

Southampton Safe City Strategic Assessment 2014/15



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1. Background to the Assessment

1.1 Aims

The Southampton Safe City Partnership co-ordinates multi-agency action to improve lives and foster stronger communities by reducing crime, anti-social behaviour, alcohol misuse and supply, and the use and harm caused by drugs throughout the city. Partners include the five statutory authorities; Hampshire Fire and Rescue, Southampton City Council, Southampton Clinical Commissioning Group (CCG), Hampshire Police and Probation Services, along with three co-operating bodies; the Youth Offending Service (YOS), Southampton Voluntary Services (SVS) and the Integrated Commissioning Unit.

In 2014, the Southampton Safe City Partnership agreed a three year strategy to be delivered by April 2017. A core element of this strategy is the continuous assessment of progress against the objectives set and, in line with legislative requirements¹, to undertake a strategic assessment each year. The Southampton Safe City Strategic Assessment is a public document which seeks to provide direction for the Southampton Safe City Partnership. It provides an overview of the current and future crime, disorder and community safety issues affecting Southampton and, as such, it will inform the partnership of any requirements to increase focus or to add developing issues that may lead to a change of focus for the Safe City Strategy and local delivery plans.

The purpose of the Strategic Assessment is to assist the partnership in revising the Safe City Strategy and as such, it should include the following:

- An analysis of the levels of crime and disorder and substance misuse in the area
- Changes in those levels and why these changes have occurred
- Views of local people living and working in the area in relation to crime and disorder and substance misuse
- Identification of gaps in knowledge which need to be addressed
- Recommendations for matters which should be prioritised.

1.2 Methodology and Structure of Assessment

In order to bring a coordinated evidence based approach to Strategic Assessment in Southampton, it has been agreed that a *single needs assessment* will be developed for the city, building on the Joint Strategic Needs Assessment (JSNA) model. This will provide a single view of 'needs' in the city, where appropriate analytical methods and statistics are used to turn data into intelligence to provide the platform to ensure decisions and strategic intent are based on the best available evidence. Building on the existing JSNA, this will be an online resource and become a 'one-stop shop' for city

¹ HMSO (2007) *Section 7 of the Crime & Disorder Regulations 2007*; Statutory Instrument (SI) Number 1830. [Online] Available from: http://www.legislation.gov.uk/uksi/2007/1830/pdfs/uksi_20071830_en.pdf

intelligence. The Safe City Partnership have agreed that the Safe City Strategic Assessment will form part of this approach for 2014/15. As well as this document, an interactive online version will be available alongside a data compendium which will contain a raft of data in the form of tables and charts upon which the conclusions in this report are based.

In line with this new model, the Southampton Safe City Partnership agreed that responsibility for producing the Strategic Assessment will sit with the Public Health Strategic Analysis team in the Council's newly formed Strategy Unit. The Strategy Unit was formed in April 2015 to bring a co-ordinated evidence based approach across the council with a better alignment to a strategic vision. The Policy team within the Strategy Unit will also use the final assessment to refresh the Safe City Strategy, which will be agreed by the Partnership and signed off by Council in March 2016.

Although the Strategic Assessment was managed and edited by the Strategy Unit, all partners were required to contribute both data and intelligence in order to complete a robust assessment. To facilitate this process, a small delivery group was formed comprising individuals from partner organisations who were able to guide and contribute to the assessment. Representatives were deemed to be 'champions' for their area, have a firm grasp of the available data and have an understanding of any actions taken and subsequent results that may be relevant to the assessment. Hampshire Constabulary, Regulatory Services, the Youth Offending Service (YOS), Hampshire Fire and Rescue Service, Probation Services, Public Health, the Integrated Commissioning Unit (ICU), safeguarding, Housing Services and Families Matter (FM) were all represented on the group and the data and intelligence they provided has been instrumental in constructing this assessment.

In line with the JSNA model, clear standards for data collection and analysis were agreed. Wherever possible the following data has been collected, analysed and presented in this report and the data compendium:

- Benchmarking of the most current data to ascertain how Southampton compares with England and the city's statistical neighbours.
- Time trend data to ascertain if the situation is improving or deteriorating.
- Segmentation to more fully understand the issues within the city; analysis by sub-local authority geography, area based deprivation, profiling of victims/offenders etc.

The assessment has been structured to provide an overview of crime and disorder across Southampton. Recorded and estimated crime are covered as well as an assessment of the crime distribution across the city by electoral ward and deprivation quintile. It considers victim and offender profiles (including youth offending and reoffending) and explores some of the wider issues that impact upon both groups. The assessment then covers some of the more significant community safety issues identified for Southampton in more detail including existing or new measures put in place to address these. The views of people living and working in Southampton and their perceptions of crime were captured in a Community Safety Survey; the results of which are summarised in section 4.6 and throughout the report where relevant. Recommendations are made in the body of the text and recapped at the end of each topic.

1.3 Information Sources and Caveats

The strategic assessment has taken information from a range of data sources from a range of partners. In addition to those mentioned above, data has been taken from the Ministry of Justice, SafeLives, the Multi Agency Safeguarding Hub (MASH), the Local Authority Information Tool (LAIT), the Office of National Statistics (ONS), the South Central & West Commissioning Support Unit, the Home Office, the Crime Survey of England & Wales (CSEW), and the Health and Social Care Information Centre (HSCIC). Data used to inform the assessment has been drawn from published data sources and derived from live datasets. Whilst every effort has been made to ensure accuracy, due to the ongoing nature of Police investigations, figures may be subject to change and inconsistencies may exist between published and live data.

Reference to '2014/15', or 'this year' refers to the financial year – 1st April 2014 to 31st March 2015, and 'last year' or 'previous year' refers to the financial year 2013/14, unless stated otherwise. Where data is available, comparisons have been made with England and the iQuanta comparator group of:

- Eastbourne
- Sheffield
- Watford
- Southend-on-Sea
- Luton
- Hillingdon
- Slough
- Hounslow
- Derby
- Brighton & Hove
- Northampton
- Cardiff
- Bristol
- Reading

In addition, the Safe City Partnership have agreed that comparisons will continue to be made with Portsmouth despite no longer being part of Southampton's most similar group. In some instances a different comparator has been used if this was deemed to be more appropriate to the indicator/issue. Where rates have been calculated, the ONS Mid-Year Population Estimates have been used unless otherwise stated. 95% confidence intervals have been calculated for rates wherever possible in an attempt to account for natural variation and to robustly evaluate if any differences and changes found are statistically significant. A full list of data sources and caveats are provided for each indicator in the metadata section of the online data compendium.

2. Executive Summary

Set against a period of economic challenges and organisational restructuring, the Partnership must work to maximise opportunities for cost effective joint working to reduce any impact on service delivery.

Despite a decline in annual recorded crime in Southampton in recent years, Hampshire Constabulary recorded an 8% increase in 2014/15. This rise in recorded crime appears to be driven by increases in specific types of crime, with particularly large increases in the volume of violent, sexual and hate crime offences recorded over the course of the past year. This pattern is in keeping with trends observed nationally and force wide. It is likely that these increases are, at least in part, attributable to changes in recording and reporting practices following the publication of the HMIC Inquiry findings, with previous under reporting known to disproportionately impact upon violent crimes, public order crimes and sexual offences. Indeed, the Constabulary report that the rise in recorded crime has not led to a rise in calls for service and the independent Crime Survey for England & Wales indicates that, in real terms, crime continues to fall.

However, the underreporting of crimes continues to present very real challenges to the Partnership to both identify those at risk of harm or further victimisation and to provide appropriate interventions or support. Crime Data Integrity remains high on the agenda for Hampshire Constabulary, and the Partnership must work to build a picture of the true level of offending and victimisation in Southampton and understand the barriers to reporting crime to Police or partners.

Nearly a quarter of people responding to the Southampton Community Safety survey felt crime had increased in Southampton in the last twelve months (compared to 30% nationally), with anti-social behaviour reported to be the biggest local issue people were concerned about. Overall, 85% of respondents reported feeling safe in their local area during the day, falling to 52% after dark. Only 33% reported feeling safe in the city centre after dark. These figures are significantly lower compared to both the 2010 and 2014 City Surveys. It is unclear as to whether this represents a true increase in feelings of being unsafe or whether it is due to the self-selecting nature of the most recent survey sample. Respondents felt that an increased Police presence and better street lighting would increase feelings of safety.

Those offenders committing two or more offences in year were responsible for over 61% of crime in the city in 2014/15, illustrating the importance of reducing reoffending. Recent changes to Probation Services have made monitoring reoffending rates and other offending outcomes challenging. However, national data suggests that Southampton has a reoffending rate higher than the national average, with the latest data showing a slight (although not yet significant) rise. The average number of offences per offender has continued to rise to over 17 offences per offender, suggesting it is the same offenders who are persistently reoffending over time. Employment, housing, alcohol and substance misuse have been identified as important criminogenic needs, and the Partnership needs to continue to work to better understand, address and improve these outcomes for offenders in

order to address reoffending rates in the city. The Partnership also needs to work with the National Probation Service (NPS) and Purple Futures (CRC) to ensure consistent local reporting mechanisms and methodologies are developed, particularly with regards to developing robust reoffending measures.

Deprivation and inequalities between wards and residents in Southampton may increase the likelihood of victimisation or becoming an offender. Particular challenges face the Partnership around how best to address issues around the growing young population; a group who typically experience disproportionate victimisation. In addition, some key outcomes for children and young people in Southampton are poorer than the national average; many of which are risk factors for youth offending. Outcomes for children in respect of first time entrants, those in custody and those reoffending are improving in Southampton. However, the Partnership must continue to work to understand pathways into criminality for first time entrants and identify suitable interventions to divert young people from entering the criminal justice system to drive further performance improvements in line with national and comparator areas. Improving education and economic outcomes for young people at risk of offending should be a key priority in order to break the cycle of youth offending in the city.

A total of 443 incidents of hate crime were recorded by Police in Southampton in 2014/15; an increase of just under 50% on the previous year. This reflects trends in recorded hate crime nationally. However, this is unlikely to be a true reflection of the number of hate crimes occurring in Southampton with estimates suggesting that under-reporting is a considerable problem. The Partnership should work to understand the true extent of hate crime and work to reassure victims their allegations will be taken seriously and increase reporting.

Sexual offences are often a hidden crime, although they are now beginning to be reflected in reported statistics locally and nationally. Southampton has the highest recorded rate of sexual offences compared to its statistical neighbours. Increases have been seen in Police Forces nationally, however the number of recorded rapes and other sexual offences in Southampton have increased dramatically when compared to last year (98.6% and 63% respectively). This rise should be seen in the context of a number of high profile reports and inquiries which have led to a review and improvement in recording processes. Media publicity on high profile cases may also have encouraged victims to report sexual offences to the Police. Emerging themes identified by the Serious Sexual Offences Reduction Group (SSORG) include alcohol and the night time economy, online activity, deprivation, child sexual exploitation, non-current offences and domestic violence. The Partnership should continue to support multi-agency efforts to improve the reporting of sexual offences to understand the true extent of this often unreported crime.

Violent crime in Southampton increased in 2014/15 by over 25%, with rates significantly higher than all comparator areas except Portsmouth. This is likely due to the changed recording practices as a result of the HMIC report. The largest increases were recorded in the city centre where the night time economy continues to act as a driver for these offences. Alcohol and substance misuse remain

linked to criminality and victimisation, not to mention their associated harms to health. Efforts continue to provide support to offenders who enter the criminal justice system and individuals who wish to have support, but there remains a large group of people who are at risk of harm of victimisation. The Partnership should continue to monitor data across agencies in order to estimate the extent of harm caused by alcohol and substance misuse (especially around the emerging threat of New Psychoactive Substances, known as 'legal highs') and to identify support mechanisms for helping recovery and reintegration into society.

Domestic Violence and Abuse (DVA) continues to be a significant issue in Southampton, although obtaining a comprehensive picture of the extent of DVA remains a challenge. There was a 22% rise in domestic violent crimes reported in 2014/15, with an 8.5% increase in the number of high risk MARAC (Multi-Agency Risk Assessment Conference) referrals. Southampton has the second highest MARAC referral rate amongst comparator areas and over twice the national average. Although repeat referrals to MARAC are comparatively low in Southampton, the city has the highest number of children per case compared to its statistical neighbours. Child protection conferences include DVA in approximately 80% of cases, whilst 53% of looked after children in the city had DVA as one of the reasons they were looked after. Therefore, the impact of DVA on children in the city appears to be significant, and an area which the Partnership should look to address.

For certain high impact crime types, understanding of their impact in Southampton is unclear. More needs to be known about the hidden harms caused by issues such as missing, exploited and trafficked (MET) children, modern slavery, Female Genital Mutilation (FGM), forced marriages and extremism (PREVENT). Challenges exist for the Partnership in understanding the true extent and victimisation levels from these issues and confirming whether sufficient support and intervention measures are in place.

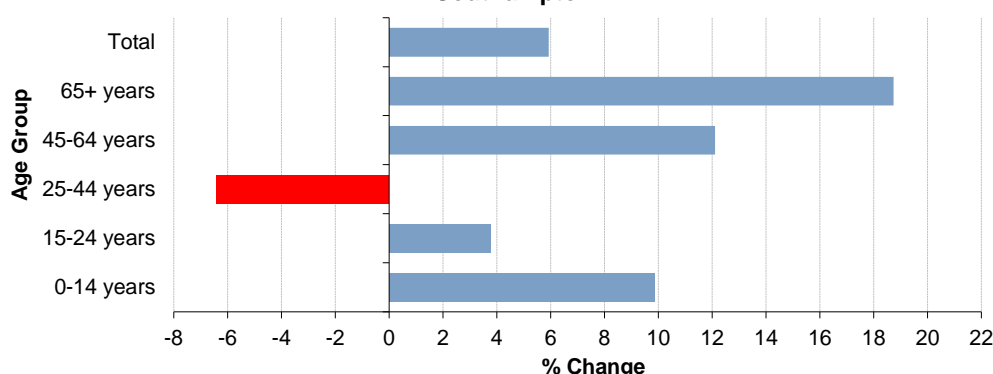
3. Context

Southampton is on the south coast of England and is the largest city in Hampshire. It is a diverse city with a population of 245,300 comprising 98,300 households, 57,600 children and young people aged (0-19 years), 53,000 residents who are not white British (22.3%) and approximately 43,000 students.²³⁴ As the table and chart in figure 3.1 illustrates, the population of Southampton is predicted to rise by nearly 6% by 2021⁵, with the over 65s and under 15s populations projected to increase by approximately 19% and 10% respectively.

Figure 3.1

| Southampton | 2014 | 2021 | Change | % change |
|------------------|---------|---------|--------|----------|
| Aged 0-14 years | 41,855 | 45,994 | 4,139 | 9.9 |
| Aged 15-24 years | 50,993 | 52,918 | 1,925 | 3.8 |
| Aged 25-44 years | 64,554 | 60,423 | -4,131 | -6.4 |
| Aged 45-64 years | 50,973 | 57,145 | 6,172 | 12.1 |
| Aged 65+ years | 33,520 | 39,804 | 6,284 | 18.7 |
| All ages | 241,902 | 256,254 | 14,352 | 5.9 |

**Forecast change in resident population between 2014 and 2021:
Southampton**



Source: Hampshire County Council's 2014-based alternative Southampton Small Area Population Forecasts

Since 2004, high levels of economic migration from Eastern Europe have contributed to the development and sustainability of many business activities, thereby bringing in greater richness and diversity to city life. Strong community relations over many decades have contributed to maintaining cohesiveness. Long term international migration up to the end of June 2014 shows that Southampton has more international incomers than leavers (5,300 compared to 1,400). There is also a high level of internal migration, with 15,100 people arriving and 17,200 leaving over the same period⁶. Based on results from the 2011 Census, Southampton now has residents from over 55

² ONS 2014 Mid-Year Population Estimates

³ ONS 2011 Census

⁴ Higher Education Statistics Agency (HESA)

⁵ Hampshire County Council – Small Area Population Forecasts 2014 to 2021

⁶ ONS Migration ending June 2014

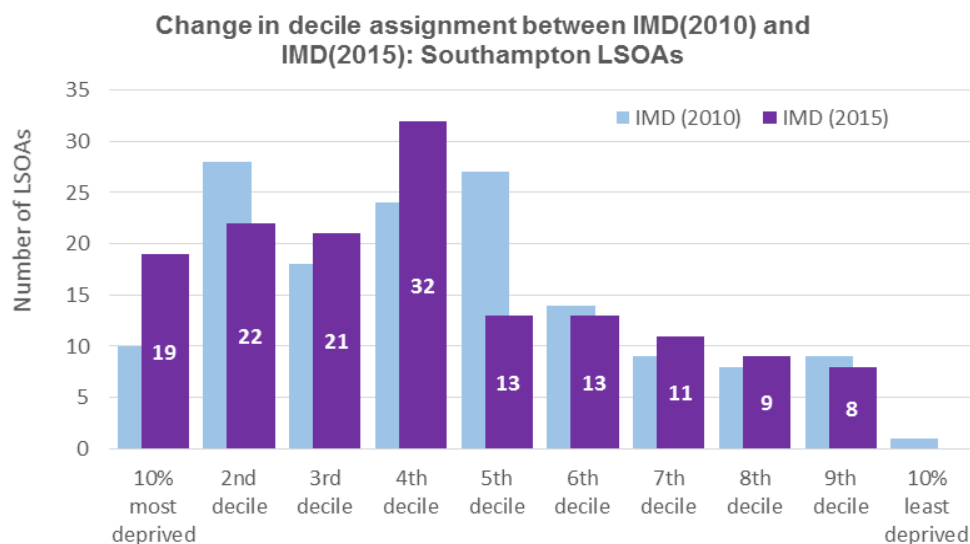
different countries who between them speak 153 different languages.⁷ 12% of the population do not have English as a main language; 80% of these can speak good English, 17% can't speak it well and 3% can't speak English at all.

The latest exam results show that 49.6% of Southampton pupils achieved 5+ A*-Cs at GCSE including English and Maths in 2015, compared to 56.3% nationally. This is a fall of 1.4 percentage points from 2014 and the city is now ranked 23rd worst achieving out of 151 Local Authorities⁸.

Unemployment in Southampton has fallen over the last few years and, in line with national trends, the number of people claiming Job Seeker's Allowance in Southampton has fallen from 2,776 (1.6%) in September 2014 to 1,866 (1.1%) in September 2015, whilst those claiming out of work benefits have fallen from 9.9% in February 2014 to 9.2% in February 2015⁹.

Whilst it has enormous growth potential associated with the affluent south, the city's characteristics relating to poverty and deprivation present challenges more in common with other urban areas across the country with high levels of deprivation. The Index of Multiple Deprivation 2015 (IMD 2015) illustrates how Southampton has become relatively and absolutely more deprived since 2010. Based on average deprivation score, Southampton is now ranked 67th (where 1 is the most deprived) out of 326 local authorities, compared to its previous position of 81st in 2010. Southampton now has 19 Lower Super Output Areas (previously 10) within the 10% most deprived in England and zero in the 10% least deprived (previously 1) as figure 3.2 below shows¹⁰.

Figure 3.2



⁷ Southampton City Council (2015) Children's Data Team

⁸ Department for Education 2015

⁹ Work and Pensions Longitudinal Study (WPLS) ONS February 2015

¹⁰ Index of Multiple Deprivation (MD) 2015 communities and Local Government

Changes to the welfare system are really beginning to take effect in Southampton, and it has been estimated that the Welfare Reform Programme will impact on around 34,157 households in Southampton and remove around £53 million per year from the local economy; the average loss being £1,551 per year. The risks identified in Southampton are of increased homelessness, indebtedness and reduced health and wellbeing.¹¹ Welfare Reform is affecting some of the city's most deprived and vulnerable residents, with the IMD (2015) showing that 25% of children living in the city are living in households who are income deprived. This compounds disadvantage and poverty, and may ultimately impact upon the levels of crime and antisocial behaviour experienced in the city in the future.

¹¹ Local Government Association (2013) *The local impacts of welfare reform*. [Online] Available from: http://www.local.gov.uk/c/document_library/get_file?uuid=4008e232-4afe-43f2-ad02-bf2eee18a346&groupId=10180

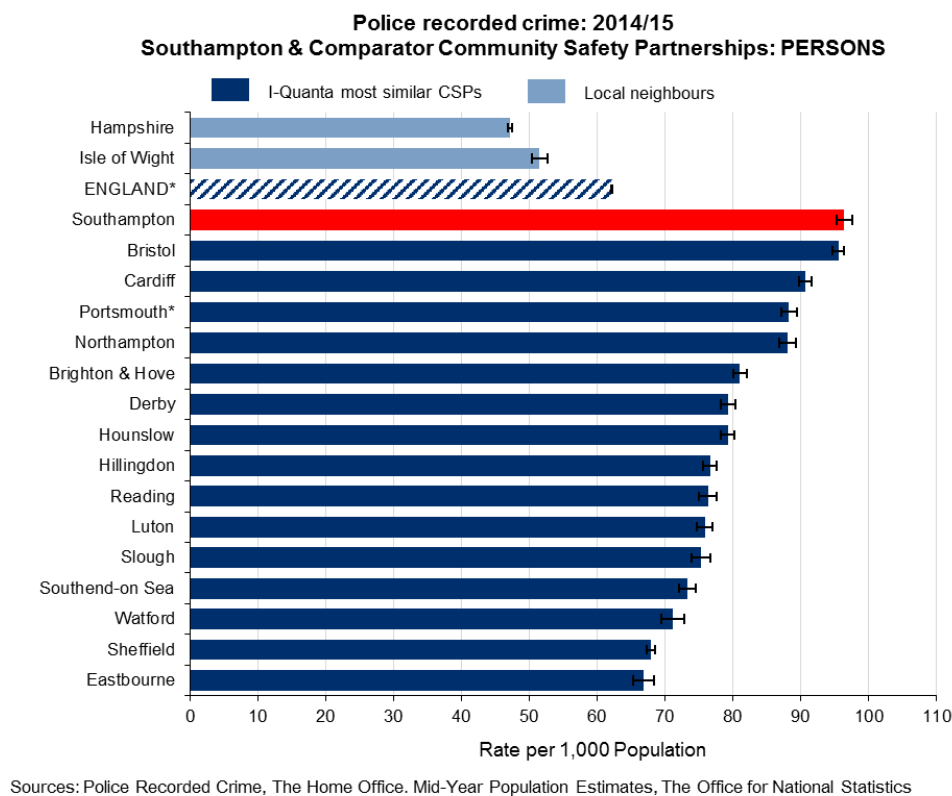
4. Overview of Crime in Southampton

This section provides an overview of crime in Southampton, using recorded crime figures to make comparisons with similar community safety partnerships around the country and nationally, to examine how crime rates have changed in recent years and to provide a picture of crime distribution and inequalities within the city. Offender and victim profiles are presented, along with youth offending and the current perceptions of crime amongst people living and working in the city.

4.1 Recorded Crime

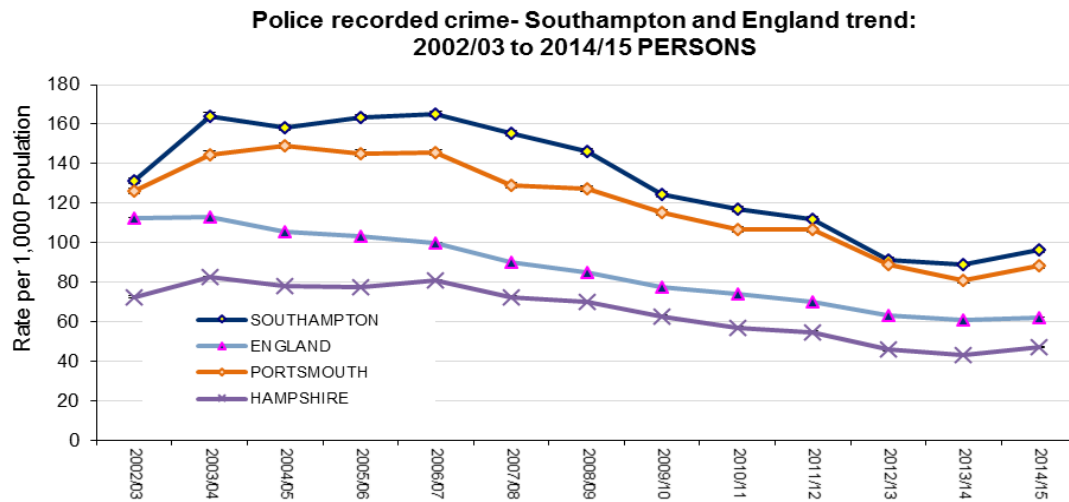
In 2014/15, the recorded crime rate in Southampton was 94 crimes per 1,000 population, significantly higher than the national average (62 per 1,000 pop), and the highest rate amongst Southampton's comparator group of fifteen similar community safety partnerships (see figure 4.1.1).

Figure 4.1.1



In line with patterns observed nationally, recorded crime in Southampton has been decreasing in recent years with a downward trend observed since 2006/07, reaching a low of 89 crimes per 1,000 in 2013/14 (see figure 4.1.2). However, in 2014/15 Hampshire Constabulary recorded approximately 23,000 offences, representing an increase of 8% compared to the volume reported the previous year. This mirrors comparable rises of 9% in both Portsmouth and Hampshire, and a smaller 3% rise in Police recorded crime reported nationally over the same time period.

Figure 4.1.2



Sources: Police Recorded Crime, The Home Office. Mid Year Population Estimates, The Office for National Statistics

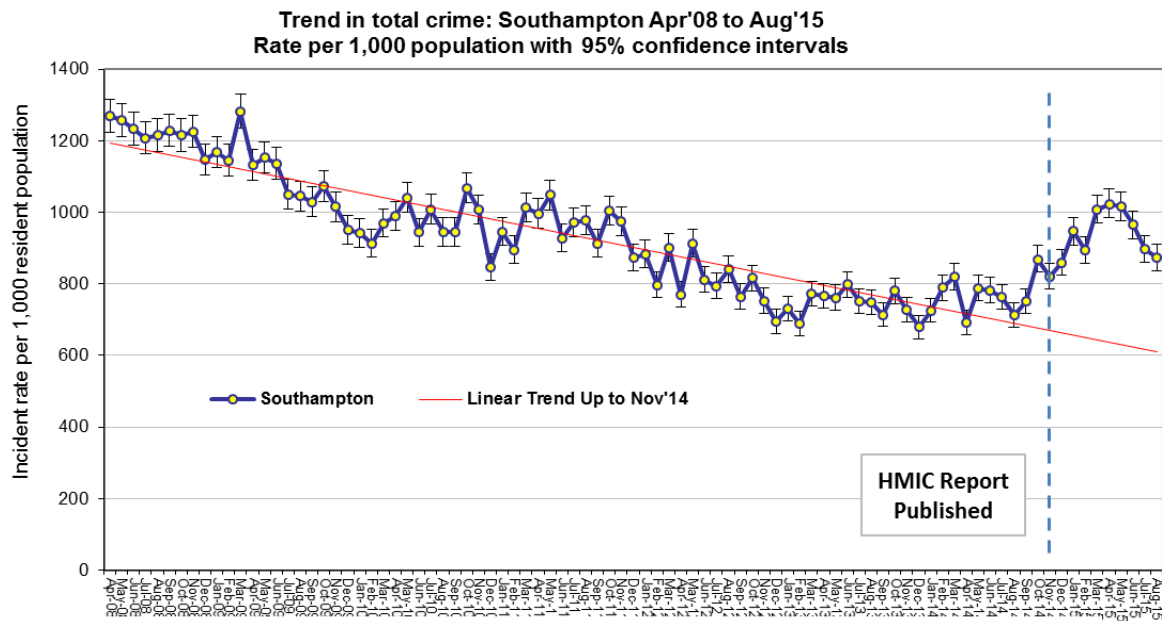
A likely factor behind the changing trend in Police recorded crime is the renewed focus on the quality of recording by Hampshire Constabulary, in light of the inspection of forces by Her Majesty's Inspectorate of Constabulary (HMIC), the Public Administration Select Committee (PASC) inquiry into crime statistics and the UK Statistics Authority's decision to remove the National Statistics designation. The HMIC inspection identified a number of failings by Police forces nationally in how crimes are recorded, and estimated that Hampshire Constabulary were under recording local crime by 26%; higher than the national figure. Applying this rate to Southampton's total crime figures for 2013/14 could suggest nearly 5,700 crimes occurred but went unrecorded. As a result the force took immediate action to improve crime data integrity and this has led to an increase in the incidence of recorded crime.

Previously, officers have tended to use their discretion to record per incident, not per victim. For example, if one offender entered a tent at a music festival and stole four items belonging to four people, this may have been recorded as one crime, as only one investigation would ensue. This would now be recorded as four crimes - one for each victim. Crimes are now also being recorded where no prosecution is likely, such as those where the offender is under ten years old or has limited mental capacity.

The monthly crime trend data shown in figure 4.1.3 illustrates how crime reporting has increased since the release of the HMIC report, providing evidence that application of the Home Office Counting Rules (HOCR) has led to a rise in recorded crime in Southampton in 2014/15. In addition, the similar proportionate increases observed in Portsmouth and Hampshire also confirm an overall change of reporting across Hampshire Constabulary. Indeed, the Hampshire Constabulary report that the rise in recorded crime has not led to a rise in calls for service and the independent Crime Survey for England & Wales indicates that, in real terms, crime continues to fall (see Appendix A for

further information). Crime Data Integrity remains high on the agenda for Hampshire Constabulary, and monthly reported crime trends should continue to be monitored closely over the next 12 months to better understand the impact of recording practice and the 'real' level of crime in the city.

Figure 4.1.3



Sources: Hampshire Constabulary RMS, Intelligence, Tasking and Development, Mid 2014 population estimates, Office for National Statistics

Notes: These are crude rates and therefore do not take any account of the underlying age/sex distribution of the population.

Changes to Home Office Counting Rules came into effect on 1 April 2014 resulting in a number of crime codes being moved between crime categories.

Figure 4.1.4 over the page illustrates the changes in reported crime by type of offence showing, the percentage change since last year (red shows a rise), the position amongst the iQuanta comparator group (1 is worst) and whether there is a significant difference to the England average (red indicates significantly worse). The rise in recorded crime in Southampton appears to be driven by increases in specific types of crime, with particularly large increases in the volume of violent, sexual and hate crime offences recorded over the course of the past year. This pattern is in keeping with trends observed nationally and force wide. It is likely that these increases are, at least in part, attributable to changes in recording and reporting practices. It is known from the HMIC report that reporting varies greatly by offence type and underreporting is known to disproportionately impact upon violent crimes, public order crimes and sexual offences. There are other possible reasons for increases in individual crime types, and these will be explored in more detail later in the assessment.

Figure 4.1.4

| Offence Type | 2013/14 | 2014/15 | % Change | iQuanta Position (of 15 similar CSPs) | Sig diff to Eng |
|---------------------------------|---------|---------|----------|---------------------------------------|-----------------|
| TOTAL CRIME | 21,196 | 22,925 | +8.2% | 1 | Y |
| Violence with injury | 2,223 | 2,682 | +20.6% | 2 | Y |
| Violence without injury | 2,210 | 2,884 | +30.5% | 2 | Y |
| Burglary Dwelling | 945 | 983 | +4.0% | 10 | Y |
| Burglary Non Dwelling | 1,281 | 1,536 | +19.9% | 1 | Y |
| Robbery | 257 | 266 | +3.5% | 7 | Y |
| Theft of a motor vehicle | 483 | 556 | +15.1% | 1 | |
| Theft from a motor vehicle | 1,212 | 1,046 | -13.7% | 11 | Y |
| Serious sexual offences - rape | 140 | 278 | +98.6% | 1 | Y |
| Serious sexual offences - other | 165 | 269 | +63.0% | | |
| Hate Crime | 296 | 443 | +49.7% | N/A | N/A |
| Domestic Violent Crime | 1,287 | 1,573 | +22.2% | N/A | N/A |
| Anti-Social Behaviour | 12,526 | 12,502 | -0.2% | N/A | N/A |
| Knife Crime | 266 | 333 | +25.2% | N/A | N/A |
| Gun Crime | 20 | 42 | +110.0% | N/A | N/A |
| Youth on youth violence | 113 | 176 | +55.8% | N/A | N/A |
| Alcohol and Public Place | | | | | |
| Violence | 446 | 669 | +50.0% | N/A | N/A |
| Drug Related Violence | 37 | 32 | -13.5% | N/A | N/A |
| Threat to Life | 76 | 129 | +69.7% | N/A | N/A |
| Missing persons | 1,477 | 1,460 | -1.1% | N/A | N/A |
| Child Abuse | 182 | 381 | +109% | N/A | N/A |

Recommendations

- Hampshire Constabulary should ensure that Crime Data Integrity remains high on their agenda for the coming year, applying the Home Office Counting Rules consistently to enable a robust analysis of changing crime patterns and trends going forward.

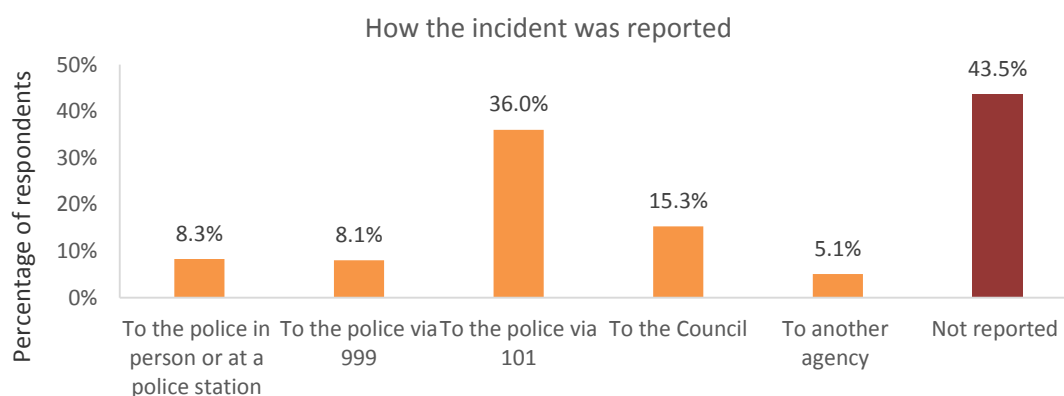
4.2 Crime Reporting

Nationally there is a consistent discrepancy between the volume of Police recorded crime and that estimated using the results of the Crime Survey for England and Wales (CSEW). This would suggest that there is a gap between crimes recorded by Police and those experienced by the population and that, a substantial proportion of crime experienced by the public goes unreported. Estimates for England and Wales for 2013/14 suggested that only 39% of all CSEW offences were reported to the Police. Applying this rate to Southampton could suggest approximately 33,000 offences occurred, but went unreported. The CSEW is limited to crimes against people resident in households and so does not cover all crime types.

Reporting rates vary widely by the type of offence and are lowest for offences such as vandalism and highest for offences such as theft of a vehicle. This may reflect the victim's perceived seriousness of the offence and practical considerations such as the necessity of obtaining a crime reference number to validate an insurance claim.

The Southampton Community Safety Survey conducted as part of this strategic assessment reports on the percentage of respondents who were victims of crime and whether the crime was reported to the Police or not (see figure 4.2.1). Of the 372 respondents to the survey who had been a victim of crime or antisocial behaviour in Southampton in the previous 12 months, 162 (43.5%) did not report the incident to the Police. The majority of these unreported incidents were antisocial behaviour (approximately 40%), verbal assault (25%) and damage to property or vehicles (17%).

Figure 4.2.1

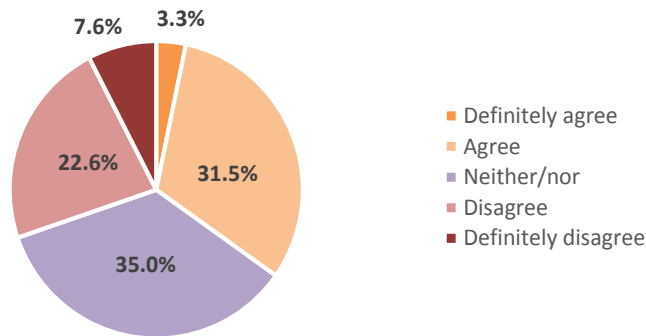


Source: Southampton Community Safety Survey 2015

The main reason given by survey respondents for not reporting incidents to the Police was the belief by the victim that the Police would not have been interested (42% of those who did not report to the Police) or that the Police could not do anything about the incident (28%).

Figure 4.2.2

To what extent do you agree or disagree with the statement:
Police and other local public services are successfully dealing
with crime and anti-social behaviour in the local area



Source: Southampton Community Safety Survey 2015

In addition, only 35% of respondents agreed that Police and local public services were successfully dealing with crime and anti-social behaviour in their local area. This lack of satisfaction may be linked to a decrease in the likelihood of reporting the crime (see figure 4.2.2). See section 4.6 of this report for further information and results from the 2015 Southampton Community Safety Survey.

It is important that incidents are reported to the Police so that victims can access appropriate support, both to reduce any harm resulting to the victim from that crime and to prevent repeat victimisation. In addition, accurate crime records provide vital information, allowing crime problems in local force areas to be identified and assisting in effective resource allocation.

Recommendations

- The Partnership should work to further understand the extent of unreported crime within Southampton and understand barriers to reporting incidents.
- The Partnership should work to ensure the most vulnerable victims of crime are confident in reporting incidents and identify whether there is under-reporting within this group and if so, work to understand and remove any barriers.

4.3 Offenders

4.3.1 Offender Profiling

Around 7,164 offenders were identified from Police systems as having been prosecuted for offences which occurred in Southampton during 2014/15; these offenders were responsible for 13,006 of the 22,925 crimes committed in the city during the period (56.7%). Using this data, we are able to profile offenders in the city, although it should be emphasised that this only relates to known offenders who were caught for their offences (57% of total recorded crime), who may have different characteristics to those who were not caught or who committed offences that were not recorded.

Figure 4.3.1 below shows the number of offenders by the number of crimes they were responsible for in 2014/15. The majority of known offenders (70%) committed only one offence per year, although we are not currently able to identify how many of these were first time offenders. Data from the Ministry of Justice¹² suggests that approximately 10% of offenders convicted in 2014 were first time entrants. This suggests that as well as looking at persistent and prolific offenders, we should also consider those offenders locally with a long term but low level criminal career. However, despite offenders committing a single offence making up the majority, they only account for 38.6% of recorded crime where an offender was identified (21.9% of total crime). Those committing two or more offences were responsible for the majority of recorded crime in the city in 2014/15.

Figure 4.3.1: Number of offences committed by known offenders in 2014/15

| Number of offences | Number of offenders | % of offenders | No. crimes responsible for | % of crime responsible for (where an offender is identified) | % of ALL crime responsible for * |
|--------------------|---------------------|----------------|----------------------------|--|----------------------------------|
| 1 | 5,018 | 70.0% | 5,018 | 38.6% | 21.9% |
| 2 | 1,094 | 15.3% | 2,188 | 16.8% | 9.5% |
| 3 or 4 | 614 | 8.6% | 2,048 | 15.7% | 8.9% |
| 5 to 9 | 328 | 4.6% | 2,042 | 15.7% | 8.9% |
| 10 to 14 | 61 | 0.9% | 690 | 5.3% | 3.0% |
| 15 or more | 49 | 0.7% | 1,020 | 7.8% | 4.4% |
| Total | 7,164 | 100.0% | 13,006 | | |

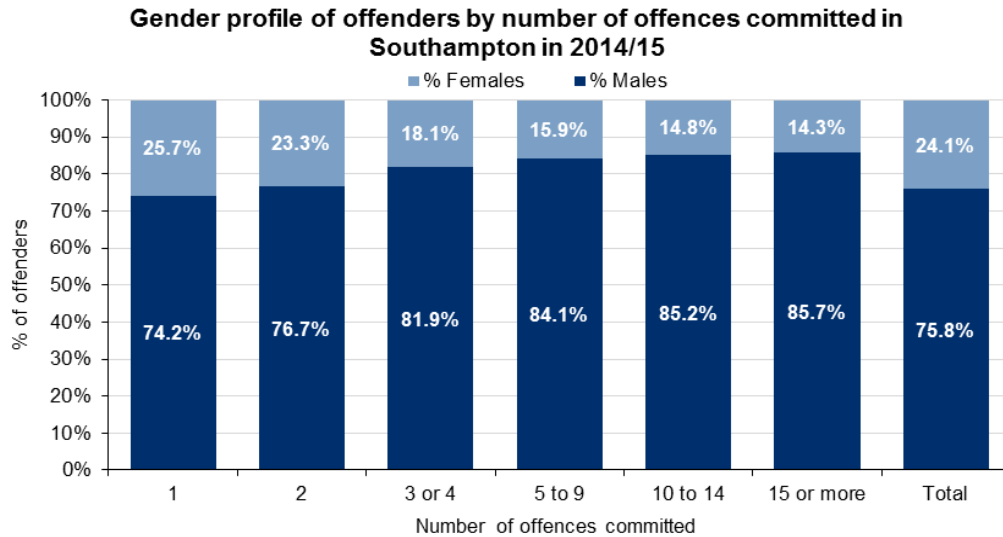
* Total of 22,925 crimes recorded in 2014/15

The most prolific offenders committed 15 or more offences (49 individuals). Collectively, these individuals made up 0.7% of identified offenders but were responsible for 1,020 crimes; 7.8% of recorded crime where an offender was identified (4.4% of total crime). There were 5 offenders who committed over 30 offences in 2014/15, with the most prolific committing 46 offences.

¹² Ministry of Justice (2014) *Criminal Justice Statistics 2014 – England and Wales Statistical Bulletin*. [Online] Available from: <https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2014>

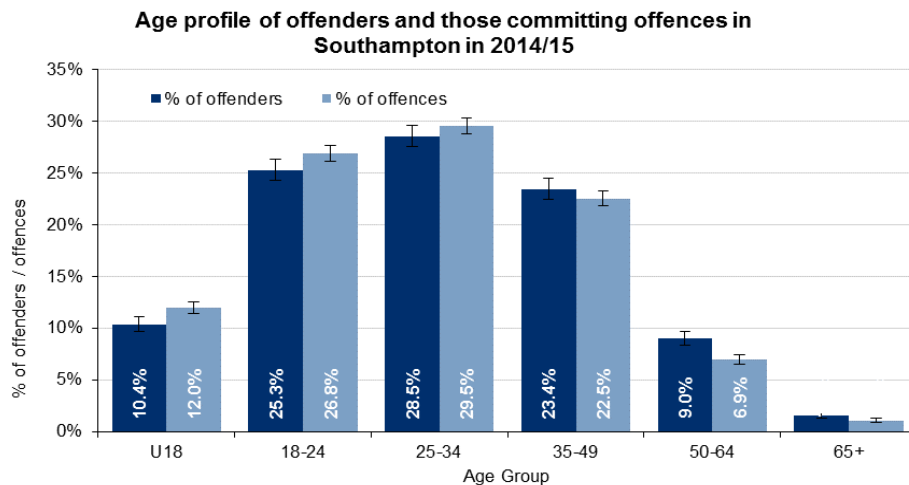
In 2014/15, over three quarters of offenders were male (75.8%) and a quarter female (24.1%). The proportion of males increased for more prolific offenders; 85% of offenders committing 15 or more offences were male (see figure 4.3.2 below).

Figure 4.3.2



Sources: Hampshire Constabulary. Please note that figures may not add up to 100% as gender was not recorded for all offenders (approx. 0.07%)

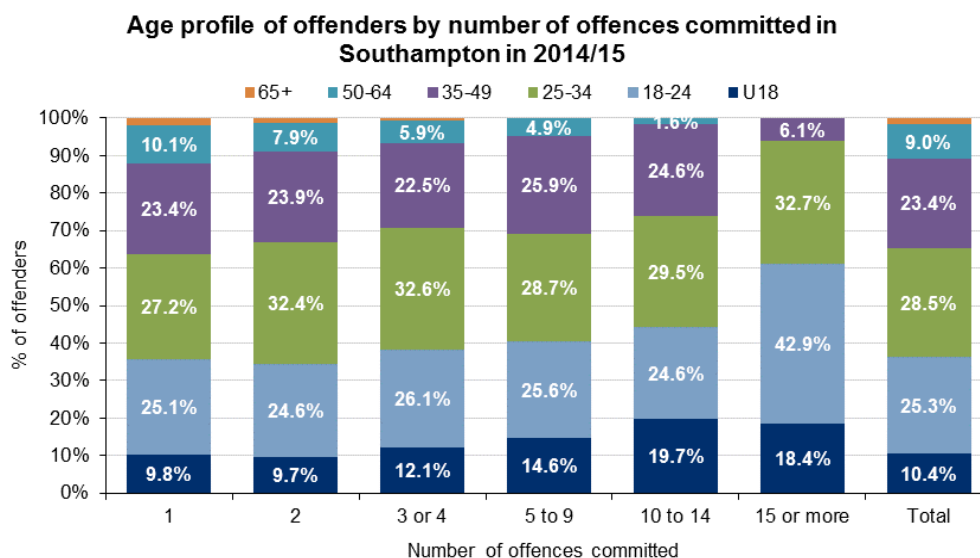
Figure 4.3.3



Sources: Hampshire Constabulary. Please note that figures may not add up to 100% as age was not recorded for all offenders (approx. 1.8%)

Over half of offenders are aged between 18 and 34 (53.8%) with a fairly even split between those aged 18-24 and those aged 25-34. 10% of offenders are aged under 18 and less than 2% aged over 65. The age profile for offenders and for offences committed is similar (see figure 4.3.3). Figure 4.3.4 illustrates how the age profile of the more prolific offenders is skewed towards the younger age groups; 61.2% of offenders committing 15 or more offences during 2014/15 were aged under 24.

Figure 4.3.4



Sources: Hampshire Constabulary. Please note that figures may not add up to 100% as age was not recorded for all offenders (approx. 1.8%)

Analysis of the 25 most prolific offenders has revealed that:

- All have committed 20 or more offences during the year
- 23 (92%) are male; 2 (8%) are female
- Three are under the age of 18 and are dealt with as young offenders; the majority of offences were repeat burglary or repeat vehicle offence crimes.
- The most common offence amongst adults was theft. All 22 adults had a theft offence recorded in the last twelve months; accounting for 458 crimes (approx. 80% of offences).
- The most common theft offence was burglary (dwelling and non-dwelling). This offence was committed by 19 of the 22 adults; accounting for 326 crimes (71% of all theft offences).
- The next most common theft offence was shoplifting. This offence was committed by 5 offenders; accounting for 68 crimes (15% of all theft offences).
- Three individuals had been charged with a possession of drugs offence and one had a charge of drug trafficking. The majority of offences committed by these individuals were theft related, which may be linked to the funding of drug use.
- Other offences committed by this group include violence (16 offences), criminal damage (7 offences), possession of weapons (4 offences) and public order offences (13 offences).

4.3.2 Offenders supervised in the community

As part of the Transforming Rehabilitation (TR) agenda, probation services have recently undergone considerable change and restructuring. On 1st June 2014, Southampton offenders were transferred from the Hampshire Probation Trust to one of two new organisations; the National Probation Service (NPS) or the local Community Rehabilitation Company (CRC), run in Southampton by Purple Futures. The NPS supervises offenders who pose a high risk of harm to the public and Multi-Agency Public Protection Arrangement (MAPPA) offenders on their release from prison, or upon receipt of a community order. The CRC supervises offenders who pose a low risk or medium risk of harm to the public. The TR agenda also stipulated that all offenders who have served a custodial sentence of one day or more should have a minimum of 12 months supervision upon release from prison. This will mean that there are a far greater number of individuals under supervision, including those sentenced for more minor offences and a number who are first time entrants to the criminal justice system.

Following the organisational split, the focus within the Southampton, Portsmouth and Isle of Wight Local Delivery Unit has been to:

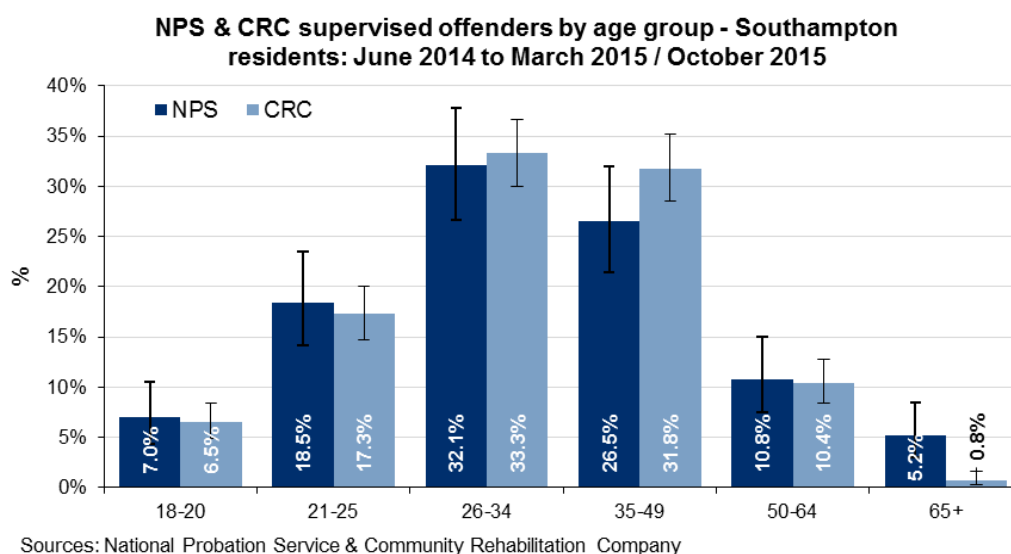
- Maintain and improve effective risk management, minimising the risk of serious harm to children and adults. This includes ensuring there are robust links with other public protection bodies and forums (e.g. Strategic MAPPA Board, LSCB, and LSAB).
- Reduce re-offending for offenders under supervision through commissioning interventions from Hampshire & Isle of Wight Community Rehabilitation Company and working with a range of external agencies / partners.
- Stabilise the organisations following the transforming rehabilitation programme including implementation of new national policies and processes.

Data from both the NPS and CRC is now required to get a full picture of offenders supervised in the community. However, due to the recent changes (and implementation mid-way through the year), data for 2014/15 has been difficult to obtain and a direct comparison with previous years has also not been possible. The data received from the NPS and CRC was also based on two differing methodologies which makes combining the data impossible and also makes comparisons difficult. Nonetheless, despite these issues, the data received is regarded by the respective probation services as representative of their overall caseloads and so has been presented below.

Of those supervised by the CRC, 87% were male and 13% female. For NPS supervised offenders an even greater proportion are males (94.4%) compared to females (5.6%). This is a smaller proportion of women than in the offender population as a whole (24.1%), which may suggest that more female offenders are committing lower level crimes that don't result in prison or community sentences. Figure 4.3.5 shows that the majority of supervised offenders are in the 26-34 or 35-49 age groups for both NPS and CRC supervised offenders, slightly older than the general offending population for which we have details.

