity/security is one of the main drivers of acquisitive crime and accounts for changes in different trends in types of thefts. For example it has become increasingly difficult to steal motor vehicles due to improvements in vehicle security and theft of vehicles has seen a long term decline. On the other hand, the growth of theft involving online crime has risen steeply of recent years.⁵⁶
- Characteristics such as a willingness to break social norms, levels of empathy and self-control are three times more likely to predict whether a young person will offend than factors associated with the immediate environment.¹

6.2 Scale of the problem, trends and benchmarking

- During 2015/16 the police recorded:
 - 736 domestic burglaries and 727 burglaries other than dwelling. Both figures are the lowest seen for more than 10 years.
 - 279 robberies (254 personal robberies and 25 business robberies). This is the highest number since 2010/11 and 42% higher than in 2014/15 (197 robberies)
 - 8,746 theft and handling offences. Of these:
 - There were 447 theft of vehicle offences. This is 4% more than in 2014/15 but 20% fewer than in 2013/14.
 - There were 952 thefts from vehicles. The number of thefts from vehicle offences is the lowest for more than 10 years.
 - 7,347 other theft offences including 2,094 for shoplifting, 716 theft from person offences and 695 cycle thefts. Both thefts from the person and cycle theft are at their lowest recorded rate for more than 10 years. Theft from a person is down 31% compared to 2014/15 and is more than half the number in 2013/14, while cycle theft is down 19% compared to 2014/15 and 32% compared to 2013/14. However not all theft is falling; police recorded shoplifting is at its highest level for over 10 years and 3% higher than in 2015/16 and 5% higher than in 2013/14.
- A 2014 HMIC report on crime recording found that an estimated 11% of burglary offences that should have been recorded as a crime were not⁵⁷.
- Theft of motor vehicles, and burglary dwelling offences are well reported to the police due to the need to obtain a crime reference number for insurance purposes. 2013/14 CSEW data shows 97% of vehicle thefts, and 89% of domestic burglary offences are reported to the police. Theft from person (32%), ‘other’ theft of personal property (28%), and theft from outside a dwelling (19%) were the least likely property crimes to be reported to the police.
- There is some seasonal variation in the pattern of acquisitive crime over the last 5 years. As with a number of other crime types, recorded crime is lower in the winter months (December, January, February), although peaks in the summer months have not been as

⁵⁴ Home Office. Modern Crime Prevention Strategy. March 2016.

⁵⁵ ONS, Focus on Property Crime, 2014-15, 2015

⁵⁶ Home Office. Opportunity/Security as a driver of crime. Discussion paper. January 2015.

⁵⁷ Her Majesty’s Inspectorate of Constabulary, ‘Crime recording: making the victim count’, 2014

pronounced in 2014/15 or 2015/16. October has a consistently high number of acquisitive offences over the past 5 years – this could be related to the start of the academic year for university students.

- When comparing crime with other areas Brighton & Hove is assigned to a Most Similar Group of 15 Community Safety Partnerships (MSG CSP). These are local areas that have been found to be the most similar to each other based on demographic, economic and social characteristics which relate to crime. Brighton & Hove can then be benchmarked against the MSG average.
 - In 2015/16 Brighton & Hove had significantly lower levels of both domestic burglary and burglary other than a dwelling offences. There were 6.1 domestic burglaries per 1,000 households and 2.6 non-domestic burglaries per 1,000 residents. This compares to a MSG rate of 8.5 and 3.4 respectively.
 - In 2015/16 Brighton & Hove had significantly higher levels of theft from a person than the MSG average. The city rate was 2.5 theft per 1,000 people compared to a MSG rate of only 1.8 per 1,000 people.
 - In 2015/16 there were 5.6 police recorded vehicle crimes per 1,000 population compared to a MSG average of 6.4. The difference cannot be considered significant.
 - In 2015/16 there were 1.0 police recorded robberies per 1,000 people, slightly higher than the MSG average rate (0.8) but not significantly so.
 - Despite police recorded shoplifting being at its highest level for over 10 years our rate per 1,000 people (7.5) is lower (not significantly) than the MSG rate of 8.2 per 1,000 people.
 - In 2015/16 Brighton & Hove had a lower rate (not significant) of cycle theft than the MSG average (2.5 per 1,000 people compared to 3.0 per 1,000 people).

6.3 Who's affected

Impact on individuals

Victim profiles for acquisitive crime are described below.

- Data from the Crime Survey for England and Wales (CSEW) year ending March 2015 showed that those aged 16-24 were more than twice as likely as those in all other age groups to be a victim of theft from the person.
- Those in younger age groups were also more likely to experience robbery, vehicle related theft and domestic burglary⁵⁵.
- Locally, the rate of victimisation for all types of acquisitive crime was highest in the 20-29 age group, and declined in every subsequent age group after this.
- Levels of victimisation for most crime types were similar for men and women, with the exception of robbery where men had higher rates of victimisation⁵⁵. This is seen locally, where 77% of robbery offences in 2015/16 had a male victim, 33% had a female victim.
- 82% of all acquisitive crimes where ethnicity was recorded in 2015/16 had a victim who was White – North European. 6% of crimes had a victim who was White – South European, 4% Asian, 4% Black, 3% Middle Eastern and 1% Chinese, Japanese or South East Asian.
- Victimisation rates of domestic burglary and vehicle theft were higher amongst private renters than social renters or owner occupiers⁵⁵
- There is no information available on sexual orientation, gender identity, religion and belief or marriage and civil partnership in relation to acquisitive crime.
- The emotional impact of acquisitive crime was highest amongst robbery and domestic burglary victims. 80% of those who experienced domestic burglary in the 2014/15 CSEW reported that they were emotionally affected by the incident. 86% of robbery victims were

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emotionally affected, with 30% reporting that they were very much affected. This reflects the fact violence is often involved⁵⁸.

- Data on repeat victimisation from 2012/13 CSEW shows that the majority of victims of burglary, robbery, vehicle related theft and other theft experienced one incident in the last 12 months. However, 14% of burglary victims, 15% of vehicle related theft and bicycle theft victims, and 17% of other household theft victims experienced more than once incident in the past year. As with other crime types, repeat victims experienced a disproportionate share of all incidents – for example, the 14% of repeat victims of burglary identified by the 2012/13 survey suffered 33% of all burglaries⁵⁹.

Impact in neighbourhoods

- National research makes certain connections between types of acquisitive crime and neighbourhood characteristics:
 - Respondents living in the most deprived output areas (based on employment deprivation) were more likely to be victims of household property crime offences such as burglary, vehicle-related theft and bicycle theft⁵⁵.
 - Full-time students (or households where the household reference person was a full-time student) were more likely to be victims of bicycle theft than those in other occupations or who are unemployed.
 - Households in areas with high incivility⁶⁰ were more likely to be victims of burglary and bicycle theft than those living in areas with low incivility.
- Local analysis identifies different hotspot areas for different crime types:
 - The hotspot area for auto theft and vehicle interference is located primarily in the city centre wards – Hanover & Elm Grove, St. Peter's and North Laine, Regency and Queen's Park, with an additional hotspot in the Poet's Corner area of Hove.
 - The hotspot area for burglary dwelling includes the North Laines, Kemptown and St. James's Street, Seven Dials and the Montpelier/ Clifton areas, and the streets North and South of Western Road, as far West as Adelaide Crescent. These are areas with a high concentration of houses of multiple occupation.
 - The hotspot for theft from person offences is located in the city centre and closely linked to the night-time economy, in particular around West Street and the seafront clubs and bars.
- 27% of all acquisitive crime in 2015/16 was committed against a company.

6.4 Perpetrators and criminal justice

- Research suggests that between half and a third of all acquisitive crime is committed by offenders who use heroin, cocaine or crack cocaine⁶¹.
- Home Office research shows that those offenders who had committed robbery, burglary or vehicle theft as their debut offence were almost three times more likely to be chronic offenders compared with the overall cohort of offenders. Offenders of robbery, burglary or

⁵⁸ ONS, 'Focus on Property Crime: 2014-15, Nature of Crime Tables', 2015

⁵⁹ ONS, 'Focus on Property Crime: 2012/13 release: Repeat Victimisation', 2013

⁶⁰ This is a physical disorder measure based upon a CSEW interviewer's assessment of the level of: (a) vandalism, graffiti and deliberate damage to property; (b) rubbish and litter; and (c) homes in poor condition in the area.

⁶¹ NHS, National Treatment Centre Agency for Substance Misuse, 'Estimating the Crime Reduction Benefits of Drug Treatment and Recovery'. 2012

vehicle theft were predominantly male and most likely to have received their first caution/conviction aged 10 to 17 years⁶².

- 73% of police recorded acquisitive crimes in Brighton & Hove in 2015/16 had a male offender, 27% had a female offender.
- The number of offenders peaked for both male and female offenders in the 20-29 age group and declined in every subsequent age group. 31% of offences had an offender aged 20-29, 25% had an offender aged 30-39.

6.5 Other considerations

- It is possible that with increased austerity and the ongoing issue with theft linked to substance misuse that acquisitive crime may increase.

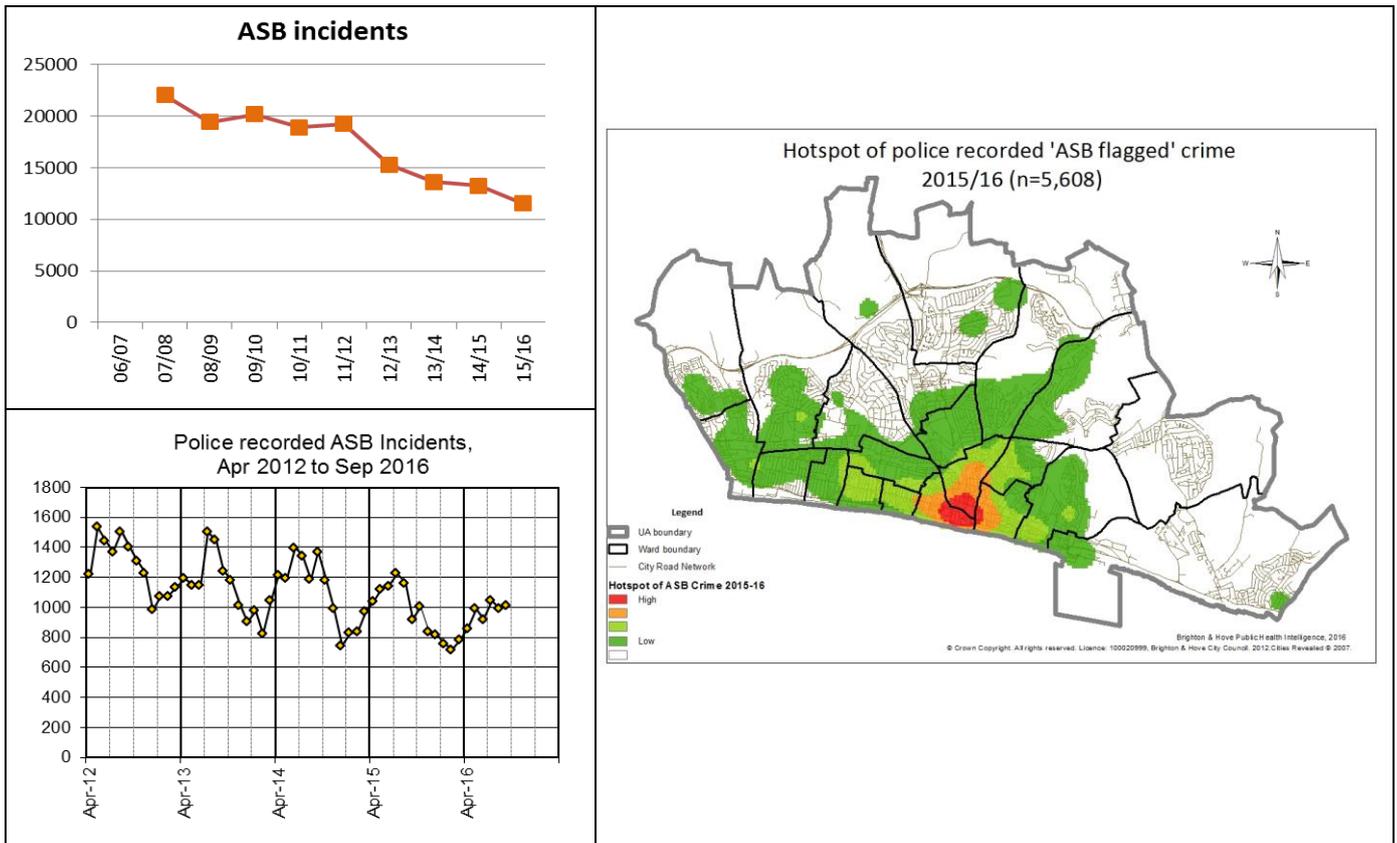
6.6 Recommended priorities for partnership work

- Acquisitive crime has fallen consistently over the past ten years. However, it forms a significant proportion of overall crime but is generally dealt with as 'business as usual' by the police.
- There are signs that some acquisitive crime types are now beginning to increase. The increase in robbery, albeit from a very low figure, will need to be monitored.
- Domestic burglary is a significant concern to people but recorded figures are at a ten year low and police have strong established good practice in dealing with victims and pursuing offenders.
- Acquisitive crime should not at the present time be a priority in the Community Safety Strategy
- The Safe in the City Partnership Board should continue to receive analysis on acquisitive crime to enable monitoring.

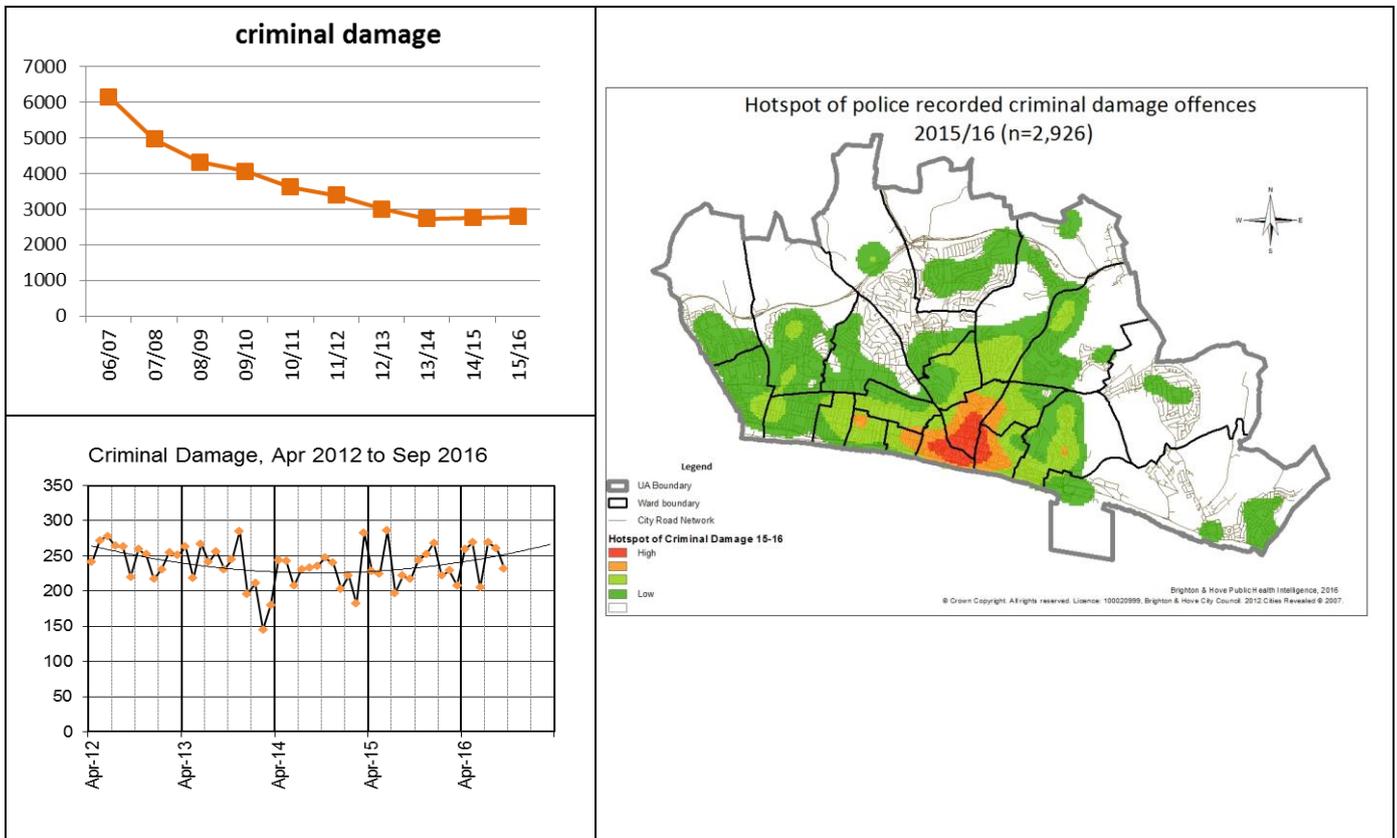
⁶² Home Office, 'The start of a criminal career: Does the type of debut offence predict future offending?' Research Report 77, 2013

7. ANTI-SOCIAL BEHAVIOUR AND CRIMINAL DAMAGE

Anti-social behaviour



Criminal damage



7.1 The nature of the problem and contributory factors

- Factors contributing to anti-social behaviour (ASB) may include:
 - Harsh and coercive discipline, maltreatment, divorce, teen parenthood, peer deviance, parental psychopathology and social disadvantage in young people⁶³
 - ADHD is highly correlated with anti-social behaviour⁶⁴
 - Social learning theory suggests that negative behaviours are reinforced during childhood by parents, care givers and peers.
- Some locations may be attractors for criminal damage. This may be because:
 - They offer the opportunity to commit acts of vandalism; are in areas of relative deprivation and there is a lack of belief that the community can work together⁶⁵
 - 'Broken windows theory' suggests that, if minor criminal damage in a neighbourhood is left unchecked, the neighbourhood can decline into a criminogenic environment. Police action in tackling criminal damage can enable cohesive communities to re-emerge. However, it is also argued 'zero tolerance' policing can lead to tension in the community.⁶⁶

7.2 Scale of the problem, trends and benchmarking

Police data

- There are an average over 15 'ASB crimes'⁶⁷ and 32 ASB incidents recorded in Brighton & Hove every day. In 2015/16 the police recorded 5,715 ASB crimes, an increase of 44% compared with 2013/14 (when there were 4,334 crimes). They are now at their highest level since 2010/11 (5,328 crimes), although the response to the HMIC data integrity work will have impacted on these data.
- During the same period the police recorded 11,524 ASB incidents⁶⁸. Most incidents related to nuisance ASB (9,598 incidents, 83%) with others related to environmental ASB (1,020 incidents, 9%) and personal ASB (906 incidents, 8%). The number of recorded incidents has fallen by 25% (3,763 incidents) since 2013/14 and is at its lowest level since 2009/10 when there were 20,179 recorded incidents.
- In 2015/16 the Community Safety Casework Team received 418 reports of ASB (plus 82 relating to hate incidents) occurring in Brighton & Hove, except on council housing premises. These initial reports may be in respect of multiple incidents and sometimes people have been moved to do so because the impact on them or their families has become unbearable.
- Council housing record ASB in a different context to the Community Safety Casework Team. This relates to incidents taking place on council housing premises. In April 2015 a system of recording (Housemark) which can be benchmarked to other local authorities was introduced. Using this system 2,452 incidents of ASB were recorded in 2015/16 (the

⁶³ Jaffee S et al. "From Correlations to causes: can quasi-experimental studies and statistical innovations bring us closer to identifying the causes of anti-social behaviour?" *Psychological Bulletin*. Vol 138(2), March 2012. 272-295

⁶⁴ "Anti-social behaviour – causes, characteristics and treatments." <http://www.psychology.jrank.org> Accessed 12.09.2016.