Offences relating to violence were the most common reason for supervision for both NPS (34.8%) and CRC (38.4%) offenders. For CRC supervisions, 20.9% were theft related, 11.8% for drug offences and 10.4% for public order offences. For NPS supervisions, 19.2% were for sexual offences, 15.7% were for a theft related offence and 2.8% were for drug offences.

Figure 4.3.5



4.3.3 Re-offending

Evidence illustrates that as a group, offenders (or those at risk of offending) frequently suffer from multiple and complex issues which can impact on offending behaviour, including mental and physical health problems, learning difficulties, substance misuse, homelessness and have an increased risk of premature mortality.¹³ Therefore, adult reoffending is an important issue to tackle for multiple reasons, as well as being a priority in its own right.

The overall impact of the work of probation services was previously measured via a reducing reoffending indicator. However, the recent change to probation services has meant that this has ceased to be collected locally and has been replaced by a revised performance framework (implemented in April 2015). Although future arrangements for measuring reoffending are in development, local data was not available to include in the 2014/15 strategic assessment. However, data continues to be reported by the Ministry of Justice, which allows us to see the overall trend in proven reoffending in Southampton (although this cannot be attributed back to the NPS or CRC at this time).

¹³ Revolving Doors Agency, PCA and PHE (2013) *Balancing Act: Addressing health inequalities among people in contact with the criminal justice system*. [Online] Available from: <http://www.revolving-doors.org.uk/documents/balancing-act/>

Figure 4.3.6

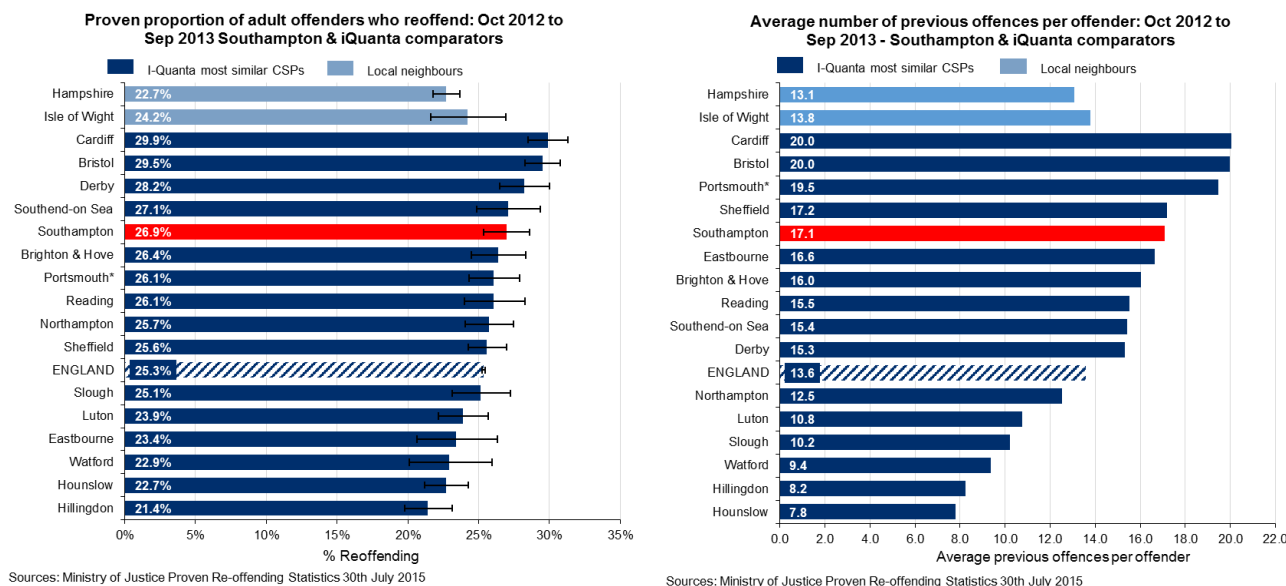
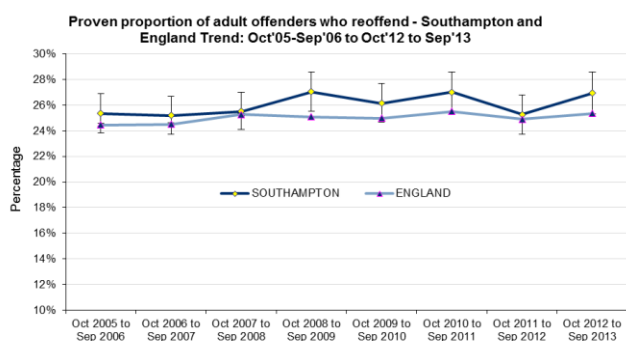


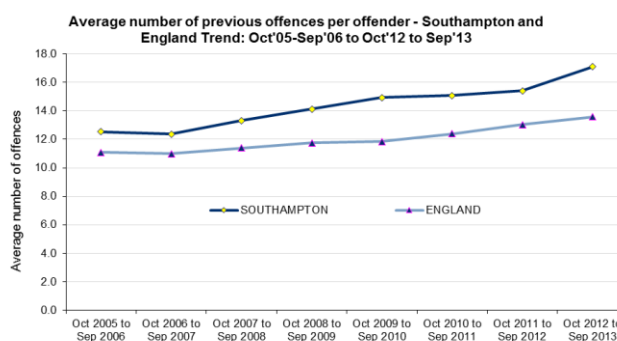
Figure 4.3.6 shows the proportion of adult offenders who are proven to have reoffended for Southampton and its iQuanta statistical neighbours. This relates to offenders who were released from custody, received a caution, reprimand, warning or a non-custodial conviction at court between October 2012 and September 2013 and were proven to have reoffended within a one year follow-up. Southampton has the fourth highest reoffending rate (26.9%) amongst its comparator group, although this is not statistically significantly different to the England rate of 25.4%. Southampton also had a higher than average number of previous offences per offender at 17.1 compared to 13.6 for England. However, this is lower than in Cardiff, Bristol and Portsmouth who all had an average of around 20 previous offences per offender.

Figure 4.3.7 over the page shows the trend in proven reoffending and the average number of previous offences per offender for Southampton and England. There has been a slight rise in the proportion proven to reoffend over the last year (from 25.3% to 26.9%) and over the period as a whole (from 25.4% to 26.9%), but neither rise is statistically significant, suggesting the rate has been fairly constant over the last eight years, in line with the England average. However, the average number of previous offences per offender has continued to rise from 12.5 to 17.1 over the same period. This suggests that it is the same offenders who are persistently reoffending over time. Caution is required when interpreting this data, as it does not account for differences/changes in the case-mix of offenders either over time or between areas. Measures of reoffending being developed as part of the new performance framework will hopefully account for this in future.

Figure 4.3.7



Sources: Ministry of Justice Proven Re-offending Statistics 30th July 2015



Sources: Ministry of Justice Proven Re-offending Statistics 30th July 2015

In order to understand offending behaviour (to reduce reoffending), probation services complete Offender Assessment System (OASys) assessments for offenders which link into the seven pathways to offending. This provides an indication about whether a particular issue is thought to be linked to offending behaviour (a criminogenic need). Figure 4.3.8 shows the criminogenic needs identified for both NPS and CRC supervised offenders, each of which is summarised below.

Alcohol and drug misuse

Alcohol misuse was a need for 57.8% of NPS supervised offenders and 45.7% of CRC supervised offenders, whilst drug misuse was a need for 41.5% and 37.9% of offenders. Southampton Drug and Alcohol services have a long history of joint working with probation services:

- Liaising and information sharing (with permission) for people in treatment who also receive supervision and interventions from the probation services.
- Providing interventions for people on Drug Rehabilitation Requirement (DRR) Court Orders. Work is underway to scrutinise and improve assessment processes to ensure work is completed quickly and safely.
- Formal joint working with probation, substance misuse services and the Police through the Integrated Offender Management Service.
- Work with the prison service to ensure continuity of care for those going to or leaving prison; this work has greatly improved in recent years.

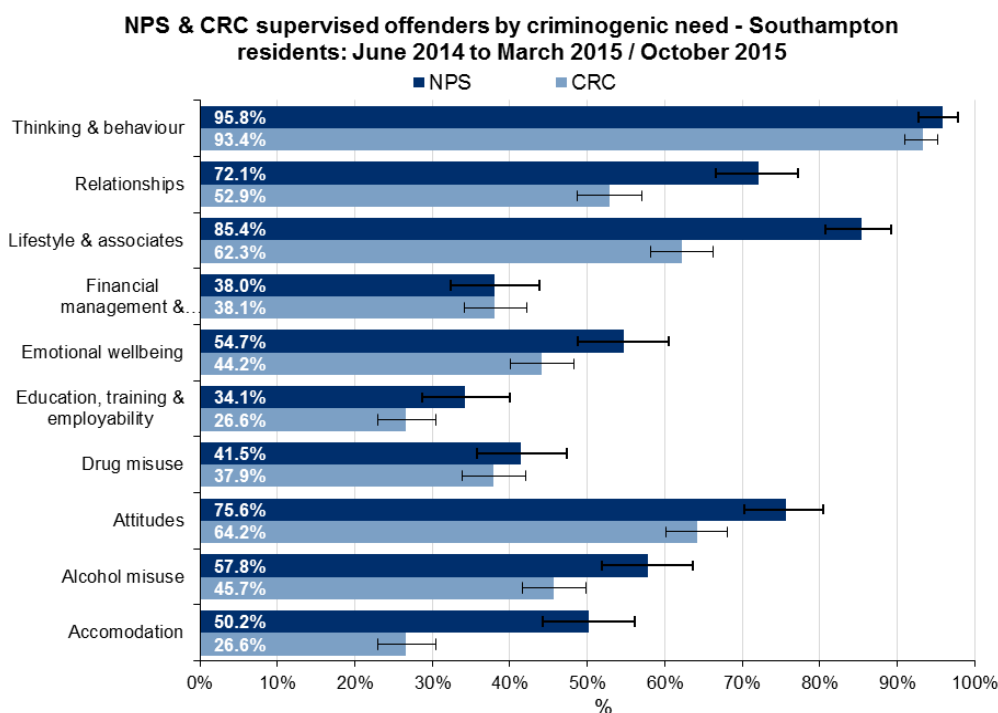
The Partnership should work through the challenges presented by the major changes recently experienced by both the substance misuse services and the probation service, to ensure this work continues.

Accommodation

At termination of supervision, offenders are assessed as to whether they are in settled and suitable accommodation. 83.4% of CRC supervised offenders and 87.7% of NPS supervised offenders were in settled and suitable accommodation at termination in 2014/15; meaning that between 12.3% and 16.6% of offenders were not in settled accommodation. This is concerning as it has been found that

prisoners who were homeless before entering custody were much more likely to be reconvicted upon release compared to those who were not homeless (79% compared to 47% reconvicted within one year).¹⁴ This is a particular issue for NPS supervised offenders, where over 50% were identified to have a criminogenic need linked to accommodation. There is a need for the NPS and local authority to work together to improve outcomes with respect to housing. This is particularly relevant to offenders residing in Approved Premises following release from custody. These are typically the offenders with the most potential to cause significant harm to the public, and therefore, accommodation issues are critical in order to effectively manage risk and reduce re-offending.

Figure 4.3.8



Sources: National Probation Service & Community Rehabilitation Company

Education, training and employment

Education, training and employability is also a key issue for offenders in Southampton and is one of the most significant factors in reducing reoffending. This was found to be a criminogenic need for 34.1% of NPS and 26.6% of CRC offenders, whilst at termination 66.7% of CRC and 58.6% of NPS supervised offenders were in employment, which is similar to the figures reported for Portsmouth offenders. The risk and needs profile for NPS offenders is significantly different to CRC offenders and accessing employment opportunities is likely to be more challenging. Through the Southampton and Portsmouth City Deal, programme funding was negotiated to provide employment support for residents that are long term unemployed and have complex needs; offenders will be prioritised for

¹⁴ Revolving Doors Agency, PCA and PHE (2013) *Balancing Act: Addressing health inequalities among people in contact with the criminal justice system*. [Online] Available from: <http://www.revolving-doors.org.uk/documents/balancing-act/>

this support. Moreover, through the devolution prospectus for Hampshire & Isle of Wight, the area is negotiating further funds to integrate employment with Health and Social Care.

Relationships

72.1% and 52.9% of NPS and CRC supervised offenders respectively were found to have issues with relationships linked to their offending behaviour. This relates to domestic violence and abuse (DVA), developing and sustaining appropriate relationships, management of social networks, parenting responsibilities etc. Hampshire CRC provide a nationally accredited offending behaviour programme (Building Better Relationships) to address DVA and NPS staff also deliver a one-to-one intervention for those deemed unsuitable for the accredited programme. Interventions to address the management of social networks, parenting issues and developing appropriate adult relationships are patchy across the county, and the NPS feel that closer working with the local authority (e.g. Families Matter) is needed.

Mental health

54.7% of NPS and 44.2% of CRC supervised offenders had emotional wellbeing linked to their offending behaviour. This is significantly higher for NPS offenders reflecting the diverse mental health needs of this group. These offenders often suffer from multiple, complex problems which can be severe when taken together. Individuals experiencing such problems account for much of the 'repeat business' in the criminal justice system, yet they often fall between the gaps in services because their individual problems do not meet specific service thresholds (such as those of secondary mental health).¹⁵ This reflects the experience reported by some NPS practitioners who have reported difficulties in accessing local mental health services, particularly around personality disorders and counselling / psychotherapeutic interventions. The NPS has commissioned a Personality Disordered Offenders project, although the scope of this work is limited.

Offender views

A national survey of offenders managed by the NPS was carried out in January 2015. Findings covering the South West and South Central Division indicated that:

- Feedback on probation staff was largely positive with 97% agreeing that probation staff are 'fair'.
- Just over three-quarters (76%) of respondents stated that Probation had given them 'new opportunities for the future'.
- 85% stated that they had learnt new skills, and had improved their social skills whilst on Probation.
- The majority (88%) agreed that Probation had made them a 'better person'.
- The vast majority (94%) stated that they were less likely to re-offend because of Probation involvement.

¹⁵ Centre for Mental Health (2012) *Briefing 45: Probation and Mental Health*

- Housing (27%) and employment (26%) were the main two areas where help was requested.

Recommendations

- The Partnership should continue to work with the National Probation Service and Purple Futures (CRC) following the Transforming Rehabilitation Programme to ensure a stable transition of probation services to meet new national policies and processes.
- Partnership working is required to address the current issues in probation and data reporting. Close working between the NPS and CRC is needed to ensure robust and uniform local reporting mechanisms and methodologies are developed; particularly with regards to local measures of reoffending by index offence to ensure accurate monitoring and effective timely actions can be taken.
- Following recent major changes to both probation and substance misuse services, strong partnership working is required to ensure offenders with substance and alcohol misuse and other health issues related to their offending, continue to be able to access the services they need.
- The Partnership need to work together to ensure housing and employment opportunities and outcomes for offenders are improved, with support prioritised for those offenders most at risk of reoffending.
- A range of interventions are available through probation services and other partners designed to address issues faced by offenders. However, more information is needed on successful completions and if these can be linked to reduced reoffending. Partners will need to share data in order to develop this evidence base and to achieve the best possible outcomes.

4.4 Young People at Risk and Youth Offending

4.4.1 Vulnerable Young People

Southampton has a relatively young age profile, with more children aged 0-15 (43,600) than people aged 65+ (32,600). The child population in Southampton has grown by nearly three times the national average in the last decade, with the 0-14s population forecast to grow by a further 10% by 2021. There is a wealth of research which indicates that young people can be at disproportionately high risk of becoming both victims and offenders, so interventions during this period can be crucial.¹⁶ The likelihood increases when a young person faces a combination of negative risk factors such as being known to social services, poor attendance and exclusion from school. Whilst difficult to prove a causal relationship, education attainment levels may have some relationship to likelihood to engage in criminality. It has been suggested that higher earning potential from higher education attainments, a reduction in a young person's time availability and increased patience and risk aversion are possible factors which may help explain the relationship between education and crime.¹⁷

Figure 4.4.1 shows the proportion of Southampton pupils excluded and persistently absent as well as the proportion attaining 5+ A-Cs (including English & Maths) at GCSE compared to comparator areas. The school population within Southampton has a higher percentage of school exclusions and a higher persistent absence rate than the national average. The city has the third highest persistent absence rate amongst its Children's Services statistical neighbours. Although high, levels for both indicators are reducing when looking at long term trends. Based on provisional figures, Southampton had the fourth lowest GCSE attainment rate in 2014/15 amongst its Children's Services statistical neighbours at 49.6% compared to the England average of 52.8%. This is a similar rate to the previous year. The percentage of 16-18 year olds Not in Education, Employment or Training (NEET) has fallen from 7.4% in 2011 to 4.8% in 2014, meaning that the percentage in NEET in Southampton is in line with the NEET percentage for England (4.7%).

Mental health issues can impact on many areas of a young person's life, including their ability to have good relationships with their family and friends and engage with education and other life opportunities. Taking risks and challenging authority can be part of adolescent development, but serious violent behaviour in this age group is less common and may be linked to long-term negative outcomes. It is estimated that 6% of young people in Southampton aged 5 to 16 years have a 'conduct disorder' which includes extreme aggressive, destructive and deceitful behaviour.¹⁸

¹⁶ Youth Justice Board (2005) *Role of risk and protective factors*. [Online] Available from: <http://yjbpublishings.justice.gov.uk>

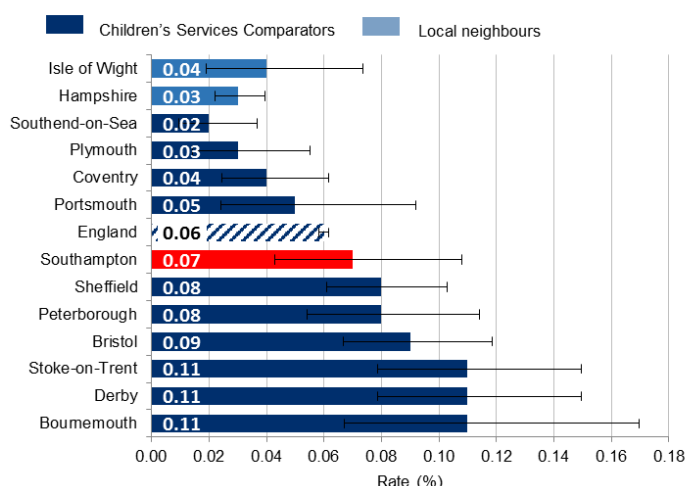
¹⁷ Machin, S et al (2011) *The crime reducing effect of education*. The Economic Journal, 121 (552) pp 463-484

¹⁸ Green et al (2005) *Mental Health of Children and Young People in Britain*. [Online] Available from <http://www.hscic.gov.uk/pubs/mentalhealth04>

The rate of child admissions for mental health conditions in Southampton was 116.9 per 100,000 population in 2013/14 which was higher than the England average of 87.2 per 100,000. Hospital admission rates for self-harm were also significantly higher in Southampton at 509.6 per 100,000 population, compared to the average of 352.3 (2010/11 to 2012/13 pooled period).¹⁹

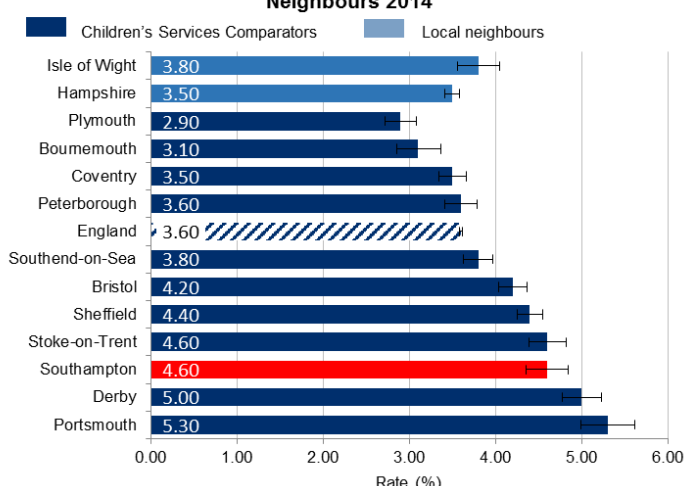
Figure 4.4.1

Permanent exclusions from state funded schools: Southampton and Children's Services Statistical Neighbours 2013/14



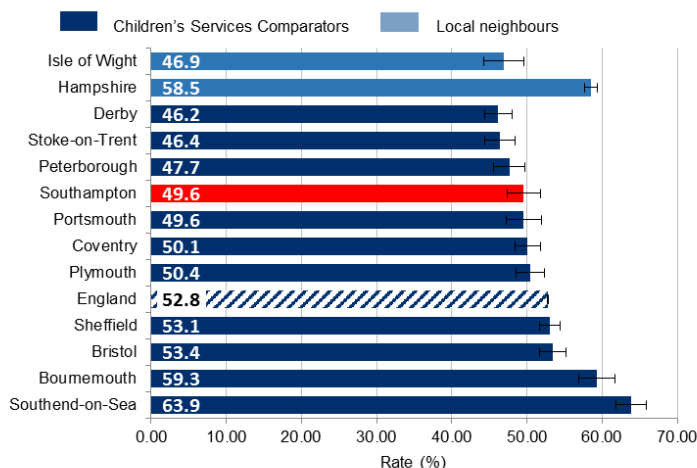
Source: Department for Education: Local authority interactive tool (LAIT)

State Funded Total persistent absence rates: Southampton and Children's Services Statistical Neighbours 2014



Source: Department for Education: Local authority interactive tool (LAIT)

Percentage of pupils achieving 5+ A*-C inc. English & mathematics GCSEs: Southampton and Children's Services Statistical Neighbours 2014/15 (provisional)

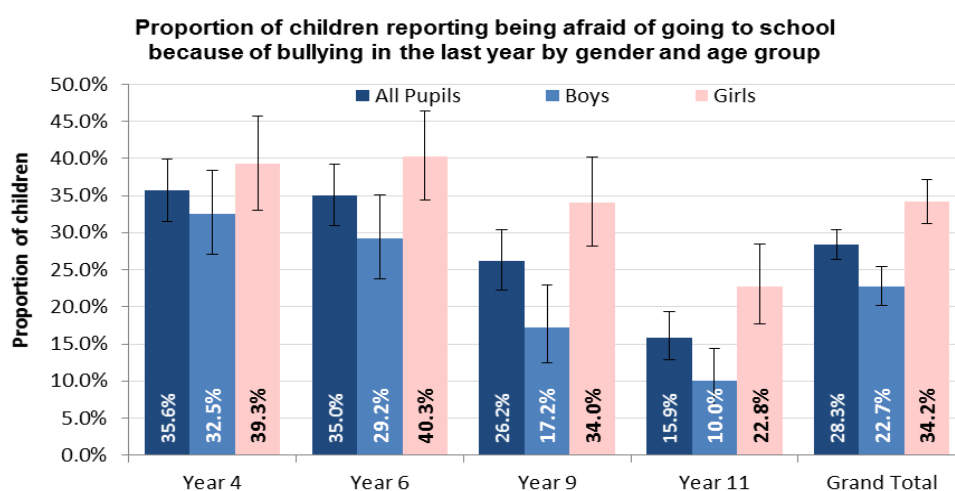


Source: Department for Education: Local authority interactive tool (LAIT)

¹⁹ PHE (2015) *Children's and Young People's Mental Health and Wellbeing Fingertips Tool* [Online] Available from: <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

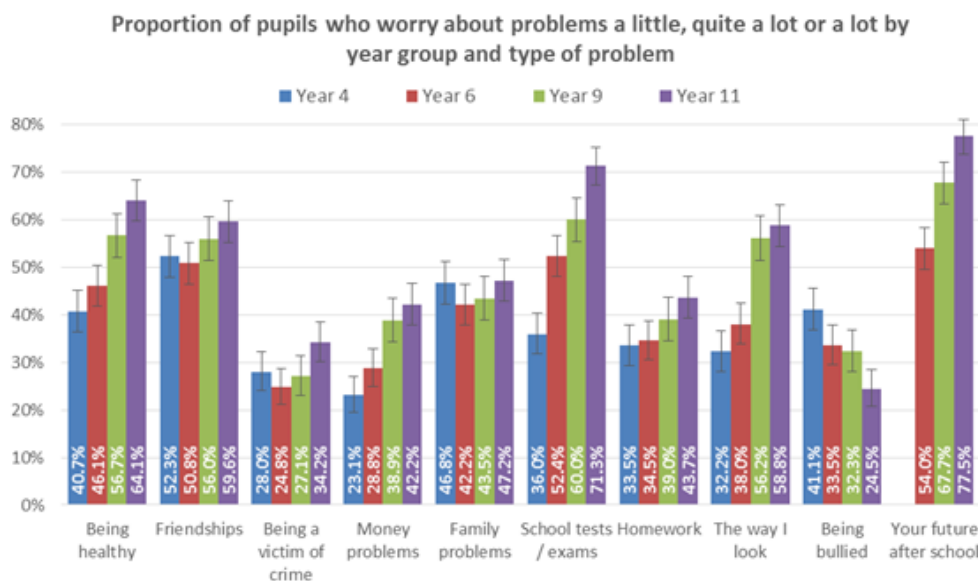
A pupil survey conducted in Southampton in 2012 asked a number of questions to Year 4, 6, 9 and 11 pupils pertaining to mental health and resilience. A total of 26.8% of pupils reported being bullied at or near school within a 12 month period. Pupils were also asked if they had been afraid of going to school in the last year due to bullying in an attempt to get some measure of seriousness. Interestingly, more pupils reported being afraid of bullying (28.3%) than reported being bullied. This may suggest that bullying is an issue that children in Southampton worry about, even if they have not experienced it themselves. Figure 4.4.2 shows how a higher proportion of younger children and girls reported being afraid to go to school because of bullying.

Figure 4.4.2



Pupils from all year groups were also asked how frequently they worried about various problems ranging from friendships and homework, to money problems and being healthy. Figure 4.4.3 shows a summary of the proportion of pupils who reported worrying a little, quite a lot or a lot about various problems by year group. Generally speaking, the proportion of pupils worrying about most problems increased with age, the exception being bullying with significantly fewer Year 11 pupils worrying about this (24.5%) compared with pupils in Year 4 (41.1%). The largest increases (between Year 4 and Year 11) were found in those worrying about 'school tests/exams' (36.0% vs 71.3%), 'the way I look' (32.2% vs 58.8%) and 'being healthy' (40.7% vs 64.1%). The majority of pupils from years 4, 6 and 11 reported worrying at least a little about their 'future after school'. This question was not asked for Year 4 pupils. A third of Year 11 pupils worried about being a victim of crime, whilst 42.2% reported worrying about money.

Figure 4.4.3



Nearly half of all pupils reported worrying about family problems. Indeed, family and parental issues may also have a big impact on young people. Where a parent is a problem drug user, children may experience uncertainty and chaos, witnessing drug use, exposure to criminal activities such as drug dealing or shoplifting, disruption of their education, isolation and fear, possible negligence or abuse and having to act as carers for their parents and younger siblings. A government review estimated that 2-3% of young people aged under 16 may have a drug using parent,²⁰ which could equate to between 870 and 1,300 children in Southampton. There is also an overlap for children whose parents misuse alcohol, have a mental illness, are in an abusive relationship or a combination of these, with young people experiencing many of the same issues. The Southampton Young Carers Service provided by Southampton Voluntary Services (SVS) report that many of the young people they work with experience a number of these problems, particularly with regards to drug abuse and mental health issues. SVS are working to encourage a greater number of referrals from drug and adult mental health services in the city.

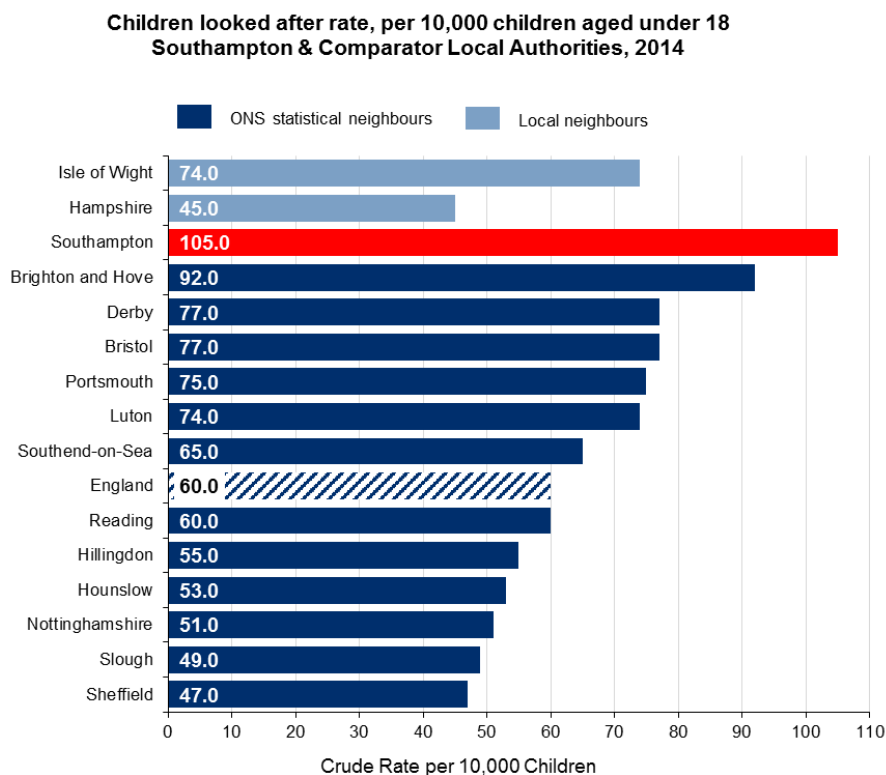
Many of these issues are factors in children becoming looked after. Looked after children are more than twice as likely to be drawn into the criminal justice system compared to the general population; 7.3% compared to 3% of all children and young people. A survey conducted in 2011 of those in young offender institutions revealed that over a quarter of young men and over half of young women have spent some time in local authority care.

Southampton has a looked after children rate of 105 per 10,000 children aged under 18; significantly higher than the England average of 60 per 10,000, and the highest amongst its statistical neighbours

²⁰ Advisory Council on the Misuse of Drugs (2011) *Hidden Harm: Report on children of drug users*. [Online] Available from: <https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users>

(see figure 4.4.4). The high rates of children looked after has been an ongoing trend since 2007/08 and has continued to rise steadily compared to a national rate which has remained quite stable. While the high number in Southampton provides assurance that thresholds for ensuring children are safe are being applied, there are concerns in relation to the length of time taken to ensure permanent safe arrangements are made. The outcomes for children that become looked after are poorer than the general population, and this can be exacerbated if the turnaround time to ensure safe resettlement is long.

Figure 4.4.4

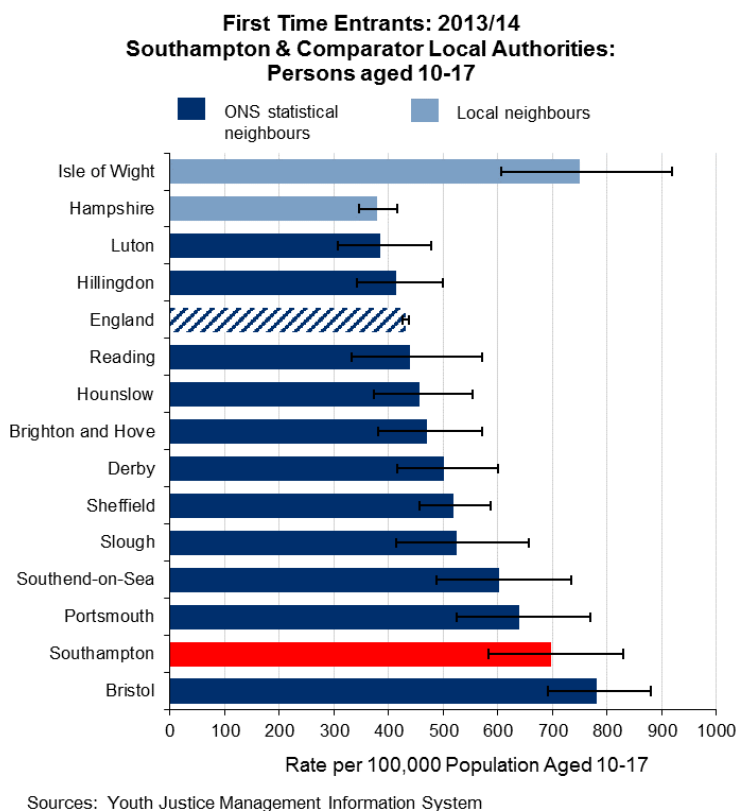


The Southampton Families Matter programme works with families experiencing multiple and complex problems and sometimes causing problems for others. Families Matter is the local name given to the national Troubled Families Programme. This programme, which is funded by government through a payment-by-results scheme, aims to provide intensive support to families with multiple and complex needs. The core approach is to provide intensive support to 'turn around' families that cost public services the most. The initial phase of the programme focused on reducing poor attendance at school & exclusions, youth offending and worklessness. In this programme Southampton did very well and met the 3 year target to turn around 685 families by October 2014. The second phase expands the focus to include adult offending and domestic violence & abuse; as well as children who need help and health outcomes. In addition the focus on employment is strengthened with a mandatory requirement to make 'progress to work' in every family that claims out of work benefits.

4.4.2 Young Offenders

First-time entrants into the youth justice system in Southampton are falling; between 2012/13 and 2013/14 there was a 35% reduction in first time entrants. This is mainly due to the Joint Decision Making Pilot, which is a scheme in partnership with Hampshire Constabulary to divert young people from the criminal justice system and to engage them in robust early help intervention. Nonetheless, as figure 4.4.5 illustrates, rates of first-time entrants remain high in the city when compared to similar areas. Southampton has a rate significantly higher than the England average, and is higher than all comparator areas other than Bristol. Southampton's Youth Offending Service (YOS) has reviewed the Joint Decision Making process with Police and consequently anticipate a further reduction in first time entrants as a result. It now includes specific direction around involving the arbitrating inspector for decisions on complex cases (such as domestic violence or hate crime) to help make the decision making more consistent and robust.

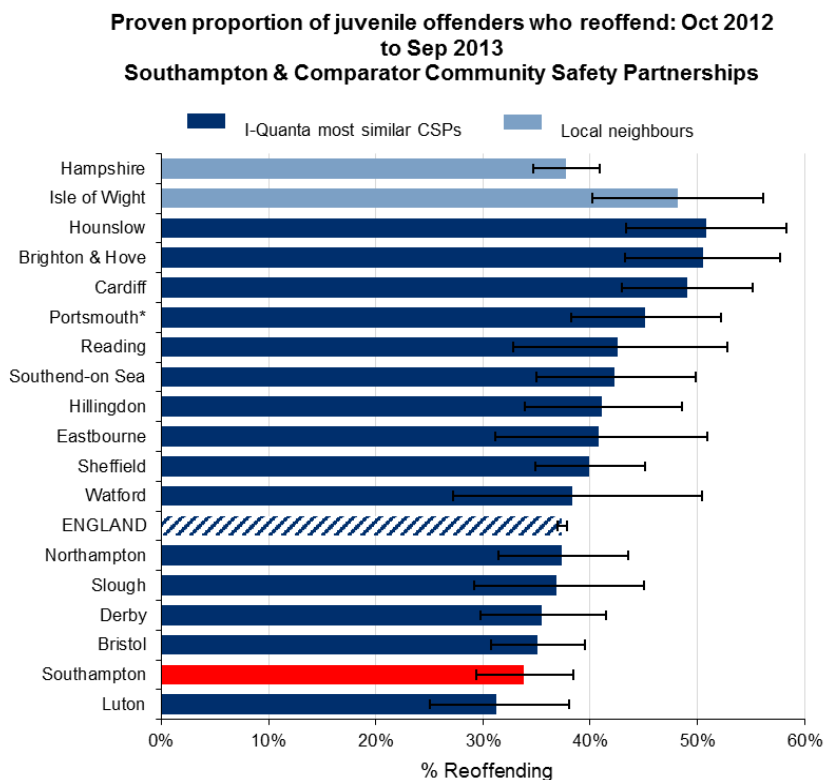
Figure 4.4.5



The rates of young offenders in custody shows a similar trend to first time entrants. The custody rate has reduced, but remains high when compared to local, national and comparator areas. There has been significant engagement with the local youth bench over 2014/15, which is predicted to influence the custody rate in the longer term. Senior youth magistrates now sit on the YOS Magistrate Board and pre-sentence report reviews are been undertaken by magistrates and YOS managers to develop a shared understanding of performance in this area.

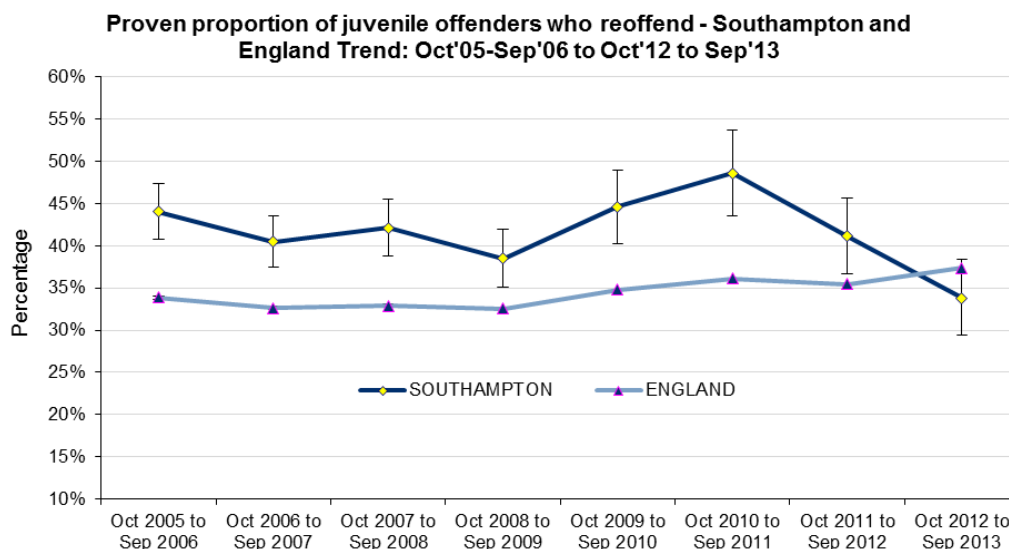
Despite the comparatively high levels of first time entrants and those in custody, the rate of young offenders who re-offend is amongst the lowest of our comparator group and lower than the rate for England, although the difference is not statistically significant (see figure 4.4.6).

Figure 4.4.6



Sources: Ministry of Justice Proven Re-offending Statistics 30th July 2015

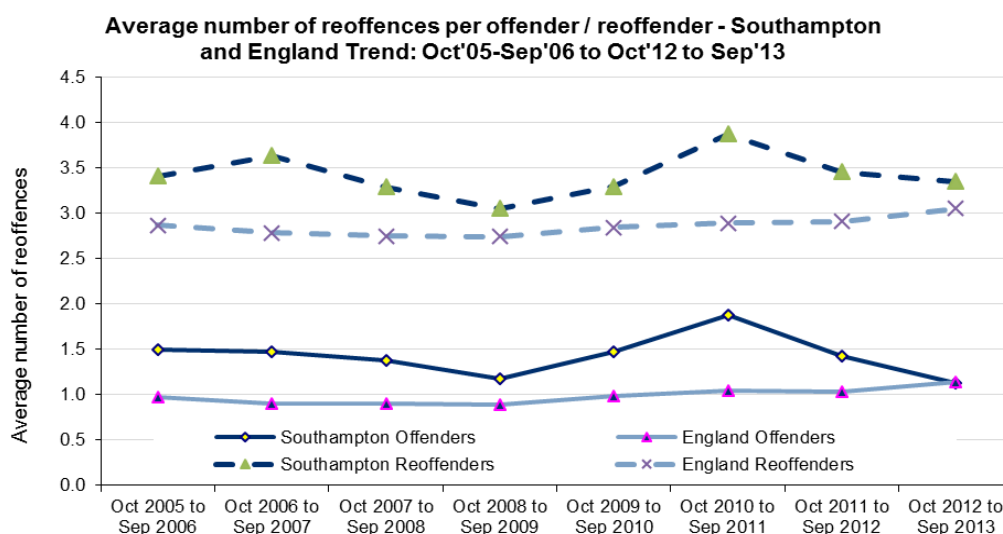
Figure 4.4.7



Sources: Ministry of Justice Proven Re-offending Statistics 30th July 2015

Figure 4.4.7, presents trend data for proven reoffending from the Ministry of Justice. This shows that up until the Oct'10 to Sep'12 review period, the rate for Southampton had been consistently above the rate for England. However, for the last two review periods, the reoffending rate has significantly fallen from 48.6% to 33.8% in the Oct'12 to Sep'13 review period (compared to 37.4% for England). In addition, the average number of re-offences has fallen for both offenders (1.88 to 1.13) and reoffenders (3.88 to 3.35) over the same period (see figure 4.4.8).

Figure 4.4.8



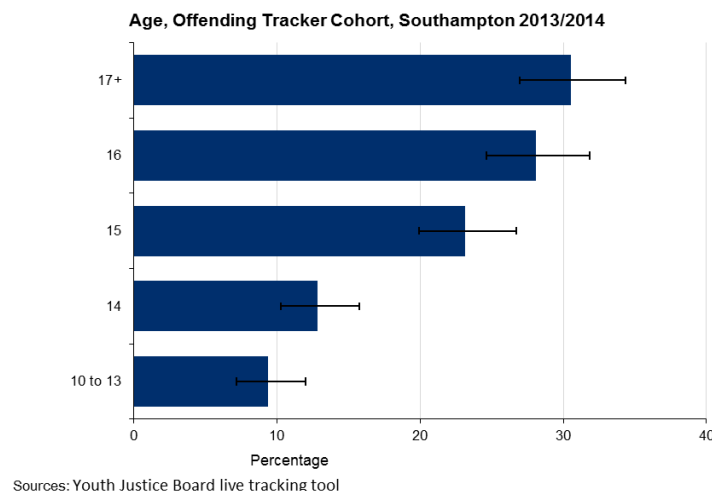
Sources: Ministry of Justice Proven Re-offending Statistics 30th July 2015

However, sustained improvement is still required; Southampton's Reducing Re-offending Plan outlines what is currently being done to reduce youth re-offending in Southampton. For the priority Young People cohort, the YOS are working to an increased level of intervention; supported by a *Team Around the Family* approach. YOS also have the *Families Matter* and *Early Help* resources in place to increase levels of engagement with this group. In addition, the local youth justice partnership is pro-active in addressing the risks associated with young people's involvement in gangs and groups, drug distribution and violent crime through the Southampton *Serious Youth Crime Prevention Plan*.

In 2014/15, the Southampton Youth Offending Service used the Youth Justice Board live tracking tool to monitor re-offending in real-time. Performance was measured on those young people identified as having an outcome date between April 2013 to March 2014 and then looking at any re-offending over the following year. Within the cohort of 211 young people, 95 (86 male and 9 female) re-offended; a re-offending rate of 44.8%. The local data clearly puts the current re-offending rate at a higher level than the national data and it has been agreed that additional analytical support from the Youth Justice Board will be employed to focus on offending by key groups: the 10 – 13 years, Priority Young People and First Tier cohorts. The Southampton Reducing Re-offending Action Plan will be reviewed to ensure that the local response is robust and effective. From the live tracking tool

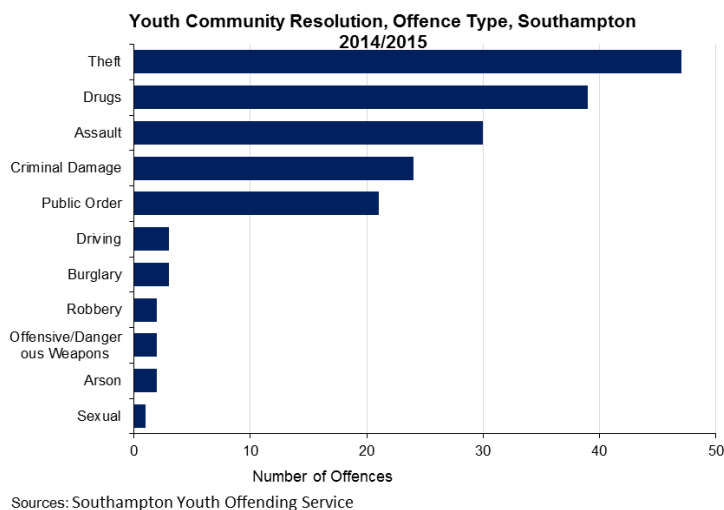
it is possible to gain an understanding of the profile of young offenders. The vast majority are male (86%) and from a white ethnic group (88%). Figure 4.4.9 presents the cohort breakdown by age and shows that approximately a third are aged 17+ with almost 10% aged 10-13.

Figure 4.4.9



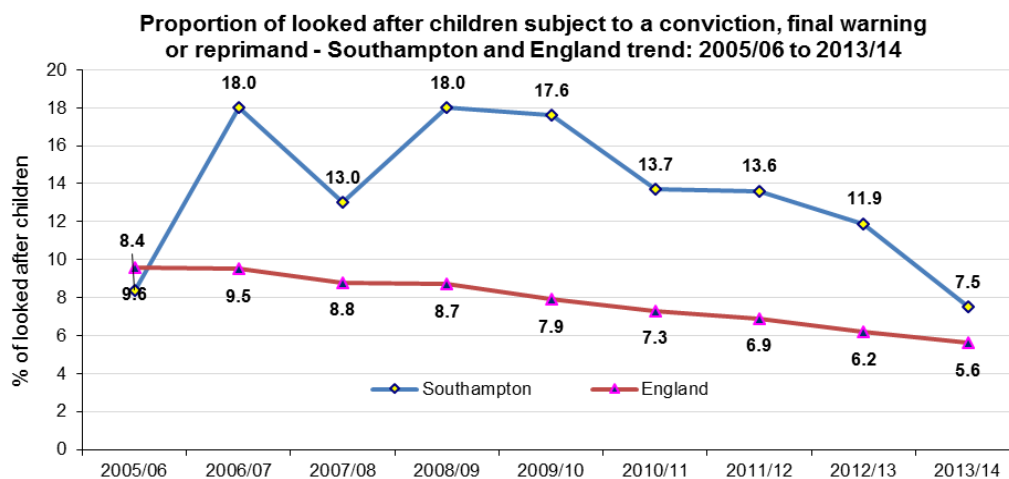
In Southampton the Youth Community Resolution (YCR) is used to deal with low level crime which is uncontested and not in the public interest to prosecute. It can involve a focus on offenders communicating with the people they have harmed & making amends directly to them rather than being punished by the state. Young people are also now routinely referred into the local Early Help offer to ensure that they get the support and supervision that they require. During 2014/15 there were 174 YCRs in Southampton, with those receiving a YCR having a similar demographic makeup to those in the offending tracker cohort; being mainly from a white ethnic group, male and aged 16. Figure 4.4.10 shows the number of YCRs by offence type. The majority of offenders that received a YCR had committed an offence relating to theft (27%), followed by drugs (22%) and then assault (17%).

Figure 4.4.10



The proportion of looked after children who are subject to a conviction, final warning or reprimand has fallen in Southampton from 18.0% in 2008/09 to 7.5% in 2013/14 (see figure 4.4.11). Whilst this is a measure of success working with a priority group, the YOS Management Board is aware that those children accommodated outside of the Southampton area may not benefit from comparable joint decision making arrangements.

Figure 4.4.11



Sources: Local Authority Interactive Tool

The suitability of accommodation for youth offenders at the end of YOS interventions has improved from 93.9% in 2013/14 to 95.6% in 2014/15. The service continues to strive to improve accommodation outcomes through the coordination of the Southampton Resettlement Panel and through participation in the development of the local housing strategy. However, the regional resettlement audit has shown that accommodation suitability at point of release is inconsistent. Further analysis needs to be undertaken to better understand the experiences of young people accommodated by the local authority and placed in supported accommodation and also the experiences of young people leaving custody more generally.

Improving the education, training and employment engagement amongst young offenders is also an important area for YOS. Engagement has gradually increased over the past three years from 49.1% in 2012/13 to 64.4% in 2014/15; with a 4.6% increase in the last year. The increase has come as a result of improved arrangements for the over 16 cohort, notably the Enhanced Traineeship programme. The engagement in education, training and employment amongst the under 16 cohort has remained static in 2014/15. However, there are a number of strategies now in place to support further progression in this area for young people who offend, including:

- Ongoing recognition that young people who offend are a 'priority group' in the development and implementation of education, skills and regeneration strategies. There is high level 'buy in' from senior officers and leaders (including representation at the YOS Management

Board) which will drive further improvement in the number of young people engaged in full time education, training and employment.

- YOS management participation with In Year Fair Access and Inclusion Groups.
- YOS Management Board scrutiny of developments to support Education, Health and Care Planning and provision in respect of Speech, Language and Communication Needs.
- Closer links between the Youth Offending Service and Pupil Referral Unit, including at governance / strategic level.
- Endorsement by the YOS Management Board of the development of the Restorative Practice Project and Accredited Arts Provision.
- The development of City Deal and Enhanced Traineeships opportunities for the YOS cohort.
- The development of YOS apprentice role by end of 2015 / 16.

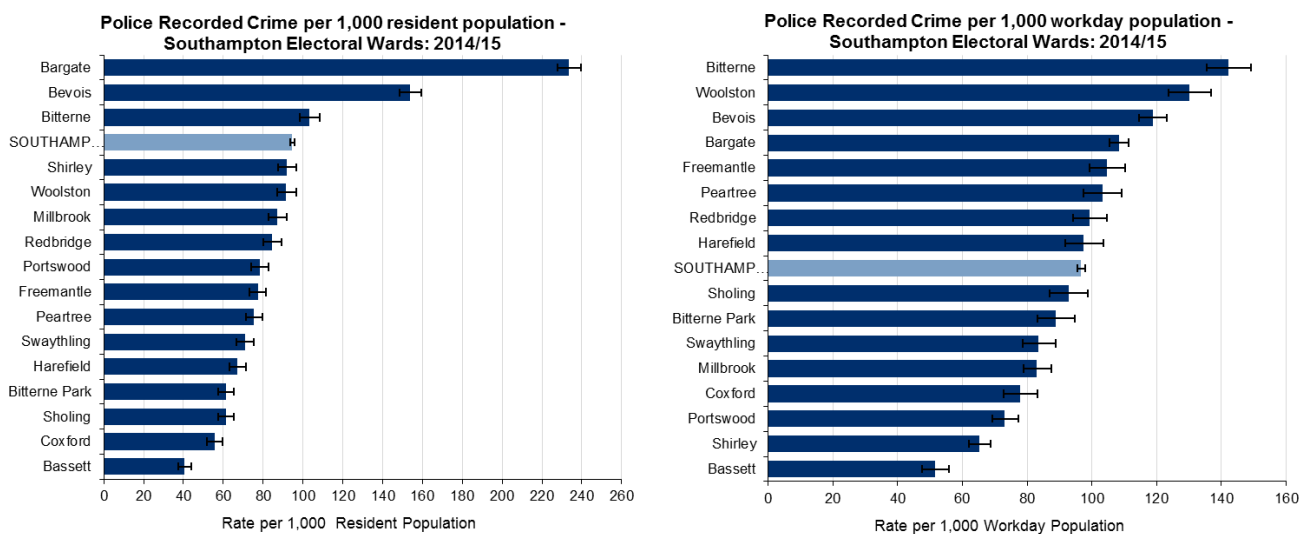
Recommendations

- Some key outcomes for children and young people in Southampton are poorer than the national average; many of which are risk factors for youth offending. Improving education and economic outcomes for young people who are at risk of offending should be a key priority in order to break the cycle of youth offending in the city.
- Outcomes for children in respect of reoffending, first time entrants and custody are improving. However, these areas should continue to be an area of focus for the Partnership in order to drive further performance improvement in line with national and comparator areas.
- Partnership working is key to creatively meet the needs of young people involved in the Youth Justice System and to strengthen the early intervention response that is essential for driving forward the best outcomes for the city's children and young people.
- The Partnership should continue to focus on outcomes for priority groups, such as looked after children. Specifically a process should be developed whereby the YOS is involved at the earliest opportunity in order to effect positive influence for children at risk of contact with the Youth Justice System.
- Restorative justice interventions should continue to be a core component of every young person's intervention plan; with the wishes and needs of victims being actively considered. Restorative justice interventions should be supported by high quality victim impact work.
- The Partnership should continue to embrace the whole family approach adopted by the Families Matter Programme and facilitate better outcomes for those most in need by sharing partnership data in support of predictive analytics.
- The Partnership should seek to have a regular dialogue with the schools forum on improving pupil experience of bullying in the city.

4.5 Crime Distribution, Deprivation and Inequalities

The crime rate per 1,000 resident population varies considerably by electoral ward. In 2014/15 the wards of Bargate and Bevois recorded the highest rate of offences per resident head of population, significantly higher than the rate observed in the city as a whole. When considering trends, crime rates in Bargate have increased significantly in 2014/15 but, by contrast, have remained fairly steady in Bevois. These central wards have large shopping areas and high numbers of night time economy venues and these may be associated with some crime types.

Figure 4.5.1



Sources: Police Recorded Crime as reported by Hampshire Constabulary, Intelligence, Tasking and Development, Mid Year Population Estimates for 2013, The Office for National Statistics

Sources: Police Recorded Crime as reported by Hampshire Constabulary, Intelligence, Tasking and Development, Working Day Population from Census 2011, The Office for National Statistics

It should be noted that the very high reported crime rates in city centres will be influenced by the use of resident population in the denominator of the crime rate calculation. The 'transient' population - people who migrate into these areas on a daily basis for work or leisure - will not be reflected in the calculated figure, but will impact on the number of reported crimes. When workday population is used, in an attempt to correct for the city centre effect, Bitterne and Woolston have the highest rate of offences per 1,000 population. Bevois and Bargate are still amongst the higher rates recorded but no longer occupy the top two slots, dropping to third and fourth position respectively. Figure 4.5.1 shows the ward level crime rates for both methodologies.

The distribution of crime by electoral ward varies by crime type, as illustrated by the tartan rug shown in figure 4.5.2. Red indicates that the recorded crime rate is higher than the city average, whilst blue indicates it is lower; the darker shades of each colour indicate that the rate is statistically significantly different to the average. It should be noted that the tartan rug reflects the location where the offence took place, rather than necessarily where the victim or offender comes from. Bargate and Bevois have high rates across the majority of crime types, whilst crimes related to anti-social behaviour and domestic violence are strongly correlated to areas of high deprivation.

Unsurprisingly, crime flagged as affected by alcohol is high in wards where the night time economy is located. The reasons for the distribution for other individual crimes are examined in more detail later in the assessment.

Figure 4.5.2

| Rate per 1,000 resident population (except domestic burglary presented per 1,000 dwellings) | | | | | | | | | | | | | | |
|---|----------------------|----------------------|-------------------------|--------------------|-----------------------|-----------------|---------|--------------------------|----------------------------|------------|-------------------|-----------------------|---|---|
| Recorded Crimes in 2014/15 | Total recorded crime | Violence with injury | Violence without injury | Domestic Burglary* | Non Domestic Burglary | Sexual Offences | Robbery | Theft of a Motor Vehicle | Theft from a Motor Vehicle | Hate Crime | Domestic Violence | Anti Social Behaviour | Total crime flagged as affected by alcohol | Domestic violence flagged as affected by alcohol |
| Bargate | 233.61 | 28.69 | 24.78 | 17.24 | 8.33 | 4.26 | 3.71 | 1.50 | 5.42 | 5.42 | 8.43 | 99.77 | 25.93 | 2.41 |
| Bassett | 40.60 | 3.95 | 5.01 | 9.83 | 3.18 | 1.34 | 0.21 | 0.99 | 2.82 | 0.49 | 3.74 | 20.97 | 2.33 | 0.85 |
| Bevois | 153.90 | 25.05 | 22.52 | 22.10 | 5.85 | 2.70 | 2.65 | 1.63 | 5.74 | 4.45 | 9.51 | 76.61 | 21.95 | 3.04 |
| Bitterne | 103.37 | 11.70 | 12.89 | 7.28 | 7.91 | 2.52 | 1.05 | 4.20 | 3.99 | 1.40 | 9.52 | 62.05 | 7.21 | 3.15 |
| Bitterne Park | 61.37 | 6.59 | 7.50 | 6.71 | 4.93 | 0.90 | 0.69 | 2.29 | 5.28 | 1.04 | 4.03 | 33.88 | 2.92 | 1.18 |
| Coxford | 55.65 | 6.83 | 6.41 | 4.78 | 4.02 | 2.11 | 0.42 | 2.47 | 4.09 | 0.77 | 5.28 | 51.00 | 3.52 | 1.20 |
| Freemantle | 77.31 | 7.56 | 12.05 | 9.12 | 5.04 | 1.84 | 0.61 | 1.47 | 5.22 | 1.11 | 6.94 | 38.90 | 6.15 | 1.84 |
| Harefield | 67.02 | 7.34 | 8.82 | 6.58 | 5.64 | 1.62 | 0.78 | 2.40 | 4.73 | 0.85 | 5.86 | 41.06 | 3.88 | 1.27 |
| Millbrook | 87.29 | 8.86 | 11.27 | 8.03 | 6.84 | 1.96 | 0.25 | 1.77 | 4.30 | 1.71 | 6.20 | 50.26 | 6.01 | 1.20 |
| Pear-tree | 75.45 | 7.78 | 9.10 | 5.91 | 4.93 | 2.43 | 0.97 | 2.22 | 3.47 | 1.60 | 4.45 | 43.42 | 5.00 | 1.04 |
| Portswood | 78.40 | 7.62 | 9.00 | 21.40 | 7.88 | 1.05 | 0.92 | 1.71 | 4.46 | 1.97 | 4.46 | 34.54 | 6.11 | 1.58 |
| Redbridge | 84.47 | 11.36 | 13.59 | 7.77 | 7.98 | 2.03 | 0.61 | 2.37 | 3.04 | 1.08 | 9.20 | 75.34 | 5.27 | 2.16 |
| Shirley | 91.93 | 8.37 | 10.39 | 8.52 | 5.80 | 2.63 | 0.61 | 1.08 | 3.58 | 1.42 | 4.79 | 52.18 | 6.01 | 1.08 |
| Sholing | 61.32 | 6.38 | 6.31 | 5.78 | 5.25 | 0.78 | 1.13 | 3.76 | 5.67 | 0.71 | 4.82 | 23.68 | 3.83 | 1.49 |
| Swaythling | 70.84 | 8.03 | 9.70 | 11.83 | 3.87 | 1.46 | 0.44 | 2.48 | 2.48 | 1.39 | 6.20 | 43.55 | 5.62 | 1.46 |
| Woolston | 91.60 | 10.77 | 12.33 | 5.19 | 13.18 | 1.63 | 0.92 | 5.10 | 3.40 | 1.84 | 8.50 | 51.29 | 5.46 | 1.42 |

Although ward level analysis of the Southampton Community Safety Survey is problematic due to the small number of respondents at this level, results indicate that variations in perceptions of crime by ward follow recorded crime patterns.

Bitterne, Woolston, Bevois and Bargate have some of the highest levels of deprivation in the city, as illustrated by the Index of Multiple Deprivation (2015) map in figure 4.5.4. Poverty alone does not cause criminal behaviour or victimisation. However, poverty generates material, personal and social conditions that mean that people living in poorer neighbourhoods are generally more likely to be the victims and/or the perpetrators of crime. Likelihood of teenage or adult offending has been found to be substantially increased among children who grow up poor and studies have consistently found strong links between poverty and violent crimes. The more deprived areas of Southampton experience significantly higher rates of crime and anti-social behaviour. The areas in the city amongst the 20% most deprived nationally record rates of 240 crimes per 1,000 resident population compared with a rate of 39 crimes per 1,000 resident population for those living in areas amongst the least deprived 20% in England (see figure 4.5.3).

Figure 4.5.3

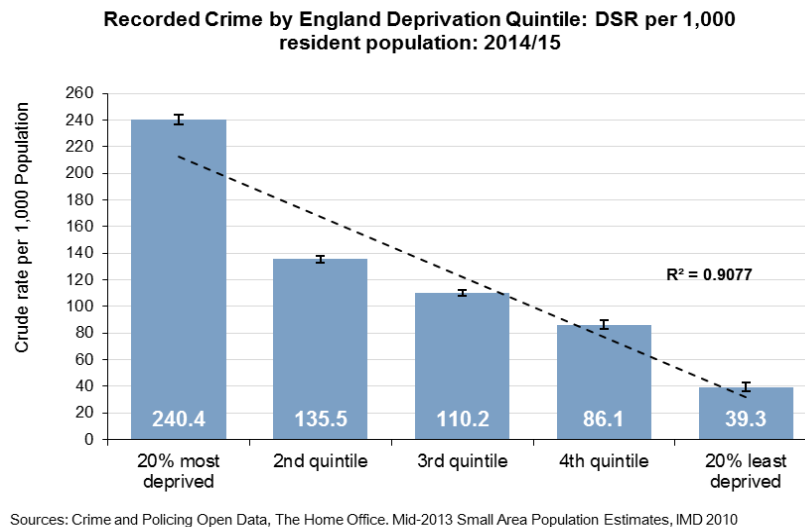
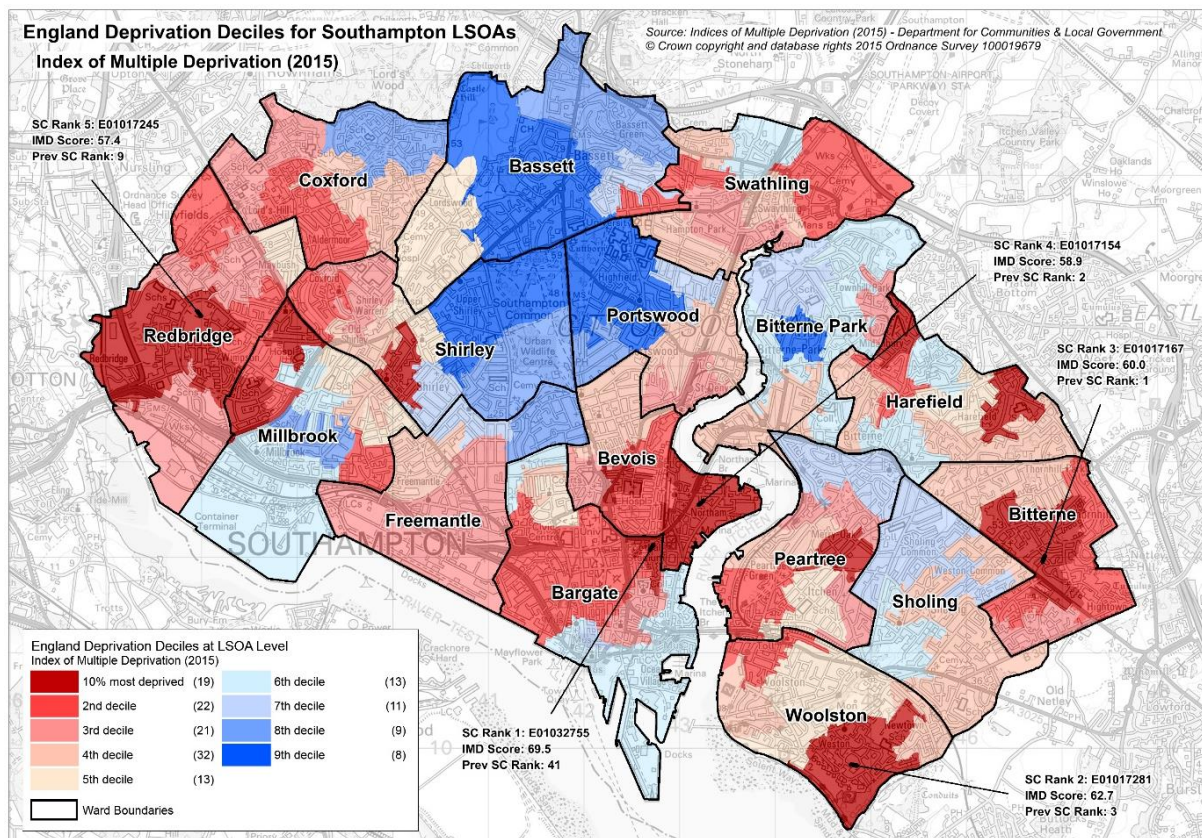


Figure 4.5.4



Southampton has some of the most deprived lower super output areas (LSOAs) in the country with parts of the wards of Bevois, Bargate, Bitterne, Harefield, Millbrook, Peartree, Redbridge, Shirley and Woolston ranked amongst the 10% most deprived in England. However Southampton also has areas of low deprivation, amongst the 20% least deprived in the country, and these are often adjacent to far more deprived neighbourhoods (see map in figure 4.5.4). The importance of feelings and

perceptions of relative poverty has been shown to be a factor in engendering feelings of discord and violence.²¹

The recent release of the Index of Multiple Deprivation (2015) indicates that Southampton has become relatively more deprived (see section 3), which exacerbates this problem. The city has fallen in the local authority rankings on the basis of both average rank of LSOAs and average score of LSOAs. Of the 148 LSOAs in Southampton, 51 have moved into a more deprived decile and Southampton now has 19 LSOAs (previously 10) within the 10% most deprived in England and zero in the 10% least deprived (previously 1).

The Southampton Families Matter (FM) programme works with families experiencing problems in some of the most deprived parts of the city, providing intensive support to families with multiple and complex needs. The second phase of the FM programme focuses on adult offending, employment, domestic violence and abuse as well as children who need help; this should continue to be focused on the most deprived families and communities.

Recommendations

- The Partnership should support initiatives which focus on crime reduction and community engagement in the more deprived areas of Southampton. The Partnership should continue to refine working arrangements to address local crime and other associated priorities identified in neighbourhood partnership plans.
- The Partnership should continue to embrace the whole family approach adopted by the Southampton Families Matter programme and facilitate better outcomes for those most in need.
- The Partnership should review the analysis of the updated Indices of Multiple Deprivation (2015) when available, to inform joint action for the most deprived areas of the city.

²¹ Joseph Rowntree Foundation (2014) *Reducing poverty in the UK: A collection of evidence reviews*. [Online] Available from: <https://www.jrf.org.uk/report/reducing-poverty-uk-collection-evidence-reviews>

4.6 Perceptions of Crime

The Southampton Community Safety Survey ran from the end of August through to mid-September 2015 to capture the views of people living and working in the city on community safety issues. The survey was conducted online and promoted through various Partnership member communication channels, including social media. To get as representative a sample as possible the demographic breakdown of respondents was examined at three evenly spaced intervals during the fieldwork period and then communications targeted at underrepresented groups. At the final stage a targeted survey was sent to a select group of People's Panel members who fitted into the underrepresented age, gender and ethnicity groups. This gave a good spread of respondents but due to the self-selecting nature of an online survey there may be a skew towards those with more of a view on, or interest in community safety issues. This should be taken into account when making comparisons with the Crime Survey for England and Wales and previous surveys conducted in the city which were based on random sample methodologies. A total of 1,135 responses were received, which was considered an excellent response rate.

This section of the assessment, summarises the main points to come out of the survey analysis, but pertinent findings are also included in individual chapters of the assessment where appropriate. A full report of the findings, prepared by the research and consultation team within the Strategy Unit, can be found in Appendix B.

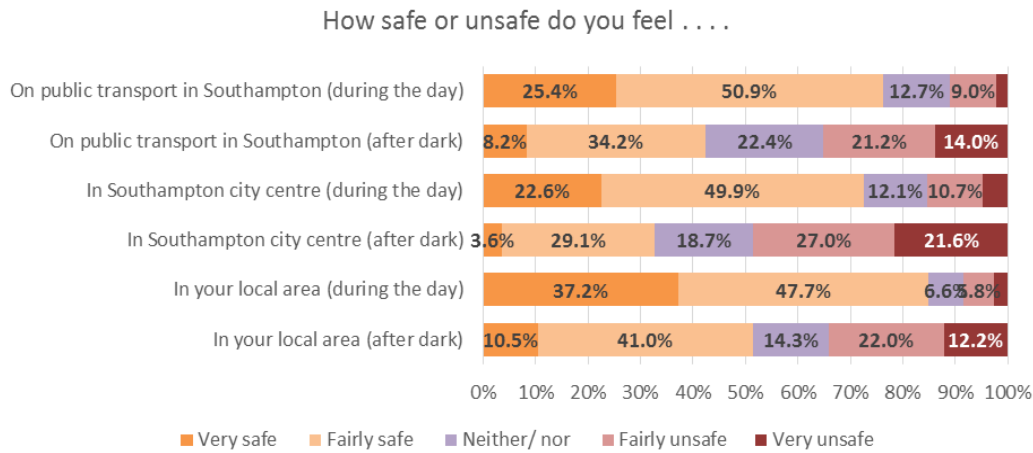
4.6.1 Views on Safety

85% of respondents stated that they felt 'very' safe or 'fairly' safe in their local area during the day. The majority of people also reported feeling 'very' or 'fairly' safe on public transport (76%) and in the city centre (73%) during the day.

In all locations, the feeling of safety dropped after dark. People felt the least safe in the city centre with 33% of people feeling safe compared to 49% unsafe. Although there was a reduction in the people feeling safe in their local area after dark, the proportion of people that felt safe (52%) still outweighed the proportion that felt unsafe (34%). See figure 4.6.1 for the full breakdown.

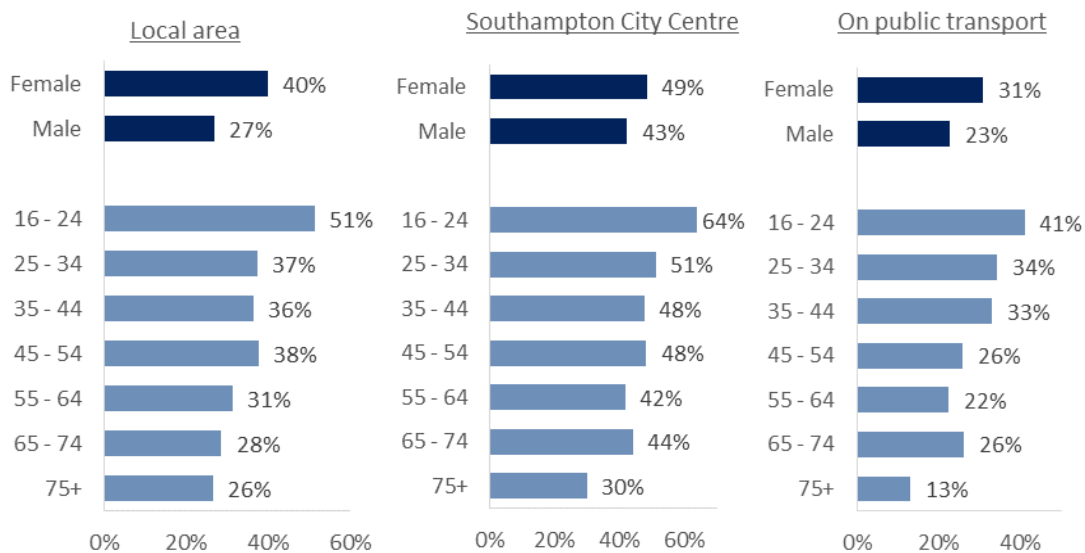
Southampton appears to be perceived as somewhat more unsafe than the general figure for England and Wales. The 2013/14 CSEW reported that 71% of the population felt very or fairly safe when walking alone after dark and 29% stated that they felt a bit or very unsafe. The CSEW did not include the category 'neither/nor' that accounted for 14% of the Southampton respondents. Even if this group in its entirety joined the 'safe' category, the city would still have a lower proportion of residents who felt safe than the national average.

Figure 4.6.1



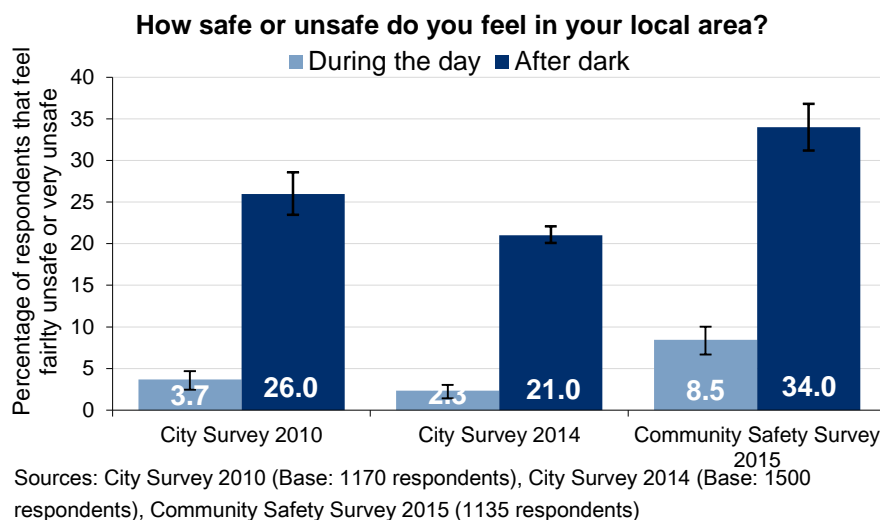
Feelings of safety vary by gender and age group. In all locations after dark, females felt more unsafe than men, especially in their local area, where 40% of females felt unsafe after dark compared with 27% of men. The younger age category from 16-24 were the most likely to feel unsafe after dark across all three locations (see figure 4.6.2). Further work needs to be done with transport providers to better understand why a third of people do not feel safe using public transport after dark.

Figure 4.6.2



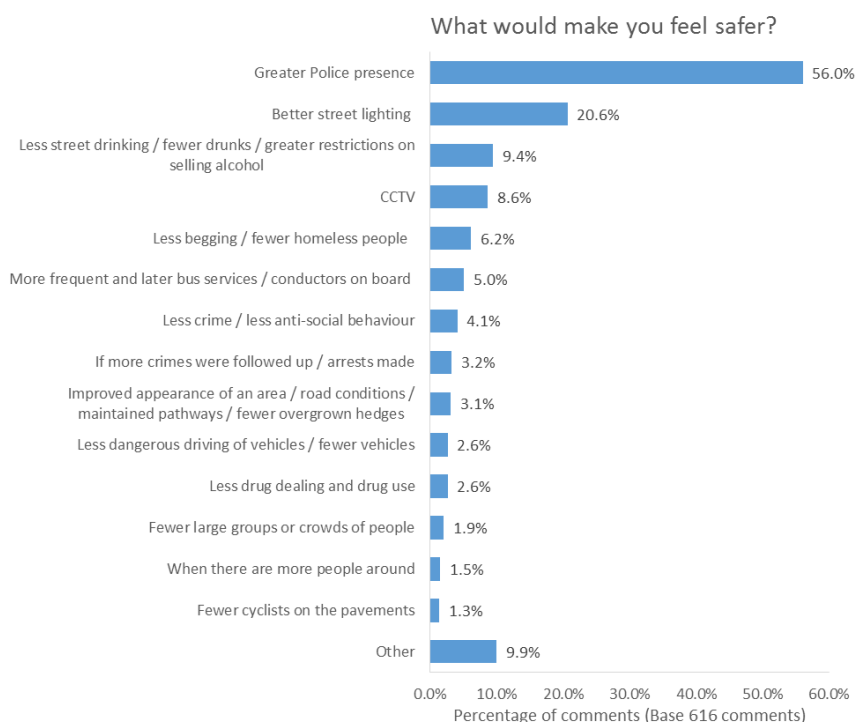
The same question was asked in the 2010 and 2014 City Surveys; with a reduction in the proportion of people reporting feeling unsafe (both during the day and after dark) between these years. Both figures are much higher in the most recent, 2015 Community Safety Survey (see figure 4.6.3). It is unclear as to whether this represents a true increase in feelings of being unsafe or whether it is due to the self-selected nature of the most recent survey sample.

Figure 4.6.3



When asked what would make them feel safer, the most frequently mentioned theme in comments from residents was related to an increased Police presence on the streets. 56% of respondents mentioned this theme in their answer and it was the most popular response by far. Street lighting was mentioned by 21% of respondents. People felt that too few lampposts and the dimming of streetlights along some routes late at night caused them to feel more unsafe. Alcohol was mentioned by just over 9% of respondents with complaints including people street drinking, the behaviour of those under the influence of alcohol and the ease at which alcohol is readily available (see figure 4.6.4).

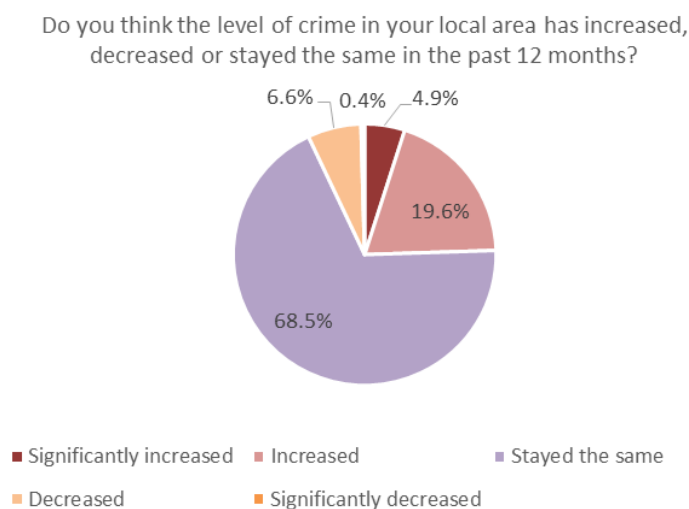
Figure 4.6.4



4.6.2 Perception of crime levels

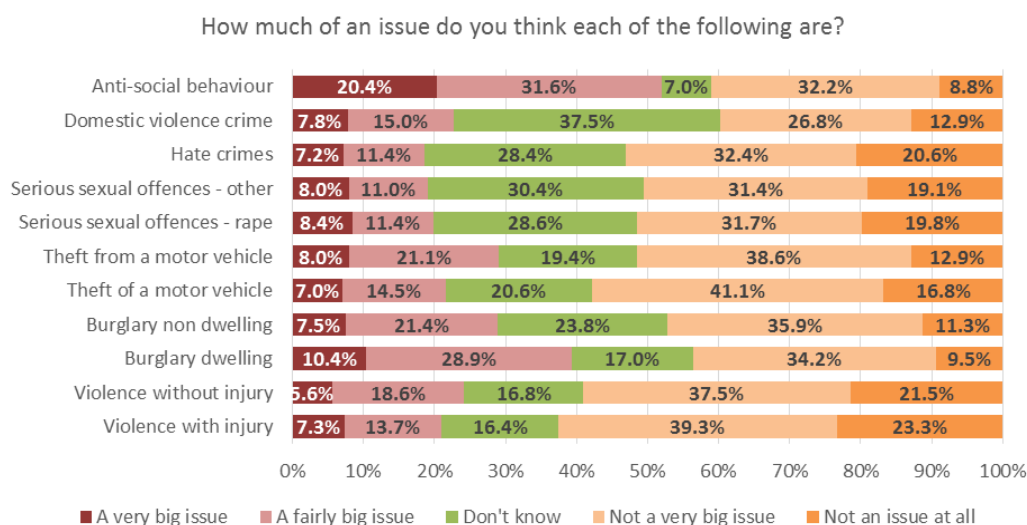
The majority of respondents (68.5%) to the Southampton Community Safety Survey 2015 felt that crime in the city has stayed the same in the last 12 months, whilst nearly a quarter thought that crime had increased over the same time period (see figure 4.6.5). A similar question in the national Crime Survey for England and Wales examining trends over the past few years reported that 30% of respondents felt that crime had increased in their local area.

Figure 4.6.5



Figures relating to how large an issue various type of crimes and antisocial behaviour are perceived to be by Southampton residents are displayed in figure 4.6.6. The biggest issue was felt to be anti-social behaviour with 52% of respondents reporting it to be a fairly or very big issue. Other issues in the top three reported problems were dwelling burglary (39.3%) and theft from a motor vehicle (29.1%).

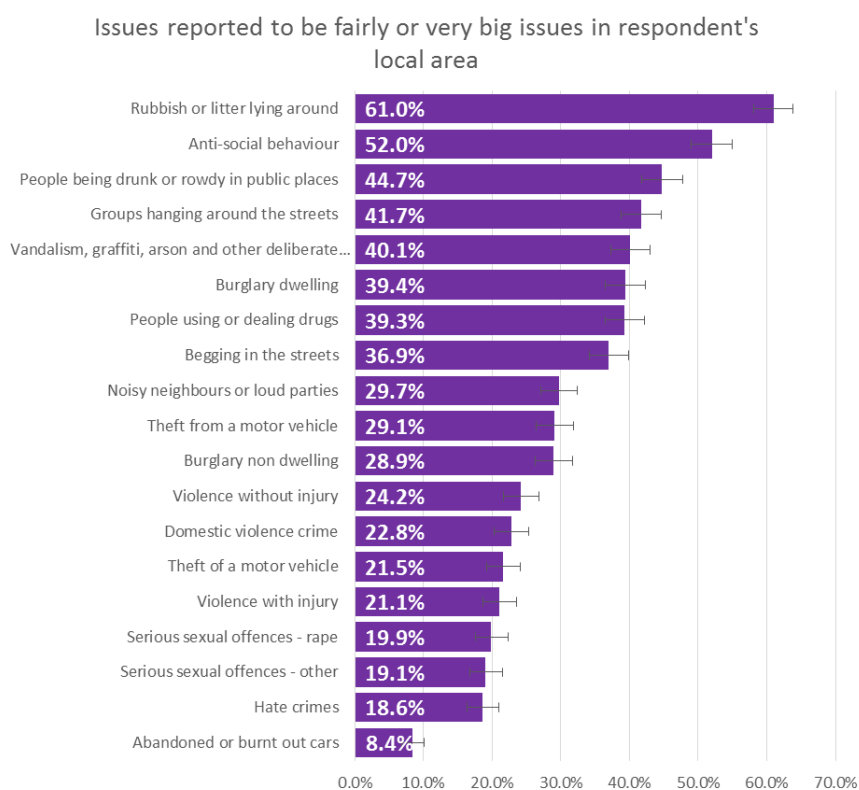
Figure 4.6.6



4.6.3 Reported community safety issues

Respondents were asked what they felt were the biggest community safety issues in their local area. Figure 4.6.7 illustrates the main issues that people reported being a 'fairly' or 'very' big issue in their community. The most popular answer was 'rubbish or litter lying around', which was reported by 61% of respondents. This is largely a public responsibility and highlights the need for residents to take responsibility for some of the issues in their community on which they have some measure of control. Over half of respondents (52%) highlighted anti-social behaviour as a problem in their local area, whilst street begging was felt to be a problem by over a third of respondents (36.9%). Street begging is an issue for all agencies in the city and therefore this may be an issue which Southampton Connect might need to address.

Figure 4.6.7

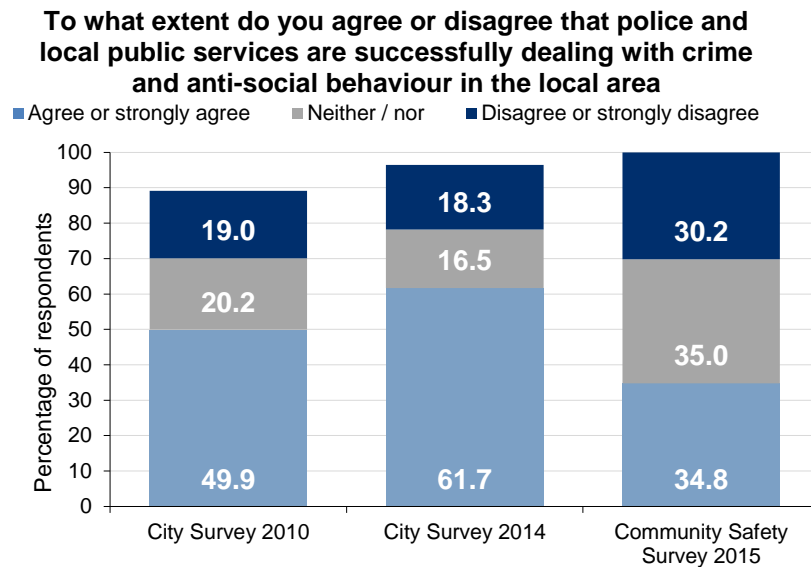


4.6.4 Perception of Police

34.8% of respondents to the Southampton Community Safety Survey 2015 agreed that the Police and local public services are successfully dealing with crime and anti-social behaviour in the local area (see figure 4.6.8). This is a large fall from the previous year which reported a figure of 61.7% and a large discrepancy with estimates from the CSEW 2014/15, where 65% of respondents in the Hampshire Constabulary area responded that the Police were doing an excellent or good job in the

local area.²² National figures from the Crime Survey for England & Wales also report that 62% of respondents agreed with the same statement, 24% expressed no opinion and 14% disagreed. Given this, it is likely that the differences observed locally in the Community Safety Survey are due to the self-selected nature of the sample.

Figure 4.6.8



Sources: City Survey 2010 (Base: 1146 respondents), City Survey 2014 (Base: 1501 respondents), Community Safety Survey 2015 (1135 respondents)

²² ONS (2015) *Published ad hoc data: crime, requests during October 2015. CSEW Perception and ASB data by Police Force Area, year ending June 2015*. [Online] Available from : <http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/crime/october-2015/index.html>

4.7 Victims

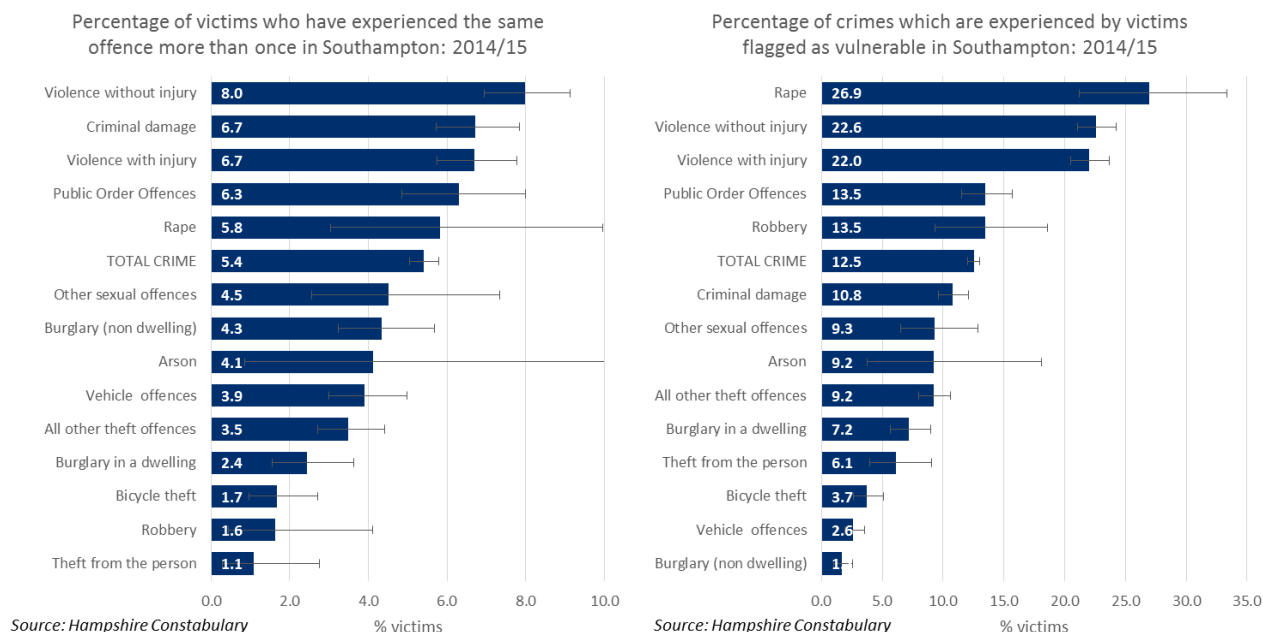
A victim is defined as a person who has suffered harm which was directly caused by criminal conduct. The harm suffered may be physical, mental or emotional harm, or economic loss. A victim may also be a close relative of a person whose death was directly caused by criminal conduct.

The Code of Practice for Victims of Crime, first introduced in 2006, sets out a minimum standard of service that victims can expect. It has been revised in recent years as part of the Government's wider strategy to ensure that victims are at the very centre of the criminal justice system. The revised Code outlines three groups of victims who are at most in need and will be able to access enhanced support. These are victims of the most serious crime (including bereaved relatives), persistently targeted victims and vulnerable or intimidated victims.²³

4.7.1 Repeat Victimisation

Generally crime has been falling in Southampton in recent years and, as a result, likelihood of becoming a victim of crime is lower. However, for those who do become a victim of crime, the experience can be traumatic, and the impact of repeat victimisation can be devastating.

Figure 4.7.1



Where known, in Southampton approximately 12% of victims in 2014/15 experienced more than one crime over the course of the year, and 5% had previously been a victim of the same category of offence. The highest proportion of victims of repeat crimes of the same type were observed in crimes of a violent or sexual nature, criminal damage and public order offences (see figure 4.7.1).

²³ Crown Prosecution Service (2013) *The Code of Practice for Victims of Crime*

The increased focus on persistently targeted victims through the victim's code of practice should further help with identification of, and support provision to, these victims. However, the Partnership should consider what mechanisms are in place to identify those who may be repeatedly targeted, particularly around issues which may go unreported to the Police (e.g. anti-social behaviour and hate crime) and what support is offered to help reduce future victimisation.

4.7.2 Vulnerable and Intimidated Victims

Another group identified in The Code of Practice for Victims of Crime as being in need of enhanced support is vulnerable and intimidated victims. A vulnerable victim is defined as anyone who is (a) under 18 years of age at the time of the offence, or (b) likely to have the quality of their evidence affected by mental disorders, significant impairments of intelligence and social function or physical disability or disorder. An intimidated victim is a case in which the service provider considers that the quality of their evidence will be affected because of their fear or distress about testifying in court. The victim in around 2,140 incidents in 2014/15 was identified as vulnerable, approximately 12.5% of all offences. This is variable across crime categories, again highest for rape and violent crime and lowest for non-domestic burglary and vehicle offences (see figure 4.7.1).

Particular challenges may exist around providing support to those with mental health conditions, as studies indicate higher prevalence of mental health issues among the homeless, victims of domestic violence, offenders and children of offenders. Research also indicates people with mental health problems experienced higher rates of crime and were considerably more likely to be a victim of crime than the general population.²⁴ The Partnership should work to ensure the most vulnerable victims of crimes are confident in reporting incidents, and identify whether there is under-reporting within this group and if so, work to understand and remove any barriers.

Unfortunately no data was available to benchmark against. More information is also needed on the type of vulnerability of vulnerable victims in order to implement suitable initiatives. The Partnership should continue to monitor victim data and to combine demographic and crime data to identify any incidences of disproportionate victimisation and changes over time and to reduce the risk of victimisation and harm where identified.

Recommendations

- The Partnership should work to ensure the most vulnerable victims of crime are confident in reporting incidents, and identify whether there is under-reporting within this group and, if so, work to understand and remove any barriers.

²⁴ Victim Support (2014) *At Risk, Yet Dismissed: The Criminal victimisation of people with mental health problems*

- More information is also needed on the type of vulnerability of vulnerable victims in order to implement suitable initiatives. The Partnership should continue to monitor victim data and to combine demographic and crime data to identify any incidences of disproportionate victimisation and changes over time and to reduce the risk of victimisation and harm where identified.
- The Partnership should have a dialogue with bus companies about changing the perception of safety on public transport generally and particularly for older people for some of whom isolation is a major cause of mental health problems.

5. Significant Community Safety Issues

This section explores key community safety issues for the city in more detail. These reflect the priorities highlighted by Hampshire Constabulary, the Southampton Safe City Partnership or pose a significant threat to the community.

5.1 Acquisitive Offences

Based on data from iQuanta, all acquisitive crime (both serious and other) accounted for approximately 45% of overall recorded crime in Southampton in 2014/15. Overall, acquisitive crime fell by 1.1% between 2013/14 and 2015/16. The different types of acquisitive crime are explored in more detail in the sections below.

5.1.1 Dwelling Burglary

The rate of dwelling burglary in Southampton in 2014/15 was 10 incidents per 1,000 households in the district. This is significantly higher than the national average but sixth lowest amongst its group of fifteen similar community safety partnerships (see figure 5.1.1).

Figure 5.1.1

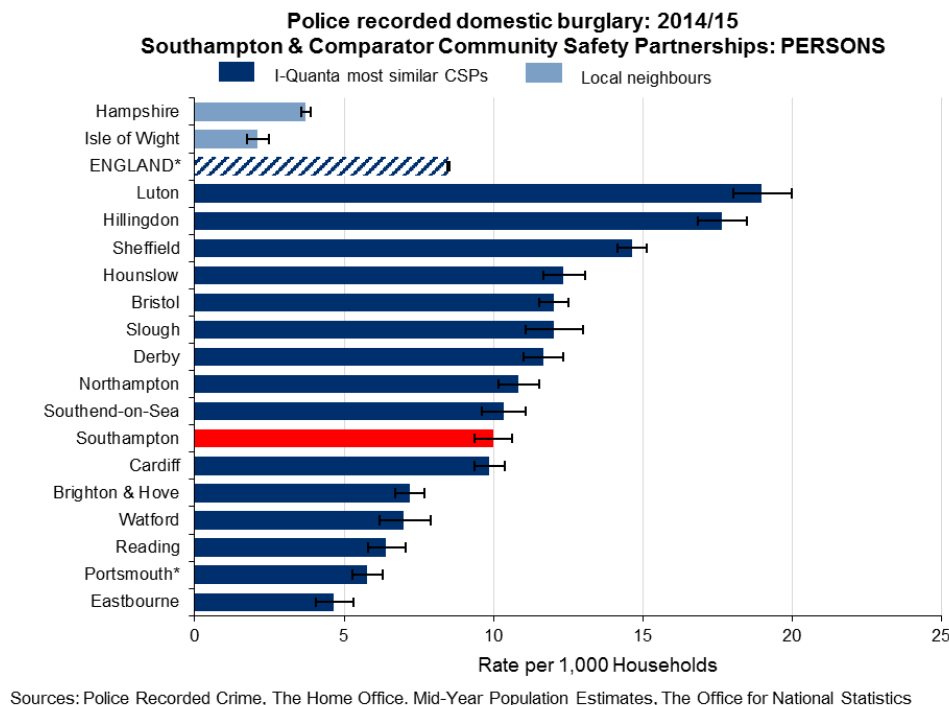
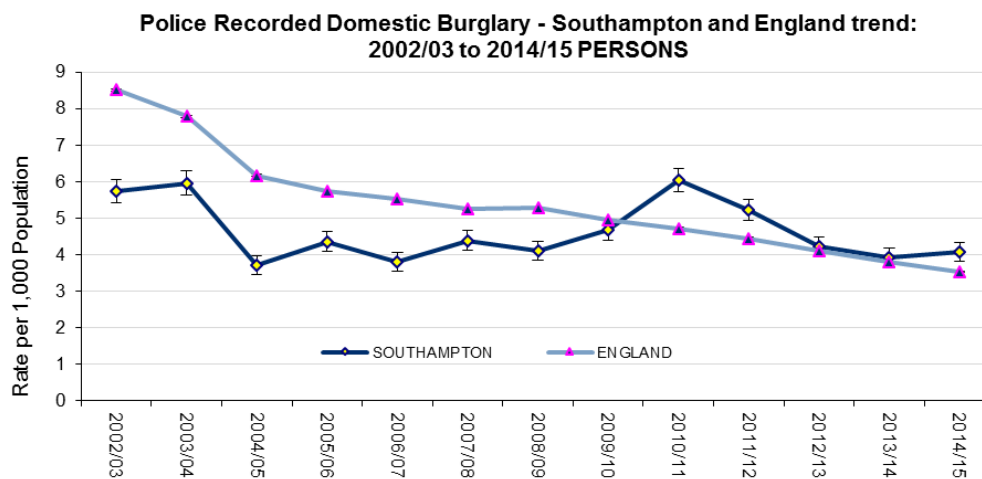


Figure 5.1.2 shows the trend in domestic burglaries since 2002/03, but it should be noted that this is based on a rate per 1,000 resident population as dwellings data was not available for the entire period; this should not affect the overall trend. Overall, domestic burglaries have fallen from a high of 6.0 per 1,000 population in 2010/11 to 4.1 per 1,000 population in 2014/15, a statistically

significant fall of 31.7%. There has been a slight increase in domestic burglaries in Southampton of 4% in 2014/15 compared to the previous year, but this is not statistically significant rise. This is mainly due to a rise in burglaries from dwellings in the central Southampton ward of Bargate.

Figure 5.1.2



Sources: Police Recorded Crime, The Home Office. Mid Year Population Estimates, The Office for National Statistics

Southampton shows high rates of burglary per 1,000 households in Portswood, Bevois, Bargate and Swaythling wards; rates here are all significantly higher than the average for the city (see figure 4.5.2 in section 4.5). This is likely to be because of the high level of student housing in these wards. Student houses remain a key risk for Southampton and continue to have a significant impact on burglary rates due to multi-occupancy houses. Student properties offer multiple, high value items which are easily accessible due to lack of basic security. This provides high financial gain to offenders.

A review of all dwelling burglaries in Southampton was conducted in February 2015 by the Police. The majority of offenders were local nominals known to Police stealing items including laptops, iPads and Apple Macbooks. Many offenders are known to be drug users and offend to feed their habit.

Dwelling burglary remains a priority for the Police. Increased resource from the Tactical Coordinating Group (TCG) has resulted in increased prevention and disruption. However the demographic of the area and the offenders are likely to ensure dwelling burglary remains a problem in Southampton.

5.1.2 Non-dwelling Burglary

The rate of non-dwelling burglary in Southampton in 2014/15 was approximately 6 incidents per 1,000 resident population. This is significantly higher than the national average and

Southampton has the highest rate of non-dwelling burglary amongst its group of fifteen similar community safety partnerships (see figure 5.1.3).

Figure 5.1.3

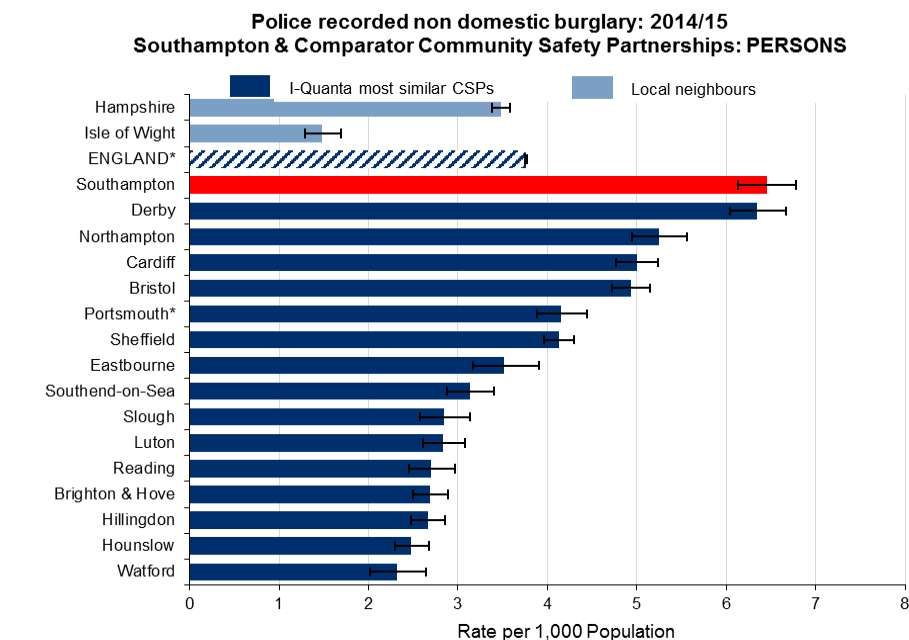
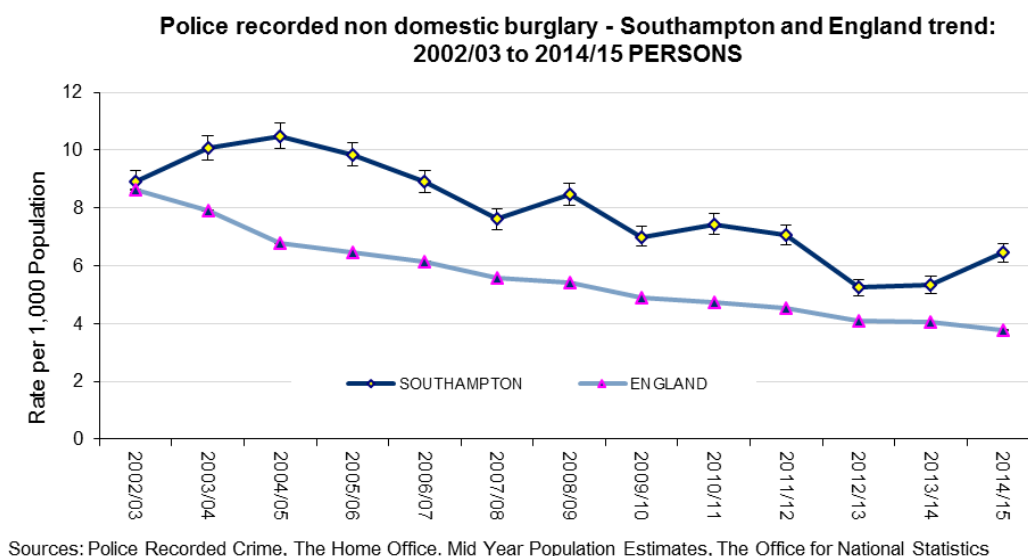


Figure 5.1.4 shows that there has been an increase of 20% in crimes of this nature in 2014/15 compared to the previous year, despite a fall over the period studied overall. At ward level, significant increases have occurred in Woolston (an increase of 103 incidents, representing a rise of 124%) Sholing in the east, and Millbrook in the west.