⁶⁵ Bates E. Vandalism: A crime of place?. Edinburgh Research Archive. 2014.02.7

⁶⁶ Bratton and Kelling. Why we need broken window policing. *City Journal*. Winter 2015.

⁶⁷ 'ASB crimes' refers to police recorded offences with an ASB Crime flag. These are predominantly made up of: criminal damage, common assault, harassment, public order and affray offences.

⁶⁸ Police incident data are not subject to the same level of auditing as crime data and may be less reliable.

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methodology for recording incidents was changed for 2015/16 so there is no comparable data from previous years).

- Compared with other local authorities which contribute data to Housemark, Brighton & Hove have proportionately fewer reported incidents of noise and garden nuisance and more incidents related to harassment/threats, pets/animals and rubbish.
- Noise complaints to the council in 2014/15 (n=3,102) at 11.0 per 1,000 people is significantly higher than that seen in the South East (5.3 per 1,000 people) and England (7.1 per 1,000 people).
- National data from 2013 shows that approximately a third of alcohol related anti-social behaviour incidents and incidents of groups hanging around on the street are reported to the police. The vast majority of these types of incidents are also not reported to any other organisations; 2-3% of respondents to the Crime Survey for England and Wales reported incidents such as these to their local council⁶⁹.

Criminal damage

- Criminal damage is a high volume crime type with 2,797 crimes recorded in 2015/16, making up 12% of all recorded crimes. 43% related to damage to vehicles, 21% to dwellings, 14% to buildings other than dwellings, and 18% other types of damage. Police recorded criminal damage was on a long term decline up to 2013/14. Since then numbers have increased marginally by about one percent in each of the following two years.
- In 2015/16 East Sussex Fire and Rescue Service recorded 235 deliberate fires (109 more serious and 126 less serious fires). While the number of recorded deliberate fires (ESFRS data) varies year on year, the overall trend is decreasing. In 2008/09 there were 548 deliberate fires recorded compared to only 235 in 2015/16, a fall of 57% or 313 fires. Analysis of deliberate fires by month from August 2011 to March 2016 shows peaks in the number of recorded between May and September.
- Brighton & Hove ranked roughly at the average of its 'most similar' group of 15 community safety partnerships (MS CSP) in 2015/16 for criminal damage and arson offences, with a rate of 9.9 crimes per 1000 residents compared with 9.7 for the whole MS CSP group.

7.3 Who's affected

Impact on individuals

- Analysis of the 5,676 police recorded crimes in Brighton & Hove with an ASB flag in 2015/16 provides the following profile of victims:
 - 59% had a male victim; 41% had a female victim.
 - The highest number of victims was concentrated in the 20-49 age groups (40-49 age group for males, 30-39 age group for females).
 - 81% of those crimes where victim ethnicity was recorded were White – North European, followed by Black victims (6%), Asian (5%), Middle Eastern (4%), White – South European (4%) and Chinese, Japanese or South East Asian (less than 1%).
 - There were 83 ASB crimes with a victim who was flagged as vulnerable due to a mental health condition in 2015/16, 47 who were flagged as vulnerable due to a learning disability, and 47 flagged as vulnerable due to a physical disability.
- National research shows:

⁶⁹ ONS, 'Short Story on Anti-Social Behaviour, 2011/12', 2013

- Younger people were more likely to have a high level of perceived ASB than older people⁴⁹
- Those of mixed or multiple ethnic backgrounds were more likely both to have a high level of perceived ASB and to have experienced ASB in the last 12 months⁷⁰.
- Social renters were more likely to have a high level of perceived ASB as well as to have experienced ASB in the last 12 months than those with other types of tenure.
- Those with a long-standing illness or disability, particularly that which limits activities were also more likely to have a high level of perceived ASB⁷¹.
- The Crime Survey for England and Wales shows that those who are either long-term or temporarily sick or ill are more likely to be a victim of criminal damage than those with other employment status⁷².
- Victimisation as reported in the Crime Survey for England and Wales 2014/15 tended to be higher in the middle of the age distribution, and peaked amongst those aged 35-44⁷².
- 40% of all criminal damage incidents reported in the Crime Survey for England and Wales 2015/16 were experienced by repeat victims⁷⁰.
- 81% of those who reported experiencing criminal damage in the Crime Survey for England and Wales reported that they were emotionally affected by the incident. 44% were affected just a little, 26% were affected quite a lot, and 12% very much affected.
- Of victims and witnesses contacting the Community Safety Casework Team in relation to ASB in 2015/16 either via the duty line or online where an equalities monitoring form was completed (n=92):
 - 72% were female, 28% were male.
 - There were no victims or witnesses who did not identify with the gender they were assigned at birth.
 - 28% were in the 40-49 age group, and 23% in the 30-39 age group, although overall numbers with age information are low.
 - Of those where ethnicity was recorded, 13% were BME, whilst 87% were either White (unspecified) or White British.
 - 16% were lesbian, gay or bisexual.
 - 49% had no particular religion, 35% described their religion as Christian, 9% were atheist or agnostic and 7% had other religious beliefs.
 - 29% had a disability or limiting long-term illness.
 - 10 had a physical impairment, 9 had a mental health condition, and 6 had a long-standing illness (7 respondents had more than one type of disability). Other disabilities included sensory impairments and learning disability/difficulty.
- 26% of all police recorded criminal damage offences in 2015/16 in Brighton and Hove were committed against a company.

Impact in neighbourhoods

- The hotspot for police recorded crime with an ASB flag in 2015/16 is located in the city centre, particularly around the North Laine, the South Lanes and North Street and Western Road.
- Table 12 on page 22 shows which Local Action Teams had identified anti-social behaviour or criminal damage as a priority for their local area (data as of Feb 2016). Issues with the street community tended to be identified as a priority in city centre areas, drug use/drug dealing generally in the east of the city, 'general' anti-social behaviour on more peripheral

⁷⁰ ONS, 'Crime in England & Wales, year ending March 2016 - Annual trend and demographic tables', 2016

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areas of the city, and criminal damage in both city centre and other locations. Further information can be found in the table.

- The Crime Survey for England and Wales 2015/16 showed that those living in the 20% most deprived output areas were more likely to have experienced ASB in their local area (35%) than those living in other output areas (28%) or those living in the 20% least deprived output areas (23%)⁷⁰, as well as to have a higher level of perceived ASB⁷¹.
- The Crime Survey for England and Wales 2014/15 showed that those living in the 20% most deprived output areas were twice as likely as those living in the 20% least deprived output areas to be victims of criminal damage. Those who lived in areas of 'high physical disorder' were also more likely to experience criminal damage⁷².
- Those living in areas with a high level of physical disorder were also more likely to have experienced ASB within the last 12 months (42% compared with 28% of those living in area without a high level of physical disorder)⁷⁰ and to have a higher level of perceived ASB⁷¹.
- The police Strategic Assessment 2016/17 for Brighton & Hove identified the following ASB hotspots in the city⁷³:
 - New Road and the Clock Tower continue to be areas of concern for groups of street drinkers
 - New Road and the Pavilion Gardens, open spaces such as Queen's Park and Saunders Park, public toilets and car parks, as well as high-rise residential blocks were all identified as being areas of concern with regards to public drug use and associated discarded paraphernalia.
 - Youth ASB in the city centre and London Road, as well as increasingly in Hove.
- In 2014/15 the council received 3,102 noise complaints (11.0 per thousand people). According to the 2015 City Tracker, four in five residents (80%) are satisfied with noise levels in their street, including 42% who say they are very satisfied. Meanwhile, just 13% say they are dissatisfied with the level of noise.
- Noise complaints to the council have been on a downward trend since 2010/11 when 3,952 complaints were received (14.7 per thousand people). From the 2015 City Tracker, satisfaction with noise levels in the street (80%) has returned to the level reported in 2013 (81%) and is close to the high of 84% from 2012, following a dip to 65% in 2014.

7.4 Perpetrators and criminal justice

- 89% of police recorded crimes with an ASB flag in 2015/16 where offender gender was recorded had a male offender, 11% had a female offender.
- The highest number of recorded offenders were in the 20-29 age group – which accounted for 30% of all offences. 24% of offences had an offender aged 30-39, 17% were aged 40-49 and 16% were aged 10-19. This suggests that youth ASB may be less likely to be crimed.
- The Crime Survey for England and Wales shows that a majority of offenders of criminal damage offences nationally are male (67%), and numbers peak in the under 16 age group (38%). In 45% of incidents, the offender was known by sight or to speak to by the victim, in 31% of incidents the offender was a stranger and 23% of incidents the offender was known well to the victim⁷⁴.

⁷¹ ONS, 'Crime in England & Wales, year ending March 2016 - Supplementary tables', 2016

⁷² ONS, 'Crime Survey for England and Wales, year ending March 2015 – Focus on Property Crime: Appendix tables', 2015

⁷³ Sussex Police, 'Brighton & Hove Strategic Assessment 2016/17', 2016

⁷⁴ ONS, 'Crime Survey for England and Wales, year ending March 2015 – Nature of Crime: Criminal Damage', 2015

7.5 Other considerations

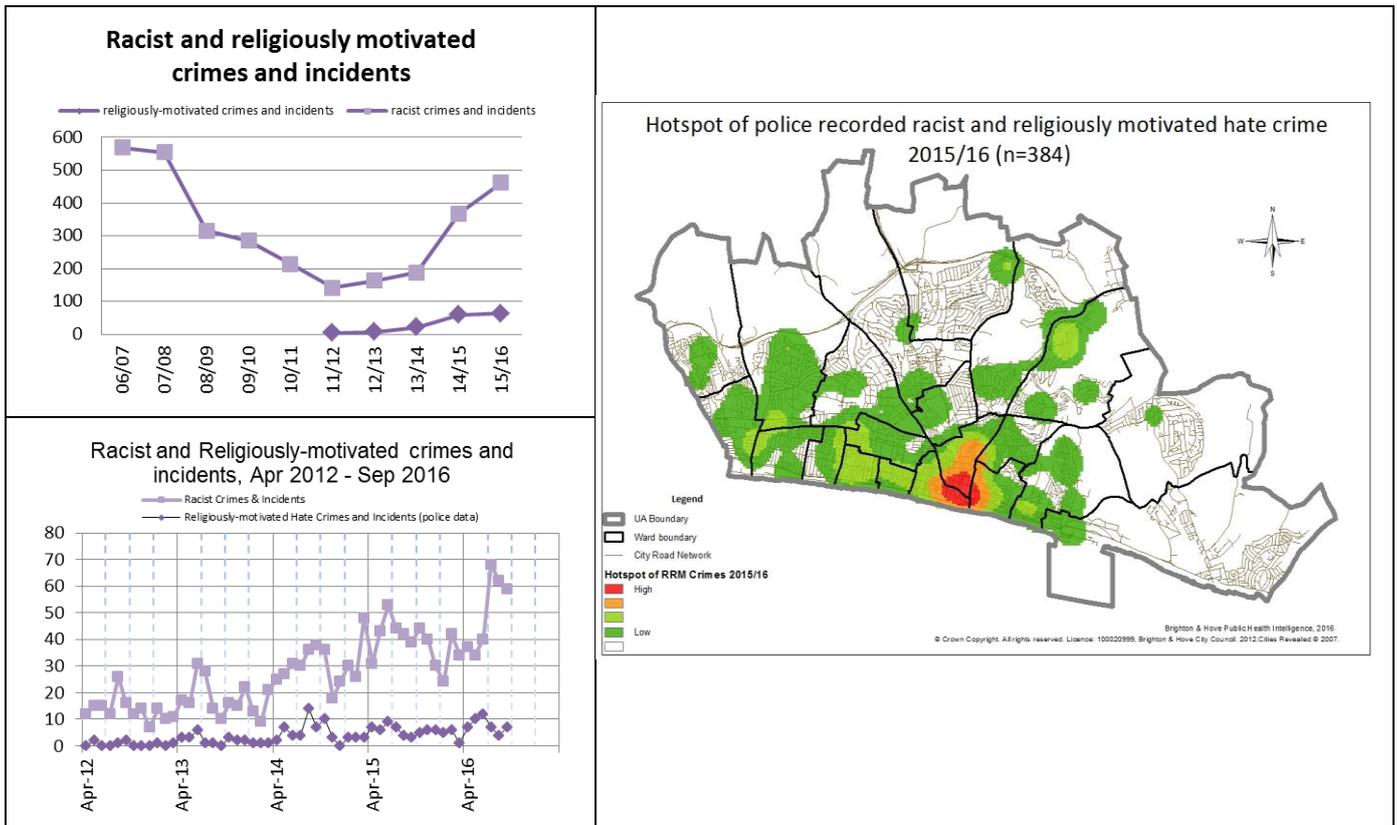
- Resources within the Community Safety Casework Team, Neighbourhood Policing Teams and key third sector partners have reduced roughly a third in the last two years and are likely to decrease further over the next three years.
- The Anti-Social Behaviour, Crime and Policing Act 2014 is in place, giving new tools and powers. Public Spaces Protection Orders (PSPOs) were brought in under the Act and their use to address ASB in 12 green and open spaces in Brighton and Hove has been approved by the Neighbourhoods, Communities and Equalities Committee. Other tools which have been put to use include Criminal Behaviour Orders, Civil Injunctions and Closure Orders.
- There have been increased numbers of people in the street community and associated ASB, including public drug use and paraphernalia.
- Youth ASB in public spaces, including parks, has been increasing recently.
- Services in Brighton & Hove are making more and better use of restorative practice to address ASB, assisted by the continuation of the Restorative Practice Development Officer post for a further 12 months.