Figure 5.1.4



Southampton remains most vulnerable to commercial breaks, including cigarette breaks, safe and high value shop breaks. A number of organised crime groups have been impacting upon the district. These are typically composed of offenders who are older 'career criminal' males who have previous for similar offences. Established family and friend networks make it difficult to effectively disrupt or infiltrate these groups.

There is a large group of offenders that exist in the local community and it appears little deters them. Incarceration is not a deterrent. OCG Studland (Organised Crime Group) has been around for many years with conducting many operations for crime types ranging from drug dealing and dwelling burglary, to high value commercial burglaries including cigarette breaks and motor vehicle theft. Many of the subjects are Southampton's most prolific offenders. There is a core central membership within the group and criminality occurs on an ad hoc basis using stolen vehicles. Their offending is unlikely to stop despite periods of imprisonment and frequent arrests.

Serious acquisitive crime is committed to fund drug habits. Offences can be committed quickly and offer high financial gain to fund a criminal lifestyle. There is an accessible market for quick disposal of stolen property. Criminogenic families and a lack of family intervention can also be seen as a contributing factor; many of the offenders have family members who are also known offenders, or do not enforce school attendance or encourage them to find gainful employment. Lack of education and employment opportunities in turn encourage them to find alternative ways of funding their lifestyle through crime.

5.1.3 Robbery

Robbery is an offence in which force, or the threat of force, is used either during or immediately prior to a theft or attempted theft. Police recorded robberies cover a wide range of offences from armed bank robberies to mugging for mobile phones or small amount of money. Robbery is a relatively low volume offence, accounting for just over 1% of all Police recorded crime both nationally and within Southampton in 2014/15. The latest figures show that, nationally, Police recorded robberies decreased by 13% in the year ending March 2015 compared with the previous year. Locally there has been a slight increase of 3.5% over the time period but this is not statistically significant (see figure 4.1.5).

Figure 4.1.5

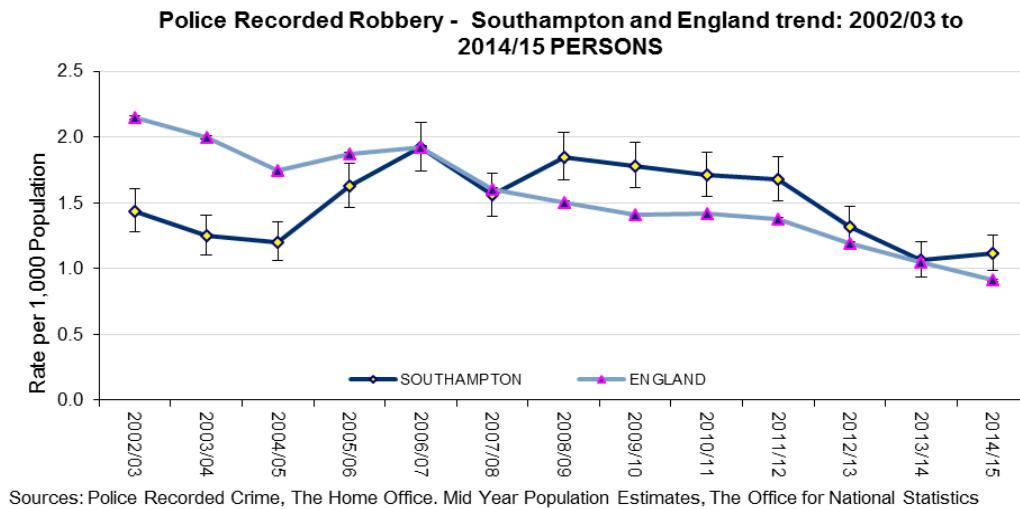
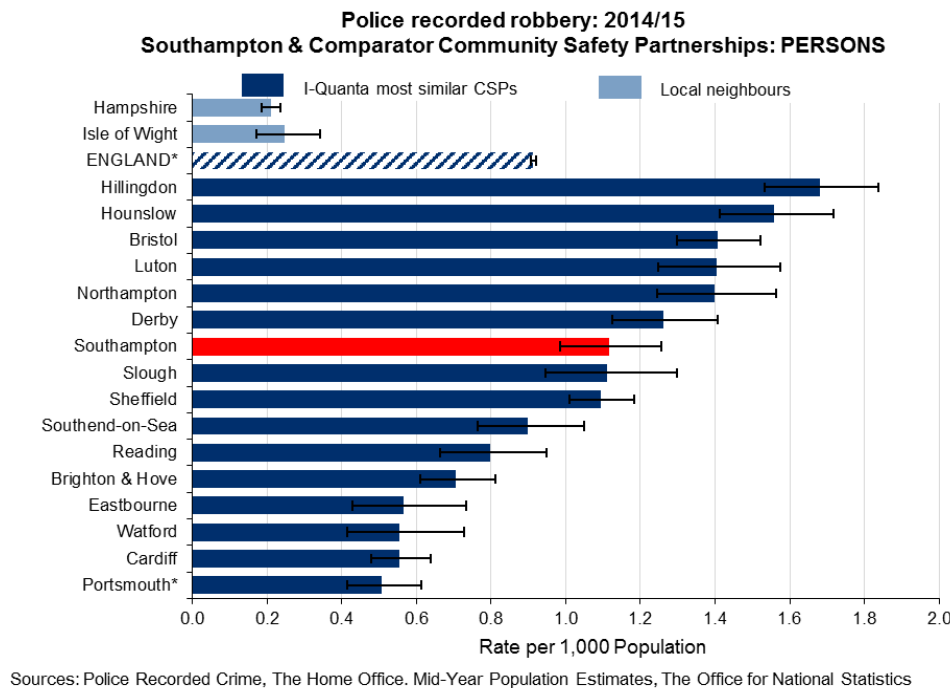


Figure 4.1.6 illustrates how Southampton experienced a significantly higher rate of robberies per 1,000 resident population than the national average in 2014/15 but it was not ranked particularly highly within its group of 15 most similar community safety partnerships (9th of 15). The central wards of Bargate and Bevois experience the highest robbery rates. Robbery does not appear to be strongly linked with deprivation in the city.

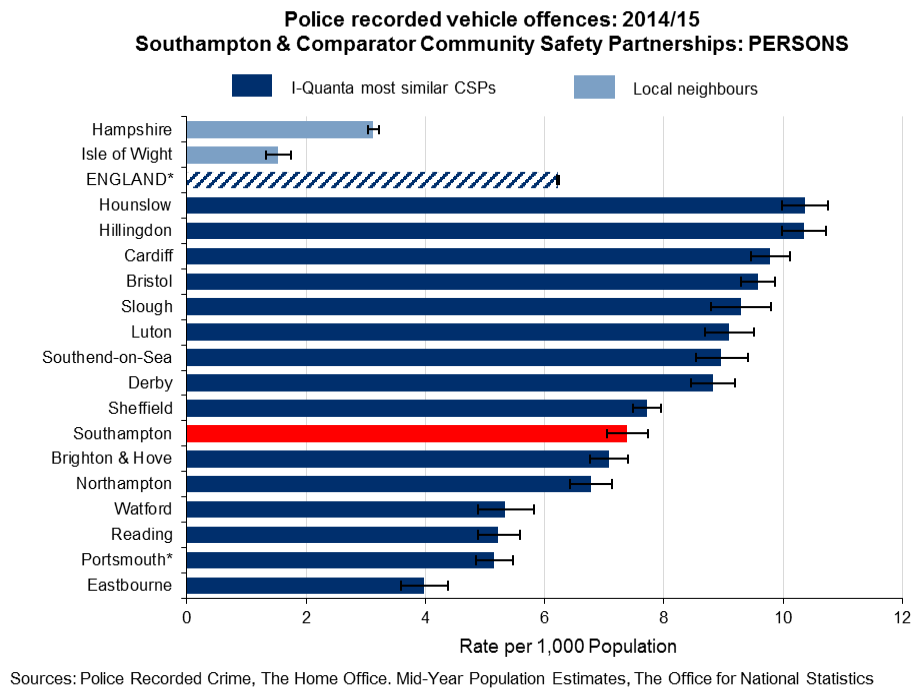
Figure 4.1.6



5.1.4 Vehicle Crime

The overall rate of vehicle crime in Southampton is approximately 7 offences per 1,000 resident population. This is significantly higher than the national rate but not particularly high in comparison to its group of fifteen most similar community safety partnership. It is ranked 6th lowest of the fifteen partnerships in the group for 2014/15 (see figure 4.1.7).

Figure 4.1.7



Nationally, vehicle crime has fallen substantially over the past decade, with a fall of 57% between 2004/05 and 2014/15. It is thought that improvements in vehicle security have been an important factor in this reduction.²⁵ Recent research suggests that the decline of vehicle crime may be associated with similar patterns in heroin and cocaine misuse.²⁶

Theft from a vehicle represented about two-thirds of vehicle offences recorded nationally by the Police in the year ending March 2015 and was the only category of vehicle offences to record a fall compared to the previous year. Theft of a motor vehicle increased by 1% - the first recorded annual increase since the NCRS was introduced in 2002/03. It is thought that the 'hacking' of keyless locking systems in high value cars may be a contributory factor. This pattern is mirrored locally, with Southampton recording a significant 14% decrease in thefts from a motor vehicle in 2014/15 compared to the previous year. This decrease was particularly marked in Southampton West (a fall

²⁵ ONS (2015) *Statistical bulletin: Crime in England & Wales, Year Ending March 2015*

²⁶ The Home Office (2014) *The heroin epidemic of the 1980s and 1990s and its effect on crime trends then and now: Technical Report*

of 27%) with both Freemantle and Shirley showing significant drops in 2014/15 compared to the previous year.

Over the same time period, theft of a motor vehicle increased by 15%, with a total of 556 offences recorded in 2014/15. The greatest increase was observed in Southampton East (an increase of 41%) with a significant increase noted in Bitterne ward (an increase of 28 crimes, up 87.5%).

Motorcycle theft has been identified as an increasing issue for Southampton (an increase of 11%) and the key locations are Coxford, the Redbridge and Millbrook area and Bitterne ward. There are two patterns of the offences with one offender / group of offenders targeting them for short term joyriding purposes and the other group focusing on high powered bikes that are potentially being sold for financial gain. Most offences take place overnight. Suspects for this type of crime are being managed under the Youth Offending Team.

Tool theft from vans has been an issue in Southampton. Thefts have occurred predominantly in Coxford, Millbrook, Sholing, Bitterne & Townhill but also moving to neighbouring districts. The most common modus operandi is forcing the lock with a tool and stealing predominantly the power tools inside. Suspects for these offences are career criminals who live in the same locality as the offences and are linked to various acquisitive crime types.

Recommendations

- Further intelligence should be collected on the criminal activity of foreign force acquisitive crime nominals, handlers of stolen property and cross border travelling criminals impacting within Southampton.
- Work should be undertaken to identify burglary hot spots in the city, coupled with predictive analytics work to identify burglary offenders. The deployment of trackable assets in known hotspot areas for vehicle offences should be explored.
- To identify and focus on known handlers to help minimise where offenders can dispose of stolen property. In addition, open source research should be conducted on auction sites such as Ebay, Facebay and Gum-Tree.
- The Partnership should encourage early engagement with victims to explore the possibility of using 'tracking apps' on mobile phones and the use of immobolise.com to ensure property is traceable if stolen.

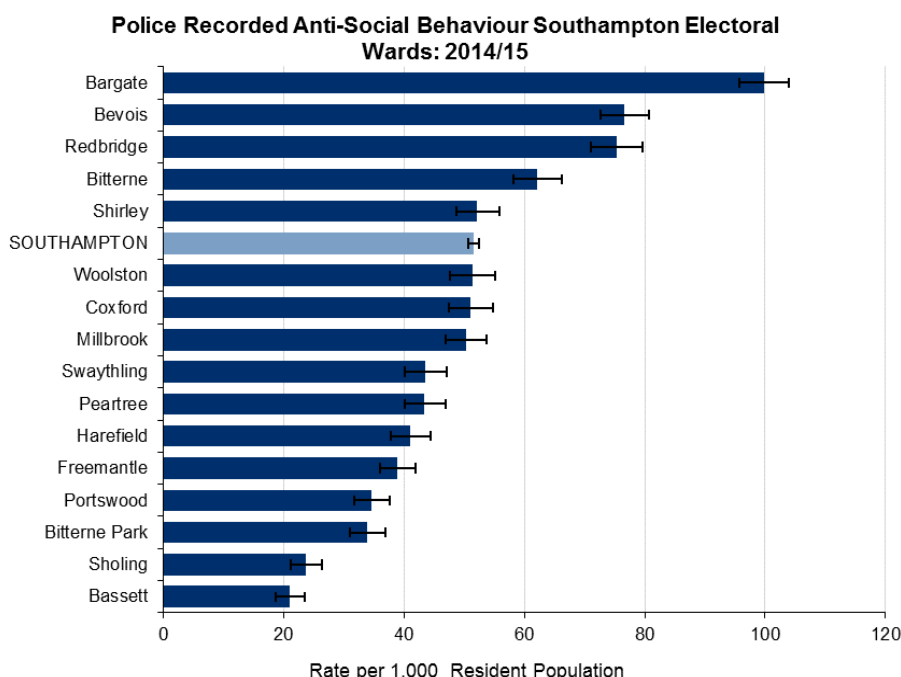
5.2 Anti-Social Behaviour

Anti-social behaviour covers a range of behaviours, from environmental issues like littering, fly tipping and dog mess through to personal nuisance such as neighbour disputes and noise nuisance. On occasion, it includes criminal offences such as harassment and criminal damage. There is no one dataset which comprehensively summarises anti-social behaviour; data is not always collected or is poorly recorded and it is not subject to the same quality checks, definitions and codes that govern crime records. Therefore, analysing experience and perceptions of anti-social behaviour can be difficult.

5.2.1 Police Data

The largest and most comprehensive dataset is the Police recorded anti-social behaviour, although the type of anti-social behaviour is no-longer collected. Recorded levels of anti-social behaviour in Southampton have remained fairly constant over the past two years with a very slight decrease of 0.2% in 2014/15 from 2013/14 levels, a rate of approximately 52 incidents of anti-social behaviour per 100,000 resident population.

Figure 5.2.1

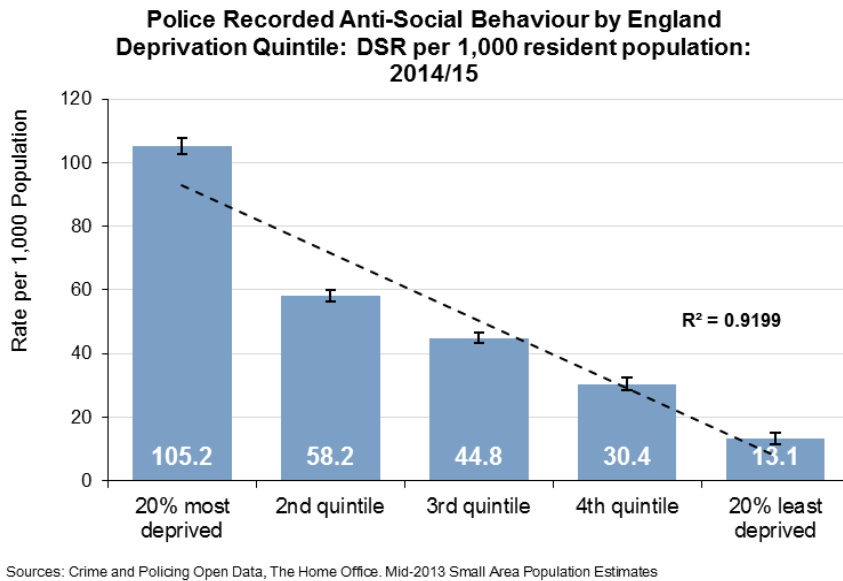


Sources: Police Recorded Crime as reported by Hampshire Constabulary, Intelligence, Tasking and Development, Mid Year Population Estimates for 2013, The Office for National Statistics

Recorded rates of anti-social behaviour are highest in the central wards of Bargate and Bevois, but rates significantly higher than the city average were also reported in the Redbridge and Bitterne areas (see figure 5.2.1). When the population is corrected to allow for transient movement into the city centre, Bargate falls below the city average but rates in Bevois remain significantly higher than

those in Southampton overall. When this correction is made, Woolston, Coxford, Peartree and Harefield join the group of wards with significantly higher rate of anti-social behaviour than the city as a whole. Recorded anti-social behaviour appears to be strongly linked to deprivation, with the most deprived areas experiencing significantly higher rates of recorded ASB (105.2 per 1,000 population) compared to the least deprived (13.1 per 1,000 population) as illustrated in figure 5.2.2.

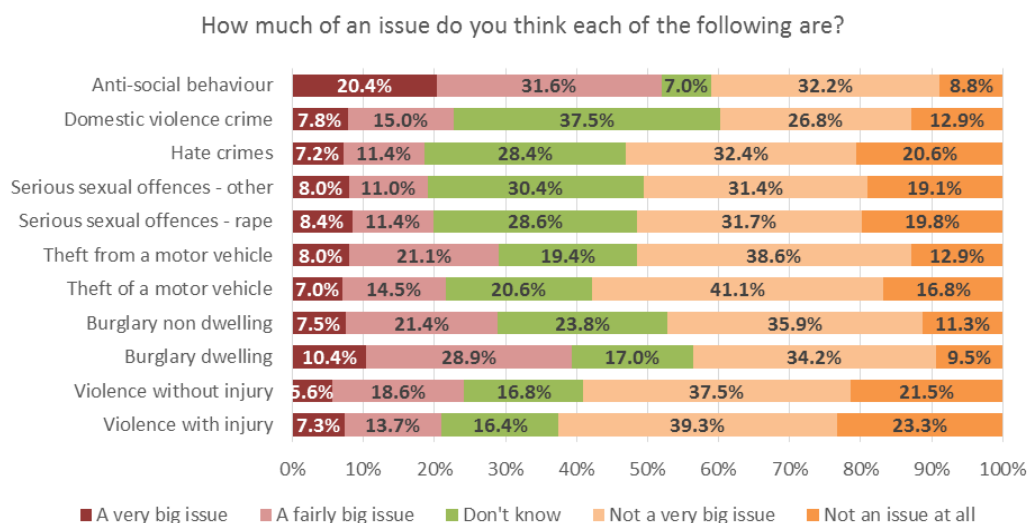
Figure 5.2.2



5.2.2 Resident Views

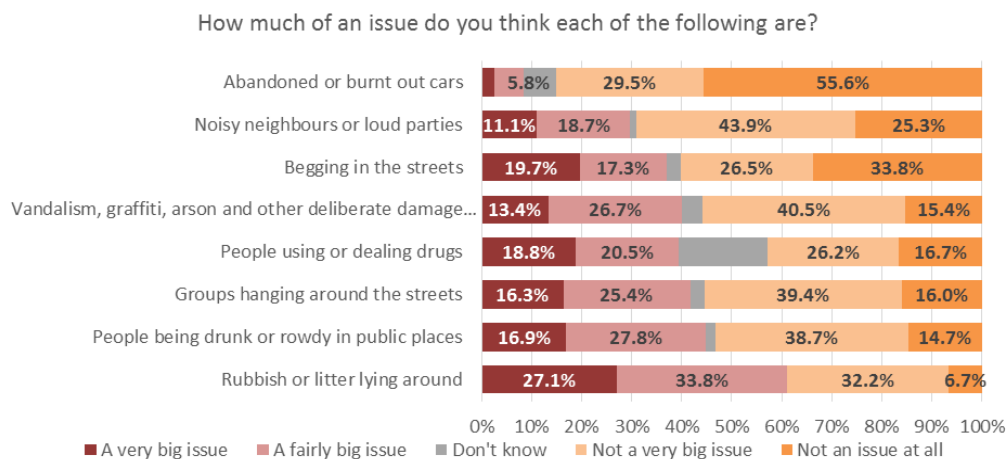
The Southampton Community Safety Survey 2015 asked about respondent's experience of anti-social behaviour in the city. Of those respondents who reported being a victim of crime in the previous 12 months, the most frequent type of crime experienced was antisocial behaviour (35%). The same survey indicates that around 20% of residents feel that antisocial behaviour is a very big issue in Southampton and 30% class this type of offence as a fairly big issue. These figures are the highest for any crime type examined, suggesting that antisocial behaviour is perceived by residents to be a relatively big problem in Southampton (see figure 5.2.3).

Figure 5.2.3



The two issues that caused the most concern to residents were rubbish or litter lying around (27% of respondents consider this to be a big issue) and people being drunk or rowdy in public places (17% think this is a big issue). The issues that residents in Southampton are concerned about are summarised in figure 5.2.4.

Figure 5.2.4



5.2.3 Anti-Social Behaviour Reported to Housing Services

Housing Services manages approximately 17,000 council tenancies and leasehold properties across the city, accounting for 20% of the properties in Southampton. Many of these are in the most deprived neighbourhoods. Whilst the council is not responsible for the anti-social behaviour of its tenants, it does have responsibility as the landlord for managing its effects.

Housing Services have robust policies & procedures to deal with antisocial behaviour and these have been developed with the involvement of tenants living in council accommodation. It has been inspected by the Tenants Inspectors, and has been through the Tenant Scrutiny Panel.

The objective behind the Housing Service's work in this area is to resolve antisocial behaviour and not to have to take action to evict individuals or families. Eviction can place a financial burden on other services that the council has to deliver (homelessness, looked after children and adult services) so it is preferable that the situation is resolved by Housing Services, keeping people in their homes but living without causing a nuisance to their neighbours.

Housing Services have received a fairly steady number of antisocial behaviour complaints annually for the past three years, with the number of new or reopened antisocial behaviour cases running at between 1,400 and a little over 1,500 per year. The number of these cases that have been resolved has increased year on year. In relation to the number of tenancies that the council has, and the number of anti-social behaviour cases that are dealt with, the number of notices served and the resulting number of evictions is very low (see figure 5.2.5).

Figure 5.2.5: Southampton City Council Housing Services Anti-Social Behaviour Reports

| | 2011/12 | 2012/13 | 2013/14 | 2014/15 |
|---|---------|---------|---------|---------|
| No. of new/reopened ASB cases | 1820 | 1463 | 1510 | 1400 |
| No. of resolved ASB cases | 1012 | 1308 | 1419 | 1426 |
| % of ASB cases for council tenancies | 24.95% | 28.07% | 14.5% | 14.3% |
| Benchmark figure (from Housemark) | 18.7% | 18.7% | 18.7% | 18.7% |
| % of residents satisfied with how ASB has been dealt with | 64% | 78% | 65% | 75% |
| Notices Served: | | | | |
| Introductory Tenancies | 15 | 0 | 1 | 2 |
| Secure Tenancies | 27 | 43 | 23 | 43 |
| Evictions | 3 | 12 | 3 | 4 |
| Injunctions | 2 | 1 | 3 | 0 |
| Mediation Assessment Referrals | 418 | 463 | 466 | 448 |
| ASBOs | 1 | 2 | 0 | 0 |
| Demoted Tenancies | 0 | 2 | 0 | 0 |

The success of the independent Mediation Assessment Service continues to operate with over a 90% success rate year on year. The immediacy by which this resolves one to one neighbour disputes has been recognised nationally as best practice. Resident satisfaction with how antisocial behaviour has been resolved remains fairly consistent ranging between 64% and 78% over the past four years.

5.2.4 Noise Complaints

Regulatory Services at Southampton City Council received over 2,600 noise complaints in 2014/15. The majority of these (50%) related to domestic noise either that related to music or TVs (see figure 5.2.6). Southampton receives a relatively high number of noise complaints per 1,000 population, it was ranked 33rd of 340 local authorities nationally in 2013/14. This may be linked to population density which is relatively high in Southampton.

Figure 5.2.6: Reports of noise nuisance to Southampton Regulatory Services 2014/15

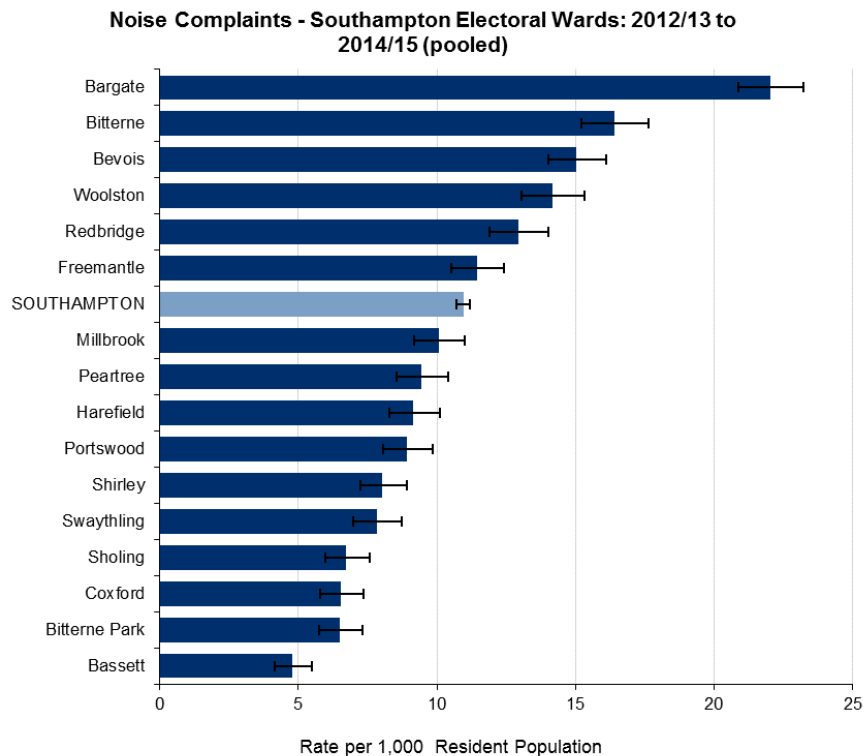
| Noise complaint type | Complaints received | % of total complaints |
|----------------------------------|---------------------|-----------------------|
| Domestic music / TV | 1342 | 50.5% |
| Domestic non-music | 613 | 23.1% |
| Barking dogs | 303 | 11.4% |
| Commercial amplified sound | 130 | 4.9% |
| Alarms including vehicles | 81 | 3.0% |
| Construction | 70 | 2.6% |
| Plant and machinery | 49 | 1.8% |
| Transport | 30 | 1.1% |
| Other animals (not barking dogs) | 21 | 0.8% |
| Street | 20 | 0.8% |
| Total | 2659 | |

Southampton also has a relatively high enforcement rate, with just over 10 notices served proportionate to the number of complaints. This is compared to the national average of 1.62, making Southampton's the 3rd highest enforcement rate in the country.²⁷

Wards with significantly higher rates of noise complaints than the city average were Bargate, Bitterne, Bevois, Woolston and Redbridge, which are amongst the most deprived wards in the city (see figure 5.2.7). In the three period examined, just over 16% of all complaints were repeats involving the same address.

²⁷ *Noise Statistics Survey Results* – Noise Nuisance [Online] Available from: <http://noisenuisance.org/noise-statistics/>

Figure 5.2.7



Sources: Regulatory Services, Southampton City Council. Mid-2013 population estimates, The Office for National Statistics

Recommendations

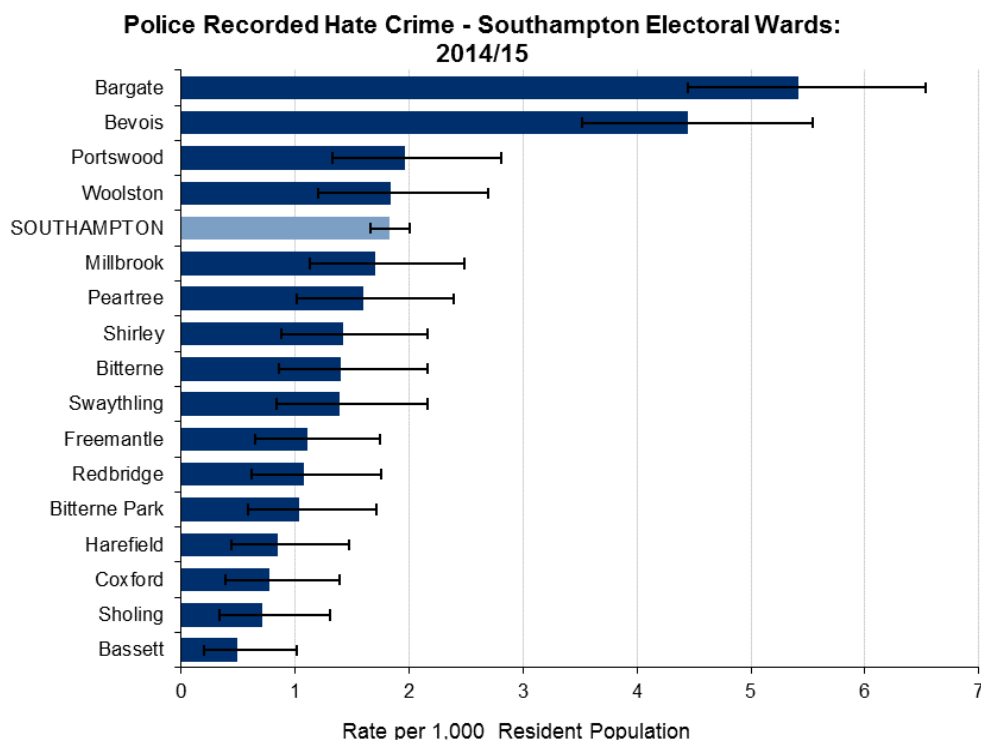
- The Partnership should ensure that antisocial behaviour continues to be recognised and responded to by the Police and partners with a strategic plan to effect long term change in communities where recurring rates are high.
- The Safe City Partnership should examine identified threats and risks for antisocial behaviour which may lead to increased vulnerability in individuals and communities.
- Further analysis should be undertaken to aid in the identification of repeat offenders and victims and suitable interventions identified and implemented.
- The Partnership should work with the business community and other public sector organisations to secure funding to raise awareness with citizens and visitors not to encourage begging.

5.3 Hate Crime

The National Police Chiefs' Council (NPCC) and the Crown Prosecution Service (CPS) have agreed a common definition of hate crime as *'any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.'*

A total of 443 incidents of hate crime were recorded by the Police in Southampton in 2014/15. This represents an increase of just under 50% on the previous year. The rise in hate crime has been steepest in central Southampton, particularly in Bargate and Bevois where the hate crime rate is significantly higher than the Southampton average (see figure 5.3.1).

Figure 5.3.1



Sources: Police Recorded Crime as reported by Hampshire Constabulary, Intelligence, Tasking and Development, Mid Year Population Estimates for 2013, The Office for National Statistics

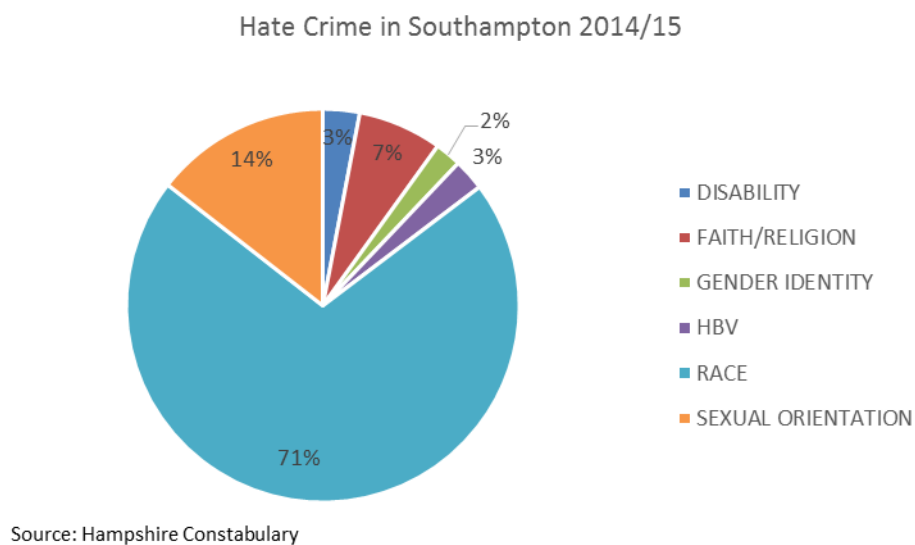
This reflects increases in recorded hate crime nationally, including hate crime reports to True Vision, the online site for reporting hate crime run by the Police. However, hate crime figures recorded by the Police are unlikely to be a true reflection of the number of hate crimes occurring. Results from the Crime Survey for England and Wales suggest that only 40% of hate crimes came to the attention of the Police nationally. The most common reason for not reporting the incident was because the

victim believed that the Police would not or could not do much about it.²⁸ Under reporting of hate crime is recognised as an issue locally, and gaining confidence in communities to report issues is a priority for the local force.

There is currently no specific force-wide campaign focused on improving the use of hate crime flags in Police data, districts are provided with feedback as part of the Crime Standards District Reviews, on the number of hate crimes recorded and how these were dealt with by supervisors. It is not known whether the relevant level of hate crime is being recorded but the feedback shows that what is recorded appears to be correct.

Race and Sexual Orientation have the highest levels of recorded hate crime in 2014/15; 71% and 14% respectively (see figure 5.3.2). As noted above hate crime in general is under-reported for complex reasons, and within this, the number of homophobic incidents reported is far less than racist ones, while other areas such as mental health, disability and age are extremely under-reported.

Figure 5.3.2



The majority of recorded hate crimes are public order offences, which account for over half of the total volume of offences. Around 28% of hate crimes are violence offences and 5% involve criminal damage. This pattern can vary with the type of hate crime marker examined. For instance, honour based violence incidents (HBV) are predominantly assaults, domestic disputes and threats to life. Disability incidents relate mainly to assault, public order offences and criminal damage.

²⁸ Home Office, ONS & Ministry of Justice (2013) *An Overview of Hate Crime in England and Wales, December 2013*.

According to national analysis of the Crime Survey for England, the risk of being a victim of personal hate crime was highest amongst:

- People aged 16-24 years of age (0.5% experienced personal hate crime); in particular men (0.7% experienced personal hate crime).
- Those with religious group 'other' and Muslim (1.1% and 0.8% respectively)
- People with Black and Minority Ethnic backgrounds (0.6%)
- Those whose marital status was single (0.5% compared with 0.1% of married adults)
- The unemployed (0.6% compared with 0.2% of employed adults)

The Crime Survey for England and Wales also highlights higher rates of repeat victimisation for hate crime compared with overall crime. Victims of hate crime were also more likely to be 'very much' or 'quite a lot' affected emotionally by the incident compared with victims of crime overall.

The recently established pan-Hampshire Multi-Agency Hate Crime Working Group has been tasked with tackling hate crime in the area. The group aims to raise awareness and better understand the nature of hate incidents and to ensure an appropriate response to individuals and the wider community. In Southampton the importance of public confidence, strong liaison and interaction with minority groups has been raised as key to effective policing of this type of crime.

The 'Helping Victims of Hate Crime' app was launched by Hampshire Constabulary in 2013. It is designed to give people more information in one handy place about hate crimes and hate incidents and to encourage people to come forward and report them. It also gives information about how to report anonymously and to the third party organisation, True Vision. Since its launch, there has been an increase in reporting.

Recent changes in policing process mean that Neighbourhood Policing Teams have taken responsibility for investigating Hate Crime incidents. The most recent Victim Satisfaction surveys (independently completed with victims of hate crime) suggest that levels of satisfaction in how the Police have dealt with their cases is very high. This data, when compared to levels of satisfaction for other crimes is very favourable; burglary satisfaction levels are around 85%, vehicle crime around 72% and violent crime around 78%.

Recommendations

- The council and the Police have a leading role in monitoring and reporting hate crime; in particular intelligence should be collected relating to high risk individuals and repeat perpetrators of hate crime. Data from across the Partnership should continue to be brought together and analysed to help inform the profile of hate crime in the city.
- It is essential that victims of hate crime are confident in reporting their experiences and that witnesses of hate crime are also encouraged to report incidents. To achieve this, work needs to be carried out across the city in partnership with communities, agencies and employers to

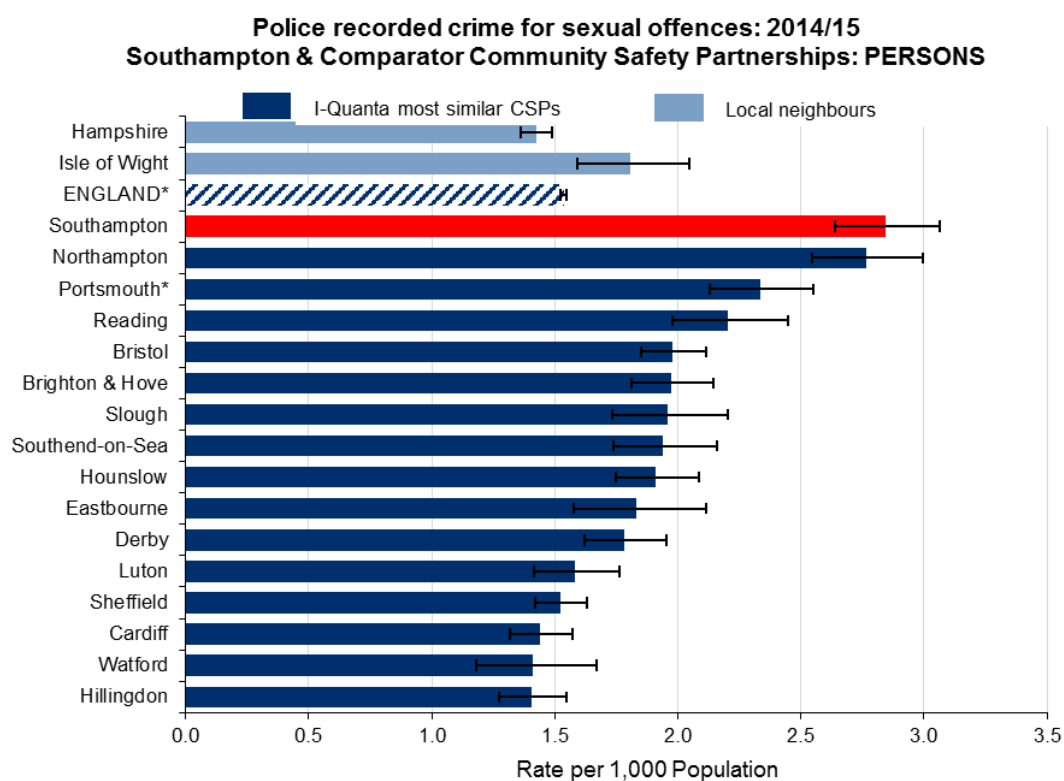
increase awareness of what is meant by hate crime, why it should be reported, how to report it and about the support available for victims.

- The Partnership should ensure Diversity Champions within Neighbourhood Policing Teams are pro-active in engaging with both BME and LGBT communities to encourage increased confidence in discussing issues with Police and other agencies.

5.4 Sexual Offences

Southampton has a significantly higher Police recorded rate of sexual offences per 1,000 resident population than England. In 2014/15 it recorded the highest rate amongst its group of fifteen most similar community safety partnerships, with a rate of 2.85 offences recorded per 1,000 population. This is significantly higher than every other CSP in the group with the exception of Northampton (see figure 5.4.1). It should be noted that, the group of other sexual offences is particularly influenced by Police activity in investigating such crimes.

Figure 5.4.1

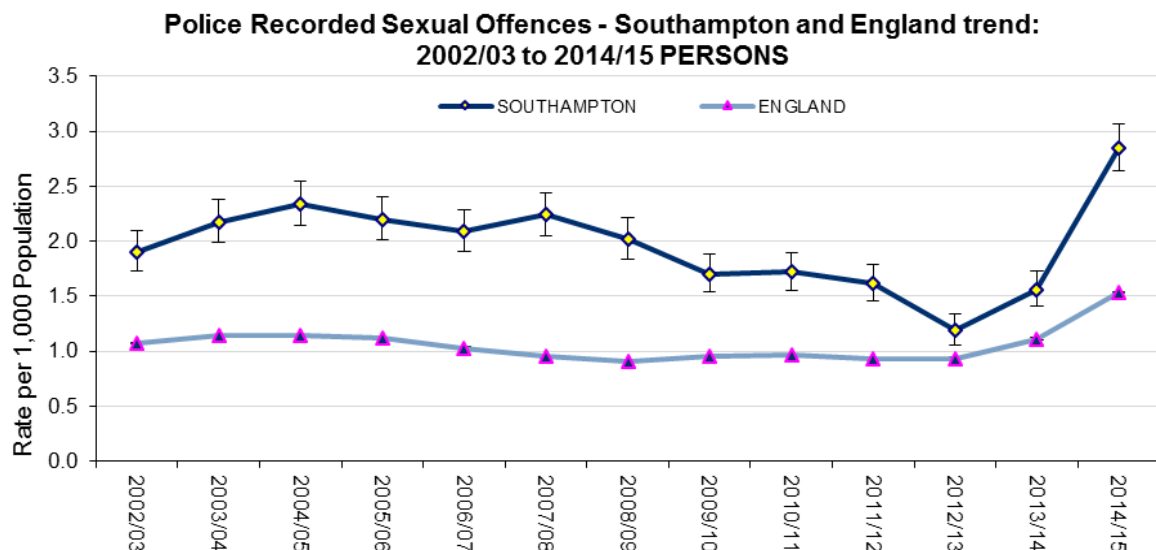


Sources: Police Recorded Crime, The Home Office. Mid-Year Population Estimates, The Office for National Statistics

Both the number of recorded rapes and other serious sexual offences have increased when compared to figures for the previous year. Just under 280 rapes were recorded in the city in 2014/15, nearly double the figure in 2013/14 (see figure 5.4.2). Other serious sexual offences increased by 63% over the same time frame. The largest rise in reported figures is in rapes, predominantly in domestic rape reporting. However, it is known that reporting rates for sexual offences are comparatively low and caution should be used when interpreting trends.

Recent figures from the Office for National Statistics showed an increase of 37% in all sexual offences for 2014/15 compared with the previous year. This is the highest level recorded, and the largest annual percentage increase, since 2002. Increases were seen in all Police forces.²⁹

Figure 5.4.2



Sources: Police Recorded Crime, The Home Office. Mid Year Population Estimates, The Office for National Statistics

The rise in the volume of sexual offences recorded by the Police both nationally and locally should be seen in the context of a number of high-profile reports and inquiries which have led Police forces to review and improve their recording processes. These include an examination of rape investigation and prosecution by HMIC and HMCPSI in 2012, which highlighted the need to improve the recording of sexual offences specifically as well as HMIC's inspection of crime reporting in general which found that sexual offences had been substantially under-recorded by Police forces across England and Wales. Concerns around recording had also been raised by the Public Administration Select Committee inquiry. Media publicity surrounding high profile cases such as Operation Yewtree may also have encouraged victims to report sexual offences to the Police.

The Serious Sexual Offences Reduction Group (SSORG) meets on a quarterly basis to discuss trends and offences. Key emerging themes that have been identified are the involvement of alcohol and/or drugs, online activity, deprivation, child sexual exploitation, non-current offences (including investigations recently initiated by the Rotherham report), missing and looked after children and domestic violence.

Night Time Economy offences have almost doubled and both rape and sexual offences has seen increases in recorded incidents. The majority of offences occur in the early hours of Saturday or Sunday; Above Bar Street and West Quay Road (Oceana / Ice House) being the most common

²⁹ ONS (2015) *Statistical bulletin: Crime in England & Wales, Year Ending March 2015*

location for an offence to occur. The Bedford Place area also remains a common place for offences to occur. Offence rates vary across the city, with Bargate ward recording the highest rate of serious sexual offences; 4 per 1,000 resident population, which is significantly higher than the average for the city as a whole (see figure 4.5.2 in section 4.5).

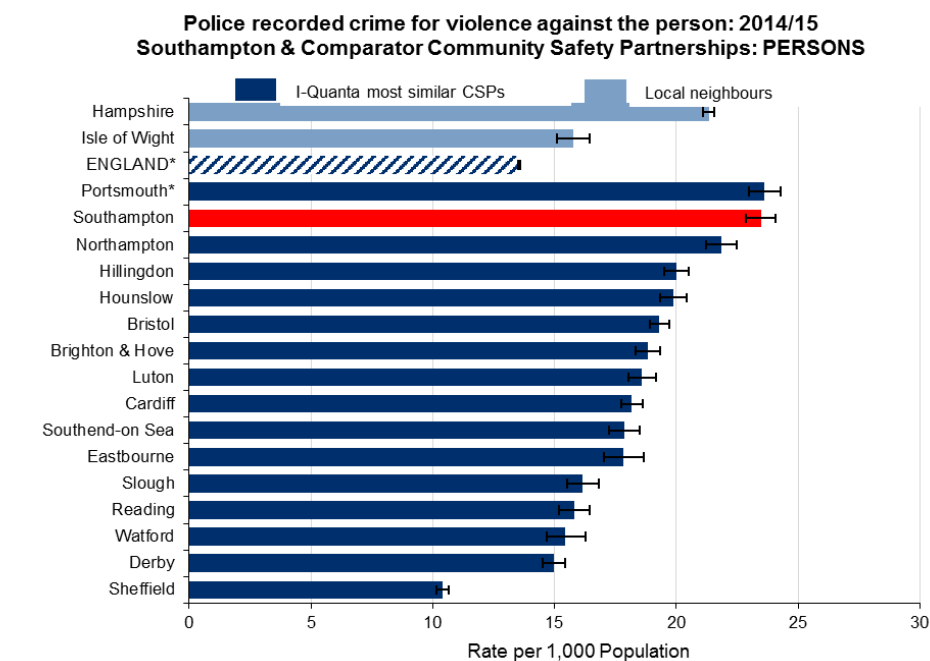
Recommendations

- Sexual offences are often a hidden crime, but they are beginning to be reflected in the statistics. The Partnership should continue to support multi-agency efforts to improve the reporting of sexual offences to understand the true scale of this often unreported crime.
- The Partnership should encourage neighbourhood level liaison with licensed premises, schools, colleges and universities to raise the profile of alcohol as an identified driver linked to serious sexual offences. This should include reinforcement of the 'Don't Cross the Line' campaign.
- The accurate recording of drink/drug related offences where the offender is intoxicated should be encouraged; ensuring the working sheets or statements state clearly (where known) if the victim and/or offender were under the influence at the time an offence occurred.
- Officers should also be encouraged to refer parents of under-18 sex offences to the NSPCC 'Share Aware' website, which has been recently launched when dealing with online child sex offences.
- The Partnership should prioritise measures to prevent sexual offences linked to the night time economy using funding from the Late Night Levy.

5.5 Violence Against the Person

Southampton appears to have a relatively high recorded rate of violent crime, with a rate of 23 incidents per 1,000 population in 2014/15. This is significantly higher than the national rate and places Southampton second amongst its group of most similar community safety partnerships. The rate of violent crime recorded in Southampton is not significantly different from that recorded in its local comparator, Portsmouth (see figure 5.5.1).

Figure 5.5.1



All sectors have seen an increase in the number of violence with injury crimes. This is most notable in central Southampton, with a statistically significant rise of 28% recorded in Bargate ward, where recorded cases of actual bodily harm have risen from 421 to 520. The night time economy in Southampton continues to act as a driver for these offences in the city centre. The increase in violence overall is largely driven by a city wide increase in common assault and battery but an element may also be due to the changes in recording practices following the HMIC report, as opposed to a true increase in violent crime. Nationally, latest CSEW estimates show there were 1.3 million violent incidents in England and Wales, this shows no significant change from last year's survey, following a period when the underlying trend from the survey was generally downward. The longer term reduction in violent crime nationally, as shown by the CSEW, is supported by evidence from several health data sources.

Research conducted by the Violence and Society Research Group at Cardiff University shows a downward trend, with findings from their annual survey, covering a sample of hospital emergency departments and walk-in centres in England and Wales, showing an overall decrease of 10% in

serious violence related attendances in 2014 compared with 2013. In addition, the most recent provisional NHS data available on assault admissions to hospitals in England shows that, for the 12 months to the end of March 2014, there were 31,243 hospital admissions for assault, a reduction of 5% compared with figures for the preceding 12 months.³⁰

Figures from the local emergency department, which are analysed by the council's community safety team, show a similar pattern with a reduction of assault presentations in relation to the night time economy of 12% in 2014/15 compared to the previous year. The assaults examined are those occurring in Southampton which happened between 6pm and 9am. 29% (133) of these incidents happened in the main night time economy areas, 18% of assaults happened inside venues and 11% happened in the main night time economy streets. Alcohol was a factor in half of the recorded assault cases (230 qualifying assaults in 2014/15). The busiest night is Saturday night / Sunday morning accounting for 23% (108) of all recorded assaults. 76% (347) of the victims were male and 42% of those were aged between 18 and 24 years old. 17% (19) of the female victims were assaulted by a partner / spouse or ex-partner. 30% of these assaults were not reported to the Police. Indeed, understanding the true extent of violence against the person offences is complicated as many offences are not reported; CSEW analysis suggests only around 50% of violence incidents in 2013/14 were reported to the Police.

Recommendations

- The Partnership should continue to carefully monitor data (from the Police and other sources) in an attempt to better understand the trends in violent crime in Southampton and the reasons behind this.
- Further research should be undertaken by the Partnership in relation to vulnerable and repeat victims of violent crime, in order to identify and mitigate risk.

³⁰ ONS (2015) *Statistical bulletin: Crime in England & Wales, Year Ending March 2015*.

5.6 Alcohol and Substance Misuse

The links between drug and alcohol abuse and crime are complex. However, substance misuse and dependency effects can have a societal impact, with many problematic users having links to criminal activity and a high number of offences committed whilst the offender is under the influence of alcohol.

For a significant number of people drug and alcohol consumption is a major cause of ill health. Drug and alcohol dependency is a complex health disorder with social causes and consequences. Drug use is linked to many health conditions, from heart and respiratory problems to psychosis and seizures. Added to these significant health risks are the increased likelihood of suffering violence and having unprotected sex that is seen among heavy drinkers and drug users.

5.6.1 Alcohol

Many people enjoy alcohol responsibly and in moderation. Any associated harms can be minimised by drinking within governmental lower risk guidelines. Alcohol consumption can have a positive effect on the wellbeing of adults, especially where this encourages sociability and community building³¹.

The misuse of alcohol poses a threat to the health and wellbeing of the individual drinker but also to their friends, family, communities and wider society through problems such as crime, anti-social behaviour and loss of productivity. Alcohol consumption is also directly linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, violence, liver disease and sexually transmitted infection³².