7.6 Recommended priorities for partnership work

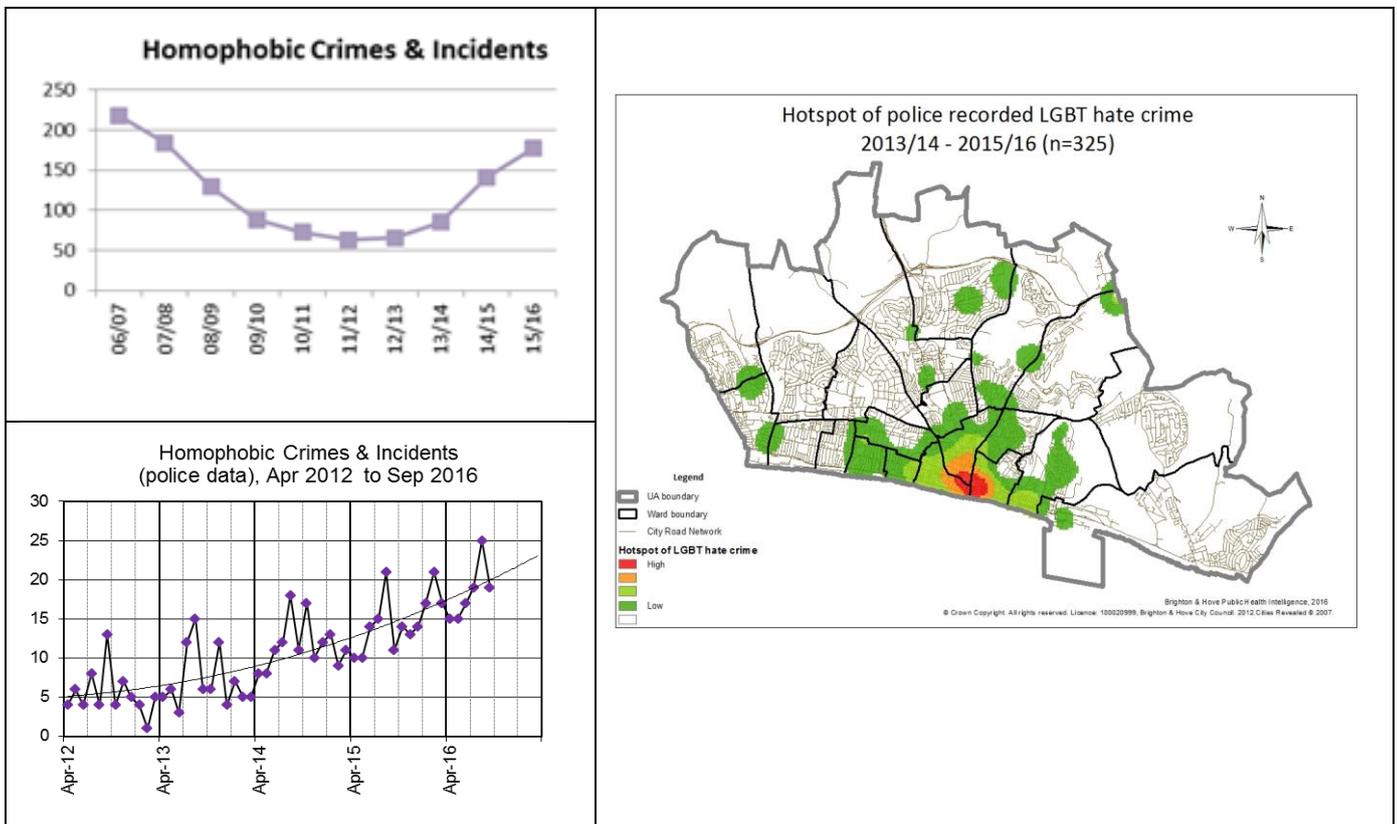
- Our three priority areas should be:
 - ASB associated to street community, including addressing public place drug use and drug paraphernalia
 - Addressing public place youth ASB
 - Managing high risk victims and priority perpetrators
- The following are proposals for the way in which the management of ASB should be approached:
 - Community Safety Casework Team (CSCT) duty service to continue, allowing members of public and partner agencies to receive advice and guidance and support regarding ASB.
 - Continued use of the Brighton & Hove Multi-Agency Risk Assessment and Tasking (MARAT) meeting and the ECINS casework management system to manage the harm caused to and by high risk victims and priority perpetrators.
 - Continued multi-agency work to address youth ASB, making best use of shared information and intelligence.
 - Continued multi-agency work to address ASB, harm and vulnerability associated with the street community.
 - Establish an ASB practitioners group to ensure good practice in addressing ASB across services.
 - Monitor the implementation of the PSPO.
 - Communicate with Local Action Teams (LATs), residents' groups, elected members and the public in general regarding priority areas, best use of resources and operational outcomes.

8. HATE INCIDENTS AND CRIMES

Racist and Religiously motivated incidents and crimes

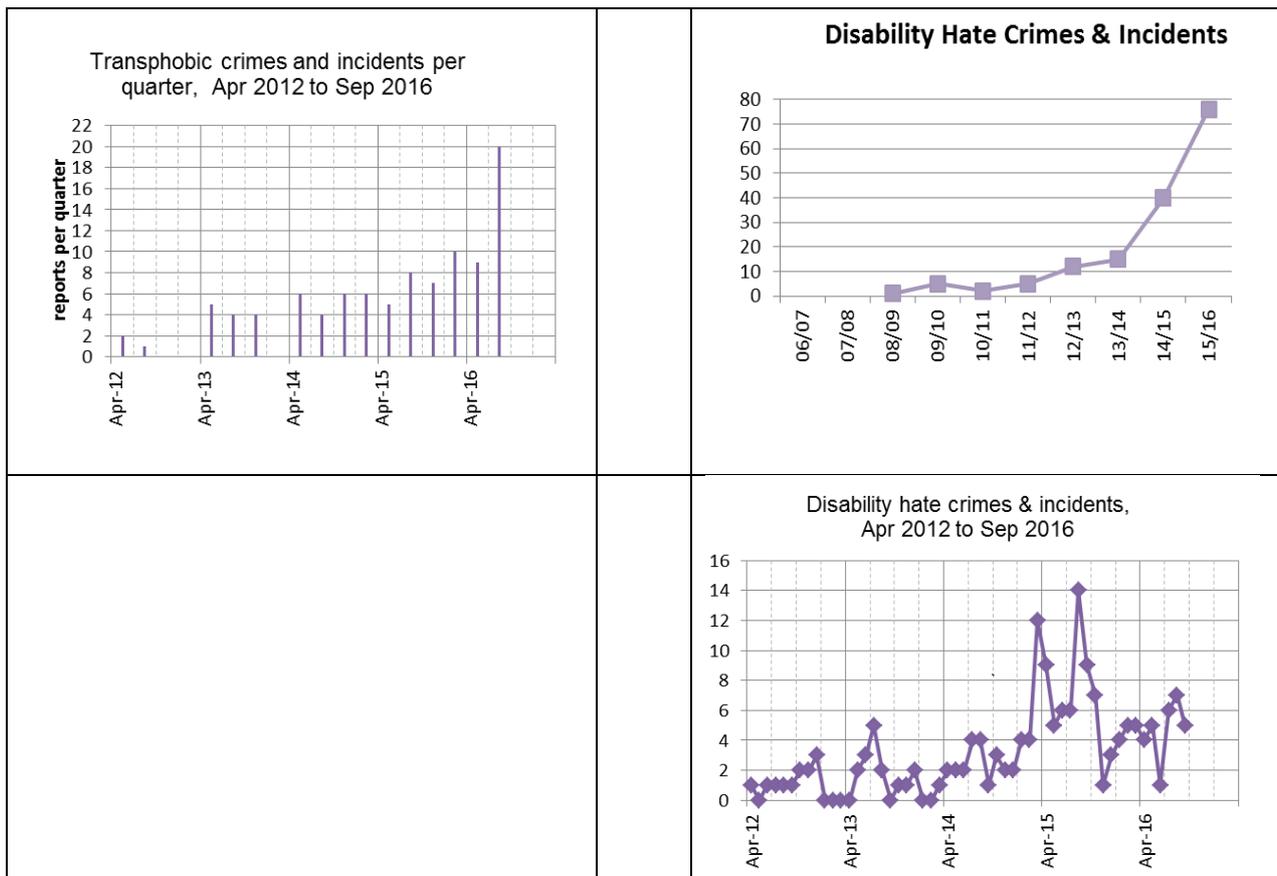


LGBT hate incidents and crimes



Transphobic incidents and crimes

Disability hate incidents and crimes



8.1 The nature of the problem and contributory factors

Racist and religiously motivated hate incidents and crimes

- Perpetrators may be motivated by a perception of threat linked to: economic stability, access to state resources, sense of safety in the community and/or “symbolic” threat posed by people’s values or norms. This sense of threat can be projected onto ethnic minorities who are viewed as the source of socio-economic problems.
- Structural factors such as the Prevent policy may alienate the Muslim community and create a “suspect” community.
- Tensions can be heightened and lead to religious hate crimes following global terrorist attacks.⁷⁵
- National hate crime statistics published by the Home Office show a rise in hate crime offences in the month following the EU referendum vote in June 2016. There was a 41% rise in offences in July 2016 compared with the same month the previous year⁷⁶.

LGBT hate incidents and crimes

- Personal insecurity of sexuality and identity are important drivers of hate crime.⁷⁷

⁷⁵ Equalities and Human Rights Commission, Research Report 102 ‘Causes and motivation of hate crime’, 2016

⁷⁶ Home Office, ‘Hate Crime, England and Wales, 2015/16’, October 2016

⁷⁷ Welsh Government. Analysis for Policy. Understanding who commits hate crime and why they do it. 2013

Strategic Assessment of Crime and Community Safety, 2016

- Research has shown correlations between educational attainment and prejudiced attitudes - the higher the level of education the lower the amount of prejudice.⁷⁵
- Perpetrators may be motivated by a perception of threat linked to a sense of safety in the community and/or “symbolic” threat posed by people’s values or norms.
- National hate crime statistics published by Galop show a rise in hate crime offences in the month following the EU referendum vote in June 2016⁷⁸. The LGBT Community Safety Forum locally has reported an increase in hate crime rhetoric and community experience of this post EU referendum.
- Following global terrorist attacks against LGBT communities tensions are being heightened and can lead to LGBT hate crimes.
- Increase in race and religious hate crimes may lead perpetrators to embolden threats against other minorities. This sense of threat may be projected onto visible minorities.

Disability motivated hate incidents and crimes

- Disability hate crimes often involve high levels of sexual violence and property offences.
- Structural factors such as a welfare reform narrative of “benefits scroungers” may have a disproportionate impact on disabled people, leading to increased hostility.⁷⁵

8.2 Scale of the problem, trends and benchmarking

NB. Police recorded data are not necessarily a good indicator of underlying levels or trends. Following the HMIC data integrity inspection during 2013/14 which examined practices across all police forces around recording of crimes and management of data, the number of violent crimes across Sussex Police (and elsewhere) rose steeply. Hate crimes often fall under the violent crime grouping according to Home Office crime definitions.

- The combined 2012/13 to 2014/15 Crime Survey for England and Wales (CSEW) estimates that 0.4 per cent of adults were victims of any hate crime in the last 12 months.
- 48 per cent of hate crime incidents reported in the CSEW came to the attention of the police⁷⁹.

Racist and religiously motivated hate incidents and crimes

- In 2015/16 there were 506 RRM crimes and incidents, the highest number in the last eight years. This is an increase of 23% on 2014/15 (414 crimes and incidents) and is two and a half times higher than in 2013/14 (201 crimes and incidents).
- In 2015/16 there were 62 RRM incidents recorded by the Casework Team, the lowest number since 2012/13 and 16% fewer than in 2014/15 (74 crimes and incidents).
- Council housing recorded 21 racist incidents in 2015/16 and one religiously-motivated incident. This is slightly higher than the previous two years (16 in 2013/14 and 17 in 2014/15).
- Police recorded RRM hate crime and incidents between April 2012 and March 2016 (n=1,362) occur around the year. However there are more recorded during the summer than the winter: 39% took place in the four month period May to August while 27% took place in the four months November to February.

LGBT hate incidents and crimes

- The number of police recorded homophobic hate crimes and incidents have been increasing since 2011/12 and is now at its highest number for the past eight years. During 2015/16 there were 177 homophobic crimes and incidents recorded by the police, 25% higher than in 2014/15 (141 crimes and incidents) and nearly three times the figure seen in 2011/12 (63 crimes and incidents).

⁷⁸ Antjoulle N (2016), *The Hate Crime Report: Homophobia, Biphobia and Transphobia in the UK*, Galop

- The number of police recorded transphobic hate crimes and incidents have been increasing year on year since 2011/12. During 2015/16 there were 33 recorded crimes and incidents, an increase of 50% compared to 2014/15 when only 22 were recorded.
- While the number of police recorded homophobic crimes and incidents have been increasing, the number of homophobic incidents reported to the Casework Team has fallen from 26 in 2013/14 to nine in 2015/16.
- Council housing recorded 4 homophobic incidents and 2 transphobic incidents in 2015/16. The number of homophobic incidents has declined over the last three years, while the number of transphobic crimes has increased by one each year since 2014/15.
- Looking at the 603 homophobic police recorded hate crime and incidents from April 2010 to March 2016, nearly a quarter (24%) took place during July and August. This is nearly twice the number that took place in April and May (12%, 75 crimes and incidents).

Disability motivated hate incidents and crimes

- The number of police recorded disability hate crimes and incidents have been increasing year on year since 2010/11 when only 2 were recorded. During 2015/16 there were 76 recorded, a 90% increase compared to 2014/15 when 40 were recorded.
- While the number of police recorded disability hate crimes and incidents have been increasing, the number of incidents reported to the Casework Team has been falling. In 2012/13 27 incidents were reported while in 2015/16 there were only 8 recorded.
- There were no disability hate incidents recorded by Council Housing in 2015/16.
- The number of disability hate crimes and incidents reported to police is too small to demonstrate any consistent seasonal patterns.

8.3 Who's affected

Impact on individuals

- The Crime Survey for England and Wales 2012/13 – 2014/15 showed that the risk of being a victim of personal hate crime was highest amongst:
 - People aged 16-24
 - Those with religious group 'other' or Muslim
 - People with Black, Asian or Mixed ethnic backgrounds
 - Those whose marital status is single
- The risk of being a victim of household hate crime was highest amongst:
 - Social renters
 - Those who lived in a household with a total income of less than £50,000⁷⁹
- CSEW data showed that 35 per cent of victims of household hate crime, and 27 per cent of victims of personal hate crime had been victimised more than once in the previous year.⁷⁹
- Victims of hate crime were more likely than victims of CSEW crime overall to say they were emotionally affected by the incident (92% and 81% respectively) and more likely to be 'very much' affected (36% and 13% respectively).
- Of those who said they were emotionally affected, victims of hate crimes tended to be more affected than victims of CSEW crime overall. More than twice as many hate crime victims said they had suffered a loss of confidence or had felt vulnerable after the incident (39%), compared with CSEW crime overall (17%). Hate crime victims were also more than twice as likely to experience fear, difficulty sleeping, anxiety or panic attacks or depression compared with victims of overall CSEW crime⁷⁹.

Racist and religiously motivated hate incidents and crimes

⁷⁹ Home Office, 'Hate Crime, England and Wales, 2014/15, statistical bulletin 05/15', October 2015.

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- 61% of police recorded racist or religiously motivated hate crimes in 2015/16 had a male victim, 39% had a female victim.
- 29% of racist and religiously motivated hate crimes in 2015/16 had a victim in the 30-39 age group, followed by 22% in the 20-29 age group.
- Looking at just those offences which were flagged as religiously motivated for 2014-15 and 2015-16 combined, 67% of offences had a male victim, 33% had a female victim. As with racist offences, the highest proportion of victims was in the 30-39 age group.
- 32% racist and religiously motivated hate crimes in 2015/16 had a victim who was recorded as White – North European, 28% of offences had a victim who was Black, 17% Asian, 16% Middle Eastern, 5.4% White South European and 1.2% Chinese, Japanese or SE Asian.

LGBT hate incidents and crimes

- 66% of police recorded LGBT hate crimes in 2015/16 had a male victim, 34% had a female victim.
- The largest proportion of victims was in the 40-49 age group. 27% of LGBT hate crimes in 2015-16 had a victim aged 40-49, 23% were in the 30-39 age group.
- Numbers are too low to analyse transphobic flagged offences separately for equalities data.
- Of those offences where a victim ethnicity was recorded, 97% of police recorded LGBT hate crimes had a victim recorded as White – North European.
- The trans community is fewer in number and better interconnected than lesbian and gay communities and therefore experiences of hate incidents and crimes are transmitted and absorbed more quickly across the trans community. Similarly, inadequate responses from services can impact more widely on trust and confidence across the community as a whole as negative personal narratives receive much wider community attention.
- Roles and responsibilities within trans community groups are shared between fewer individuals and consequently groups may be less resilient and effective in managing transphobia. The sort of event which might be dealt with adequately within the lesbian or gay communities can have a disproportionate impact on the trans community, affecting both the mental health of individuals and resilience of groups.
- The law and sentencing uplift policy create a 'hierarchy of hate crime' and sends the message that some groups are more worthy of protection than others. This undermines confidence of victims in the law – and may contribute to the huge levels of under-reporting in some communities.

Disability motivated hate incidents and crimes

- 52% of police recorded disability hate crimes between 2013/14 and 2015/16 had a female victim, 48% had a male victim.
- Overall numbers are low even over the 3 year period, but the highest number of victims (n=21) fall in the 20-29 age group.
- Of those offences between 2013/14 and 2015/16 where a victim ethnicity was recorded, 94% of offences had a victim recorded as White – North European.

Impact in neighbourhoods

Racist and religiously motivated hate incidents and crimes

- 42% of racist and religiously motivated hate crimes occurred on the street, 21% occurred inside a dwelling, and a further 11% occurred in a shop.
- The hotspot for police recorded racist and religiously motivated offences in 2015/16 is located in the city centre in an area covering the North Lane, South Lanes and St James's Street area.

LGBT hate incidents and crimes

- 47% of LGBT hate crimes in 2015/16 occurred on the street, 30% occurred in a dwelling. 4% occurred in a licensed premises and a shop respectively.
- Regency followed by Queens Park wards had the highest number of police recorded LGBT hate crimes in 2015/16.

Disability motivated hate incidents and crimes

- The highest proportion of disability hate crimes between 2013/14 and 2015/16 (53%) occurred inside a dwelling, whilst 29% occurred on the street.
- Police recorded disability hate crimes between 2013/14 and 2015/16 were concentrated in the city centre and to the east of the city, with the highest numbers being in St. Peter's & North Laine, Queen's Park, Moulsecoomb & Bevendean, Hanover & Elm Grove and East Brighton wards.

8.4 Perpetrators and criminal justice

Racist and religiously motivated hate incidents and crimes

- Racist hate crimes are more likely to involve more than one perpetrator and they are more likely to have a previous criminal record.⁷⁵
- Locally, 79% of racist or religiously motivated hate crimes in 2015/16 have a suspect who is male, 21% have a female suspect.
- 89% of all crimes which have ethnicity information recorded for the suspect have a White – North European suspect.
- Suspect age information is not currently available, and numbers are too low to analyse offender age ranges.
- In 69% of racist and religiously motivated hate crimes in 2015/16, the offender was a stranger to the victim, in 28% the offender was an acquaintance of the victim, and in 3% of offences the offender was either a family member or intimate partner of the victim.
- In 2015/16, 16% (62/380) of all racially motivated crimes resulted in a charge being made. 11% (6/55) of religiously motivated crimes resulted in a charge.
- In 2015/16 87.8% of finalised prosecutions for all racist and religiously motivated crimes (65/74) had a 'successful outcome'. This was down slightly from 93.2% (82/88) in 2014/15.
- 89.9% of finalised prosecutions for racist and religiously motivated crimes in 2013/14 resulted in a conviction. This compares with 85.2% of finalised prosecutions with a 'successful outcome' in England and Wales (there is a 21 month time lag on this data)

LGBT hate incidents and crimes

- LGBT hate crime is more likely to involve physical violence and have more than one perpetrator.⁷⁵
- Locally, 83% of police recorded LGBT hate crimes in 2015/16 have a suspect who is male, 17% have a female suspect.
- 91% of suspects in police recorded LGBT hate crimes were recorded as White – North European, however in many cases suspect ethnicity information is not recorded, and so numbers are low.
- Suspect age information is not currently available, and numbers are too low to analyse offender age ranges.
- In 65% of offences in 2015/16, the offender was a stranger to the victim; in 31% of offences, the offender was an acquaintance of the victim. In 4% of offences the offender was either a family member or intimate partner of the victim.
- In 2015/16, 11% of all LGBT hate crimes (16/142) resulted in a charge being made, down from 28% (31/112) in 2014/15.
- 82% of finalised prosecutions (18/22) for all LGBT hate crimes in 2015/16 had a 'successful outcome'. This was down from 89% (33/37) in 2014/15.

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- 74% of finalised prosecutions for homophobic offences had a 'successful outcome' in 2013/14 locally. This compares with 81% in England and Wales (there is a 21 month time lag on this data).

Disability motivated hate incidents and crimes

- Disability hate crime is more likely to be perpetrated by a single person, with a third of perpetrators being female.⁷⁵
- In 50% of offences between 2013/14 and 2015/16, the offender was an acquaintance of the victim, in 40% of offences the offender was a stranger to the victim. In 10% of offences the offender was either a family member or intimate partner of the victim. A higher proportion of disability hate incidents are committed by an acquaintance to the victim than in other types of hate crime locally.
- There is not enough offender data to analyse offender age and gender.
- In 2015/16, 9.3% of disability hate crimes (5/54) resulted in a charge being made. This is an increase from 3.7% (1/27) in 2014/15.
- Four out of five finalised prosecutions for disability hate crime had a 'successful outcome' in 2015/16. This compares with 2 out of 2 in 2014/15.

8.5 Other considerations

opportunities

- The Anti-Social Behaviour, Crime and Policing Act 2014 is in place, giving new tools and powers.
- Services in Brighton & Hove are making more and better use of restorative practice to address hate incidents, assisted by the continuation of the Restorative Practice Development Officer post for a further 12 months.
- The LGBT and Racial Harassment Forums are now both community driven, providing opportunities for increased capacity, while retaining links from statutory partners. The RHF has a new constitution which allows them to have a wider remit, such as advocacy, and better scrutiny of statutory services. The Rainbow Fund, linked to fundraising through Brighton Pride has supported capacity building and engagement in the community.
- There are a number of other newly emerged or developing partnerships or forums which open up new approaches and ways to engage. For example, Trans Alliance has emerged as a key community group representing the interests of trans people. There has been partnership working between LGBT, refugee and faith groups and between the LGBT Community Safety Forum and the newly constituted Racial Harassment Forum.

concerns

- Resources within the Community Safety Casework Team, Neighbourhood Policing Teams and key third sector partners have reduced roughly a third in the last two years and are likely to decrease further over the next three years. With this in mind, it is important to manage communities' expectations realistically.
- Budget reductions make it impossible to predict levels of support or capacity in public sector or third sector in the coming years. Maintaining effective partnership work, planning ahead or committing to project work (for example preventative work) will become increasingly challenging. A reduction in statutory services may risk a reduction in trust and confidence.
- There are concerns that a diminished visible police presence may decrease deterrence and also negatively impact on the likelihood that communities will report incidents.
- CPS data showed a decrease in the number of hate incidents being prosecuted in 2015/16, and also in the percentage which result in a conviction. The pattern appears to be continuing into the first half of 2016/17 for LGBT hate crimes. The reasons for this need to be better understood and data need to continue to be monitored.

- The LGBT beacon status of city continues to draw people to the city who may not have accommodation. This has contributed to an increase in LGBT homelessness and there is a need to develop work with housing providers and services to address this.

8.6 Recommended priorities for partnership work

The following outcomes should be progressed:

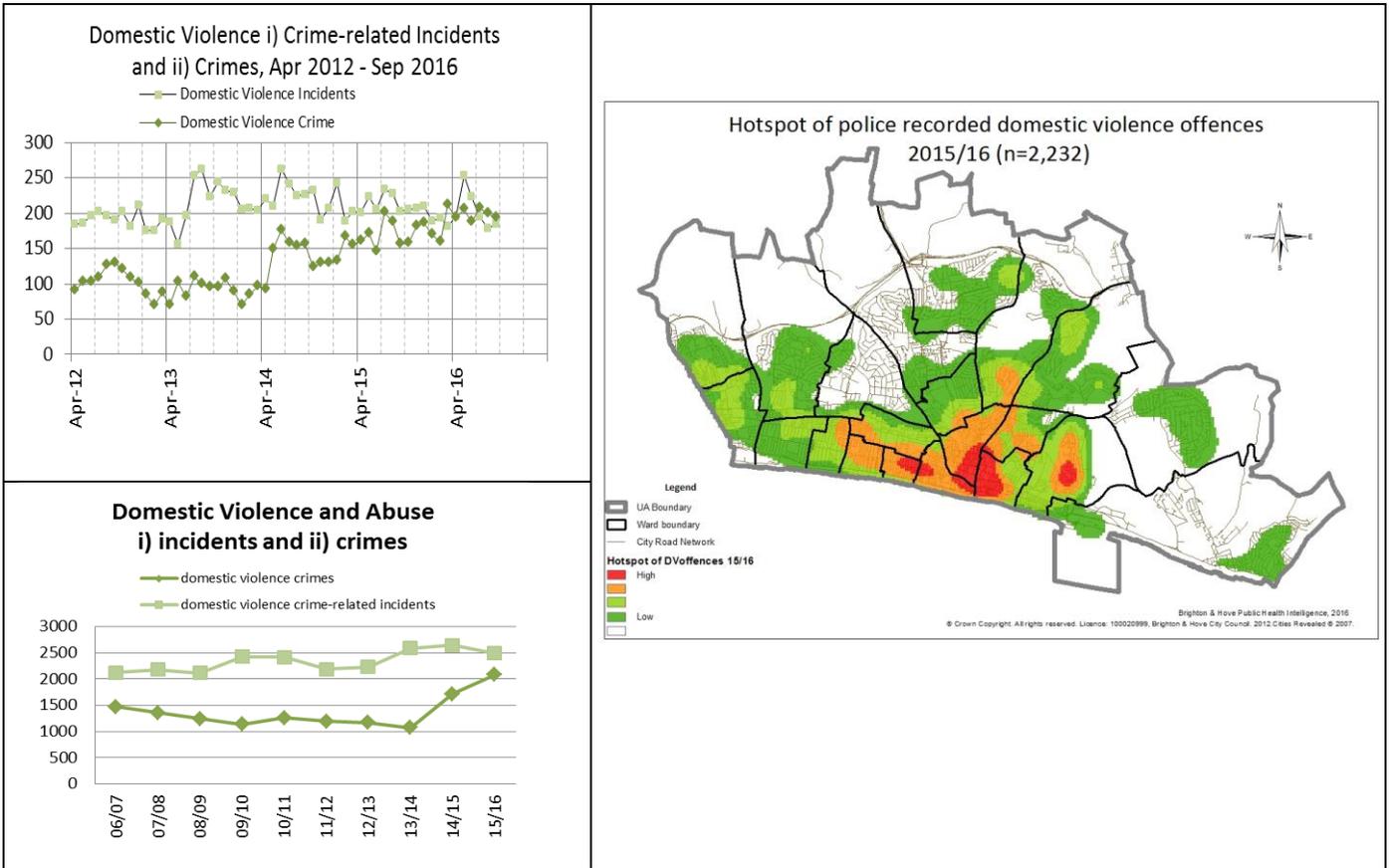
- Increase trust and confidence to report
- Support high risk victims of hate incidents and crimes
- Bring perpetrators to justice
- Manage increased tension linked to changes in the national and international landscape.

The following approaches for the partnership are proposed to reduce the occurrence of hate incidents and crimes and to support victims:

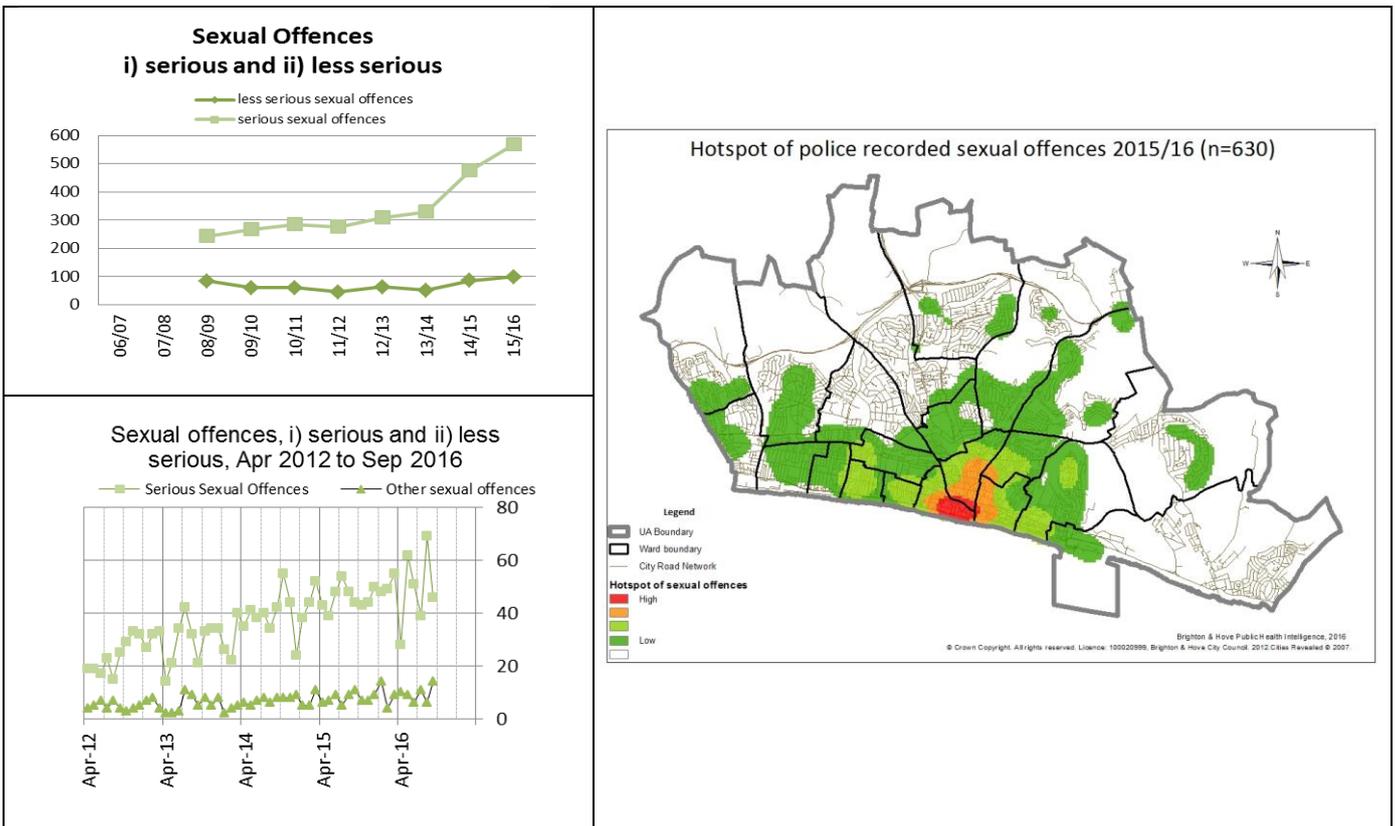
- Work to support high risk victims and priority perpetrators of hate incidents and crimes through continued use of the Multi-Agency Risk Assessment and Tasking (MARAT) meeting and the shared casework management system used by different partners (ECINS).
- Make appropriate use of the tools and powers in the ASB, Crime and Policing Act 2014 to address hate incidents and crimes, especially for repeat perpetrators.
- Continue to run the Community Safety Casework Team Duty Service, enabling members of public and partner agencies to receive advice, guidance and support regarding hate incidents and crimes.
- Make use of the 'Self-evident' reporting app to assist reporting.
- Increase the use of restorative practice to reduce the harm caused by hate incidents and crimes and support communities to understand the advantages of this approach.
- Statutory partners to continue to work alongside community forums to reduce community concern and increase trust and confidence in statutory services, by having them as a 'critical friend' and working with the forums to enable them to provide advocacy to victims of hate incidents.
- Maintain good communication between the statutory and community sectors, including the community forums, including around how to make best use of resources and achieve operational outcomes.
- Develop hate incident champions within key partner agencies.
- Continue to work alongside schools and education colleagues to reduce harm caused by prejudice-based (hate) incidents and behaviours.
- Continue to work with community and third sector agencies to promote cohesive and sustainable communities by sharing advice, policy and guidance and embedding best practice.
- Work with services for victims of domestic or sexual violence/abuse to ensure services are suitable for and accessed by minority communities.

9. DOMESTIC AND SEXUAL VIOLENCE/ABUSE AND HARMFUL PRACTICES

Domestic violence crimes and incidents



Sexual offences



9.1 The nature of the problem and contributory factors

Domestic violence & abuse, stalking and harassment

- There are multiple causes of domestic violence and abuse (DVA). At its root is power, control and inequality. Factors involved are:
- Socio-cultural –Patriarchal societies that allow male violence to control women or as a means of solving problems
- Interpersonal – Family interactions are seen as problematic rather than the behaviour of one individual
- Individual/Intrapersonal – violence against a partner is learnt behaviour; personality attributes of jealousy, dependency, attachment impulse control and self-esteem are associated with DVA; attitudinal or cognitive deficits have been linked to use of violence.⁸⁰
- Women living in the poorest households are reported to be three times more likely to be victims of DVA, including stalking, than those in higher income families⁸¹.
- Coercive control is a concept to explain how men entrap women in everyday life. This may involve violence alongside: isolation, degradation, mind-games and micro-regulation of everyday life⁸². The Serious Crime Act 2015 created the new offence of controlling or coercive behaviour in intimate or familial relationships⁸³
- 46% of those who had experienced partner abuse in the last year did not perceive what had happened to them as domestic violence, whilst just 27% did perceive it to be domestic violence (22% did not wish to answer and 5% did not know)⁸⁴.
- Stalking can take place in many forms and can consist of behaviour that is persistent and clearly unwanted causing fear, harassment or anxiety. Four types of stalking have been identified: ex-partner harassment; infatuation harassment; delusional fixation and sadistic stalking. One in 10 victims do not know their stalker.⁸⁵

Rape & Sexual violence, Sexual Exploitation (including commercially through prostitution and the sex industry), Sexual Harassment

- The majority of sexual offences are committed by men.
- Intimate Partner Sexual Violence (IPV) is more strongly associated with gender inequality in the home and experiences of childhood abuse. Sexual only IPV is also associated with multiple sexual partners and engaging in transactional sex.⁸⁶
- Non-partner rape is strongly correlated with notions of male heterosexual dominance and can involve gangs, fights and weapons. It is also more closely associated with alcohol and drug misuse, poverty and depression.⁸⁶
- The Home Office Modern Crime Prevention Strategy lists character as a key driver of crime and as such focuses on building positive characteristics and resilience amongst young

⁸⁰ Gilchrist, E. et al. Domestic Violence. Current Issues in definitions and interventions with perpetrators in the UK. Forensic Psychology. 2013.

⁸¹ Crime Survey for England and Wales 2013/14

⁸² Cedar Network. Cedarnetwork.org.uk

⁸³ Home Office. Controlling or coercive behaviour in an intimate or family relationship. December 2015

⁸⁴ ONS, Focus on: Violent Crime and Sexual Offences, year ending March 2015 - Appendix Tables, Appendix table 4.34, 2016

⁸⁵ Dr Lorraine Sheridan. The National Stalking Survey. University of Leicester. 2004-13

⁸⁶ Heise L and Fulu E. What works to prevent violence against women and girls? June 2014.

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people in order to prevent sexual violence. By teaching young people the concept of consent, and to recognise and challenge unhealthy and exploitative relationships it is hoped less young people will become both victims and perpetrators of violence.⁴¹

- In March 2016 the government published “Ending Violence against Women and Girls Strategy 2016-2020”, which recognised prostitution was a complex and controversial issue but prioritised public protection.
- 85-90% of sex workers are estimated to be women
- Factors that may drive people to enter sex work include: Violence and power; entry into the care system or family neglect; money, debt problems and low level welfare benefits; an abrupt ‘cut off’ of institutional care or safety nets; addiction and homelessness; low levels of education and lack of qualifications, and discrimination.⁸⁷
- Migrants may enter sex work to improve their living standards; support family in their native country; or because they are unable to find work due to language barriers or lack of right to work; for asylum seekers it may be their only means of making money.⁸⁷

Harmful Practices - Female Genital Mutilation (FGM); Forced Marriage (FM); so-called ‘honour-based’ violence and abuse (HBVA)

- Harmful practices which are forms of violence and abuse which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. The most commonly known are forced marriage, so-called ‘honour-based’ violence and female genital mutilation.
- **FGM** takes place worldwide but is mainly practised in 28 African countries and parts of the Middle and Far East. It is illegal in the UK but may take place in migrant communities.⁸⁸ It reflects deep-rooted inequalities between the sexes. Reasons for FGM vary by region and socio-cultural factors. It is seen as a social norm, and a way to ensure virginity and chastity, thus increasing marriageability. It is motivated by beliefs about acceptable sexual behaviour, femininity and modesty.
- Practitioners also believe they are acting in accordance with religious beliefs but the practice is not supported by any religious doctrine⁸⁹
- **Forced marriage** may happen for a range of reasons including: to uphold perceived religious or cultural ideals; to control unwanted behaviour around alcohol or drugs; to control sexuality – particularly if people identify as LGBT; to prevent unsuitable relationships before marriage; to strengthen family links and keep wealth in the family; to assist claims for residence and citizenship; to provide a carer; to fulfil longstanding family commitments, and peer group or family pressure.
- Some additional factors which may increase the risk of a forced marriage taking place: bereavement in the family; being the older unmarried sibling; becoming a single parent; the younger child taking place of older sibling to fulfil a marriage contract; a disclosure of sexual abuse or rape.⁹⁰
- **HBV** is commonly committed against women and girls by their own families, who perceive the victim to have brought shame on them by a dishonourable act or behaviour. Acts which may be considered to fall into this category include: premarital sex; adultery; pregnancy

⁸⁷ Balfour R and Allen J. A review of the literature on sex workers and social exclusion by UCL Institute for Health Equity for Inclusion Health. Department of Health. April 2014.