Crime affected by alcohol

Although the link between alcohol abuse and crime is a complex one, it is acknowledged by Police authorities that alcohol does have a significant role in criminal activity, because its effects on the mind and body are thought to be more likely to induce antisocial behaviour, leading to criminal acts. For most offences, alcohol may affect the perpetrator. It reduces self-control which may lead to an increased likelihood of committing a violent crime; it is addictive, which may lead offenders to commit acquisitive crimes in order to fund their habit.³³

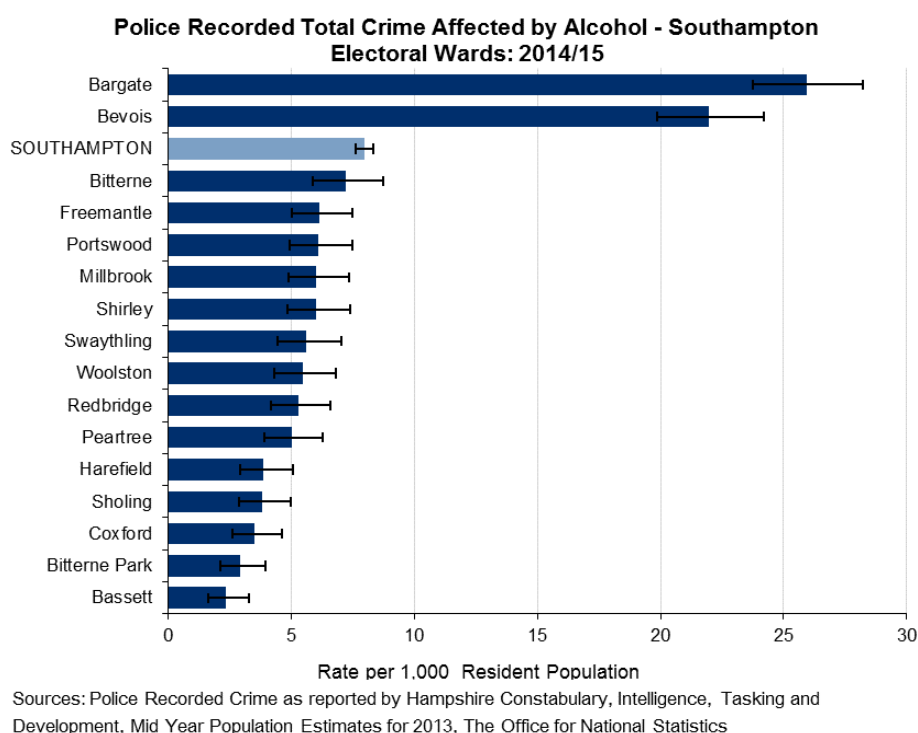
³¹ Peele at al. (1999) *Psychosocial Benefits of Moderate Alcohol Consumption*. Life Process Program [Online] Available from: <https://lifeprocessprogram.com/lp-blog/library/psychosocial-benefits-of-moderate-alcohol-consumption/>

³² Faculty of Public Health (2008) *Alcohol & Public Health – Position Statement* [Online] Available from: http://www.fph.org.uk/uploads/ps_alcohol.pdf

³³ Institute for Alcohol Studies, *Crime and Social Impacts – UK alcohol-related crime statistics*. [Online] Available from: <http://www.ias.org.uk/Alcohol-knowledge-centre/Crime-and-social-impacts/Factsheets/UK-alcohol-related-crime-statistics.aspx>

In Southampton a little over 1,900 offences were recorded by the Police as being affected by alcohol in 2014/15; a rate of approximately 8 offences per 100,000 population. This represents an increase of 13.5% on the previous year, and 8% of all crimes. Recorded rates of crime affected by alcohol are significantly higher in the central wards of Bargate and Bevois (see figure 5.6.1). This is likely to be because these wards are strongly associated with the city’s night time economy. Several studies of crime and disorder in city centres have observed a direct relationship between the density of night time outlets licensed to sell alcohol and the prevalence of criminal activity, especially violent crimes.²⁸

Figure 5.6.1

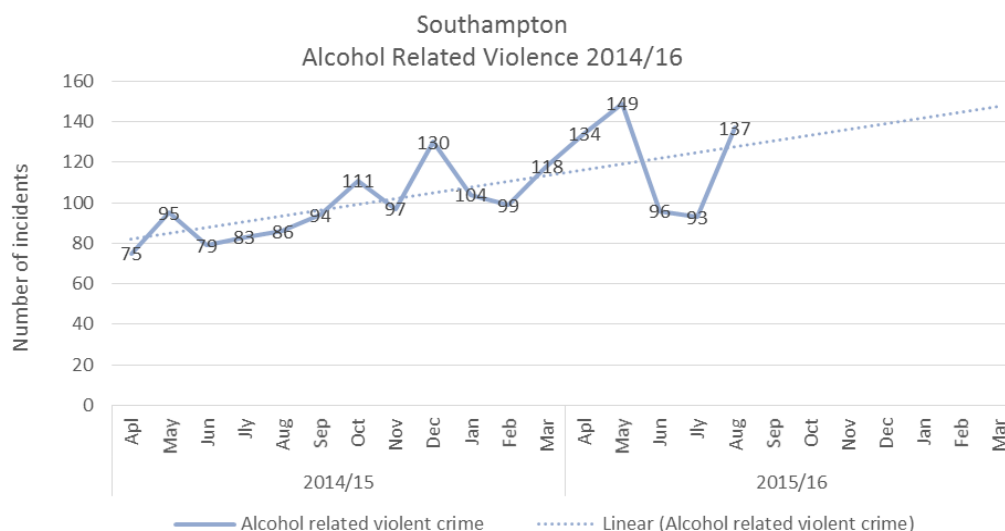


The Police recorded 1,171 incidents of alcohol related violent crime in Southampton over the course of 2014/15 and, although this is a relatively short data series, the underlying trend appears to be an increasing one (see figure 5.6.2).

The Night Time Economy (NTE) remains a priority for Southampton due to the continued offending within the city centre that is linked to alcohol consumption and has huge resource implications. A profile created in May 2015 highlights that the majority of these offences take place between the early hours of Friday morning and the early hours of Sunday. The early hours of Wednesday also experience a peak in offences which is likely to link to an event at Oceana on a Tuesday night where drinks are priced from £1. Oceana / Leisure World has a capacity of around 2,000 people so the footfall within this premise is frequently higher than that of the other licensed premises in

Southampton. Therefore, it may be expected that the number of violent crime incidents and sex offences linked to this premise are higher.

Figure 5.6.2



Source: Hampshire Constabulary RMS

A breakdown by quarter shows October to December to be the busiest period and likely to coincide with the return of students to the city in October, and Christmas celebrations during the month of December.

Half of the NTE violent crime occurred in the Bargate area, the highest numbers being experienced in the West Quay Road / Leisure World areas and Above Bar / Vincents Walk. The majority of incidents are classified as actual bodily harm. Bevois had the highest number of incidents involving serious violence with a repeat location being 90 Degrees in London Road / Bedford Place. Hampshire Constabulary will maintain their strong relationships with the repeat premises identified to educate staff in early identification of offences.

There is evidence that suggests a correlation between the density of outlets licensed to sell alcoholic beverages and the occurrence of alcohol-related crime and social disorder. Nationally, there has been a rapid increase in the capacity of licensed premises in city centres³⁴. The introduction of Cumulative Impact Policies (CIP) was intended to reduce the level of crime and social disorder occurring in the night time economy. CIPs prevent the proliferation of licensed premises concentrating in any one area by refusing applications to set up licensed businesses selling alcoholic goods in close proximity to one another.

³⁴ Institute of Alcohol Studies (2015) *Policies to reduce crime and social disorder* [Online]
<http://www.ias.org.uk/Alcohol-knowledge-centre/Crime-and-social-impacts/Factsheets/Policies-to-reduce-crime-and-social-disorder.aspx>

In May 2009 a CIP was applied to three discrete areas of Southampton, namely Above Bar, London Road / Bedford Place and Bevois Valley. The effect of the CIP is that additional licensed premises or significant variations of operating hours are unlikely to be permitted, unless the applicant can demonstrate to the council, as Licensing Authority, that the intended changes will not have an adverse impact on the area³⁵.

From May 2007 the whole of the city of Southampton became a Drinking Control Area under a Designated Public Place Orders (DPPO). These were introduced to help the Police deal with the problem of anti-social drinking in the public space. DPPOs make it easier for local authorities to designate places where restrictions on public drinking apply and can be used in areas that have experienced alcohol-related disorder or nuisance³⁶.

The Anti-Social Behaviour, Crime and Policing Act 2013 gives the Council the power to make Public Space Protection Orders (PSPOs). These orders allow for further control of activities which can have a detrimental effect on the quality of life of those living and working within the local area. The Council is currently canvassing local opinion on plans to introduce Public Spaces Protection Orders in five key locations where begging and street drinking have caused problems in the past. These locations are: the City Centre, Portswood Broadway, Shirley High Street, Woolston High Street and Bitterne Precinct. The Order will restrict the following activities:

- (a) The consumption of alcohol or being in possession of an open container of alcohol is prohibited within the designated area.
- (b) Begging or asking members of the public for money is prohibited within the designated area.
- (c) Loitering for the purpose of consuming alcohol within the designated area is prohibited.
- (d) Loitering with the intention of begging or asking members of the public for money within the designated area is prohibited.

Southampton In Case of Emergency (ICE) Bus & Street Pastors

The ICE Bus provides welfare support and medical care in the City Centre on a Saturday night from 10pm to 4am. The ICE Bus is owned and run by Southampton City Council in conjunction with South Central Ambulance Service. The Ambulance Service provides an Emergency Care Practitioner (ECP) who delivers medical interventions on site. Southampton City Council provides a team leader, driver and welfare worker who listen, provide advice and support to clients in need. There are three main aims of the ICE bus. They are:

- To ensure the safety and wellbeing of visitors to the city centre at night.
- To relieve the pressure of the emergency services during peak time, specifically the Ambulance and Police Services.

³⁵ Southampton City Council (2015) *Licensing Policy Documents* [Online]

<http://www.southampton.gov.uk/business-licensing/licensing/licensing-act-2003/documents-policy.aspx>

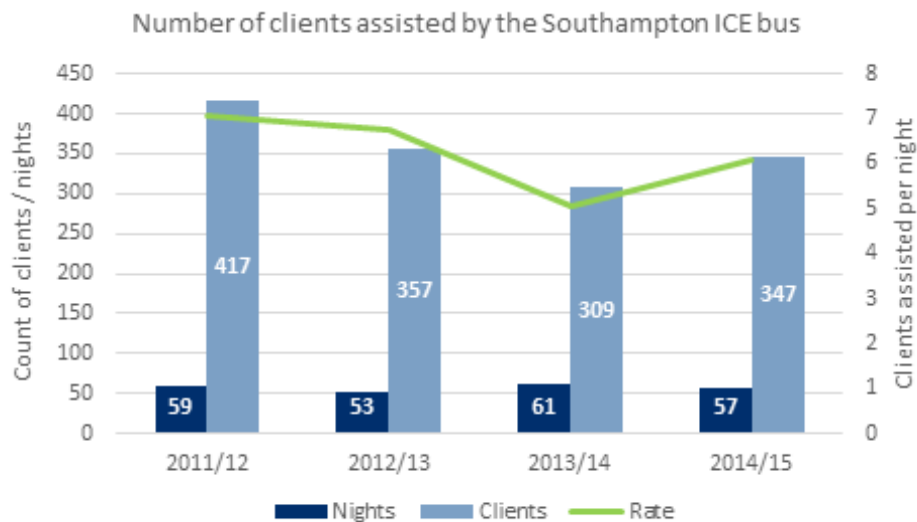
³⁶ Southampton City Council (2015), *Drinking Control Area* [Online] <http://www.southampton.gov.uk/people-places/community-safety/drinking-control-area.aspx>

- To reduce the number of assault presentations to the Emergency Department at night.

The ICE bus was operational for 57 nights over 2014/15 and dealt with 347 clients, an average of approximately six clients per night that the bus was operational. This was an increase of 12% in the volume of clients from 2013/14 when an average of 5 clients were seen per working night (see figure 5.6.3). There have been some issues in securing medical cover for the ICE bus and there were 18 nights last year with no medical cover. This has now been resolved and full cover has been in place since December 2014.

The busiest time for clients attending the bus is between midnight and 2am with 38% of clients visiting during this time. A further 30% of clients attended during the hours of 2am to 4am.

Figure 5.6.3



Source: Community Safety Team, Southampton City Council

October was the busiest month although the ICE Bus was deployed for seven nights that month to cover the Fresher's events. There was an increase in clients in the first five months of 2015 and in August 2015 compared to the same period in 2014. There was a sharp decrease in clients for September with a 31% reduction compared to the same period last year. There was also a decrease in clients during December. For the last two years footfall in the night time economy during the Christmas and New Year's period has been significantly lower than in previous years. This may be attributed to people going to organised events or parties and not coming into the city.

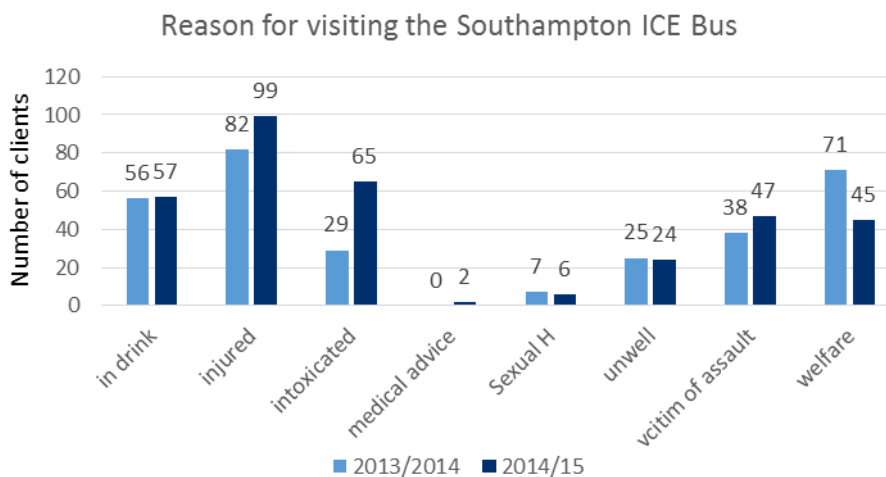
57% of the clients visiting the bus were male; male clients were more likely to be victims of assault accounting for 74% of all assault victims. The majority of clients coming to the ICE bus for help were aged between 18 and 24 years, accounting for 61% of ICE Bus clients.

54% of clients 'walk in' to receive treatment and/or welfare advice from the ICE bus staff. 5% (17) of clients were brought to the bus by ambulance, which is an increase of 8 clients in 2014/15 compared

to last year. There was also an increase in those referred by door staff, the public, Police, Street Pastors and Taxi Marshals. Most clients come to the ICE bus for help because they are injured, in drink or intoxicated (see figure 5.6.4). 31% (106) clients were treated by the emergency care practitioner on site and a further 38% (133) were dealt with by ICE Bus staff. 16% (57) were sent to the emergency department, this is a slight rise compared to last year.

The ICE Bus featured on the Channel 5 programme ‘Closing Time’ and the initiative has been selected by the Association of Ambulance Chief Executives (AACE) as an area of excellent practice. However, the service will undergo some changes in 2015/16 to reflect the number of visitors to the city centre and Southampton’s night time economy. Deployment of the bus will now be assessed every month and figures will be used to decide whether the bus goes out. This means that it will not be deployed every Saturday night. Some Saturday nights will be withdrawn and other nights such as ‘payday’ Friday considered. Flip flops will no longer be given out for free. There is now a charge of £2 per pair and the monies raised will be used to purchase more flip flops.

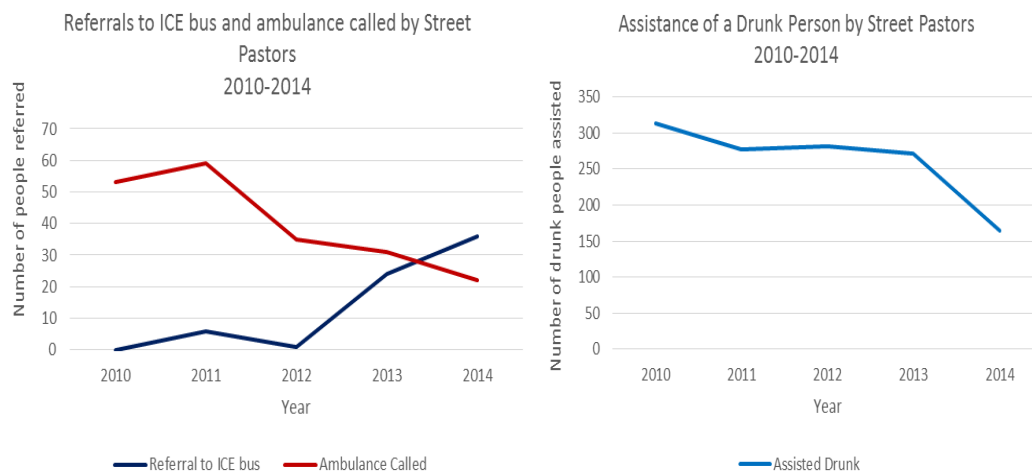
Figure 5.6.4



Source: Community Safety Team, Southampton City Council

Street Pastors are trained volunteers from local churches who care about their community. They patrol in teams of men and women to care for, listen to and help people who are out on the streets. They work together with other partners in the night-time economy to make communities safer. Street Pastors Southampton have reported an increase in referrals to the ICE bus and a decrease in ambulance call outs (see figure 5.6.5). This reflects the loss of the roaming paramedic who would have transferred people directly to the ICE bus. Street Pastors report a general decrease in the number of people out in the evening in Southampton as reflected by decreases some of their measures of activity including vomit cleared, flip flops distributed and the number of drunk people assisted. However, the service also reports that those people in need of assistance appear to be in greater need than in previous years.

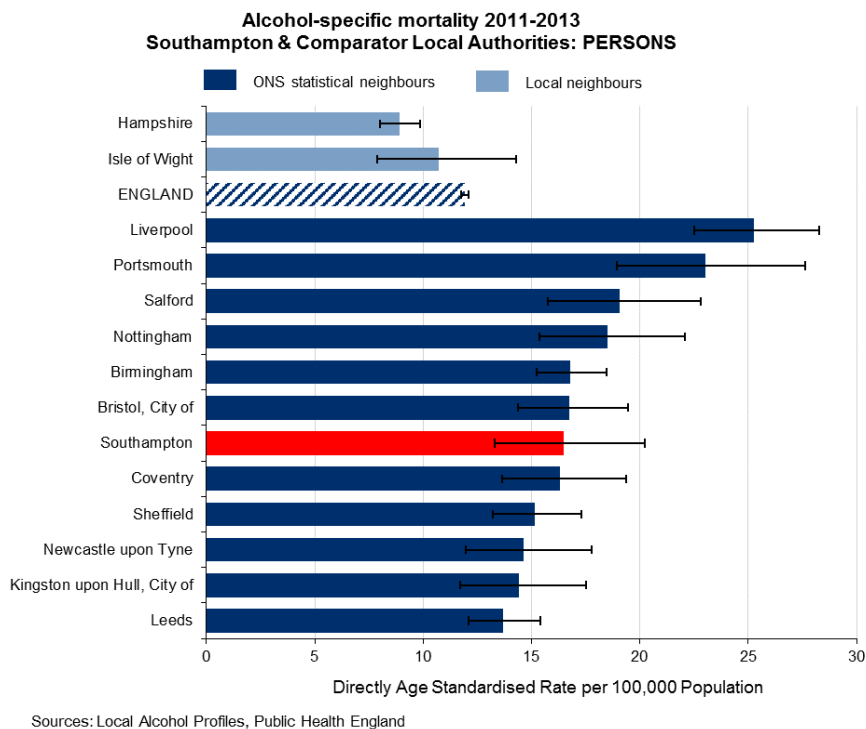
Figure 5.6.5



Alcohol and health

Alcohol use has health and social consequences at an individual, family and wider community level. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion a year and society as a whole £21 billion annually. A full alcohol health needs assessment is currently being conducted by the Southampton City Council Public Health team, the findings of which will be made available after the publication of this assessment. However, some of the health issues are presented below.

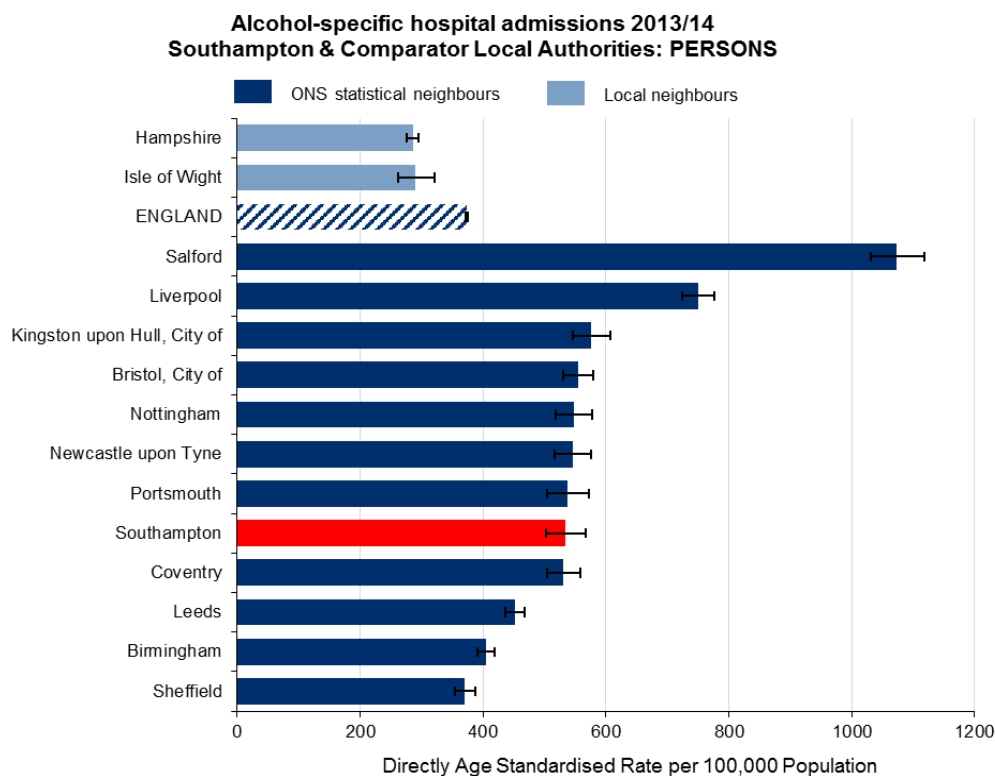
Figure 5.6.6



Alcohol-specific mortality represents deaths from conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. In the three year period from 2011 to 2013, nearly a hundred people in Southampton died as a direct result of alcohol misuse. This resulted in an alcohol-specific mortality rate of 16.5 deaths per 100,000 population, significantly higher than the national average (see figure 5.6.6). Alcohol-specific mortality has remained fairly stable since 2006.

There was a total of 1,155 admissions to hospital as a result of alcohol-specific causes for Southampton residents in 2013/14. This is significantly higher than the national average (see figure 5.6.7) and this figure increased sharply and significantly between 2010/11 and 2011/12 (see figure 5.6.8). The majority of these admissions (approx. 75%) were for mental and behavioural disorders due to use of alcohol including harmful use, acute intoxication, dependence syndrome and withdrawal state. Men are more likely to be admitted to hospital for alcohol-specific conditions, and the peak age range for admission is the early 50s (see figure 5.6.9).

Figure 5.6.7



Sources: Local Alcohol Profiles, Public Health England

Figure 5.6.8

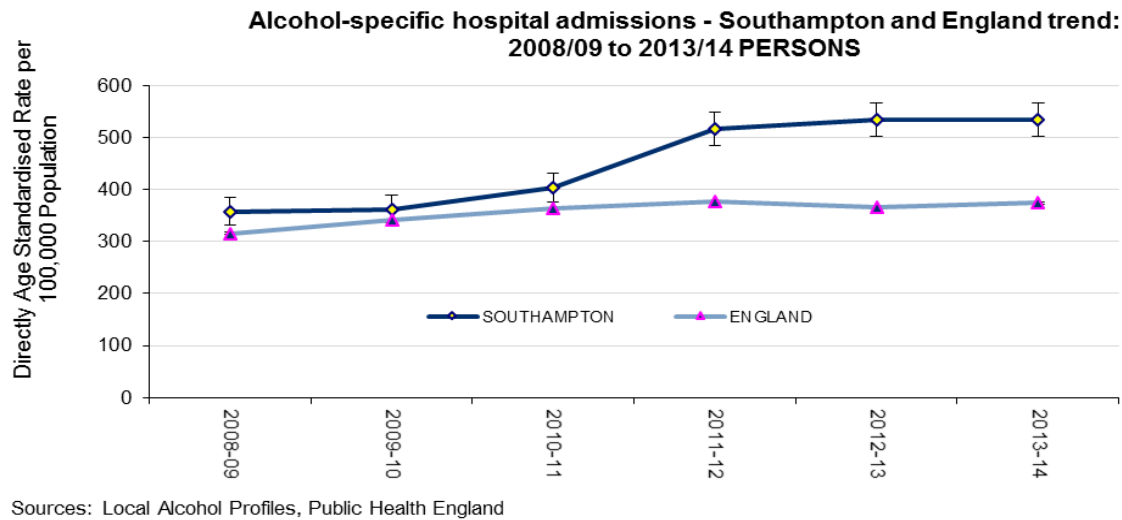
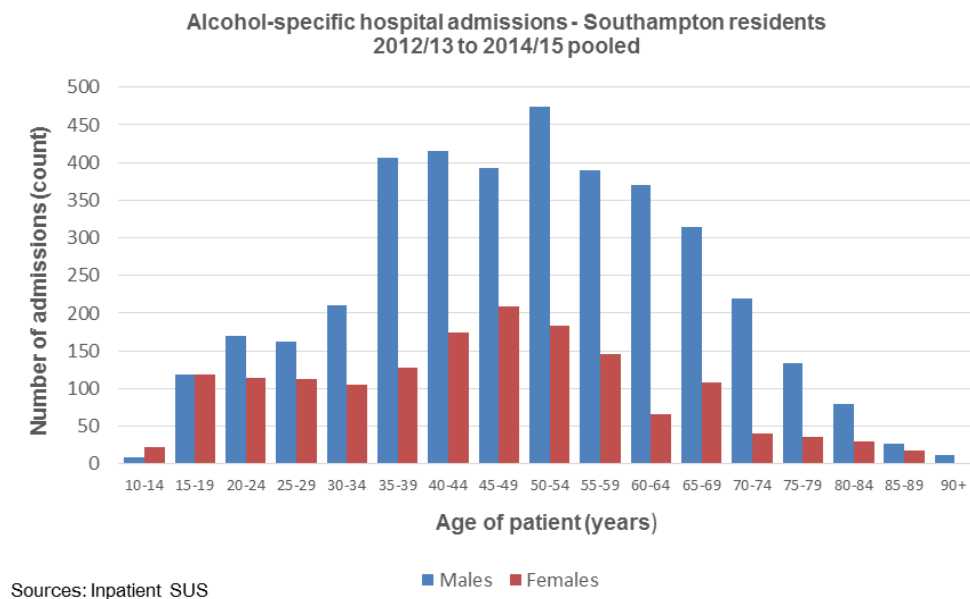


Figure 5.6.9



Within Southampton, high rates of alcohol-specific hospital admissions were observed in Bevois, Bargate, Swaythling, Freemantle and Bitterne wards over the three year period from 2012/13 to 2014/15 (see figure 5.6.10).

Official survey figures suggest that the number of people who drink alcohol on a regular basis has decreased over recent years. However, the proportion of those who drink above recommended guidelines has risen, especially among those in work. Among employed people, recent data suggests that those with the highest incomes, working in senior professional and managerial roles, are most likely to drink frequently and above the recommended limits during the week. However, the negative health effects of alcohol consumption are observed more among the unemployed and

those on lower incomes in routine or manual occupations.³⁷ These groups are disproportionately more likely to experience the impacts of alcohol-related crime, more likely to suffer the impact of alcohol-related health conditions and more likely to die from a condition caused by alcohol consumption³⁸. This effect can be seen locally in the strong relationship between alcohol-specific admissions to hospital and deprivation levels in Southampton (see figure 5.6.11).

Figure 5.6.10

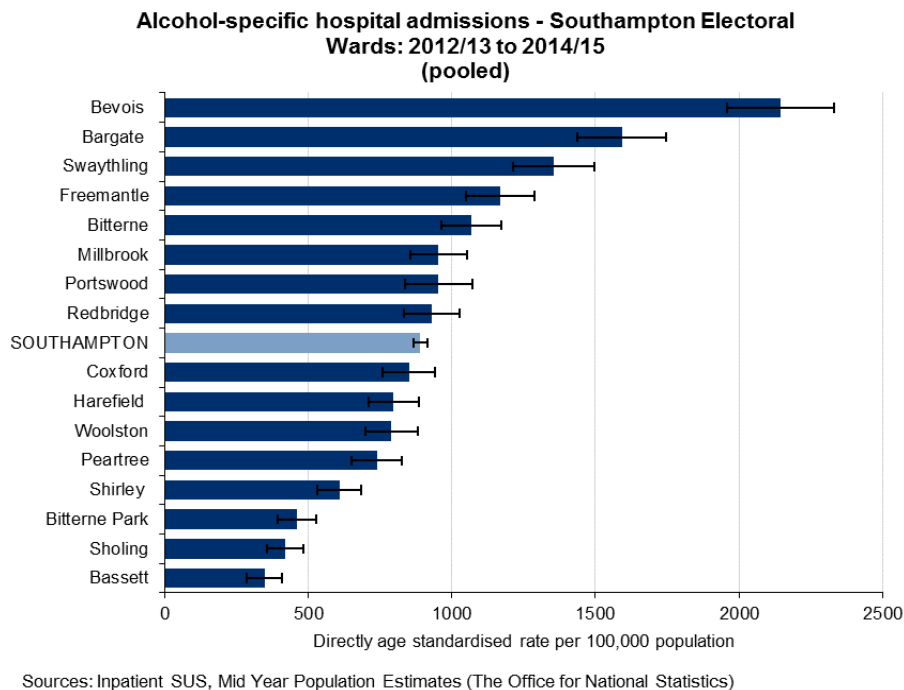
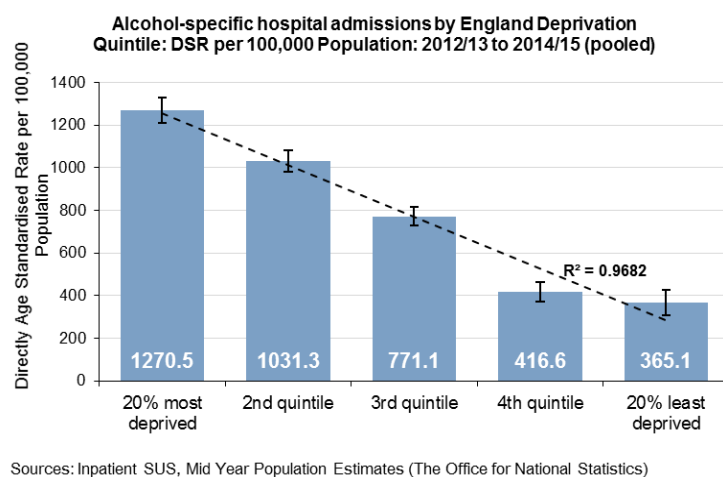


Figure 5.6.11



³⁷ Institute for Alcohol Studies, *Socio-Economic Groups – UK alcohol-related crime statistics*. [Online] Available from: <http://www.ias.org.uk/Alcohol-knowledge-centre/Socioeconomic-groups.aspx>

³⁸ All Party Parliamentary Group on Alcohol Misuse, *Manifesto 2015* [Online] Available from: http://www.alcoholconcern.org.uk/wp-content/uploads/2014/10/APPG_Manifesto.pdf

The number of hospital admissions is far higher when all alcohol related hospital admissions are considered. Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is casually implicated in some but not all cases of the outcome; for example hypertensive diseases, various cancers and falls. 2,750 alcohol related hospital admissions occurred over the course of 2014/15 in Southampton. It is possible that this is at least partially attributable to changes in coding policy at local health care providers.

Alcohol was believed to be directly related to just over 11% of all accident and emergency attendances in 2011 and this has remained fairly consistent over the three years that this information is known for.

Alcohol treatment

There were a total of 416 adults in alcohol specific treatment in 2014/15 in Southampton and 25% of these clients were also receiving care from mental health services for reasons other than substance misuse. 345 of these clients were recorded as drinking at higher risk levels (consuming more than 140 units per months for women / 200 units for men) in the 28 days prior to entering treatment .

As well as alcohol only clients, Southampton services also treated a further 350 adjunctive drug users. These clients who have problems with both drugs and alcohol, may be particularly complex and require additional support.

Locally, 15% of all adults in alcohol treatment live with children (either their own children or otherwise) and 24% are parents but do not live with their children. This represents an important safeguarding issue and there may be hidden population(s) of alcohol-dependent parents.

198 clients left alcohol treatment successfully in 2014 and did not return within 6 months, this represent 47% of all clients in treatment and is higher than the national figure of 38%.

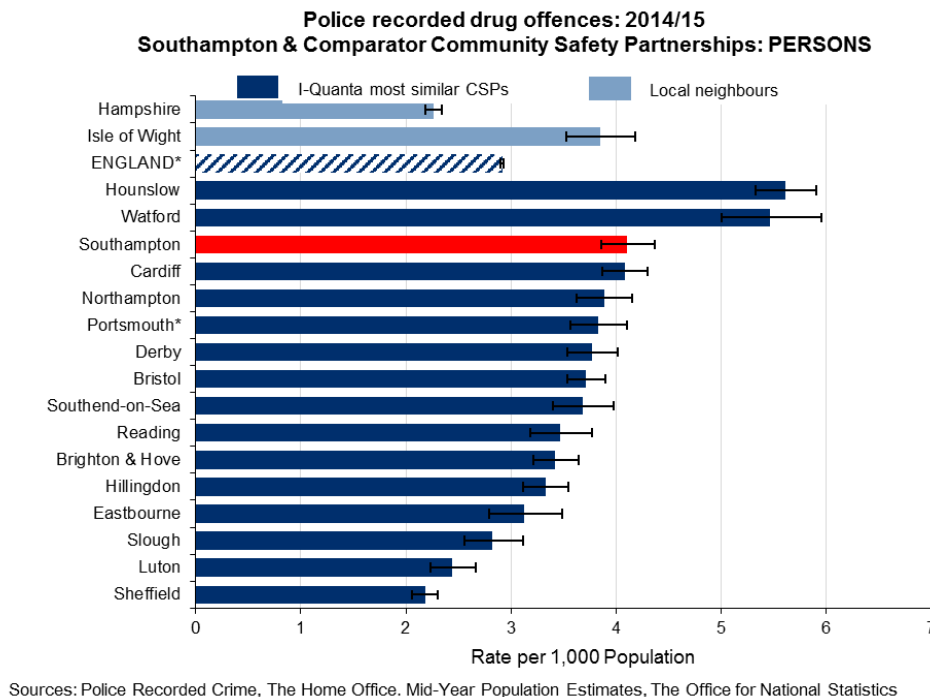
5.6.2 Substance Misuse

Research has highlighted the link between drug misuse and crime levels; a study conducted by the Home Office showed that the peak of the ‘heroin epidemic’ in the mid-1990s correlated with the peak levels of crime, suggesting that the reducing level of opiate use since then, has contributed to the reduction in crime over the last decade.³⁹ It is known that drug treatment in the community can reduce offending, and the longer offenders are in treatment, the better the outcomes.⁴⁰ However, the relationship between drug misuse and offending is a complex one and can extend beyond acquisitive offending to fund drug misuse.

Drug related crime

The Police recorded a total of 994 drug offences in Southampton in 2014/15, a fall of 16% on the previous year. This represents a rate of slightly over four offences per 1,000 resident population, significantly higher than the rate recorded nationally. Southampton is also relatively highly ranked (3rd) within its group of fifteen similar community safety partnerships; only Hounslow and Watford recorded higher rates of drug offences in 2014/15 (see figure 5.6.12).

Figure 5.6.12

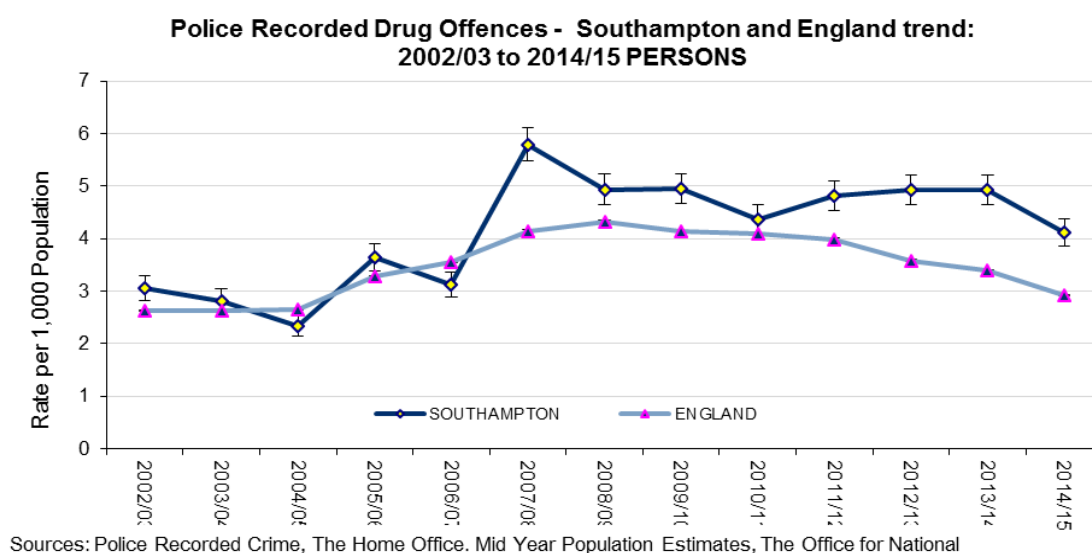


³⁹ Morgan, N. (2014) *The heroin epidemic of the 1980's and 1990's and its effect on crime trends then and now: Technical Report*. [Online] Available from: <https://www.gov.uk/government/publications/the-heroin-epidemic-of-the-1980s-and-1990s-and-its-effect-on-crime-trends-then-and-now>

⁴⁰ Millar et al (2008) *Changes in offending following prescribing treatment for drug misuse*. NTA [Online] Available from: http://www.nta.nhs.uk/uploads/nta_changes_in_offending_rb35.pdf

Police recorded drug offences in Southampton have mirrored national trends in recent years, increasing steadily from 2004/05 to a peak in 2007/08. They have remained fairly consistent at around 1,100 offences per year until 2014/15 when rates fell significantly to and under 1,000 offences were recorded (see figure 5.6.13). The number of drug offences recorded by the Police is heavily dependent on Police activities and priorities; changes over time may reflect changes in the policing of drug crime, rather than real changes in its incidence.⁴¹ The data is unlikely to capture all crimes that are committed in relation to drugs, for example, where individuals are not under the influence of or in possession with drugs, where the offender is unknown or where such crimes go unreported entirely (e.g. dealers assaulting users or runners). Many of the incidents referred to in the Police Strategic Summary are received as intelligence rather than reports of crime, because the victims are often reluctant to formalise complaints.

Figure 5.6.13



There are strong links between poverty, deprivation, inequalities and problem drug use, but these relationships are complex. Both crime and drugs are associated with wider factors such as fragile family bonds, psychological discomfort, low job opportunities and few community resources. Deprivation does not directly cause addiction, instead it increases the propensity to misuse.⁴²

There are higher rates of recorded drug offences in the more deprived areas of Southampton (see figure 5.6.14) and, significantly higher rates of drug offending were seen in the wards of Bargate, Bevois and Freemantle (see figure 5.6.15). Specific areas of Bargate have already been identified as priority areas for drug offences by Hampshire Constabulary.

⁴¹ ONS (2015) *Statistical bulletin: Crime in England & Wales, Year Ending March 2015*.

⁴² Shaw, A et al. (2007) *Drugs and Poverty: A literature review*. [Online] Available from: www.sdf.org.uk/index.php/download_file/view/271/167/

Figure 5.6.14

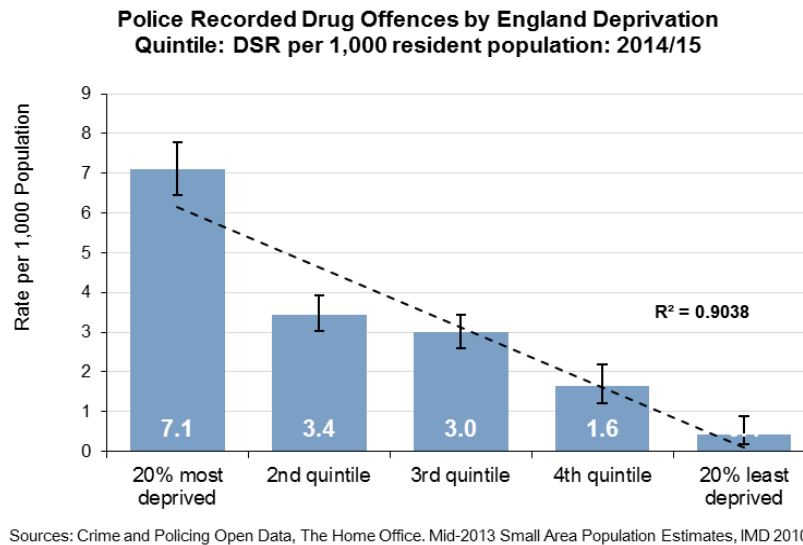
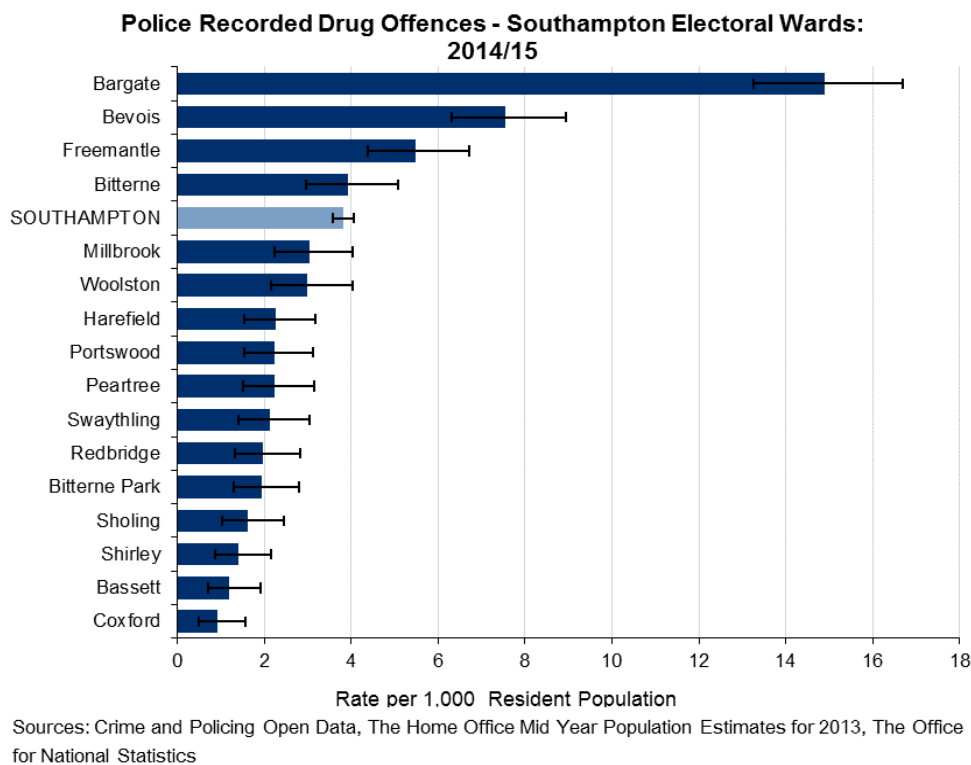


Figure 5.6.15



The Southampton Safe City Survey 2014/15 examined perceptions of drug use being a problem. 213 (18.8%) of respondents identified 'people using or dealing drugs' as a very big issue. This was the third most frequently identified theme after 'rubbish or litter lying around' and 'begging in the street.' 12.8% of respondents identified drug use and/or drug dealing as the biggest community safety issue in their local area.

Numerous drug networks are operating in Southampton and the Class-A drugs market fuels related violence. Southampton remains the district impacted by more mapped networks than any other. Violence as a means of controlling users, enforcing debt and retribution against rival groups appears to be common place.

Networks are known to travel into the city and other towns on the South Coast from their 'home' bases in areas such as London, the West Midlands and Liverpool to undertake their 'trade'. They deal with predominantly high return Class-A drugs (i.e. heroin and crack cocaine) though will also be involved in a range of drug activity. Several networks are known to utilise violence to satisfy drug debts and appear to be feuding with several other drug dealers / networks resulting in a high probability of further violent incidents. Both intelligence and arrests evidence the use of fire arms and weapons to gain compliance. Drug related violence remains a priority for Police led operations with the assistance of partner agencies in information gathering and intelligence sharing.

Networks are known to target vulnerable city residents, aggressively 'cuckooing' these individuals using threats of violence to take over their home addresses and use these as a base for their dealing activity. It is also known that some vulnerable young people, some under the age of 15, from Southampton and outside the city, have been used to deal and transport drugs for the networks.

Drug dealing prevalence is generally higher in areas of higher deprivation. One specific locality highlighted has been the Thornhill estate which was identified as a hotspot for growing tensions between established dealers and drug networks in February and was raised as a district priority. A network was linked to violent incidents which increased tensions and community concerns. There have been known occasions where networks themselves clash while attempting to gain control of a locality for their business. Police and partners actively address developing issues and many proactive operations have been completed leading to multiple arrests and lengthy custodial sentences. For example, the McCash drugs gang who were operating in Thornhill were jailed for a total of 46 years in June 2015. However, it is known that other networks will fill the void generated by Police intervention.

The main risk to the district is loss of life and / or serious injury. Existing networks may be forced into expanding their network due to increased competition. This will ultimately lead to increases in violence as a result of turf war. This has implications in terms of the cost of investigation, often hampered by a lack of co-operation by those involved, the impact on local communities, and the Force reputation. This remains an unpredictable offence, despite increased knowledge of involved networks.

Operation Fortress as a dedicated unit for Southampton came to an end towards the end of 2014, with the Fortress principles being mainstreamed into Policing practices across the County. There were concerns in the community that drug related violence would increase and steps have been taken by the district to ensure that residents understand that Fortress is still active and the Police continue to combat drug issues within the city. The Police will continue to use market profiles to

direct targeted disruption activity and intelligence development work. Community liaison will remain in place to reassure the public that Police are continuing to combat drug issues within the city.

New Psychoactive Substances (NPS)

New Psychoactive Substances (NPS) are defined as ‘psychoactive drugs, newly available in the UK, which are not prohibited by the United Nations Conventions but which may pose a public health threat comparable to that posed by substances listed in these conventions.’ NPS are designed to replicate the effect of illegal substances. They first appeared in the UK around 2008/09 and interest in, and probable use of, these drugs has increased. They can be sub-divided roughly into the following:⁴³

- Synthetic cannabinoids; these drug mimic cannabis and are traded under names such as Clockwork Orange, Black Mamba and Exodus Damnation. They are not related to the cannabis plant except that the chemicals which are blended into the base plant matter act on the brain in a similar way to cannabis.
- Stimulant type drugs; these drugs mimic substances such as amphetamine, cocaine and ecstasy and include BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI and ethylphenidate.
- ‘Downer’/tranquilliser-type drugs; these drugs mimic tranquilliser or anti-anxiety drugs, in particular from the benzodiazepine family and includes Etizolam, Pyrazolam and Flubromazepam.
- Hallucinogenic drugs; these drugs mimic substances like LSD and include 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamine.

Anecdotal information suggests that synthetic cannabinoids are the most commonly used NPS in Hampshire currently, known collectively as Spice. Mephedrone has been identified nationally as an emerging risk and is a popular drug for many young people in the Hampshire Constabulary area. The exploitation of vulnerable people has been identified as a key risk with Mephedrone. It impacts upon the user’s physical, mental and moral wellbeing; these issues are exacerbated by related risks such as sexual and criminal exploitation and exposure to violence and drug taking. There is some evidence that vulnerable people such as those with alcohol addiction, mental health issues and homelessness are susceptible to targeting by NPS dealers.

There is anecdotal information to suggest that NPS is a growing problem in the prisons within Hampshire, suggesting that this may be mirrored by increasing prevalence in the community.⁴⁴ Hampshire Constabulary have detected a significant supply network operating in Southampton, with links to a supply source in West Yorkshire, but there is a current intelligence gap around levels of Mephedrone use and availability in the city. Within the force area the use of New Psychoactive

⁴³ DrugScope (2015) *Not for human consumption: an updated and amended status report on new psychoactive substances (NPS) and ‘club drugs’ in the UK.*

⁴⁴ The Centre for Social Justice (2015) *Drugs in Prison*. [Online] Available from:
http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJJ3090_Drugs_in_Prison.pdf

Substances are most prevalent within Southampton and Portsmouth. Two head shops, one in Bargate and another in Bitterne Village, have been identified as supplying NPS products.

There is currently little evidence that NPS contributes to crime and antisocial behaviour. NPS seems to have displaced and supplemented drugs such as ecstasy, amphetamine, cocaine, cannabis and ketamine, rather than drugs such as heroin and crack cocaine which are more likely to drive crime and social harm.⁴⁵

The force has recommended that DHU tasking be raised to identify any use or supply of Mephredone. Local charities and agencies working with young people and drug users should be contacted by local officers to determine if an issue exists around either Mephredone or new psychoactive substances. Education has been identified as a vital element of any strategic response to NPS. Simply closing premises may not relieve the problem, but rather make it harder to identify. Education has to include both user (and those that care for them, be it at home, or in a position of authority such as a school) and those that look to profit from selling these products.