⁸⁸ Home Office. Female Genital Mutilation Resource Pack. May 2016.
<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

⁸⁹ WHO. Female Genital Mutilation Fact Sheet. February 2016. <http://www.who.int/mediacentre/factsheets/fs241/en/>

⁹⁰ Scottish Government. Forced Marriage in Scotland: Our responses and responsibilities.
<http://www.gov.scot/Resource/0042/00428767.ppt>

outside marriage; identifying as LGBT; contact with a non-relative male stranger; marrying without parental consent or marrying outside the community.⁹¹ HBV is a social norm in some cultures, and is usually a planned and collective crime.

9.2 Scale of the problem, trends and benchmarking

Note: Police recorded data are not necessarily a good indicator of underlying levels or trends. Following the HMIC data integrity inspection during 2013/14 which examined practices across all police forces around recording of crimes and management of data, the number of violent crimes across Sussex Police rose steeply. This has affected domestic violence and sexual violence statistics.

Between September 2015 and March 2016 the providers of 'The Portal' (RISE with Survivors' Network and CGL) have reported levels of referrals that are considerably higher than projected. In the most recent 6 month period (April – September 2016), across The Portal service as a whole, there has been a 28% increase in referrals and an 11% increase in clients when compared to the previous 6 months.

Domestic violence and abuse

Nationally

- Around 27% of women and 13% of men aged 16-59 report experiencing any domestic abuse since the age of 16⁹².
- In 2014/15, 81 women were killed by a current or former partner: 44% of female homicide victims were killed by a partner or ex-partner, with an additional 17% killed by other family members; the respective numbers for men are 6% and 14%.
- According to the national Crime Survey for England and Wales (CSEW), partner violence has dropped significantly over the last ten year period from 6.8% to 4.1%⁹³. However, recent research⁹³ has argued that violent crime is 60% higher than official figures suggest due to a cap, which means that a person can only be counted as a victim five times. This is particularly relevant to DVA offences, where victims frequently suffer multiple incidents.
- 30% of victims of domestic violence in the 2015 CSEW were victimised more than once, and 60% of incidents were experienced by repeat victims⁹⁴.
- 37% of those who had experienced partner abuse in the last 12 months told someone in any official position, with just 21% telling police⁹⁴.
- National trend data on police recorded crimes data is not available.

Locally

- Applying the latest prevalence rates from the CSEW to 2015 mid-year population estimates shows that 7,639 women and girls aged 16-59, and 3,868 men and boys are estimated to have experienced domestic violence and abuse in the last year.
- In 2015/16, 4,575 domestic violence incidents and crimes (2,086 crimes and 2,489 crime-related incidents) were reported to the police, an increase of 5.0% on 2014/15 and 24% higher than in 2013/14 and 36% higher than in 2008/09.
- In 2014/15 a total of 4,357 domestic abuse incidents were recorded by police, a rate of 17.1 per thousand people. This is lower than both the South East (19.2) and England (20.4).
- From April 2015 the Home Office have started to collect data from police forces in England and Wales on crimes flagged as domestic abuse. Between April and September 2015 11% of all recorded crimes were flagged as domestic abuse. This compares with 8.7% in

⁹¹ Bhanbro Sadiq. Honour based violence – What is it? December 2015

⁹² Office for National Statistics. The Crime Survey for England and Wales: Focus on: Violent Crime and Sexual Offences, 2014/15. 2016

⁹³ [Walby, S., Towers, J., & Francis, B, 2014](#)

⁹⁴ Crime Survey for England and Wales 2015, Office for National Statistics

Strategic Assessment of Crime and Community Safety, 2016

Brighton & Hove. The lower proportion locally is likely to be affected by the greater number of visitors to the city, with a higher number of non-DVA crimes contributing to the total.

- Sussex Police have been able to report on the risk grading of domestic abuse crimes and incidents since April 2016; between April 2016 and August 2016 there were 1,964 crimes and incidents for which a Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist (DASH RIC) was completed. Of these 69 were graded as 'high risk' cases, 363 'medium risk' and 1,530 'standard' risk.
- Domestic Violence Protection Orders⁹⁵ (DVPOs) were introduced across England and Wales in March 2014. Between June 2014 and November 2015 there were 24 DVPO applications made. In the same period there were 6 breaches, of which 1 was a breach of a Domestic Violence Protection Notice (DVPN) and 5 were DVPO breaches. The use of DVPOs varies across the divisions in Sussex.
- Domestic Violence Disclosure Scheme (DVDS) was introduced on 8th March 2014 after the Home Office launched a national scheme, also known as 'Clare's Law'⁹⁶. In the period from March 14 to March 16, of the total 394 successful DVDS applications force wide. Of these, 'Right to Know' applications make up 67% of the total DVDS workload and 'Right to Ask' applications make up 33%. Around 25% of applications are made from Brighton & Hove.
- In 2014/15 635 referrals were made to the IDVA service provided by RISE Domestic Abuse Service, which works with the highest risk victims of domestic violence & abuse.⁹⁷
- In 2015/16 there were 448 Multi-agency Risk Assessment Conference (MARAC) clients of which 164 clients (36.6%) were repeats. In total there were 431 children in households of MARAC clients. Just over half of clients (53%) were referrals by the police.
- In 2015/16 there were 448 MARAC clients, a fall of 4% compared to 2014/15 (467 clients) but higher than at any other year since 2008/09. The number of children in MARAC households increased by 19% in 2015/16 (431 children compared to 361 in 2014/15). The proportion of repeat MARAC clients in 2015/16 was 37%, higher than the national average of 24%, higher than in 2014/15 (28%) and the highest since 2009/10 (17%).
- In 2015/16 there were 105 homeless applications due to the violent breakdown of a relationship involving a partner or an associated person. This is 30% lower than seen in both 2014/15 (149 cases) and 2013/14 (153 cases) but similar to the levels seen in 2011/12 (110 cases) and 2010/11 (115 cases). The percentage of applications accepted has been relative consistent at about 35 to 37% between 2010/11 to 2015/16.
- Between 2012 and 2014 three domestic homicide reviews, and one 'near miss' review were completed. A further domestic homicide review has commenced in 2016-17.
- According to local police data over the last 5 years, the months with the highest prevalence of recorded domestic violence crimes and incidents are July and August. December has a slightly higher prevalence than other winter months. The summer peak is broadly the same as for all violence against the person.

Stalking and harassment

- According to the CSEW 2016⁹⁸ 21% of women and 10% of men aged 16-59 had been a victim of stalking (by any person, including a partner or family member) since the age of 16

⁹⁵ An initial temporary notice, the Domestic Violence Protection Notice (DVPN) can be issued when authorised by a senior police officer, and this is then followed by a DVPO which will be imposed at the magistrates' court. Magistrates have the power to ban a domestic violence perpetrator from returning to their home or having contact with the victim for up to 28 days in the immediate aftermath of a domestic violence incident.

⁹⁶ Clare's Law enables the police to disclose information on individuals about violent offending by a new or existing partner, if it is considered that the information may help protect the victim from violence.

⁹⁷ Full year data is only available for 2014/15 for specialist services because during 2015/15 RISE and Survivors' Network moved onto a new case management system as part of the development of 'The Portal' which is a single point of access and helps victim/survivors of domestic and sexual violence and abuse to find advice and support in Brighton & Hove and East Sussex

and 5% of women and 3% of men in the last year. The trend in this over the last 10 years is downwards.

- Applying the latest prevalence rates from the CSEW to 2015 mid-year population estimates shows that 4,564 women and girls, and 2,321 boys and men in Brighton & Hove are estimated to have experienced stalking in the last year.
- The specific crime of stalking was introduced in Nov 2012. Data on police recorded crimes and incidents of stalking became available as of April 2014. In 2015/16 there were 37 police recorded offences of stalking in Brighton & Hove, up from 19 the previous year.

Sexual violence

- 19% of women and 4% of men report experiencing a sexual assault since the age of 16, with young women at the greatest risk⁹⁹.
- The 2015 to 2016 Crime Survey for England and Wales asked adults aged 16 – 59 for the first time whether they had experienced sexual assault by adults during childhood. 11% of women and 3% of men reported any form of historical child sexual assault¹⁰⁰.
- Applying the latest prevalence rates from the Crime Survey for England and Wales to 2015 mid-year population estimates shows that In Brighton & Hove 2,515 women and girls, and 677 boys and men are estimated to have experienced any sexual assault in the last year.
- In 2015/16 there were 667 police recorded sexual offences, an increase of 19% compared on 2014/15 and 74% higher than in 2013/14. This rise in reporting is not necessarily negative and does not automatically mean more offences are taking place in the city. Increased awareness, and processes in place both within the police and partner agencies relating to better victim care may mean that trust and confidence in the police and other agencies has increased. This is also likely linked to the public response following the increased national awareness of sexual offences, including historical sexual offences. This is likely to continue given the Independent Inquiry into Child Sexual Abuse (IICSA).
- Brighton and Hove had a sexual offences rate of 1.81 per 1,000 population in 2015/16, this is higher than both the South East rate (1.36) and the England rate (1.40).
- The 2014 HMIC audit of crime recording across England and Wales concluded that 1 in 4 sexual offences that should have been recorded by the police were not being recorded¹⁰¹.
- 67% of those who had experienced serious sexual assault since the age of 16 had told anyone. However, just 28% of those who had experienced serious sexual assault since the age of 16 had told someone in an official position, of which 17% had told the police. 31% had told another support professional or organisation.
- There is no strong seasonal trend for police recorded sexual offences in the last 5 years.
- 45% of all sexual offences were reported to the police more than 7 days after the offence took place, resulting in a loss of forensic opportunities.
- In 2015 there were 143 SARC clients resident in Brighton & Hove, 4% more than in 2014/15 (137 clients) and more than double (113%) the figure seen in 2011/12 (67 clients).
- In 2014/15 159 referrals were made to the ISVA service provided by Survivors' Network, which works with victims of rape, sexual violence & abuse.
- In 2015/16, the Saturn Centre - the local Sussex Sexual Assault Referral Centre (SARC) - received 143 referrals in respect of Brighton & Hove residents.

⁹⁸ ONS CSEW 2016 supplementary tables.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualsupplementarytables>

⁹⁹ Office for National Statistics. The Crime Survey for England and Wales: Focus on: Violent Crime and Sexual Offences, 2014/15. 2016

¹⁰⁰ Office for National Statistics. Abuse during childhood: Findings from the Crime Survey for England and Wales, year ending March 2016. 2016.

¹⁰¹ HMIC, 'Crime-recording: making the victim count', 2014

Sexual exploitation, including commercially through prostitution and the sex industry

- Applying national estimates of the percentage of sex workers proportionately to the local resident population produces an estimate of 350 sex workers in total. However, there are reasons to suggest that actual numbers are somewhat higher in the city¹⁰².
- Violence and abuse against sex workers is likely to be under-reported to services such as the police, as sex workers are often reluctant to report incidents, or to disclose sex working. The use of sexual violence support services by sex workers is low¹⁰².
- In the three year period ending 2014/15 there were 31 reports from Brighton to the National Ugly Mugs service, all relating to violence against women. This included six reports of rape or attempted rape, four sexual assaults and nine violent incidents¹⁰².
- Oasis Sex Workers Outreach Project (SWOP), the specialist service for female sex workers, reported providing an intervention with between about 80 and 85 women per quarter in 2013/14 and 2014/15, with casework support provided to 28-30 women per year.
- Terrence Higgins Trust (THT) provides sexual health and HIV prevention services and is the local specialist service for male sex workers. During 2014/15 29 service users were identified as being involved in sex working. A recent report by THT² suggests that anecdotally there may be 50-80 male sex workers operating in Brighton & Hove.

Harmful practices

- Forced marriage, honour-based violence and FGM are all likely to be significantly under-reported to services. Whilst improved recording in these areas is occurring (such as the introduction of the national dataset on FGM), it will take time for this to embed.

FGM

- An estimated 60,000 girls under 15 in England & Wales have been born to mothers who have undergone female genital mutilation (FGM)¹⁰³.
- There were 5,702 newly recorded cases of FGM in England reported via the Female Genital Mutilation (FGM) Enhanced Dataset¹⁰⁴, and 8,656 total attendances where FGM was identified or a procedure for FGM was undertaken.
- It is estimated that around 6,100 people live in the city who come from countries where FGM is practised, including approximately 2,800 women and 180 girls under 15 years¹⁰⁵.
- Mandatory recording by acute health trusts of the number of patients who have had FGM or have a family history of FGM was introduced in September 2014. This duty is also being extended to GPs and mental health trusts. In 2015/16, 23 patients were recorded as having had FGM.
- There are no crimes related to FGM recorded locally between Apr 2014 and Jun 2016.
- It is likely that there will be an increase in the recording of FGM given that recording practices are being developed by health providers, and work is ongoing to increase awareness.

FM

- In 2015 the Forced Marriage Unit gave advice or support in 1,220 cases of possible forced marriage (FM). While FM can happen to men and women, 80% of cases involved female

¹⁰² Brighton and Hove Community Safety Partnership, 'Public Health Rapid Needs Assessment: Sex work in Brighton and Hove, Key findings', 2016

¹⁰³ HM Government (2011) Female genital mutilation: multi-agency practice guidelines. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513205/MultiAgencyPracticeGuidelinesNov14.pdf

¹⁰⁴ The Female Genital Mutilation (FGM) Enhanced Dataset (SCCI 2026) is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices

¹⁰⁵ Brighton and Hove City Council, 'Public Health Evidence Briefing: What effective interventions can local authorities and other agencies put in place to address Female Genital Mutilation?', 2014

victims, and the largest proportion of victims (35%) were aged 18-25.¹⁰⁶ It is also frequently under-reported.¹⁰⁷

- Between April 2012 and June 2016 there have been three crimes of forced marriage recorded by the police in Brighton & Hove.

HBV

- Research by IKWRO¹⁰⁸ using Freedom of Information requests to 39 out of 52 police forces showed over 11,000 HBV cases had been recorded over a five-year period (2010-2014).¹⁰⁹
- There were 7 recorded honour-based violence offences in 2015-16 recorded on the Sussex Police crime database. These were a mixture of violence against the person and sexual offences. There were also 7 recorded in 2014/15 and 4 in 2013/14.

9.3 Who's affected

Impact on individuals

- Domestic violence and abuse, as well as sexual violence and these other forms of violence and abuse, can have a range of acute impacts. These can include physical injury, as well as the impact on mental and emotional wellbeing, employment and education, social capital, health behaviours and homelessness. There can also be longer term impacts such as poor school achievement, reduced economic prospects, behavioural problems, substance abuse, poor mental, sexual or physical health, and the risk of further violence.¹¹⁰
- The direct health consequences of domestic and sexual violence can include physical injury, sexually transmitted infections and unwanted pregnancy. Long-term consequences include post-traumatic stress disorder, anxiety and panic attacks, depression, social phobia, substance abuse, obesity, eating disorders, self-harm and suicide¹¹¹. Similar issues can arise for those affected by FM.¹¹² Violence in the home can also normalise violence in future relationships for both girls and boys, whereby girls think it is normal to accept it and boys think it is normal to be violent.¹¹³

Interpersonal violence, including young people

- While both women and men experience incidents of inter-personal violence, women are considerably more likely to experience repeated and severe forms of violence¹¹⁴.
- 2015 research shows that more than 4 in 10 schoolgirls in England have experienced sexual coercion,¹¹⁵ whilst NSPCC research on teenage partner violence found that 25% of girls and 18% of boys in intimate relationships experienced physical abuse, 75% of girls and 14% of boys experienced emotional abuse and 33% of girls and 16% of boys experienced

¹⁰⁶ Home Office. Forced Marriage Unit Statistics 2015. 2016. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505827/Forced_Marriage_Unit_statistics_2015.pdf. Accessed 21/06/16

¹⁰⁷ HM Government. Multi-Agency Practice Guidance: Handling Cases of Forced Marriage. 2009

¹⁰⁸ Iranian and Kurdish Women's Rights Organisation

¹⁰⁹ HMIC, 'The depths of dishonour: Hidden voices and shameful crimes', 2015

¹¹⁰ Department of Health. Protecting people Promoting health. 2012

¹¹¹ Home Office and Department of Health. Itzen C. Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse. 2006

¹¹² Forced Marriage Unit. Report on the Implementation of the Multi-Agency Statutory Guidance for Dealing with Forced Marriage (2008). 2012

¹¹³ Women's Health and Equality Consortium. Better Health for Women. 2013

¹¹⁴ [Walby and Allen, 2004](#)

¹¹⁵ Safeguarding Teenage Intimate Relationships, Briefing paper 2 Incidence Rates and Impact of Experiencing Interpersonal Violence and Abuse in Young People's Relationship, 2015

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sexual abuse. Girls reported greater incidence rates, experienced more severe abuse more frequently and suffered more negative impacts, compared with boys.¹¹⁶

Domestic violence

- Nationally, around 27% of women and 13% of men report experiencing any domestic abuse since the age of 16. 20% of women and 10% of men report experiencing stalking since the age of 16¹¹⁷.
- In 2015/16, 72% of police recorded domestic violence offences were had a female victim, 28% had a male victim¹¹⁸.
- The Trans Needs Assessment, conducted in 2015 estimated that there are at least 2,760 trans adults living in Brighton & Hove. 63% of the community research sample for the Trans Needs Assessment reported domestic violence, and there was felt to be a need for a better understanding of the needs of trans people by services locally¹¹⁹.
- 27% of police recorded domestic violence offences had a victim who was aged 16-25 (n=577). 65 of these were aged 16 or 17.
- Whilst the highest number of police recorded domestic violence offences were committed against victims aged 20-29, the highest rate of victimisation is in the 30-39 age group, at 11.8 offences per 1,000 population, and declines in all subsequent age groups after this¹¹⁸.
- In July 2016, of 385 children subject of a child protection plan, 45% had parental domestic violence recorded as a factor¹²⁰. In 2014/15, 53% of all factors recorded by Children's Social Services at the end of assessment were related to domestic violence, compared with 48% nationally. Domestic violence was the most common factor identified locally.
- Young people also experience domestic and sexual violence in their relationships, although limited data is available on this locally. 18% of teenage mothers who worked with the Family Nurse Partnership in January 2016 reported experiencing physical or sexual abuse in the last year, and 47% reported having ever been abused by someone close to them.
- In 2015/16, 5% of high-risk domestic violence referrals to the Multi-Agency Risk Assessment Conference (MARAC) were LGBT.
- Of those police recorded domestic violence offences where the ethnicity of the victim was recorded, 89% had a victim who was White – North European. Of the 11% who had an ethnicity other than White – North European, the highest number of crimes had a victim who was White- South European (4%), followed by crimes with a Black victim (3.5%).¹¹⁸
- 15% of high-risk domestic violence referrals to the Multi-Agency Risk Assessment Conference (MARAC) in 2015/16 were from Black and Minority Ethnic (BME) communities.
- There is a lack of data locally about prevalence in BME communities, although RISE reports that the barriers to seeking support amongst BME groups identified by local RISE Peer Educators included: lack of understanding of what DVA is; lack of knowledge of services available; low self-esteem and self-isolation; transient nature of some lifestyles (Travellers). They also felt services lacked an understanding of BME backgrounds¹²¹.
- In 2015/16, 13% of high-risk domestic violence referrals to the Multi-Agency Risk Assessment Conference (MARAC) were disabled.
- The CSEW 2015 found that women and men with a long-term illness or disability were more likely to be victims of any domestic abuse in the last year (16.0% and 8.8% respectively),

¹¹⁶ National Society for the Prevention of Cruelty to Children (NSPCC). 2009

¹¹⁷ Office for National Statistics. The Crime Survey for England and Wales: Focus on: Violent Crime and Sexual Offences, 2014/15. 2016

¹¹⁸ Sussex Police Brighton and Hove 'CADDIE' crime dataset April 2015 – March 2016

¹¹⁹ BHCC, 'Trans Needs Assessment 2015', 2015

¹²⁰ Please note that more than one underlying cause can be recorded for Child Protection Plans.

¹²¹ Submission from RISE for JSNA update 2016 call for evidence

compared with those without a long-term illness or disability (6.8% and 3.2% respectively)¹²².

- In 2015/16 126 Safeguarding Adult enquiries were flagged as linked to domestic violence (6% of all adult safeguarding enquiries undertaken).

Sexual violence

- 19% of women and 4% of men report experiencing a sexual assault since the age of 16, with young women at the greatest risk¹¹⁷.
- In 2015/16, 84% of police recorded sexual violence offences had a female victim, 16% had a male victim¹¹⁸.
- 89% of SARC victims in the 6 months from December 2015 to May 2016 were female. 11% were male.
- Survivors' Network has undertaken a range of work to improve accessibility for trans people, which led to the launch in partnership with LGBT Switchboard of a helpline for trans* and non-binary survivors of sexual violence and abuse.
- 40% of victims of police recorded sexual offences were aged 10-19, 26% were aged 20-29. There has been a change in the age of victims since 2012-13, when victims peaked in the 20-29 age group. The highest *rate* of victimisation is also in the 10-19 age group, with a rate of 7.6 sexual offences per 1,000 population.
- 36% of victims were aged 16-25 (compared with 47% in 2012-13).
- 44 sexual offences in 2015/16 had a victim aged 16 or 17 (6% of total sexual offences)¹¹⁸.
- 21% of SARC victims (where sexuality was recorded) in the 6 months between December 2015 and May 2016 described themselves as Lesbian, Gay, Bisexual or Other.
- 89% of Brighton and Hove police recorded sexual offences in 2015/16 had a victim who was described as White – north European. 11% had an ethnicity other than White – North European, the highest proportion of which were Black, followed by White- South European, Asian, and Chinese, Middle Eastern and Japanese and South East Asian victims¹¹⁸.
- 74% of SARC victims (where ethnicity was recorded) in the 6 months between December 2015 and May 2016 were White British, 26% were BME.
- The CSEW 2015 found that women with a long-term illness or disability were more likely to experience serious sexual assault than women without a disability⁹⁴.
- In 2015/16 7% of Safeguarding Adult enquiries were flagged as linked to sexual violence.

Sex Work

The recent Sex Work Rapid Needs Assessment¹⁰² found that:

- People involved in sex work locally were diverse in age, gender and the circumstances in which they live. Local service providers reported occasionally encountering trans sex workers.
- The age profile of sex workers known to local services varied widely within and between services.
- Nearly two thirds of service users of the Oasis Sex Worker Outreach Project (the specialist service for female sex workers) were White British, with Eastern Europeans featuring among the other third. This was similar across other services (for both women and men), with an increase in economic migrants reported in recent years. Male escorts were reported to include those from wider international backgrounds.
- Sex workers may often live in privately rented or social rented housing, but homelessness or insecure housing also featured widely in the current or previous lives of sex workers. Some may be fleeing abusive relationships.

¹²² ONS, Crime Survey for England and Wales year ending March 2015, 'Chapter 4: Intimate personal violence and partner abuse', 2015

Harmful practices

HBV

- The number of HBV offences locally are too low to be able to analyse equalities data.
- Most victims of ‘honour’ killings in the UK are South Asian Muslim women below the age of thirty, although 10-20% of South Asians killed in the UK are men¹²³.
- Although HBV is more common in South Asian communities, it is important to note that a wide range of communities can be affected. Domestic violence may include elements of ‘honour’ in both white and BME communities¹²³.

FM

- In 2015 the Forced Marriage Unit gave advice or support in 1,220 cases of possible forced marriage (FM). While FM can happen to both men and women, 80% of cases involved female victims, and the largest proportion of victims (35%) were aged 18-25¹²⁴.
- Numbers of forced marriage offences are too low to be able to analyse equalities data.

FGM

National data from the FGM Enhanced Dataset¹²⁵ for 2015/16 shows¹²⁶:

- The most frequent age range at which the FGM was carried out was between 5 and 9 years old, involving 43 per cent of cases where the age was known.
- 90 per cent of women and girls with a known country of birth were born in an Eastern, Northern or Western African country, and 6 per cent were born in Asia.
- Somalia accounts for 37% of all newly recorded women and girls (where country of birth is known). Other countries with a large volume of cases include Eritrea, the Sudan, Nigeria and the Gambia. There is no known data available locally showing the country of origin of FGM victims.
- 87 per cent of women recorded on the national database with a known pregnancy status were pregnant at the point of attendance. Of 15 cases of FGM reported as part of this dataset in Brighton and Hove in 2015/16, 10 were recorded by the midwifery service, and 5 by obstetrics.

Impact in neighbourhoods

Domestic violence

- The hotspot for police recorded domestic violence offences in 2015-16 is located in the city centre, in an area covering the North Laines, part of the South Lanes, Tarnar, and St. James’s Street and surrounding area. There are additional hotspots in the Silwood/Montpelier areas, Western Road and surrounding streets, as well as a hotspot for police recorded offences in Whitehawk¹²⁷.

¹²³ Brighton and Hove City Council, ‘Public Health Evidence Briefing: What effective interventions can local authorities and other agencies put in place to address ‘Honour-based violence’?’, 2014

¹²⁴ Home Office. Forced Marriage Unit Statistics 2015. 2016. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505827/Forced_Marriage_Unit_statistics_2015.pdf. Accessed 21/06/16

¹²⁵ The Female Genital Mutilation (FGM) Enhanced Dataset (SCCI 2026) is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices.

¹²⁶ Female Genital Mutilation (FGM) - April 2015 to March 2016, Experimental Statistics, 2016 <http://content.digital.nhs.uk/catalogue/PUB21206> Accessed: 27/09/2016

¹²⁷ Geographic data is limited to recorded crimes to the Police, and as such does not reflect an accurate geographic distribution of need across the city, due to significant levels of under-reporting to the police. Domestic violence ‘hotspots’ should be therefore be used with caution: while they suggest that the incidence of domestic violence is greater in some areas of the city than others, in fact this indicates where reporting and recording is highest and / or

Domestic and sexual violence/abuse and harmful practices

- While hotspotting can be a useful analytical technique, its application to domestic violence is limited since substantial numbers of people do not report such violence to the police

Sexual violence

- Factors which may be influencing the relatively high number of stranger type offences in Brighton & Hove include the transient nature of the population (including tourists and those visiting solely for the night-time economy) and the large student population.
- The hotspot for police recorded sexual violence offences remains located in the city centre and shows clear links to the night-time economy focused around pubs bars and clubs on West Street and the Kings Road Arches. 79% of the crimes in this hotspot area had a victim who was under the age of 30, and 95% of these offences had a female victim.
- While hot spotting can be a useful analytical technique, its application to sexual violence is complex since substantial numbers of people do not report such violence to the police.
- The Resolve quad bike initiative started in June 2015 and involves a patrol of the beach front area during the night-time economy hours in the summer months. Whilst its primary remit is to stop intoxicated people from getting into the water, it also intervenes to reunite vulnerable intoxicated women in the company of males they do not know with friends or Safe Space. They also alert police to any predatory males in the area. A review of the initiative conducted in 2015 concluded that it had played a positive role in the prevention of sexual offences on the beach.
- The location of sexual offences may be different to the location where the victim first meets their attacker. For example in 2015/16 the majority of SARC clients were assaulted within theirs or the assailant's home, although a majority of clients met their assailants outdoors or at an entertainment venue. It is of note that one of the most common meeting locations was online. The most popular social media and dating sites were Facebook and Tinder.

Harmful practices

- Locally, there are communities from the following countries where FGM is practised: Egypt, Sudan, Sierra Leone, Gambia and Ethiopia. This is supported by the Census data that shows Brighton & Hove to have the largest North African community outside of London¹⁰⁵.

Service users' views on services

- Local consultation with victim/survivors has found that whilst they welcome and highly value the support offered by independent specialist domestic and sexual violence services in the city, they have little confidence in many public services, which they said failed to identify and respond to their needs; made them feel excluded, isolated, judged and blamed for the violence; and hampered their ability to seek help.¹²⁸ More recently the local Violence against Women and Girls Forum made a submission to the Brighton & Hove Fairness Commission following consultation with victim/survivors. This identified a range of issues including:
 - The importance of a consistent response following a disclosure or when seeking help.
 - Concerns that having to repeatedly describe experiences of violence and abuse to a wide range of professionals is both traumatising and can have a detrimental impact on someone's ability to recover.
 - Concerns that the needs and safety of victim/survivors was frequently separated from, or conflicted with, those of their children.¹²⁹

where appropriate services are provided that encourage reporting. In addition, 'hotspot' maps will be influenced by individual victims who are repeatedly victimised and have reported more than one offence to the police.

¹²⁸ Brighton & Hove City Council, 'Domestic Violence: Intelligent Commissioning Pilot', 2011

¹²⁹ Brighton & Hove Violence against Women and Girls Forum: Submission to Brighton and Hove City Council Fairness Commission, March 2016

9.4 Perpetrators and criminal justice

Domestic violence

- Of those offences where offender information was recorded, 77% of domestic violence crimes had a male offender, 23% of crimes had a female offender. 65% of offences were committed by males, against females, 17% were committed by females against males, 12% were committed by males against males, and 6% were committed by females against females. 34% of domestic violence offences with age information collected have an offender who is aged 20-29, 27% of offences have an offender aged 30-39.
- While the number of crimes has been rising steeply particularly over the last 3 years, the percentage of crimes resulting in a charge has dropped (charge rate: 31% in 2013/14; 15% in 2015/16).
- 73.9% of domestic violence offences in the city resulted in a conviction in 2015/16. The conviction rate data has been at roughly this same level over the last three years and is on a par with data for England and Wales.
- The most common reason for a prosecution which did not result in a conviction is related to evidential issues.

Sexual violence

- Using the Sussex Police offender download for 2014-15, all 136 sexual offences where offender gender was recorded had a male offender. The highest percentage of known offenders for sexual offences was in the 20-29 age group (29%), with 25% in the 30-39 age group, and declining numbers of offenders in every subsequent age group.
- 65% of clients presenting to SARC this year (2015/16) knew, or were familiar with the assailant, which is similar to previous year-end figures for 2014/15 (64%).
- 15% of police recorded crimes in 2015/16 resulted in a charge. This is on a declining trend since 2012/13.
- 76.4% of sexual offences in the city resulted in a conviction in 2015/16. This is lower than the conviction rate in 2012/13 (84%), but higher than the two intervening years (64% in 2013/14 and 68% in 2014/15). National conviction rate data for 2015/16 is available separately for rape (57%) and for other sexual offences (78%).
- The most common reason for a prosecution which did not result in a conviction is jury acquittal. In 2014/15, the time taken between charge and final prosecution outcome in the Magistrates Courts was an average of 112 days (compared with 125 days in Sussex).
- In 2014/15, the time taken between charge and final prosecution outcome in the Crown Courts was an average of 291 days. This compares to an average of 323 days in Sussex.

Harmful practices

- Numbers of police recorded harmful practice offences are too low to be able to provide a profile of offending.

9.5 Other considerations

Domestic violence

- Increased demand remains a significant issue. This has an impact across service areas, including the criminal justice system, as well as specialist services.
- Research of victim views to be undertaken to identify reasons for lack of victim support of prosecution.
- There needs to be further work to consider the length of time taken to progress cases through the criminal justice system.
- There needs to be further work to understand the family court, including the use non-molestation orders and issues around child contact, as well as access to legal aid.

Domestic and sexual violence/abuse and harmful practices

- Although a range of preventative work is happening, there are specific areas which should be further prioritised including earlier intervention and prevention in terms of understanding of healthy and respectful relationships, in particular for children and young people.

Sexual violence

- Increased demand remains a significant issue. This has an impact across service areas, including the criminal justice system, as well as specialist services.
- Research to be undertaken to identify why victims who waited days or weeks to report (not those who have reported years later due to the high profile trials) did not report immediately. It is important to understand this in order to address the issues that result in late reporting due to the negative impact on detection loss of vital forensics has.
- There needs to be further work to consider the length of time taken to progress cases through the criminal justice system.
- There are factors which may be influencing the relatively high number of stranger type offences in Brighton & Hove. A particular factor is the changing shape of the night-time economy – see also Public Place Violence Section 5.
- Although a range of preventative work is taking place, there are specific areas which should be further prioritised including earlier intervention and prevention in terms of understanding of consent, in particular for children and young people

Harmful practices

- These crime types are low prevalence but have a significant impact.
- The demographic profile of the city means that some communities are at particular risk.
- There is a distinction between children and young people at risk and those adults who have historically experienced these forms of violence and abuse.
- Confidence to report remains an issue, as does the availability of appropriate specialist services (including immediate safety, as well as recovery which includes health interventions such as access to talking therapies or surgical intervention).

9.6 Recommended priorities for partnership work

Refresh the local Violence Against Women and Girls (VAWG) Strategy, including:

- A consultation process for identifying which services are needed locally and a forum to ensure victims and service providers can share their experiences and views
- Identify the impact of local commissioning and how outcomes will be measured, what counts as 'success' and what victims can expect from services
- A meeting of partnership representatives to discuss strategic aims and priorities

Action plans for these crime types should:

- be built around the key themes from the VAWG strategy (Prevention; Provision of service; Partnership working; Pursuing perpetrators);
- put the victim at the centre;
- take a strategic, system-wide approach to commissioning;
- be locally-led and safeguard individuals throughout;
- raise local awareness of the issues; and
- involve, engage and empower communities to seek, design and deliver solutions.

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These include delivering or commissioning the following:

Prevention:

- Raise awareness of what constitutes violence and abuse and have access to information to make informed choices about safe and healthy relationships.
- Pilot the Women's Aid 'Ask Me' Scheme to create safe spaces in the local community where women who are experiencing domestic abuse know they can safely tell someone about their experiences.¹³⁰
- Mark the annual 16 Days of Action and support the '*Learning Together to Safeguard the City*' week to raise awareness of working together to keep people safe and well delivered by the Safeguarding Adults Board, the Local Safeguarding Children Board and the Safe in the City Partnership.¹³¹

Provision of service

- Deliver 'The Portal' - the new specialist domestic and sexual violence service across Brighton & Hove and East Sussex, led by RISE, along with CGL and Survivors' Network - which provides a single point of access and helps victim/survivors of domestic and sexual violence and abuse to find advice and support in Brighton & Hove and East Sussex.¹³²
- Work with specialist services to generate added value and test different models of delivery such as the RISE Big Lottery Women and Girls Initiative, which includes community work, assertive outreach, assets based community development, workforce development and training and an evaluation study of service users.¹³³
- Continue to develop work with children and young people, with a focus on the Early Help Strategy and Public Health Schools' Programme.
- Work with the Clinical Commissioning Group (CCG) to implement a trauma pathway to improve access to talking therapies for victim/survivors.