Substance misuse and health

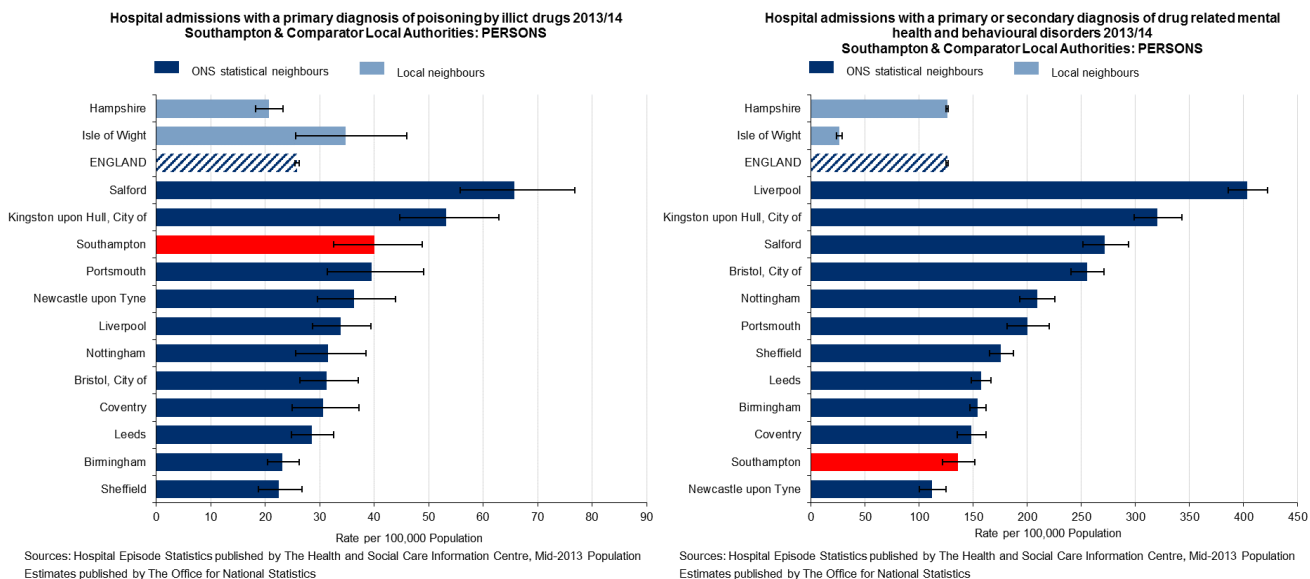
People who take illicit drugs face potential health risks, as these substances are not controlled or supervised by medical professionals. In addition, drugs can become addictive and lead to long term damage to the body. Drug users are also at risk of being poisoned by drugs and overdosing which can lead to death. Drug misuse is often linked to mental health problems. Evidence suggests that those with mental health issues and substance misuse problems are more likely to be both a victim of crime as well as an offender, and that this can include violent crimes.⁴⁶

There were a total of 329 hospital admissions with a primary or secondary diagnosis of drug related mental health and behavioural disorders amongst Southampton residents in 2013/14, a rate of 135 admissions per 100,000 resident population. This is slightly higher than the national rate observed over the same time period of 126 admissions per 100,000 resident population, although the difference is not significant. Southampton has one of the lower admission rates amongst its comparator community safety partnerships (see figure 5.6.16).

⁴⁵ Stephenson, G. and Richardson, A. (2014) *New Psychoactive Substances in England – A Review of the Evidence*. Crime and Policing Analysis Unit, Home Office Science, October 2014.

⁴⁶ Crome et al (2009) *The relationship between dual diagnosis: substance misuse and dealing with mental health issues*.

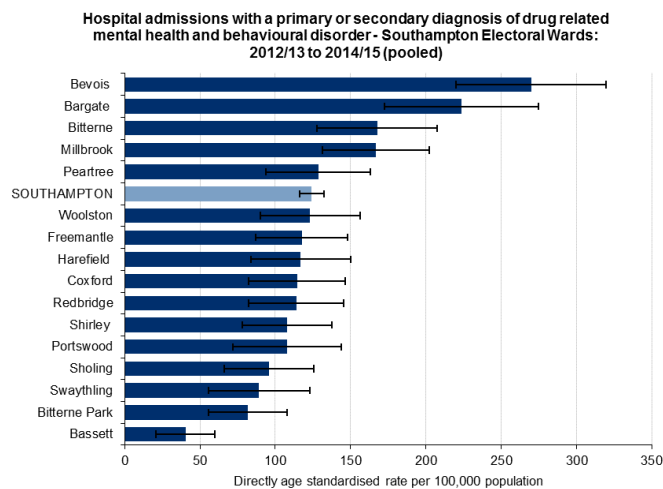
Figure 5.6.16



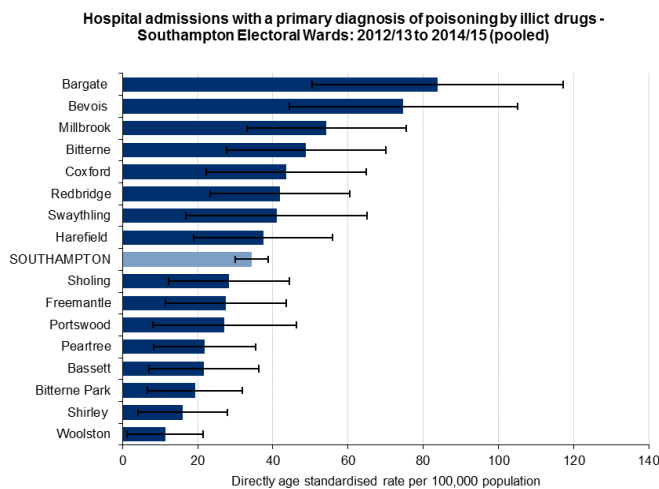
Admission rates appears to have increased slightly over recent years but this trend is not statistically significant. As with the crimes data, over the 2012/13 to 2014/15 (pooled) period, the central wards of Bargate and Bevois have a significantly higher age standardised rate of hospital admissions for substance misuse than the average for Southampton (see figure 5.6.17). Unsurprisingly, this type of hospital admission is strongly linked to deprivation, with those living in the 20% most deprived areas having a rate of 203.1 per 100,000 population, compared with 34.3 per 100,000 population in the 20% least deprived areas (see figure 5.6.18).

A smaller number (97) of Southampton residents were admitted to hospital with a primary diagnosis of poisoning by illicit drugs in 2013/14. This represents a rate of 40 admissions per 100,000 resident population; significantly higher than the national average and 3rd highest amongst its statistical neighbours (see figure 5.6.16). Again the central Southampton wards of Bargate and Bevois experience significantly higher hospital admissions rate for poisoning by illicit drugs than the city as a whole (see figure 5.6.17) and the admission rate is also linked to deprivation (see figure 5.6.18).

Figure 5.6.17

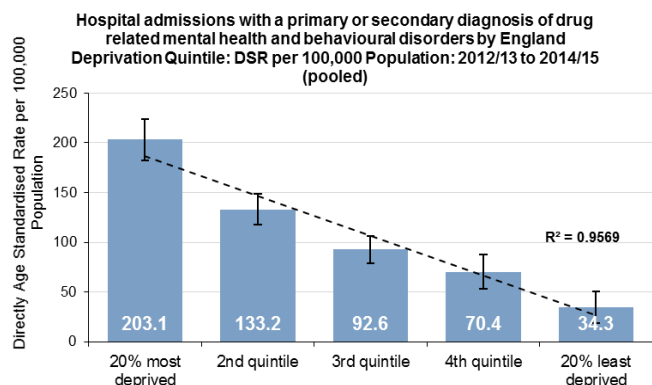


Sources: Inpatient SUS, Mid Year Population Estimates (The Office for National Statistics)

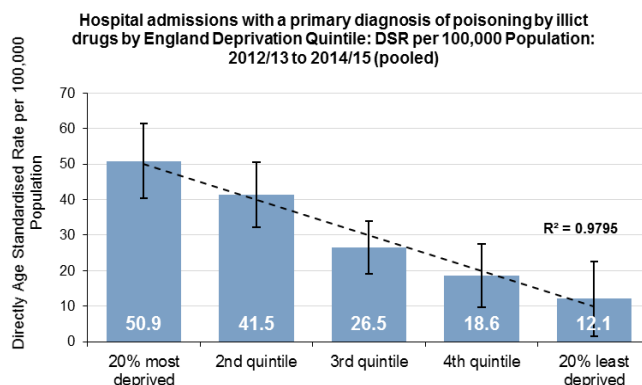


Sources: Inpatient SUS, Mid Year Population Estimates (The Office for National Statistics)

Figure 5.6.18



Sources: Inpatient SUS, Mid Year Population Estimates (The Office for National Statistics)



Sources: Inpatient SUS, Mid Year Population Estimates (The Office for National Statistics)

Substance misuse treatment

There are approximately 306,000 adult heroin and crack cocaine users in England with more than half receiving treatment in the community or prisons. Overall numbers in treatment have fallen gradually in recent years. Among young people addiction problems are also decreasing.

Experts agree that it is hard to say exactly what has prompted the trend. It is likely to be a combination of factors from better access to treatment and health promotion campaigns to a wider cultural shift away from traditional drug use. However, as this has happened, there has begun to be growing concern about the use of New Psychoactive Substances (NPS) – substances that mimic the effect of banned drugs, such as cathinones.

Whilst in the past the focus of drug treatment has been on reducing harm through schemes such as needle exchanges, current strategies favour an approach which places more emphasis on achieving

recovery and abstinence. In addition to addressing traditional drug use, dependency on prescription drugs and legal highs needs to be tackled.

Locally there are estimated to be 1,649 opiate and/or crack users and 636 injectors in Southampton. Local prevalence rates are slightly higher than those estimated nationally but not significantly so. Collectively this group have a significant impact on crime, unemployment, safe guarding children and long-term benefit reliance.⁴⁷

942 adults were effectively engaged in treatment in Southampton in 2014/15 and 41 adults attended residential rehabilitation during their latest period of treatment. When engaged in treatment, people use less illegal drugs, commit less crime, improve their health and manage their lives better. Drug services in Southampton have to date been successful in targeting opiate and crack users for entry into treatment, some of whom are offenders, and there has been a year on year increase in the numbers entering and being retained in treatment.

The most recent performance data around successful completions, numbers in treatment and new presentations to treatment have indicated a decrease in numbers. This is felt to be attributable to a huge and complex transition of IT systems which has resulted in incomplete and inaccurate recording of data over the past year, as old services were run down and new systems encountered difficulties in early implementation. Recent live data shows an improved picture.

The drug and alcohol treatment system in Southampton has been subject to re-design over the last three years. The re-design is intended to ensure that treatment is available to an increased number of services users through a better defined treatment pathway. The new integrated substance misuse treatment system comprises three elements:

- DASH (Drug and Alcohol Support and Health) for young people aged between 11 and 24 years. The service goes into a number of schools and colleges to deliver substance misuse awareness workshops, which includes NPS. They also run the “Buzz” programme. They run a family support group for parents to educate them and to provide support in dealing with young people with a substance misuse issue (and many others). This aspect of the service is currently part funded by the OPCC.
- Assessment, Review, Monitoring and Recovery Planning Service (ARM) for adults aged 25 years and over.
- Structured Intervention Service – delivers clinical and psycho-social interventions. Those requiring low level intervention are provided with a brief intervention, advice and information.

⁴⁷ Public Health England (2015) *Drug data JSNA support pack: Key data to support planning for effective drugs prevention, treatment and recovery in 2016-17.*

Recommendations

- The Partnership should continue to monitor data across agencies in order to estimate the extent of harm caused by alcohol and substance misuse and to identify support mechanisms for helping recovery and reintegration into society.
- Ensure that alcohol health problems in Southampton are accounted for after the publication of the council's alcohol needs assessment, Joint Strategic Needs Assessment and Health and Wellbeing Board Strategy and that a range of local indicators are in place to measure progress.
- Successful drug intervention programmes should remain a priority, with estimates suggesting that every pound spent on drug treatment, saves society £2.50.⁴⁸ Providing effective interventions for problematic substance misusers will also help reduce the risk of harm people may encounter from lifestyles which help support their addiction.
- The Partnership should effectively co-ordinate the street level engagement with offenders and upstream enforcement to reduce the supply of drugs in the city.
- Hampshire Constabulary has developed a response plan to tackle NPS supply and use. It is recommended that the Partnership build upon this in order to develop a multi-agency plan with clear responsibilities for the range of organisations involved.
- Education has been identified as a vital element of any strategic response to drugs and especially NPS. This should include both the user and those that look to profit from selling these products. Some work has already been undertaken on developing an education package, including the development of Safe4Me school resources targeting 10-11 year olds for prevention and early intervention. However, the Partnership should support more wide-ranging education plan that includes materials for 15 to 24 year olds and parents such as the upcoming work of DASH with Southampton University.

⁴⁸ National Treatment Agency for Substance Misuse (2012) *Estimating the crime reduction benefits of drug treatment and recovery*.

5.7 Cyber-Crime

Organised crime has been quick to take advantage of the opportunities offered by the Internet, particularly the growth in e-commerce and online banking. The key identified threats in Hampshire are online shopping and auctions, computer software service fraud, ransomware and hacking.

This is being managed at Force level within Hampshire Constabulary. Local awareness initiatives are likely to be appropriate and local policing will take on matters where, both force wide and nationally, offenders are identified carrying out their illegal activities in Southampton. This is a growing challenge as the issues are complex and often difficult to resolve and cyber-crime is still a relatively new area to local policing.

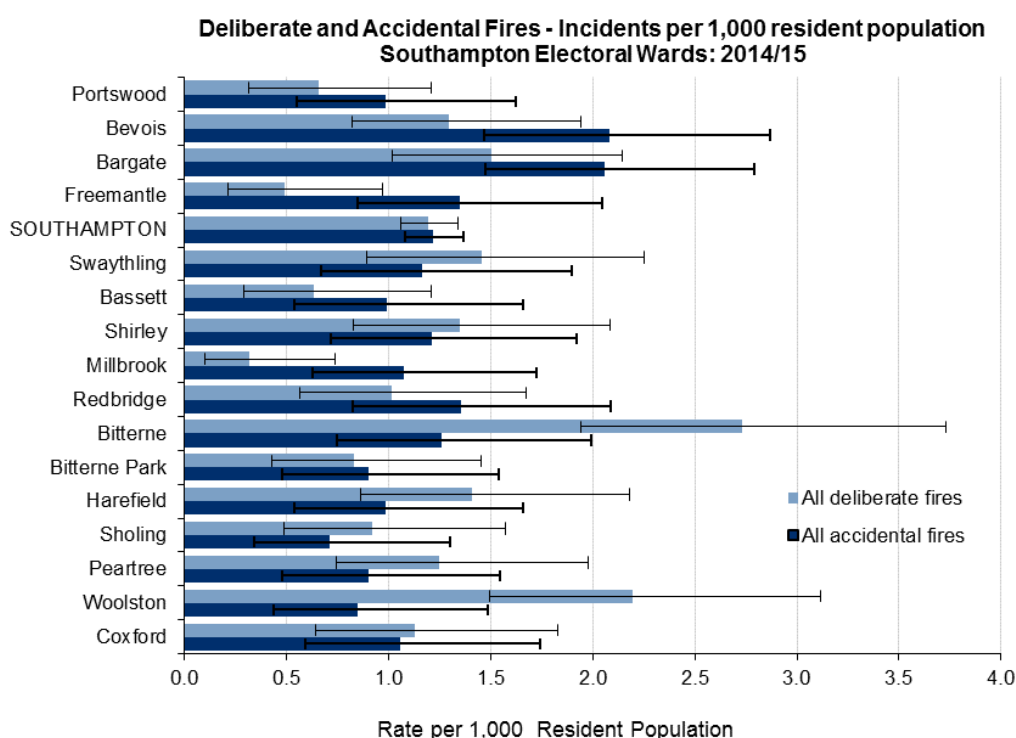
Recommendations

- The Partnership should ensure that incidents of cyber-crime are recorded in Police systems via the dissemination of relevant training and the development of a collection plan for regular collation of a cyber-crime dataset to make maintenance of accurate data more manageable.
- Promotion of partnership working to support preventable measures (updating of software) to be taken that would prevent a significant proportion of cyber-crime.

5.8 Fire Safety

289 deliberate and 295 accidental fires occurred in Southampton in 2014/15. Figure 5.8.1 shows the distribution of deliberate and accidental fires by electoral ward. Rates of deliberate fires per 1,000 resident population are highest in the wards of Bitterne (39 fires) and Woolston (31 fires); statistically significantly higher than the city average. Rates of accidental fire per 1,000 resident population were highest in the central wards of Bargate (41 fires) and Bevois (37 fires); statistically significantly higher than the city average.

Figure 5.8.1



Source: Hampshire Fire and Rescue Service, Mid Year Population Estimates 2013, The Office for National Statistics

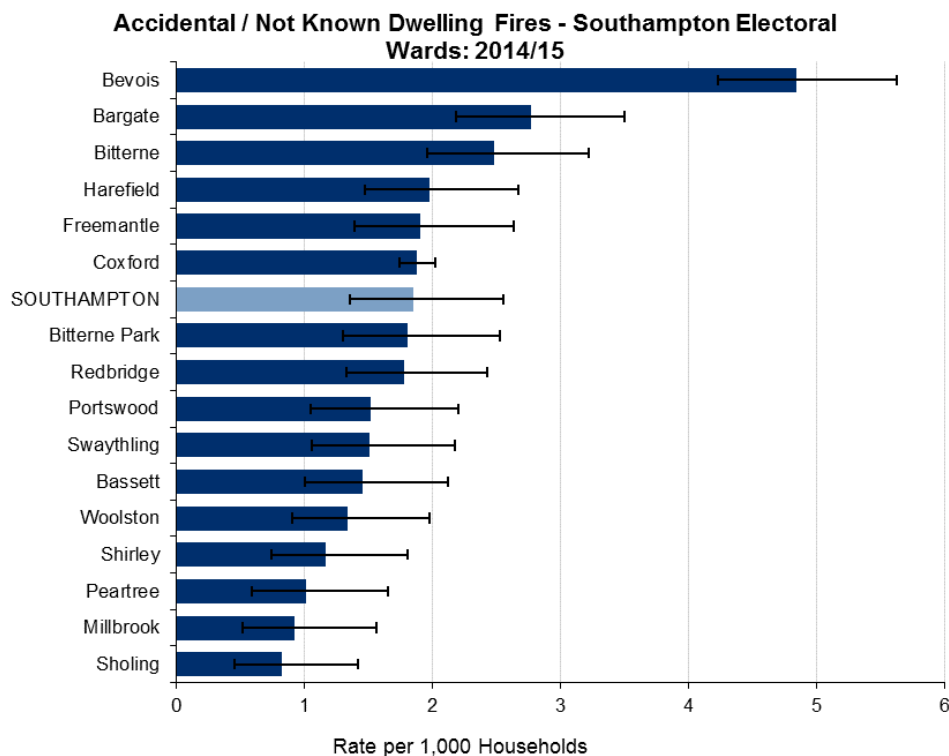
The Hampshire Arson Task Force (ATF), a partnership initiative between Hampshire Constabulary and Hampshire Fire and Rescue Service, was established in 2007. The ATF is an intelligence-led unit, delivering tactical advice and specialist support to help both organisations to combat arson offences across the Hampshire area including in Southampton. The unit is responsible for conducting arson reduction surveys in problem areas, arranging emergency home fire safety visits, and undertaking reviews of linked occurrences to plan a strategic response.

There were 182 accidental or unknown dwelling fires in Southampton in 2014/15, a rate of 1.85 fires per 1,000 households. Similar to all accidental fires, rates of accidental dwelling fires were significantly higher in the central wards of Bevois and Bargate (see figure 5.8.2). More than half of

the dwelling fires in these wards were in flats or maisonettes and the majority were caused by cooking.

Of those accidental / not known dwelling fires more than half were young private renters, typically educated singles and sharers between 18-35, which suggests students and young city workers. Other people likely to have these incidents were those in social housing renting in urban communities (14%), elderly people in need of financial and practical support (12%), single short term low-cost renters and families with limited resources (10%). This suggests people at most risk of an accidental / not known dwelling fire are those of various ages, but particularly the young and the elderly, living alone and in need of support in many cases.

Figure 5.8.2



Sources: Hampshire Fire and Rescue Service, Mid Year Population Estimates 2013, The Office for National Statistics

Two thirds of all accidental / not known fires in Southampton were caused by cooking with the next highest number of incidents caused by other household appliances. The highest number of fires occurred in flats up to three storeys and houses. Community Safety Officers from Hampshire Fire & Rescue Service educate householders around fire prevention, including fire safety advice and issuing smoke alarms and fire retardant bedding.

There were 16 casualties which resulted from 14 accidental / not known incidents in SCC area. Nine of these incidents were caused by cooking, three by smoking materials, two by wiring, cabling and plugs and two by lighted paper or card, or other naked flame. 13 of the victims were male and the

remaining three were female. Five of the casualties were 30-44, four were over 65, three were 15-29 and two were 46 to 64. The remaining two casualties had no age recorded. There were no fatalities in accidental / not known dwelling fires in Southampton in 2014/15.

Recommendations

- Hampshire Fire and Rescue should continue to work in partnership with other agencies to keep communities safe and secure. The partnership should target the most vulnerable people and places, working collaboratively with specialists from health, social care, safeguarding and Housing Services to improve the current home safety service for vulnerable adults and reduce dwelling fires.
- The Partnership should work to build community resilience, working closely to assist communities and local businesses with pre-planning and education. This will empower local people and reduce the dangers of large emergencies such as the extreme weather seen in 2013/14.
- The majority of accidental dwelling fires were caused by cooking, so awareness programmes run by Community Safety Officers should continue, educating householders around fire prevention and fire safety.
- The Partnership should continue to monitor data across the fire sector in order to make informed decisions and understand the needs of the community. Further analysis needs to be done to review trends over time.

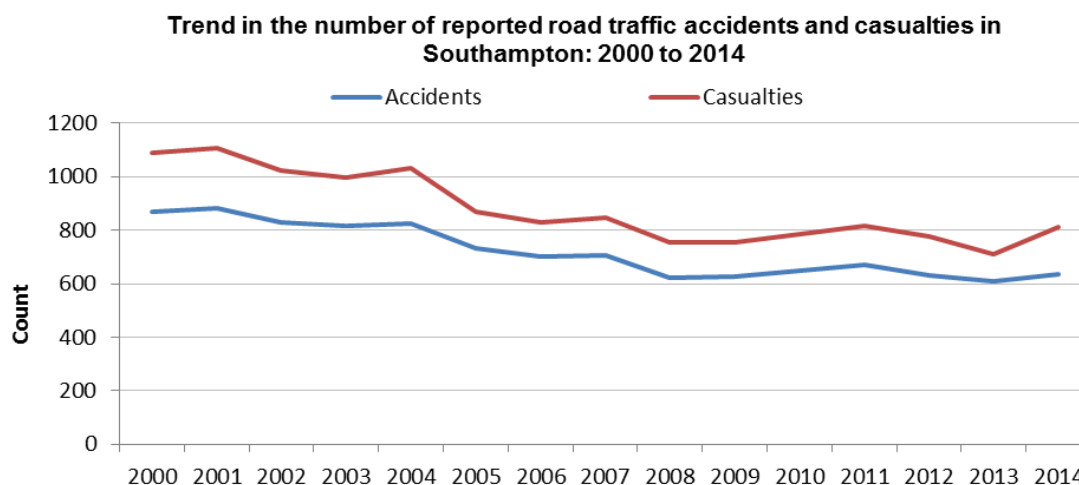
5.9 Road Safety

All road traffic accidents (RTAs) involving human death or personal injury occurring on the highway and notified to the Police within 30 days of occurrence, and in which one or more vehicles are involved, are reported to local authorities via the Police STATS19 dataset. All data presented in this section of the assessment relates to accidents occurring within the Southampton city boundary rather than all accidents involving Southampton residents.

RTA data has been collected in the city for many years. Figure 5.9.1 below illustrates the trend in the number of accidents occurring within the city, as well as the number of people injured between 2000 and 2014. Over this period:

- The annual number of accidents fell from 870 in 2000, to a low of 610 in 2013; a reduction of nearly 30%. In 2014 636 accidents were recorded; a slight increase of 4% on the previous year.
- The annual number of casualties fell from 1089 in 2000 to a low of 709 in 2013; a reduction of nearly 35%. In 2014 812 casualties were recorded; an increase of 14.5% on the previous year.

Figure 5.9.1

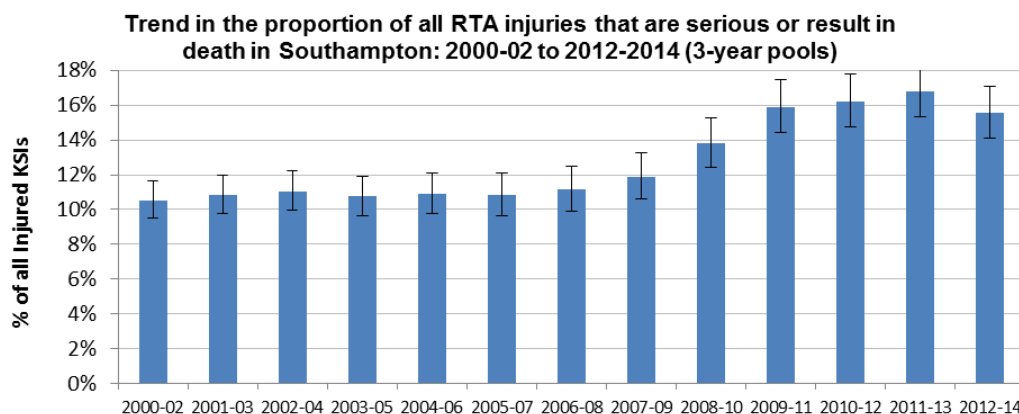


Note: This analysis is based on the standard STATS19 dataset supplied by the Police. This dataset includes all road accidents where human death or personal injury has occurred on the Highway and has been notified to the police within 30 days of occurrence, and in which one or more vehicles have been involved. The data relates to accidents occurring within the Southampton City boundary.

Although these numbers have fallen fairly steadily over the past fourteen years, the number of casualties suffering serious injury or death has not. Figure 5.9.2 shows the proportion of all RTA casualties Killed or Seriously Injured (KSI) between 2000-02 and 2012-14 (3 year pooled data). The proportion of casualties KSI remained fairly constant until 2007-09 but then slowly increased in the subsequent four 3-year pooled periods. The most recent 3-year pooled period examined (2012-14) shows a slight decrease from the previous year (2011-13), but this is not statistically significant. 15.5% of casualties were KSI in 2012-14, compared to 10.5% in 2000-02. Of these the majority were

seriously injured with very few deaths occurring on Southampton roads in recent years. In fact the number of deaths from RTAs has gradually fallen over time from 20 in 2000-02 to 6 in 2012-14 (see table in figure 5.9.3).

Figure 5.9.2



Note: This analysis is based on the standard STATS19 dataset supplied by the Police. This dataset includes all road accidents where human death or personal injury has occurred on the Highway and has been notified to the police within 30 days of occurrence, and in which one or more vehicles have been involved. The data relates to accidents occurring within the Southampton City boundary.

Figure 5.9.3: Trend in the number of recorded deaths resulting from an RTA

| Period | 2000-02 | 2001-03 | 2002-04 | 2003-05 | 2004-06 | 2005-07 | 2006-08 | 2007-09 | 2008-10 | 2009-11 | 2010-12 | 2011-13 | 2012-14 |
|---------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| No. of deaths | 20 | 19 | 17 | 12 | 10 | 13 | 14 | 10 | 8 | 5 | 6 | 7 | 6 |

Since 2000, Southampton City Council has invested in highway schemes at known casualty ‘hot spots’, promoted and campaigned for better road safety and been involved in working in partnership with Hampshire Police to enforce locations where there is excessive speeding. Whilst casualties on Southampton’s roads have reduced over this time period, around 100 people are still killed or seriously injured on Southampton’s road every year.

Recommendations

The following are being implemented to reduce road casualties in Southampton:⁴⁹

- Provision of engineering measures to improve road safety where feasible. This has become increasingly challenging as those sites and routes where there are clusters of high level of casualties or defined patterns have already seen safety engineering projects designed to reduce casualties, generally to successful effect.

⁴⁹ Southampton City Council *Local Transport Strategy and Implementation Plan for Southampton*

- Increase in the number of targeted campaigns. Some road user groups are disproportionately vulnerable and pedestrians, cyclists and powered two wheeler users have a particularly high incidence of casualties for their frequency of use.
- Increase in the number of road safety training events and challenging the attitudes and behaviour of road users. Road user behaviour is the biggest common factor in most casualties and behavioural change approaches may be beneficial.
- Speed enforcement at locations identified. Inappropriate speed remains a key cause of many casualties and it also has a significant impact on severity of accidents when they do occur.
- In addition, the 2014/15 Southampton Local Safeguarding Children's Board Annual Report has recommended that the education on road safety in schools should be reviewed.

5.10 Domestic Violence and Abuse

Obtaining a comprehensive picture of the extent of Domestic Violence and Abuse (DVA) nationally and locally remains a challenge. DVA is a hidden crime, with very high levels of under-reporting. The Crime Survey for England and Wales (CSEW) estimates that only 40% of DVA is reported to the Police, whilst SafeLives (national charity) suggests that on average, a victim experiences 50 incidents of DVA and live with it for an average of 2.6 years before getting help. The cross-government definition of DVA is *“any incident or pattern of incidents of controlling, coercing, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality.”* However, this is not a legal definition and statistics on the extent and nature of DVA are hampered by the fact that DVA is not a crime in itself, but rather is potentially multiple crime types within a domestic or intimate relationship.

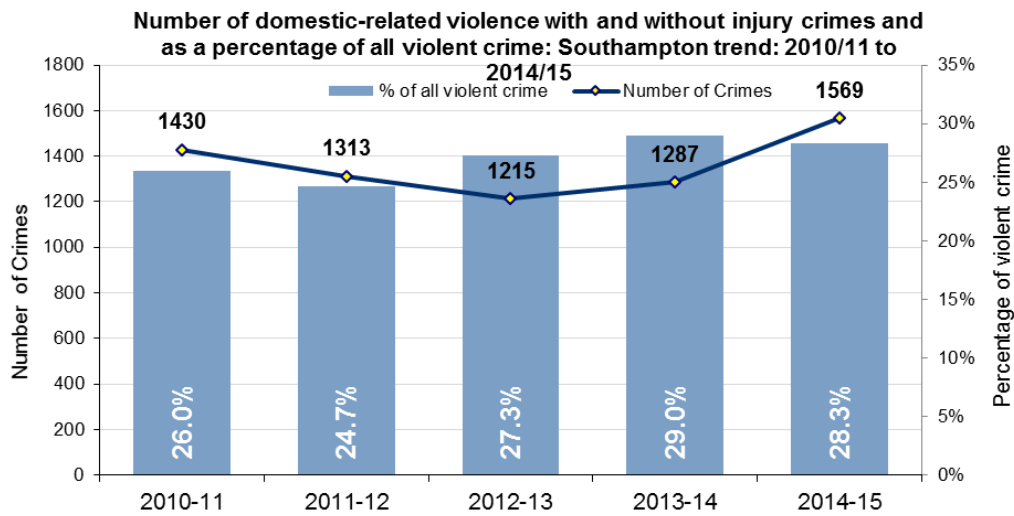
Locally, there is currently a lack of consistent and cohesive data measures used to establish a clear picture of DVA in the city, although this is being addressed through the Multi-Agency Domestic and Sexual Abuse Strategy Group. Therefore, the data shown in the strategic assessment should be viewed in the context of the above factors and recognised as only part of the DVA experience in the city which needs to be built upon.

Domestic violence crimes and arrests

Hampshire Constabulary report that Southampton has the highest rate of domestic violence crimes and incidents throughout the force. Overall within Southampton there has been a 22% rise in Police recorded domestic violence crimes between 2013/14 and 2014/15 (see figure 5.10.1). Previously, there had been a fall in recorded domestic violence crimes from 1,430 in 2010/11 to 1,215 in 2012/13 (15% reduction), followed by a slight increase (5.9%) in 2013/14. The dramatic increase recorded in 2014/15 may in part be explained by the change in Police recording rules following the publication of the findings of the HMIC report (see section 4.1 for more details). In fact, this rise is slightly less than the 25.6% increase in overall violent crime recorded for the same period. The overall proportion of violent crimes that were domestic-related fell slightly from 29.0% in 2013/14 to 28.3% in 2014/15.

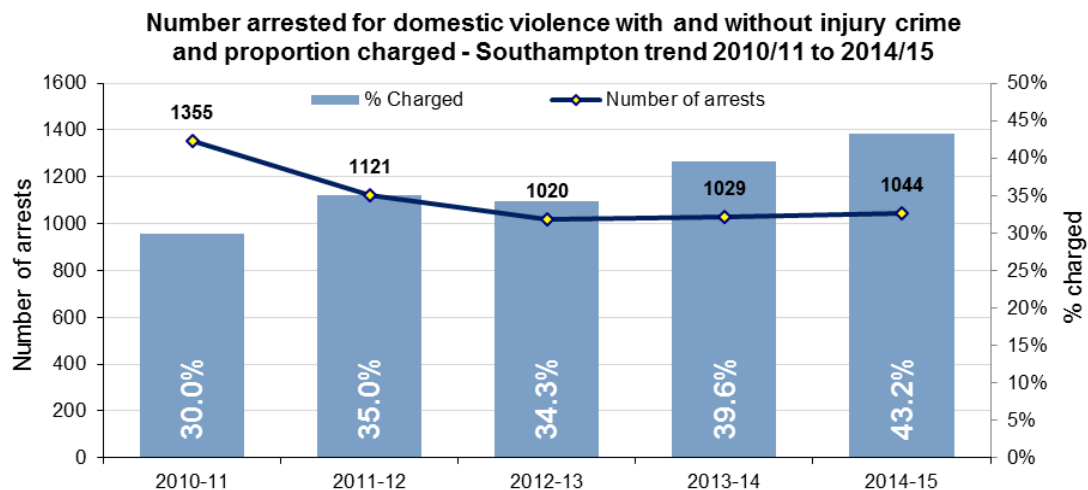
Data on arrests in Southampton for domestic violence crime is illustrated in figure 5.10.2. The overall number of arrests has remained fairly stable since 2012/13, giving weight to the argument that the increases witnessed in recorded crime over the same period may in part be due to a change in recording practices, rather than an increase in DVA crime per se. However, there does appear to have been an increase in the proportion of arrests that lead to a charge; rising from 30% in 2010/11 to 43.2% in 2014/15. Unfortunately, there is no published comparative data available from either ONS or iQuanta to be able to benchmark performance against the city's statistical neighbours.

Figure 5.10.1



Sources: Hampshire Constabulary, Intelligence

Figure 5.10.2



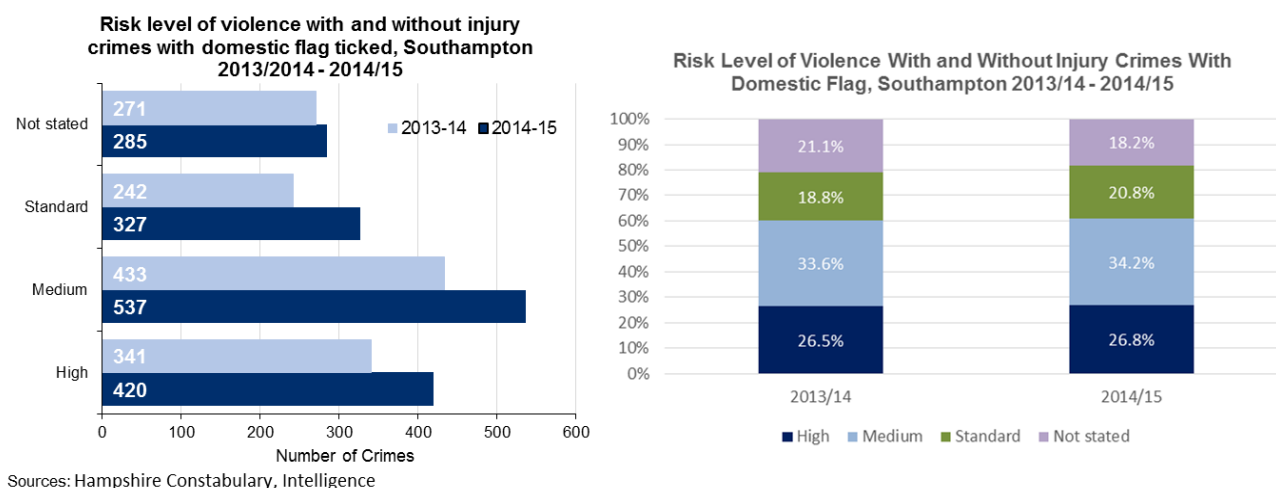
Sources: Southampton City Council & SaferLives

As the tartan rug in figure 4.5.2 (section 4.5) shows, for 2014/15, Bitterne (9.52), Bevois (9.51), Redbridge (9.20), Woolston (8.50) and Bargate (8.43) wards all had a Domestic Violence crime rate per 1,000 population statistically significantly higher than the city average (6.90). Each of these wards were also among the highest in 2013/2014, and experienced a rise in the last year, suggesting that domestic violence is a persistent issue in these areas. These wards are amongst the most deprived in the city (see map in figure 4.5.4), suggesting a link between DVA and deprivation.

On attending a domestic violence incident, the Police risk assess each case as a high, medium or standard risk on site. This grading is then quality assured by the Police Central Referral Unit, who then pass the case to the Police Safeguarding Team for action. Those considered at standard or low risk are referred to victim support, whilst those considered at a higher risk are referred to the

Council's Independent Domestic Violence Advocates (IDVA). These cases are also heard at a Multi-Agency Risk Assessment Conference (MARAC), where an action plan is developed. Figure 5.10.3 shows the number and proportion of domestic violence crimes by risk level for the last two years; this data was only recorded consistently from 2013/14. In 2014/15, over a quarter (26.8%) of DVA crimes were assessed as high risk, 34.2% were medium and 20.8% were standard risk. These proportions have remained fairly consistent for the last two years for which we have data. The increase in domestic violence crimes recorded for the city as a whole in the last year, appears to be evenly distributed across the high, medium and low risk categories. It should be noted that the data presented here is only represents those crimes that were related to a violent offence, and therefore only a proportion of the total DVA crime. Further information is required on all DVA cases reviewed by the Police safeguarding team to better understand the overall risk profile, the number of repeat victims and if their risk profile is changing over time to ascertain the impact of early intervention.

Figure 5.10.3:



PIPPA & IRIS

Approximately, 80% of high risk DVA referrals to MARAC come from the Police, but not all DVA is reported to the Police. PIPPA is the multi-agency DVA helpline for professionals in Southampton; it helps to risk assess and provide referral and support routes for those experiencing, or working with those experiencing DVA.

Figure 5.10.4: Number of referrals to the Southampton PIPPA helpline by referring agency

| Year | All Health | Children's Services | Vulnerable Adults (inc CMHT) | CJS Agencies | Housing | Drugs & Alcohol Services | Third Sector | Education / Schools | Public | Other | Total | % Change |
|---------|------------|---------------------|------------------------------|--------------|---------|--------------------------|--------------|---------------------|--------|-------|-------|----------|
| 2012/13 | 56 | 11 | <5 | 5 | <5 | <5 | 7 | | | | 84 | |
| 2013/14 | 96 | 33 | 20 | 11 | 11 | <5 | 25 | <5 | 9 | 9 | 222 | 164.3% |
| 2014/15 | 86 | 63 | 17 | 16 | 23 | <5 | 18 | | 12 | <5 | 243 | 9.5% |

Figure 5.10.4 shows the number of referrals into PIPPA between 2012/13 and 2014/15 by referring agency. There was a 9.5% increase in referrals between 2013/14 and 2014/15; this may be a reflection of the increased awareness of the availability of PIPPA as a resource amongst partner organisations. The majority of this increase has come from a rise in referrals from Children's and Families Services, which has increased by 90.9% since last year. Further work is needed to understand the various risk levels of PIPPA referrals, to identify levels of repeat referrals and whether these are progressing from standard to a higher risk over time.

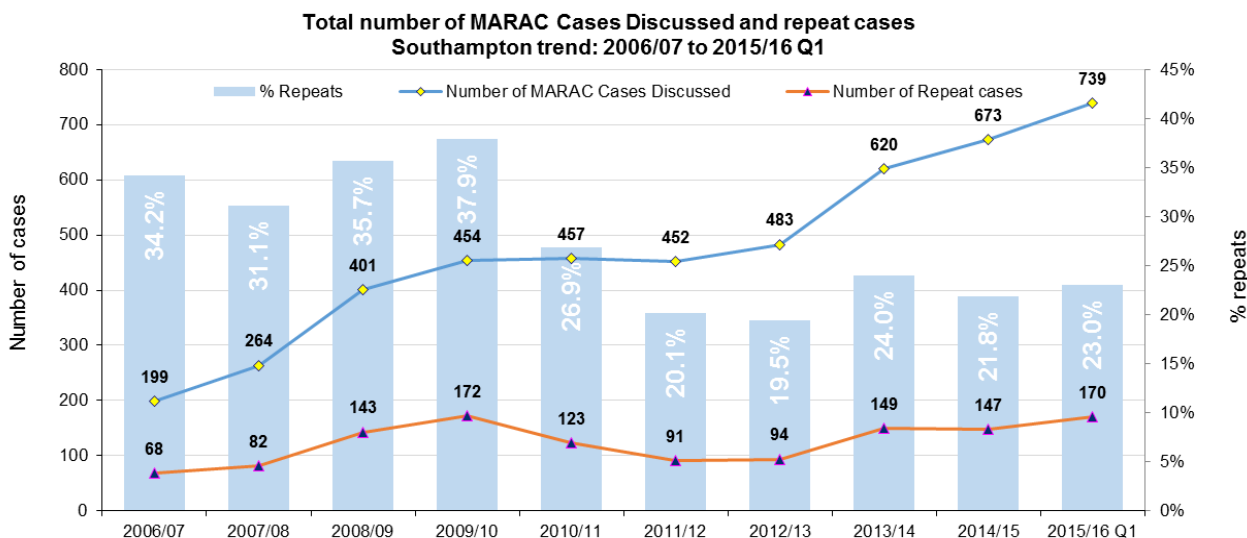
IRIS is a general practice-based domestic violence and abuse training support and referral programme. GPs are trained in how to identify and refer victims of DVA with the highest level risk cases referred to IDVA. Between April 2014 and March 2015 there were 98 referrals from GPs. This is a national programme, so it is hoped that benchmarking data will be available in future years.

In order to reduce risks and increase safety the high levels of reporting through PIPPA and IRIS need to be sustained. But specifically, the Partnership must ensure both a wide breadth of communities, individuals and services are engaging in the vital task of identifying and responding to DVA.

High risk cases (MARAC)

All cases which are assessed as high risk are referred to MARAC. SafeLives data for the July 2014 to June 2015 period shows that 82% of referrals to MARAC in Southampton came from the Police, whilst 18% came from other sources (such as PIPPA). Figure 5.10.5 shows that Southampton has seen a dramatic rise in referrals to MARAC over the last decade, with a particularly large increase recorded between 2012/13 and 2013/14 where the number of cases rose from 483 to 620 (28.4%). Despite the 22% rise in Police recorded domestic violent crime in 2014/15, the number of MARAC cases only increased by 8.5%; once again suggesting that the increase in recorded crime is partially due to a change in Police recording. Nonetheless, the latest data from SafeLives for quarter 1 of 2015/16 shows the number of MARAC cases has increased significantly once more; a 20% increase on the same period last year. This rising trend is a contributing factor in the increase in violent crime in the City, as well as other related service demands such as referrals to MASH (Multi-Agency Safeguarding hub).

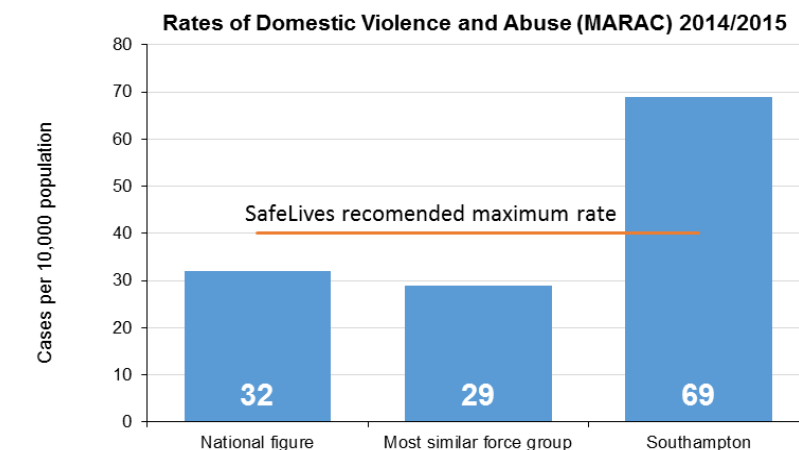
Figure 5.10.5



Sources: Southampton City Council & SaferLives

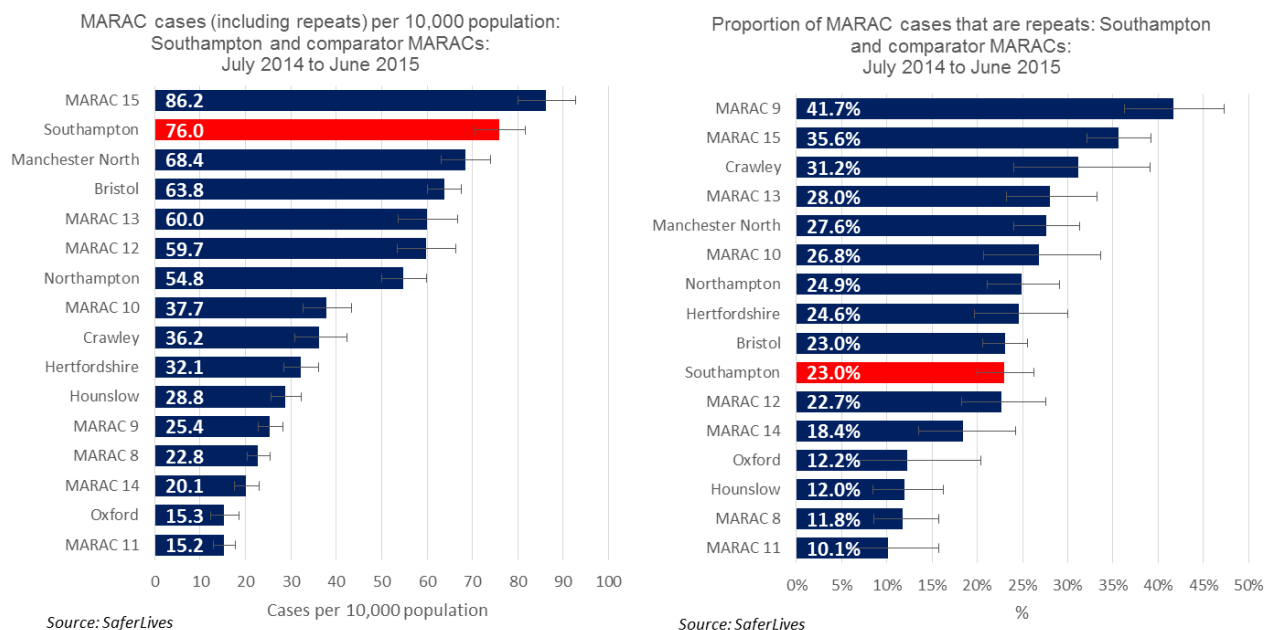
The comparative data for 2014/15 shows that Southampton remains a city with exceptionally high volume reporting of DVA. Figure 5.10.6 shows that Southampton has a rate of 69 cases per 10,000 population, which is over twice the national average (32 per 10,000) and significantly higher than the SaferLives recommended rate of 40 per 10,000 population. The most recent comparative data from SaferLives, for the period July 2014 to June 2015, shows that Southampton has the second highest rate of MARAC (high risk) referrals amongst its most similar authorities (see figure 5.10.7). Please note, only those authorities where consent has been given are labelled on the chart.

Figure 5.10.6



Sources: Southampton City Council

Figure 5.10.7



The high MARAC case rate in the city may in part be attributed to successful efforts by all partners in the city to increase awareness, identification and reporting of DVA in recent years. This could reflect good practice across agencies rather than reflecting unusually high levels of violence and abuse. For example, safety planning encourages reporting as part of keeping a victim safe, and increased reports can evidence both confidence in services and positive interventions. Hampshire Constabulary has one of the highest arrest rates in the UK for DVA; for every 100 domestic abuse crimes recorded, there were 90 arrests in Hampshire in the 12 months to the end of August 2013 (for most forces the number is between 45 and 90).⁵⁰ In addition, an increasing proportion are leading to charge; from 30% in 2010/11 to 43.2% in 2014/15 (see figure 5.10.2). This suggests a positive response to DVA locally which may encourage higher reporting rates.

Repeat victimisation

Although there are no national indicators of success, repeat referrals to MARAC provide an indication of repeat victimisation in the city. This indicates the proportion of high risk cases where interventions lead to cessation of reported violence. In Southampton the proportion of repeat referrals to MARAC have been consistently low (22.1% in 2014/15) and better than many of the city's statistical neighbours (see figure 5.10.7). Therefore, it is possible that in up to 78% of high risk cases where there is an intervention, the violence and abuse ceases and does not recur in the following 12 months. This suggests that despite the rising demand on key partner services, the collective response, especially from IDVA and MARAC is good. However, this only considers DVA at

⁵⁰ HMIC (2014) *Everyone's business: Improving the police response to domestic abuse*. [Online] Available from: <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/2014/04/improving-the-police-response-to-domestic-abuse.pdf>

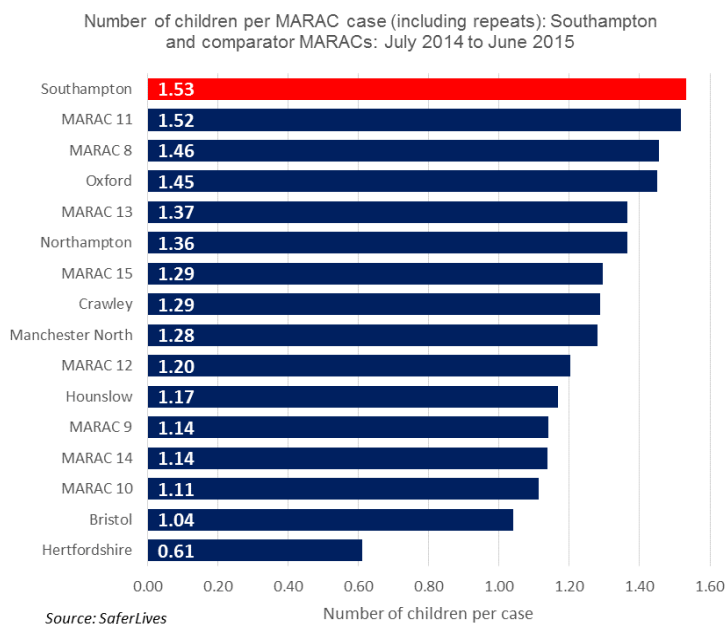
the high risk level. More work is required to understand repeat victimisation at the standard and medium risk levels, to understand if early interventions at these lower levels of risk are resulting in a cessation of DVA, or whether they go on to become high risk over time.

Impact on children

Many children and young people are exposed to domestic violence and abuse at home and are denied a safe and stable home environment. These children are more likely to become victims of abuse themselves, may experience personality or behavioural problems and are more likely to go on to offend. The single biggest predictor for children becoming either perpetrators or victims of domestic abuse as an adult is whether they grew up in a home with domestic violence.⁵¹ The impact of domestic violence on very young children is often underestimated and the impact on school age children could affect their ability to achieve.⁵²

Of the 739 cases heard at MARAC between October 2013 and September 2014, 1,132 children were recorded as being a child of the victim, perpetrator or both; a rate of 1.53 children per case. Figure 5.10.8 shows that Southampton has the highest rate of children affected by DVA amongst its comparator MARACs over the period. Therefore, DVA has a significant impact on children living in the city.

Figure 5.10.8



⁵¹ UNICEF (2006) *Behind Closed Doors: The impact of domestic violence on children*.

⁵² Byrne & Taylor (2007) *Children at risk from domestic violence and their educational attainment: Perspectives of education welfare officers, social workers and teachers*.

In Southampton in 2012/13, 28% of safeguarding referrals had DVA as a factor. This estimated figure has risen to 55% of referrals through MASH in 2015 (caution needs to be taken when these comparisons are made). Child Protection Conferences include DVA in 80% of cases. This appears to be higher than similar profiles of other cities although, the figure is subjective in that it does not weight the significance or risk levels of DVA in each case. Therefore, comparisons with Children's Services in other areas is not robust and is not collected as part of national data requirements. Of those children who had a first referral to MASH due to DVA between April 2014 and March 2015, the average age was 7 years old, 48% were female and 72% were in the ethnic group White British, which is in line with the overall population of Southampton (78%).

Amongst the children who are currently looked after by Southampton City Council, 53% had domestic violence as one of the reasons they were looked after. However, due to the way safeguarding is recorded the DVA could vary from a very low level to a very high level. Also amongst these children, DVA may not necessarily be a direct factor in the child becoming looked after, but one of a number of factors in the case. Nonetheless, the impact of DVA on children in the city appears to be significant and an area which the Partnership should look to address.

Homelessness and women's refuge

DVA is a commonly quoted reason for homelessness in women, with up to 40% of homeless women stating that DVA was a contributing factor to their homelessness.⁵³ Southampton City Council collects data on the number of full homelessness duty cases where DVA (or the unpreventable threat of DVA) was the primary reason for homelessness. In 2014/15, there were a total of 24 cases where DVA was the primary reason for homelessness and the council had a full duty; this equated to approximately 13% of the total homelessness duty cases. The Code of Guidance says that for the purpose of the homelessness legislation, people may have a local connection with a district because of residence, employment or family associations in the district. However, in cases where DVA is the primary reason for homelessness, a local connection with the area in which they are presenting is not necessary.

Examining information for the Southampton against Violence and Abuse Plan 2014-17, it has been identified that refuges in Southampton provide 20 bed spaces for short-term crisis accommodation for victims of DVA and their children. As part of informal national reciprocal arrangements these people may not be local residents. The availability of local services to meet the needs of local people is affected by a range of factors, including the number of people who use refuges from other parts of the UK. Other factors also impact on the availability of services, such as the length of stay, the levels of risk and outcomes. Reduced re-victimisation also affects the effectiveness of this provision. Other safe housing options that enable victims and their children to stay in their own homes is often preferable. Local housing and homelessness responses, as well as new legislation to remove perpetrators from their homes for up to 28 days can positively change the way safe accommodation

⁵³ Cramer, H. and Carter, M. (2002) *Homelessness: What's gender got to do with it?* Shelter, London.

is delivered in the City. Housing Services offer urgent moves, referred to as management transfers, to council tenants where threats to the person put them at risk of continuing to reside in their council home. The reasons for this risk is often related to DVA. Partner housing associations are also assisted with similar urgent requests to move on the same grounds where they have limited stock in the city. Dealing with DVA victims in this way avoids the necessity of formal homelessness applications and allows planned moves to be facilitated without the disruption of being placed in a refuge or other temporary accommodation. The council also offers Dove security measures (including door locks, chains, fire letter boxes and window locks) to victims of DVA living in council homes to provide an additional level of protection against violence from excluded partners, enabling them to remain living in the family home.

A review of refuges locally has resulted in new services being commissioned. The main focus being to prioritise support, early intervention and prevention for families in the community to prevent escalation of need and to support them to stay in their homes; something families have said they prefer where feasible. This new enhanced service began on 1st November 2015 with implementation phased in over the period to August 2016, when it will be fully resourced. Alongside this is the reduction in August 2016 of bed places to 12 family friendly spaces with a primarily focus on Southampton residents for emergency and ongoing support. However, this is in the context of a national network of refuge services where people are placed according to assessed risk and need. The proportion of individuals and families from out of area will be monitored and is not expected to exceed 20% of total occupancy. In light of these changes, the demand for spaces needs to be monitored along with the number of people not able to access refuges and subsequently placed in alternative accommodation provided by the homelessness service.

Profile of victims and offenders

Consistent with national data, DVA disproportionately affects women as victims. This is particularly so at the high risk level where almost 95% referrals to MARAC for the July 2014 to June 2015 period involved female victims (99% of victims engaged with IDVA). Women are considerably more likely to experience repeated and severe forms of DVA than men. However, it is widely recognised that there are male victims of DVA as well as boys and young men affected by parental DVA. It is also likely that men may be more reluctant to report or seek help about DVA and that in some relationships there is retaliatory or bi-directional violence or abuse. The female population age group at highest risk of DVA is 16-24 years, with the Police reporting that the most common victim age for domestic offences was between 18 and 25 years of age in 2014/15. Southampton has a comparatively high number of young adults and this is expected to be a rising trend. There is increasing awareness locally and nationally of DVA within young people's relationships (16/17 year olds), and this is reflected in the local high-risk DVA data.

Only 12% of MARAC referrals were from the BME community. BME groups account for 22% of the overall population in the city suggesting there may be underreporting amongst these groups. The IDVA equalities data for 2014/15 indicates that of the clients that were engaged, 69% were under

the age of 35 years, 99% were female and 92% were heterosexual. Of those clients that identified themselves with a disability (17%), 74% described mental health issues, 15% with learning difficulties and 11% with physical / mobility issues. More needs to be done to understand how specific communities and groups are affected by DVA in Southampton. It is evident from the data that LGBT and disabled people including those with mental health issues are under-represented in service responses.

MOSIAC profiling of victim's addresses conducted by the Police reveals that they are often part of indebted families or are part of a childless couple living in areas of deprivation. They often live in low rise estates and are either renting or have bought council properties. They may struggle with employment and income is often topped up by benefits. It should be noted that this only relates to victims who report the offence to the Police; those victims who do not report to the Police for a variety of reasons may represent a very different demographic.

There is an absence of reliable data on the number of overall DVA perpetrators and repeat DVA offenders. However, based on Police data, there were a total of 1,297 offenders identified as having committed a violent crime with a domestic flag in 2014/15. Figure 5.10.9 shows the number of offenders by the number of crimes they were responsible for in 2014/15. The majority of known offenders (84.3%) committed only one offence in the year, although we are not currently able to identify how many of these were first time offenders. Only 15.7% committed a repeat offence in year, although it is unknown how many would be repeat offenders over a longer period of time. Of those committing repeat violent DVA offences, the majority (11%) committed two offences; 16 offenders committed four or more offences with the most prolific committing eight offences in the year.

Figure 5.10.9: Number of offences committed by known offenders in 2014/15

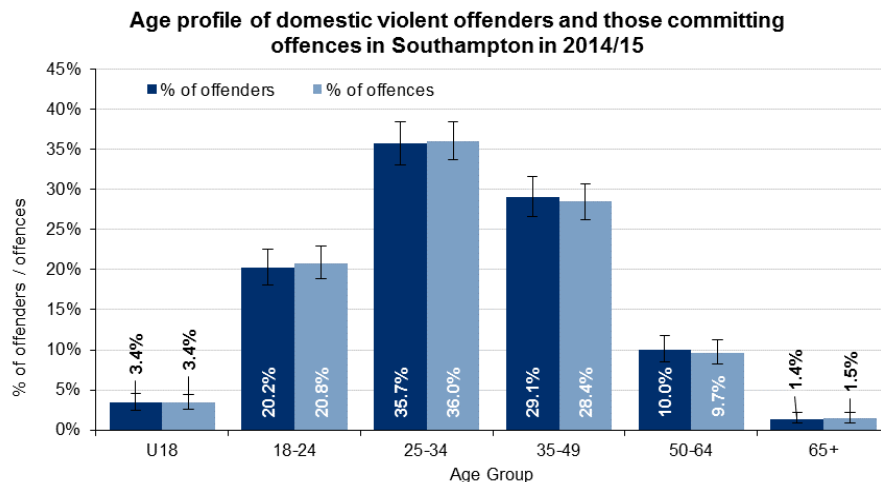
| Number of offences | Number of offenders | % of offenders | No. crimes responsible for | % of DV crime responsible for |
|--------------------|---------------------|----------------|----------------------------|-------------------------------|
| 1 | 1,094 | 84.3% | 1,094 | 69.2% |
| 2 | 143 | 11.0% | 286 | 18.1% |
| 3 | 44 | 3.4% | 132 | 8.3% |
| 4 or more | 16 | 1.2% | 70 | 4.4% |
| Total | 1,297 | 100.0% | 1,582 | |

In 2014/15, the majority of violent DVA offenders were male (79.6%) and over 20% female. However, a higher proportion of those who have multiple offences in the year were male (91.1%). Furthermore, between 95% and 97% of offenders supervised by probation services (NPS and CRC) with a domestic violence flag were male, suggesting that the most serious offenders are more likely to be male.

Police data shows that the highest prevalence of offending is amongst the 25-34 age group (36.7%); statistically significantly higher than any other group. 20% of offenders are aged 18-24 whilst just

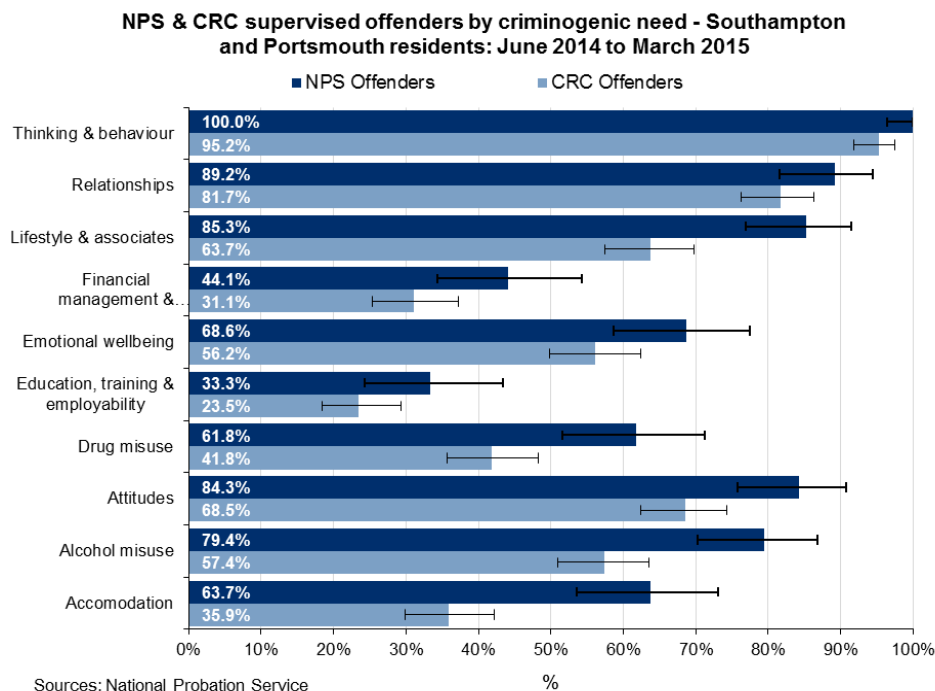
over 10% are aged over 50. The age profile for offenders and for offences committed is similar (see figure 5.10.10). This age profile is similar for offenders supervised by both the NPS and CRC.

Figure 5.10.10



Sources: Hampshire Constabulary. Please note that figures may not add up to 100% as age was not recorded for all DV offenders (approx. 0.2%)

Figure 5.10.11



Based on Police data, we also know that foreign domestic offenders accounted for approximately 12%, which remains stable from the previous year. In addition, approximately 25% of all domestic violence offenders in 2014/15 were affected by alcohol. In fact, data on DVA offenders supervised by probation services in the city suggests that a higher proportion have alcohol linked to their offending behaviour (a criminogenic need); 79.4% for NPS supervised offenders and 57.4% for CRC supervised

offenders. The same dataset shows 61.8% and 41.8% of NPS and CRC offenders have drug misuse as a criminogenic need (see figure 5.10.11).

Project CARA (Conditional Cautioning and Relationship Abuse) has been running in the Constabulary's Western Area since August 2012 with workshops provided by the Hampton Trust. The controlled experiment tracks progress over 24 months of men, mostly first time offenders, who receive a condition caution for a domestic abuse offence. Initial results from the first 12 months of the project show that of 112 men:

- Those who attended the workshops were 46 per cent less likely to re-offend than those who didn't attend.
- 82% of the men who attended said the workshops changed their attitude to their partner.
- 91% of men who attended said the workshops helped address issues within their relationship.

Further information is required from Probation Services (NPS and CRC) on the success rate of their DVA interventions. The Partnership may need to work together to better understand if DVA interventions are linked to reduced reoffending.

Stakeholder Views

Focus groups held in 2015 with frontline workers and survivors of domestic violence provides a more qualitative insight into DVA in Southampton. Some of the key themes that emerged include:

- Inter-generational DVA is high.
- Help needs to be provided much earlier (before it becomes high risk).
- Fathers are often excluded and skills to work with fathers who are perpetrators is lacking.
- There is a "missing link" to address the impact of DVA on children's behaviour and experience in school.

Survivors of domestic violence provided their views on a number of topics and services, which are summarised below:

- Children and Families Services did offer some help and access to some services for children, but the dominant theme in the focus groups was around the pressure placed on mothers to break off the relationship and stay away from the perpetrator.
- The Police, Crime Prosecution Service (CPS) and Courts came in for particular attention. Many felt strongly that the action taken against perpetrators was neither sufficient, timely nor proportionate to the offences committed.
- Culturally different attitudes towards women and their role in society came across strongly.
- Housing options were felt to be very limited; accessing a refuge often meant relinquishing property and furniture.
- Where people knew about them, IDVA and ISVA services were cited as being very helpful and offering a good service, however they were only available once the situation had

reached high risk level. Some individuals using refuge services would have preferred to remain in their own home.

- The focus groups provided strong views about how services must better address the issue of perpetrators.

Results from the 2015 Community Safety Survey showed that almost a quarter of respondents thought that DVA crime was either a fairly or very big issue in their local area. The survey also asked if people felt safe in their own home and 5% said they felt fairly or very unsafe with an even split between males and females. However, it should be noted that the majority of these were because of anti-social behaviour, rather than because of the threat posed by a partner or other member of their household.

Domestic Homicide Reviews

The statutory duty for Domestic Homicide Reviews (DHR) sits with the Safe City Partnership. Since DHR legislation came into effect (2010), Southampton has had:

- 1 x DHR in 2013
- 1 x Partnership Review in 2014
- 1 x Partnership Review completed subject to formal SCP approval in 2015
- 1 x DHR pending agreement by SCP to undertake this Review given in September 2015
- 1 x Joint Partnership Review and Serious Adults Review with the Local Safeguarding Adults Board pending as agreed in October 2015
- In addition, in the last 2 years, 4 of 5 historical Serious Case reviews (where a child has been seriously harmed or killed) have taken place and, of these, 4 had DVA as a factor. From these and another more recent review there are important learning points for agencies in relation to DVA.

The common factors arising from reviews that underpin learning include the links and impact of adult mental health on DVA and the need for clear and effective cross-service responses where DVA co-exists with mental health and/or substance misuse. The breadth of risks posed by DVA, beyond perpetrator-victim, to self-harm and safeguarding of children is also highlighted in more than one review. The need for a whole family and integrated response to DVA is also clear.

Recommendations

- The Multi-Agency Domestic and Sexual Violence Group should work to develop a consistent and cohesive set of data measures which can be used to establish a clearer picture of DVA in the city.
- In order to reduce risks and increase safety, the high levels of reporting in Southampton need to be sustained, although the focus should move from high to medium and standard risk levels. Specifically, partners must continue to ensure both a wide reach of communities

and individuals and a wide breadth of services are engaging in the vital task of identifying and responding to DVA.

- Repeat victimisation levels post-intervention at the high risk level are good. However, measures are needed to assess repeat victimisation at the standard and medium risk levels (through Police, PIPPA and other identified sources), to understand if early intervention at these lower levels of risk are resulting in a cessation of DVA, or whether they go on to become high risk over time.
- The impact of DVA on children in the city appears to be significant and an area which the Partnership should look to address. Responses need to be improved at all risk levels, but especially early intervention and measure success in whole family responses. The Partnership should ensure locality multi-agency working focuses on DVA as a priority concern as part of wider multi-agency family intervention models.
- More needs to be done to understand how specific communities and groups are affected by DVA in Southampton. Neighbourhood Policing Teams should be pro-active in engaging with hard-to-reach communities to encourage increased confidence in discussing issues with Police and other agencies; this should include visits to BME businesses; as well as religious and community establishments.
- Further information is required from Probation Services (NPS and CRC) and other partners on the success rate of DVA interventions with offenders. The Partnership should work together to better understand if DVA interventions are linked to reduced reoffending. This may include the sharing of data between Probation Services and the Police.
- The Partnership must ensure that the recommendations from Domestic Homicide Reviews are implemented.

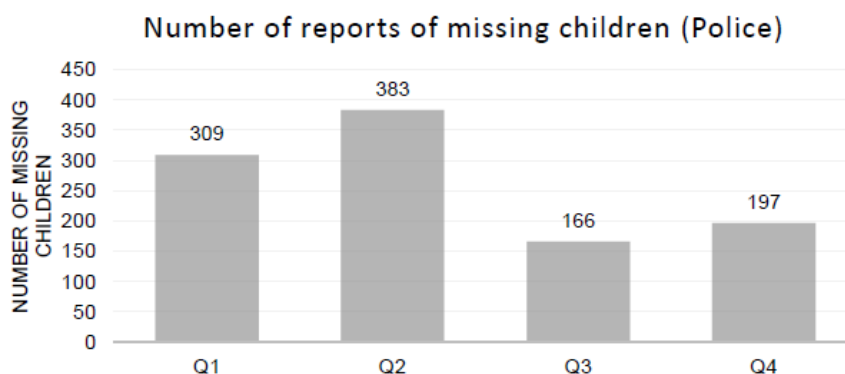
5.11 Coercion and Exploitation

In addition to crimes already covered, there are further crime issues where the extent is not fully understood. For previously mentioned crime types, national surveys help provide estimates to allow the partnership to understand gaps between reported and actual levels of offending and victimisation. With the following issues, there is far less understanding around the true extent of offending and therefore greater risk of hidden harm.

5.11.1 Missing, Exploited and Trafficked Children and Young People

Missing, Exploited and Trafficked (MET) is a growing area of concern in Southampton and the UK generally. In quarter 4 of 2014/15, the Local Authority reported the Number of Children Looked After missing for 24 hours or more as 1 child, in quarter 3 this was 5. This reduction is positive and is explained by the increased support to looked after children and young people that are at risk of repeatedly going missing. The Southampton Local Safeguarding Children's Board (LSCB) are now assured that the Local Authority has the processes in place to monitor and respond to these issues. Figure 5.11.1 demonstrates the number of reports of missing children to Police in 2014-15. This is the number of reports rather than the number of individual children.

Figure 5.11.1



Barnardo's deliver a return 'safe and well' service for Southampton children and young people. Where a child returns from going missing, Barnardo's are notified and then contact that child / young person to identify any issues or concerns that are ongoing for them. Information on this is then passed to the relevant 'lead professional' via the MASH and this is used to help inform future safety planning and protection planning where relevant. The LSCB is aware through information from the Ofsted Review this year and that gathered by the MET group that this can be a problematic process and is seeking assurance from the services and the commissioner (the Local Authority) that this is being addressed.

Child Sexual Exploitation (CSE) is not new, however through national media coverage a wider public awareness has been created. THE NSPCC indicate that 5% of children in the UK suffer contact sexual abuse at some point during their childhood. Violence, coercion and intimidation are common.

Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice, as a result of their social, economic or emotional vulnerability. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation. This presents challenges for policing, as unlike other offences where victims identify themselves to the Police, this may not occur, making it difficult to understand the true extent of CSE occurring in Southampton.

Nonetheless, Child Sexual Exploitation (CSE) has been identified as the highest scoring threat for Hampshire Constabulary. Factors including the 'Rotherham Inquiry' and Operation Yewtree have led to increased reporting in both current and non-recent offences. Operation Marmion is an investigation which stemmed from the Rotherham child sexual exploitation enquiry, involving historical sexual offences across Hampshire, and reviewing previous investigations (including those previously in the city's care). The investigation has identified a number of victims, some of which have been from the Southampton area.

Hampshire Constabulary are in the process of establishing Multi-Agency Safeguarding Hubs (MASH) and in May a new team called Goldstone was launched to improve engagement with vulnerable children and to identify those most at risk.

Nationally, going missing from home has been identified as one of the most significant factors in identifying children at risk of CSE. A CSE risk matrix has been developed to identify victims at risk. Victims are raised to the relevant districts for ownership through the district tactical planning meeting. Females residing in Southampton frequently feature highly on the risk matrix. A theme that has been identified is high risk females instigating contact with males online, using internet forums and games consoles. The females agree to meet and go missing before becoming victims of CSE. When females have been moved from the Southampton area to another county this has been known to lessen the risk to the individual.

Southampton records the highest number of individuals flagged on Hampshire Constabulary's Record Management System as being at risk of CSE. At the end of March 2015 there were 43 CSE flags for Southampton nominals, 12 high risk, 17 medium risk and 14 low risk. 95% (41) of these flags were for females with a peak age between 14 and 16 years of age. Parks and public spaces are highlighted as a common theme for vulnerable locations.

A key theme is trafficking of females out of the county to locations such as London. Those trafficked to London are at risk of being exploited to act as drug mules on behalf of an Organised Crime Group. Operation Southfields was an investigation into CSE linked to drug trafficking controlled by Somali males. The two main perpetrators were sentenced in April to 5 years imprisonment for possession with intent to supply class-A drugs. No further action was taken on a rape charge against a vulnerable female under 16.

The LSCB MET Strategic Group monitors and evaluates local responses to children and young people that go missing, are at risk of child sexual exploitation or are trafficked. The MET group also coordinates work in the city on MET issues via an agreed multi agency plan. Full details of the nature and extent of MET issues in the City is an area of development for the group and the wider partnership and the data used to date could be much more sophisticated. Some of the positive work is apparent and there is demonstrable good practice happening. For example, the Local Authority has established a dedicated social work role for Child Sexual Exploitation, the recruitment of two additional posts to support this role is underway. Local Authority and Hampshire Constabulary are also leading plans to develop an integrated CSE team (known as the CSE Hub) to compliment the MASH.

5.11.2 Safeguarding Vulnerable Adults

The Southampton Local Safeguarding Adults Board (LSAB) members work to tackle safeguarding risk both collectively and as individual organisations in line with their statutory duties. The recently published LSAB annual report summarises the main issues identified in 2014/15.

There appears to have been a huge increase in the proportion of adult safeguarding referrals received in 2014/15 resulting from physical abuse; 48% of the total compared with 29% last year. This is consistent with national figures and is likely to be due to professionals (when either raising concerns or conducting safeguarding investigations) being more confident to identify physical abuse. This may also be explained in part by differences in classification, but also the impact of the awareness campaigns, led by the LSCB, on zero tolerance of domestic violence and abuse within the city. The LSAB will work to ensure partners recognise the increased risk of harm posed to this vulnerable group and ensure that partners respond effectively to allegations, including Disability Hate Crime.

Neglect and acts of omission accounted for 8% of all enquiries in 2014-15. This is a dramatic reduction from last year (16%) and much lower than national comparative data (30%). It also corresponds with a reduction in cases of alleged abuse occurring in care homes (15% in 2014-15 down from 20% for 2013-14 and against 36% nationally) and community social care settings (4% in 2014-15, down from 11% last year). Furthermore, there were no enquiries which identified institutional abuse within Southampton last year, an improvement on the 5 cases investigated the year before. This is as a result of the significant work undertaken by the Integrated Commissioning Unit to monitor and improve provision within the social care sector in the city.

Whilst the LSAB are looking to develop a coordinated prevention and early intervention strategy in 2015/16, partners have demonstrated they already cooperate in order to reduce risks. For instance, Hampshire Fire and Rescue Service have developed a tool (the Home Safety Referral Pathway) for member agencies' staff to use to identify a fire risk and report this to the service so that suitable interventions are offered. For adults in need of care and support at high risk, Hampshire Fire and Rescue Service offer home safety visits within 72 hours and can provide a range of equipment and

advice to reduce the risk of harm. In 2014-15 their Community Safety Officer team facilitated Fire Risk Conferences for numerous individuals following home safety visit where the team have not been able to reduce fire risks. These conferences enable the adult at risk and professionals (social workers, housing officers, care providers, GPs etc.) to agree an action plan to manage this risk to an acceptable level and identify where further intervention is required. The 'adult at risk' is always at the heart of the process and their wishes respected. They are encouraged to participate in the conferences either through self-representation, through the support of a family member or through an advocate.

5.11.3 Modern Slavery

During 2013, the term Modern Slavery was introduced into the UK to describe all offences previously described as, human trafficking, slavery, forced labour and domestic servitude. Globally, an estimated 29.8 million people are in modern slavery. Traffickers and slave masters will use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Victims are not always forced to come to the UK. Many victims from the European Economic Area report their first contact with a trafficker began with an offer of an apparently legitimate job and so they travel willingly to the UK.

Modern slavery is a largely hidden crime and it is very challenging to understand the extent, impact and scale of the problem. Case studies of modern day slavery in Southampton between 2013 and 2015 show that, where the country of origin of the victim is known, the majority had come from Eastern Europe. The victims included those who were looking for work in the UK but were forced to work for little pay by those who had arranged their transportation, and those who had been brought into the country against their will. Whereas some of the victims were forced to work in hidden areas such as brothels, others were forced to work in more visible establishments such as nail bars or hand car washes.

In June 2014, the Modern Slavery Bill was introduced in the House of Commons. The Bill marks the first of its kind in Europe and sends a strong message domestically and internationally that the UK is determined to put an end to modern slavery. Understanding the scope of this problem within Southampton remains important. Partnership working may help to identify potential victims or perpetrators which will help improve our understanding of the extent of this problem and ensure sufficient measures are in place.

5.11.4 Female Genital Mutilation

Female Genital Mutilation (FGM) is practised in over 28 African countries and it is estimated that there could be as many as 140 million women worldwide who have undergone FGM. FGM is illegal in the UK and as such it is a secretive practice and among the most hidden of sexual crimes. It is generally performed on girls aged 8-14, but can be done at any age.

Hampshire Police & Crime Commissioner's Sexual Crimes Strategy notes that reporting of an FGM crime is extremely rare, and prevention, education and awareness stand out locally as the most prominent issues. Best practice in supporting victims is only beginning to develop nationally. Current priorities include extensive training and awareness, further work with diaspora communities and service development among existing organisations to add skilled capacity to respond.

Maternity services are at the front line of identifying and recognising the incidence of FGM and young children who may be at risk, and new mandatory data reporting requirements are in force for NHS clinicians. The key role of the NHS underlines the critical importance of partnership working in relation to this issue.

Locally, a small, charitably-funded partnership research project working with affected diaspora communities in Portsmouth and Southampton has recently published its findings. Although attitudes within the communities are mixed, many would welcome more support to help eliminate the practice and there is a pressing need for information, including where to seek help and support.

The report identified four recommendations. These are strongly focused on education rather than convictions, which are seen as risking driving the practice further underground. The recommendations are as follows:

- Develop education and empowerment programmes that focus on empowering women and girls.
- Engage with organisations and groups in African diaspora communities where the practice has support.
- Establish a systematic personal and social education schools programme
- Develop resources to raise awareness and educate professionals.

In the meantime, some short-term ongoing work within these affected communities has been commissioned. This work is undertaking small-scale engagement work with community groups whose members include those affected by FGM, and providing support to survivors.

The Southampton Local Safeguarding Children Board (LSCB) is seeking assurance from local services that responses are coordinated and appropriate to female genital mutilation (FGM) in Southampton. The LSCB has begun this work via a specific cross partnership task group including Public Health, Health Service Providers, Children and Adults Services, Police and workers that link to local communities. The LSCB will continue to develop this until clear mechanisms for scrutinising responses are in place. The nature and extent of FGM and the risks to children in Southampton is not clear; the group has been reviewing evidence from national guidance and research on this issue, drawing on local expertise and knowledge, to develop an action plan.

5.11.5 Forced Marriages

In 2012, the government announced it intended to make the forcing of someone to marry a criminal offence in England and Wales, and strengthening the civil law in England and Wales by making the breach of a Forced Marriage Protection Order a criminal offence. These proposals formed part of the Anti-Social Behaviour, Crime and Policing Act (2014) and new forced marriage offences came into force in June 2014.

There have been six reports regarding Forced Marriage (FM) during this period, compared to 11 in the previous period. This issue appears to affect Asian families mostly, but there is a lack of detail to identify if it is a particular faith in which this practise is most dominant. Reports of concerns to Hampshire Constabulary are highest in Southampton, reflecting the large BME community resident in the city. The Southampton Local Safeguarding Children Board made a decision during this year to set up a time limited strategic group to drive the development of a Strategy and Plan on this issue. The groups remit included strategic leadership also for sexual violence and abuse, forced marriage and so called honour based violence.

5.11.6 Extremism (PREVENT)

Prevent is one of the four strands of CONTEST, the UK strategy for countering terrorism. Its aim is to work closely with individuals who are likely to adopt extremist views, and work in partnership with other agencies and communities to identify individuals who may need support.

The aim of the Prevent Strategy is to reduce the threat to the UK from terrorism by stopping people from becoming radicalised or supporting acts of terrorism. This includes all forms of extremism. The Prevent strategy has three specific strategic objectives:

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

The current UK threat level from international terrorism is assessed as SEVERE. This means that a terrorist attack is highly likely. The most significant and high profile threats currently come from Al Qaida related groups and the Islamic State of Iraq and the Levant (ISIL). Terrorists associated with the extreme right also pose a continued threat to safety and security and there is an increasing focus on people travelling abroad to fight or support terrorist causes.

The Council has worked with Hampshire Police to assess the risk in the city from individuals being drawn into terrorism. The risk is currently low, as Southampton has seen a reduction in Domestic Extremist related activity, and intelligence indicates low levels of activity related to International Extremism in the city. Community cohesion and strong partnership work has had a positive impact,

as demonstrated in the Derby Road case study. The Home Office also deems Southampton to be a low risk or 'tier 3' area.

The risk level has been reflected in the activities recommended in Southampton's Prevent Action Plan, which seeks to ensure that the city remains a low risk area through training, effective safeguarding and sufficient support for the Channel Panel; this is the place to which vulnerable adults and children showing signs of forms of extremism can be referred for support. The Panel has representatives from relevant agencies able to assess individuals and set up support mechanisms. The Action Plan has been developed taking a sector based approach, which each 'specified authority' (those with responsibilities identified in the Prevent Guidance) having clear actions on how to mitigate risks of extremism in their organisation.

The Prevent guidance states that Local Authorities should establish or make use of an existing local multi-agency group to co-ordinate the action plan and Prevent related activity. It was agreed in July 2015 that this responsibility would be held by the Safe City partnership. The Prevent Action Plan will be monitored by the partnership and members will have the responsibility to implement and monitor actions in their own organisations, and the action plan will be reviewed and updated at the Safe City partnership meetings bi-annually or as required.

Hampshire Constabulary and the council hosted a successful Prevent community engagement event on 8th September 2015 at St Mary's Stadium. Feedback from the event showed that communities in the city want to be involved in the Prevent agenda and in decisions that affect the implementation of any new measures that affect them. It is proposed that a community based focus group be held in partnership with the Police, to review and discuss the action plan with representatives from local communities, community organisations and faith groups. The feedback from this focus group will then feed into the action plan, and we will follow up with further engagement as required.

Recommendations

- A key challenge for the Partnership is to improve understanding in crime areas where there are considerable gaps in understanding, with a view to identifying potential victims and revealing hidden harm to more accurately understanding prevalence.
- The Partnership should work together to better understand the level of threat posed by MET issues in the city; in particular to support the work underway to better understand the impact of E-Safety for children and young people and to coordinate responses.
- The Partnership should continue to support local multi-agency efforts to reduce the harm caused by FGM and to encourage increased reporting and sharing of local intelligence.
- The Partnership should work to identify the nature and extent of the involvement of organised crime groups in Modern Slavery and to encourage greater community engagement to identify potential victims of trafficking working and living locally.

- The Partnership should monitor the Prevent Action Plan. Specifically, members should ensure that their frontline staff are aware of the Prevent duty, are able to identify indicators of vulnerability to radicalisation, and are aware of appropriate referral routes.

6. Appendix A: Hampshire Constabulary Crime Data Integrity Briefing

The Importance and Impact of Crime Data Integrity

Crime Data Integrity (CDI) remains high on the agenda for Hampshire Constabulary in 2015.

Ensuring that all crime is recorded accurately on our systems is a key part of our commitment to deliver a good service to the victims of crime.

Accurate crime recording is part of our core policing requirement and ensures that the force puts victims at the heart of everything we do. It also ensures consistency of approach across forces, thereby delivering accurate statistics that are trusted by the public.

Previously, officers have tended to use their discretion to record per incident, not per victim, e.g. if one offender entered a tent at a music festival and stole four items belonging to four people, this may have been recorded as one crime, as only one investigation was going to ensue. By applying the Home Office Counting Rules (HOCR) and a victim-centred approach, this is now recorded as four crimes – one for each victim.

Crimes are now being recorded when no prosecution is likely, i.e. for offenders under 10 years old, or those with limited mental capacity. Previously, the Police would have intervened in partnership in support of that child/person. Now they record the crime and intervene as before. This rise in crime with no investigation or prosecution means that the outcome rate will inevitably fall.

Applying the HOCR has led to an increase in the recording of certain crime types, notably violent crimes, public order crimes and sexual offences. Other reasons these crimes have risen in particular are as follows:

- **Violent crimes:** Malicious communications has recently become a recordable crime. It is virtually all based on the internet, so does not lead to an increase in actual violence, but is recorded under that category.
- **Public order offences:** There is a very fine line between anti-social behaviour (ASB) and some low-level public order offences. By applying HOCR, ASB has fallen while public order has risen.
- **Sexual offences:** There has been a positive shift in public confidence as a result of the investigations into non-recent sexual offences post Jimmy Savile, which has led to a significant increase in the reporting of non-recent crimes. Reports of rape offences have also increased and the force continues to encourage victims of sexual crime to come forward, so that they can receive all of the help and support that they require.

To conclude, a rise in recorded crime has not led to a rise in calls for service – quite the opposite. The independent Crime Survey of England and Wales is used by the Home Office as a barometer and the statistics indicate that, in real terms, crime is actually falling, rather than increasing.

Below are scenarios that illustrate the types of crimes that are now being recorded:

1. A father called the Police stating his two daughters, aged 13 and 16, had been fighting for over an hour, resulting in both girls tipping water over each other. The father wanted the Police to speak to them. Officers attended, neither girl had any injuries and both admitted throwing water over the other. Advice was given. However, under HOCR, two crimes of common assault were required to be recorded.
2. Staff at a day care centre reported an incident to Police, as per their policy, when a 10-year-old had a tantrum at a Halloween activity day when the games did not go his way, grabbing another child around the neck. No injury was caused and the mother of the assaulted child did not wish for any further action to be taken and was satisfied that the incident was being logged. One crime of assault was required to be recorded.

The following examples show how many crimes can be generated from one incident:

1. A mother rang Police for advice after looking at her 15-year-old daughter's Snapchat account on the internet and finding pictures of the teenager's breasts that had been sent to her boyfriend, who was also 15. Officers attended and the daughter admitted sending a photo of her breasts to her boyfriend (one crime of taking/sending indecent images). She then disclosed that her boyfriend had then sent this picture to his friend, which she was not happy about (another crime recorded). It transpired that the friend had then sent the picture to three more friends (another crime), who had all kept the picture on their phones in order to show other people (three more crimes). In all, HOCR required six crimes to be recorded for this one incident, which was about prevention, education and safeguarding.
2. A father reported that when he was out with his wife and four children, they were subject to abuse from a neighbour they had been having problems with. The neighbour started shouting insults at them in the street, causing them all upset, and they had to return home. This is a Section 4a public order offence, but HOCR state that as he was reporting on behalf of his wife and four children, who were all upset and the abuse was aimed at them, six crimes would need to be recorded unless any of the children were too young to understand abuse or to be upset by it.

Appendix B: Community Safety Survey 2015 Results

In total, 1135 people answered the Community Safety Survey which ran from the end of August through to mid-September 2015. All areas of the city were broadly well represented (Figure 1) with the wards of Redbridge, Freemantle and Bargate having the highest number of respondents. In contrast, the wards of Woolston, Coxford and Swaythling received the fewest. Overall, 55% of respondents were female and 45% were male. Figure 2 shows the age break down of respondents compared to the Southampton population. Younger age groups from 16 to 29 are underrepresented in the survey, particularly residents aged 20 – 24 which make up just 3% of the survey but actually form 16% of the city's population. Residents between the ages of 40 and 69 are over-represented.

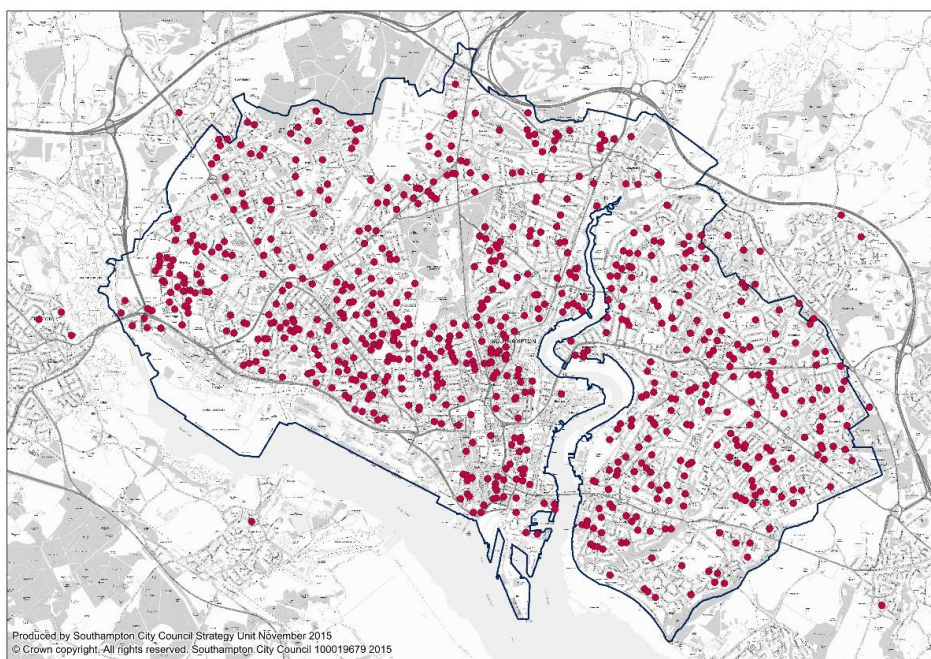


Figure 1 – Respondents to the Community Safety Survey

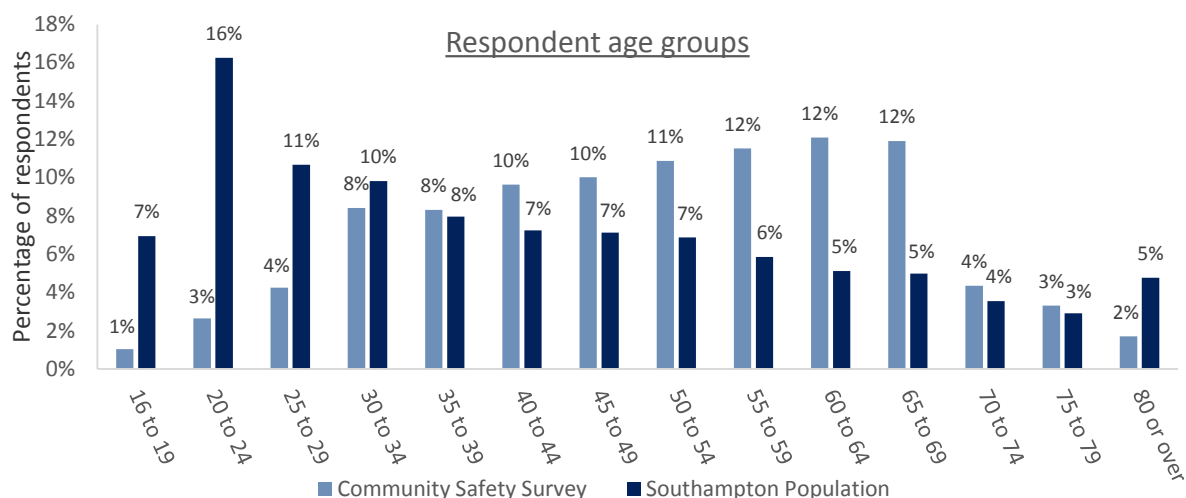


Figure 2

The Mosaic groups of survey respondents were broadly well represented when compared to the breakdown across all Southampton households (Figure 3). The most common mosaic group in the city, rental hubs, was also the most prominent mosaic group in the survey. The mosaic groups of domestic success, senior security and aspiring homemakers were all slightly over-represented.

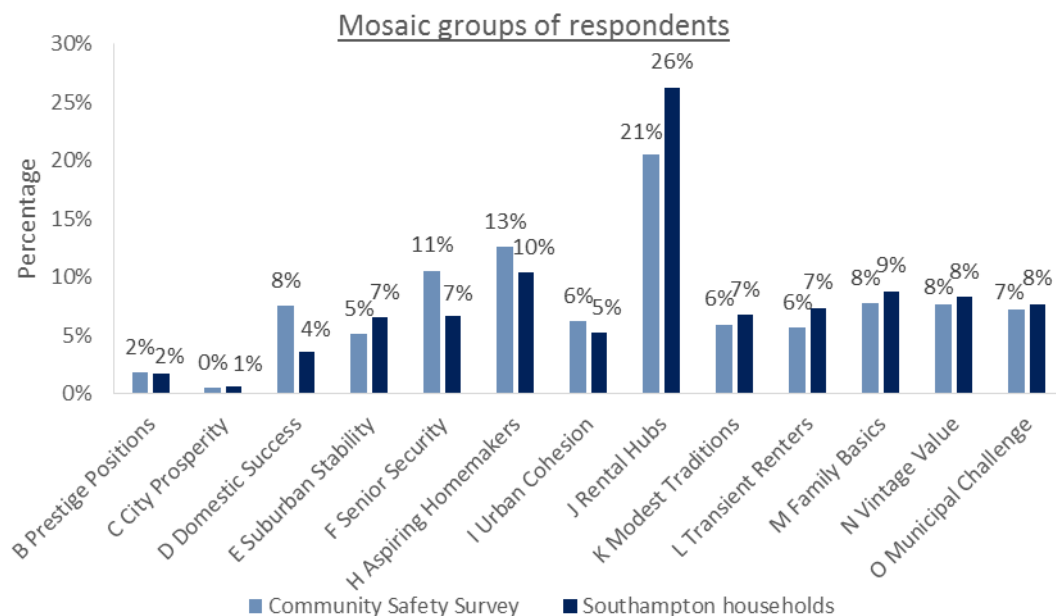


Figure 3

Of the total 1135, 76 completed the survey through the people's panel. The community safety survey was targeted to people's panel members that were part of underrepresented demographic groups identified in a preliminary analysis of the survey.

Feeling Safe

The first few questions related to how safe people felt out and about in their local area, in the city centre, or on public transport, what would make them feel safer and how safe they felt in their own home. People felt most safe in their local area during the day as 85% of people stated that they felt very safe or fairly safe compared to 76% and 73% on public transport or in the city centre respectively (Figure 4). In all locations, the feeling of safety dropped after dark. People felt the least safe in the city centre. More people felt unsafe (49%) than felt safe (33%). Respondents still felt most safe in their local area after dark and although there was a reduction, the proportion of people that felt safe (52%) still outweighed the proportion that felt unsafe (34%).

How safe or unsafe do you feel during the day or after dark in your local area,
Southampton city centre, or on public transport?

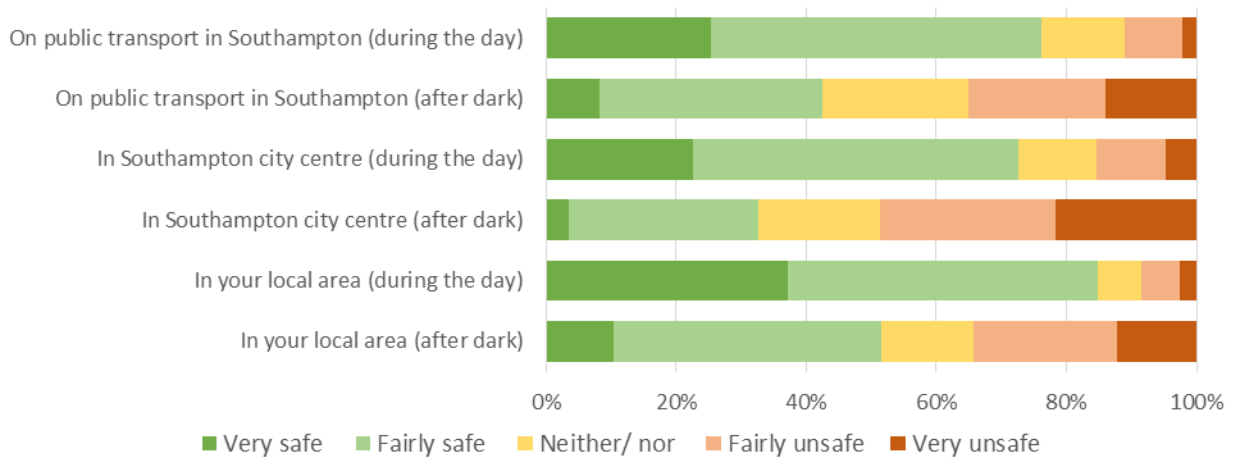


Figure 4

Feelings of safety varied by gender and age group. In all locations after dark, females felt more unsafe than men especially in their local area (Figure 5). The younger age category from 16-24 were the most likely to feel unsafe after dark across all three locations. However, percentages should not be relied upon too heavily due to a small sample size for this age group. Broadly, as age increased the percentage of people feeling unsafe decreased. Across all three locations respondents in the age category 75+ were least likely to feel unsafe after dark. Figure 6 shows the difference geographically of the percentage of respondents in each ward that felt unsafe in their local area after dark. The wards of Redbridge, Bevois, Bargate and Woolston had the highest percentages of people feeling unsafe and the wards of Bassett and Shirley had the least.

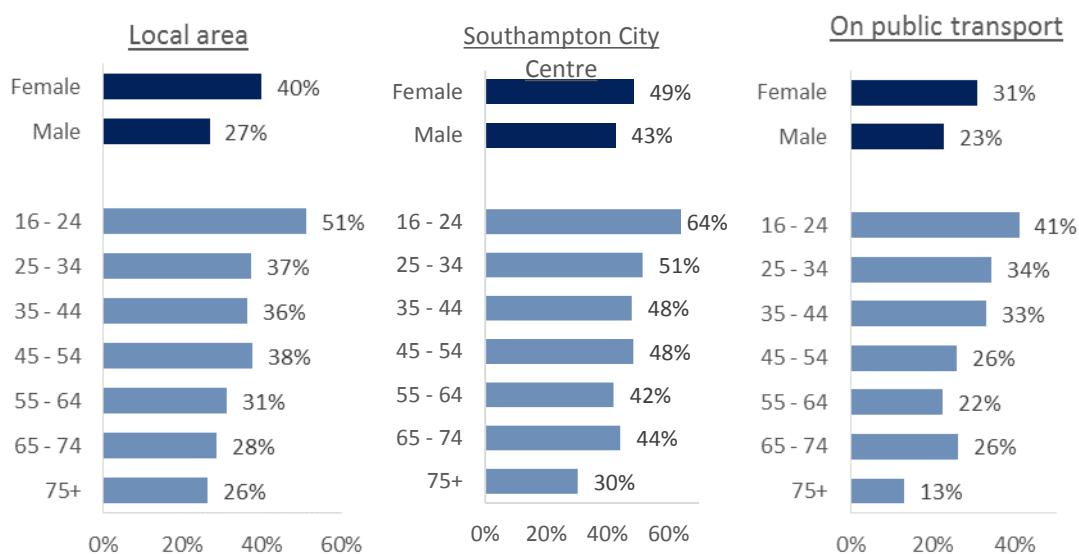


Figure 5 – Percentage of respondents that felt unsafe or very unsafe by gender and age at different locations.