Partnership working

- Retain the city's White Ribbon Status.
- Ensure frontline practitioners have the confidence and skills to identify and respond appropriately; rolling out a training programme for 2016-17 and introduce a network of 'Safe in the City Champions' to bring together practitioners from a range of agencies.¹³⁴
- Standardised light touch performance framework to enable ongoing review and identification of emerging risks and issues.

Pursing perpetrators

- Deliver a MARAC Quality Assurance Programme.
- Support other audit and quality assurance activity including through the Local Safeguarding Children Board and Safeguarding Adults Board Partnership initiatives.
- Review interventions to challenge perpetrators, in particular repeat offenders.

¹³⁰ Women's aid. Ask me. Available at: <https://www.womensaid.org.uk/our-approach-change-that-lasts/askme/> [Accessed 08/08/2016]

¹³¹ <http://www.safeinthecity.info/16-days-of-action> and <http://www.brightonandhovelscb.org.uk/home/learning-together-to-safeguard-the-city/>

¹³² www.theportal.org.uk

¹³³ Submission from RISE for JSNA update 2016 call for evidence

¹³⁴ <http://www.safeinthecity.info/safe-in-the-city-champions>

10. MODERN SLAVERY AND TRAFFICKING

10.1 The nature of the problem and contributory factors

- Modern slavery can take the form of labour exploitation, sexual exploitation, criminal exploitation and domestic servitude. People may be trafficked into and within the UK for these purposes.
- The Home Office Modern Crime Prevention Strategy¹³⁵ produced in 2016 proposes that there are six drivers of crime, including opportunity, character, effectiveness of the criminal justice system, profit, drugs and alcohol. Among this list are two in particular which may be particularly relevant to modern slavery and trafficking: profit and opportunity although others may also play a part. Although penalties are high when offenders are brought to justice, the low number of crimes (see below) which are identified and perpetrators who enter the criminal justice system may not provide a strong deterrent.

10.2 Scale of the problem, trends and benchmarking

- The current number of potential victims of trafficking in the UK is estimated to be between 10,000 and 13,000¹³⁶. This includes both victims trafficked into the UK, as well as British adults and children.
- The 2015 National Referral Mechanism (NRM)¹³⁷ statistics show a year on year increase with 3,266 potential victims referred in 2015, a 40% increase on 2014, following a 34% increase the year before¹³⁸. The 2016 National Strategic Assessment of Serious and Organised Crime states that this is largely a reflection of increased awareness and interventions by law enforcement and non-governmental organisations¹³⁹.
- In 2015/16 there were no trafficking referrals from Brighton and Hove City Council to the NRM. There were 5 adult trafficking referrals, and no minor trafficking referrals, from Sussex Police (force-wide) in the same time period.
- Sussex Police carried out a strategic profile on human trafficking in Brighton & Hove for the period 01/11/13 – 31/10/14, when 85 police intelligence logs were recorded as relating to modern slavery. Of these, 58 related to sexual exploitation, 25 to labour exploitation and one each to criminal exploitation and domestic servitude. There were 6 modern slavery-related crimes over this period. There were 68 intelligence logs recorded in the same period the previous year, and 73 in 2015/16.
- A recent report found that, UK-wide, more than a quarter of all trafficked children and over 500 unaccompanied asylum-seeking children went missing at least once in the year to September 2015, while 207 have not been found and it is feared have ended up in exploitation or slavery.¹⁴⁰
- The Modern Slavery Act 2015 introduced for the first time offences specifically related to modern slavery in its own right. This became effective from 31/7/15. Aspects of modern

¹³⁵ Home Office, 2016, *Modern Crime Prevention Strategy*

¹³⁶ HM Government, 'Modern Slavery Strategy', 2014

¹³⁷ The National Referral Mechanism (NRM) is a support process to which a range of organisations refer victims with their consent (if adults) so it gives a snapshot of statistics where victims have come to the attention of the authorities.

¹³⁸ NCA, 'National Referral Mechanism Statistics – End of Year Summary 2015', 2015

¹³⁹ NCA, 'National Strategic Assessment of Serious and Organised Crime 2016', 2016

¹⁴⁰ ECPAT, Nov 2016, *Heading back to harm: A study on trafficked and unaccompanied children going missing from care in the UK.*

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slavery had previously been captured under other legislation (eg. sexual offences or immigration offences). Recorded offences of modern slavery in England and Wales from Apr to Sep 2015 numbered 291, including offences recorded under the earlier recording systems.¹⁴¹ In Brighton & Hove there have been 2 modern slavery offences recorded in 2015/16.

- Trafficking and modern slavery are hidden crimes and occur across boundaries and jurisdictions. There is often a paucity of information locally.
- A recent local needs assessment into sex working found that information on whether there were people sex working in the city who had been trafficked or who were being forced to work was sketchy. A small number of services reported suspicious circumstances, but proven evidence was rare. Fear of engagement with the police may particularly apply to sex workers who are victims of trafficking. It was concluded that greater resources would be required in order to be more proactive in locating possible victims¹⁴².
- Agencies in the partnership with knowledge in this area consider that this complex crime type is substantially under-reported. There are some aspects of the city which may facilitate these crime types, eg. the existence of Brighton Marina as a potential point of entry for international trafficking and the many hotels in the city providing plentiful opportunities for potential short term premises for sex work.

10.3 Who's affected

- In 2015, 53% of referrals to the NRM in 2015 were female (61% in 2014).
- 30% of referrals to the NRM in 2015 were for children¹³⁸. The trafficking of children and young adults into exploitation within, into or through the UK is described as a major threat in the 2016 National Strategic Assessment of Serious and Organised Crime. Referrals to the NRM in relation to minors increased by 46% from 2014 to 2015¹³⁹.
- Potential victims of trafficking were identified from 102 different countries of origin in 2015. Albania, Vietnam and Nigeria remain the most common country of origin for potential victims referred. Potential victims for Sudan saw the highest increase in 2015 in the number of referrals compared with the previous year.

Impact on individuals

- Data from the NRM in 2015 found that the most common exploitation type for potential victims exploited as adults was labour exploitation (which includes the sub category of criminal exploitation), followed by sexual exploitation. For potential victims first exploited as minors the most common form of exploitation was also labour exploitation, although in a large proportion of referrals the exploitation type was unknown¹³⁸.
- Using the wording from the government's 2014 Modern Slavery Strategy, "victims endure experiences that are horrifying in their inhumanity".

Impact in neighbourhoods

- There is not enough data to understand the impact of this crime type in the different neighbourhoods of the city. Modern slavery occurs in domestic as well as commercial premises and operations.

10.4 Perpetrators and criminal justice

- Sussex Police have some concerns that Albanian organised crime groups may be involved in human trafficking and the exploitation of victims.

¹⁴¹ ONS, Crime in England and Wales year ending Sep 2015

¹⁴² Brighton and Hove City Council, 'Public Health Rapid Needs Assessment: Sex Work in Brighton & Hove Key Findings', 2016

- Gypsy and traveller communities have been implicated as perpetrators of this crime type.
- However, perpetrators could be of any background and ethnic group.

10.5 Other considerations

- More robust immigration legislation denying access to services for those without leave to remain in the UK, may lead to an increase in exploitation of very marginalised migrant groups who feel they need to remain hidden from the authorities.
- Pressures on Immigration Enforcement may mean that instances of trafficking are missed.
- The number of unaccompanied asylum seeking children and young people in the city has risen and if they are not provided with appropriate support and protection, they may be at risk of modern slavery.
- There are increasing street community and rough sleeper populations who are vulnerable to recruitment and exploitation by perpetrators of modern slavery.
- There is difficulty in monitoring and reaching sex workers when the internet and private flats are used for sex work.
- Commitment by Prime Minister and Home Secretary to tackling Modern Slavery. There has also been an interest in this area by the Sussex Police and Crime Commissioner.
- There may be opportunities afforded by the Controlling Migration Fund.

10.6 Recommended priorities for partnership work

- The 2015 referrals to the NRM from Sussex¹³⁸ in comparison to those from the rest of the UK would tend to indicate that this crime type is under-reported in the city and across Sussex. While this crime type is rarely reported, the impact on individual victims is life-changing and devastating and this is therefore a recommended priority for the Partnership over the next three years.
- Ways to improve the identification of instances of modern slavery should be pursued, enabling support to be provided to victims and perpetrators to be brought to justice. This could include:
 - training for public services
 - awareness raising among frontline staff
 - a system for notifying the Home Secretary of suspicions of modern slavery (as required in the Modern Slavery Act 2015) within safeguarding procedures for adults and children
 - support for community activists to assist with awareness raising
- We are not yet consistent in our reporting of modern slavery as directed in the Modern Slavery Act 2015 and this needs to be improved.
- Work should be carried out to explore whether joint enforcement visits could be used more effectively to detect victims and carry forward prosecutions.
- Links with the Gangmasters Labour Abuse Authority should be taken forward.
- A pan-Sussex approach to this area of business is under discussion and is needed as this crime type is transient and cross-border.

11. PREVENT

11.1 The nature of the problem and contributory factors

- The Counter Terrorism and Security Act, 2015 created a new general 'Prevent Duty' on 'specified authorities', which 'must in the exercise of its functions, have due regard to the need to prevent people from being drawn into terrorism'. The CTS Act, also placed the current 'Channel' arrangements i.e. support for people vulnerable to being drawn into terrorism, on a statutory footing. The Channel duty on the local authorities commenced on 12th April 2015 and all other specified authorities have a 'duty to cooperate'.
- The threat to the UK from international terrorism is 'Severe, meaning that the threat of a terrorist attack is highly likely'. The threat level from international terrorism was increased in August 2014, mainly driven by the developments in Syria and Iraq and the rise of terrorist organisations such as Daesh, and has remained at the second highest level for over two years now.
- The threat to Great Britain from Northern Ireland-related terrorism was increased to 'substantial' in May 2016 meaning the threat of attack is a strong possibility.
- The UK faces diverse terrorist threats; the government assesses that, currently, the highest threat comes from terrorist organisations in Syria and Iraq, such as Daesh and Al-Qaida associated groups. Right-wing extremist also continue to pose a threat.
- The nature of threat has diversified and progressively evolved to include smaller cells and lone actors that plan and carry out the terrorist attack either with limited or without assistance from a terrorist organisation. The unpredictable and unconstrained operation of lone actors makes prevention even more difficult.
- The internet has emerged as a key resource in facilitating the radicalisation process with some direct personal contact. Young people are found to be at an increased risk as digital content is made very attractive and persuasive and can be quickly and widely shared.
- Nationally, risks of travel to the areas of conflict to join terrorist groups or causes for men, women, and a small number of families continue. Although the Global Coalition military campaign has helped push Daesh out of significant territory in Iraq and Syria, Daesh still operates in substantial areas there, and is using propaganda to encourage individuals from around the world to travel to the conflict area.
- The potential security threat from returnees of the conflict, particularly those with increased capabilities gained from engaging in fighting in support of various causes and groups has risen.
- Risk of attacks from people whose travel plans have been frustrated are also likely to increase, especially as terrorist organisations encourage lone actor attacks by their supporters across the globe in order to redefine their success within the context of military and territorial losses.
- Risk from lone actors also continues within the context of far right extremist organisations.
- Both terrorist organisations and their support base have increasingly used social media and an increase is noted in their online products and outputs influencing a large audience. There has been a marked increase in the scale and pace of terrorist communications by groups like Daesh, who use the internet to spread fear, disseminate propaganda, and persuade individuals to join and support them.
- Locally, capacity and resources to deliver training across public sector remains a challenge. This is further complicated as the frontline/ professionals have to prioritise Prevent training amidst a suite of mandatory training.

- Numbers of referrals from communities are low and need to be improved.
- Skills and confidence in staff across partners to deal with Prevent and Channel referrals has increased. However, a universal approach to increase cultural competencies of staff across the public sector needs to be strengthened.
- Mainstream services to manage transition from childhood to adulthood need to be strengthened to ensure that vulnerable individuals do not ‘fall through the cracks’.
- Prevent duty requires specified authorities to ensure that our funding, venues and equipment do not support promotion of extremist and terrorist messages. Managing risks from extremist speakers is a developing area of work that needs to be balanced within the bounds of equalities and freedom of expression legislation and continuing to sustain the trust of communities.
- Nationally, an increase is noted in reported anti-Semitic and Islamophobic incidents in 2016 partially attributed to the Brexit. Communities report an increase in Islamophobia in general due to the global political situation and media representation. An increase in right wing and far right activities and support base has also been noted following the EU referendum.
- Within the above context, some communities and professionals remain concerned about the Prevent strategy and work programme. In a minority of cases, these concerns have led some local groups to support national anti-Prevent coalitions such as ‘prevent Prevent’, ‘students not suspects’ and ‘together against Prevent’. We need to continue to address community concerns and improve understanding of Prevent amongst communities and partners.
- Austerity and financial uncertainty following the referendum on the UK’s membership in the EU may have a differential impact on communities and may give rise to further grievances that may be exploited by extremist or terrorist groups.
- We need to continually be aware of the international, national and local critical incidents and assess their impact on community cohesion

11.2 Scale of the problem, trends and benchmarking

- A high volume of International terrorist incidents and casualties continue to be reported.¹⁴³
- Six plots in Great Britain were successfully disrupted in 2015 by the police and the security and intelligence agencies.¹⁴⁴
- An increase in counter terrorist arrests (in some categories) and prosecutions has been noted. There were 280 terrorism related arrests in Great Britain in 2015, from which 83 people were charged with a terrorism-related offence, 56 of these 83 people have already been prosecuted leading to 49 convictions.¹⁴⁵ Additionally, 13 people of the 280 arrested were charged with other offences.

¹⁴³ National Consortium for the Study of Terrorism and Responses to Terrorism (START) (2015). More information is available at: <http://www.start.umd.edu/news/2015-gtd-data-informs-latest-state-department-country-reports-terrorism-release>

¹⁴⁴ Home Office (July 2016) Contest, the United Kingdom’s strategy for countering terrorism, annual report for 2015. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539683/55469_Cm_9310_Web_Accessible_v0.11.pdf

¹⁴⁵ Home Office (March 2016) Operation of police powers under the Terrorism Act 2000, quarterly update to December 2015. Available at: <https://www.gov.uk/government/publications/operation-of-police-powers-under-the-terrorism-act-2000-quarterly-update-to-december-2015/operation-of-police-powers-under-the-terrorism-act-2000-and-subsequent-legislation-arrests-outcomes-and-stop-and-search-great-britain-quarterly-u>.

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- The numbers of women (45 in 2015, an increase of 15 compared with 2014) and under-18s (16 compared with 10 in 2014) arrested for terrorism-related offences both increased in 2015 compared with the previous year.¹⁴⁵
- Following referrals from the Counter Terrorism Internet Referral Unit, social media providers removed over 55,000 pieces of illegal terrorist material in 2015, compared with 46,000 in 2014.
- Approximately 850 individuals of national security concern have travelled from the UK to Syria and Iraq. Just under half have returned and 15% of these have been reported deceased.
- In 2015, fewer people travelled from the UK to the conflict area than in previous years. There was an increase in number of people prevented from travelling. More than 150 attempted journeys to the conflict area were disrupted by the police and other partners. Increasingly family courts have been moved to seek measures to prevent travel. The courts protected approximately 50 children (from around 20 families) from being taken to the conflict area in 2015.
- Five young men from the city had travelled to Syria and a number of them were reportedly killed in the conflict. They were known to be in social media and other contact with other young people in the city. One of the travellers has an active social media presence.
- Many reports suggest a rise in referrals since the introduction of Prevent and Channel Duties, this applies to both increased awareness of the Prevent and Channel programme as well as to risks including the risk of travel to Syria, Iraq and other areas of conflict, recently. The Guardian¹⁴⁶ reports that 3,955 people were referred to the Channel programme in 2015 calendar year, up from 1,681 in 2014.

11.3 Who's affected

- Young people are found to be particularly targeted by the terrorist communication and propaganda.
- Between April 2007 and the end of March 2014, Channel received a total of 1,450 referrals that were under 18 years of age at the time they were referred¹⁴⁷. The BBC reports that a total of 1,839 children aged 15 and under had been referred over concerns they were at risk of radicalisation between January 2012 and December 2015¹⁴⁸. Many of these referrals will not have been suitable for Channel and will have been signposted to other services more appropriate to their needs.
- Increased numbers of young males are reportedly referred to the Channel programme nationally. This may partially be due to the increased online influences and terrorist communication targeting the young through digitally savvy means. This may also be partially explained by increased awareness amongst professionals working with the children especially within the safeguarding framework.
- Between April 2012 and the end of March 2014 the percentage of referrals that were recorded as being Muslim was 56%, with other religions accounting for 11% and where the religion is not known accounting for 33%¹⁴⁹.

¹⁴⁶ <https://www.theguardian.com/uk-news/2016/mar/20/almost-4000-people-were-referred-to-uk-deradicalisation-scheme-channel-last-year>

¹⁴⁷ <http://www.npcc.police.uk/FreedomofInformation/NationalChannelReferralFigures.aspx> Information provided through the National Police Chief's Council (previously known as the Association of Chief Police Officers).

¹⁴⁸ <http://www.bbc.co.uk/news/uk-35360375>

¹⁴⁹ <http://www.npcc.police.uk/FreedomofInformation/NationalChannelReferralFigures.aspx> Information provided through the National Police Chief's Council (previously known as the Association of Chief Police Officers).