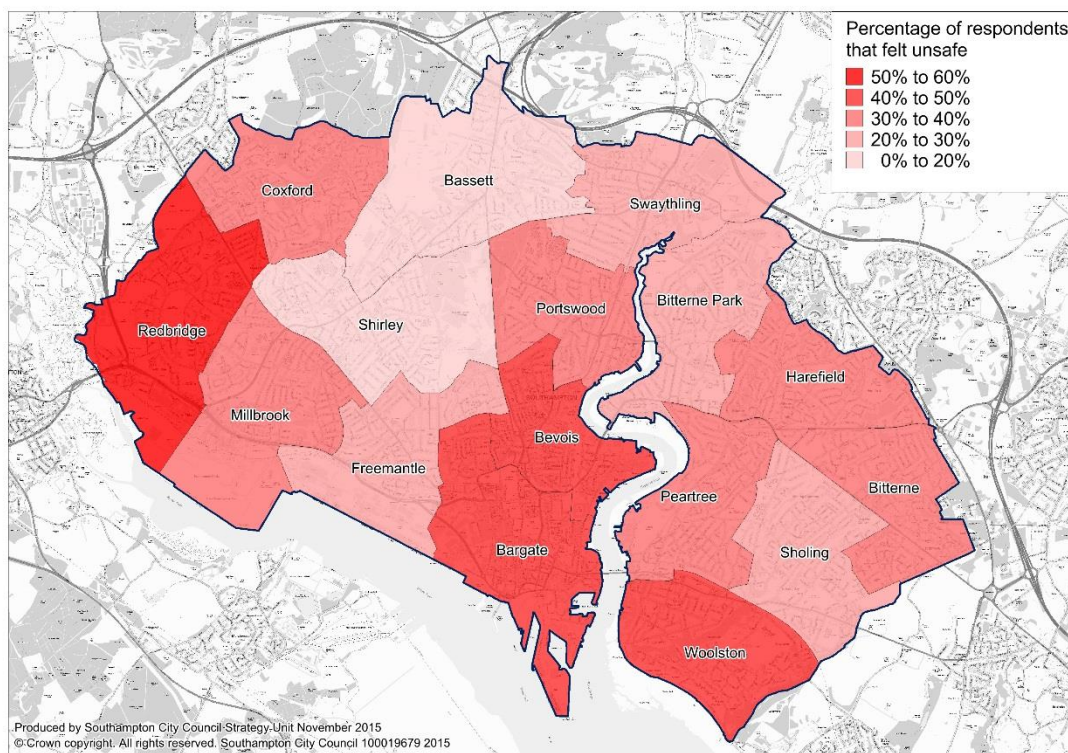
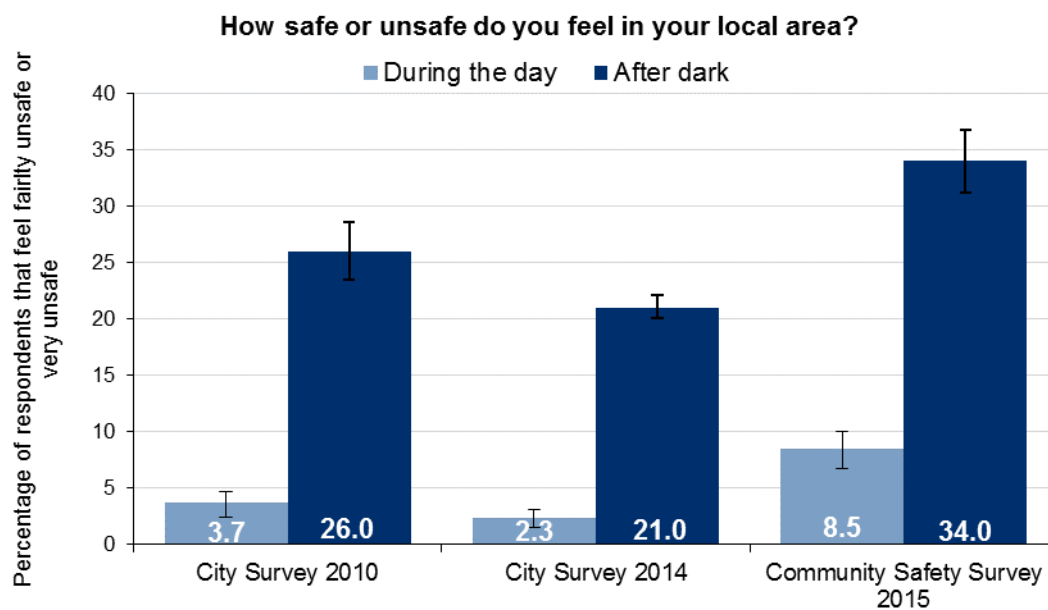


Figure 6 - The percentage of respondents by ward that felt unsafe in their local area after dark

Figure 7 shows the percentage of respondents that felt fairly unsafe and very unsafe in their local area when asked the same question in both the 2010 and 2014 City Survey. The percentage of people that felt unsafe reduced between 2010 and 2014 for both during the day and after dark. However, both figures are significantly higher in the Community Safety Survey.



Sources: City Survey 2010 (Base: 1170 respondents), City Survey 2014 (Base: 1500 respondents), Community Safety Survey 2015 (1135 respondents)

Figure 7

When the public were asked what would make them feel safer, the most common theme of comment was related to there being a greater police presence on the streets. 56% of respondents mentioned having more police in their answer to this question and it was the most popular theme of comment by far (Figure 8). Having better street lighting was the second most common theme of response with 20.6% of people mentioning it in their comment. People felt that too few lampposts and the dimming of streetlights along some streets late at night caused them to feel more unsafe. The third most popular theme of comment was related to alcohol (9.4% of respondents). Comments concerning alcohol included: the number of people street drinking, the behaviour of people under the influence of alcohol and the ease at which alcohol is readily available.

Is there anything that would make you feel safer - Themes of comments

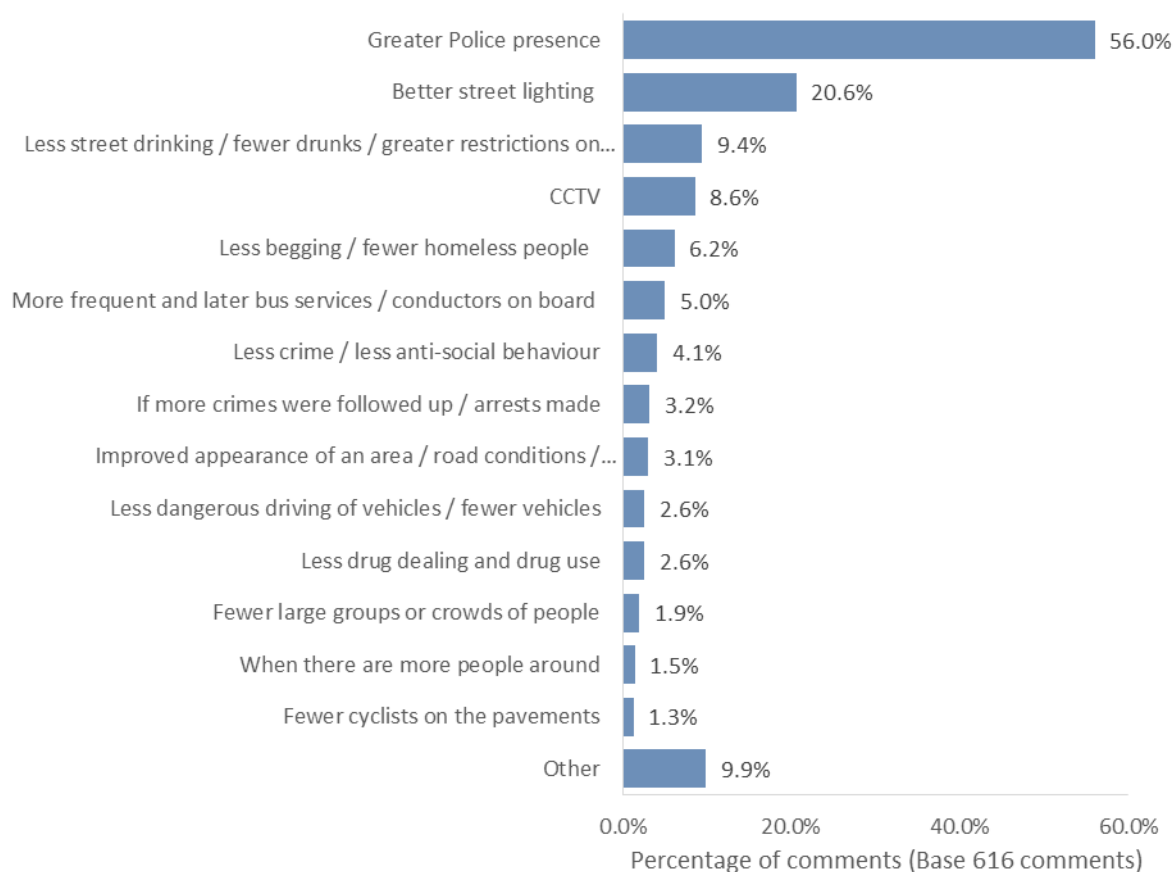


Figure 8

Figure 9 shows the themes of comments by age and gender for the six most popular themes. The most popular theme of response across all categories was still having a greater police presence and the percentages were broadly similar. However, the comments suggesting that better street lighting would make people feel safer had a much greater variation across the age and gender categories. Women were much more likely than men to mention better street lighting making them feel safer with 27% mentioning it compared with 12% of men. Additionally, there was a clear difference across the age groups as fewer people mentioned this theme in their comments as the age categories got

older. Regarding the comments about alcohol, people aged 25 – 44 were more likely than other age groups to mention that less street drinking or drunken behaviour would make them feel safer. Additionally, having more CCTV was a theme of comment that was mentioned by a much higher proportion of 25-34 year olds than any other category. Respondents under the age of 34 were also more likely to find the level of begging or homelessness a problem regarding safety. The proportion of people that mentioned begging or homelessness within their comments reduced with age. One of the most significant differences between genders of all of the themes of comments was related to having more frequent and later running bus services. Women were significantly more likely than men to mention this, 8% of women compared to 1% of men.

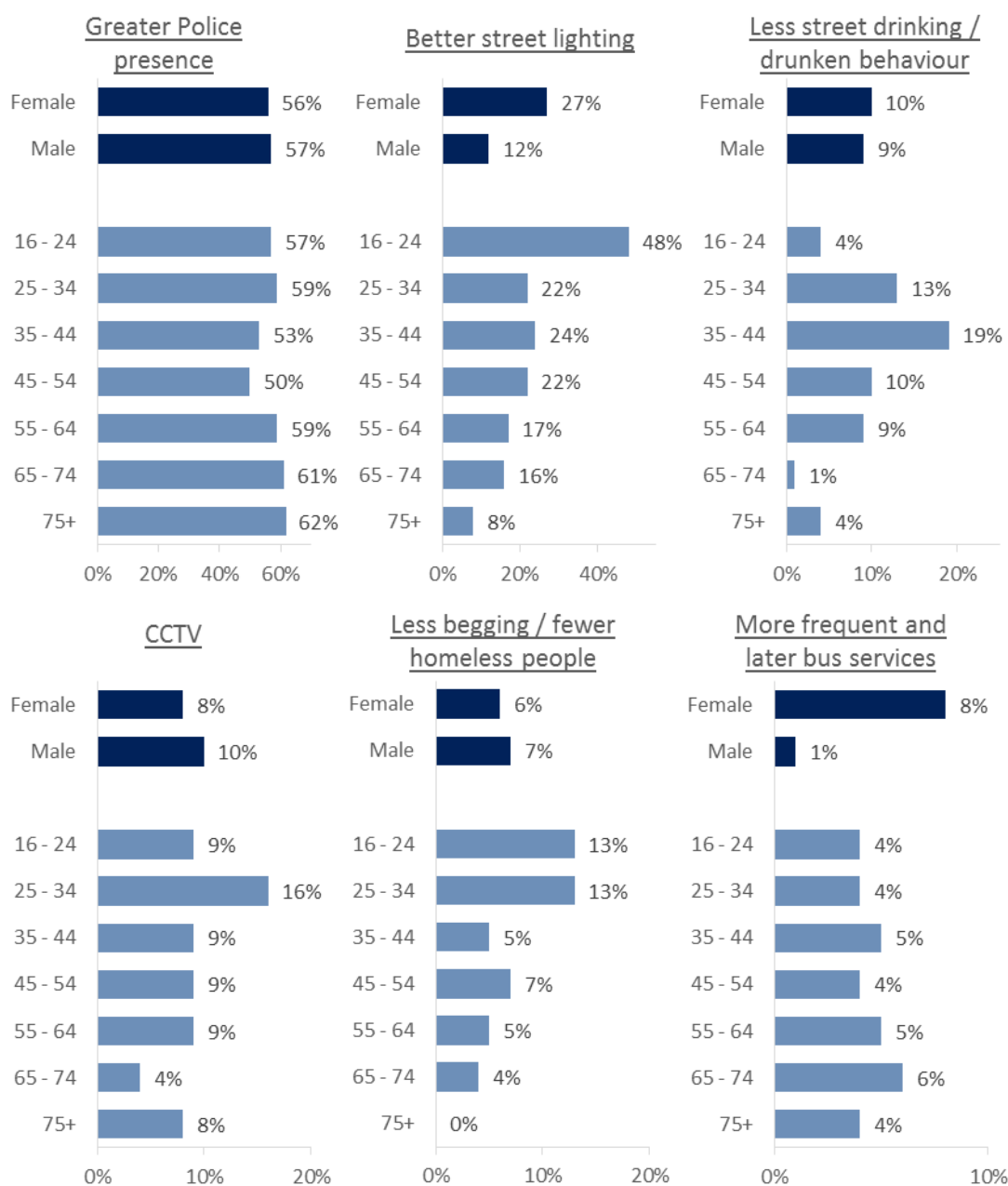


Figure 9

When asked how safe people felt in their own home, 90% felt either fairly safe or very safe (Figure 10). In comparison, only 5% felt unsafe or very unsafe. The most common reason as to why people felt unsafe was anti-social behaviour; this was selected by 80% of those that felt unsafe. Although intruders and theft was not an option for people to select on the survey, so many people specified it when they ticked 'other' that it became a category of its own and was the second most common reason for feeling unsafe.

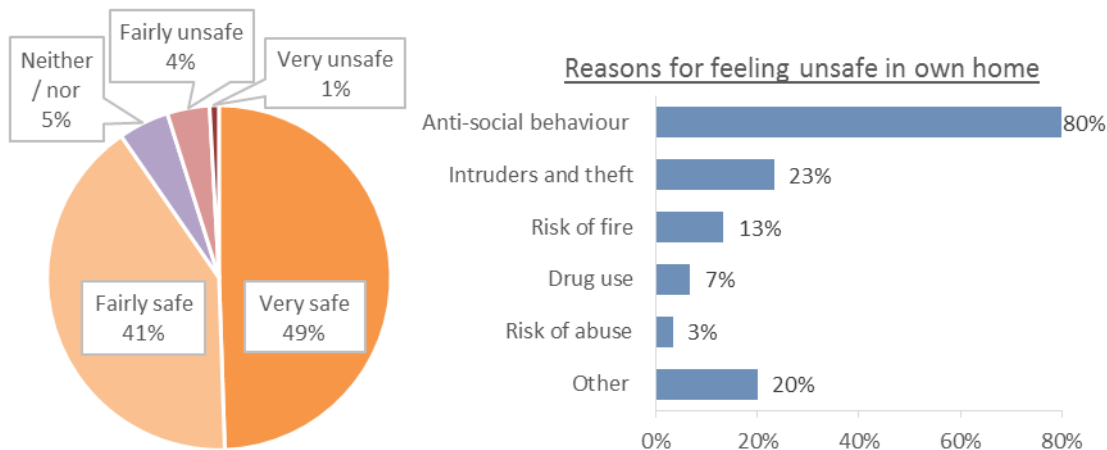


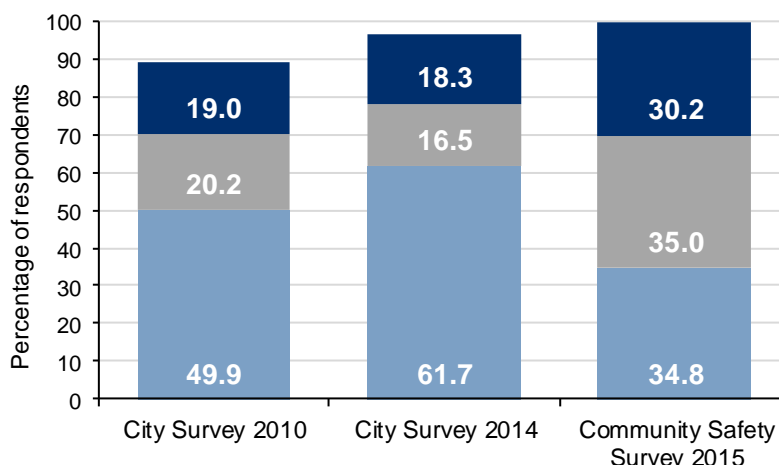
Figure 10

Crime and anti-social behaviour in the local area

The second group of questions were asking more specifically what problems people could identify in their local area, how these may have changed over time and to what extent the public thought that the police and local public services were dealing with crime and anti-social behaviour. When asked whether the police or local public service dealt with crime and anti-social behaviour there was no prevailing opinion. Figure 11 shows that 34.8% of people believed that local services and the police were dealing with the issues raised. However 30.2% stated that these issues were not being dealt with effectively. A further 35%, the largest proportion, neither agreed nor disagreed with the statement. This shows a dramatic change in the opinions canvassed during City Surveys both in 2010 and 2014. In these years the majority of people felt as though the police and local public services were dealing with crime and anti-social behaviour efficiently (49.9 and 61.7% respectively) with percentages of less than 20 disagreeing with the statement.

To what extent do you agree or disagree that police and local public services are successfully dealing with crime and anti-social behaviour in the local area

■ Agree or strongly agree ■ Neither / nor ■ Disagree or strongly disagree



Sources: City Survey 2010 (Base: 1146 respondents), City Survey 2014 (Base: 1501 respondents), Community Safety Survey 2015 (1135 respondents)

Figure 11

Although there was little variation in opinion across different ages or genders, there was a difference depending on whether or not a person had recently been a victim of crime. Figure 12 shows that 43% of those who had not been a victim of crime answered that the police and local services are successfully dealing with crime (definitely agree or agree), with only 20% answering in the negative (disagree or definitely disagree). This however changes markedly when comparing to those who have been a victim once in the past as 42% did not agree with the statement (Disagree – 36%, definitely disagree - 7%). This trend continues as those people who had been a victim of crime more than once disagreed with the statement further; 60% disagreed or definitely disagreed. A small percentage (only 15%) stated that they agreed or definitely agreed that the police and local services were successfully dealing with crime and anti-social behaviour.

Comparing respondent opinions on how successfully crime and anti-social behaviour is dealt with and whether they have been a victim in the past

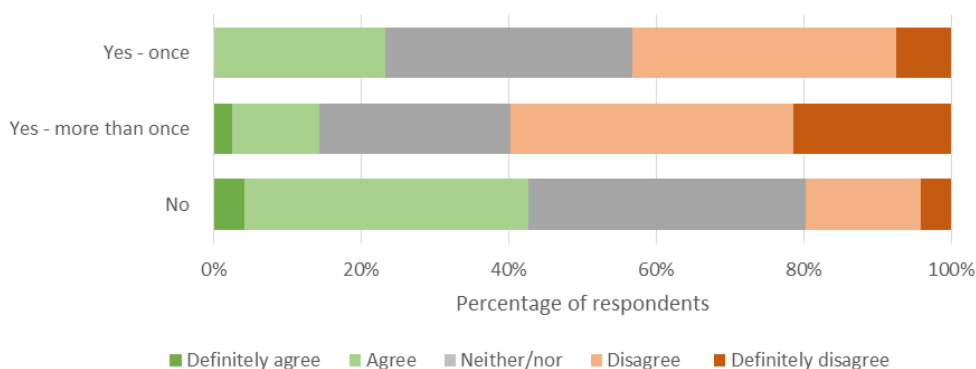


Figure 12

When considering problems within their local areas, litter and rubbish was considered to be the biggest issue, with 61% of people stating it was either a very big issue or fairly big issue (Figure 13). This was over 15% more than the next largest issue. Abandoned and burnt out cars had the fewest people think that it was a problem; only 8% of people felt it was an issue. Noisy neighbours and loud parties was also not deemed as much of an issue as other problems. The remaining problems received similar responses of around 40% of people believing them to be an issue. The only significant disparity within these issues was the number of people who specified don't know (17.8%) in response to people using or dealing drugs.

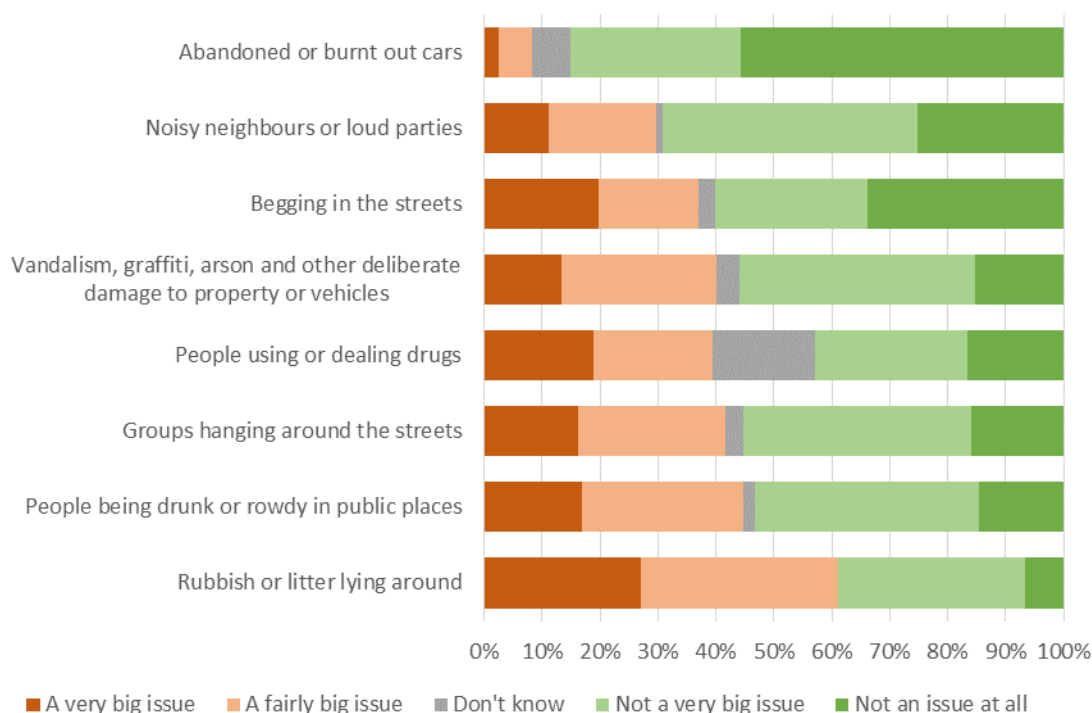
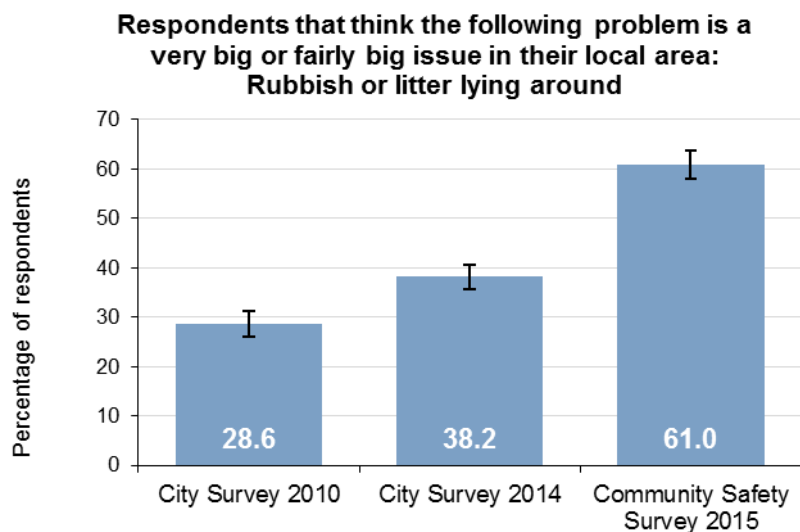


Figure 13

When comparing this data to previous surveys carried out (City Survey 2010 and 2014), there is a clear upward trend in all areas being considered more of a problem. However, this may be partly due to the self-selection bias of the respondents; those that have a problem may be more likely to answer a community safety survey. A clear example of this would be the issue of rubbish and litter. The percentage of people who consider this to be an issue (either fairly big or big) has grown by 32.4% since 2010, with an increase of 22.8% in the last year (see figure 14). With the exception of abandoned and burnt out cars and groups hanging around the streets, every area has risen with more than 10% more people considering these areas to be a very big or fairly big issue.



Sources: City Survey 2010 (Base: 1135 respondents), City Survey 2014 (Base: 1501)

Figure 14

Other crimes were also considered during the course of the Community Safety Survey. Anti-social behaviour was the most common crime to be considered an issue (Figure 15). 52% of people stated that anti-social behaviour was a very big or fairly big issue (20.4 and 31.6% respectively), which was 10% more than any other crime that was given as an issue. The next largest issue given by the respondents was burglary (dwellings) with 39.4% of people stating it was an issue. A higher proportion of “don’t know” answers were given with the question particularly with more severe crimes (37.5% for domestic violence and 28.6% for serious sexual offences – rape compared to 7% for ASB and 17% for burglary of a dwelling). Violence was an area in which the majority of people claimed it was not an issue (62.9% and 59% for both violence with injury and without injury respectively).

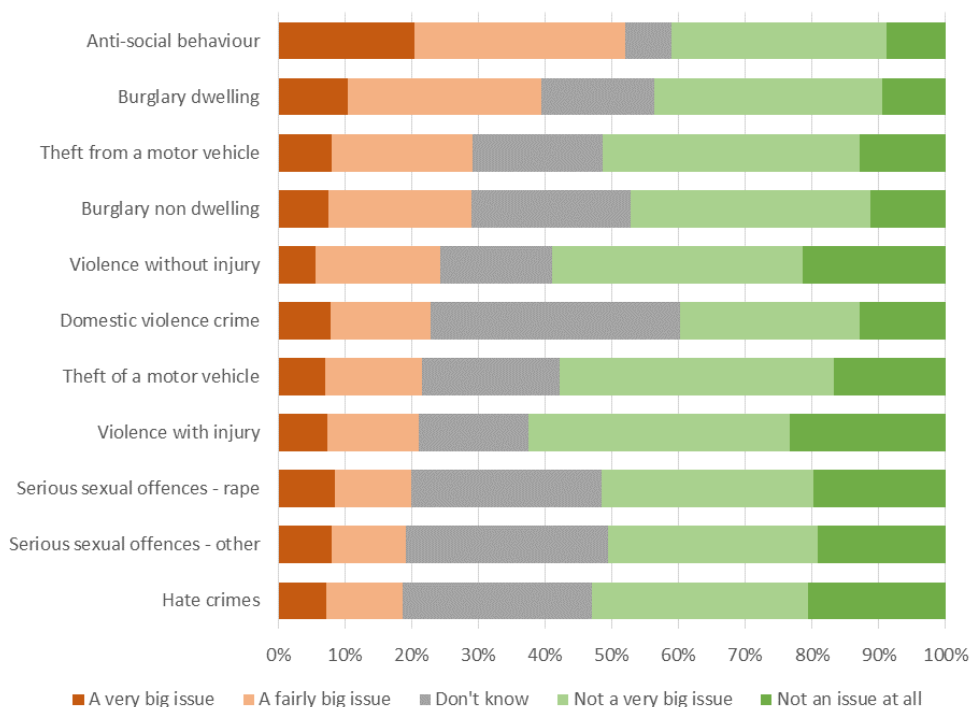


Figure 15

There were also questions asked specifically on whether respondents thought the prevalence of certain issues had changed over the last year. Respondents were asked what had happened to the level of crime in their local areas and then more specifically alcohol consumption within public places and begging were analysed in more detail. The majority, when comparing other categories, believe that crime levels across Southampton have stayed the same (68.5% of all respondents). However when comparing those who believed it had increased (either significantly or otherwise) to those who responded saying it had decreased (again either significantly or otherwise) there was a stark difference. 24.5% of people stated that crime levels had increased within the last 12 months and only 7% of people asserting that crime levels had decreased. This trend continued when the respondents were asked about street drinking and begging. Although 'Stayed the same' is still the majority (when compared with the other categories) with 46.3% of respondents choosing this option, an increase in street drinking (both increase and significant increase) however, garnered 46% of the responses. This shows that far more people think that street drinking had increased when compared to the crime level across the city. Those who responded to say that street drinking had decreased or significantly decreased was 7.8% (which is only 0.8% greater than the figure for crime level decrease across Southampton). Finally when looking at begging across Southampton, there is a different trend. The majority of respondents thought that begging had increased within the last 12 months (65% respondents). Those who disagreed and specified that this was a decreasing problem (decreased or significantly decreased) were in a very small minority (3.8%). Figure 16 shows the percentage of responses on crime levels in local areas, street drinking in Southampton and begging in Southampton respectively, all in the last 12 months.

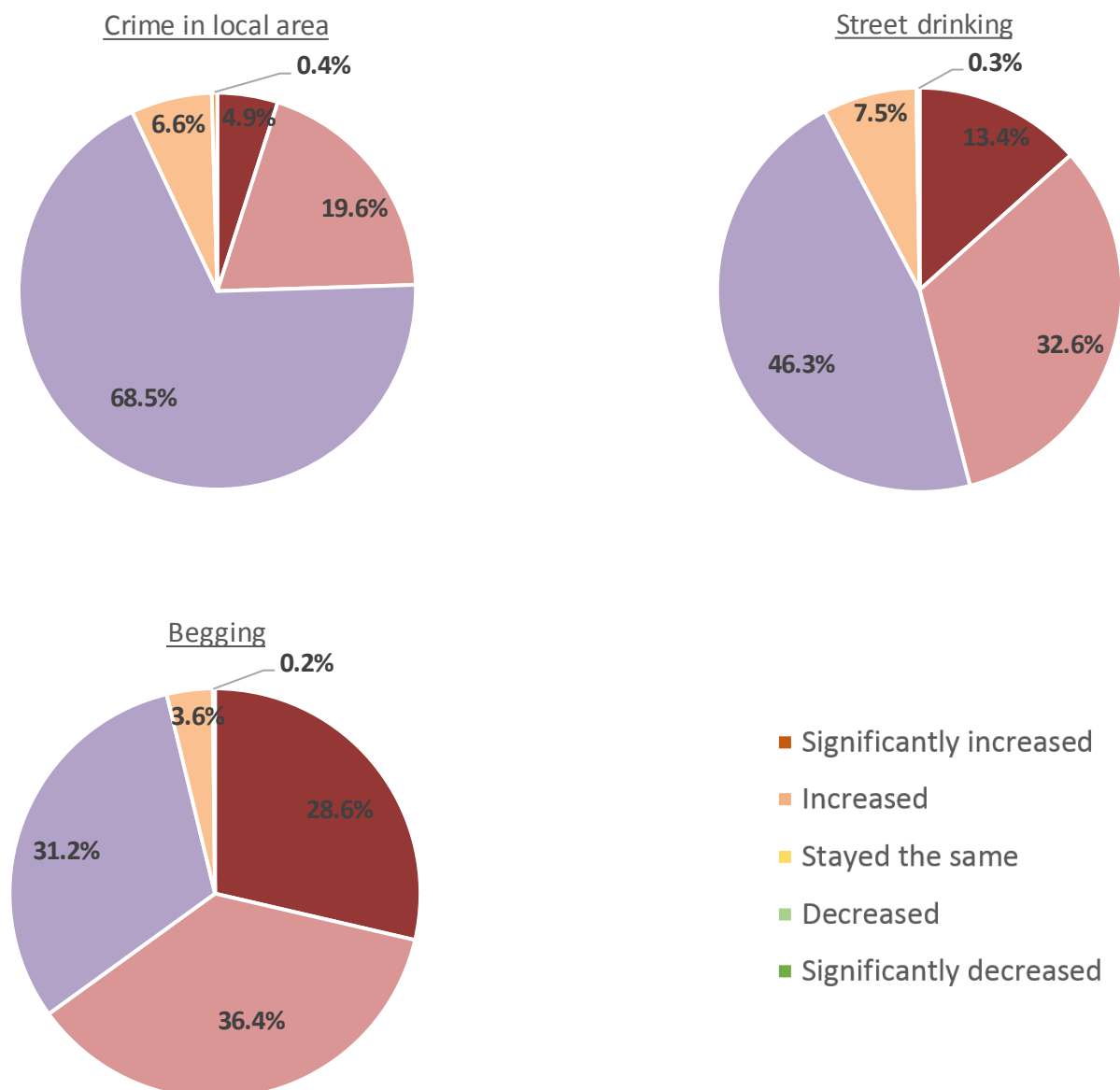


Figure 16

Victim of crime and reporting crime

The last section of the survey related to their personal experience of crime and if and how they would go about reporting crime or concerns. A third of respondents (32.8%) to the Community Safety Survey had previously been a victim of a crime within the last 12 months (Figure 17). Within that figure 17.3% had been a victim more than once. This meant that 67.2% of respondents have not been a victim of crime within Southampton in the last 12 months. When looking at demographics, there was only a small difference between genders, with slightly more men than women stating they had been a victim of crime (Figure 18). The difference was greater across different age groups, with people aged 25-44 seeming to be the greatest victims.

Victim of crime in the last 12 months

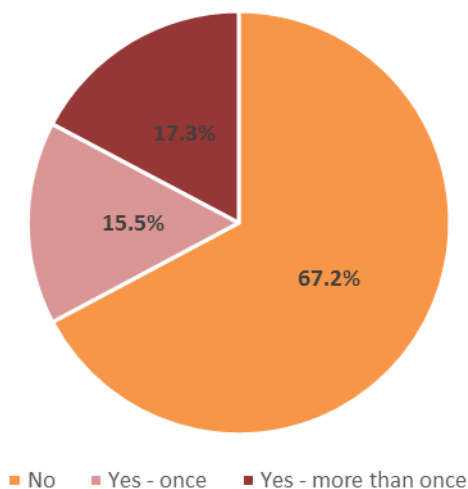


Figure 17

Victim of crime at least once in the least year

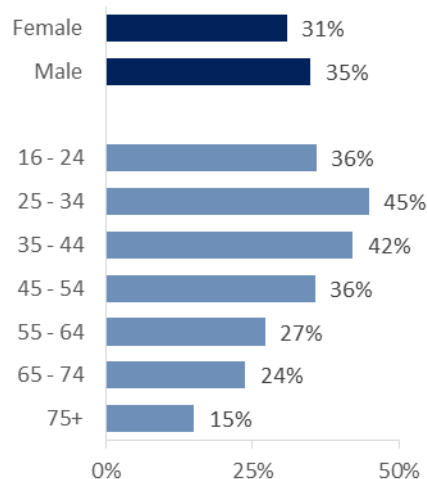


Figure 18

The incidents that were most commonly selected from the list were antisocial behaviour and verbal assault (Figure 19). These two crime types were reported within the survey by 50% of all the victims (34.7% and 15.3% respectively). Vehicle vandalism, damage to property and theft of possessions were the next most commonly occurring incidents. When asked whether the victims had reported any of their incidents and if so how, 43.5% were not reported to any agency at all (Figure 20). In general if the incident was reported 36% of the total number of respondents used 101 and 15.3% of people informed the council. The remaining figures showed that less than 10% of respondents went to the other police station (8.3%), dialled 999 (8.1%) or used other agencies (5.1%) to report a crime. Further analysis based on age highlighted that the age group 16-24 were least likely to report incidents, with over 70% of people within this category opting to not to tell any agencies (71.4%). This result was almost 20% higher than any other age range, however due to small numbers of respondents in this age category caution should be taken when relying on this too heavily.

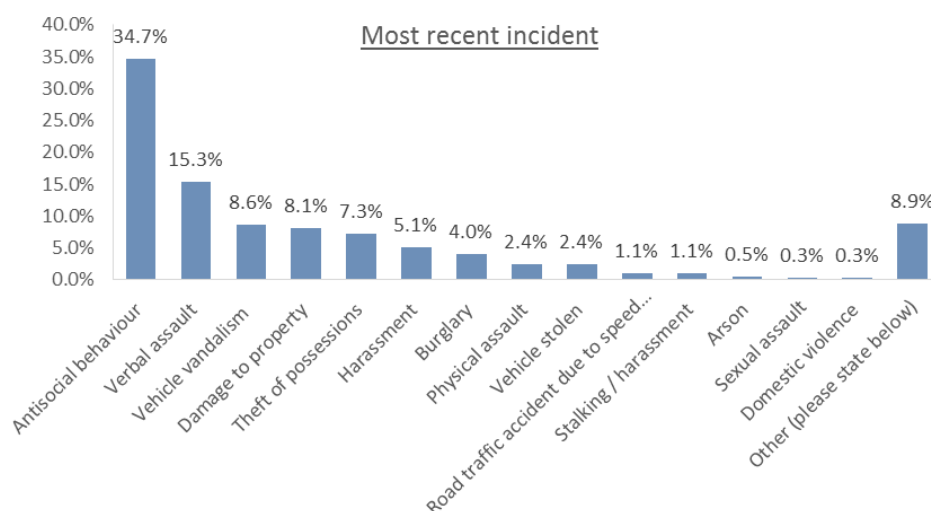


Figure 19

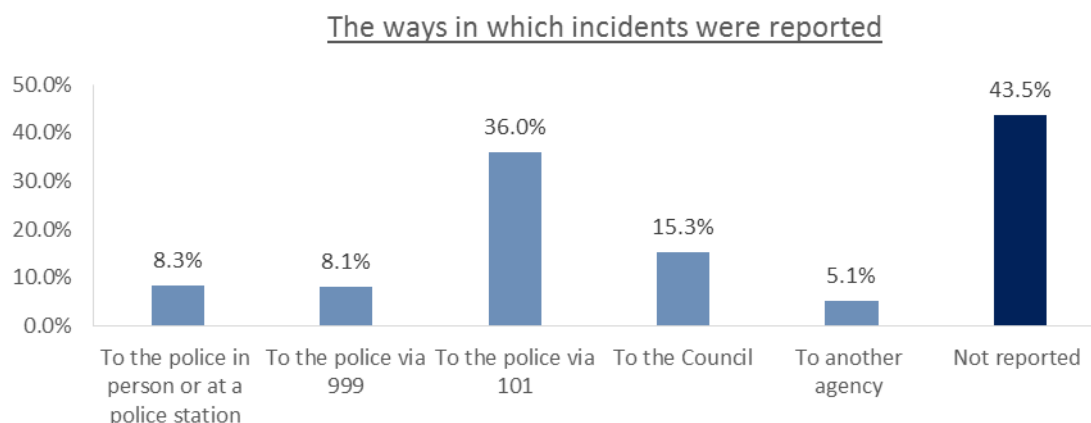


Figure 20

For those who had been a victim of crime and did not report the incident, a further question was asked to find the reasons for not reporting the incidents and crimes that the victims had suffered (Figure 21). Just under half of all respondents stated that the police would not have been interested in the report and consequently would be unlikely to act upon the report (42%). The second most common response was given by 28.4% of those who had been a victim of crime within the last 12 months. They stated that the police could not have done anything about the incident and therefore reporting it was redundant. The remaining answers given that were above 10% were 'it is a common event' (21%), 'too trivial to report' (20.4%) and fear of reprisal from offenders (14.2%). Other responses given fell under 10% and can be seen in figure 21.

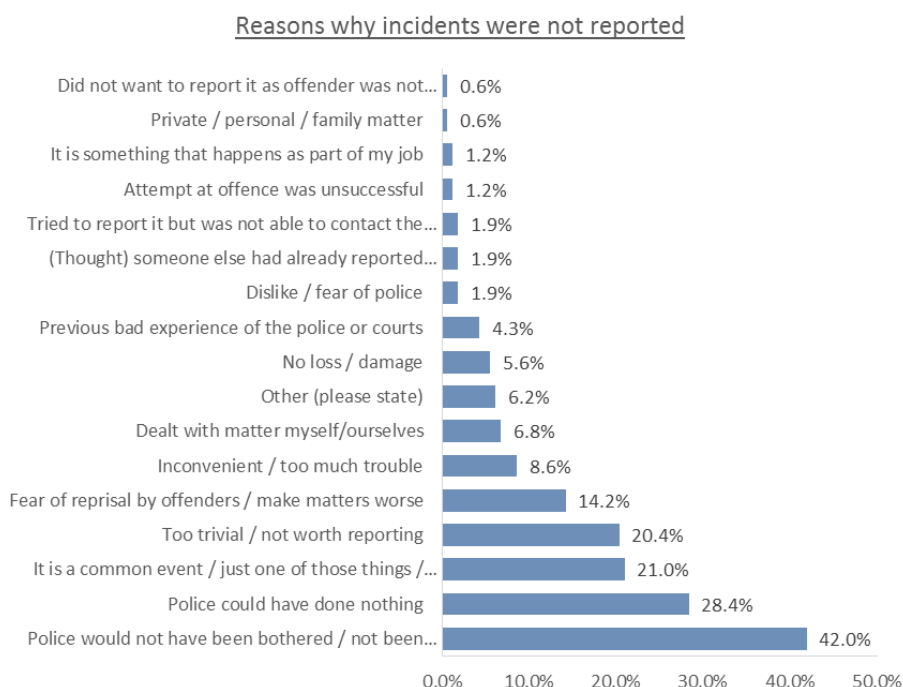


Figure 21

Regardless of whether or not a person had been a victim of crime in the last year, all survey respondents were asked how they would go about reporting concern for a vulnerable child or adult

(Figure 22). The majority of people surveyed stated they would call 999/101 to report any concern that they had in terms of vulnerable children or adults (41.5%). However, 36% of respondents either answered no or not sure on whether they knew how to report concern. Although the variation was not hugely different across different demographics, there were a few subtle difference between different age groups but this did not suggest any relationship between age and awareness (Figure 23). There was a slightly larger difference between genders as men appeared to be more unsure of who they would contact than women.

The way in which respondents would report concern for a vulnerable child or adult

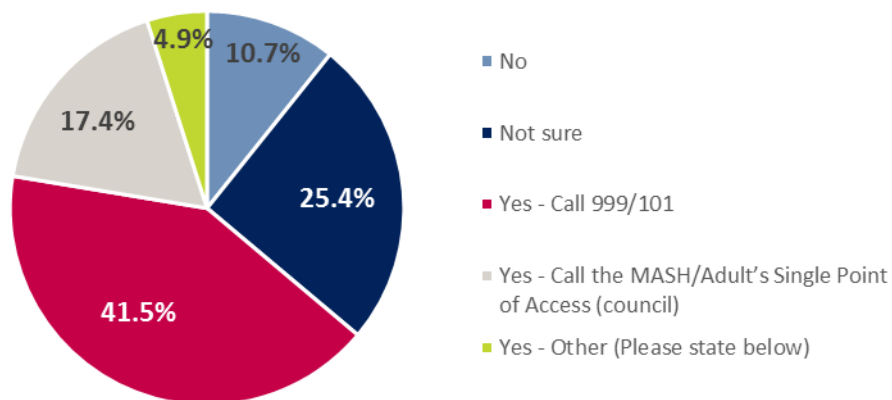


Figure 22

Answered "no" or "not sure"

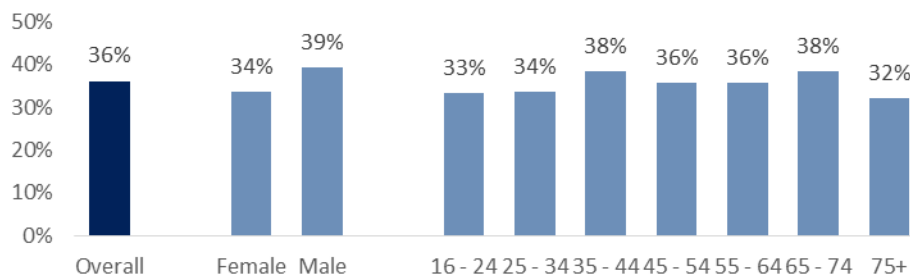


Figure 23

Respondents were asked at the end of the survey to give the biggest community safety issues in their local area. 906 people chose to respond to this question and gave their comments describing what, in their opinion, was the biggest issue. The most common response (16.9% of all those that were given) highlighted alcohol and drunken behaviour as a core community safety issue. Alongside this the other major issues were antisocial behaviour (14.8%), drug use/dealing (12.8%), vehicle crimes (speeding, dangerous driving etc.) 11.6% and lack of police presence (11%). When comparing a similar question which was asked earlier in the Community safety survey, 56% of people stated the greater police presence would make them feel safer in Southampton. In the case of what the biggest issue was in terms of safety within the community, 11% of respondents stated that the lack of police presence, surveillance or action by the police, was the highest priority.

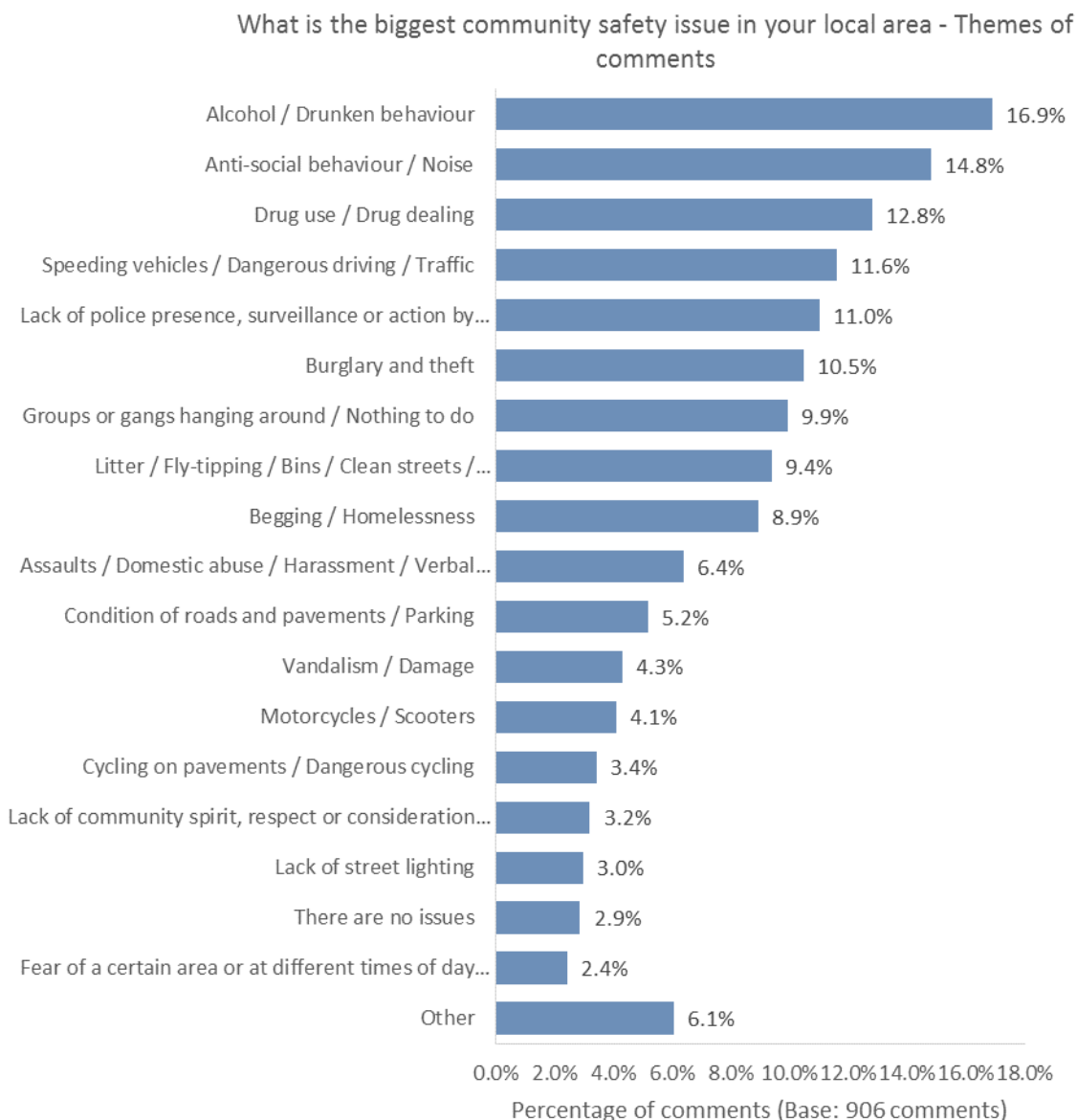


Figure 24

When looking at differences between demographics of the percentage of respondents that mentioned the 6 most popular themes, there were a few clear differences (Figure 25). More women than men thought that alcohol and drunken behaviour, drug use and dealing and burglary and theft were the biggest safety issue than men. In comparison, men thought that speeding vehicles and dangerous driving was the biggest safety concern. There were also variations across the different age groups. One of the most notable trends is that of the police related theme. As age increased, the greater the percentage of people that felt the lack of police presence, surveillance and action by the police was the biggest community safety issue. This ranged from 7% of people in the younger age groups to 17% over the age of 75.

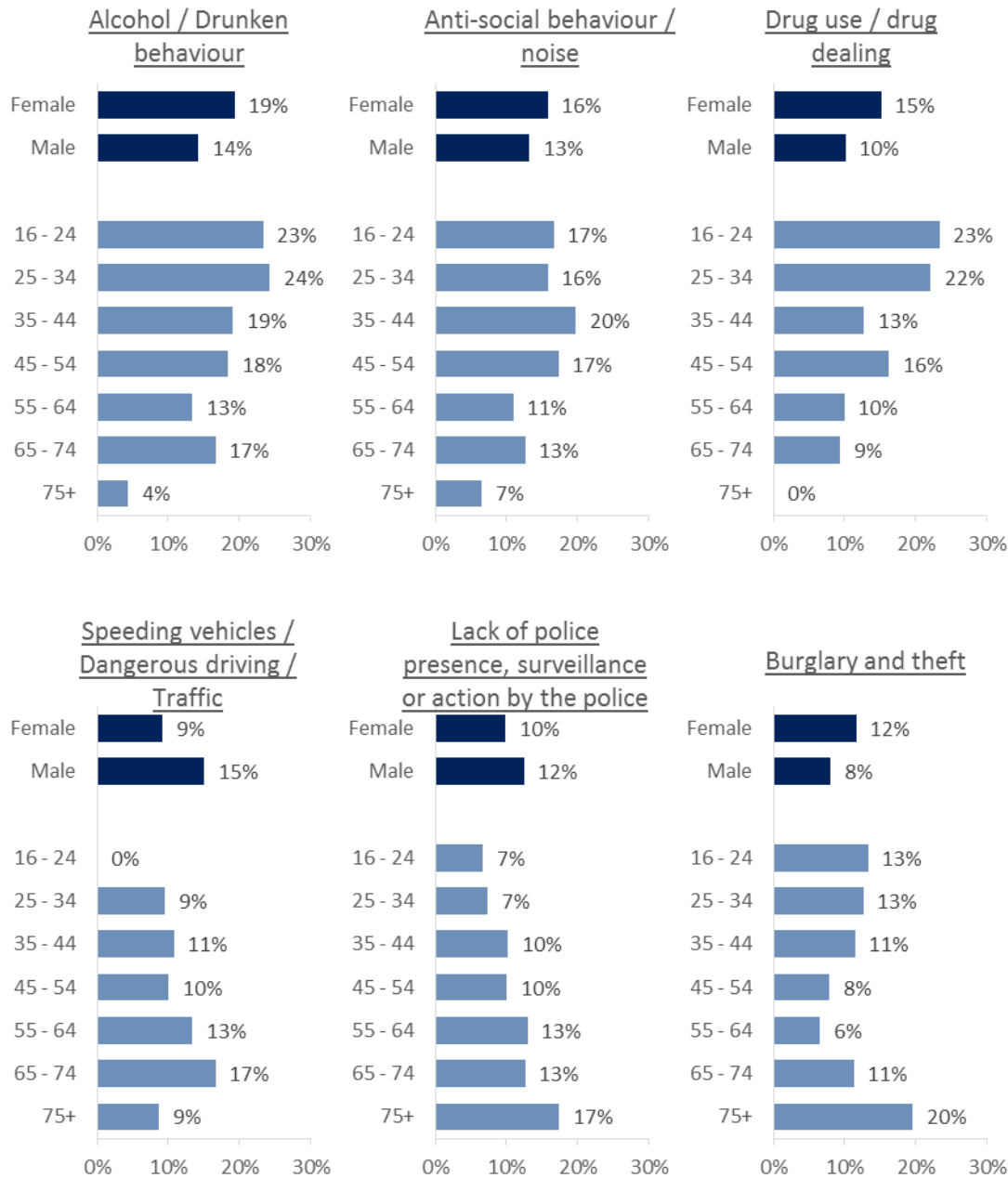


Figure 25