- The increased referrals of Muslims to Channel may partially be explained by the current risks with the highest threat posed by the Daesh and Al-Qaida affiliated, supported and inspired groups.
- Connection to travellers has been identified as a significant factor increasing the risk of travel. The trend has been shifting and increasingly young women and a small number of families with young children have reportedly travelled to Syria, Iraq or into the areas of conflict.

Impact on communities

- Terrorist attacks not only cause loss of life and economic damage but they also fuel community tensions, adversely impact on people's feeling of belonging and community cohesion. In addition to the risks to vulnerable individuals of being exploited and recruited into terrorism related activity, wider harm to public safety, damage to public confidence and community relations may result. Research in USA and the UK found that hate crimes against specific minority groups are likely to follow particular types of terrorist attack where victims of hate incidents either share or are mistakenly believed to be sharing the same racial, ethnic or religious characteristics as the perpetrators of the terrorist attack. The far right extremist groups and Al-Qaida inspired terrorist groups feed off one another in what is often referred to as 'reciprocal radicalisation' effect. Unless the ideologies and the ideologue are challenged and recruitment to these groups stopped the cycle of violence, criminality and hate incidents will continue with significant resource implications across partners and significant impact on communities.
- National and international incidents have a local impact and may adversely impact on inter-community relations.

11.4 Other considerations

- A number of factors enable global terrorist threat to evolve, decentralise, and continue to attract vulnerable individuals:
 - The number of international travellers to the areas of conflict (Syria and Iraq) has exceeded previous global conflicts. Simultaneously, the conflict seems to be widening to other areas eg. Yemen, and Libya.
 - Use of technology, particularly social media, seems to enable terrorist organisations to better control the narrative partially through the speed of production. A change is also noted in the communication style and target audience; for example, Daesh has used technologically sophisticated means to draw a large number of people compared to Al-Qaida who previously appealed selectively. Extreme right-wing organisations such as National Action increasingly rely on social media to expand their reach and influence.
 - The international refugee crisis and people fleeing war torn areas of conflict and instability are used both by the Al-Qaida type and right-wing organisations to exploit grievances and feed into extremist rhetoric.
- There are additional considerations in delivering the Prevent work programme:
 - Due to the reported travel, deaths, and a related serious case review currently underway, there is a greater media focus on the city as seen in a series of articles and reports in various media. Intense media interest creates its own pressures on the vulnerabilities and risks for the vulnerable individuals and on inter community relations. It also necessitates prioritising a Prevent communication plan for the city.
 - With the reduced financial envelope and compacting resources across partners there is a likelihood of a cumulative impact on overall work with vulnerable individuals and marginalised communities.

11.5 Recommended priorities for partnership work

- Jointly with our police colleagues, key partners and communities regularly identify levels of threat, risks, and vulnerabilities to direct local work and develop our action plan to be flexible and responsive to tackle specific risks and emerging threats.
- Build on our existing best practice, our successful engagement with diverse communities and partners, and ensure that Prevent work is mainstreamed across partners in the city.
- Support individuals vulnerable to extremism and terrorism including through referring to the Channel programme, and work to reduce risks.
- Continue to raise awareness among front line staff across partners of diverse ideologies, groups, and risks to improve their abilities to challenge ideology, support individuals, and reduce risks appropriately.
- Support communities to improve their understanding of Prevent and develop effective partnerships to address risks and community tensions. Improve dialogue with communities to support community capacity and resilience.
- Support leadership capabilities amongst women and young people, support credible voices and community spokespeople to strengthen capabilities to challenge extremist ideology and counter terrorist narratives.
- Develop a shared understanding of the nature and causes of extremism and terrorism, and identify solutions to mitigate risks and prevent its escalation.
- Continue to identify vulnerable institutions and engage with them including the universities, colleges, and educational sector to build their resilience.
- Communicate the Prevent and Channel work more widely with partners and communities to increase trust, confidence and impact.

12. APPENDIX 1. REPORT ON THE COMMUNITY SAFETY SUMMIT 2015



Title:	Community Safety Summit Next Steps
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Introduction

Brighton & Hove Connected hosted a Community Safety summit in March 2015 with the aim of exploring with a wide range of stakeholders, how the city can respond to service changes, reorganisation, increasing demand and significant budget pressure across a range of organisations in the field of Community Safety.

The event was divided into two parts. The first section consisted of a number of presentations outlining both current and future challenges the public sector is faced with, particularly relating to the area of community safety. The second part of the event was in the form of four workshops covering a range of themes.

Purpose of report

This report outlines the next steps and actions that are being taken in response to the summit workshops and the wider context of developments in the field of Community Safety

Workshop summaries

Workshop 1 - Changing relationships between citizen and public services and the role of residents and community groups

The main points from this session relating to community safety were:

- Responsibility will shift towards non specialist organisations, community groups and individuals
- Public services need to support and empower people to stand up for the values that they believe in and encourage culture change
- Presentations/workshops should be rolled out in schools regarding tolerance levels and acceptable behaviour encouraging responsibility and good/active citizenship
- With regard to anti-social behaviour we must encourage citizens to report all issues of concern to provide an accurate mapping of problem areas to share with all agencies and community.
- When citizens report an issue we need to let them know of the outcome.
- Introduce of an app for reporting anti-social behaviour issues e.g. public drinking and also rough sleepers.

Workshop 2- Future plans and models of service delivery in community safety

- Any message needs to be clear and unified from all agencies in the city.

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- At the moment there are too many numbers spread across agencies, even too many points of contact for the council. Agency staff and citizens need to know exactly where to point people when they have an issue raised with them.
- With regard to anti-social behaviour we must encourage citizens to report all issues of concern so they can be recorded and an accurate mapping of problem areas can be created and shared with all agencies and community.
- When citizens report an issue we need to let them know of the outcome so they see that their efforts have not been wasted.
- Possible introduction of an app for reporting anti-social behaviour issues e.g. public drinking and also rough sleepers.

Workshop 3 - The roles and responsibilities of 'non specialist' organisations in community safety

- Non specialist agencies are often an initial point of contact/ reporting. However, they don't always feel that they are furnished with the skills/ knowledge
- Some agencies would like to see the introduction of a community safety charter.
- The city needs to be marketed differently – not just as a party town, but as a conference location etc.

Workshop 4 - Tolerance thresholds, the normalising of bad behaviour and implications for safeguarding

- Questions raised about individual responses to bad behaviour i.e. different views on how/ when/ whether people should/ would intervene if they saw 'bad behaviour'. This was particularly true if interventions in terms of behaviour associated with the night-time economy.
- 'Bad behaviour' was being normalised in the night-time economy though this is now being countered to some extent by the work being undertaken by the business crime reduction partnership.
- In terms of individual's responses, there was a sense that often people felt it was someone else's responsibility.

Key themes, next steps and actions

Neighbourhood enforcement

Work is underway to streamline enforcement in neighbourhoods as part of a modernisation project within the council. Managers delivering services in neighbourhoods are considering options for joining together functions to enable staff in neighbourhoods to be clearly identifiable with a clear mandate to resolve issues as they find them with the back up to enforce where necessary.

Active citizens

Work on streamlining enforcement will be delivered in parallel to work enabling people in neighbourhoods to have a role in managing the public realm in their neighbourhood themselves where practical. The aim is that active citizens will have a clear understanding of what statutory authorities can do and what they can do for themselves, for example clearing untidy areas themselves but bringing in the council if new bins are needed or need relocating. This will require clear communication of where statutory services are re-drawing levels of service because of budget cuts and a clear mandate for citizens to be empowered and enabled to deal with matters themselves if they wish.

Local Action Teams and Community Safety Engagement

Local Action Teams (LATs) have been active in many neighbourhoods for some time. LATs provide a good framework for co-ordinating and collaborating on community safety priorities for neighbourhoods. A project started in July 2015 for 12 months to assess the current activity of LATs and work collaboratively to develop LATs in areas of the city that currently have poor or no provision. The project will enable LATs to be self-sustaining with a network to support each other.

Volunteering

Volunteering in community safety comes in a number of guises ranging from Special Constables in the police through to informal volunteering work through 'friends of parks' schemes. The Community Safety Team are piloting a new community safety volunteer service in two neighbourhoods in the city with East Sussex Fire and Rescue Service. The two volunteers, who will be from those communities, will co-ordinate home safety visits and directly engage with existing community groups offering capacity to take forward specific initiatives such as 'community clean up' days.

Encouraging Reporting and a new App

Key to managing community safety is information regarding the levels of crime and anti-social behaviour in the city. Robust data is essential in monitoring tensions and issues in the city and good analysis enables services to be tailored as needed. There are number of ways for people to report crimes and incidents but we know some crime types and incidents are under reported. Reasons for this vary from believing no action will be taken, a lack of trust and confidence in services or a belief that it's not worth bothering agencies with. Work continues to encourage reporting on a number of fronts. The most recently we have launched a crime and incident reporting app:

<https://www.witnessconfident.org>

This enables smart phone users to do several things. They can record evidence on their phone as a photo, video, sound file or written note. They then have three options. They can save it and build a body of evidence if they don't want to report it at this stage, they can forward to the police or they can forward to the Community Safety Team. At the moment we are piloting the app in relation to hate crime.

Tone setting

There has been some debate in Brighton and Hove recently regarding how the city should feel. Some people believe that low level disorder, anti-social behaviour and the appearance of some parts of the city are unacceptable. Brighton and Hove City Council has a role to play in helping to set the tone for the city together with the police and other agencies. At the moment the council is working with police to manage anti-social behaviour in city parks and open spaces using new ASB powers called Public Space Protection Orders. These will prohibit certain behaviours in designated areas of the city.

Conclusion

The Community Safety Team is co-ordinating all these projects and is central to the successful delivery of initiatives to promote community cohesion and prevent crime and anti-social behaviour in the city. This role is likely to become more valuable in the future as services, including the police, contract and are increasing limited to responding to immediate risk, harm and vulnerability.

Safe in the city
Brighton & Hove Community Safety Partnership



Consultation on draft Community Safety & Crime Reduction Strategy 2017-20

Summary findings from the consultation

Methodology

- The consultation exercise took the form of an online survey on B&H Consultation Portal; it was open between 10th Feb and 12th Mar 2017.
- We provided summary aims and plans, and a link to whole draft strategy document and the strategic assessment if people wanted to see more information.
- For each proposed priority area we asked:
 - Do you support our aims and plans
 - Is there anything we haven't considered, or do you have any further comments
- We also invited any general comments

Respondents

- There were 76 respondents via Consultation Portal + 1 via email = 77
 - 49 residents
 - 16 community & voluntary sector orgs
 - 9 statutory organisations
 - 2 businesses
 - 1 ward councillor
- Demographic data (not always complete) was provided by 39/48 residents:
 - age range 22-84; mean age 53.7 years (n=22)
 - gender: 23 female; 11 male; 1 non-binary; 4 prefer not to say
 - gender identity: 27 identified with the sex they were assigned at birth; 12 prefer not to say or missing
 - sexual orientation: 24 heterosexual; 3 lesbian/gay women; 1 queer; 1 bisexual; 10 prefer not to say or missing
 - ethnic origin: 25 White British; 4 White other; 2 Irish; 8 prefer not to say or missing
 - religion: 14 no particular religion; 10 Christian; 2 atheist; 2 agnostic; 1 Buddhist; 2 prefer not to say or missing
 - LLTI: 24 had no long term limiting illness; 6 activities limited a little; 3 activities limited a lot; 6 prefer not to say or missing
 - 1 respondent was a carer

Levels of support for our proposals

Table 1

Do you support our aims and plans?						
	ASB and Hate incidents	Night time economy	Violence against Women & Girls	Reducing offending	Community Collaboration	Prevent and Challenging Extremism
yes	41	22	39	19	25	18
no	2	0	0	1	5	3
don't know/unsure	8	5	4	0	10	2
total respondents	51	27	42	20	40	23
% who support aims and plans	80%	81%	93%	95%	63%	78%
% who do not support aims and plans	4%	0%	0%	5%	13%	13%
% who did not know or were unsure	16%	19%	10%	0%	25%	9%

- Respondents could choose which topics they wanted to look at. Table 1 presents the number of people commenting on the six draft priority areas, and shows the extent to which they report supporting the draft aims and plans.
- ASB & hate incidents received the most interest with 51 out of the 77 people responding on this topic. Reducing offending received the lowest response (20 people responding).
- In general, survey respondents supported the aims and plans in the draft strategy. Over three quarters of respondents supported the aims and plans across five of the six topics. Nearly two thirds of respondents expressed their support in the area of community collaboration and resilience.
- Between 0% and 13% of respondents did not support the aims and plans, with a maximum of 5 (13%) respondents saying that they did not support the aims and plans in the community collaboration and resilience area and 3 respondents not supporting the aims and plans in the Prevent and challenging extremism area.

Number of respondents providing comments

Table 2

Number of respondents providing comments on each priority area						
	ASB and Hate incidents	Night time economy	Violence against Women & Girls	Reducing offending	Community Collaboration	Prevent and Challenging Extremism
residents	25	12	13	5	17	8
other respondents	3	2	10	3	5	1
total respondents	28	14	23	8	22	9

- ASB and hate incidents was the area which the highest number of residents responded to (25), with community collaboration and resilience receiving the next highest number (17).
- Ten respondents who were not residents commented on VAWG. The other areas received comments from fewer people who were not responding as residents.

Summary of comments provided by priority area

(roughly in order of frequency of mention)

<p>ASB and hate incidents</p>	<ul style="list-style-type: none"> ● Police accessibility to/engagement with local residents was important ● Alcohol & licensed premises in public places impacted on residents - noise & ASB, especially city centre. ● Enforcement and appropriate regulations required. ● Concern about viability of plans/impact of financial cuts, incl. to youth services ● Wider implementation of PSPOs, but also a. lack of support for PSPO. Split opinion. ● Support needed for vulnerable communities, ● Graffiti (don't encourage) ● Widened support across more agencies for addressing hate crime ● Risk of escalation if low level incidents are not addressed ● Drug dealing/drug use problems need more focus ● Need more emphasis on hate crime
<p>Safety in the night time economy</p>	<ul style="list-style-type: none"> ● Too many licensed premises, incl. the status of café-bars in the CIZ/SSA. Impact of changes in city centre economy on local resident demography. ● Negative impact (feeling unsafe, stress, quality of life) on city centre residents. Enable residents to have a voice. ● Retain funding for NTE support services ● Issues with sexual assault. Safety of sex workers should be considered. ● More police presence or that of other security staff needed ● Drugs– accessible by young people (whereas alcohol is controlled). ● The effect of some drugs (incl. alcohol) is negative on violence – other drugs don't have this effect. ● Any way to address 'macho violence' between males – encourage camaraderie?
<p>Domestic violence and abuse, sexual violence and other forms of violence against women and girls</p>	<ul style="list-style-type: none"> ● Funding needed: for core services; to support victims at all levels of risk; proportionate to demand. Provide for all genders. Refuge spaces to be funded ● Provide consistent responses and raise awareness, building prevention across wide range of partners (including council services/policies, universities, health and criminal justice partners). Build into contracts for tendered work. ● Prevention work for children and young people – train providers. ● Support to families where ISVA/IDVA where child sexual abuse is noted. ● Increase awareness in communities ● Support for victims after they have left a relationship ● Use social media to raise awareness of sexual assaults in city localities ● Targeted prevention work to particular communities who may be at higher risk of domestic/sexual violence/abuse. Incl. society's vulnerable members who may have mental health problems, housing problems, etc. ● Introduce network of safer spaces/places of refuge for those fearing assault/abuse/stalking when on the street. ● Be specific about how serious domestic violence can be/become ● Ensure advocacy support in family courts to maximise the chances of conviction ● Consider support around financial coercion in relationships

	<ul style="list-style-type: none"> • Use of Mindfulness Cognitive Based Therapy
Reducing offending	<ul style="list-style-type: none"> • Work need sufficient resources – inadequate resources will be detrimental • Make more use of 3rd sector agencies in a 'holistic' approach • Reoffending by perpetrators of serious crimes is of concern • Youth/early help support important to achieving stated objectives – issue with funding cuts • Rehabilitation of drug users, their integration into society and emotional support needed • Ensure support on release from prison • Use of Mindfulness Cognitive Based Therapy
Community collaboration and resilience	<ul style="list-style-type: none"> • Some support for supporting migrants, but often concern expressed about lacking the infrastructure (especially housing) to cope, even with existing residents. Risk of a source of tension against migrants. Comment that 'City of Sanctuary' considered as political spin. • Lack of police accessibility is an issue, including at LATs. Communities need confidence that the issues they raise will be responded to by the authorities. • LATs and residents groups are at risk in city centre due to demographic shift • LATs need to be representative of their communities • LATs are good, but full coverage and publicity to draw attention to their existence is needed. • More events in local communities • Need a city-wide arena where dialogue can be had between residents/communities and authorities. • Communities at risk of breakdown without funding for 3rd sector. • Included community mediation
Prevent and building partnerships to challenge extremism	<ul style="list-style-type: none"> • Comments that Prevent was regarded as racist/stereotyping; concern about the impact of Prevent on Muslim community. Threat from right-wing more significant. • Being too politically correct can result in messages not being clear. • People should feel able to speak out about all forms of extremism • People in neighbourhoods need uniting; engagement between different religious groups important • Don't prioritise one community over another – can be divisive • Alternative to Prevent would be to increase education and promote ways in which people can help. Take a more positive approach. • Is there a case for censoring all people speaking with extremist views? • Risk of less communication between public and authorities with cuts. • Physical protection around potential targets of terrorists, eg. seafront crowds.
General comments (omitting issues covered under separate topics)	<ul style="list-style-type: none"> • On the whole, support for the strategy, but some concern that it is not realistic in its aims. • Don't spread resources too thinly. • Less strategy writing and more action. • Communities need confidence that problems will be addressed. • It needs to be more far-reaching and radical • A more robust approach to enforcement needed • More CCTV to help people feel safe • The council should be more strategic around ownership of its assets

